

“The streets took me in, but I will not lose my son to any stranger”: Carolina and the meanings of maternity in the street situation context

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Abstract: Slavery is a critical event in the establishment of Brazilian society, and in particular, how Black women were (and still are) integrated into it. Black women were the mainstay of Brazilian social formation. So, today, they start from the place of someone who carries four centuries of enslavement. This ethnography seeks to recognize in the voice of Carolina, a Black woman living on the streets in Little Africa in Rio de Janeiro, the meanings of being a woman, motherhood in the context of homelessness, and its relationships with public policies. Carolina’s story helps us understand the space in which being a woman acquires meanings from the reproductive capacity and what it forges in negotiations toward mothering possibilities. She experiences the street as a space of freedom but also of insecurity and precariousness. “Handing over” the child to the legal adoption system has different meanings than those constructed by State agents. Carolina believes that “handing over” a child means breaking with any possibility of “becoming a woman” and “mother”. There is an urgent need to have an anti-racist State agenda that guides the dramatic reality of women living on the streets and their descendants under the reparatory rationale.

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A colonial wound: Brazilian racial democracy

Figure 1. Racial democracy



Source: Photographic record of Lêdo Ivo's sculpture, snapshot by Gilney Costa Santos in 2018.

The sculpture by artist Lêdo Ivo stands out on the banks of the São Francisco River in Juazeiro, Bahia, Brazil, materializing what the privileged ignore or are unwilling to perceive: the colonial wound. Named "Racial Democracy", the sculpture provokes us with its grandeur and denunciation of the violence suffered by Black people. The Black-mother-and-wet-nurse image criticizes slavery and naturalized racism.

A contradiction is revealed in the apparent interaction between whites and Black people: the stunted Black body is deprived of breastfeeding and maternal care for the well-being of whites. In reference to the politics of whiteness, expropriation, and colonization, not just of territories, but of affections and bodies, the Black-mother-and-wet-nurse aesthetics align with those performed by her son to denounce

the social place historically reserved for Black bodies, which is subalternity, a place sustained by the differentiation and hierarchization established in modernity (Quijano, 2010), which qualifies which bodies and lives matter (Butler, 2019).

Enslaved Black women were the mainstay of the country's social upbringing. An active presence in the productive economy, they ensured the functioning of the big house by playing the roles of maid, prostitute, wet nurse, and wage slave. The white man's Black-mother-and-wet-nurse was facilitated by the social value attributed to motherhood in some Black cultures and white violence. Historically, they had to (and still have to) give up their offspring to look after others. They were not given a choice about who to look after (Gonzalez, 2020).

As Almeida (2019) summarizes, slavery is a critical event and a founding part of who we are as a nation and subjects. It was a social and political moment that left deep marks on Brazilian society, particularly on how Black women were (and have been) integrated into society as a whole (Nascimento, 2016).

It is a fact that Brazil became a nation by denying its slavery history. Based on the establishment of a supposed racial democracy, i.e., the belief that Blacks and whites live together harmoniously and enjoy equal opportunities in this society, Brazilians tend to deny the effects of racism and believe that slavery was not so violent here (Gonzalez, 2020; Nascimento, 2016). In this context, we should emphasize that the miscegenation policy was part of the colonizer's genocidal project, whose strategy was to whiten Brazilian society. It was a form of extermination of Black lives, which affected Black women's bodies in the form of rape, death, and the compulsory separation of their offspring. In the sculpture, slavery's violence is expressed in the face of this disfigured, animalized woman, without a mouth, nose, eyes, ears, or even facial expressions.

Far from being a theoretical construct, racial democracy aims to suppress that Black women "were [systematically] prevented from establishing any stable family structure" in this country (Nascimento, 2016, p. 73): Yesterday, for slavery, which required them to "devote themselves entirely to white children, breastfeeding them exclusively" (Gonzalez, 2020, p. 203); today, to preserve the economy that subjugates the poorest and reproduces a racist-macho-classist structure that adversely affects their bodies, including those living on the streets (Jorge *et al.*, 2022).

For those who believe in Brazilian racial democracy, the problem of Black women and their descendants results from social inequalities and is unrelated to

the slave and patriarchal past. The latter appears in the sculpture portrayed by the nudity displayed by the white bodies, as opposed to the Black body, whose genitalia covered by a thong in the same color as the bodies of the white children remind us at once of the body that has power. The white body is exposed without criticism, and the Black body's sexuality is interdicted because it is "dangerous" and must be regulated, hypermedicalized, and controlled. As Gonzalez (2020, p. 88) argues, the dual racism-sexism event Brazilian cultural neurosis, and it was the black-mother-and-wet-nurse figure who subverted the order of domination and "passed on all the values that concerned her to the white child, [...] whose language is '*Blackuguese*'".

