

Teenage pregnancy in riverine communities of the National Forest / Tapajós in the Amazon

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Abstract

Teenage pregnancy in riparian areas in the Amazon has attracted the interest and concern of various segments of society. The objective of this study was to know on the subject teenage pregnancy in riverine communities of the National Forest / Tapajós in the Brazilian Amazon. Methodology: This is a methodological approach based on theoretical research and field research, focusing on qualitative aspects according to the descriptive method through semi-structured interviews and content analysis in the thematic mode. Participated in the interviews 26 adolescents from eight communities: Marai, Nazareth, Piquiatuba, Quarry, Jaguarari, Acaratinga, Jamaraquá and Maguari. Results and discussion: The results showed that the Nazareth community, Quarry and Piquiatuba are more representative (27%, 15% and 15%) in the number of teenagers who become pregnant. We also revealed that adolescents often relate the word sexuality only to the act of sex, but some could not tell what this term meant. When the matter was early pregnancy, adolescents related to causal factors of this event, among them: besides the lack of experience (maturity) of life, the lack of activities to do in the community, lack of information and lack of parental guidance. Final Thoughts: It is necessary to the development of educational practices with emphasis on preventive actions early pregnancy, besides the elaboration of public policies for the lives of adolescents in the riverine communities of the Tapajós National Forest.

Keywords: Adolescence; Early pregnancy; Amazon.

INTRODUCTION

These days have been noted some concern with early fertility, according to United Nations studies reveal the considerable increase in the number of teenage pregnancies in the world (UN, 2003 apud Abramovay, Castro, Silva, 2004). In Brazil, teenage pregnancy as well as being problematic for the adolescent's life, also ends up involving a social context, ie, poor health services, the probability that mild pregnancy an abortion performed in inadequate sanitary conditions, endangering the teenager's life. In addition, teenage pregnancy is an onus more on health services, which could be invested in primary care in the Unified Health System (Abramovay, Castro, Silva, 2004). In addition, one can see that even in modern times, where we observe a mass communication through the "Internet" and other media such as television, radio, magazines and textbooks that address issues related to sexuality in adolescence, there are still to be considered, why the increase in teenage pregnancies, since many of them receiving the information are increasing their level of knowledge on the subject, but are not putting into practice as they should, through, for example, the use of contraceptive methods. In general, adolescent contraceptive known to exist, but have resistance to use them.

However, when we think of information about teen pregnancy we can not forget that there are still places in Brazil where the population has no access to the media (cited above), sometimes the only source of information for teens

comes down textbooks of schools where these superficially cover topics such as pregnancy and contraception. Within this context, one can see that this is a social problem that involves not only the adolescent, but the family institution, the State and society and is inserted in this context the riverside locations in the Amazon.

It is noteworthy that the problems of teenage pregnancy are not limited only to physical and psychological, but also in trouble with the family and society. Thus, the adolescent see attached pregnant situation, losing "their freedom" and autonomy and are often not accepted in the group of friends who used to be inserted and with only family when it supports it.

Given the above, the objective of this study was to identify the knowledge of adolescents from riverside communities of the Amazon-Tapajós National Forest.

METHODOLOGY

This work consisted of a methodological approach based on theoretical research and field research, focusing on qualitative aspects according to the descriptive method in order to make sense / meaning to the object of study.

In the words of Minayo (2004, p.21), qualitative research is concerned with a level of reality that can not be quantified, ie is no question with the universe of meanings, motives, aspirations, beliefs, values and attitudes, what satisfies a deeper space of relationships, processes and phenomena that can not be reduced to the operationalization of variations.

The study was conducted in eight coastal communities along the Tapajós river that match region of the TNF, belonging to the municipality of Belterra in the Brazilian Amazon. The target audience of this study were 26 teenagers, female, aged 10-19 years who are or have been pregnant within a period of one year, residents in these coastal communities and benefit from service a mobile unit River Abare.

