

PERCEPTION OF THE MOTHERING ROLE OF WOMEN WHO LIVE IN A CONTEXT OF DRUGS AND VIOLENCE¹

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The number of women involved with drugs is increasing, and the same is true for violence against them. Many of these women are mothers. This study aimed to investigate how mothers of children between one month and six years old who are living in a context of drugs and violence and are receiving treatment for drug addiction interpret their experience as mothers. This article is part of a multicenter study in Colombia and Brazil and discusses the results of interviews with 6 Colombian mothers. Focused ethnography was used and the interviews were submitted to latent content analysis. Violence was present in the participants' socio-cultural context and drugs consumption in their family of origin. These aspects possibly induced them to become addicted to drugs and influenced their mothering role. Overall, the mothers expressed ambivalence about their role in that they idealized being mothers but were aware that they were addicted mothers.

DESCRIPTORS: mothering role; drugs; violence

PERCEPCIÓN DEL PAPEL MATERNO DE MUJERES QUE VIVEN EN UN CONTEXTO DE DROGAS Y VIOLENCIA

El número de mujeres implicadas con las drogas está aumentando y e la violencia contra ellas también. Muchas de estas mujeres son madres. El objetivo de este estudio fue conocer la manera como las mujeres que tienen hijos entre un mes y cinco años, viven en un contexto de drogas y violencia, y están recibiendo tratamiento para su drogadicción, interpretan su experiencia como madres; este trabajo individual y multicéntrico entre países, Colombia y Brasil, expone los resultados individuales de Colombia; se entrevistaron seis mujeres. Se usó el método de foco etnográfico y las entrevistas fueron sometidas a análisis de contenido latente. Se encontró presente la violencia desde el contexto sociocultural de las participantes y el consumo de drogas en el entorno de la familia de origen, aspectos que posiblemente indujeron drogadicción en ellas e influyeron en el papel maternal de este grupo de mujeres, quienes lo expresan como ambivalente, entre la idealización del ser madre y el ser madre en la adicción.

DESCRIPTORES: rol maternal; drogas; violencia

PERCEPÇÃO DO PAPEL MATERNO DE MULHERES QUE VIVEM EM UM CONTEXTO DE DROGAS E VIOLÊNCIA

O número de mulheres envolvidas com drogas está aumentando e a violência contra elas também. Muitas destas mulheres são mães. O objetivo deste estudo é investigar a percepção de mulheres que recebem tratamento para dependência de droga, vivem em um contexto de drogas e violência, têm crianças com idade entre um mês e cinco anos e sua interpretação acerca. Este trabalho individual e multicêntrico, envolvendo Colômbia e Brasil, apresenta os resultados individuais de Colômbia. Foram entrevistadas 6 mulheres. Foi adotado o foco etnográfico e as entrevistas foram submetidas à análise de conteúdo latente. Os resultados desta pesquisa apresentam a violência do contexto social-cultural dos participantes e o consumo de drogas no ambiente da família de origem. Esses aspectos possivelmente induziram ao uso de drogas e influenciaram no papel materno deste grupo de mulheres, que expressam isto como ambivalente, entre a idealização de ser mãe e ser mãe viciada.

DESCRIPTORES: comportamento materno; drogas; violência

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INTRODUCTION

Drug addiction is one of the most significant public health problems that affect population groups with heterogeneous characteristics globally. It is estimated that around 200 million people take some kind of illegal psychoactive substance. This figure accounts for almost 5 percent of the world population above the age of 15 years⁽¹⁾.

Regarding the consumption of psycho active drugs, the *Centro Brasileiro de Informação de Drogas e Psicotrópicos* (The Brazilian Information Center on Drugs) (CEBRID) carried out a study in 1999 and concluded that alcohol addiction among men was as high as 77 percent and 60 percent in women⁽²⁾. Although women are numerically less involved with alcohol consumption, they form a growing vulnerable subgroup. A study developed in Colombia involving young people between 10 and 24 years of age showed that drug taking among women is bound to become the same as it is among men⁽³⁾. The report on the *Rehabilitation Centers* from the *Ministerio de la Justicia y del Derecho* in Colombia, shows that 6511 people were registered for treatment related to the consumption of psychoactive substances. Of these 987 were women and 3157 were between 15 and 19 years old⁽⁴⁾.

