

The Relationship between Health Literacy and Prevention Behavior for Premature Pregnancy in Female Teens Attending Schools in Bang Khla District, Chachoengsao Province

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Abstract

This descriptive research objective was to study the relationship between health literacy and behavior in preventing premature pregnancy among schoolgirls in Bang Khla District, Chachoengsao Province. The sample group was female teenagers who were studying in high school in 1–3 of the schools in Bang Khla District, Chachoengsao Province, totaling 181 people, was determined by opening the tables of Crazy and Morgan. We employed both stratified sampling and simple random sampling techniques. Collect application data from the Tools of the Health Education Division, Department of Health Service Support, Ministry of Public Health. Data analysis includes frequency, percentage, mean, and standard deviation and find the Pearson coefficient. The results of the research found that 1) health knowledge to prevent premature pregnancy among female teenagers at schools in Bang Khla District, Chachoengsao Province Overall, the level was not good enough; 96.13 percent was at the fair level, and 3.87 percent was at the very good level. There were no female teenagers who had the health knowledge to prevent premature pregnancy. 2) Behavior to prevent premature pregnancy was at a very good level, 83.43 percent. Fair level: 4.59 percent, and the level was not good enough: 2.53 percent. 3) The relationship between health literacy and behavior to prevent premature pregnancy of female teenagers at schools in Bang Khla District, Chachoengsao Province There is a positive relationship at a moderate level with a statistical significance of 0.01; therefore, it should organize training to provide knowledge. Understanding the dangers of making friends with both females and males is necessary in order to build life skills and health knowledge to prevent premature pregnancy. To be able to use it in thinking and deciding on safe sexual practices. Including managing the support system and setting clear directions for all departments to work together to perform fully in their roles and responsibilities and manage and coordinate operations in each section so that they can be linked together. Leading to a service system that can provide assistance and effectively prevent premature pregnancy problems.

Keywords: Health Literacy, Behavior, Prevention of Early Pregnancy, Female Teenagers, Chachoengsao Province.

BACKGROUND AND SIGNIFICANCE OF THE STUDY

According to 2015–2021 global data, 15% of births are to young women under 18, with 90% in underdeveloped nations. (Molitoris, Kantorová, Ezdi, Gonnella, 2023) Pregnancy in women aged 10–19, including birth age. In other research, early adolescence is 10–14 years old, and adolescence is 15–19 years old (Ganchimeg et al., 2014). The social situation in Thailand Teens is having earlier

sexual relations due to their accelerated reproductive age. The youngest first-time sexer is 11. The youngest mother is 12. Young teens get pregnant because of this. Thailand National Statistical Office, 2023 According to the 2022 Bureau of Reproductive Health report, the 2021 live birth rate for women aged 10–14 was 0.9 per thousand. Repeat pregnancy rate. In 2016, it was 17.87 percent for women under 20; in 2022, it was 14.29 percent. Repeat teenage pregnancies have dropped, although they are still below the fiscal year 2022 target reaching 13.0%. The Department of Health (2023) recommends accelerating surgeries to prevent teen repeat pregnancies. Therefore, pregnant teens are not ready for abortion. 43.6 percent left school. Losing up to 32% of educational and job chances (Department of Health, 2023)

A study of teen pregnancy consequences Complications was higher than in the comparison group. Preterm newborns, prenatal anemia, low Apgar scores, and infants under 2,500 grams increased statistically. Among women under 15, the probability of teenage motherhood increases. Kulchat Saechung et al. (2022) Teenage girls who get pregnant early According to public health standards, Health Data Center data shows youngsters under 19 are pregnant. In 2020, 18,614 Chachoengsao women under 19 gave birth in government hospitals, in 484 instances. The Chachoengsao Province Office of Social Development and Human Security (2022) the country's statistics reflect an upward tendency. Adolescence is a time when thoughts, emotions, cognition, and society develop slower than physical growth. Incite curiosity I want to experiment. I want friend acceptance. Want a prize? Adults make more decisions and take more risks than others due to the stimulation of the limbic system, which controls emotions, and the unique development of the prefrontal cortex. The leading cause of teen pregnancy. Female teens without self-esteem and life skills trigger it. Inappropriate media and technology stimulation Low bargaining power, pressure tolerance, and rejection skills Low-life problem-solving maturity it substantially impacts female teens' lives and futures. People use health literacy to communicate, comprehend, and practice self-care, which has a connection to global health. Teens need health knowledge to protect female pupils' health. According to Pariyanuch Tangnarakul (2019), health literacy affects health behavior and results. Teens with good health literacy are able to understand health information and services. Know and comprehend Use proper communication. Make a smart choice. Media literacy and self-management enhance healthy sexual behavior.

