

TRAINING TRADITIONAL BIRTH ATTENDANTS AS HEALTH EDUCATORS:  
A STRATEGY FOR MALARIA CONTROL IN PREGNANT WOMEN, IN  
O'SMARCH VILLAGE, CAMBODIA



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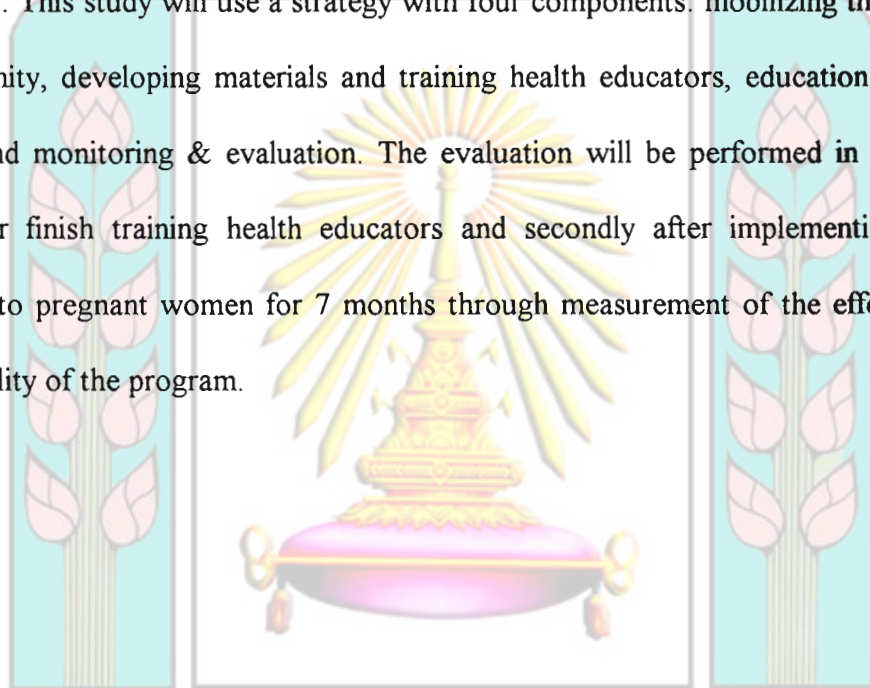
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## ABSTRACT

This study deals with the problem of malaria in pregnant women in O' Smarch village, Oddar Meanchey province, Cambodia. The area is a new resettle area for former internal displace persons and refugees during fighting in 1999. By geographic, location of the village close to the forest and its tropical climate, thus this is one of malarious areas in Cambodia. As the situation of multi-drug resistance in Cambodia is widely spread, also the available of anti- malarial fake drugs, probably more and more people will suffer from complicate malaria. Especially in pregnancy, consequence of malaria is more severe than any other adults group. It can leads to maternal and infant dead, therefore there is a needs for implement malaria control program in this area by priority to pregnant women first.

Before propose the malaria control program, a rapid assessment was conducted in O' Smarch village with both qualitative and quantitative approach by focusing on pregnant women's knowledge, attitude and practice. The findings have shown that those pregnant women have low knowledge, attitude and practice towards malaria. In addition, their environments reflect difficulty to the most common strategy of vector control: residual spraying. Thus the relevant strategy that can be recommend here is promoting personal protection by enhancing their KAP through community health educators.

As health educators is important to convey health message to the receivers in order to change their behaviors, hence the appropriate persons for the target must be concerned, to achieve the program purpose. In this proposed study, TBAs who are close and respected by pregnant women is proposed to be trained as health educators for the community. This study will use a strategy with four components: mobilizing the support of community, developing materials and training health educators, education pregnant women, and monitoring & evaluation. The evaluation will be performed in 2 phases; firstly after finish training health educators and secondly after implementing health education to pregnant women for 7 months through measurement of the effectiveness and feasibility of the program.



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