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Youth Challenge: The Awareness of Healthcare Education in Prevention of Adolescent Pregnancy

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Abstract
Adolescents face various physical and psychological changes due to their rapid growth and development. Therefore, adolescent pregnancy causes to many physical, psychological and social problems. To determine the impacts of peer influence, socio economic status, knowledge of sexually transmitted diseases (STD) and knowledge of safety measures of pregnancy towards awareness of healthcare education related to adolescent pregnancy were objectives of this study. Advanced level girls of Sri Lankan schools are aimed population and sample of 373 was collected by validated questionnaire as per stratified sampling method. According to the results, students live in moderate to low socio-economy; moderate to high peer influence; moderate to low knowledge of safety measures of pregnancy; moderate to high knowledge of STI; moderate to high awareness of healthcare education related to adolescent pregnancy. The study finding revealed a positive outcome towards awareness of healthcare education related to adolescent pregnancy from knowledge of STI, knowledge of safety measures of pregnancy and peer influence. But there was no significant impact from socio-economic status to awareness of healthcare education related to adolescent pregnancy. The results were proved by pilot study of adolescent pregnant ladies and can be concluded that awareness of healthcare education can be developed through knowledge of STI, knowledge of safety measures of pregnancy with support of peer influence for prevent adolescent pregnancy. Therefore, conducting comprehensive sex education programs in schools, community intervention programs focusing on teenagers and ensuring general access of contraceptives to enhance awareness of healthcare education will be beneficial to eliminate adolescent pregnancy.

Keywords: Adolescent Pregnancy, Healthcare Education, Safety Measures of Pregnancy, Sexually Transmitted Diseases.

Introduction

The adolescence is a transitional phase of growth and development from childhood to adulthood. These adolescents face various physical and psychological changes due to these rapid growth and development. Hence, adolescent pregnancy causes to many physical, psychological and social problems. Approximately 12 million girls (aged 15–19 years) and at least 777,000 girls (below 15 years) give births each year in developing regions. 10 million unintended pregnancies of those are occurred each year in the world.

The Maternal Healthcare Education focuses the healthy living style during all stages such as, pregnancy, birth delivery, post-delivery and new born care stages. Maintaining proper maternal health throughout these stages is essential to protect lives of both mother and baby. Maternal education is affects to children's language and their cognitive and academic development. In most prior research, mothers' education has been treated as a fixed characteristic, yet many mothers, particularly economically and educationally disadvantaged mothers, attend school after the birth.

The complications during pregnancy and childbirth are the leading causes of death for 15–19 years old girls globally. The 5.6 million abortions are occurred each year among adolescent girls aged 15 – 19 years. And 3.9 million girls face maternal mortality, morbidity and chronic health problems.

In Sri Lanka, there was a gradual reduction in percentage of registered teenage pregnancies from 6.1% (2011) to 4.1% (2020) whereas adolescent fertility rate (live births for 1000 15-19yr old girls) remains stagnant over forty-one years from 1975 to 2016. And among those pregnancies 80.7% adolescent pregnancies were recorded from 18 to 19 years old girls and 19.3% were recorded from below 18 years of age in 2020. The adolescent pregnancies (16-19 age groups) were increased from 93.6% (2018) to 97.8% in 2019 [4] - [5]. Therefore, this research is focus on awareness of Healthcare Education for prevent adolescent pregnancy and the main objective of this study is to analyzing existing awareness of Healthcare Education for prevention of Adolescent Pregnancy among girls' school children.

Literature

History of Adolescent Pregnancy

A quarter of world's population (1.8 billion) in 2012 comprised adolescents and young adults (10-24 years) [6]; of these, 90% lived in lower - middle income countries. There is an unacceptable rate of mortality among adolescents, as an estimated 1.3 million adolescents died in 2012; 70% of these deaths occurred in Africa and Southeast Asia. Unintentional injuries such as road traffic accidents and drowning are the leading causes of death in adolescents, while suicide, violence infectious diseases, and teenage pregnancy are other important causes of mortality in this period.