When we look at Black women's situation in contemporary Brazilian society, we must recognize they are not the same as in colonial times but slavery's daughters, granddaughters, and great-granddaughters. In this setting, homeless women deserve special attention because of State violence and neglect that their lives denounce and their resistance. They are primarily Black, impoverished women who recreate ways of existing in extreme vulnerability and social helplessness.

This text concerns Carolina,¹ a Black woman who experienced motherhood on the streets of Rio de Janeiro's Little Africa circuit. From her place of speech, we invite the reader to look at the *ways of subjectivizing life involved in living on the streets, the relationship with the body, and the meanings attributed to violence and motherhood*.

To recognize meanings in these women's experiences of what it is to be a woman and a mother living on the streets and their relationship with public policies, we accessed stories that combine deep pain and distress and struggle and resistance, looking at the structure and without losing sight of what Das (2020) calls "ordinary", that is, the daily life where life unfolds.

Following the thread line...

The cradle of Rio's "*samba de roda*" (samba get-together session), "Little Africa" is the port region of Rio de Janeiro. It includes the neighborhoods of Gamboa, Saúde, and Santo Cristo. Initially inhabited by enslaved and freed Black men and women, the region holds symbols of resistance and memories of slavery's horrors (Moura, 1995).

There, abandoned townhouses and buildings serve as shelters for people living on the streets, representing privacy in collective environments. Such occupations mimic what Brazil is like for most impoverished Black people: unsafe, poorly ventilated, and damp housing, favoring the proliferation of insects, vectors, and even

the circulation of viral diseases such as tuberculosis (Ruffino Neto, 2002). Little Africa retains traces of a colonial and slave city that was the country's capital for a long time, sharing space with modern buildings such as the Museum of Tomorrow.

The Central do Brasil train station, an icon of the region, marks the border between Little Africa and downtown. Rio's suburbs settled on the railroad's banks. Thousands of people and tourists walk through Central, which integrates the city and is home to many homeless people. Everything is sold and bought there: clothes, food, household items, drugs, and sex. One expects to find homeless people doing odd jobs, setting up stalls, selling sweets, unloading trucks, and transporting goods. In Central, homeless men, women, and teenagers sleep, get shelter from the rain, use (licit and illicit) drugs, cook, and participate in the city's daily life.

Some health professionals describe this territory as an "end-of-career" place, sought by people living on the streets to "stay forever or die". Street women also call it a "place of joy, freedom, and life". This territory mobilizes different narratives for those who work, travel, and live there. Costa (2019, p. 17) argues that some see "beauty where most only see poverty".

It was the stories of people from this area that allowed us to understand the scenes that were taking place there, like the story of Anastácia, a 59-year-old Black woman, a sex worker and drug user. Sitting in front of the door of an old townhouse, Anastácia finished her make-up while complaining about a tear that insisted on running from one of her eyes. Vain and gentle, Anastácia told us she had suffered a stroke, which had taken a toll on one of her legs and her eyes and mental health. Anastácia said she was depressed and had no taste for life, demanding a drug that could restore her will to live. Her life story and living conditions and those of other homeless people revealed enormous social insecurity, causing indignation and outrage. How can we explain what keeps them in that condition? Somehow, those people and the landscape of Little Africa signal that the Brazilian housing deficit has class, race, gender, and a broad spectrum of social determinants, ranging from entire generations who are born on the streets to those who end up living on the streets as a reality or as the only alternative, due to some circumstances (Santos et al., 2021). As Costa (2019, p. 48-49) emphasizes, "Nobody chooses to sleep on the streets, but people make decisions, and the streets are the only choice given the few options available".

The right to housing is one of the least guaranteed in Brazil. Brazilian cities are increasingly becoming expressions of social inequalities that reflect how wealth

and poverty are produced and distributed in the country. Thus, “the value of each individual is dictated by the place where they find themselves”. (Santos, 2009, p. 66).

In this text, we have opted for ethnographic writing inspired by Das (2020) to retrieve the details of what women who are homeless experience and report. Over six months, the meetings in Little Africa have been mediated by professionals from a street clinic team (eCnaR).² During this period, semi-structured interviews and free conversations were held with homeless people and health professionals, and daily life on the streets, healthcare at eCnaR, and the maternity ward were observed, with records kept in a field diary.³

Based on Evaristo (2016), we sought a respectful writing of translation, guaranteeing the integrity of their voices as much as possible, recognizing the power of listening and being with them, leaving aside the place of a neutral researcher who only observes what is happening to these women.

