CHAPTER V

DISCUSSION

5.1 Part I Research methods

5.1.1 Research Design

The study design is the research and development (Action Research) which contain three phases as:

Phase 1: Situational analysis: - Documents review

- In-depth interview key informants/stakeholders

The identification and recruitment of respondents was carried out in conjunction with the provincial migrant's health office, Samut Sakorn through the networks and knowledge of existing undocumented migrants. Qualitative research method was applied. in a total of 30 Myanmar migrants for in-depth interviews. Myanmar migrants were selected by random sampling in the aged group 15 – 24 years old. In addition, stakeholder in-depth interviews were conducted with government officials (migrant's health office, provincial health office), local NGO and education class teacher.

Phase 2: (Step I): Model Development and content validity (Planning of the PEARL the programme) using data from situational analysis and validity and reliability test of instruments.

Phase 2 (Step II): Implementation of PEARL programme using Quasi-experimental study, among three-group; "PEARL" group, "Comprehensive unintended pregnancy prevention sex education Teaching only" group , and "Control" Group.

Phase 3: Programme evaluation

Immediate outcome: Knowledge (after 1, 3, 6 months)

Positive attitude (after 1, 3, 6 months)

Impact Evaluation: Contraceptive practice (after 6 months)

Unintended pregnancy (after 6 months)

The format of the design is most appropriate for this research among migrant adolescent and youth population as most of them are away from their family. The strength of research and development (Action Research) is first we did need assessment among the study population, developed intervention tools according the weakness found, and proceeded implementation, monitoring and evaluation of the project. Again we found out need to improve the item of variables and those will be emphasized on next action plan. In phase 2, advantage of this research for using Quasi-experimental study is the distinctive differences in changes of outcome variable before and repeated times measure after intervention. Since the trial did have a "no sex education" control group, we can also draw conclusion about the effectiveness of peer-volunteer but also about the full impact of sex education. This was different from RIPPLE trial in central and southern England, studied only about the effect of different approaches in schools, peer-led sex and relationships education (intervention arm) with convention teacher-led sex and relationships education (control arm), (Stepheson et al, 2008). Moreover, another advantage of this design is sustainability of awareness and alertness; this was more in "PEARL" group than others two groups by continuous close discussion and motivation by peer-volunteers in the sub-groups.

5.1.2 Sample groups

Sample size was calculated by comparison of two means formula, at α=0.05, power =90%, using difference between means and standard deviation of intension to use condom before and after sex education from related study in Thailand among the adolescent students, (Thato et al, 2008). Therefore, the sample size obtain was appropriate for this research. Calculation of sample size that could explain and conclude the results, the appropriate size was at least 21 in each group. In this study, there were 33 participants in each group and adhesion was only one in each group i.e 32 participants after post 3 months interview. Choosing sample group in all three groups was difficult because the study period is too long for them and if they work in Saturday and Sunday, they will get more daily wages.

The study sample groups were adolescent and youth (15-24 years) of Myanmar migrants residing in the three communities in Samut Sakorn Province. All sample groups satisfied the criteria, including peer-volunteers and peer-volunteer supervisor. In addition, the sample groups were similar since they have been working in tin food industry, mostly in seafood industries and some were in chicken industries.

Furthermore, in the current study, the three communities were 15 kilometers far from each other and they did not know where the other study sites were. So, it can be concluded that there did not have contamination of information among the three groups.

5.1.3 Research Instrument

5.1.3.1 Implementation instrument

This participatory education on adolescent reproductive life for

unintended pregnancy prevention was based on the participatory learning process, which is composed of experimental learning and group process, and was used in arranging participatory learning activities, emphasizing developing old experiences and reflecting ideas from discussions until new knowledge is formed and used in various situations (David Kolb et al, 1991), The current study is also employed on the information, Motivation, Behavioral skills (IBM) model (Fisher & Fisher, 1992,1993, 2000, 2002, 2003) as the development of instrument, implementation, and evaluation of an intervention to reduce sexual risk behavior among Myanmar migrant adolescent. This study showed that participants in "PEARL" group and "Teaching only" group had gain knowledge, attitude and skill than before and after in the same group and better than control group who did not participate in the learning activities.

Teaching method: The researcher used the participatory teaching method, according to the experimental learning process, which covered all 4 components of learning experience, reflection/discussion, understanding/conceptualization, and experiment/application (David A Kolb et al, 1991).

1. Experience is the first step in learning. It lets each participant collect old experiences and review previous feelings and events. The researcher would help participants bring out old experiences and develop them into more distinctive and accurate knowledge.

