

**3PC - UNICEF/FI
Partnership Programme
with Civil Society Organisations
to Strengthen Child Protection Systems**



*Knowledge, Attitude and Practice (KAP) Survey
on Alcohol Abuse*

Based on results of surveys conducted in Siem Reap
and Sihanoukville by Kaliyan Mith and M'lop Tapang



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1. EXECUTIVE SUMMARY

This KAP survey includes information gathered about alcohol abuse via interviews with two distinct target groups.

1. Community members who are not heavy drinkers themselves.
2. Community members identified as "frequent heavy drinkers"

Non Heavy Drinking Community Members Summary Results

- In the survey of 50 non-heavy drinking community members in Siem Reap 42% said that they were living with a family member they consider to be an alcoholic.
- 90% of non-heavy drinking community members interviewed cited "violence in the family" as the main problem associated with parental drinking.
- "Violence" was also identified as the principle problem alcohol abuse causes for the community as a whole (82%).
- By far the most common feeling reported by non-heavy drinking community members towards people that drink a lot was "anger" (40%)
- 46% of non-heavy drinking community members felt that "alcoholics are bad people and should not get help from NGOs or the government".
- 96% of non-heavy drinking community members said that alcohol abuse is a problem in their community, and that having parents that drink a lot is "very bad for the children".

Frequent Heavy Drinkers Summary Results

- 68% of frequent heavy drinkers spoken to said that they have health problems.
- 31% of frequent heavy drinkers cited "follow friends" as a reason that they drink a lot.
- 59% of frequent heavy drinkers spoken to expressed a desire to reduce or stop drinking.
- Asked what would help them to address their problem drinking 56% of frequent heavy drinkers said "personal commitment".
- 78% of the frequent heavy drinkers agreed that it was "ok for men to get drunk sometimes", whilst only 46% felt that is was "ok for women to get drunk sometimes".
- 40% of frequent heavy drinkers felt that alcoholics were "bad people and should not get help from NGOs or the government".
- 77% of frequent heavy drinkers said that they drink rice wine.
- 32% of frequent heavy drinkers said that their school aged children do not attend school.
- 66% of frequent heavy drinkers said that they did not personally know anyone that used to drink a lot but stopped, although just over half said that they themselves had stopped drinking for periods in the past – with 30% saying they had previously gone without alcohol for more than one year.

2. INTRODUCTION

Background

In 2012 Kaliyan Mith (Friends International's Program in Siem Reap) began work in 3 communities identified as having high levels of need in terms of school drop -out, poverty and other vulnerabilities. In establishing outreach activities in these areas it was apparent to Kaliyan Mith staff that levels of alcohol abuse were very high in two of these communities (Mondul 3 and Chong K'neas) and that the prevalence of parental drinking contributed to the other problems seen in these areas.

In the individual case management and family and school reintegration work carried out by social workers at Kaliyan Mith and M'Lop Tapang it was also evident that efforts to return children and youth to their families, prevent them from working and reintegrate them to school were frequently unsuccessful in those cases where the parents were heavy drinkers, and social workers often felt at a loss as to what approach to take with heavy drinking and alcoholic beneficiaries.

A snap-shot review of children staying at Kaliyan Mith's Transitional Home indicated that approximately 50% of the children staying in the Transitional Home were known to come from families characterized by heavy drinking, and several of these cases had been unsuccessfully reintegrated to their families by Kaliyan Mith on previous occasions.

During a field visit to 3PC partner NGO M'Lop Tapang, Kaliyan Mith staff were able to learn more about M'Lop Tapang's Alcohol Support Group in Sihanoukville. Seeing the success of this project inspired Kaliyan Mith to make addressing alcohol issues a key component of their Community Case Management strategy for Mondul 3 and Chong K'neas in 2013.

Desk research indicated that no research had been done on alcohol abuse in vulnerable communities in Cambodia, so Kaliyan Mith and M'lop Tapang undertook this Alcohol Abuse KAP Survey in order to better understand the situation, help us in devising and implementing future work in this area and raise the profile of this major social issue.