Access the adolescent participants of the research was through nursing consultations in women's health programs (prenatal, PCCU, family planning) and child health (ACD and immunization), by considering these, opportune moments in which the woman seeking the health service. In addition to visits the teenagers of some communities who fail to meet the Abare.

The data collection was carried out through semi-structured interviews, which enabled the researcher to obtain reports contained in the speech of social actors objectively or subjectively. Being able to present these in a structured way, which requires pre-formulated questions and unstructured where the informant freely discusses the theme. The articulation of the two ways is characterized as semi-structured interview (Minayo, 2004).

In the survey relied on the framework proposed by Minayo (2004) to the content analysis technique and, according to the author, through it we can find answers to the formulated and / or hypotheses issues, going beyond the appearances of being statement.

Bardin (cited Minayo, 2004, p.199) is: A set of communication analysis techniques to obtain, through systematic procedures and description of the objectives of message content, indicators (quantitative or not) that allow the inference of knowledge related to the conditions of production / reception of these messages (Bardin, 1979 .42).

According to Minayo (2004), the content analysis covers various forms and each emphasizes aspects to be observed in the texts within specific assumptions. Therefore, we used the method of thematic analysis by this fit the proposed study. To Minayo (2004, p.204) says, "A thematic analysis unfolds in three stages: pre-analysis, material exploration, processing and interpretation of the results."

The study followed the Resolution 196/96 of the National Health Council establishes guidelines and regulatory standards for the ethical aspects of research involving human subjects: autonomy, non-maleficence, beneficence and justice. Being performed after approval by the Ethics and Research Committee of the Pará State University (CEP-UEPA) by reading and explanation of the Consent and Informed (IC) to the research subjects, authorized by signature of IC by parents or guardians of adolescents. To ensure confidentiality and anonymity, code names were used, taking care to name the subjects randomly.

THEORETICAL FOUNDATION

Adolescence contextualization

According to the World Health Organization (WHO), "adolescence is the age group that comprises between 10 and 19 years, a period characterized by physical, psychological and social changes in the adolescent's life, which is full of doubts and insecurities" (WHO, 2001).

In Brazil, the Brazilian legislation through the Child and Adolescent (ECA-Law No. 8.069 / 1990) established the

chronology, adolescence as the period of life between 12 and 18 years of age. However, the Ministry of Health uses the framework developed by WHO, considering this way, adolescence as a period comprising the age group of 10 to 19 years. Thus, this research will be considered the concept established by the WHO. However, what we see is that there is a common sense among parents and educators, who agree that adolescence is a stage of life quite conflicting. For addition, the important physical and emotional changes and prepare the child to take on a new role within the family and society. Also involves changes in the body (puberty), the first menstruation in girls (menarche), growth of body hair, voice change in boys, the maturation of the genitalia among others.

Therefore, it is much more than simply having a body developed or developing, able to breed and present sexual desires. It is also, in a peculiar way that each individual develops and establishes, to live their personal and interpersonal relationships from their sexual role.

According Vitiello (2000), is in adolescence that the individual defines his conduct in the genital area and emerge sexual functions adult. Although sexuality is present in all human manifestations is during adolescence that appears more significantly. Remember the importance of clarify that sexuality should be understood as an essential part of personality development process and not as a synonym for sex or intercourse.

Thus, by their sexuality, the teen may be surprised by a pregnancy, and this fact has led us to reflect on the perception that the teen has the risk of pregnancy, based on the view that it is still in body development process , mental and emotional, that affects all social, economic and cultural classes (Dadoorian, 2000, p.173).

It is noteworthy that when it comes to sexuality should not forget an important aspect related to this point, which is that of sexual initiation. Thus, according Abramovay, Castro, Silva (2004): The sexual initiation, virility and femininity assertion way in which young people will "become" men and women, respectively. Although thinking initially it is solely individual and autonomous decision, in fact, it is stated within cultural controls, mythologized through the enhancement of body and perfect health (Abramovay et al., 2004, Pp.34).