The family's influence and responsibility for socialization of their children boosts the complexity of the role of the members of the family. An important role for those within a family is that of the mother as described by Mercer⁽⁵⁾ who states that this role starts at the very beginning of pregnancy, with the mother assuming responsibility for baby care. The ability of children to bond with others is influenced by quality of parenting that they receive, which is seen as a process that strengthens the individual's affective and emotional well being. Hardesty and Black⁽⁶⁾ consider the rearing of children as being a central role in the life of Latin women.

The character of a child's early relationship with his/her mother deeply affects self-confidence and the ability to develop positive relationships later in life. In a society where the central role of mothers is to provide exclusive care to small children, a very close bond or relationship is established between mother and child so that the child's ability to develop self-confidence is very much influenced by their bond with their mother. Women are compensated for their intensive caretaking role as they experience their

children as an extension of themselves⁽⁷⁾.

In a qualitative study about women who take drugs, Roberts⁽⁸⁾ found out that they expressed deep feeling of loss; and were denied the opportunity to give or to receive love, to develop self-esteem or to trust in themselves and others. The family to which children are born greatly influences their self-esteem which may be low if they have not had adequate emotional support⁽⁹⁾. It is also possible that children will mimic the behavior of their parents⁽⁹⁻¹⁰⁾. In Woodhouse's study, the mothers reported that they were dedicated to their children and felt responsible for them. They also noted that they did not know how to offer them a better environment. Due to the characterized dependence of women on men, their relationships with them could often lead to verbal, physical and sexual harassment⁽¹¹⁾.

It is not easy for an addict to maintain a maternal identity. The stressful psycho-social and environmental factors that are present in the life of a woman who is exposed to cocaine can influence her behavior and ability to carry out everyday activities regarding the care of her children. As the search for money to purchase drugs led addicted women to the streets to get it or to prostitute themselves, the mothers left their children alone for long periods of time^(7,10-11).

OBJECTIVE

The purpose of this study is to explore the perception of Colombian mothers of young children about the influence that living a context where drugs and violence are present has on their role as mothers. The viewpoint that these women are vulnerable and face considerable challenges, both from the perspective of risk and mere chance is adopted for this study.

METHOD

The qualitative design adopted for this study is one of focused ethnography⁽¹²⁻¹³⁾. Issues related to a specific situation such as parenting in a social context that includes illicit drugs and violence and involves small groups is appropriate for this design. The small group is the social unit of addicted women who are exposed to or know that they could be exposed to

violence in their daily lives and are undergoing treatment for their addiction.

Formal and informal semi-structured interviews are data collection techniques. In addition, observations were recorded in a field diary.

The data collection process was as follows:

A primary sample (n= 6) consisted of Colombian women over 18 years old between 1 month and 5 years old. Health service professionals contributed to the study by arranging a meeting between the investigators and the women who were interested in taking part in the study. The interviews took place inside the institute. Each participant read an information letter and signed an informed consent prior to the interview. These forms met the criteria for ethical approval from the participating institutions. The first two general questions were a) Can you tell me what it is like to be a mother? and b) What do you need to be a mother to your kids? The interviews were recorded on cassettes, transcribed, cleaned and analyzed. All personal references that might identify the participants or those close to them were removed. Some of the participants were interviewed twice if, on preliminary analysis, some aspect of the interview was deemed to be explored in more depth or needed clarification.

A secondary sample was composed of the health staff of the institute where the women were being treated and of some members of the participants' families. These individuals were informally interviewed, without being asked to read the information letter or sign an agreement. If they provided identifying information, this was omitted in any formal report of their comments.

The data were collected in drug treatment centers in the greater Bogotá area.

Data analysis

Latent content analysis of the interviews⁽¹³⁻¹⁴⁾ was conducted concurrently with data collection. The purpose was to identify, codify and categorize primary patterns in the data. Finally, categories or themes are integrated. Other data such as the field notes, quantitative demographic statistics, and observations, informal interviews with members of the therapeutic staff and with members of the participants' families were incorporated into the findings so that a more complete understanding of the experience of these mothers could be obtained.

RESULTS AND DISCUSSION

The 6 women were between 18 and 37; years old and had one or more children between 8 months and 19 years old. They were between 13 and 18 at the first delivery. The amount of formal education that was reported included levels of primary and secondary studies. Many were either unemployed or had informal jobs which kept them at a low socio-economical level. Fathers of the participants also had informal or menial jobs; for example, one was employed as a "jibaro". Some were illiterate and others had elementary education. They were alcohol drinkers and tobacco smokers. Three women did not talk about their fathers. Of these two of them refused to talk about them and one did not know her father.