Health literacy (HL) must be developed. To improve health literacy and adaptability to adopt healthy habits and care for your health. Health literacy involves six parts: 1) We apply health knowledge cognitively to solve problems and enhance our quality of life. 2) Using listening, observing, reading, writing, and tracing to receive credible health information and services. 3) Communication skills. Capable of rational, reliable health promotion. 4) Self-management. Goals, planning, and self-evaluation guide implementation. 5) Media literacy is the ability to think, evaluate, and analyze acceptable media. The ability to make decisions. It involves rationally choosing from the possibilities. Lack of health literacy increases disease risk. Disease prevention decreases. This will lead to an increase in hospitalizations and an inability to follow instructions effectively. Health costs will rise. (Kitipong Rueanphet et al., 2023). Health literacy helps prevent adolescent pregnancy in schools. (Bjørnsen et al., 2023) Parental education, support, teacher support, peer support, domicile, hobbies, reproductive health information, adolescents' cognitive ability, and attitudes also affect pregnancy prevention. Teen pregnancy without consent (Fischer et al., 2022). Adolescent health literacy affects reproductive health counseling usage. You can also use the Health Literacy in School-Age Children (HLSAC) scale to assess health literacy in children and adolescents, including 11-year-olds. (2019, Panjaitan) These data show that Thai adolescents need health literacy, comprehensive reproductive health education, and support in school to avoid unwanted births. Only one study in the Thai JO database during 2016–2018 studied health literacy and pregnancy prevention in female teenage

pupils. This basic information helps construct a measuring model and test tool quality. However, basic youth health literacy knowledge is lacking. Also, lower secondary school girls the start of early adolescence. These teens enter society on their own, exposing themselves to various stimuli. With more internet media, these teens are more likely to engage in dangerous sexual activity. It also plays a major role in late adolescent and adult health. The following personal variables affect teenage girls' pregnancy prevention behavior, according to earlier studies: Academic performance and pregnancy prevention attitudes social factors-related pregnancy prevention self-efficacy. Family effects, such as feeling comfortable discussing sex with parents or guardians, and peer influences, such as gender knowledge and preventing a friend's pregnancy, also play a significant role. These factors predict behavior well, and a lot of research supports this.

Therefore, the research team is interested in studying the relationship between health literacy and behavior. Preventing premature pregnancy among schoolgirls in Bang Khla District. Chachoengsao Province The research team applied the concept of health literacy to prevent premature pregnancy among female teenagers. We can use the results of this study to plan health promotion and prevent premature pregnancy. The campaign promotes both birth control and pregnancy prevention among female teenage students. To further reduce the problem of teenage pregnancy, using a health literacy assessment tool to prevent premature pregnancy for teenage Thai women aged 15–21 years (Health Education Division, Department of Health Service Support, 2014)

Objectives of the research:

- 1) To study the level of health literacy needed to prevent premature pregnancy among female teenagers. Schools in Bang Khla District, Chachoengsao Province
- 2) To study the level of behavior and prevent premature pregnancy among female teenagers. Schools in Bang Khla District, Chachoengsao Province
- 3) To study the relationship between health literacy and behavior in preventing premature pregnancy among schoolgirls in Bang Khla District. Chachoengsao Province

Conceptual framework

In the present investigation, the study team has implemented health literacy initiatives to mitigate the occurrence of early pregnancy. The study specifically targets adolescent Thai females between the ages of 15 and 21. The research uses health awareness among high school and college students as the major variable, specifically in relation to preventing preterm pregnancy (Division of Health Education, Department of Health Service Support, 2014). The components of this include: 1) a comprehensive grasp of health and its principles; and 2) the ability to easily obtain health-related information and services. The two areas of focus are: 3) enhancing communication skills to improve expertise; and 4) effectively managing one's own health concerns. The fifth aspect is media and information literacy, whereas the sixth aspect is the ability to make accurate decisions. This study focused on behavior to prevent early pregnancy, encompassing two factors: 1) night-time travel and 2) use of pornography. The third function is to foster close relationships with guys, while the fourth function involves handling personal issues. Consequently, the research team developed a theoretical framework for the study.