Globally, around 16 million babies are born to adolescent girls between the ages of 15 - 19 years. Adolescent pregnancies represent 13% of births in the US and most of these pregnancies are unplanned. A recent review concluded that programs aimed at preventing repeat pregnancy and increasing educational attainment can improve health and socio-economic outcomes for both the mother and her child.

Theories related to Maternal Healthcare Education

According to the social cognitive theory, it emphasizes the importance of teaching people accurate information, providing sufficient motivation to act upon this knowledge, and empowering them to believe they're capable of taking the right actions (self-efficacy), while social influence theory focuses on influences instead of treating them like inevitable and uncontrollable factors. The theory emphasizes effective ways to change social norms in order to change individual behaviors. The social inoculation theory focuses on strengthening the individual's ability to resist social pressures and the evolutionary life-history theory provides novel insight into why particular environments or social situations increase the likelihood of teenage motherhood by exploring how reproductive timing relates to risk and uncertainty. Different individuals living in different environments will vary greatly in the constraints that affect their reproduction, with an individual's reproductive decision-making being greatly influenced by their life circumstances.

Awareness of Healthcare Education related to Adolescent Pregnancy

According to the World Fertility Survey and the Demographic and Health Surveys already gave the evidence of the very strong impact of the education mainly women's education on the declining the maternal mortality, child morbidity and child mortality. Education increases the women's cognitive skills which benefit maternal health by increasing the ability to seek information about their own health as well as medical instruction to treatment and medication.

The school-based clinic is becoming increasingly popular and can provide birth control counseling, contraceptives, family planning clinic referral, examinations, pregnancy testing, and prenatal care. Comprehensive sex education programs in schools, community intervention programs focusing on teenagers and ensuring general access of contraceptives even to teenagers should be considered. A recent review concluded that programs aimed at preventing repeat pregnancy and increasing educational attainment can improve health and socio-economic outcomes for both the mother and her child.

Peer Influence

Social relationships are most popular than the family unit to include more peer group influences; and young people begin to acquire behaviors that have a profound impact on later life. Most parents pay less attention to their children, coupled with the fact that teenagers today are

growing up in a cultural way in which peer social media, television, motion pictures, music and magazine often transmit either covert or overt message on unmarried sexual relationship (specifically those involving teenagers) are commonly accepted and at times expected behavior have contributed immensely to the moral decadence rampant among our teenagers.

Young people are becoming more aware of their sexuality and sexual health, and are taking matters into their own hands. Today, young people are seeking information about sexuality and sexual health from a variety of places, including from their peers and from the internet. Moreover, youth exist in a world of rapidly evolving and dynamically changing electronic media.

Socio-Economic Status

Teenage pregnancy might contribute to the cycle of Poverty. Teenage pregnancy is an issue of inequality affecting the health, wellbeing, and life chances of young women, young men, and their children. Teen parents are more likely to drop out of high school, live in Low Socio-economic status, and have increased medical expenses compared to non-parenting teens. Adolescent pregnancy limits the educational achievements and the vocational opportunities for ladies. Additionally, it contributes to the impoverishment of one of the most socio-economically disadvantaged segments to the society, and promotes the intergenerational transmission of Low Socio-economic status.

Knowledge of Safety Measures of Pregnancy

Adolescent girls (10 - 19 years) prone to die from pregnancy related causes 2 - 5 times than women aged 20 - 29 years. Girls younger than 19 years have 50% increased risk of still births and neonatal deaths, as well as risk for pre-term birth, low birth weight, and asphyxia. These health risks further increase for girls who become pregnant earlier than the age of 15 years and are somewhat reduced for older adolescents aged 18 - 19 years.

As per Annual Health Bulletin, Sri Lanka (2020), the overall contraceptive prevalence for any method was stagnant since 2016. Among them usage of oral contraceptive pills and IUDs were declined and usage of condoms was increased from 2013 to 2020. The continuous counseling of adolescents about their choice of contraception and developing a consistent plan in the peripartum period is crucial to reducing the incidence of unintended and short interval pregnancy.