Violence and drugs in the mothering role: Violence is the result of a complete interaction of individual, social, environmental, economical and armed conflicts⁽¹⁵⁾. Poverty and oppression are important factors in those who exhibit violent behaviors. For example, violent episodes are more intense and more frequent among unemployed people or among those who have informal jobs⁽¹⁶⁾. Researchers who have studied the mothering role among drug taking women in North America have found out that these women have difficulty in performing maternal tasks due to the fact that they themselves had had few positive contacts with their own mothers and had grown up in family environment where violence and sexual harassment took place⁽⁹⁻¹¹⁾.

The violence seen from the socio-cultural context of the participants in this study was supported by poverty, low levels of education among the participants' fathers and of the participants themselves, and informal (or unpredictable) employment opportunities. Sexual harassment and violence occurred in the participant's family of origin. They reported a breakup of the family and that they experienced or witnessed physical violence, lack of communication and a lack of affection from their mothers. Attention was drawn to the fact that the lack of communication and affection bore no relation to their fathers. Drug taking in the mother's family of origin was associated with alcohol consumption. The mother of the one participant mother was a drug dealer and this could, possibly have led participants to consuming both drugs and alcohol from the time that they were teenagers. This could create multiple

situations in the participants' lives such as:

Keeping taking drugs within the family.

Searching for partners with drug addiction related problems. One woman noted that both her partner and self, *we had drugs and we drank.*

Feeling the presence of death and the fear of death: - One woman said that, *... I managed to find husbands there, also addicted to drugs, all my partners were addicts, I had four husbands; all of them are dead, the only partner that is alive is the father of the eldest girls.*

Another said, *... once they caught me and put a machine gun, something like that, on my head .. and left me there suffering for a couple of hours.*

Living with domestic violence including sexual harassment, physical violence as well as economic and verbal abuse. For example, one reported, *Well, I experienced violence with...with Simeón [one of her partners], more than everything... he grabbed me often ...even when I was pregnant and beat me and he said he would take my fetus, things like that and he beat me a lot...because of the drugs, for everything, he came home drunk. He arrived drugged ..., he grabbed me, he beat me hard, he hurt all my body...I've got here the scars.*

Becoming aware of a fighting attitude in their interpersonal relations. One said *... I was forced to take the role of a man rather than that of a woman, because in the streets I defended myself as a man ... I arrived here like a savage almost, like a savage man, because in my view one is always in combat, that's it, I'm very aggressive.*

Stealing in order to take drugs and taking drugs in order to steal. One woman noted that, *When I drank and smoked..., I felt as if, ...more..., I don't know, ... more aggressive, I felt like stealing, I felt like getting money to keep on smoking.*

Viewing drugs in a positive way; such as a mechanism for escaping a difficulty reality and as a way of gaining life experience so that they can talk to their children about the risks of taking drugs and possibly prevent them from being addicted to them in the future. In one woman's words, *I took them one day, the other day I rested, the other day I took them again ... my only hiding place, the only thing towards which I expressed love, anger, all my feelings were drugs.*

Another said, *...I believe I'll be a good mother, because I have a lot of experience under my belt, and I believe that to be a mother one has to know some evil things in order to help; I know the drugs...*

Feeling the negative influence of drug consumption in the mothering role, especially in relation to their children. Some saw the drugs as separating them from their children and of being

inadequate in the way that they took care of them. The following three women said, *With her (another little daughter) it was even tougher because the situation I was in, the addiction, alcohol, the streets, everything, the grandparents, an aunt on the father's side talked to the Welfare department and they took the girl away from me. ... my sons grew up in a circle, a vicious circle, my sons ended up drinking with me, Ángel drank with me when he was three, the boy would cry if he did not get drunk with me, he got drunk with me every night... My son Jorge (sobbing)..., at the age of one ended up with his grandmother.*

Ambivalent mothering role: The ambivalent mothering role in this study can be seen through the ideal of being a mother and the reality of being an addicted mother.

The family as the fundamental unit of society is the first source of physical and emotional support to its members and has the greatest influence on child development. Roles for the family unit include fulfilling the emotional needs of its members, socializing its members so that they can have satisfying social relationships and become responsible member of society, providing adequate health care, shelter, food, clothing and economic support for the survival of its members⁽¹⁷⁾.

