ABSTRACT
Objective: to unveil the perception of sex workers about their pregnancy. Method: this is a qualitative, descriptive and exploratory study performed at a recovery center, with seven sex workers who participated in an interview with a semistructured instrument. The data were analyzed through Content Analysis technique in the Categorical Analysis modality, and the results were presented into categories. Results: three categories emerged: Ambivalence of feelings; Time of many changes and Opportunity to restart. The analysis showed that the gestational period covers aspects such as family support, support from health professionals, feelings of ambivalence, fear, and return to the memories of the past. Conclusion: the gestational period, since its discovery to its acceptance, covers several aspects, being necessary to support this woman so that she can experience pregnancy with quality, once these professionals live with the prejudice and, sometimes, are users of licit and illicit drugs. Descriptors: Sex Workers; Women; Pregnancy; Health; Nursing; Health Education.

RESUMO
Objetivo: desvelar a percepção das mulheres profissionais do sexo acerca da sua gestação. Método: trata-se de um estudo qualitativo, descritivo e exploratório em um centro de recuperação, com sete mulheres profissionais do sexo que participaram de uma entrevista a partir de um instrumento semiestruturado. Analisaram-se os dados pela técnica de Análise de Contenido na modalidade Análise Categórica e se apresentaram os resultados em categorias. Resultados: emergiram três categorias: ambivalência de sentimentos; momento de muitas alterações e oportunidade de recomenço. Mostrou-se na análise que o período gestacional abarca aspectos como apoio familiar, apoio dos profissionais da saúde, sentimentos de ambivalência, apreensão e retorno às memórias do passado. Conclusão: concluiu-se que o período gestacional, desde seu descobrimento até sua aceitação, abrange diversos aspectos, sendo necessário apoio para que essa mulher viva a gestação com qualidade, em virtude dessas profissionais conviverem com o preconceito e, por vezes, serem usuárias de drogas lícitas e ilícitas. Descriptores: Profissionais do sexo; Mulheres; Gravidez; Saúde; Enfermagem; Educação em Saúde.

RESUMEN
Objetivo: develar la percepción de las mujeres trabajadoras del sexo sobre su embarazo. Método: este es un estudio de tipo cualitativo, descritivo y exploratorio en un centro de recuperación, con siete mujeres profesionales del sexo que participaron de una entrevista con un instrumento semiestructurado. Los datos fueron analizados mediante la técnica de Análisis de Contenido en la modalidad de Análisis Categorico y los resultados fueron presentados en categorías. Resultados: emergieron tres categorías: la ambivalencia de sentimientos; Tiempo de muchos cambios y la Oportunidad de recomenzar. El análisis mostró que el periodo gestacional abarca aspectos como el apoyo familiar, el apoyo de los profesionales de la salud, los sentimientos de ambivalencia, temores y el retorno de los recuerdos del pasado. Conclusion: se concluyó que el periodo de gestación, desde su descubrimiento hasta su aceptación, abarca varios aspectos, siendo necesario el apoyo para que esta mujer viva el embarazo con calidad, ya que estas profesionales viven con el perjuicio y, a veces, son usuarias de drogas lícitas e ilícitas. Descriptores: Trabajadores Sexuales; Mujeres; Embarazo; Salud; Enfermería; Educación en Salud.

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INTRODUCTION

Pregnancy is a period in which the woman undergoes several changes, involving biological aspects and psychic transformations, with repercussions that vary from woman to woman, and according to the gestational age.¹

In this moment, there is need for a more specific care to maintain the health of the woman and reduce maternal mortality and morbidity rates, thus being important to direct the look for all women regardless of their choices, race, gender, profession/occupation, social position or any other condition that chosen for their life.²

Observing the female sex workers in the gestation phase shows that they need a better assistance from healthcare professionals, through good reception, support and guidance, since, for many of them, it is one of the few moments of life when they maintain contact with health services.³

A study on practices of sexual and reproductive health pointed out that, among 731 female sex workers aged 15 through 49 years, approximately 61.3% of these women had experiences that varied between abortion (15.5%), pregnancy (9.0%), the experience of delivery (8.3%) and the identification of any symptoms of STIs (41.6%). Regarding the experience of pregnancy (n=61), only 27.7% of the women attended four or more prenatal consultations and over half of them did not attend any post-natal follow-up.⁴

