

## Maternity and motherhood in street situation: integrative review

Keila Cristina Costa dos Santos (<https://orcid.org/0000-0003-4069-7693>)<sup>1</sup>  
Larissa Santos da Silva Marques (<https://orcid.org/0000-0002-8525-4151>)<sup>1</sup>  
Matheus Teixeira Gonçalves (<https://orcid.org/0000-0001-5820-7248>)<sup>1</sup>  
Mariana de Melo e Sousa Soledade (<https://orcid.org/0009-0005-0274-1130>)<sup>1</sup>  
João Gabriel da Silva Santos (<http://orcid.org/0000-0001-6969-0271>)<sup>1</sup>  
Jeane Freitas de Oliveira (<https://orcid.org/0000-0001-8401-8432>)<sup>1</sup>

**Abstract** *The objective was to identify through integrative review the approach on maternity and motherhood in street situation. This is an integrative review performed in the databases PubMed, BIREME, Medline, and SciELO search portal, in Portuguese, English and Spanish. The survey was conducted between October and December 2021, following the recommendations of the Prisma flowchart and support of the Mendeley software, submitted to content analysis by Minayo. Eighteen articles were selected. The reading allowed the identification of two thematic categories: “Maternity and mothering in the streets” and “Main challenges experienced in maternity and mothering in street situation”. Address about motherhood and mothering as a field of knowledge production creates a tension of the social constructions that do not have effecting rights for lack of programs and forceful intersectoral policies. In addition to the stigmatization for use of psychoactive substances, as well as the patriarchal structure attributed to motherhood. The responsibility for care entails several issues that cross the motherhood and mothering in the streets, namely: concern with the health of children, the fear of losing custody of their loved ones.*

**Key words** *Maternity, People in street situation, Woman*

<sup>1</sup> Universidade Federal da Bahia. Av. Milton Santos s/nº, Ondina. 40170-110 Salvador BA Brasil. keilaccosta@hotmail.com

## Introduction

The existence of the historical construction of the concept of motherhood as a natural desire of women has as its presupposition to want to be a mother as an innate and inherent determinism which was socially built throughout the centuries<sup>1</sup>. However, there are several ways of experiencing the roles played in motherhood and the influence of the parts that constitute the relational dynamism between individuals and the individual, sociocultural and demographic dimensions that shape the way of thinking, being and acting in the world<sup>2</sup>.

Considering the strong influence of the social context on the subjectivation of meanings in relation to motherhood and mothering, it should be noted that the social norms imposed are able to act psychologically so that maternal ideals are incorporated by women, so that often, feelings that go from guilt to fear<sup>2</sup>. However, the individualities influence the process of feeling and acting, allowing women to deviate from the norm. Thus, fear, guilt, happiness or fulfillment are feelings that may or may not be presented during motherhood and the process of mothering<sup>3</sup>.

The contemporaneity promotes the emergence of new questions regarding the family context and conceptions of motherhood and mothering. In this sense, it points to instituting elements and triggers of new processes of subjectivation, as it allows the dissonance constituted by the capitalist, racist and misogynist norm reproduced by the socioeconomic and cultural system. Therefore, it cannot be reflected on pregnancy and childbirth as a mere process or stage of preparation for exercising motherhood and mothering, but as the period in which the increasingly active exercise of the maternal role is established, marked by subjective factors, whose apex will occur after the birth of the child<sup>4</sup>.

Living with people who occupy the most extreme layer of social exclusion and invisibility, such as women on the street, allows a new learning about this universe, deconstructing prejudices and stigmas that negatively reinforce the exercise of motherhood and mothering<sup>5</sup>. Therefore, it must be considered that the perspectives regarding motherhood and mothering are not static but changeable, and will change according to times, social relations and other factors that may directly or indirectly influence the way people will build their representation of maternal role, i.e., their conception about the same<sup>3</sup>.

The historical narrative points to the woman in street situation being stigmatized and associ-

ated with prostitution and danger. By exploring motherhood and mothering as fields of study, the relationship between individual freedom and state intervention is intended and questioned. In the Brazilian context, discussions about women and children in these conditions began in 2012, focusing on drug abuse in several areas<sup>3,6</sup>. The construction of this discourse is not without interest and contains inaccuracies, because not all people who are on the streets use psychoactive substances<sup>6</sup>.

The narrative focusing on the consumption of psychoactive drugs erases the crossings and markers of social vulnerability experienced by these women<sup>6</sup>, criminalizing them and considering the unworthy to exercise motherhood and mothering in the streets. The situation of these women and their children denounces aporophobia (fear of poor people) anchored in historicity and unequal relations of gender, class and race, focusing on specific bodies: poor black women, with lives marked by structural and institutional violence<sup>7</sup>. These women, helpless and socially unprotected, challenge the established norms of motherhood and mothering.

The street situation is a global human rights crisis that requires an urgent response as it is a diverse phenomenon, mainly involving the socioeconomic contexts - developed, emerging and developing economies, which affects various groups of people in different ways, and it has a greater impact on women in vulnerable situation<sup>8</sup>. In 2018, according to the Annual Homelessness Assessment Report (AHAR), the main indicators focused on women in the United States of America, which represents 28% of the homeless population, would be severe maternal morbidity and mortality, premature birth and small babies for gestational age<sup>9</sup>. Thus, as the emphasis on addressing social determinants of health grows, it becomes more important for health professionals and public policy makers to understand the influence of comorbidities, complications and health care for pregnant women in street situations in the health results<sup>10</sup>.