As depicted in Figure 1,

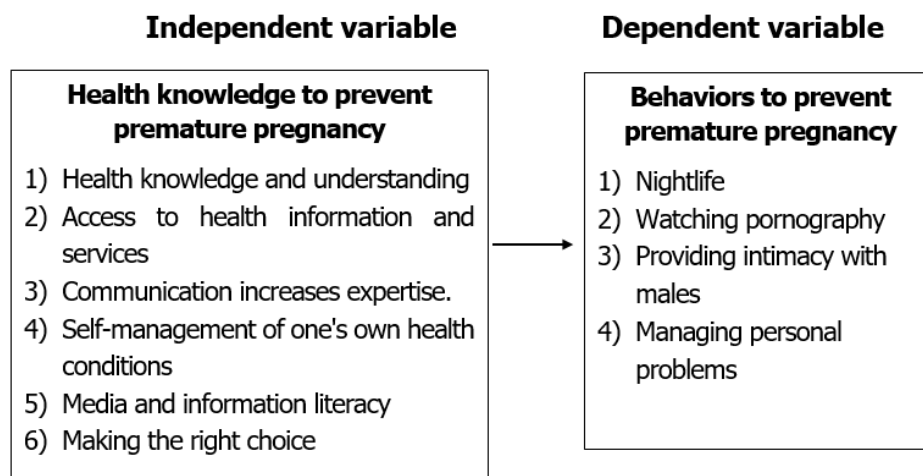


Figure 1: Conceptual Framework: framework

Methods for conducting research

Research this is research. Descriptive correlation research involves surveying health knowledge and behavior to prevent premature pregnancy among female adolescents in schools in Bang Khla District. Chachoengsao Province

Population Scope

The population includes female teenagers who are studying in high school in 1–3 of the schools in Bang Khla District. Chachoengsao Province, number 340 the sample group includes female teenagers who are studying in high school in 1–3 of the schools in Bang Khla District. Chachoengsao Province has a population of 181 people, which defines the sample used to open Crazy and Morgan's tables. (Krejcie & Morgan, 1970) By setting the confidence value at 95% and using stratified sampling (Stratified Sampling) and simple sampling (Simple Random Sampling).

Research Instrument Development:

Research tools: The research team measured health literacy and behavior to avoid early pregnancy using Health Education Division and Department of Health Service Support (2014) instruments. To use sexual health and social psychology principles to examine three components of behavior to prevent early pregnancy.

Part 1: Female student demographics, including grade level and religion. The questionnaire also inquires about parental living situations and marital status. Parents' education Parent's job Family income Family relations are a parental priority. Your total mental and physical health please analyze your life pleasures and acts that put you at risk of societal risks. Question type you can choose an answer to this closed-ended question. Thirteen things.

Part 2: Health Knowledge Questionnaire to Prevent Premature Pregnancy includes the following:

- 1) Health, insight, and knowledge preventing preterm pregnancy the question requires one right answer. Eight things. One point each.
- 2) Health information and service access to prevent preterm pregnancy, the questionnaire uses a 5-point rating scale: always, often, occasionally, and sometimes. Scoring exists. All four questions are worth 5 points.

- 3) Communication improves skills. Preventing preterm pregnancy, the questionnaire uses a 5-point rating scale: always, often, occasionally, and sometimes. Scoring exists. Both questions are 5 points.
- 4) Health self-management Preventing preterm pregnancy the questionnaire uses a 5-point rating scale: always, often, occasionally, and sometimes. Scoring exists. Three 5-point questions.
- 5) Media and information literacy Preventing preterm pregnancy the questionnaire uses a 5-point rating scale: always, often, occasionally, and sometimes. Scoring exists. Both questions are 5 points.
- 6) Selecting correctly preventing preterm pregnancy a multiple-choice question offers answers that match your behavior or expectations. All eight questions are worth 4 points.

Questionnaire on behavior to prevent preterm pregnancy (Part 3). Questionnaire nature is the rating scale comprises five levels: 6-7 days/week. 4-5 days/week 3 days/week 1-2 days per week without practicing Scoring exists. Each of the 14 5-point questions is worth 3 points. 1) Nighttime travel is 3 points. 2) Watching porn three objects. 3) Intimacy with men five things. 4) Personal issue management three objects.

Data Analysis:

The data analysis using the SPSS package is as follows:

- 1) Analyze the general information of the sample group. Use descriptive statistics, such as frequency distribution and percentage.
- 2) Analyze health knowledge and behavior to prevent premature pregnancy. Using frequency, percentage, average (%), and standard deviation (SD),
- 3) Analyze the relationship between health literacy and behavior to prevent premature pregnancy. We will use the Pearson product-moment correlation coefficient (Pearson product-moment correlation coefficient: r) and establish criteria for evaluating the level of relationship, both positive and negative, as outlined by Chettapoom Wannapaisan in 2019.

r value between $-.01$ and $+.29$ indicates a low level.

r value between $\pm .30$ and $+.49$ means a moderate level.

r value between $\pm .50$ and $+ 1.00$ means high level.