Knowledge of Sexually Transmitted Diseases

More than 2 million adolescents are living with HIV and millions more are at risk of infection and many young people do not know their HIV status, and it is estimated that in Sub-Saharan Africa, only 10% of young men and 15% of young women (15 - 24 years) were aware of their HIV status. Sexually active adolescents have the highest rates of prevalent and incident human Papilloma virus infections. The Annual Health Bulletin (2020), indicated that HIV infected ladies of youth (15-24 years of age) were increased from 33% (2018) to 48% in 2019.

Globally, 2.1 million adolescents aged 10-19 years were living with HIV in 2016. About one third (1/3) of prenatally HIV infected children worldwide have reached adolescence (half are female) 65% of new HIV infections in 10 - 24 years old [33]. The Lancet Adolescent Health series in 2012 reported that adolescents are more exposed to substance abuse, sexually transmitted infections, and other risks than past.

Materials and Methods

The observed data for this study were collected through a structured questionnaire, which was prepared and distributed among Advanced level students (16-18 years) in national girls' schools in Western Province of Sri Lanka. Due to the girls are victims of adolescent pregnancy boys and boys' schools are not included to the population and this study was limited to the western province of Sri Lanka. The national girls' schools were selected due to aiming supreme knowledge and attitude of maternal healthcare of students. This research was based on cross sectional study, therefor responses can be changed their answer according to the situation and mental condition at the time of gathering data.

Basically, the questionnaire of the study involves six parts. The first part is concern about socio-demographic characteristics of participants; the second part of the questionnaire is focused to identify to socio-economic status and part three of the questionnaire allocated to assess knowledge of

safety measures of pregnancy such as knowledge about contraception methods, availability and usage, etc. In fourth, fifth and sixth parts of the questionnaire focused to assess; knowledge of sexually transmitted diseases; peer influence, awareness of maternal healthcare knowledge respectively. The second to sixth parts were measured by five-point Likert Scale questions and categorized as low, moderate, or high. All collected primary data will be analyze using Statistical Package for Social Sciences (SPSS) software and Microsoft Excel. The analysis did on the demographic information in part one by using frequency analysis and simple percentages.

All the variables in the research were analyzed using Descriptive statistical method. The target population comprised Advanced Level (A/L) students aged 16–18 from national girls' schools in Colombo, Gampaha, and Kalutara districts. According to the Andreessen Sample table, 378 is the sample size due to the population size is 34,328 (nearly to 25,000) under 95% confidence and 5% margin error and Proportionate stratified sampling method was selected by considering of both student population and national girls' schools in each district of western province.

Table 1: Population and Sample

Western Province	Distribution	Population	Sample
Colombo District	National Schools	37	2
	Girls (17-18yrs)	14,835	163
Gampaha District	National Schools	17	1
	Girls (17-18yrs)	11,882	131
Kalutara District	National Schools	18	1
	Girls (17-18yrs)	7,611	84

Hypothesis

According to this study which investigates whether there is an impacts of Peer influence, Socio economic status, knowledge of safety measures of pregnancy, knowledge of sexually transmitted diseases on Awareness of Healthcare Education related to Adolescent Pregnancy.

Ha1: There is an impact of Peer Influence and Awareness of Healthcare Education related to Adolescent Pregnancy.

Ha2: There is an impact of Socio-economic status and Awareness of Healthcare Education related to Adolescent Pregnancy.

Ha3: There is an impact of knowledge of Safety Measures of pregnancy and Awareness of Healthcare Education related to Adolescent Pregnancy.

Ha4: There is an impact of knowledge of Sexually transmitted diseases and Awareness of Healthcare Education related to Adolescent Pregnancy.

Conceptual Framework

The study will provide attention to the impacts of peer influence, socio-economic status, knowledge of safety measures for pregnancy, knowledge of sexually transmitted infections on awareness of healthcare education related to adolescent pregnancy. Following model (Figure 1) is proposed according to the literature review.