This passage marks the sexually reaching adulthood, though not always have this adolescent autonomy of economic and family decision. According to the United Nations Educational, Scientific and Cultural Organization (UNESCO), the boys begin earlier sexual life than girls. The average age of girls is at 15 and boys at 14 (cited Abramovay, Castro, Silva, 2004).

So, in addition to early pregnancy, other problems such as sexually transmitted diseases (STDs), AIDS and induced abortions are also associated with the intimate relationship at an early age.

Teenage pregnancy

Another issue to be discussed is the teenage pregnancy has been identified as a public health problem, with consequent impact on the lives of teenagers and society.

According to Peixoto (2004), since 1975 the finding that the increase in teenage pregnancy and its complications was worldwide, launched a repression movement sexual activity Teen woman, trying to reduce the number of pregnancies and maternal mortality in this age group. However, in the second half of the 1980s, it became clear to "that company that coibia sexual activity Teen woman would not reduce the maternal mortality rate and then started to invest in preventing pregnancy through the use of contraceptive methods and psychosocial care "(Peixoto, 2004, p.1084). In the last three decades, society has undergone striking changes related to lifestyle and values related to sexuality. With that, he left to pursue actively the controlling role of the sex lives of adolescents and transferred to themselves the responsibility for their sexual behavior.

In Brazil, the North Region is the one with the highest prevalence of pregnancy among women younger than 20 years. In 2000, young people aged 15 to 19 years accounted for 29.1% of births in the region, which corresponded to more than 84 000 births to women in this age group. Most young people aged under age 20 is not prepared to start your sex life, to consider the risks involved in this process. The findings and considerations above point to the urgency and need for direct care policies and special protection to mothers under 20 years of age and their children, especially those who at birth in rural areas or small towns and have fewer opportunities access to health services, assistance and social protection (MS, 2000).

Thus, it is in the context mentioned above, which are the riverside communities of the Tapajós National Forest, belonging to the municipality of Belterra in Pará, concerned parents, doctors, nurses, social workers and members of the Guardian Council of the site.

Causes of teenage pregnancy

To Catharino and Giffin (2002) early pregnancy serves as a complaint of lack of social support. Pregnancy also serves as an attempt to overcome affective needs, the family challenge, identification with other women and seeking social status recognizing the teen pregnancy a multicausal event.

However, some authors consider that among the causes that lead to anticipation of pregnancy among young people include: "early onset of sexual activity" (Favero & Mello, 1997), "negligence in the use of contraceptives" (Catharino and Giffin, 2002) "to break taboos and cultural, low self-esteem or an intra-family functioning inappropriate "(Vitale and Amancio, 2001).

According Ballone (2004), society has undergone profound changes in its structure, more accepting sexuality in adolescence, premarital sex and teenage pregnancy also. Taboos, inhibitions and stigmas are decreasing and sexual activity and pregnancy are increasing.

But to Oliveira (2006) two psychosocial factors seemed to be as facilitators for the emergence of desire and search childbearing are those related to social deprivation and feelings of exclusion, nature of social segments in which these adolescents were inserted ; and the other, to ban shortcomings, revealing the family neglect, especially when it is the father figure.

Thus, teenage pregnancy may have meant a "strategy" relatively easy (just prevented) to deal with critical exclusion of hazards occurring in a very fertile and unstable development, the awakening of genital.

Adolescence: riverside communities

Riparian are people who live along the rivers, they develop a relationship with the intense interaction environment. Thus, the riverside communities reveal their specificities that might be perceived by Silva (2009), which reports that in these locations, "the man helps the woman in the acquisition of food for the child and the construction of the house that protects the fetus." Already the single mother, as is the case with many adolescents in riverside communities, are many difficulties in daily care. And maternity view and defined as sacrificing and laborious for these riverside women. They recognize the work and the difficulties involved in caring for children, but still want to be mothers.