Thus, we attempted to give street women a place to speak (Ribeiro, 2017) as leading figures in producing knowledge about their bodies and experiences and, therefore, their way of being in the world. These women have something to say about how we organize the State and the *modus operandi* of how policies affect their bodies when they want to be mothers or when they do not necessarily want to but do get pregnant.

In this text, we opted to tell the story of a homeless woman on the Little Africa circuit. The fabric of Carolina’s life revisits part of the history of the Brazilian people and moves towards reparations and recognizing new paths.

Homeless women will speak out loud and clear!!!⁴

Carolina is a poor and homeless 27-year-old Black woman. The daughter of separated parents, she is the youngest of four siblings, two men and two women. The men are deceased. Bento, the eldest, committed suicide after separating from his partner, and Sebastião was murdered at the age of 17 in the Favela do Barbante, Campo Grande, Rio de Janeiro, a territory exploited by militias. Carolina spent much of her childhood and adolescence living with her father, with whom she had a strong emotional relationship. At the age of 14, when he died, she moved in with her mother, and it was not long before conflicts arose:

She [the mother] was always used to my brothers... I did not accept what she said, nor did she accept my way. So, I went to live on the streets. I met other girls. We went to Barra da Tijuca, and I was raped. (Carolina)

When in the street context, Carolina suffered a gang rape by 19 men. This led to a three-month hospitalization and her first experience of motherhood. The possibility of an abortion, even if legal, was not considered by Carolina. She told herself that the “fetus/baby was not to blame”, and so she carried the pregnancy to term, even without knowing who the father was.

When André was born, Carolina breastfed him for six months. As she had already left her mother’s house, she spent four months with her son on the streets of Copacabana until her sister and mother found her. They managed to convince her to give up the baby because she could lose him if the Guardianship Council found out. Carolina describes her first experience of pregnancy in a street context as follows: “Although my son resulted from rape, I had a peaceful pregnancy. He is the best son I have. He is 12”.

As the streets conquered Carolina, her family ties became increasingly frayed. There was a linear relationship between her time on the streets and her return home. On several occasions, Carolina was highly critical about what the streets meant to her. In her account, she describes the streets as something contradictory, where the limits of freedom clash with insecurity and precariousness.

[...] freedom, no one is bossing me around. I sleep when I want; I wake up when I want. There is also a downside to it: if a woman is menstruating [...], she needs to take care of her needs. Moreover, there are not always any on the street. [...] [if] there is no money. Not all the Central toilets let you go in and use them [...] (Carolina).

Believing she is “used to being on the streets”, Carolina meets Gê, a Black poor man living on the streets like her and starts a relationship. This relationship led to a second pregnancy and a new cycle of abuse. That “pregnancy was hell; he beat me a lot during my pregnancy”. Gê used to shoplift and sell small amounts of drugs when she needed money. Until one day:

[...] he [Gê] said he would buy something for me to eat. He left two black garbage bags next to me. The police stopped him, took his bag of clothes and other things, and then they arrested me instead of him. [Gê] was a disaster; his money was only for drugs... Then I split up with him. (Carolina)

If Carolina’s first pregnancy resulted from a gang rape, her second was marked by daily physical and psychological violence, along with five and a half years in prison. When Elza was born, she was only breastfed when Carolina was in the maternity ward. Carolina was serving time and, just like the first time, her daughter was handed over to her grandmother. The same Carolina who said that “[...] being a

mother is the best thing there is [...]” because “[...] you are giving life to another life” was the same one who did not stay with her offspring.

On the day she was released, Carolina returned to the streets looking for Gê because she said, “I love him despite everything”. She discovered that he had died from complications associated with tuberculosis. Carolina receives support from Dandara, a street transvestite, and Abdias, a friend of Gê’s who later becomes her partner.

When we met Carolina, she was about seven months into her third pregnancy and was attending her prenatal care appointments at the eCnaR. The team tried not to impose rules and behaviors and always negotiated. Nothing about Carolina resembled the image commonly associated with pregnant women who are homeless: short, thin, and drug-addicted. Carolina was tall, fat, strong, and sitting down. Some would say she was overweight and not pregnant.