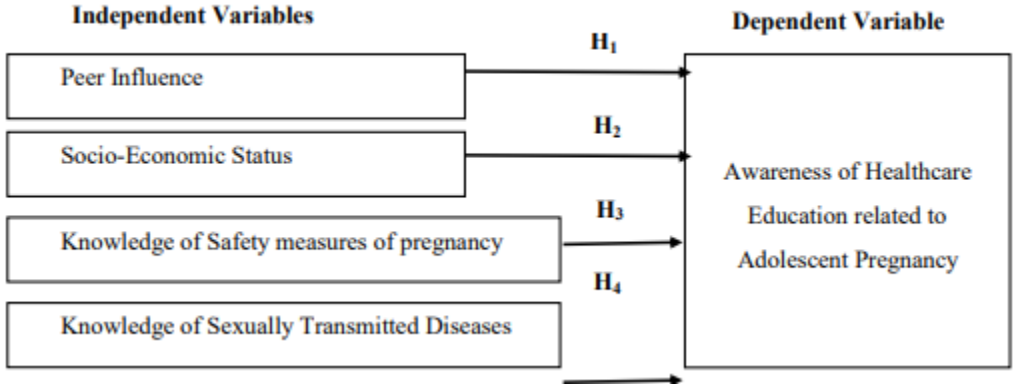

Figure 2: Conceptual Framework

Results and Discussion

All 373 students participated from Colombo, Gampaha and Kalutara Districts of Western Province and most of them were 16–17 years age group (60.9%, n = 227). Among those majority were Sinhala (97.9%, n = 365), Buddhists (96.8%, n=361). As per the results, 2.4% of students (n = 9) were married and it will lead to low Socio-economic status of their families through adolescent pregnancy than non-pregnant teenagers. And 0.54% (n = 2) of mothers and 0.5% (n=2) of siblings of participants delivered their first babies during the adolescent period. And 5.09% (n = 19) of students indicated that their parents having more than 4 children and the socio-economic status is depending upon family members and household income. Most of students live with parents (95.4%, n=356) and few of them live alone (2.1%; n = 8) or live with single mother (1.1%; n = 2). And most of participants indicated that their biological parents were married, and 1.5% of participants had separated parents. Inadequate love, affection and care will be the cause of adolescent pregnancy by victims of child abuse. And most of parents (Mothers = 52.5%, Fathers = 44.8%) were educated up to Secondary Level (9-12 grades) and few of others (mothers-2.9%; n = 11 & fathers-1.9%; n = were studied below grade 9 of formal education and it may lead to the low Socio-economic status through employment. And also 4% of participants (n = 15) agreed that their parents couldn't complete their education up to the desired level due to low economy of their family.

When considering the health status of participants, 0.5% had non-communicable diseases, 2.1% had cardiovascular diseases, 1.3% had cerebrospinal diseases, 9.4% of students were respiratory diseases patients, 0.8% had sexually transmitted diseases including HIV and others (85.8%; n = 320) were healthy. And 5.63% had experiences of violence such as; physical violence (1.1%; n = 4), sexual violence (1.1%; n = and verbal violence (4.6%; n = 17). The Violence is directly impact to the growth and development of children harmfully and sexual violence is the one of main reason to the adolescent pregnancy by child abuse.

As per the results, 41% students (n = 153) were not satisfying of their total household income and 1.9% indicated that they live in informal dwelling or other places. And 5.1% of students (n = 19) indicated that their houses haven't enough spaces. According to the data analysis, 4% of students (n = 15) live with high Socio-economy, 55% of participants (n = 208) live with moderate Socio-economy and 40.2% of students (n 150) live with low Socio-economy. That defines they had Moderate to Low Socio-economy. Most of students (65.1%; n = 243) knew about Safety measures of pregnancy and 34.9% of students (n = 130) didn't know about contraception. Among them students know about Contraceptive Pills (n = 206; 55.2%) and male condoms (n = 177; 47.5%) mostly.

According to participants' perspective, 50.9% of students (n = 190) indicated that their knowledge about safety measures of pregnancy was poor while 27.1% of students (n = 101) indicated their knowledge was fair. Other few students indicated their knowledge was good (19.6%; n = 73) or excellent (2.4%; n = 9). And also 81.5% of participants (n = 304) were accepted that the contraception is shared responsibility while 15% of students (n = 56) accepted that is only their responsibility. As per the analysis of the knowledge of Safety Measures of pregnancy, 29.2% (n = 109) had low knowledge, 61.1% (n = 228) had moderate knowledge and only 9.7% (n = 36) had high knowledge. That defines they had Moderate to Low Knowledge of Safety Measures of Pregnancies.