Ethical consideration

- 1) Researchers submit letters requesting data from Rajabhat Rajanagarindra University. The researcher wrote a letter to the Director of Bang Khla District Educational Institutions in Chachoengsao Province, requesting approval for data collection. The researcher met with secondary school principals and others. Introduce myself Explain the study's goal. This study protects sample group rights and does not use school data. To preserve the school's reputation
- 2) Researchers meet with a sample group to explain research participation. It describes the aim, process, and duration of data collection. A repository for homeroom teachers' information. An additional explanation is provided regarding the freedom to refuse or withdraw from this research at any time. Each individual is sampled. They completed consent papers and answered questions independently. Participating in research and attaching queries ask students to get their parents to sign the research consent. During business hours, parents can ask the researcher about participating in the research. Bring it back the next day.

- 3) When parents give research approval, they bring the research questionnaire and the consent form with them. The researcher instructs participants on how to complete the questionnaire. The school created a club space. Answering questionnaires in the conference room with the homeroom teacher does not disrupt class time. Therefore, we arranged the sample students in rows one meter apart to prevent them from seeing each other's answers. Students read and answer the distributed questionnaire one by one until it's complete. Ask study participants questions. You can question the researcher at any time. The survey takes 45 minutes.
- 4) When answering the survey, Envelope, the questionnaire. Bring it and drop it into the opaque box in front of the conference room. To protect questionnaire data,

RESULTS

1. General information about the sample group

The sample's general data analysis showed that most high school female teens practice Buddhism. Living with married parents' Primary parental grade-level education Certificate of high school or vocation. Many parents work in general employment. The family earns enough to save. Parents are vital for family bonds. Some are good, some are poor, affecting mental and physical health. The impact is mild, and the quality of life and living conditions are unaffected. Satisfaction is indifferent, but it has little effect on socially risky actions like consuming alcohol. Arrive home after 10:00 p.m. Smoking/drugs frequent class absences Addict to games and pricey, well-known brands a male friend I live with quietly ran away from home.

2. Analysis results Level of health literacy to prevent premature pregnancy among female adolescents. Schools in Bang Khla District, Chachoengsao Province

The study revealed that female adolescents attending school in Bang Khla District, Chachoengsao Province, possess adequate health information to mitigate the risk of early pregnancy. Generally, the degree of health awareness among female teenagers to prevent preterm pregnancy is insufficient, with an average score of 36.58 and a standard deviation of 10.54. The degree of proficiency was insufficient, measuring at 96.13%. Additionally, they possessed the necessary knowledge of health to prevent preterm pregnancy. The level is 3.87 percent, which is considered fair. At an advanced level, there is a lack of health literacy among female adolescents regarding the prevention of early pregnancy. After a thorough analysis of every element, we discovered that

- 2.1 The vast majority of respondents exhibited a considerable level of knowledge and comprehension about the prevention of early pregnancy. The level of understanding on the prevention of early pregnancy was relatively accurate, scoring at 96.13 percent (4.80–6.39 points). Knowledge and comprehension took precedence. The degree of understanding to prevent preterm pregnancy was below the desired threshold, at 2.21 percent (< 4.80 points), whereas the level of knowledge and understanding to prevent premature pregnancy was at the highest level of accuracy. The value is 1.66 percent, with a range of 6.40 to 8.00 points. The average is 4.48, with a standard deviation of 1.39.
- 2.2 Provision of health information and services to avoid early pregnancy. The study revealed that 53.59 percent of individuals expressed dissatisfaction with the information and health services available for preventing preterm pregnancy, scoring less than 10. The next most common concern was obtaining information and health services to prevent premature pregnancy. At a moderate level of 32.04 percent (10–14.44 points), there is a demand for information and healthcare services aimed at preventing early pregnancy. The percentage of individuals performing at a high level is 14.36% (15-20 points), with a mean of 9.69 and a standard deviation of 4.13.