Thus, the interest in developing such research consists in expanding knowledge due to the relevance of the theme before social norms, to foster new discussions and scientific studies with critical content aiming at the principles of the UHS: integrality, equity and universality of care. In addition, it is a new and poorly scientifically proven subject with significant relevance to strengthen measures that address the needs of these women. Therefore, the present work starts from the following question: how is maternity and moth-

ering in street situation addressed in national and international scientific production? To answer this question, the present study aims to know how maternity and motherhood in street situation is addressed in scientific production through integrative review.

## Methods

This is a descriptive bibliographic research of the integrative literature review type, of qualitative nature, linked to the Project approved by the Institutional Program of Scientific Initiation Scholarships (PIBIC) of the research project entitled “Theoretical-conceptual aspects about motherhood/mothering, paternity/fathering and vulnerabilities”. The descriptive research aims to interpret and describe reality without interfering with it or modifying, thus the main forms of data collection in this type of research are the database, qualitative research, bibliographic and other approaches<sup>11</sup>. It is of the integrative review type for providing more extensive information about a problem, thus constituting a body of knowledge. For the construction of the integrative review, the six steps were considered as pre-defined protocols, namely: identification of the theme and formulation of the research question; inclusion and exclusion criteria; identification of primary and selected studies; categorization and use of the synthesis matrix; systematic analysis, interpretation of results; and presentation of the review/synthesis of knowledge<sup>12</sup>. This methodology therefore allows an in-depth analysis of the subject, as well as allows uniting wide variety of productions to form a general overview about the studied subject. The integrative review also allows the identification of patterns and gaps in the existing literature, consolidation of information and contribution of new research.

The production of data occurred in the period from October to December 2021. The initial search for online publications was made in the following databases: Medical Literature Analysis and Retrieval System Online (MEDLINE), Regional Library of Medicine (BIREME), PubMed (free resource developed and maintained by the United States National Library of Medicine (NLM)) and the search portal Scientific Electronic Library (SciELO). The descriptors were crossed, in Portuguese and Spanish, standardized in the Health Sciences Descriptors (DeCS) and their respective in English Medical Subject Heading (MeSH), using the Boolean operators AND,

AND NOT and OR. The databases were paths in the search for scientific productions through the following descriptors: maternity hospitals and people on the street. It is worth noting that the term maternity is not a descriptor.

The steps proceeded by establishing the compositions of the descriptors and the keyword that would be searched, thus defined: *maternidades* AND *peessoas em situação de rua*; *maternidades* OR *peessoas em situação de rua*; and *maternidades* AND NOT *peessoas em situação de rua*. The Spanish terms were: *maternidades* AND *personas sin hogar*; *maternidades* OR *personas sin hogar*; and maternity AND NOT *personas sin hogar*. Finally, the combination in the English language: maternity AND homeless persons; maternity OR homeless persons; and maternity AND NOT homeless persons. In the survey, 350,790 studies were identified, presented in Chart 1.

The inclusion criteria adopted were publications in Portuguese, English or Spanish, published in the last ten years (2011-2021) and original articles or systematic review. The studies excluded were duplicated articles, publications that did not cover the study objective, and other types of study: review (narrative, integrative), editorial, reflection and publications that did not present complete texts.

The selection of articles was made by reading the titles and abstracts, applying inclusion criteria. The articles were systematized with the help of the Mendeley software, a reference manager that allows sharing and separating the articles in folders, containing the “valid ones” (that met the research objectives), “duplicates” (found in more than one database) and “excluded” (that did not meet the inclusion criteria established by the research).

In the universe of 350,790 scientific publications found, after applying the filters (Portuguese, English or Spanish publications published in the last ten years and original articles or systematic review), 70,695 of these remained, after exclusion of duplicates, 50,695 remained. After reading the titles and abstracts, 35 studies were selected because they were in accordance with the pre-established criteria. Then, 17 publications were eliminated, namely: for not having complete texts (12), for being letters to the reader (01) or that did not answer the guiding question (04), for addressing diseases associated with women in street situations, as well as issues of mental health of these women. Therefore, from this selection and eligibility process, only 18 publications were considered viable and included in

**Chart 1.** Search strategy for research sources,

Research sources	Search strategy	Studies found
PUBMED	“maternidades” AND “pessoas em situação de rua”	0
	“maternidades” OR “pessoas em situação de rua”	100
	“maternidades” AND NOT “pessoas em situação de rua”	91
	“maternidades” AND “personas sin hogar”	0
	“maternidades” OR “personas sin hogar”	95
	“maternidades” AND NOT “personas sin hogar”	91
	“maternity” AND “homeless persons”	290
	“maternity” OR “homeless persons”	236,346
	“maternity” AND NOT “homeless persons”	10,365
	Total	247,378
MEDLINE	“maternidades” AND “pessoas em situação de rua”	2
	“maternidades” OR “pessoas em situação de rua”	12,170
	“maternidades” AND NOT “pessoas em situação de rua”	3,576
	“maternidades” AND “personas sin hogar”	1
	“maternidades” OR “personas sin hogar”	5,471
	“maternidades” AND NOT “personas sin hogar”	1,345
	“maternity” AND “homeless persons”	6
	“maternity” OR “homeless persons”	12,977
	“maternity” AND NOT “homeless persons”	9,907
	Total	45,455
BIREME	“maternidades” AND “pessoas em situação de rua”	5
	“maternidades” OR “pessoas em situação de rua”	15,036
	“maternidades” AND NOT “pessoas em situação de rua”	5,747
	“maternidades” AND “personas sin hogar”	2
	“maternidades” OR “personas sin hogar”	6,848
	“maternidades” AND NOT “personas sin hogar”	2,183
	“maternity” AND “homeless persons”	9
	“maternity” OR “homeless persons”	14,390
	“maternity” AND NOT “homeless persons”	10,539
	Total	54,759
SCIELO	“maternidades” AND “pessoas em situação de rua”	2
	“maternidades” OR “pessoas em situação de rua”	810
	“maternidades” AND NOT “pessoas em situação de rua”	661
	“maternidades” AND “personas sin hogar”	2
	“maternidades” OR “personas sin hogar”	1,140
	“maternidades” AND NOT “personas sin hogar”	1
	“maternity” AND “homeless persons”	0
	“maternity” OR “homeless persons”	517
	“maternity” AND NOT “homeless persons”	65
	Total	3,198
	Total studies	350,790