2. Reflection/discussion is the opportunity for each participant to share opinions and participate more in the learning activities, and each participant would view the same topic or situation differently. Therefore, the researcher would facilitate all participants

except in control group express their opinions and share among them, allow them to learn about one another within their subgroups.

3. Understanding/conceptualization results from reflection or discussion with the sub-groups and presentation of opinions thus enhanced understanding which lead to conceptualization, in which researcher would help conclude and suggest examples for greater clarity.

4. Experiment/application would be led by the researcher, so that the participants could apply their new knowledge to daily life. All participants would have the opportunity to use the knowledge learned in practice, no matter whether it be writing lessons, answering questions or practicing teaching skills at home, especially in PEARL group by peer-volunteer facilitation, so as to put the knowledge from these activities to good use in actuality.

5.1.3.2 Instruments for data collection

The questionnaire used for examining information about knowledge questions , motivation concerning about attitude and behavior skill are base on information, motivation and behavior skill model; the researcher modified the statement and increased the number of questions, based on the literature review and relevant researches. The norm for safe sex and induced abortion questions are modified according to Myanmar culture and norms. Questions related to intention to refuse sex in next 6 months was measured with a composite scale adapted from Dancy et al. 2006, the response choice were modified from dichotomous (Agree/Disagree) to a 5-point likert scale ranging from "Strongly agree" (score as 5) to "Strongly disagree" (score as 1) to present a wider range of responses. Questions related to intention to use condom in next 6 months was

measured with a composite scale adapted from Buunk et al. 1998, the response choice 5-point likert scale ranging from "Strongly agree" (score as 5) to "Strongly disagree" (score as 1) to present a wider range of responses. Questions examining about sexual behaviors and sexual practice was constructed by researcher based on the review literature and relevant researches, then modified the statement and increased the number according to Myanmar culture and current situation living as a migrant. The questionnaire was appropriate, valid and reliable since it could measure comfort directly, had expert comments, and Cronbach's α more 0.700. The reliability Cronbach's α was knowledge on puberty: 0.757; knowledge on adolescent and youth pregnancy, prevention of pregnancy and induced abortion: 0.841; Attitude towards unintended pregnancy prevention, induced abortion, and norms for safer sexual behavior and induced abortion: 0.755; Intention to refuse sex and use condom in the next six months: 0.760.

5.1.4 Data collection method for program assessment

In this study, there was repeated program efficiency assessment by using measurements on knowledge on puberty, on adolescent and youth pregnancy, on pregnancy prevention, on induce abortion; attitude towards unintended pregnancy prevention, towards induce abortion; norm for safe sex and induced abortion; intention to refuse sex and to used condom in next 6 months; and sexual behaviors and skills. Participants are asked to complete self-administered questionnaires. in which the researcher and research team assistants examined their completion. Self-administered questionnaires were an appropriate method for collecting data from sample groups in the same community and like questions related to sex behavior, since it enable data collection

from many samples at the same time. Furthermore, participants would be able to answer questions more freely, resulting in the most accurate answers.

5.1.5 Statistics used in data analysis

The researcher used descriptive statistic, i.e frequency, percentage, mean and standard deviation, in explaining general information and relevant factors such as, age, sex, age group, marital status, education, occupation, and income etc. Also chi-square and one-way ANOVA were used to compare general characteristics among the three groups. Inferential statistics, ie one-way ANOVA was used to compare pretest knowledge, attitude and behavior skill among the three groups. Pair-t test was used to compare before and after mean scores in each groups. One –way ANOVA was also used to compare mean scores at post 6 months intervention among the three groups. At last, to compare mean scores among the timing and groups was test by general linear model (GLM), repeated measures. The strength of GLM repeated measures was can test the main effects on repeated measures of between-subjects (grouping) factors, the main effects of within-subjects factors like measurement among times, interaction effects between factors, covariate effects, and effects of interactions between covariates and between-subjects factors. Assumption of variables' normal distribution was accepted. The statistic used was appropriate, with responses according with the objectives and hypothesis of the research.

5.2 Part II Situational analysis finding

When analyzing the results of the qualitative study, there were clear differentiated behaviors for each in the aspect of gender point of view. It was the same results of other studies in South Eastern Mexico and Quantitative research in Samut Sakhon (Aye, 2003; Pablos, 2006).