These experiences are an alert, especially in contexts of high rates of HIV and sexually transmitted infections (STIs), being essential to adapt services to meet these needs, reinforcing that the gaze should not be directed only to those situations of pre-availability, but to health care as a whole, respecting the dignity of every woman.⁵

Another study revealed that pregnancy for female sex workers is a possibility to earn respect as mothers, in order to avoid the stigma that rests upon them and to solidify relationships with their partners, sometimes representing risks to the health of the couple.⁶ This study also emphasized that pregnant sex workers generally sought services of prenatal care, but rarely revealed their occupation, hindering the planning and implementation of actions directed to their needs. There were reports of difficulties regarding access to health services and professionals, with the denial of provision of services to women who were not accompanied by their partners, and even denial of care until delivery.⁷

This shows the importance present in the process of reception and listening by health professionals from the knowledge of the difficulties faced by these women in their day-to-day, in addition to the needs that pregnancy brings with it. Studies addressing the sex and pregnancy theme are still scarce, thus limiting the assessment of the quality of health services in this context and weakening the reproductive education actions in order to address these gaps.⁸

The nursing reception at health services should collaborate for the construction of an ethics of diversity, social inclusion, with clinical supportive listening, having in view the citizenship. There is need for care, humanization, affection, attention, respect and responsibility that are so essential for scientific and technical assistance provided to sex workers during pregnancy. In this care universe, feelings, desires, expectations of the user and nurse are united, making movements of constant approximation with the health service.⁹

The work of these healthcare professionals allows preventing violence and prejudice regarding the knowledge of how those women see life and their daily life, favoring a more human and ethical view.

Therefore, nursing professionals need to act as health educators along with society, reducing damage to the life of sex workers and respecting their choices, because they are much more than the body they sell for money and living, they are women that need to be respected by a neutral professional able to perform the integral care of law.¹⁰

Thus, it is important to problematize this scenario in order to understand better women’s needs in this scenario and increasingly prepare health teams to attend all of them with a more qualified and effective care regarding the demands found.

The present study aims to contribute to reduce the restrictions and difficulties faced by female sex workers, assuming a collective struggle to reverse the stigma that rests upon them, being the nurse a key professional, responsible for a large part of the actions in health education in different social groups at health units.

OBJECTIVE

♦ To unveil the perception of female sex workers about their pregnancy.

METHOD

This is a descriptive, exploratory study, with a qualitative approach, carried out at the Recovery Center Rosa De Saron, in the city of Caruaru-PE, in which the participants were seven female sex workers who experienced pregnancy until delivery from the application of the criterion of saturation of the sample of obtained data.

Data collection occurred in the period from January to March 2017, through a semi-structured interview developed by the authors, in which the interview guide consisted of objective questions that allowed identifying the subjects in their scidemographic and gynecological-obstetric
contexts and of following subjective questions: “What did pregnancy mean for you?”, “What feelings come into your mind when you think about your pregnancy?”.

The study included women who had experienced pregnancy and who were present at the time of data collection, excluding women who had medical diagnoses of psychiatric disorders that hampered them to answer the interview.

Data were analyzed through the technique of thematic content analysis, which organizes this analysis into steps that assist in obtaining data, thus allowing the understanding of what is behind the discourse. After the initial stage, i.e., the transcription of speech and separation by guiding questions, there was a pre-analysis of the same, enabling the identification of the sense cores, and in the second phase, the exploration of the material, which consists of actions of codification and subsequent categorization.

The Research Ethic Committee of the University Center Tabosa de Almeida (ASCES-UNITA) approved the research project, CAAE: 60238216.6.0000.5203, by means of opinion number 097887/2016. According to the ethical precepts required by Resolutions 466/12 and 510/16 of the National Health Council, the invitation to participate in the research was accompanied by the provision of the Informed Consent Form (ICF), which contained information to participants about the objectives, purpose, risks and benefits of the study. It assured participants the free-willness to abandon the search at any moment and the anonymity when the research results were announced.