Source: Authors (2022).

the work, which will be used for improvement, consolidation and construction of this research. This represents a small quantity, considering the uniqueness and relevance of the theme to be studied, even using the descriptor of motherhood. The selection followed the adapted flow chart of Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), shown in the illustration of Figure 1.

For characterization of the selected studies, a synthesis table (Chart 2) was elaborated as an adapted data collection instrument, containing the following information: title of the work, journal, type of study, author(s), year of production, country and main results.

After the selection of articles, the data were analyzed according to the content analysis proposed by Minayo<sup>13</sup>, which aims to understand social phenomena and human behavior from their investigation. For this, the authors propose the organization in 3 stages: pre-analysis; exploration of the material; and data processing and interpretation. After this process, the results obtained pointed to the emergence of two thematic categories: “Street motherhood and mothering”, demonstrating the experience of these women with the conception of being pregnant and “Challenges of motherhood and mothering in street situations”, with focus on the experiences that these women go through before motherhood and mothering in the streets. The findings were discussed based on national and international literature about the subject.

As it is a bibliographical research in which the information is available freely to the public, the study was not submitted to the Research Ethics Committee (REC). However, it is worth noting that all the ethical conditions were respected in view of the legitimacy of the information for data processing, analysis and discussion.

## Discussion

### Street motherhood and mothering

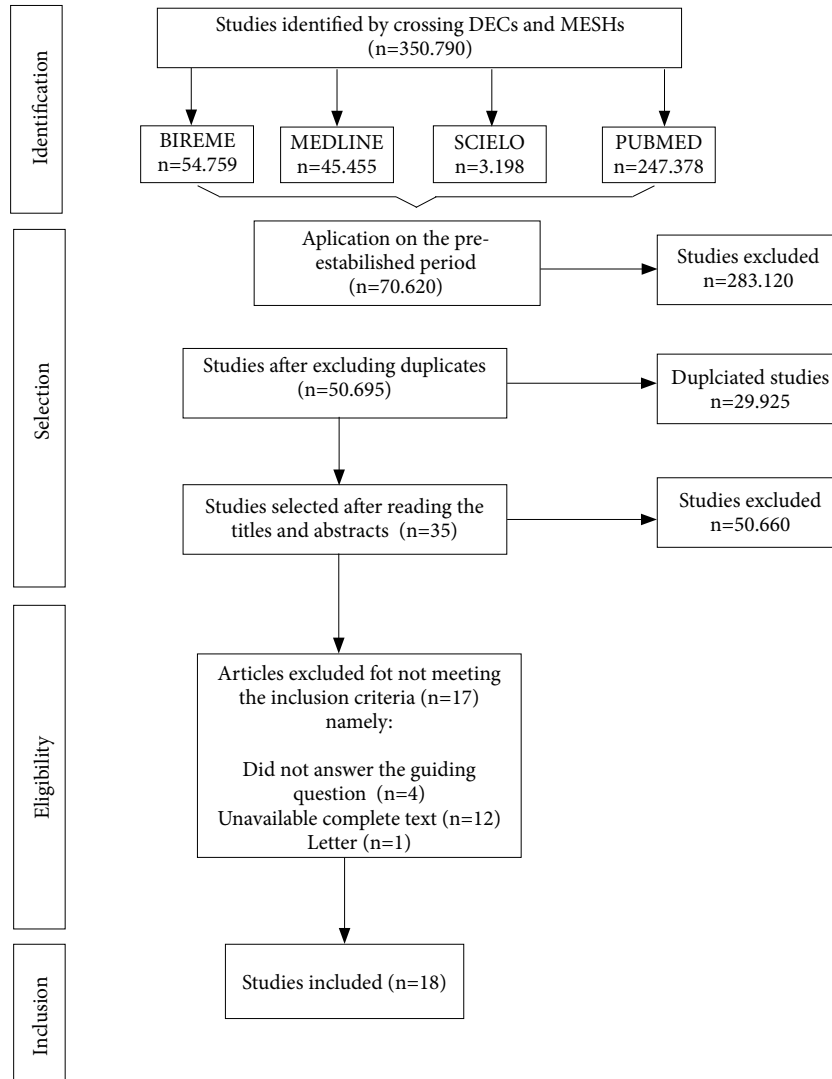
Motherhood is articulated in history, being mutually affected and varying according to the various contexts in which it is inserted. In this sense, it changes according to the spatial contexts that surround them and configure them as a multiform phenomenon, broad and complex, capable of being approached from different perspectives. On the bodies of women, there is the imposition of rules and standards of normality, having sci-

ence an important role in the construction of practices and knowledge that affect these bodies. The woman seen as a synonym of mother reflects this constructed ideal and when it is contradicted outside this standard, there are tensions<sup>30</sup>. From this, it allows the distancing of social subjugation tormented by prejudices, built from a vertical posture, unilateral and uninformed, which classifies mothers as “good” or “bad”<sup>21</sup>. Thus are presented as if they were part of the nature of women who become mothers, the attributes and values and how they are also produced, expanded and updated by scientific-normative and reinforced by common sense. Therefore, they also guide many of the educational processes that shape women and men and/or mothers and fathers of certain types, and their strength lies in the multiple, subtle and always renewed possibilities of repetition<sup>15</sup>.