The lack of affective relations in family life during the childhood makes it difficult for women to develop a maternal identity later on. This limits the possibilities of positive experiences in physical contact, child care and socialization. The need for an affective relationship in family life is to provide a psychological structure so that one can take on maternal responsibilities. Lack of such a relationship contributes to conflicts and shame (culpability), which leads the woman to feel a sense of failure in her parental role and to some difficulties in accepting her maternal responsibilities⁽¹⁸⁾.

Idealization of being a mother: The following categories emerge from the data and can be group into a theme that encompasses the idealization of being a mother.

To be a good mother is to share everything with one's children. She celebrates affection for her child from the beginning of pregnancy by using tender words to the womb as the fetus develops. This tenderness inspires the perception of the baby's movements inside the womb and the only her baby at birth, without worrying about its features, for the sake of the fact that it comes from her own womb. Participants used positive and affectionate expressions when they referred to their children. They

demonstrated acceptance of receiving and giving affection as body contact with their children. They also showed an attitude of possession towards their children, which included a wish to never to abandon them and to struggle so that they were not taken away from them because of their addiction. One woman stated that she loves her daughter because she is the only thing that belongs to her. She said, *She is 5 years old, Alfita is 5 years old, she's very beautiful, she is my everything and then Teresa, Teresita, Teresa is 3 years old, she is a very excited girl, hyperactive, wide awoken.*

Another said, *because I've never left my girl... no, and many times they've tried to make me leave her, yes, I had to fight because those who knew that I was an addict tried to take her away from me and it was terrible...*

The satisfaction of being a mother, is linked to expressions such as beautiful experience, wonderful, beautiful. Participants were proud of being mothers and believed that they could be good mothers if they are clean (without drugs). One noted, *...to be a mother to me... it is gorgeous (the voice emphasizes) to be a mother... when one is sober.*

Being a mother is to be careful with basic physical necessities such as how to get milk, food, clothes, shoes and diapers, change diapers, bathe and keep children well dressed and neat. Participants want to stay with their children and in order to do so, they had to fight or hide themselves to avoid being separated from them. There was a wish to recover their children kid(s) who were taken away from them or to stay with their children. Three women noted *because the girl ... by stealing I managed to get her food, she was well dressed, I never left her ragged. ... because she is my girl, yes, and she was all I always had, ..., I had to fight, jump, get into a hole, whatever, stay with her so that they could not see me, because I never wanted to be far from her, I never, I'd always take her along with me wherever I went ... I want to get my kids back, I really want to recover my kids, I want them to stay with me...*

The participants think that they must set examples for their children and to do so they need to change their behavior, they would also like their kids to know that they were addicted and that they overcame such a situation. They believed that it is important to provide children with education so that they can have a better future and be someone in life. They had a responsible attitude towards themselves and towards their children. They wanted to tell the truth and show them reality the way it is. They wished the best for their children and wanted to bring them

up in a pleasant environment without impoliteness and aggressiveness. One wanted to make a feminine woman out of her daughter, to give her what she did not have. She saw this as giving her the very best financial support and helping her be a strong person, i.e., a good friend, a good partner, a good wife-. Participants reported the following, *Because... I want them to say... Look, this is your mother, ... She is your mother. That one is your mother, your mother is poor, and she was a drug addict but not anymore, ... I want her to study. I want her to be someone in life, yes, For me it is very important that she, ... I don't want her to be the way I want, but I want her to get many of the positive things that can help her grow strong, from early age, ... from what I pass on to her, because she is a woman and it is important to be a good friend, a good partner, a good wife, no, ... I'd like to make a woman of her ... a correct woman, with positive attitudes, that learnt to be a woman, or whatever she wants so much, because I wouldn't like to make her become a woman like me, savage, rough, I want to make her become feminine, a girl like this, that above all can learn to be a woman, I wanted to give this to her because I never had anything like that. I would like to give her what I didn't have.*

Participants believed that to be a mother consisted of being a friend and a confidant to their children so that they would be able to tell them what is going on and guide them. They wanted to work so that they could cater to their child's needs. They had a wish to learn how to be mothers. To do this they had to know what resources were available to them. They recognized that they had to learn how to be mothers because they didn't get this from their own mothers. They also knew that they could not reject or abort their children. They rejected abortion as the solution to a problem and counted on spiritual support. They believed that they needed to pray and ask God for their children, to quit drugs and accept that they have a problem, to count on a place where they could recover. Some of the women made the following statements: *I wanted to be a friend, I want to be one, because my mother did do that; I want to be a friend to my daughter, I would like to be her best friend, her confidant, I don't know what to do in this mothering role, how to teach my baby to grow, she is a baby, I want to go on... start working and find a place to go and live with my kid(s), I'm not the kind of person that... ... I have my kids I want to see them ahead..., ...I left my kids many times without care, God save them from those who abused me...*