According to Silva (2006, cited in Costa and Sarmiento, 2008), due to the isolation of their settlements, these populations show a wide inequality of access to public health services compared to urban areas. A closer look at the ways of life of these communities took Silva (2009), to find that birth by the midwife's hand is a custom still very practiced in coastal communities. The people living in coastal communities, that despite the wealth and extent of the region, constitute a population that calls for improvement of conditions of economic and social well-being. Furthermore, it should be considered the failure of transportation and communication that these communities face. Thus, the waterway is the most used form of transport in these locations (Costa and Sarmiento, 2008).

However despite the difficulties mentioned above, the riverside communities can count on the Mobile River unit, Abare, which provides health care, through a monthly travel arrangements serving the cities of Aveiro, Belterra and Santarém.

Thus, the teenage pregnancy in coastal communities is related to the risk that they are exposed, given that this event itself, is considered so by the Ministry of Health, a high-risk pregnancy, which can be such diverse, such as clinical, biological, behavioral, related to health care, socio-cultural, economic and environmental (MS, 2000).

RESULTS AND DISCUSSION

"Time and again, the silence of the waters and the buzz of the Amazon forest are interrupted by something unexpected, as occurred with erito. The boy was only nine months old when his parents were asking for help to Abare staff, canoe drove the family had to cross from the left edge to the right, covering a wide expanse of the river. In the more than 15 kilometer journey, the mother, anxious, carried in the unconscious baby lap in a critical clinical situation "(Fabio Tozzi, doctor Abare. Planet Magazine, 2010).

Situations like the one above, frequently occur by the rivers of the Amazon, thus demonstrating the difficulties of context that are inserted adolescents who participated in this study, showing that these problems are to raise their children, that arise in a non opportune time for such teenager.

In analyzing the available data, contacts that some communities excelled in the number of teenage pregnancies, the Nazareth community, Quarry and Piquiatuba were more representative (27%, 15% and 15%) as show in the graph below (Figure 1).

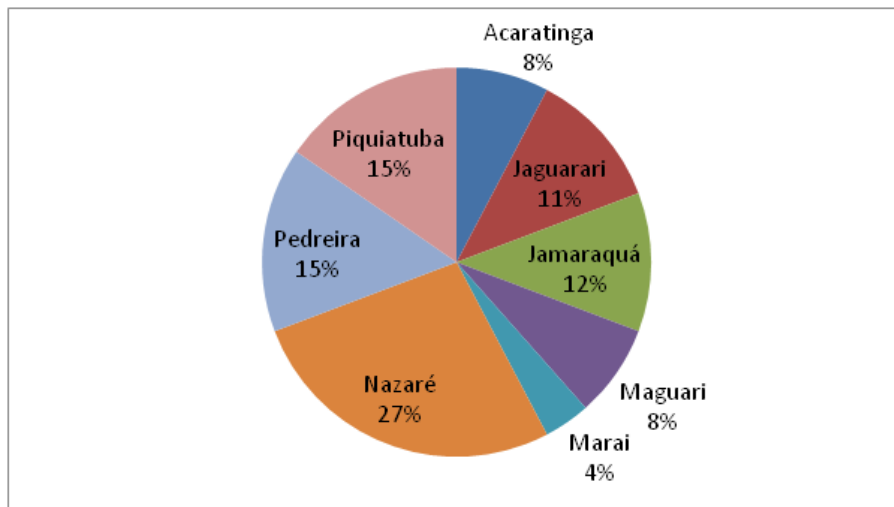


Figure 1. Percentage of pregnant teenagers by Riverside communities of the National Forest-Tapajós / Belterra-PA. Source: Research Data

It is noteworthy the fact that the communities mentioned above, present also the highest population numbers. According Bauch et al (2009), the Piquiatuba communities, Nazareth and quarry have the highest number of families, with respectively (48, 38 and 35 families), and the average number of people per household in these communities are 6 people living in every home, second only to Maguari with 55 families. Therefore, it is estimated that there are such a large number of communities adolescents.