Related to the knowledge of Sexually Transmitted Diseases (STD), 31.3% of students (n = 117) didn't know about HIV as Human Immunodeficiency Virus and 42.4% of student (n = 158) didn't know that HIV develops into AIDS. And also 29.3% of students (n = 109) didn't know HIV transmitted through vaginal sex. As per the analysis of the knowledge of Sexually Transmitted Diseases, 20.9% (n = 78) had low knowledge, 47.2% (n = 176) had moderate knowledge and 31.9% (n = 119) had high knowledge. That defines they had Moderate to High Knowledge of Sexually Transmitted Infections.

Most of students (96.8%; n = 361) use smart mobile phones and spend less than two hours per day (49.3%; n = 184) for that usage. Other 17.4% of students (n = 65) use their mobile phones more than four hours per day and majority of them (70%; n = 271) use for studying purpose mainly. Many students (64.3%; n = 240) indicated that the school is most useful resource to aware about Reproductive Health and Maternal Healthcare Education. And other 37% of students (n = 138) indicated Internet and 32.4% of students (n = 121) indicated Parents as most useful resource to aware about reproductive health. As per the Peer Influence analysis, 116 students (31.1%) measured into high influence, 158 students (42.4%) measured into moderate influence and 26.5% of students (n = 99) were measured into low Influence categories. That defines they had Moderate to High Peer Influence.

Among them, only 47.7% of students (n = 178) knew the importance of Folic Acid during pregnancy. And 68.6% of students (n = 256) knew the exact duration of exclusive breastfeeding. As per the analysis of the Awareness of Healthcare Education related to Adolescent Pregnancy, 87 students (23.3%) had high awareness, 206 students (55.2%) had moderate awareness and 80 students (21.4%) had low awareness. That defines they had Moderate to High Awareness of Healthcare Education related to Adolescent Pregnancy.

Validity and Reliability

Reliability was measured by instrument (tool), Cronbach's Alpha was 0.806 with a significance of P<0.005. So, the internal consistency was good and the research tool was reliable, and will be given credible results. (Table 2; Table 3)

Table 2: Reliability statistics

Cronbach's Alpha	N of Items
.806	83

Table 3: ANOVA of Reliability

		Sum of Squares	df	Mean Square	F	Sig
Between People		1600.207	372	4.302		
Within People	Between Items	19033.594	82	232.117	278.371	.000
	Residual	25435.514	30504	.834		
	Total	44469.108	30586	1.454		
Total		46069.315	30958	1.488		

Grand Mean = 2.43

Descriptive Statistics of Variables

Table 4: Descriptive Statistics of the sample

Descriptive Statistics						
	N	Mean	Skewness		Kurtosis	
	statistic	statistic	statistics	Std. Error	Statistics	Std. Error
Socio economic status	373	0.86	0.970	0.126	0.889	0.252

Knowledge of safety measures	373	3.4745	0.384	0.126	-0.554	0.252
Knowledge of STI	373	9.6649	-0.270	0.126	-0.891	0.252
Peer Influence	373	3.5657	-0.259	0.126	-0.679	0.252
Awareness of Maternal Healthcare Education	373	18.5228	-0.458	0.126	-0.072	0.252

Correlation Analysis

For the testing the relationship among hypothesis of this research the Pearson correlation test was selected due to the all dependent and independent variables are approximately normally distributed. There were significant positive moderate correlations in between the Awareness of Healthcare Education related to Adolescent pregnancy and Peer influence (+0.317), Knowledge of Sexually Transmitted Diseases (+0.501) and Knowledge of safety measures of pregnancy (+0.342).