When looking at the context of the streets, there is evidence that women living in these conditions are more likely to become pregnant than sheltered women living in poverty<sup>18</sup>. Talking about welfare or the process of motherhood for these mothers who live in conditions of poverty, exclusion, precariousness and vulnerability is something that sometimes seems as distant as reconstructing maternal bonds associated with hegemonic stereotypes that reproduce social policies and institutional discourses present in the various sectors of society<sup>15</sup>.

Nevertheless, although these women present close or distant family ties, they occupy their positions of mother and exercise, as they can, motherhood even if they sometimes give up, or fight for their spaces in society, but they do not stop exercising motherhood as they can, and never consider the chance to give up this place<sup>20</sup>. The social conceptions of family and motherhood imply specific ways by which we socially, politically and economically conceive women’s bodies, their emotions, and conflicts as well as allow discrimination between those who conform to these norms and those who do not, between those who consider that they can care for and those who do not<sup>15</sup>.

However, accepting pregnancy for those women who are on the streets does not necessarily mean creating an affective bond with child or desire to stay with and create the child, being also evident in the vast majority of manuscripts the dissatisfaction with knowing that they are pregnant. Some homeless pregnant women report feeling revolted during the pregnancy process, but there is acceptance and also a feeling of felici-



**Figure 1.** Flowchart of the study selection process using the PRISMA method.

Source: Authors (2022).

ty<sup>19</sup>. These different types of bonds and sensations can be understood according to the relationships that the woman experienced, the relationship she has with her family and previous children, and the perspective that she has of life and future.

When talking about life and death, many women on the streets reveal that they have already thought of killing themselves, but that by the presence of their children and the responsibility they have for them, these thoughts have been ceased. This notion of her motherhood does not differ from many other mothers. Thus, con-

trary to the theories that would tend to portray them as incapable, many women established precious and legitimate ties with their children, as guardians of their offspring, with a motherhood that does not differ from many other mothers<sup>5</sup>. In addition, it is noticed that caring for the child who will be born or already was born is a motivating factor for these women to move on, being work seen by them as the main way to provide the necessary maternal care<sup>20,30</sup>.

Despite this, most of the time, there is a real impossibility to not be able to provide for the

**Chart 2.** Characterization of the articles selected for the study.

Nº	Title	Journal	Type of Study	Author(s)/ Year/Country	Objectives
1	Corpo, gênero e maternidade: algumas relações e implicações no cuidado em saúde	Enfermagem em Foco	Qualitative research	Meyer <sup>14</sup> 2011 Brazil	To analyze the relationships between body, gender and sexuality with a focus on motherhood and its implications for health care.
2	Emociones en suspenso: maternidad y consumo de pasta base/paco en barrios marginales de Buenos Aires	Cuadernos de Antropología Social	Qualitative research	Castilla and Lorenzo <sup>15</sup> 2012 Argentina	To discuss and analyze the intensive consumption of base paste/paco intertwined with the emotional dynamics of motherhood.
3	“Understand My Side, My Situation, and My Story:” Insights into the Service Needs Among Substance-Abusing Homeless Mothers	J Community Psychol	Qualitative research	Dashora <i>et al.</i> <sup>16</sup> 2012 United States	To analyze the needs of homeless mothers who use psychoactive substances recruited from a shelter for homeless families.
4	Experiences associated with intervening with homeless, substance-abusing mothers: the importance of success	Soc Work	Qualitative research	Slesnick <i>et al.</i> <sup>17</sup> 2012 United States	To describe the experiences of providing housing and support services to homeless women, drug addicts and women with young children.
5	Characteristics of Mothers Caring for Children During Episodes of Homelessness	Community Mental Health Journal	Qualitative research	Welch-Lazoritz <i>et al.</i> <sup>18</sup> 2015 United States	To discuss the physical, psychological, and substance use issues faced by homeless women who are caregivers or non-caregivers.
6	Homeless pregnant women in the city of Santos, São Paulo, Brazil: reflections and challenges to public policies	Saúde Soc. São Paulo	Qualitative research	Costa <i>et al.</i> <sup>19</sup> 2015 Brazil	To investigate the daily lives of homeless pregnant women and their relationship with public policies in the city of Santos.
7	The rock that gave birth: Narratives and practices of pregnant and crack using women who are homeless in the city of Rio de Janeiro	Pesquisas e Práticas Psicossociais	Qualitative research	Almeida and Quadros <sup>20</sup> 2016 Brazil	To discuss the multiple ways of gestating and living on the streets while using drugs.
8	Maternity, care and punishments in marginal and vulnerable neighborhoods from Buenos Aires	Runa	Qualitative research	Castilla <sup>21</sup> 2017 Argentina	To describe and analyze the intersection between care, punishment and violence as part of the way of caring for mothers in vulnerable situations.
9	The context of the pregnant woman in the situation of street and vulnerability: its look at the pre-natal	Journal of Nursing UFPE	Qualitative research	Araujo <i>et al.</i> <sup>22</sup> 2017 Brazil	To investigate nursing care in the face of risk conditions related to the gestational period in the context of homelessness.
10	Síntese do caso do acolhimento compulsório de bebês na cidade de Belo Horizonte segundo a Defensoria Especializada da Infância e Juventude da capital	Revista Saúde em Redes	Qualitative research	Corrêa <i>et al.</i> <sup>23</sup> 2018 Brazil	To report on the compulsory embracement of babies directly from the maternity ward in Belo Horizonte.