- 2.3** Communication focused on improving knowledge and skills in preventing early pregnancy
Discovered that the majority of individuals are engaging in communication to enhance their knowledge and skills in preventing early pregnancy. The current level of knowledge is insufficient, with a score below 6 (56.91 percent). We recommend focusing on improving communication skills to enhance proficiency in preventing early pregnancy. We are making efforts to enhance knowledge and skills in preventing early pregnancy, with the current level standing at a satisfactory 31.49 percent (6-7.99 points). The percentage of individuals performing at a high level is 11.60% (8-10 points), with a mean of 5.09 and a standard deviation of 2.01.
- 2.4** Maintaining personal health conditions to avoid early pregnancy our findings show that most individuals successfully managed their health issues independently to prevent early pregnancy, but their success was not considered sufficient. 51.38 percent (less than a 9) to prevent preterm pregnancy, it is important to effectively manage one's own health issues. Approximately 28.73 percent (9-11.99 points) of individuals have effectively managed their personal health issues to avoid early pregnancy. The percentage of points achieved at a high level is 19.89% (12-15 points), with a mean of 8.13 and a standard deviation of 3.35.
- 2.5** The level of media and information literacy needed to avoid early pregnancy is generally insufficient. The rate of early pregnancy is 62.43 percent, which is less than a 6 score, which is the rate of occurrence of early pregnancy. Media and information literacy are effective measures to avoid such pregnancies. Media and information literacy, at a respectable level of 20.44 percent (6-7.99 points), can effectively prevent early pregnancy. At a decent level, 17.13 percent of participants scored between 8 and 10 points, with a mean score of 4.68 and a standard deviation of 2.43.
- 2.6** Making an informed decision to prevent unintended pregnancy. The majority of individuals made the appropriate decision to avoid early pregnancy, with a success rate of 46.96 percent (below a score of 19.20). At an acceptable level of 33.15 percent (19.20-25.59 points) and at a very good level of 19.89 percent (25.60-32 points) (= 4.51, SD = 2.10), individuals correctly made the choice to prevent early pregnancy.

Table 1: Number and percentage of levels Health knowledge to prevent premature pregnancy classified by area. (n = 181 people)

Health literacy	Score range	level	quantity	percentage
1.1 Knowledge and understanding to prevent premature pregnancy.	< 4.80 points	incorrect	4	2.21
	4.80 – 6.39 points	Somewhat correct	174	96.13
	6.40 – 8 points	most accurate	3	1.66
\bar{X} =4.48, SD.=1. 39		Somewhat correct	181	100.00
1.2 Access to health information and services to prevent premature pregnancy	< 10 score	Not good enough	97	53.59
	10 – 14.44 points	fairly	58	32.04
	15 – 20 points	very good	26	14.36
\bar{X} = 9.69, SD.= 4.13		Not good enough	181	100.00
1.3 Communication increases expertise in preventing premature pregnancy.	< 6 score	Not good enough	103	56.91
	6 – 7.99 points	fairly	57	31.49
	8 – 10 points	very good	21	11.60
\bar{X} = 5.09, SD.= 2.01		Not good enough	181	100.00
1.4 Self-management of one's own health conditions to prevent premature pregnancy	< 9 score	Not good enough	93	51.38
	9 – 11.99 points	fairly	52	28.73
	12 – 15 points	very good	36	19.89
\bar{X} = 8.13, SD.= 3.35		Not good enough	181	100.00
1.5 Media and information literacy To prevent premature pregnancy	< 6 score	Not good enough	113	62.43
	6 – 7.99 points	fairly	37	20.44

	8 – 10 points	very good	31	17.13
$\bar{X} = 4.68, SD.= 2.43$		Not good enough	181	100.00
1.6 Making the right choice To prevent premature pregnancy	< 19.20 score	Not good enough	85	46.96
	19.20 – 25.59 points	fairly	60	33.15
	25.60 – 32 points	very good	36	19.89
$\bar{X} = 4.51, SD.= 2.10$		Not good enough	181	100.00
1.7 Health knowledge to prevent premature pregnancy	< 57 score	Not good enough	174	96.13
	57 – 75.99 points	fairly	7	3.87
	76 – 95 points	very good	0	0
$\bar{X} = 36.58, SD.=10.54$		Not good enough	181	100.00

3. Results of analysis of behavior level Prevent premature pregnancy among female teenagers. Schools in Bang Khla District Chachoengsao Province

The findings of the study on strategies to prevent early pregnancy revealed that the majority of participants exhibited a high level of behavior in preventing premature pregnancy, with 83.43 percent scoring between 56 and 70 points. The average score was 24.30, with a standard deviation of 12.39. A small percentage of participants, 4.59 percent, demonstrated a fair level of behavior, scoring between 42 and 55.99 points. Furthermore, 2.53 percent of participants demonstrated insufficient behavior, scoring below 42 points. We carefully examined each aspect and discovered