But there was no any significant relationship between the Awareness of Healthcare Education related to Adolescent pregnancy and Socio-economic status (+0.054; $p>0.05$). In Multiple Regression Analysis, the unstandardized coefficient values for Peer Influence ($r = 0.699$; $p<0.001$), for Knowledge of Sexually Transmitted Infections ($r = 0.551$; $p<0.001$), for Knowledge of Safety measures of pregnancy ($r = 0.284$; $p <0.05$), for Socio-economic status ($r = 0.153$; $p = 0.611$).

Table 5: Correlations of all Variables

		MH	PI	ST	SM	SE
MH	Pearson Correlation	1	.317**	.501**	.342**	-.054
	Sig. (2-tailed)		.000	.000	.000	.301
	N	373	373	373	373	373
PI	Pearson Correlation	.317**	1	.236**	.346**	-.075
	Sig. (2-tailed)	.000		.000	.000	.148
	N	373	373	373	373	373
ST	Pearson Correlation	.501**	.236**	1	.412**	-.131*
	Sig. (2-tailed)	.000	.000		.000	.012
	N	373	373	373	373	373
SM	Pearson Correlation	.342**	.346**	.412**	1	-.074
	Sig. (2-tailed)	.000	.000	.000		.153
	N	373	373	373	373	373
SE	Pearson Correlation	-.054	-.075	-.131*	-.074	1
	Sig. (2-tailed)	.301	.148	.012	.153	
	N	373	373	373	373	373

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Regression Analysis

According to the summary of the model (Table 6) in which the item of interest is the R square statistics, which was 0.302 with a statistical significance of $P<0.001$. This suggests that, 30.2% of the variants in the Awareness of Healthcare Education related to Adolescent Pregnancy were predicted from Peer Influence, Knowledge of STI, Socio-economic status and Knowledge of Safety measures of

pregnancy (IVs). The Durbin-Watson statistic was 1.517 and between +1 and +3 which means that, the independence of the observations has been met.

Table 6: Model Summaryb

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	Df 1	df2	Sig. F Change	
1	.549a	.302	.294	5.09417	.302	39.780	4	368	.000	1.517

a. Predictors: (Constant), PV, CT, PI, ST

b. Dependent Variable: MH

The F- ratio in the ANOVA table tests whether the overall regression model is a good for the data. The table shows that the independent variables statistically significantly predict the dependent variable (Awareness of Healthcare Education related to Adolescent Pregnancy, F (4,368) = 39.78, P<0.001. (That is the regression model was a good fit of the data. (Table 7)

Table 7: ANOVAa of Regression

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4129.234	4	1032.309	39.780	.000b
	Residual	9549.822	368	25.951		
	Total	13679.056	372			

a. Dependent Variable: MH

b. Predictors: (Constant), PV, CT, PI, ST

According to those values, Peer Influence, Knowledge of Sexually Transmitted Infections and Knowledge of Safety measures of pregnancy are significantly influencing to the Awareness of Healthcare Education related to adolescent Pregnancy and Socio-economic status is not significantly influenced to it. Among those the Knowledge of STI has greater influence in explaining Awareness of Healthcare Education related to Adolescent Pregnancy due to large standardized coefficients (Beta) value (0.416; p<0.001).

Table 8: Coefficientsa

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	9.587	.859		11.161	.000	7.898	11.276
	PI	.699	.179	.182	3.898	.000	.346	1.052
	ST	.551	.064	.416	8.595	.000	.425	.677
	CT	.284	.130	.109	2.190	.029	.029	.540
	PV	.153	.301	.022	.509	.611	-.439	.745

a. Dependent Variable: MH

Hence the following Regression Equation was derived from the available data for predicting the Awareness of Healthcare Education related to Adolescent Pregnancy with other acceptable

predictors. (Y = Awareness of Healthcare Education related to adolescent Pregnancy, X1 = Knowledge of STI, X2 = Peer Influence, X3 = Knowledge of contraceptive methods, et = error term).

The pilot study was conducted in Government Maternity clinic in Grandpass, Colombo 14 to confirm the results. The collected data were analyzed to get total score for all significantly acceptable variables. The average scores of those variables were confirmed the accuracy of the regression equation. Therefore, the Awareness of Healthcare Education related to Adolescent Pregnancy, can be analyzed through that equation with acceptable predictors.