Staying on the streets for the nine months of her pregnancy and sometimes strung out on alcohol, Carolina pointed out that motherhood had a different meaning from her previous ones. The desire to be a mother fueled the construction of new life projects for her and her partner. Her words suggested that one of the differences was her desire to raise that child:

[...] During my pregnancies, although I was on the street, I never thought about wanting to stop using drugs, get a job, or get off the street so I could be near my children. With this one, I already feel like not using drugs. I am already thinking about getting off the streets. I want to go home.” (Carolina).

Carolina believes “being a woman” is commonly associated with reproductive function and the social value of motherhood, which, in turn, is anchored in the belief that instinctive maternal love is genuine and inherent to the female body. Not by chance, Carolina admitted that if she had to be born again and could choose between being a man or a woman, she would definitely choose “to be a woman”:

“To have a child. [...] A man may love his son but does not love him like a mother does. [...] The mother carries it for nine months; the mother feels the pain to deliver it. The father only sees the belly. Whether he likes it or not, the father's love is only born after the child is born” (Carolina).

Carolina describes “being a woman” as equivalent to the ability to “be a mother”. She also uses behaviors that outline her idea of womanhood: “Being a woman is [...] being a centered person [...] with attitude and determination [...] who is not afraid of the challenge that lies [...] ahead”. This way of understanding the feminine marks

her perception that there is a gap between her body, her way of life, and that of other women. In this sense, Carolina does not recognize herself in her conception of womanhood, admitting that she may fit the description based on the exercise of motherhood. She says:

I do not think I [fit this description of a woman]. Now I might fit in because of him [son]. Furthermore, Abdias has changed a lot, too. Abdias was a cocaine user [...] When he uses it, his nose gets hard and white. He has been sleeping here [maternity ward] for three days now, and I look at his nose, and there is nothing there. I said: Are you using drugs? He said, “No”. Then I said: “Where is the money you worked for? He puts his hand in his pocket, and the money is there (Carolina).

Abdias is a 34-year-old Black man who studied until the fourth grade. He worked as a hydraulic fireman and left the profession after an accident. With impaired diction, Abdias confessed that his biggest dream was registering the child he would have with Carolina. However, Abdias had no birth certificate. One day, at the Public Defender’s Office, Abdias reconstructed his family tree: his mother was from Minas Gerais, and he was from Rio de Janeiro, but as a child, they migrated to the center of Minas Gerais, where he was raised, and his birth was registered. Abdias, like Carolina, lives in a context of profound social disenfranchisement.

Carolina only studied until the second grade of elementary school. She taught herself to read and write, revealing that she liked Zibia Gasparetto’s books. Her extremely precise and delicate handwriting surprised us when she signed the Informed Consent Form. Carolina has never had a formal job, but like most Brazilian women, she participates in the informal economy by cleaning and selling sweets, water, and soft drinks at traffic lights.

From a biomedical viewpoint, this was a high-risk pregnancy because of the precariousness, violence, lack of social protection, drug use, and the street situation. Even so, Carolina was gaining weight and had no bleeding, but the health team was concerned that she might have a low placenta due to her drug use. The health team used every resource to avoid harm to the fetus and Carolina. Carolina was a multiple drug user and several times said, “I sniff [cocaine], drink cachaça, and smoke cigarettes”. As a teenager, “I used marijuana, but I do not like it now. Marijuana makes me slow”. She said she had never used crack and that alcohol was her primary drug, used even during pregnancy and without any difficulty in acquiring it, as it was legal.

For Carolina, the pregnant body is also the body that protects: “When the child is in the belly, we think it is immune from anything”. In Carolina’s way of thinking, there were ambiguities and questions between her experience and the health guidelines: “I have seen cases of children whose mother is a drug user, and the child is born bad; [...] we do not know [how] it can harm the baby too, right? [...] He was born well [...]”.

On her way to the Family Health Clinic for an ultrasound scan, Carolina jokingly commented, as if to draw the attention of the health professionals, “My dream is to have ten children”. A health professional then asked, “But why do you want to have ten children?” Carolina did not blink: “Because I feel lonely” (field diary). It took a while for the muteness to be replaced by relaxed conversations.

The *Cegonha Carioca* card showed five prenatal care appointments (this would be the sixth), a gestational age of 36 weeks, not reactive for HIV, toxoplasmosis, and reactive for syphilis, which was treated. Carolina’s baby gained weight throughout her pregnancy and weighed approximately 2.7 kg. One day, when she saw the doctor, Carolina asked: “When am I going to have a baby?” The doctor replied that it was close. Carolina’s question was accompanied by anticipation, and she was asked whether she wanted it to be a boy or a girl. She replied: “A boy”.