Should you require further copies of this report, or wish to discuss any of the issues or ideas raised in the survey please contact james.farley@friends-international.org or sarin@mloptapang.org

Geographical areas

Many of the participants in this KAP survey were from the following communities:

Phnom Kiev (Blue Mountain) is up on a hill overlooking Sihanoukville and is the biggest slum in Kampong Som Province. There are around 1000+ families living there, and the majority of M'Lop Tapang's beneficiaries are from this area. MT has been working in this community since 2003. There are many problems in this community including , domestic violence, drug abuse and gambling. The infrastructure is very poor, and most families live without access to clean water or toilets and this results in a lot of sickness. This community is expanding as the result of the immigration of families from other provinces to Sihanoukville.

Phum SamBram (Village 35) is a fishing village and one of the poorest communities in Sihanoukville. There are around 300+ families living in Phum Sambram, which is located along the railway track. MT has been working here since 2004, as there are a lot of street working children from this area. One of the big problems for this community now is the threat of relocation, as the village occupies railway land which will be used very soon so the families will need to move away. The 300+ families living in this village are unclear about where they will be relocated to, whether they will be able to continue with their fishing and whether they will receive any compensation.



Phum SamBram (Villa)

M'Lop Tapang meet Alcohol Project Beneficiaries on the street

Mondul 3 This Large community of approx 800 families is located on Apsara Authority land in Siem Reap city. Kaliyan Mith have been conducting outreach here for several years – and have now begun a more intensive, Community Case Management strategy to working in this area. Mondul 3 has a significant number of drug users and sex workers. KM currently has 24 drug using beneficiaries aged under 24 living here. Migrating families from all over Cambodia live in Mondul 3, and there are a high number of youth and adults who leave here to go and work in Thailand. Transience of population is an issue. School drop out rate is also an issue and the nearest public school is 4km distant.

Chong K'neas - this area is actually made up of seven different fishing villages numbered 1-7, and is situated by the Tonle Sap lake 15km outside of Siem Reap. In total there are approx 700 families. The main village is Chong K'neas 1. This area has a high level of deprivation with alcohol abuse very common, high levels of school drop out, sanitation issues and disputes over illegal fishing. Many families in these communities are itinerant, moving to where the shore/best fishing is at different times of the year. This makes transporting children to and from school difficult. This area is currently seeing a major development of tourist infrastructure related to boat trips on the lake – and a subsequent increase in relocation of families and children begging.

Participating NGOs

Kaliyan Mith (which means “good friends” in Khmer) was established in 2005 as Friends International’s program in Siem Reap. KM provide a comprehensive range of services for vulnerable children, youth and their families. Project activities include: outreach services to children and youth living on the streets of Siem Reap, supporting youth detained in prison, providing temporary accommodation in the Transitional Home, providing a safe space for children and youth in the Drop In Centre, providing education and vocational training, and developing a community-wide child protection network through the ChildSafe initiative.

M'Lop Tapang (which means “protection/shelter” in Khmer) was established in Sihanoukville in 2003. MT have been active in supporting the street-living and street-working children of Sihanoukville and reach over 3000 beneficiaries annually through providing education, medical care, nutritious meals, a safe environment, protection from abuse, counselling, family reintegration, vocational training and access to recreational activities. In addition to these activities, MT run a city-wide child protection network through the ChildSafe initiative.

“Many families feel hopeless and desperate and turn to alcohol for comfort and to forget their problems. Khmer rice wine is cheap and readily available on every corner of Cambodia. M'Lop Tpang learnt that many cases of domestic violence occurred under the influence of alcohol, so we started a support program to educate users of the impacts on their families, relationships, economic status and health. As well as exploring the causes of their addictions our social workers partner with clients in finding solutions.

Over the last 2 years, over 60 families have improved their lifestyles due to this program. In 2012, social workers started to train the neighbors of our clients to reduce discrimination and teach communities how to be supportive to clients struggling with addictions. As well as working with the clients using alcohol, we also work closely with other family members who are impacted by their drinking, spouses, children and siblings as we have learnt they need a huge amount of support too.