it continues

**Chart 2.** Characterization of the articles selected for the study.

Nº	Title	Journal	Type of Study	Author(s)/ Year/Country	Objectives
11	Strategic action on human rights against the arbitrary withdrawal of infants from the family: reflections on the practice	Revista Saúde em Redes	Qualitative research	Drummond <i>et al.</i> <sup>24</sup> 2018 Brazil	To report the problem of the arbitrary removal of newborns from the family life of homeless mothers and human rights violations in the city of Belo Horizonte.
12	"Oh piece of me, oh half of myself amputated from me"	Revista Saúde em Redes	Qualitative research	Siqueira <i>et al.</i> <sup>25</sup> 2018 Brazil	To reflect on the relationship between the act of caring and the production of guardianship and autonomy for homeless mothers.
13	Whose baby is this? Deconstruction, reconstruction and resistance on the right of women and their newborn in Belo Horizonte, Brazil	Revista Saúde em Redes	Qualitative research	Lansky <sup>26</sup> 2018 Brazil	To reflect on the political and social context involving the actions faced by women excluded in Belo Horizonte due to issues of class, race and health condition.
14	Whose baby is this?: Social movement to protect rights of mothers and babies together, with worthy life!	Revista Saúde em Redes	Qualitative research	Karmaluk <i>et al.</i> <sup>27</sup> 2018 Brazil	To report on the "Whose baby is this?" movement in tackling situations of violation of the rights of mothers, babies and families in Belo Horizonte.
15	MARIA, MARIA: conceptions about being a woman in a street situation	Textos & Contextos	Qualitative research	Sanchoten <i>et al.</i> <sup>28</sup> 2019 Brazil	To investigate the conceptions of homeless women in Porto Alegre about being a woman in this context.
16	Healthcare experiences of homeless pregnant women	Revista Rene	Qualitative research	Barros <i>et al.</i> <sup>29</sup> 2020 Brazil	To understand the experience of health care from the perspective of women who are pregnant and/or have given birth while living on the streets.
17	Sobre "ser mulher e mãe" em situação de rua: invisibilidade na sociedade brasileira	Revista em Pauta	Qualitative research	Moreira <i>et al.</i> <sup>30</sup> 2021 Brazil	To investigate the experience of pregnancy among a homeless couple in the city of Natal.
18	Gender, poverty and Health: systematic review on the health of homeless women	Revista Textos & Contextos	Qualitative research	Coldibeli <i>et al.</i> <sup>31</sup> 2021 Brazil	To describe women's health in the national and international context, related to gender status.

Source: Authors (2022).

support of the offspring, due to the difficulties in obtaining a job or income, in case of identifying criminal or legal background, lack of education or employment history as well as the economic recession in the Country<sup>16,20</sup>. Faced with these individual and discriminatory barriers to employment, it puts women on the street in a place of despair, which causes the recurrence of the use of psychoactive substances (PASs) as a form of relief<sup>20</sup>.

This use demarcates these women as unfit for the exercise of motherhood and mothering,

being idealized as irresponsible. Moreover, some of the mothers are not sure about the pathogenic potential of drug, alcohol and cigarette use during pregnancy. Since many have more than one child and were born healthy, this invisibility of some problems caused by the use of drugs during pregnancy can produce this effect, since it gives the false impression that there is no problem with the child<sup>20</sup>.

Worldwide, there is a growing trend to consider drug use during pregnancy as child neglect, emphasizing the rights of the fetus over those of



women. This approach prioritizes fetal protection, focusing on the separation of the mother-baby binomial, relegating support for women to a secondary level and requiring legal custody to ensure these rights<sup>3,6</sup>. However, a cross-sectional study conducted in Salvador shows that, for pregnant women, drug use by family members and/or partners weakens family ties and leads to situations of violence in the family and marital context<sup>22</sup>. Therefore, this reality also places them in a situation of risk and greater vulnerability when exercising and experiencing their motherhood with insecurity.

Thus, the woman in street situation expresses the social contradictions of gender, because it is socially expected that these women in the name of the “offspring” stop the use of drugs and become domiciliary, assuming social welfare provision with their children without the structural conditions, such as housing policies, which favor them<sup>15,30</sup>. There is a gender issue involved, since this guilt related to drugs and responsibility does not stand out the same way with parents who are on the streets. Furthermore, concerning maternal feelings and emotions, we can say that in the usual situations of drug use<sup>6</sup>, expressions appear that mix love for motherhood and care for children, even distancing themselves from the regulations that impose the responsible motherhood model<sup>15</sup>.

Therefore, we see that women in street situation have no possibility of defense, judgment, nor the right to a process. They are invisible and excluded from this exercise because they are unworthy of motherhood and mothering within the established social standards moral<sup>26</sup>.

### **Challenges of motherhood and mothering in street situations**

The prohibitionist practices – such as hospitalization, ligation and compulsory separation between women and their babies –, initially restricted to some Brazilian capitals, have become the object of denunciations of social movements linked to Human Rights, such as feminist movements and universities<sup>3</sup>. These organizations report that women in street situation and/or with a history of drug use had their children kidnapped still in the maternity hospitals and sent for adoption, by the Justice, in the absence of mothers, even when they expressed a desire for the child and sought means to ensure its creation.