The health team tried to negotiate with Carolina about being sterilized. She said she would not have the procedure without much reassurance because her partner disagreed. The team argued that he did not “need to know and that they were thinking of preparing all the documentation and leaving it with her, in case she changed her mind”. On the other hand, the staff was concerned about giving her the document and making her vulnerable on delivery because maternity professionals could sterilize her without considering her consent upon realizing she was homeless.

The news of Carolina’s delivery resulted from an encounter with Abdias in the street. Carolina had gone into labor on the night of December 25. She was taken to the maternity hospital by the Military Police twice and ended up having a cesarean section.

Carolina’s new offspring was born at 8:11 p.m. on Christmas Day. Natalício was the suggestion of Carolina’s firstborn. The Live Birth Declaration stated that he had been born with an Apgar score of 07 in the first minute and 08 in the fifth minute; he was 47 centimeters tall, with 34 centimeters head circumference; there were no congenital anomalies; and that Carolina had not had any prenatal care

appointments, which was at odds with the *Cegonha Carioca* card, which reported six appointments. The health team at the maternity hospital did not know that Carolina was a “homeless woman”. The eCnaR had to inform the maternity hospital’s social services of Carolina’s situation.

The social worker at the maternity hospital, a Black woman, was very sensitive to the family’s situation. The father had no identification document to produce his son’s certificate. He had no way of proving that the woman who would be presented as the baby’s guardian was, in fact, his sister. Their situation was even more complex, as they had no income, home, or jobs, aspects commonly considered by the social services of maternity hospitals and judges.

Despite her sensitivity to the situation, the social worker emphasized, “Carolina could be discharged at any moment, but the baby can’t leave here and go to the streets”. She warned Abdias, “The baby will only leave the maternity hospital if your sister comes here and commits to keeping the child”. Abdias said he would look for his sister later that day (Field Diary).

The social worker thought it was important to hear how Carolina had organized herself to address the situation. Carolina said she had never imagined “that she would be a mother with all this love”. She told the team that she was not thinking of leaving the maternity hospital without her baby and that giving him up to the adoption system was not an option. Carolina recognized that the street is not the place to mother a child. Her statement aligned with the legal argument that defends the rights of the most vulnerable:

[...] We cannot keep our child on the street, right? The guardianship council comes and takes it. [...] However, I will not lose him to any stranger, either. So, I would rather leave him with Abdias' family because they are better off than I am. I know they will take good care of him. (Carolina)

Carolina’s statement seemed to echo the voices of other poor Black women who had similar experiences. These women recognized the street as a space of freedom and precariousness, incompatible with a child’s needs. Conceição, another resident of Little Africa, who left the house she lived in with her mother because she was “curious to see the world”, once questioned the impossibility of a woman staying on the street with a baby:

[...] How will you sleep in the middle of the night with a newborn child? Tell me. How will you take responsibility for giving all the vaccinations if you have nowhere to keep

a document? How will you raise a child on the street if you hardly know if you will eat today or tomorrow? It is a child. It does not know how to ask. You still know how to ask. Does the child know how to ask? Do you understand? (Conceição)

Carolina knew that time was not her ally. She would be discharged at any moment and would leave the maternity hospital without her son. Carolina revealed to eCnaR that she was considering running away from the maternity ward. While watching her bathe her son, in a combination of inexperience and lack of delicacy, the staff tried to talk her out of running away. However, fearing Carolina would implement her plan, they told her not to take the baby (Field Diary).

To prevent the “escape”, the team negotiated with Carolina that they would try to extend her stay at the maternity hospital through social services; they would attempt a “social hospitalization”. The team also negotiated that she should not be discharged at the weekend or on a public holiday so that they could offer some support to the parents and the baby (Field Diary).

In Carolina’s words, one of the reasons why this pregnancy was different from the previous two was the support she received from her network of friends she met on the street, from Abdias’ family, and, above all, from the eCnaR. In defense of eCnaR, Carolina cited the humane, respectful, and receptive way she was treated as a differential. She felt something that she said was rare: “I am treated like a human being; not everyone is concerned [...] with the others on the street [...]. Most people who pass by are just discriminating [...]. Furthermore, it is good to know that some people care about our health” (Carolina).

After bathing her baby, Carolina tries to breastfeed him. She takes him on her lap, looks at his face, and puts her mouth to his. The doctor watches the scene without saying anything because he knows it is a display of affection. At another point, the eCnaR doctor confesses: “I thought about telling her not to kiss the baby on the mouth, but I didn’t, so as not to break the little [mother-baby] bond that was being born” (Field Diary).