The data also revealed that the average age among adolescents interviewed was 16.9 years. However, the average age of the 1st intercourse and the average of the 1st pregnancy these adolescents were respectively 14 and 15 years. Thus, according Chalem et al (2007), in a study of adolescents in relation to sexual behavior, the average sexual activity of onset is 15 years, ranging from 10 to 19 years. In addition, it is assumed that it is more common that the first pregnancy associate at first sexual intercourse, so we can see that the adolescents interviewed are in this age group.

However, data were reviewed by the researchers and analyzed according to the main theme, which are: a) Sex, affection, sexual intercourse; b) attitude of teenagers to talk about issues facing sexuality; c) Family planning and contraceptive methods; and d) Early pregnancy and its complications.

Sexuality, affection, sex

It could be perceived that most teenagers interviewed, usually relate sexuality only with the act of sex while others were unable to answer the question.

"Sexuality is a caring, intimacy of the couple, right?" (ACARATINGA 1); "I do not know" (ACARATINGA 2); "Sexuality is like sex, sex and affection is the same as having love" (Jaguarari 1); "I think sexuality is the same as sex, sex and affection is like" (Jaguarari 3).

However, according to Junior and Ribas (2007) sexuality is one of the dimensions of the human being that in addition to reproductive and emotional aspects, also covers socio-historical and cultural aspects. Can be expressed in thoughts, attitudes and emotional and sexual relationships. Thus, sexual intercourse is only one way of demonstrating sexuality and Adolescence is the period when his trial starts.

Thus, being a teenager a period where sexuality being discovered, however, often even the parents of teenagers, tend not to deal with their sexuality, then it becomes difficult to make the request to be they instructors on a topic that more than competent knowledge asks experiences and directions established by criticism of practices (Barroso cited Abramovay, Castro, Silva, 2004). However, in this study reinforce the importance of parents in the role as enlightening about sexuality-related issues. In doing so, as teachers of their children and thus contribute to reducing teenage pregnancy.

In addition, Abramovay, Castro and Silva (2004), considers that the lack of family communication on issues related to sexuality and contraception does not necessarily explain why a moral evasion, indifference or irresponsibility on the part of parents. So worth remembering when dealing on parents of teenagers of coastal communities cited in this work, they most often have not had the opportunity to own knowledge focused mainly sexuality. However, these authors, p.145) "reinforce the notion that the family is a reliable institution and should also inform the children regarding sexuality."

Given the above, it is noteworthy that when asked with teenagers if someone had talked to them about sexuality and

early pregnancy, 83% of the adolescents answered yes, among the most quoted people were: mothers (11%) and teachers (8%). In addition, when asked whether they had been said about these subjects in school where they study, 65% answered yes, most did not understand much about it. Thus one has to consider that schools work with textbooks that superficially address these issues, which in fact can not often make the students understand them clearly.

Nonetheless, the adolescents interviewed, only three had already talked to a nurse on issues facing sexuality. So, here we strengthen the role of the nurse as educator, and as such, should provide health education to the community, which in this work is represented by adolescents. It should also be reminding the nurse's role in Pre-Christmas teenagers who become pregnant, mainly because teenage pregnancy is considered high risk by the Ministry of Health, as previously mentioned in this work.

However, to make an interconnected action in order to reduce the phenomenon of teenage pregnancy, it is essential to support the creation of programs that are designed to work with the prevention of teenage pregnancy, with special attention those young people most at risk becoming pregnant. The occurrence of teenage pregnancy is directly related to public policies for the area of education and health.

Attitude of teenagers to talk about issues facing sexuality

According Abramovay, Castro, Silva (2004) talk about sexuality both causes laughter as fears emphasis on feelings of teenagers, worries and cares, even if the tonic is more present in the discourse of parents and teachers.