However, in studies carried out in Belo Horizonte, it was possible to observe advances of

the Specialized Defense Office when starting to combat the compulsory embracement of babies directly in the maternity hospital. In this performance, it was noticed that there was a call of the roles of the actors of the child and adolescent protection network, so that the integration between them became more robust, resulting in the development and strengthening of public policies, as Joint Technical Note No. 001/2016 instituted the Guidelines, Flow and Flowchart for the Integral Care of Women and Adolescents in Street Situations and/or Users of Alcohol and/or Crack Cocaine/other Drugs and their Newborn Children<sup>23,32</sup>.

Nevertheless, the observation of different possibilities of exercising the maternal role of these women suggests the existence of a perception that the context of street with the trajectory of drug and/or alcohol use does not favor the care of a child. Thus, when they decide to “hand” to an institution or someone close, however much they may have some connection with their children, these women do not do it because they do not love them, but just because they believe that they are doing the best for them<sup>30</sup>. In addition, this Joint Technical Note No. 001/2016 emphasizes that the street condition should not be a reason for family destitution; that this measure is extremely exceptional and should only be adopted when all the possibilities of living with the family are exhausted. This dismissal must be rigorously analyzed by a multidisciplinary team with an attention in the family of origin until after the removal for possible restitution, because the removal of children from their mothers violates the rights of women, children and families<sup>32</sup>. Therefore, it is important to reflect and understand that the mother in street situation, because of this context, should not be considered unworthy to exercise motherhood and mothering, as many people imagine, but the importance of subsidizing forms and means of support.

This recurrent separation of homeless mothers from their babies is a reflection of the expression of gender, race, political persecution and moral<sup>27</sup>. In this scenario, it is reflected on which lives are worth in a society marked by the naturalization of inequality and legitimization of the exercise of biopower over life. The condition of women, black, on the street or in a situation of great social vulnerability, associated with the use of alcohol and/or other drugs have been a marker for the margin of violent action and joint institutions such as health care and Judicial institutions<sup>25</sup>.

In view of this discussion, it is very important to emphasize the relevance of racial markers in this context. As pointed out by the National Survey on the Population in Street Situation, carried out in 2007/2008, showing that 67% of people in street situation are black (blacks and brown)<sup>33</sup>. Another survey conducted in a city of Bahia found that most homeless women (70%) were black<sup>29</sup>. Thus, it is necessary to think about the circuit of vulnerabilities that potentiates inequalities, violence and violations already existing in this population. These women, in most cases, are directed to precarious jobs, less paid and, in some cases, resort to prostitution as a source of income and means of survival. Linked to this panorama, there is the violence experienced by these women, such as beatings, kicks in the belly when pregnant, as a way of further evidencing their vulnerabilities, among other atrocities suffered in the streets environment as well as in health institutions<sup>29,31</sup>.

Therefore, the posture of health and care professionals is pointed out as one of the main factors that influence the quality of the service offered, and many women feel judged or misunderstood in these places or in the care provided<sup>31</sup>. Thus, there is a breach of professional secrecy and the necessary links for care and treatment. Instead of establishing empathy for care, it has been shown to be a space to establish mistrust, the fear of denunciation or accusation as women put. In this sense, they avoid prenatal care, childbirth, run away from maternity hospitals with their babies or call the police to leave the hospitals<sup>26</sup>.

In a study with pregnant women in street situation in the city of Maceió, Brazil, the reports show that the reality of care of pregnant women in street condition is the evasion of pregnant women who do not return to consultations for social exclusion and pilgrimage for a place in the Basic Health Unit<sup>22</sup>. There are many reports ranging from constraints in prenatal care with threats of loss of children by the situation of vulnerability experienced (drug use, low economic sufficiency, history of street situation or previous loss of custody of another child), until delays in obtaining post-discharge birth, with undue and unjustified retention of mothers and babies in public maternity hospitals for long times<sup>24</sup>. Thus, it is shown that even in the period of high vulnerability, as in pregnancy in street situation, there is no minimum respect, nor a quality and humanized health care with their embracement, who are already so invisible before the structure of society.

Moreover, many women report that they do not perform prenatal monitoring, nor any type of examination, because they are afraid of these procedures, since all they heard was that the use of drugs was totally harmful to the baby<sup>16,18</sup>. In this regard, the distancing and lack of connection with the health team become a reality evidenced by the prejudices imposed by a merely institutionalized assistance, without considering the macro context and its subjectivities that propose the treatment where the individual is treated with integrality and singularity.

When discussing the National Social Assistance Policy, it is observed that the population in street situation is presented services, equipment for monitoring on the streets and shelter, in addition to income subsidies or transfers (such as *Bolsa Família* and *Auxílio Aluguel*). However, in the network of public care, there were no services or outsourced programs focused specifically on the issue of motherhood and mothering in street situations, although Brazil already has stories of people and families who have the street situation as an intergenerational experience<sup>19</sup>. Thus, during motherhood and mothering, the actions of the National Social Assistance Policy are ineffective in establishing protective and caring links with women and their child(ren), with the power to decide what to do with these children<sup>17,28</sup>. Understanding this reality, it is emphasized that the most affected are always those who are in positions of greater exclusion and vulnerability, because they are those who have less emotional support, resources and opportunities to stay with the children and, ultimately, those who lose all battles.