On the ward, the pediatrician interrupted the conversation to perform an eye test. The result came back in less than a minute: “Everything is normal, Mom”. The medical records were limited to one page, which did not contain basic information about the parents or procedures performed in the maternity ward, such as their homelessness, drug use, the syphilis test, and the administration of a dose of Benzetacil to the baby since his VDRL was lower than the mother’s (Field Diary).

In Carolina's mind, a simple woman unaware of the state bureaucracy, everything was settled: she would not run away from motherhood or go out on the streets with her son. Her sister-in-law would take her nephew with her when she came to visit, preventing him from being placed in the adoption system. However, Abdias still had no identification documents, which prevented him from proving that the person claiming to be his sister was really who she said she was. At this point, Carolina realized there was a hitch in her plans: Social worker: "Let us talk". Carolina: "Huh? His things are already packed". Social worker: "You will not be able to take him today". Carolina: "But am I going to keep him?" Social worker: "Not if you are discharged" (Field diary). "I will jump with him from up here", Carolina threatened in desperation. That day, she was not discharged from the hospital. Her baby was not sent to the Adoption System, and neither his sister-in-law could take him.

The fear of losing her baby was so great that Carolina's blood pressure dropped. Despite being prescribed diazepam, what reassured her was that she was not discharged: "They were scared". Carolina built a strategy that would allow her to stay a few more days with her baby in the maternity ward: "The pressure does not drop because I do not swallow them [medicines]; I keep everything" (Field Diary).

Carolina struggled to envision a future for her son. Despite this, she wanted him to have a different life path from hers and Abdias': "I want him to study a lot and graduate. But I do not know what either. Whatever he wants. Not police officer, because they die early. I really want him to be a doctor" (Carolina).

In the end, Carolina was discharged. Her baby was sent to a transit shelter, where Carolina went to visit him every day until the day Abdias obtained a duplicate of his birth registration and proved his consanguinity with his sister, allowing him to have temporary custody.

Carolina, whose dream was "to have a house and live with Abdias and my son", left the streets of Rio de Janeiro's Little Africa. Although she was living at home, she rented a house near eCnaR, which continued to be a reference point for care and a support network. She continued to dream: "I wanted to be able to work, get the documents, pay someone to watch the baby. But I do not want a service where I go out when he is asleep and come back when he is asleep".

Recurrences and re-existences

Less than a century and a half of history separates the trajectories of the Black-women-mothers-wet-nurses of the colonial period and the plot of Carolina's life in the post-abolition period. If, on the one hand, abolition was an achievement in the struggle of Black men and women, on the other, it was not accompanied by social reparation nor by accountability on the part of the institutions (Church, Justice, and State). In practice, Black men and women went to sleep enslaved and woke up "freed", without the right to a home, land, education, inheritance, assistance, or citizenship. They earned their freedom within a system that was unable (and unwilling) to make amends for centuries of exploitation.

The plot of Carolina's life is, in this sense, the contemporary expression of Black women living on the streets and in the corners and outskirts of Brazil, as Carolina Maria de Jesus (2014) described in her diary as a Black poor favela woman. Like the writer's, Carolina's life occurs in a tragic, unstable, and violent family context. The Portuguese (untranslatable) term "*dororidade*" (Piedade, 2017, p. 17), "pain that can only be felt depending on the color of the skin. The Blacker, the more racism, the more pain", unites such diverse Carolinas.

Men operate within the patriarchal logic in the plot that weaves through Carolina's life. They are often the victims – brothers killed at a young age, the executioners who rape and abuse her, and also those who protect her from the violence of other men, which perhaps explains how homeless women normalize the violence perpetrated by their partners because they offer some level of protection and security. The scene of alterity, to use Das' expression (2020), is always more complex than we imagine.

Carolina shows us the drama of no longer being able to live within the confines of a home: the emotional emptiness that arises with the death of her father and the family conflicts that she experienced to the extreme perhaps indicate that staying together becomes very challenging and painful when no bond unites. So, the street took her in, albeit brutally and violently.

Carolina has been homeless for 13 years, and following her life story shows that it is never just one thing that causes people to be homeless, but an accumulation of issues ranging from individual dimensions – family conflicts, mental health issues, alcohol, and other drug abuse – to how society is organized. Carolina points out the limits of the "choosing the streets" discourse while revealing how these "choices"

are traversed by structural conditions that make being homeless dramatic. In this sense, Santos et al. (2020) warn that the existence, even today, of homeless women denounces symptoms of the social contradictions of class, race, and gender. It is impossible to understand the fate of these women and their babies without critically revisiting our slavery history.