The interview was individual and private, the statements were recorded, and the transcription performed in full and, to safeguard the anonymity, the participants were identified by the alphanumeric system, using the initial letter of the word entrevistada (interviewee in Portuguese), followed by the number of order of declarations: E1, E2, E3 […] and, thus, consecutively.

**RESULTS**

The participants were seven female sex workers aged 28 through 34 years, whose socioeconomic profile revealed an audience with low level of schooling, in which 14% had complete basic education, 57% with incomplete primary education and 29% incomplete high school. More than half of the interviewees were single corresponding to 71% and 29% in a stable union. In relation to family income, 86% received less than 01 minimum wage and 14% received from 2 to 3 minimum wages. Regarding the number of children, 43% had 4 or more children, 43% had 2 children and 14% had only 1 child.

Three thematic categories were identified to understand the perceptions of sex workers about the pregnancy: 1. Ambivalence of feelings, 2. Time of many changes and 3. Opportunity to restart.

♦ Ambivalence of feelings

The statements of the participants show feelings of pleasure, happiness, love, affection, desire to be mother and, on the other hand, some women expressed feelings of denial, sadness and indifference when discovering, in fact, the pregnancy.

Ah […] the feeling is good, right? For me, my pregnancy was a very important phase of my life. I was more scared during the delivery. Many people die in the delivery, and I was very afraid of it. I kept thinking: my God, how is that going to be? How am I going to have a child? Will I die at the time of delivery? (E4)

It is … love, affection, attention […] a blessing from God. I was very happy, and at the same time, I was a little afraid. (E5)

Love! […] Affection! It meant the desire to be a mother, something very special, a bond, right? From mother to child. It is an unconditional love, without explanation. We love, but when you see it, you have that coexistence, then the love increases. It was during the cases of microcephaly, so I was a bit worried. (E6)

Some women also reported the desire to be a mother, as showed by the statements below:

[…] it meant the desire to be a mother, something very special, a bond from mother to child. It is an unconditional love, without explanation. (E7)

A pleasure […] very good, because I really wanted it. It was because I wanted it and I got very happy. (E1)

For me it was a dream becoming real, because every woman wants to be mother. There are mothers who want to have a child, I’ve always wanted to be a mother, to have a son. Happiness! I feel very happy I feel very happy that God has given me the privilege of being a mother, it’s a gift from God. (E2)

When the woman experiences pregnancy, many positive feelings overcome some specific situations, such as its unplanned character, that feeling is notorious for one of the interviewees:

It was good, right? For me, it was good […] I started this profession at bars … and … all of sudden, I got pregnant. (E3)

The reports of sex workers show that pregnancy permeates the significance of the reproductive function of a woman, also having a divine representation, as highlighted below:

I feel very happy that God has given me the privilege of being a mother, it’s a gift from God (E2)

A child is a blessing from God. Because when I was really sad, my son made me happy. (E5)

I believe that Sarah is a gift from God. (E7)

 […] love, affection, attention, a blessing from God. It’s everything […] a child is everything in
Oliveira ACA de, Monteiro AVG, Pontes TYS, et al.

Perception of sex workers about... the love that a mother has for her child is what keeps her interest for him/her, and for a child, the most relevant aspect is the bond with the mother, in which the affection enriches and marks the reciprocity of this relationship. The following statement shows this:

The love I didn’t have from a father and a mother I always wanted to give my son, a mother’s feeling, I believe. (E2)

From pregnancy, women in this study find a way to start over, to write a new story of love and life in a blank sheet, all in their child’s name, in which what seemed to be the end becomes the beginning.

**DISCUSSION**

The reports of the interviews show that the arrival of a child brings some ambiguous feelings: happiness, surprise and, at the same time, fears and anxieties. This feeling is one of the most common experiences of pregnancy and differently occurs throughout this phase, thus, the psychology states that the coexistence of opposing feelings is part of the human being.

A study mentions that the female devotion and sacrifice in favor of her child as well as the constant and watchful presence of the mother emerged as essential values to the female nature, even in unplanned pregnancies, the feelings that prevailed were positive feelings.

Moreover, the representation of pregnancy by sex workers is also associated with a gift from God, in which the perception that a human being is developing in their wombs allows them to experience feelings of power. In this perspective, pregnancy constitutes a phenomenon that goes beyond the reproductive function, commonly associated with something divine and sublime.