This study is believed to be relevant as a contribution to the field of academic research in the health area, considering the need for new productions about the process of motherhood/mothering and vulnerabilities, for the process of transformation of stigmatized vision, as well as for improvement of public policies that presents great fragility and current setbacks to condition a comprehensive and humanized health care.

The results obtained with the survey carried out for this review showed that there is a scarce number of scientific publications in the Brazilian and international scene that seek to discuss the issue of motherhood in street situations. Both the total result and the relative one to each strategy used for the search of the production signal that such themes present a restricted production, which highlights the invisibility of issues in the scientific field or incentives to research. On the

methodological characteristics of the articles analyzed, it was noticed the prevalence of studies of qualitative nature, with the use of narratives, reports and free associations, which meet the demand for understanding the singularity and the meanings that emerge. However, new studies should be carried out, bringing a dialogue with quantitative approaches, enabling measuring aspects related to the theme with deepening of it.

Furthermore, some articles do not explicitly provide important details of the methodology used, as well as essential information such as the procedure for data analysis. It is considered that the quality of articles is compromised when there are problems in methodological clarity. As for the thematic categories presented, it was possible, in general, to identify similarities in the issue of motherhood attached to difficulties and stigmas that make main mention to the structural and patriarchal issue of society. However, it was also found that some of the analyzed works do not discuss the street and maternity situation in an expanded way, in order to consider fully the psychological, social and cultural aspects involved.

### **Final thoughts**

In order to obtain a better understanding of the motherhood and mothering of women on the street, it was necessary to understand in a broad perspective, in the context in which each individual elaborates his/her existence, interwoven in a network of relationships. Thinking about the motherhood and mothering of these women implies considering the interlacing of relationships, life history and available resources as a starting point, but not an ultimate goal. Thus, it is necessary to analyze the process and be willing to cross these looks and live the pains together. From this, it is possible to shape, to some extent, the path of women in search of health, social, judicial care or the help of friends or peers, which may also result in the escape of circulation in services for fear or insecurity.

Therefore, the shortage imposed on women in street situations makes them experience the intersection of oppressions and inequalities, imposed by both, which is also added to the issue of race, as conditions inherent to their reality. With this in mind, it is necessary to invest in research that produce knowledge from this perspective, under a contextualized perspective, considering the gender theme and its specificities, in order to subsidize the construction of policies that, in fact, execute the rights and care in motherhood and mothering for women on the street.

## Collaborations

KCC Santos, LSS Marques, MT Gonçalves, MMS Soledade, JGS Santos and JF Oliveira participated in the preparation of the articles so that they can publicly assume responsibility for their content. The authors participated in the conception, design, analysis and interpretation of the data, writing of the article and its critical review, and approved the version to be published.

## Funding

This work was carried out with the support of the Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPQ) and the Fundação de Amparo à Pesquisa do Estado da Bahia (FAPESB).

## References

1. Giordani RCF, Picolli D, Bezerra I, Almeida CCB. Maternidade e amamentação: identidade, corpo e gênero. *Cien Saude Colet* 2018; 23(8):2731-2739.
2. Benatti AP, Pereira CRR, Santos DCM, Paiva IL. A maternidade em contextos de vulnerabilidade social: papéis e significados atribuídos por pais e mães. *Interracao Psicol* 2020; 24(2):130-141.
3. Souza MRS, Almeida DE, Gomes RS, Hack NS. Maternidade das mulheres em situação de rua: expressão de violação do direito à convivência familiar e comunitária. *Cad Hum Perspect* 2021; 5(12):46-59.
4. Almeida ML, Almeida LP. A constituição da maternidade e a relação mãe-bebê no contexto da Morbidade Materna Near Miss: revisão narrativa. *Rev Saude De-senv Hum* 2021; 9(1):1-7.
5. Santos FAM, Oliveira AFC, Porto DFS, Monteiro GC, Buss PZ, Cavalheiro CS, Ribeiro SL, Santos JVL, Capatto JMP. Gestante em situação de rua: os direitos da maternidade em face da vulnerabilidade social. *RECI-MA21* 2023; 4(4):e443100.
6. Santos GC, Baptista TWF, Constantino P. “De quem é esse bebê?”: desafios para o direito à maternidade de mulheres em situação de rua. *Cad Saude Publica* 2021; 37(5):e00269320.
7. Santos GC, Constantino P, Schenker M, Rodrigues LB. O consumo de crack por mulheres: uma análise sobre os sentidos construídos por profissionais de consultórios na rua da cidade do Rio de Janeiro, Brasil. *Cien Saude Colet* 2020; 25(10):3795-3808.
8. Arbia AA, Pereira VS, Granja B, organizadores. *Atendimento à população em situação de rua: reflexões e práticas no Brasil e na Europa*. Minas Gerais: UFJF; 2023.
9. Henry M, Mahathey A, Morrill T, Robinson A, Shivji A, Watt R, et al. *O Relatório Anual de Avaliação dos Sem-Abrigo (AHAR) de 2018 para o Congresso: Parte 1: Estimativas pontuais dos sem-abrigo*. Washington D.C.: Departamento de Habitação e Desenvolvimento Urbano, Escritório de Planejamento e Desenvolvimento Comunitário; 2018.
10. Clark RE, Weinreb L, Flahive JM, Seifert RW. A falta de moradia contribui para complicações na gravidez. *Health Affairs* 2019; 38(1):139-146.
11. Gil AC. *Como elaborar projetos de pesquisa*. 4ª ed. São Paulo: Atlas; 2008.
12. Dantas HLL, Costa CRB, Costa LMC, Lúcio IML, Comassetto I. Como elaborar uma revisão integrativa: sistematização do método científico. *Rev Cien Enferm* 2021; 12(37):334-345.
13. Minayo MCS. *Pesquisa social: teoria, método e criatividade*. 34ª ed. Rio de Janeiro: Editora Vozes; 2011.
14. Meyer DEE. Corpo, gênero e maternidade: algumas relações e implicações no cuidado em saúde. *Enferm Foco* 2011; 2(1):18-22.
15. Castilla V, Lorenzo G. Emociones en suspenso: maternidad y consumo de pasta base/paco en barrios marginales de Buenos Aires. *Cuad Antropol Soc* 2012; 36:69-89.