Carolina does not romanticize being homeless. She knows that the street is no place to mother a child. Despite this, she sees the street as a multiple and contradictory place in which precariousness, violence, and indifference share space with the possibility of becoming “one’s boss”, dictating which rules and values to follow. Following her helps us understand this powerful, non-institutionalized space in which the street never has one meaning. At the same time, home does not necessarily translate into safety, affection, and protection.

Carolina is a strong, determined woman trying to (re)build her life. She is aware of her place of speech: she recognizes herself as a Black, poor, homeless woman and mother, although she was unable to keep two of her children. The two eldest were raised and lived with her mother and sister, and his partner’s sister was given temporary custody of the youngest.

Many people see these women as irresponsible, having one child after another without being able to afford it. However, what makes them have multiple pregnancies? Looking at Carolina’s experiences, we can perhaps indicate a mix of desire, often interdicted, lack of access to information, resources, and care to prevent potential unwanted pregnancies, and violence suffered.

These women turn to the State because they cannot afford motherhood. Through the health, social assistance, and judicial systems, the State regulates these pregnancies and the fate of these children (Lima, 2018). This is how these bodies that are invisible to the State become the target of reproductive control policies in which women’s health, when captured by the rationality of medical hygiene, became “a woman in good health to give birth to healthy children” (Simões-Barbosa, 2008, n.d.), or as Sarmiento (2020, p. 22) puts it, “the right of some women is associated with the regulation of their lives”.

In analyzing the technologies of government that affect the bodies of pregnant women in street contexts, Sarmiento (2020) shows that it is not enough for them to be “healthy” or “good mothers”. From the viewpoint of moral pedagogy, these women need to achieve certain material – class – and behavioral conditions. Even

so, the author uses Luiza and Adriana's story to show how the ideal of motherhood for these women is constantly being readjusted.

The State's option for the most vulnerable, in this case, the child, erases the precarious context in which women like Carolina live and creates other layers of violence and violation of rights that affect them and their babies. It also relieves the State of its responsibility to build economic, housing, work/income, education, health, and care policies that repair the slave-owning past that marks the lives of homeless women. In this situation, the State takes on contradictory roles: on the one hand, it advocates for the most vulnerable, making efforts to protect this pregnancy, setting up policies and systems to guarantee rights in health, care, and even the Judiciary, but fails to create structures to ensure that these women live together with their offspring.

For the sake of "truth", we should say that the idea of "vulnerability" takes center stage in the production of care practices, discourses, guarantees of rights, and protection. Even so, recognizing the vulnerabilities these women and their pregnancies experience in their daily lives by State agents does not guarantee that structural and institutional violence will not be reproduced. As Alves (2020) argues, vulnerability is used in some contexts as an attribute of "incapacity" and "irresponsibility" and in others as a by-product of social inequalities. These conceptions – at stake – "mark and separate 'who can be (or have) a mother' from 'who cannot'" (Alves, 2020, p. 86).

Thus, by advocating to defend the most vulnerable, it is as if the very context of these women's lives were not also vulnerable and worthy of care. By not guaranteeing conditions for mother-baby coexistence, the State is reiterating the repeated harm caused by our slavery history, which makes the bodies of these women and their descendants potentially the most violable targets.

This way of operating updates the myth of racial democracy in the state apparatus and creates false reproductive dilemmas in the health, care, and legal services, in which rights operators, health and social service professionals must arbitrate over whose rights and whose will be guaranteed, whether those of the woman/mother – black, poor, homeless or a psychoactive user – or the baby's. The answers involve individualizing the cases, given the impossibility of any area solving the complex situations on their own. However, what would happen if, when they became pregnant or found out they were pregnant, these women had access to policies that

supported their desire to have a baby, give birth, and decide to give it up for adoption or even terminate the pregnancy safely?

As Gomes (2022, p.205) points out, sometimes “families considered incapable of caring for their children are just poor families trying to survive”. The author argues that individual responsibility, combined with a lack of guaranteed access to protection and care policies, produces decisions that undermine the right to family life. This is one of the aspects also discussed by Ribeiro (2023), showing the use that is made – politically in the sense of criminalized poverty – of the category “user mother” to justify institutional foster care measures and sometimes the removal of family power, without there necessarily being evidence of neglect or mistreatment.

In Carolina’s case, access to policies such as the Street Office seems crucial for her to think of motherhood as a possibility for building new life projects (Costa *et al.*, 2015; Santos *et al.*, 2021). Accommodating some norms – planning to run away from the maternity hospital, throwing herself off the building, pretending to take medication to control hypertension – and resisting others – the possibility of being discharged from the hospital environment – Carolina somehow creates possibilities for motherhood and not losing her child. However, she has been taken in by the streets, as is contradictorily pointed out in her statement that gives this article its title.