- 3.1** Regarding nightlife, it was found that female teenagers have behaviors to prevent premature pregnancy. Do not go out at night. It is at the very good level, 83.43 percent (12–15 points), the fair level, 4.59 percent (9–11.99 points), and not good enough, 2.53 percent. (< 9points) ($\bar{X} = 5.07, SD.=2.94$)
- 3.2** aspects of viewing pornography Research revealed that female teenagers exhibit behaviors aimed at preventing premature pregnancy. Do not watch pornography at the very good level, 82.32 percent (12–15 points), the fair level, 4.59 percent (9–11.99 points), or not good enough, 5.52 percent. (< 9 points) ($\bar{X} = 5.11, SD.=2.97$)
- 3.3** Intimacy with males Researchers discovered that female teenagers exhibit behaviors aimed at preventing premature pregnancy. Not close to the male gender at the very good level, 83.98 percent (20–25 points), at the at the fair level, 11.45 percent (15–19.99 points), and not good enough, 4.97 percent (< 15 points) ($\bar{X} = 7.83, SD.=4.79$)
- 3.4** The study found that female teenagers exhibit behaviors to prevent premature pregnancy when managing personal problems. Able to manage personal problems at the very good level, 72.93 percent (12–15 points), the fair level, 18.78 percent (9–11.99 points), and not good enough, 8.29 percent ($\bar{X} = 6.28, SD.= 3.19$)

Table 2 : Number and percentage of levels of behavior to prevent premature pregnancy, classified by area. (n = 181 people)

Behaviors to prevent premature pregnancy	Score range	level	quantity	percentage
1. Nightlife	< 9 score	Not good enough	8	2.53
	9 – 11.99 points	fairly	22	4.59
	12 – 15 points	very good	151	83.43
$\bar{X} = 5.07, SD.=2.94$		very good	181	100.00
2. Watching pornography	< 9 score	Not good enough	10	5.52
	9 – 11.99 points	fairly	22	4.59
	12 – 15 points	very good	149	82.32

$\bar{X} = 5.11, SD.=2.97$		very good	181	100.00
3. Providing intimacy with males	< 15 score	Not good enough	9	4.97
	15 – 19.99 points	fairly	20	11.45
	20 – 25 points	very good	152	83.98
$\bar{X} =7.83, SD.=4.79$		very good	181	100.00
4. Managing personal problems	< 9 score	Not good enough	15	8.29
	9 – 11.99 points	fairly	34	18.78
	12 – 15 points	very good	132	72.93
$\bar{X} =6.28, SD.=3.19$		very good	181	100.00
5. Behaviors to prevent premature pregnancy	< 42 score	Not good enough	8	2.53
	42 – 55.99 points	fairly	22	4.59
	56 – 70 points	very good	151	83.43
$\bar{X} = 24.30, SD.= 12.39$		very good	181	100.00

4. Results of analysis of the relationship between health literacy with behavior Preventing premature pregnancy among school girls in Bang Khla District. Chachoengsao Province

The relationship between health literacy and premature pregnancy prevention behavior of female teenagers at schools in Bang Khla District, Chachoengsao Province There is a positive relationship at a moderate level, statistically significant. 01. Upon examining each aspect, it became evident that health literacy plays a crucial role in facilitating access to health information and services. Communication to increase expertise managing health problems Media and information literacy there is a positive relationship with behavior to prevent premature pregnancy among schoolgirls in Bang Khla District. Chachoengsao Province at a moderate level statistically significant. 01 for knowledge Understanding health and making the correct choices. There is a negative relationship with behavior to prevent premature pregnancy among schoolgirls in Bang Khla District. Chachoengsao Province at a moderate level statistically significant. 01 and .05.

Table 3 : Correlation coefficient between health literacy with behavior Prevent pregnancy premature puberty of school girls in Bang Khla District Chachoengsao Province

variable	X ₁	X ₂	X ₃	X ₄	X ₅	X ₆	Y
Health knowledge and understanding (X ₁)	1.00						
Access to health information and services (X ₂)	-.098	1.00					
Communication to increase expertise (X ₃)	-.073	.717**	1.00				
Managing your own health conditions (X ₄)	-.058	.729**	.637**	1.00			
Media and information literacy (X ₅)	-.195**	.588**	.493**	.662**	1.00		
Correct choice decision (X ₆)	.243**	-.002	.019	.053	-.031	1.00	
Pregnancy prevention behavior premature (Y)	-.391**	.367**	.300**	.378**	.417**	-.160*	1.00

** Statistically significant at the .01 level. * Statistically significant at the .05 level.

DISCUSS THE RESULTS

1. Health knowledge to prevent premature pregnancy among female teenagers. Schools in Bang Khla District Chachoengsao Province

Bang Khla, located in Chachoengsao, is home to schools specifically catering to adolescent girls. Having a certain amount of health information can help reduce the occurrence of preterm pregnancy. The overall level was inadequate, with a score of 96.13 percent, an average of 36.58, and a standard deviation of 10.54. The efficacy of this preterm pregnancy prevention method is subpar and may be inappropriate. Angsinan Inthakamhaeng and Thanchanok Khumthong (2017) investigated the impact of health knowledge and behavior on the prevention of early pregnancy in Thai girls aged 15–21. The health literacy of our sample group is predominantly low.