16. Dashora P, Slesnick N, Erdem G. "Understand My Side, My Situation, and My Story:" Insights into the Service Needs Among Substance-Abusing Homeless Mothers. *J Community Psychol* 2012; 40(8):938-950.
17. Slesnick N, Glassman M, Katafiasz H, Collins JC. Experiences associated with intervening with homeless, substance-abusing mothers: the importance of success. *Soc Work* 2012; 57(4):343-352.
18. Welch-Lazoritz ML, Whitbeck LB, Armenta BE. Characteristics of Mothers Caring for Children During Episodes of Homelessness. *Community Mental Health J* 2015; 51(8):913-920.
19. Costa SL, Vida SPC, Gama IA, Locatelli NT, Karam BJ, Ping CT, Massari MG, Paula TB, Bernardes AFM. Gestantes em situação de rua no município de Santos, SP: reflexões e desafios para as políticas públicas. *Saude Soc* 2015; 24(3):1089-1102.
20. Almeida DJR, Quadros LCT. A pedra que pariu: Narrativas e práticas de aproximação de gestantes em situação de rua e usuárias de crack na cidade do Rio de Janeiro. *Pesqui Prat Psicossoc* 2016; 11(1):225-237.
21. Castilla MV. Maternidad, cuidados y castigos en barrios marginales y vulnerables de Buenos Aires. *Runa* 2017; 38(2):37-51.
22. Araujo AS, Santos AAP, Lúcio IML. O contexto da gestante na situação de rua e vulnerabilidade: seu olhar sobre o pré-natal. *Rev Enferm UFPE* 2017; 11(Supl. 10):4103-4110.
23. Corrêa WE, Falleiros TAB, Seixas AS, Nesrala DB. Síntese do caso do acolhimento compulsório de bebês na cidade de Belo Horizonte segundo a Defensoria Especializada da Infância e Juventude da capital. *Rev Saude Redes* 2018; 4(Supl. 1):227-229.
24. Drummond NA, Martins AF, Godoy DB, Pinto JDA. Atuação estratégica em direitos humanos contra o afastamento arbitrário de bebês do convívio familiar: reflexões sobre a prática. *Rev Saude Redes* 2018; (Supl. 1):209-220.
25. Siqueira PM, Hernandez ML, Furtado LAC, Feuerwerker LCM. "Oh pedaço de mim, oh metade amputada de mim...". *Saude Redes* 2018; 4(Supl. 1):51-59.
26. Lansky S. De quem é este bebê? Construção, desconstrução e resistência pelo direito de mães e bebês em Belo Horizonte. *Rev Saude Redes* 2018; 4(Supl. 1):191-208.
27. Karmaluk C, Lansky S, Parizzi MR, Batista G, Almeida E, Dias ALF, Natividade C, Gomes B. De quem é este bebê?: Movimento social de proteção do direito de mães e bebês juntos, com vida digna! *Rev Saude Redes* 2018; 4(Supl. 1):169-189.
28. Sanchotene IP, Antoni C, Munhós AAR. MARIA, MARIA: concepções sobre ser mulher em situação de rua. *Textos Contextos* 2019; 18(1):146-160.
29. Barros KCC, Moreira RCR, Leal MS, Bispo TCF, Azevedo RF. Vivências de cuidado por mulheres que gestam em situação de rua. *Rev Rene* 2020; 21:e43686.
30. Moreira TAS, Cavalcante CPS, Ferreira DS, Paiva IL. Sobre "ser mulher e mãe" em situação de rua: invisibilidade na sociedade brasileira. *Rev Pauta* 2021; 19(47):121-137.
31. Coldibeli LP, Paiva FS, Batista CB. Gênero, pobreza e saúde: revisão sistemática sobre a saúde de mulheres em situação de rua. *Textos Contextos* 2021; 20(1):1-14.
32. Brasil. Ministério do Desenvolvimento Social e Combate à Fome. Secretaria Nacional de Assistência Social. Nota Técnica Conjunta MDS/MS nº 001/2016. *Diretrizes, Fluxo e Fluxograma para a atenção integral às mulheres e adolescentes em situação de rua e/ou usuárias de álcool e/ou crack/outras drogas e seus filhos recém-nascidos*. Brasília: Ministério do Desenvolvimento Social e Combate à Fome; 2016.
33. Brasil. Decreto nº 7.053, de 23 de dezembro de 2009. Institui a Política Nacional para a População em Situação de Rua e seu Comitê Intersetorial de Acompanhamento e Monitoramento, e dá outras providências. *Diário Oficial da União* 2009; 24 dez.

---

Article submitted 11/07/2023

Approved 16/09/2023

Final version submitted 18/09/2023

---

Chief editors: Maria Cecília de Souza Minayo, Romeu Gomes, Antônio Augusto Moura da Silva