However, adolescents interviewed showed during the interview, right detachment to talk about issues facing sexuality, and the majority felt the urge to answer the questions and to answer your questions on the subject, as some reports show:

"No, by that time it was for me to be ashamed I did not have, right?" (ACARATINGA 1); "No, why you are woman also" (Jamaraquá 1); "I'm not ashamed, I think is something that ta there and it is natural that happens between two people, it is not error and not sin" (QUARRY 4).

Of the adolescents interviewed only three said they had no doubts about the issues facing sexuality. However, most replied that have any questions, and these are related: the STDs, PCCU and contraceptive use ways. What can be seen in the following lines of some adolescents:

"Yes, about the diseases that man handle agent" (ACARATINGA 1); "Yes, a woman has to do PCCU, and why it hurts?" (Jaguarari 1); "Yes, on the street diseases, how to use a condom?" (MARAI); "Yes, as an agent has to take medicine to not get a child?" (NAZARETH 7).

According Abramovay, Castro, Silva (2004) teens carry a huge load of information related to sexuality, such as condoms, pregnancy, STDs and sexual intercourse itself, however, this information form fragmented and dispersed knowledge, which end creating more confusion and doubt adolescents. He called attention to the speech of a teenager showing a lack of information on the use of contraceptives, revealing fear as the use of the injectable contraceptive method.

"Yes, on these remedies it takes to not get a child, because I heard that contraceptives harm pro uterus and community girls taking menstruate injection for up to 15 days" (Jamaraquá 3).

Given the above, for Dadoorian (2000) there are some taboos and prejudices that are a direct link between contraception and some injury to the future infertility or the aesthetics of women (obesity). Thus the best of the information is lost, the teenager against the threat of taboos and prejudices.

Family planning and contraception

When it comes to family planning in coastal communities used in this research should not necessarily be considered as, in most cases only reaches them through Abare, thus denouncing the problem of access to health services in such coastal communities.

However among adolescents interviewed said most have heard of family planning and contraceptive methods, and some reported that participate in the program in Abare, as shown in the next line of a teenager: "I go to family planning here in Abare, serves for us not catch more child and contraceptíveis methods is the condom, the injection, the pill" (Jaguarari 1).

However, the teenagers interviewed when asked about what they know of family planning and contraception said whose function preventing pregnancy. However it is known that some contraceptive methods play an important role in the prevention of Sexually Transmitted Diseases (STDs).

Thus, adolescents understand that contraceptive methods are condoms, injection and oral tablets that serve to prevent pregnancy, as shown in the discourses below:

"I yes I do the planning for me not get more child, I took injection since I only medicine that made me very bad, now I to using condoms" (ACARATINGA 1); "Family planning is to not get more child and I think these methods are to not get a

child also as condoms, the pill, injection" (Maguari 2).

However, some teens who said they had never heard about family planning while others have heard but do not know what it is. Here we highlight some reports of these girls, "I've heard but do not know what is not, I just use a condom to avoid" (MARAI).

It can be considered that although family planning is a policy that has the purpose of ensuring sexual and reproductive education and assistance with regard to family stability gathering various other social policies, the same, to be inserted in a social context whose state legally assume responsibilities that are not achieved in the real plane, because of their economic and social reasons in the neoliberal perspective. However, family planning is not achieved, as in the case of coastal communities of this study (Barreto et al, 2009).

Therefore, realize the importance of family planning as a tool for sex education for adolescents taking into account not only contraception, but the individual in all its aspects.

Following called attention to the speech of a 17-year-old when asked about family planning and contraceptive methods, and also highlights the use of household measures to "prevent" pregnancy:

"I know, is when agent will get medications to not get more child. I have not got pregnant why have not had this menstruei after my third child, but here's woman taking homemade tea to kill, oh no picks son "(Piquiatuba 3).

From that account, one can see that is still present these practices in coastal communities of the Amazon. The popular knowledge of these adolescents is transmitted from mother to daughter, the use of bark teas, leaves and other forest resources are used by women in order to prevent and terminate the pregnancy.