The woman has the gift of proximity that starts in her bowels, through pregnancy. In this period, the fetus and the mother are intertwined, two lives bonded by love and the infinite power of God. In the Bible, procreation and motherhood constitute a blessing: “So God created man in His own image, in the image of God He created him; male and female He created them. God blessed them, and said to them, Be fruitful and multiply, and fill the earth and subdue it”.

However, in some situations, the woman who experiences the situation of an unplanned pregnancy sometimes feels socially pushed and/or experiences some moral conflict, tending to the difficulty to make the decision and indecision regarding the desire of motherhood and, many times, the abortion ends up being a strong practice as a way out of this situation. In this research, there were no similar cases.

A psychoanalytic reading identified that pregnancy is a regressive experience, leading the pregnant woman to live intense feelings of...
helplessness and anxiety, demanding protection and support from people around her.\textsuperscript{17}

These contradictory and ambiguous feelings coexist in varying intensities in relation to the fetus, which is normal during gestation. In this stage, the increased sensitivity is intimately linked to mood swings and that there is no pregnancy fully accepted or totally rejected.\textsuperscript{13}

The transformations caused by events experienced by these women may explain the escape from reality, sometimes directed to drug consumption, placed as a remedy for the structural helplessness of the subject since childhood, making the past be forgotten and the future never arrive, bringing maximum and momentary pleasure.\textsuperscript{18}

The problem of drug use in pregnancy involves not only physiological consequences for the mother and the baby, but also the neglect of care and neglect suffered by the children of the users, in this way, the abusive use of licit and illicit drugs should be considered a public health problem that requires systematic attention.\textsuperscript{19}

The participants’ reports show that pregnancy causes psychological, hormonal and physical changes that prepare the maternal organism to generate the new being. These are complex and individual modifications, which vary between women and can cause fears, doubts, anxieties or simply curiosity to know what is happening with their body, changing their body image.\textsuperscript{13}

The rapid and dynamic body changes that occur during this period, added to the strong female social idealization of a skinny body, can contribute to the development of a profound dissatisfaction with the body in pregnant women, and, consequently, change their body attitudes, greatly affecting women who use the body for living.\textsuperscript{20}

These biological and emotional changes that involve the woman, who is a biopsychosocial being, require a holistic look from the nurse, the family and society.\textsuperscript{21}

The main psychological intervention from health professionals shall be the offer of a qualified and differentiated listening, enabling a space where the mother can express her fears and anxieties, as well as promote the exchange of experiences, discoveries and information, expanding to the family.\textsuperscript{22}

The second child can represent a new opportunity for maternal ideals and a new chance to exercise motherhood differently, where the role the mother had already assumed in the birth of the firstborn need to be different with the arrival of the second child.\textsuperscript{23}

Once women feel responsible for the generated life, they also work hard to provide material, educational, health and general well-being acquisitions, with the consequent improvement of the quality of their own lives, changes that they impose to the presence of children, who gave the strength to change the perspectives for a better future.\textsuperscript{24}

\section*{CONCLUSION}

Unfolding the perception of sex workers about pregnancy shows that the gestational period, since its discovery to its acceptance, covers aspects such as family support and of health professionals, feelings of ambivalence and fears, return to memories sometimes difficult (the woman’s own shadow).

Even in the face of so many difficulties, for most interviewees, pregnancy represents a divine blessing, able to provide them a new beginning, a new chance to rebuild themselves and show their best, assuming a responsibility and care renovated with their own life and the life of the new being they are generating.

In this sphere, all necessary support must be provided for the pregnant woman so that she can overcome the difficulties encountered in that moment and get a satisfactory maternity, once these professionals are also users of licit and illicit drugs.

The nurse, professional responsible for prenatal care, must hold adequate knowledge about the topic so that he/she can routinely perform the screening, organize prophylactic and therapeutic stages, propose the participation of women in maternal groups to share experiences and provide health education related to this complex phase. Their autonomy also needs to be stimulated regarding care with their children for a successful experience of maternal and personal life.

\section*{REFERENCES}


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