Age is a one related factor on sexual experience and HIV/AIDS knowledge. Young aged people are sexually active and starting sexual activity depends on the regions (*Lesson Learned Motivation for Safer Sex among Rural Youth Care,* 1998). Previous research finding in Samut Sakorn showed 12.2 percent of youth who were ranged in 20 to 24 years age had high sexual risk behavior than younger age group 11 to 19 years (Aye, 2002). It is the same as in our study; most of adolescent age single respondents have no experience for sexual intercourse.

Assumption the behavior depending on age was influenced by the cultural influence and living time in Thailand. Adolescent age (15-19) was found as low risk behavior and youth (20-24) was more risk than adolescent. Adolescent one who just arrive to Thailand has influenced by cultural and his/her guardian's shadow. This is the difference between this situational condition and other studies, RIPPLE England and Mexico research (Judith Stephenson, 2008; Pablos, 2006). Youth age becomes the specific result of analyses about beginning the unintended pregnancy experience, sexual life activity and behavior.

Education level highly influences in the perception and knowledge of reproductive health. Education is an important role in sexual behavior, knowledge and attitude. Young people who studied in formal education system might have more to gain

more knowledge about HIV/AIDS (Ghoh, 1994). Unsafe sex behavior was more in illiterate (Chowdhury, 2001). Most of the respondents are lack of correct knowledge about family planning and HIV/AIDS. And then rarely using of condom when they have sexual relationship. The respondents who had the experience of abortion were low education level youth age.

Family and social support are related with the information and behavior. Even most of respondents have the attitude and perception of abortion with negative point of view, real situations have to face and solve the problem in case of their livelihood conditions. So improving knowledge by giving correct information is the effective prevention way of assumption in this condition. According to their answers, there are rarely sexual relationships in single respondents. Most of married /separated respondents and some of single respondents have the experience of sexual relationship but they are mostly not using of condoms. The assumption shaded the high risk behavior of them. Between documented and undocumented has no difference in behaviors.

According to registration status, the delivery cost in documented migrants is 700 Baht and undocumented migrants needs to pay all cost that they takes health care services. Abortion is illegal issue in Thailand. In provider side saturation, there are migrant's health office, hospitals and NGOs. Their projects are HIV prevention, TB in 2009.

When considering that these findings give the assumption to point the correct information for knowledge and promote the specific motivation in young age group not only to reduce unintended pregnancies but also to improve reproductive health knowledge. This allows an invitation to continue the research intervention in the line to

correctly wide knowledge about the migrant's life conditions and the power of place they have in the familiar community, the young migrants group. The kind of support that they need as well as suggestion the specific actions for the migrant and labor laws and policies of integral attention for them can be identified.

According to the need findings from this need assessment, we added trained peer volunteer facilitators as many literatures mentioned peer domination had both positive and negative impact on adolescent sexual behavior (Kaats & Davis, 1970; Reiss, 1970; Mirande, 1968). This point could improve the weakness found; "single respondents male have more sexual risk behavior", "married respondents have sexual risk behavior in both genders", "some alcohol drinking (holiday i.e. Sunday with friends)", "majority of study population's parent are residing in Myanmar. Some have boy/girl friend", "some male respondents (single/married) have the experience of sexual relationship with female sex workers and their girl friend; rarely use condom and most of them were influenced by friends", and "adolescent respondents in both groups and single female respondents were found lack of knowledge and information about family planning". Hence we highlighted them the platform to walk including leisure low cost traditional exercises such as badminton and bamboo ball playing. The first runners were peer volunteers, facilitation by awareness raising and condom promotion. Moreover, we added sexual transmitted infections module to combat the need "two third of respondents din not know about HIV /AIDS".

Recommendation (for implementation strategy)

I would like to recommend as:

(1) To corporate with government health care, local NHOs, international NGOs, factories, and free classes or migrant school.

(2) To empower peer volunteers especially educated young migrants in community for health care facilitators.

(3) To conduct appropriated time management in health education section especially in holiday.

Action approach for strategies

1. The Model development of participatory education on adolescent reproductive life programme to prevent unintended pregnancy among Myanmar Migrant Youth in Samut Sakorn Province through empowering peer volunteers.

2. Reproductive health education radio section in Myanmar migrant community in Samut Sakorn Province

3. Distribution of VCD or video reproductive health education movie series with different ethnicity language subtitle. (Mon, Karen , Myanmar etc)

For priority one action approach, conglomerate strategy and joint venture were used for sustainability. **Conglomerate strategy:** "PEARL" was pursued the strategy by diversifying with peer volunteer facilitators in adolescent and youth aged group in Myanmar migrant. **Joint venture:** PEARL was enter into a joint venture with provincial health office, factories by using participatory health education technique with peer volunteer facilitators in adolescent and youth groups.