The majority of female pupils have similar ages, which could explain this phenomenon. Individuals vary in their knowledge, abilities, and comprehension of fundamental health information and services. Children also encounter difficulties in accessing medical care. There is a widespread presence of social stigma towards individuals who seek assistance. Technology and communication connections. Cease assessing the dependability of information sources in order to enhance your independence. Self-management necessitates a keen awareness of misleading media and information. When an issue arises in an unsuitable manner, it leads to suboptimal decision-making and inadequate health measures aimed at preventing early pregnancy. According to Chaowarit Daengchon (2009), adolescents acquire knowledge about sex through social media platforms, which frequently contain unsuitable material. Teenagers often lack the critical thinking skills necessary to distinguish between different types of information.

2. Results of analysis of behavior level Prevent premature pregnancy among female teenagers. Schools in Bang Khla District Chachoengsao Province

The results of the study of behaviors to prevent premature pregnancy found that most had behaviors to prevent premature pregnancy, overall, at a very good level of 83.43 percent. The highest percentage is in the category of being close to the male gender. Researchers discovered that female teenagers exhibit behaviors aimed at preventing premature pregnancy. Not close to the male gender the rate is at a very good level, 83.98 percent. Next is nightlife. Researchers discovered that female teenagers exhibit behaviors aimed at preventing early pregnancy. The recommendation to avoid going out at night receives a high rating of 83.43 percent. Side of watching pornography Researchers discovered that female teenagers exhibit behaviors aimed at preventing premature pregnancy. Pornography viewing receives a very high rating of 82.32 percent. And the lowest percentage was in the area of managing personal problems. Researchers discovered that female teenagers exhibited behaviors aimed at preventing premature pregnancy. Able to manage personal problems at a very good level, 72.93 percent this is consistent with Pariyanuch Tangnorakul (2019), who studied the relationship between sexual health knowledge and sexual behavior among female lower secondary school students. It was found that sexual behavior preventing premature pregnancy is overall at a very good level, consistent with Nusran Hauma (2018), who studied health knowledge to prevent early pregnancy for female students at the Faculty of Education, Yala Rajabhat University, which was overall at a very good level. Nusran Hauma (2018) found that the behaviors of students when traveling at night in entertainment venues were at a very good level. It's at a very good level. 91.33 percent of the population engages in pornographic viewing. It's at a very good level. The behavior in managing personal problems is at a very good level, accounting for 97.19 percent. At a very good level, accounting for 89.23 percent, and behavior in providing intimacy with males is at a very good level. Accounting for 68.62 percent

Familial traits could be responsible for this. Family ties among teenagers and their parents and siblings are characterized by mutual love, warmth, and affection. There is ongoing discourse and prudence around potential hazards that can impact sexual relationships. Or the strategies employed by those who are susceptible to engaging in sexual activity at an early stage. External influences, such as a compulsion for costly things and services from renowned companies, might also contribute to early pregnancy. They may consume alcoholic beverages or substances that cause intoxication, develop a dependency on gaming, or engage in travel. Alternatively, they may engage in nocturnal work or arrive home after 10 p.m., leading to frequent absences from classes. Female teenagers rarely associate with friends or individuals who participate in risky sexual behavior, which promotes their ability to make educated judgments and avoid engaging in premature sex. In line with Ratri's research, Aramsilp and Wansiri Prachanno (2016) asserted that, according to available data, there is a growing prevalence of sexual issues among teenagers. Inform parents on the significance of imparting sex

education inside the family to mitigate issues associated with sexual behavior. For example, the prevalence of sexually transmitted illnesses unplanned pregnancies result in the termination of the pregnancy through abortion. Specifically, households with adolescent girls are more inclined to provide sexual education within the household compared to families with adolescent boys. Sexual behavior problems disproportionately impact female teenagers compared to their male counterparts. Specifically, an unintended pregnancy necessitates discontinuing education, leading to reduced educational attainment, impacting work opportunities and income, while also shouldering the responsibility of child-rearing.