Discussion of Findings

The main purpose of this research is to analysis of healthcare education for eliminate adolescent pregnancy by identifying significant impacts from peer influence, socio economic status, knowledge of safety measures and knowledge of sexual transmitted diseases. The current researcher, found to be that the positive moderate relationship among Awareness of Healthcare Education related to Adolescent pregnancy and Peer influence (+0.317), Knowledge of Sexually Transmitted Diseases (+0.501) and Knowledge of safety measures of pregnancy (+0.342) which is significant at level of 0.05. According to the social learning theories, knowledge is much important to develop self-efficacy and strengthening the individual's ability to resist social pressures. And there was no any significant relationship between the Awareness of Healthcare Education related to Adolescent pregnancy and Socio-economic status (+0.054; $p>0.05$). This was based on two-tailed tests. Different individuals living in different environments will vary greatly in the constraints that affect their reproduction, with an individual's reproductive decision-making being greatly influenced by their life circumstances.

According to Multiple Regression Analysis, Peer Influence ($r = 0.699$), Knowledge of Sexually Transmitted Infections ($r = 0.551$) and Knowledge of Safety measures of pregnancy ($r = 0.284$) are significantly influencing ($p<0.001$) to the Awareness of Healthcare Education related to adolescent Pregnancy and Socio-economic status ($r = 0.153$; $p = 0.611$) is not significantly influenced to it. Among those the Knowledge of STI has greater influence in explaining Awareness of Healthcare Education related to Adolescent Pregnancy due to large standardized coefficients (Beta) value (0.416; $p<0.001$). According to the Lancet Adolescent Health series in 2012 reported that adolescents are more exposed to substance abuse, sexually transmitted infections, and other risks than past (Sawyer et al, 2012; Patton et al, 2012; Catalano et al, 2012; Viner et al, 2012). And it can be concluded that, 30.2% (0.302; $P<0.001$) of the variants in the Awareness of Healthcare Education related to Adolescent Pregnancy was predicted from Peer Influence, Knowledge of STI, Socio-economic status and Knowledge of Safety measures of pregnancy (IVs).

Conclusion

Improved Maternal Healthcare is a very important goal of Sustainable Development Goals (SDG) and Millennium Development Goals. All governors accept that adolescent pregnancy should be prevented from the society as a best solution for many social crises. This research mainly focused on the impact of awareness of Healthcare Education related to Adolescent Pregnancy. As per the results, students live in Moderate to Low Socio-economy and indicated that they have Moderate to High Peer influence. And they had Moderate to Low knowledge about Safety Measures of pregnancy, Moderate to High knowledge of Sexually Transmitted Diseases and Moderate to High Awareness of Healthcare Education related to Adolescent Pregnancy. And there were significant positive impacts to the Awareness of Healthcare Education related to Adolescent Pregnancy from three variables such as Knowledge of Sexually Transmitted diseases, Knowledge of Safety measures of pregnancy and Peer Influence.

It defines that knowledge of Safety measures of pregnancy, Peer Influence and knowledge of Sexually Transmitted Diseases will develop the Awareness of Maternal Healthcare among school children independently. And there was no any significant impact to Socio-economic status and Awareness of Healthcare Education related to adolescent pregnancy. That defines the level of socio-economy is not affected to the education or awareness of students. Among those, the Knowledge of STI has greater influence in explaining Awareness of Healthcare Education related to adolescent Pregnancy. Therefore, this study is certified that the Healthcare Education can be developed with Knowledge of STI, Knowledge of Safety Measures of pregnancy by the support of Peer Influence to

prevent Adolescent pregnancy from Sri Lanka. That can be done through secondary education at schools. Teens recognized parents and the Internet as valuable sources of information about reproductive health and teens suggested using advertisements, social media, and schools to provide information about necessary health information to them. And also, the comprehensive sex education programs in schools, community intervention programs focusing on teenagers and ensuring general access of contraceptives should be carried out to enhance the Awareness of Healthcare Education related to Adolescent Pregnancy. Likewise, the Adolescent pregnancy and its harmful effects can be eliminated from the society by developing the Awareness of Healthcare Education effectively.

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