To be in the therapeutic community, because they believed that the mothering role is for life. Participants wanted to learn to be mothers in the therapeutic community. Some of them learned that

they have to like themselves before they can like the others. One of the participants considered the results she achieved in the therapeutic community to be very important and was thankful to it for making her feel she is a new person. She said: *hat do I do here?, Wwhat I'm doing? ...I'm recovering at the personal level, because I want recover, and to get my kids back, at least I 'm learning to like myself in order to like the others around me.*

To be a mother in addiction: A team of investigators concluded that women who participated in their study developed compensatory defense strategies such as having their children physically away from the use of cocaine and keeping distance from their mothering roles⁽¹⁹⁾. They concluded that when addicted women realized that their mothering was inadequate, some came to the conclusion that letting someone else take care of them for a period of time was the best thing for them. Whenever possible and most often, children were left with other family members.

Many women reported difficulties in fulfilling their responsibilities towards taking care of their children and this included adequately providing for their safety as well as for their physical and emotional needs. They also expressed feelings of outrage and impatience towards their children⁽²⁰⁾.

The build-up of the mothering role takes place based on beliefs around the "everything" or the "nothing" where one is a "good mother" or a "bad mother". Thus, from what is meant by "bad mothers", about which behavioral coherence and deep feelings of guilt exist, which keep them "tied up" in a passive attitude before their own definitions of "bad mother"⁽²¹⁻²²⁾.

The following categories emerged under the theme of being an addicted mother.

Participants reported experiencing suffering, great ordeals and guilt due to the real or potential separation from their children. They also reported violent separations and phases in their lives when they were admitted for treatment of their addiction. One experienced the loss of her spouse due to homicide, which led her to decide to leave her child to somebody else's care. Some did not feel that they cared about their children, which makes them participants react and decide to leave their kid(s). One noted that, *I feel....now that I'm to blame for having lost my kids, for being more inclined to my addiction I lost my kids.*

The need for help with childcare, especially from family members or friends. Two participants

counted on support from their partners despite the fact that these men were not the biological fathers of the children. One woman said, *...with her (a little girl)... the grandparents, an aunt on the father's side talked to the Welfare department and they took my daughter away.*

Some participants were aware that their care of their children was inadequate. One kept on taking drugs during her pregnancy despite being aware of the risks involved. Children were brought up in an environment where drug addiction was common and one of them induced her small son to consume alcohol. The participants recognized that their addiction to drugs controlled them and that the only thing they could think of is taking more drugs. They put their children's needs aside in that they were not so inclined to take care of them or to react in a suitable way to health risks. Two of the participants noted that *... one loses coordination completely, one loses concentration, or if one does what one is supposed to do, one does it in a very superficial way. Just superficially ... one makes sure that food is provided for..., ... otherwise one just wants to consume; also in the role of mother, one doesn't think about the kids, one never thinks about the kids while one is consuming, never...*

Some participants reported that they did not appreciate their children in that they found mothering to be very difficult, burdensome, hard work, and ordeal. Both the mother(s) and the children suffered greatly because of the addiction. Some participants reasoned that the children would be better off if they were separated from them, although they also believed that they i.e., the mothers suffer most because of the separation. One mother explained her separation from their children with the following comments, *...the most difficult thing for, for an addicted woman, which is my case... I used to be an outstanding mother, but it becomes a nightmare when one starts dealing with drugs and one has these kids, they become a burden to her.*

Participants also elaborated on the sadness and guilt they felt for having taken drugs during their pregnancies, for having taken drugs with their kids beside them, and for having lost their kids because of their addiction. One participant reported feeling guilt for having lost the love she had for her children when she was "clean". She did not consider herself to be as good a mother as she used to be before starting to take drugs and felt there was a likelihood that her children will be addicted themselves in the future. She said, *...I feel... now... I'm to blame for having lost my kids..., to be more inclined to my addiction I lost my kids.*

Some participants reported difficulty in

expressing affection towards their children either because they didn't experience affection when they were children or because drug consumption prevented them from doing so with their own children. One said *..., but, but love? Never have I felt it... that way I cannot feel such love for them, but when I was clean, I felt tenderness...(sobbing voice),...*

CONCLUSIONS

Insights on risk factors of drug consumption were described. The influence of the socio-cultural context of drug consumption was described by participants in this study. These factors included poverty, unemployment, low educational background, sexual harassment, domestic violence, physical, verbal, economical, sexual abuse and the conditions of the origin family. In the later case, women experienced both a lack of affection and intra-family domestic violence, which are risk factors for drug consumption. All these conditions make this group of women even more vulnerable to such consumption.