These women are constantly negotiating the possibility of becoming mothers. In Carolina’s experience, handing her son over to a relative or family she trusts means continuing to be a mother since she knows where and with whom her son is and can have access and emotional ties with him. On the other hand, the meaning associated with loss appeared with the possibility of him being referred to the Adoption System by the maternity ward.

As Fonseca (1995, p. 132) points out, “a child’ has a different meaning for them than it does for legislators; and, in any case, it is rarely thought of by them in terms of ‘abandonment.’” Carolina shows that giving up a child when the desire to be a mother comes up against the material issues of human existence is always challenging, dramatic, and painful. She shows that the decision to give up a child does not necessarily mean not wanting them or not having any affection for them. Sometimes, it is because of the hope that the extended or foster family will be better able to raise the child.

Carolina dreams and projects a future for her son that is different from hers. In profound helplessness and social disenfranchisement, the ability to dream and

project futures may be a movement of resistance and claiming one's systematically denied humanity. To follow Carolina's story, one must recognize that "life requires support and enabling conditions to be a livable life" (Butler, 2019, p. 40).

When we started writing this text, social networks were flooded with reports of the removal of maternity wards by State agents (Bottamedi, 2021). Unfortunately, the Black-woman-mother-and-wet-nurse, who is now a nanny, domestic worker, or homeless, continues to lose her children in different ways and with much violence⁵.

This is a partial study. We have chosen to tell the story of the daily life of a single woman, but one who brings to the public debate issues about the construction of policies, gender relationships, class, and race in the formation of the Brazilian people.⁶

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Notes

- ¹ All the names used in the text are fictitious and a tribute to Black personalities in our country.
- ² The Human Research Ethics Committee of the Sergio Arouca National School of Public Health/Oswaldo Cruz Foundation (Ensp/Fiocruz) and the Municipal Health Secretariat of Rio de Janeiro (SMS/PCRJ) approved the study under Opinion N° 3.457.046 and 3.550.564, respectively.
- ³ The women’s statements are marked by their fictitious names, and the daily life scenes are marked as field diaries.
- ⁴ This title is an adaptation of the expression "Garbage will speak out loud and clear" by Lélia Gonzalez (2020) to emphasize the importance of Black people occupying their place of speech. In this way, we reinforce the importance of valuing homeless women's speech, experience, and life.
- ⁵ We dedicate this text to Ana Paula de Oliveira, to whom we also offer solidarity. The founder of the *Mães de Manguinhos* group, Ana Paula had her son Johnatha de Oliveira Lima cowardly and brutally murdered by a military police officer. Ten years ago, she turned her mourning into a political banner to fight for justice. In 2024, the Brazilian courts convicted the MP of manslaughter.
- ⁶ Study design, manuscript writing, data interpretation, and final approval of the submitted version: Santos. C.G. Data interpretation, critical review of the manuscript, and final approval of the submitted version: Constantino. P. and Baptista. F. W. T.

Resumo

“A rua me abraçou, mas eu não vou perder meu filho para ninguém estranho”: Carolina e os sentidos da maternidade no contexto da situação de rua

A escravidão é um evento crítico na formação da sociedade brasileira e, em particular, no modo como a mulher negra foi (e ainda é) a ela integrada. As mulheres negras foram o esteio da formação social brasileira, de modo que, hoje, partem do lugar de quem carrega quatro séculos de escravização. Nesta etnografia, buscamos reconhecer na voz de Carolina, mulher preta, em situação de rua, na Pequena África do Rio de Janeiro, sentidos sobre ser mulher, a maternidade no contexto da situação de rua e suas relações com as políticas públicas. A história de Carolina ajuda a compreender o espaço em que ser mulher ganha sentidos a partir da capacidade reprodutiva e o que forja de negociações para ter possibilidades de matinar. A rua é vivida por ela como espaço de liberdade, mas também de insegurança e precariedade. “Entregar” o filho para o sistema de adoção legal tem sentidos diferentes daqueles construídos por agentes de Estado. Para Carolina, a “entrega” de um filho significa a ruptura com qualquer possibilidade de “tornar-se mulher” e “mãe”. É urgente uma agenda de Estado antirracista que paute, na lógica da reparação, a dramática realidade de mulheres em situação de rua e seus descendentes.

► **Palavras-chave:** Racismo. Gênero. Direitos Humanos. Maternidade. População em Situação de Rua.

