



## CHAPTER VI

### CONCLUSION AND RECOMMENDATIONS

#### 6.1 Conclusion

From the research result, it may be concluded that the “PEARL”, participatory education on adolescent reproductive life programme that was provided to Myanmar migrant adolescent and youth in Samut Sakhon province, Thailand was effective, since it sustainably improved knowledge, attitude, behaviors and intention to prevent unintended pregnancy. Using the participatory learning principle as an enhancing activity is also appropriate for arranging learning activities for participants since its content, process, and duration were appropriate.

Virtually no experimental or observational literature reliably answers questions about the effectiveness of counseling by peer-voluntary to reduce rates of unintended (unwanted, mistimed) pregnancies in the Myanmar migrants in Thailand.

The term “peer” refers to people of equal status can facilitate and sharing of (sexual health) information, values and behaviors among members of similar age or status group.

Instead of a one-shot approach, the use of regular overtime appropriate programs is needed to reinforce prevention efforts and to promote postponement of sexual activity among adolescents, and to thus decrease the risk of adolescent pregnancy.

Primary care nurses can design and implement intervention programmes as a peer-volunteer supervisor that is ongoing to influence and reinforce behavioural changes to decrease unintended pregnancy.

The model of PEARL used in this study was designed to be generalisable to a wide variety of displaced participants especially those are away from home, parents and relatives.

All of all, it could be concluded that, the community that effectively prevents teenage pregnancy is one that consistently and persistently promotes shared informations and values, advocates restraint, and empowers peer-volunteers to communicate with peers.

## **6.2 Recommendations**

### **6.2.1 For Actions**

For activities into different level approach, as there have still pitfalls i.e lack of some items of knowledge not only in “Teaching only” group but also in “PEARL” group and did not improve most of items concerning attitude towards unintended pregnancy prevention and induced abortion in “Teaching only” group, I would like to increase their awareness by PEERS, may classify into 3 levels as;

(1) Individual level: Myanmar migrant workers should be empowered in terms of increase knowledge, awareness rising on safe sex behavior, unintended pregnancy prevention, and induced abortion by participatory education plus trained peers facilitation not only in their community but also in their work-site.

(2) Communities and group level: we need to empower peer-volunteers and health personals as BCC (behavior change communication); to understand and consider the following points such as vulnerability and risk factor of the target group, the conflict and obstacles in the way to desire change in behavior, and type of message and communication media which can best reached to target group and type of resources available.

(3) Responsible organization level: The local government such as Provincial Health Office and non-governmental organizations have to plan a suitable BCC specific for the migrant target, empowering the peer volunteer supervisors and peer-volunteers or peer-educators by the collaboration with educational institutions as the “Triangle mountain model”, simultaneous policy, academic and social movements.

All of all, participants of migrants in the activities, they talk to some groups of migrant in the same community who did not come, resulting in these participants interested in participating in the activities. Therefore, there should be further action plan to train the peers in providing sexual information to peer-friends. In future research, selection of sample should be stratified some variables such as marital status.

### **6.2.2 For further study**

In future research, selection of sample should be stratified some variables such as marital status.