It is obvious that the participants started having experiences with drugs in their families of origin where drug consumption was socially accepted. They tended to choose partners who had addiction problems. They experienced fear of death, knew victims of homicide, and probably due to their socio-cultural condition and not receiving affection they were led to drug consumption at an early age, often adolescence. Being "high" was a refuge for them. Participants said that they are not assertive. Moreover, they established a vicious circle to consume drugs in order to steal and to steal in order to consume a wide variety of drugs except the injectable ones.

Some participants had a negative perception of their mothering role and attributed this to drug consumption. They realized that while they have an addiction problem, their mothering role is difficult and burdensome. Some saw it as an ordeal. It was also unpleasant because if their children were taken from them. They needed to count on the support of somebody else, which was often family members to take care of their children.

Some participants saw their child as a possession and believed that their child was the "only thing that belongs to them". They seem to be proud of not having thought about abortion, and not having let anyone take their children away from them, and

for not giving their children to anyone for care. For them, what matters was to stay with their children, which is a way of adopting the mothering role through actions.

Participants also experienced an emphatic sense of guilt about giving birth to children in such a difficult world, about being a mother with addiction problems, about being the mother of a potential addict, about not having been able to accept the mothering role, about not being able to provide for their children, and about bringing children up in the same atmosphere as they were brought up. They said that they feel guilty about not being able to stay with their children due to their addiction.

Some participants considered themselves to be bad mothers. They were self-critical about having unsuitable friends and about having been influenced and led into taking drugs. They reported that they were in two minds about addiction and maternal instinct; they were painfully aware of the fact that their addiction takes over and even becomes more important than their children.

They considered that they had feelings for their children when they talk about caring for them. However, their maternal feeling was not crystallized into actions, since they had not been able to raise their children due to their addiction to drugs. They would like to have moral authority to guide their children and be a good example for them. They wanted to have positive attitudes, love themselves, and be less abrupt and violent.

Participants were ambivalent child care. This may have been due to problems related to their addiction to drugs. They did not take appropriate care of their children in that some would take their children when went to take drugs. One reported getting her very young son to drink alcohol with her. Participants also left children alone or locked in a room and may not have worried about whether they had sufficient food, appropriate hygiene, and good health. On the other hand they said that they loved their children and wanted them. They also noted that they believed that it was very important to stay with them. However they needed to search for support in order to take care of them, which led to separation and pain.

Shortly after being admitted into the therapeutic community and considering their own upbringing, this group of mothers committed themselves to some targets in their mothering role

such as getting their children back; being with them all the time; giving them affection and love; and providing them with education so that they could become "someone" in life. They also wanted to set a good example for their children so that the children would not become addicted to drugs. They saw themselves as being a friend to their children, taking care of them, teaching them something from their experiences and expressing their feelings in a very frank way. They wanted to be working and to accept responsibility for themselves and their children.

Participants reported struggling to get rid of their addiction. Perhaps both the resentment they felt for not having their needs met and the violence around them led them to consuming drugs. They were painfully aware of their addiction and they struggled to overcome it. They said that drugs had over their maternal feelings.

A woman learns to be a mother from her own personal experiences. The women interviewed in this study had difficult relationships with their fathers and also with their mothers. It could be suggested that their drug consumption was only an expression of their search to alleviate their own feelings of lack of affection and feel fulfillment as women and as mothers.

The women did not recognize the influence of violence over their mothering role. Relative to their children, they said that their lack of ability to attach, care, and responsibility as well as feelings of abandonment were the result of their drug consumption.

Participants said that being a mother is a wonderful, great, gorgeous experience when one is sane i.e., that is to say without taking drugs. For them, to be sane means to be free from drug consumption at a determined moment. Being a good mother consisted of providing for the physical needs of their children, such as providing nourishment as well as meeting their physical needs.

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