3. Results of the analysis of the relationship between health literacy and behavior in preventing premature pregnancy among schoolgirls in Bang Khla District. Chachoengsao Province

The study examines the correlation between health literacy and the adoption of preventive behaviors for early pregnancy among female adolescents attending schools in the Bang Khla District of Chachoengsao Province. There is a direct correlation. Examining each element, we determined that access to health information and services was significant at a statistical significance level of 0.01. Enhancing competence through effective communication Health condition management Media and information literacy refers to the ability to access, evaluate, and analyze various forms of media and information in a critical and informed manner. There is a direct correlation between conduct and the prevention of preterm pregnancy among schoolgirls in the Bang Khla District. The level in Chachoengsao Province is average. Understanding health and making good decisions is statistically significant at a level of 0.01 for knowledge. There exists an inverse correlation between conduct and the prevention of early pregnancy among female students in the Bang Khla District. The level in Chachoengsao Province is average. The statistical significance levels of 0.01 and 0.05 align with the findings of Wanchai Somchaipeng (2022), as documented in their study. Suphanburi Province conducted a study to examine the correlation between teens' sexual health awareness and behavior. The findings revealed a significant relationship between the two variables. There is a strong positive correlation with a statistical significance of 0.01 when classified in each area. The research identified both decision-making skills and communication skills. Availability of healthcare knowledge and resources Understanding and analyzing information processing and the ability to critically evaluate media content. There is a direct correlation. Teenagers have a moderate level of sexual behavior. We found the results to be statistically significant at a significance level of 0.01, respectively. Regarding self-management, there was a weak positive correlation. The study by Nantiwa Singthong et al. (2020) on factors associated with health literacy for preventing early pregnancy aligns with the statistical significance of the findings, which stands at 0.01. Adolescent girls from a school in Nakhon Ratchasima Province underwent a study that found an inverse relationship between the availability of information and healthcare services aimed at preventing early pregnancy, their adoption of behaviors, their media and information literacy, and their ability to make informed decisions to prevent early pregnancy. There is a statistically significant positive link between behavior and the prevention of early pregnancy, with a significance level of 0.05.

SUGGESTIONS FOR IMPLICATIONS

1. Suggestions obtained from research

1.1 The study focuses on health literacy as a means of preventing preterm conception among female teenagers in schools located in the Bang Khla District. Chachoengsao Province The overall degree of access to health information and services was insufficient, scoring only 96.13 percent. Effective communication enhances one's level of knowledge. Taking personal responsibility for addressing your own health conditions, the current level of media and information literacy, as

well as decision-making skills, is insufficient for acquiring comprehensive knowledge and comprehension of health. Which option is at the most accurate level? This level is inadequate and may involve inappropriate methods to prevent early pregnancy. Therefore, it is crucial to equip Thai children and young people with this knowledge. Participate in training sessions to acquire expertise. Gaining an understanding of potential hazards equips individuals with the necessary life skills and health information to effectively prevent early pregnancy. In order to employ it in the process of reasoning and making informed choices about safe sexual behaviors, this involves overseeing the support system and establishing explicit guidelines for all departments to collaborate effectively and fulfill their respective duties and obligations. Oversee and synchronize operations in each section to ensure seamless integration. Resulting in a service system that may offer aid and efficiently mitigate issues related to early pregnancy.

1.2 The study on strategies to prevent preterm pregnancy revealed that the majority of individuals exhibit activities aimed at preventing early pregnancy. The performance was excellent, achieving a score of 83.43 percent in all areas. Whether it is a nocturnal excursion engaging in the consumption of explicit sexual content despite maintaining tight relationships with males and effectively handling personal issues, there are nonetheless individuals who continue to engage in risky activity. Early pregnancy accounts for an additional 16.57 percent. Hence, it is imperative to incentivize network agencies to actively engage in the promotion of health literacy. It is crucial to provide comprehensive sexuality education and life skills that cover all aspects. To cultivate the latent abilities of adolescents and young individuals in their respective stages of development. Families, communities, and agencies interested in improving mental health should offer guidance and ongoing support in the management of emotions. When making decisions regarding teenagers, it is important to do it accurately and appropriately. In order for adolescents to coexist harmoniously with others in society, when seeking methods to avoid pregnancy, effectively and sustainably prevent early mortality, to the extent of advocating for it and serving as a role model for others.

2. Recommendations for future research

- 2.1** A comprehensive examination of the variables influencing early pregnancy is necessary. It is an amalgamation of qualitative research and quantitative research.
- 2.2** An investigation into the factors contributing to high-risk behavior during the early stages of pregnancy is necessary. Enhancing the quality of life after adolescent females give birth is also crucial.

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