5.3 Part III Research results

5.3.1 General characteristics of the sample

The sample characteristics are presented in Table (18). The experimental group I, PEARL, was in Golden Price community, the experimental group II, Teaching only was in Krokat community, and control group was in Krathum Bean community.

As for comparing group difference of general characteristic among the three groups, there were no statistical significant difference in gender (p=0.428), age and group of age (p=0.785, 0.591), marital status (p=0.173), having boy/girl friend (p=0.816), living arrangement (p=0.103), duration of stayed in Thailand (p=0.103), occupation (p=0.873), level of education (p=0.873), and income (p=0.823). The research result found that all general characteristics were not statistically significant difference among the three groups; "PEARL" group, "Teaching" only group and "Control" group.

5.3.2 Research result according to the objectives and hypothesis of the research

The effects of the PEARL programme to prevent unintended pregnancy among Myanmar migrant adolescent and youth in Samut Sakorn Province, Thailand. (Phase 2)

5.3.2.1 Objective: To compare "Before program KAP scores" among intervention group 1 (PEARL, (PEARL= Peer Volunteers plus Unintended Pregnancy Prevention (UPP) education), intervention group 2 (UPP teaching only), and control group.

Hypothesis: There are no different between "Before program KAP scores" among the three groups. (PEARL Vs UPP teaching only Vs control group)

Before the beginning of the intervention, sum of scores of pretest knowledge on puberty among the three groups were not significant different.

Before the beginning of the intervention, sum of scores of pretest knowledge on adolescent and youth pregnancy among the three groups; there were statistically significant different between "PEARL" group and "Teaching only" group, "Teaching only" group and "Control" group, (p-value <0.05) ie. "Teaching only" group had lower score than the other 2 groups. On the other hand, there were no significant different between "PEARL" group and "Control" group with p-value >0.05.

Before the beginning of the intervention, sum of scores of pretest knowledge on pregnancy prevention among the three groups were not significant different.

Before the beginning of the intervention, sum of scores of pretest knowledge on induced abortion among the three groups were not significant different.

Before the beginning of the intervention, sum of scores of pretest attitude towards unintended pregnancy prevention among the three groups showed no significantly different results.

Before the beginning of the intervention, sum of scores of pretest attitude towards induced abortion among the three groups were also not significant different.

Before the beginning of the intervention, sum of scores of pretest norm for safe sex and induced abortion among the three groups were not significant different.

Before the beginning of the intervention, sum of scores of pretest intention to refuse sex in next 6 months among the three groups were not significant different.

Before the beginning of the intervention, sum of scores of pretest intention to use condom in next 6 months among the three groups also showed no significantly different results.

From these finding it would be concluded that there are no different between "Before program KAP scores" among the three groups, accept the hypothesis except the variable on knowledge on adolescent and youth pregnancy, this was significantly lower in "Teaching only" group than the other 2 groups. In the others 2 groups were similar.

5.3.2.2 Objective: To compare KAP scores before and after the program within intervention group 1 group. (PEARL)

Hypothesis: The after intervention assessment of KAP (knowledge on adolescent pregnancy, Attitude towards adolescent pregnancy, safe sex practice for preventing adolescent pregnancy) scores on safe sex to prevent unintended pregnancy are higher than "before program KAP scores" in the intervention group 1 (PEARL).

Comparison of mean scores between pretest and after 6 months intervention in "PEARL" group (Paired T-test), found: mean scores for knowledge on puberty, knowledge on adolescent and youth pregnancy, knowledge on pregnancy prevention, knowledge on induced abortion, attitude towards unintended pregnancy prevention, attitude towards induced abortion, norm on safe sex and induced abortion, intention to refuse sex in next 6 months and intention to use condom in next 6 months were statistically significance higher than pretest.

In this study; facilitation, sharing information, awareness rises by daily telephone counseling and monthly small group counseling by case scenarios that led by peer-

volunteers and close supervision by peer-volunteers' supervisor was a more potent method of achieving sustainable improvement not only knowledge but also attitude for prevention of unintended pregnancy.