Thus, it is considered that in the case of Amazonian communities, many peculiarities of using medicinal plants can not be understood if they are not taken into account cultural factors and the environment in the adolescents in this study are located.

However, these cultural practices have led to situations that endanger the lives of these teenagers, since end up being used in a "wrong" way in such communities, such as abortion. Thus, it is necessary that the nursing professional can act on the orientation of these adolescents about the complications of abortion and other consequences from such popular practices (home measures).

That is the reality of many adolescents of riverside communities in the Amazon, they see the resources that the forest has to offer them the only source of food assistance, housing, prevention and treatment of diseases, as well as cultural practices of contraception.

Early pregnancy and its complications

Faced with such questioning can be seen that the teens somehow know the danger that early pregnancy can bring to you and why are afraid, especially the risks in childbirth and abortion. Also mentioned as a complication of early pregnancy, the fact that they can not continue their studies, the loss of freedom, having to care for the child without the support of the father of her child, the concern with speaking neighbors.

We must also consider that the teenage pregnancy, when undesirable, can lead to abortion and undermine the physical, emotional and psychological teenager. According to Ministry of Health data 2003 "hospitalizations for pregnancy, childbirth and postpartum correspond to 37% of hospital admissions among women 10-19 years in the NHS (National Health System)" (MINISTRY OF HEALTH, 2007b, p.18).

It demonstrate some of the speeches of such adolescents, we draw attention to a case of maternal death and fetal reported by some of the interviewed adolescents. Consider:

"I think when agent is younger and pregnant, most at risk, it is very dangerous! I am very afraid because last year my niece died in childbirth, she was 13 al gave it a disease, the 'bubina', oh the child died inside her, she had the baby and she died two days and ... now her sister younger ta already pregnant also "(ACARATINGA 1).

Also, according Chalem et al.(2007), an association of prematurity and low birth weight with maternal age, unfavorable socio-economic conditions, public prenatal care and type of delivery. Thus, revealing high rates of prematurity (13.3%) and small (15.9%) at birth in the population of adolescent mothers, predominantly from disadvantaged social classes, with prenatal care in the SUS.

It is necessary to emphasize that beyond the physical risks accompanied the young age, teenage pregnancy triggers emotional problems such as fear, insecurity, loneliness and the risk of abortion. There is also to consider the social damage in the lives of adolescents (Junior & Ribas, 2007).

Adolescents cite fear as a major feelings in childbirth, is usually related to the organic aspect, since they recognize they do not feel physically prepared to bear a child, as shown in some parts of speech of a teenager:

"I think it's very dangerous, the girl's womb is a child equally and al agent suffers a lot, I suffered a lot to have my baby, I fainted, vomited, I was too weak to climb on top al had my belly to the boy put it out ... "(Jamaraquá 2).

Carneiro and Matos (cited Costa & Heilborn, 2006) point out that maternal complications, reflecting on the health of the child, are more frequent in pregnancies of younger adolescents. Among the most common problems of these

women, the actors stand out pre-eclampsia, anemia, bleeding, infections, and babies prematurity and low birth weight, raising the perinatal mortality rates and the disproportion.

Most often, teenagers who become pregnant in riverside communities cited in this research end up having their children in the community by the hands of "midwives", despite the fear that they report the risk of death in childbirth, as shown in the following speech a teenager: "the early pregnancy is very bad, I feel a lot of pain, I can not do things. I want to give birth here in the community, but afraid to die and lose the child "(QUARRY 3).

Given the above should consider what Silva (2009) talks about the work of midwives in communities in the Amazon. Thus, according to this author, do midwives arrange the repertoire of this multiplicity of significant practical way of being peculiar to the Amazonian communities.

TBAs develop a coated practice of great social value, going a turning point in life: the birth. This practice is distinguished in particular by the fact that it is mostly held by women. Inspired by a close affinity between the material and the immaterial, where there are natural elements, social objects, knowledge and practices that make this living space. In fact, in traditional communities, as is the case of coastal communities of this study, the ritual of birth involves midwives (Silva 2009).

Thus, according to Silva (2009), in traditional communities in the Amazon, the strength of this practice due to a large degree, the precariousness of services and health care equipment, but definitely due to the predominance of knowledge and health practices grounded in faith and the use of medicinal herbs as a resource for community health promotion.

An important point spoken by adolescents and mentioned as a complication of early pregnancy is truancy, such a problem is a present fact of life for all adolescents interviewed, considering the fact that at some point had to quit school because of pregnancy, as shown in the statements below. Therefore, when we talk about the changes resulting from early pregnancy in the lives of teenagers, we discuss in more detail the reported truancy in the speeches of these adolescents in riverside communities.

"To study becomes more difficult, I stopped going to class because I was very ashamed of getting pregnant and the people here in the community speaks a lot of others" (NAZARETH 7); "early Conceive is very bad, especially no husband, agent has to stop school to take care the child"(Jamaraquá 1).

In truancy, one can also notice in one of the above statements, a teenager's concern about the way the community is set before the teenager who gets pregnant. And the same to play the role of mother and wife sometimes ends up abandoning his studies.

Yet another complication related to early pregnancy cited by the adolescents interviewed, it is the "loss of freedom" mentioned in some reports, showing the frustration of adolescents before an early pregnancy:

"The early pregnancy takes away the freedom of people, I had to stop studying ... and now I'm afraid to get pregnant again because I suffered very birth of this" (Jaguarari 1); "Ah ... when the girl gets pregnant soon not enjoyed life, suffers in the man's hand. Besides being a risk of pregnancy "(NAZARETH 3); "The early pregnancy of hard work, it was today I did not do what I did not" (QUARRY 2).

However, the fact is that the psychosocial complications related to teenage pregnancy are generally more important than the physical complications. Facts that must be taken into account, for example, the parents of home abandonment, abandonment by the father of the child, social discrimination, interrupting their studies and their consequences, such as the least paid jobs, financial dependence on parents longer, the adaptation to motherhood with their losses and gains, for example, the loss of freedom to do "things" that were once (Ballone, 2010).

Thus, it is at this point that sometimes these adolescents make decisions that endanger their lives and of being that are waiting, that is, end up making the practice of abortion.

In addition, adolescents often does not have the support of the father of her child, which makes life more difficult for these communities, as we can see in these reports: "... has the girl of pressure by the partner does not want to take responsibility, can be the death of the mother and child "(QUARRY 4). Note that most adolescents who participated in the research of pregnant men aged over 20 years, so it is no longer a teen parent and can not support him, even more so, many do not take the father's responsibility.

final Thoughts

Teenage pregnancy has aroused the interest of various segments of society. Thus the concern with this issue led us to try to identify the knowledge of adolescents in riverside communities on sexuality and early pregnancy in revealing that these adolescents usually relate the word sexuality only to the act of sex, while some teenagers did not even know what to say meant this term. When the matter was early pregnancy, adolescents related to causal factors of this event, including: the lack of experience (maturity) of life, the lack of activities to do in the community, the lack of information in communities and lack of parental guidance . However, these adolescents reported complications related to this event are: school dropouts and problems related to the physical aspect of adolescent hindering the time of labor, endangering the life of the adolescent and child waiting.

However, it is necessary to develop educational practices with emphasis on preventive actions early pregnancy, besides the elaboration of public policies for the life of adolescents in the riverine communities of the Tapajós National Forest, / Belterra. However, also faz- is essential health education, geared to parents of teenagers these communities so that they have necessary knowledge and can answer questions of his daughters on topics focused on sexuality in adolescence, preventing not only an early pregnancy, but STDs and abortion.

Thus, nursing professionals working in these communities must, through health education focused on adolescents and their families, promote education on issues dealing with sexuality in adolescence, as a means of preventing early pregnancy and related complications to this event.

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