5.3.2.3 Objective: To compare KAP scores before and after the program within intervention group 2. (Unintended pregnancy prevention education/Teaching only)

Hypothesis: The after intervention assessment of KAP (knowledge on adolescent pregnancy, Attitude towards adolescent pregnancy, safe sex practice for preventing adolescent pregnancy) scores on safe sex to prevent unintended pregnancy are higher than "before program KAP scores" in the intervention group 2. (Teaching only)

Comparison of mean scores between pretest and after 6 months intervention in "Teaching" group (Paired T-test), found: mean scores for knowledge on puberty, knowledge on adolescent and youth pregnancy, knowledge on pregnancy prevention, norm on safe sex and induced abortion, intention to refuse sex in next 6 months and intention to use condom in next 6 months were statistically significance higher than pretest.

But, mean scores for knowledge on induced abortion, attitude towards unintended pregnancy prevention, attitude towards induced abortion were higher than pretest, which were statistical insignificance.

This revealed that participatory education only would not have sustainable achievement attitude for prevention from risk factors related to unintended pregnancy and induced abortion.

5.3.2.4 Objective: To compare KAP scores before and after the program within control group. (Control)

Hypothesis: The after intervention assessment of KAP (knowledge on adolescent pregnancy, Attitude towards adolescent pregnancy, safe sex practice for preventing adolescent pregnancy) scores on safe sex to prevent unintended pregnancy are same as "before program KAP scores" in the control group.

Comparison of mean scores between pretest and after 6 months intervention in "Control" group (Paired T-test), found: mean scores for knowledge on puberty, knowledge on adolescent and youth pregnancy, knowledge on pregnancy prevention, knowledge on induced abortion, attitude towards unintended pregnancy prevention, attitude towards induced abortion, intention to refuse sex in next 6 months and intention to use condom in next 6 months were more or less similar with pretest which were not statistically significant difference except norm on safe sex and induced abortion, this was statistically significant higher in after 6 months than pretest. This would be due to participants could learn some information from overtime exposure to questionnaire.

5.3.2.5 Objective: To compare "After program KAP scores" among experimental group 1 (PEARL), experimental group 2 (UPP teaching only), and "Control" group.

Hypothesis: The after program KAP scores are higher in "PEARL" group than "Teaching only" group.

Comparison of mean scores of after 6 months intervention between "PEARL" group and "Teaching only" found: mean scores for knowledge on puberty, knowledge on pregnancy prevention, knowledge on induced abortion, attitude towards unintended

pregnancy prevention, attitude towards induced abortion, norm on safe sex and induced abortion, intention to refuse sex in next 6 months and intention to use condom in next 6 months were statistically significance higher in "PEARL" group than "Teaching only" except knowledge on adolescent and youth pregnancy which also higher in "PEARL" group but statistically insignificant. Therefore, the research result revealed that after the post 6 months intervention, the experimental group 1 "PEARL" group had noticeably improved 3 out of 4 aspects of knowledge concerning unintended pregnancy prevention, 3 out of 3 aspects of attitude concerning unintended pregnancy prevention, and 2 out of 2 aspects of intention concerning unintended pregnancy prevention than experimental group 2 "Teaching only". This can be concluded that continuous supervision by peer-volunteer supervisor and close facilitation and counseling by peer-volunteers among their subgroups may be needed for sustainable improvement of knowledge, attitude, and intention to prevent unintended pregnancy among adolescent and youth Myanmar migrants. This finding agreed with (Department of Education and Skills 2003) peer-led sex education has been highlighted as a promising approach. The interaction between young people may allow more open and culturally relevant communication about sexual health issues, with peers conveying information in a more credible and appealing way than teachers.

5.3.2.6 Hypothesis: The after program KAP scores are higher in "PEARL" group than "Control" group.

Comparison of mean scores of after 6 months intervention between "PEARL" group and "Control" found: mean scores for knowledge on puberty, knowledge on

adolescent and youth pregnancy, knowledge on pregnancy prevention, knowledge on induced abortion, attitude towards unintended pregnancy prevention, attitude towards induced abortion, norm on safe sex and induced abortion, intention to refuse sex in next 6 months and intention to use condom in next 6 months were statistically significance higher in "PEARL" group than "Control". Therefore, the research result showed that after the post 6 months intervention, the experimental group 1 "PEARL" group had noticeably improved 4 out of 4 aspects of knowledge concerning unintended pregnancy prevention, 3 out of 3 aspects of attitude concerning unintended pregnancy prevention, and 2 out of 2 aspects of intention concerning unintended pregnancy prevention than no intervention group "Control". This can be concluded that participatory education on unintended pregnancy prevention with continuous supervision by peer-volunteer supervisor and close facilitation and counseling by peer-volunteers among their subgroups may be necessary for sustainable improvement of knowledge, attitude, and intention to prevent unintended pregnancy among adolescent and youth Myanmar migrants.

5.3.2.2 Hypothesis: The after program KAP scores are higher in intervention group 2 "Teaching only" than no intervention "Control" group.

Comparison of mean scores of after 6 months intervention between "Teaching only" and "Control" found: mean scores for only knowledge on pregnancy prevention, was statistically significance higher in "Teaching only" than "Control" group but knowledge on puberty, knowledge on adolescent and youth pregnancy, knowledge on induced abortion, attitude towards unintended pregnancy prevention, attitude towards induced abortion, norm on safe sex and induced abortion, intention to refuse sex in next 6

months and intention to use condom in next 6 months were also higher in "Teaching only "group but statistically insignificant. Therefore, the research result revealed that after the post 6 months intervention, the experimental group 2 "Teaching only" group had only significant improvement in 1 out of 4 aspects of knowledge concerning unintended pregnancy prevention than control group, remaining 3 aspects of attitude concerning unintended pregnancy prevention, and 2 aspects of intention concerning unintended pregnancy prevention more or less similar as control group. This can be clearly seen that only participatory education was not enough for long-term prevention of unintended pregnancy in the study group. This is different from the study (Thato et al, 2008). Hence, continuous supervision by peer-volunteer supervisor and close facilitation and counseling by peer-volunteers among their subgroups may be needed for sustainable improvement of knowledge, attitude, and intention to prevent unintended pregnancy among adolescent and youth Myanmar migrants.

Additionally, repeated measure ANOVA. (4 factors * 3 groups) was used to analyzed for pairwise comparisons of mean scores among timing (within groups) and among groups (between groups). The research result would be revealed as follow:

1. As for knowledge on puberty; post 1 month, post 3 months and post 6 months mean scores were significantly higher than pretest but post 3 months and post 6 months were not significantly higher than post 1 month, and post 3 months and post 6 months were more or less similar. Whereas, among the groups comparison, "PEARL" group had significant higher mean score than other two groups, and also "Teaching only" had significant higher mean score than "Control' group".

2. As for knowledge on adolescent and youth pregnancy; post 1 month, post 3 months and post 6 months mean scores were significantly higher than pretest but post 3 months and post 6 months were not significantly higher than post 1 month, and post 3 months and post 6 months were more or less similar. Whereas, among the groups comparison, "PEARL" group had significant higher mean score than other two groups, and but "Teaching only" had insignificant higher mean score than "Control' group".

3. As for knowledge on pregnancy prevention; only post 1 month and post 6 months mean scores were significantly higher than pretest. Whereas, post 3 months was significant higher than post 3 months and also post 6 months was significant higher than post 3 months. Moreover, among the groups comparison, "PEARL" group had significant higher mean score than other two groups, and also "Teaching only" had significant higher mean score than "Control' group".

4. As for knowledge on induced abortion; only post 1 month was significantly higher than pretest. Whereas, among the groups comparison, "PEARL" group had significant higher mean score than "Control' groups and "Teaching only" also had significant higher mean score than "Control' group" but "PEARL" group had insignificant higher mean score than "Teaching only".

5. As for attitude towards unintended pregnancy prevention, attitude towards induced abortion, intention to refuse sex in next 6 months ; there were higher mean scores along with the timing, ie the longer time the higher score but did not find statistically significant. But when groups' comparison, "PEARL" group had significant higher mean score than other two groups, and also "Teaching only" had significant higher mean score than "Control' group". It means peer-volunteer facilitation plus participatory education

was better outcomes than participatory education only and participatory education programme was better than no intervention for sustainable improvement of attitude towards unintended pregnancy prevention, induced abortion, and intention to refuse sex over the time among Myanmar migrants adolescent and youth.

6. As for norm on safe sex and induced abortion; post 1 month, post 3 months and post 6 months mean scores were significantly higher than pretest but post 3 months and post 6 months were not significantly higher than post 1 month, and post 3 months and post 6 months were more or less similar. Whereas, among the groups comparison, "PEARL" group had significant higher mean score than other two groups, and but "Teaching only" had insignificant higher mean score than "Control' group". This also highlights the usefulness of peer-volunteer than the group without peer-volunteer.

7. As for intention to use condom in next 6 months; also found that there were higher mean scores along with the timing, ie the longer time the higher score but did not find statistically significant. Whereas, among the groups comparison, "PEARL" group had significant higher mean score than other two groups, and but "Teaching only" had insignificant higher mean score than "Control' group". This again highlights the usefulness of peer-volunteers than the group without peer-volunteers.