Our program tries to help our clients to firstly identify that they do have an addiction, and that alcohol is impacting their life in many ways whether it be their health and safety, their relationships, their work or their economic situation. Our medical team also offer medical and nutritional support and health education to clients and their families.

Most clients feel isolated, judged and discriminated against as well as suffering from many emotional problems. Our staff work together to offer information, more healthy and positive alternatives to drinking and hope for a more productive and happy future”

Maggie Eno, M'Lop Tapang



M'Lop Tapang meet Alcohol Project Beneficiaries on the street

Objectives

The objectives of this KAP survey are:

- To assess current levels of knowledge, attitudes and practices of beneficiaries in targeted areas with regard to alcohol abuse
- To provide data for further programme development and expansion.
- To raise awareness about the often over-looked problem of alcohol abuse in vulnerable communities.

The findings from this KAP study will assist in the development and expansion of projects focussed on alcohol abuse in Siem Reap and Sihanoukville. The research is also intended to inform relevant government agencies at national and sub-national levels, Friends International teams, 3PC partners, other NGOs, UNICEF and other donors and local partners for future child protection and family support programmes in Cambodia.

3. METHODOLOGY

A KAP survey is a representative study of a specific population to collect information on what is known, believed and done in relation to a particular topic. KAP surveys can identify knowledge gaps, cultural beliefs, or behavioural patterns and are instrumental in identifying needs, problems and barriers in programme delivery, as well as solutions for improving quality and accessibility of services.

This KAP survey includes information gathered about alcohol abuse via interviews with two distinct target groups.

1. Community members who are not heavy drinkers themselves.
2. Community members identified as “frequent heavy drinkers”

All of the interviews with non-heavy drinking community members were conducted in Siem Reap. A total of 50 non-heavy drinking community members were interviewed.

The interviews with community members identified as “frequent heavy drinkers” were conducted in Sihanoukville and Siem Reap. A total of 100 frequent heavy drinkers were interviewed for this survey.



Interview in Sihanoukville

It is not possible to identify “alcoholics”, but it is possible to obtain self-reports of the quantity and frequency of peoples drinking. All of the 100 respondents identified as frequent heavy drinkers in this survey met at least two of the following criteria:

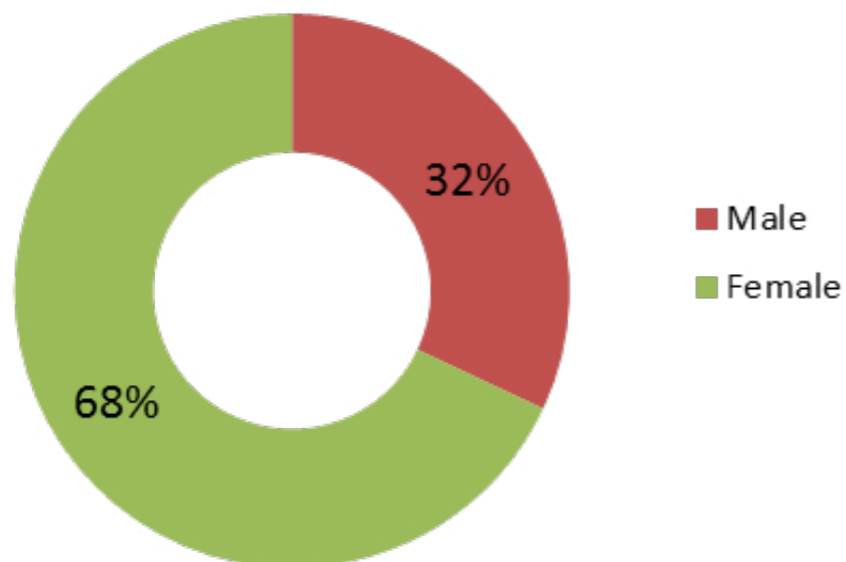
- i. Drink alcohol 4 or more times per week.
- ii. Drink 10 or more drinks on a typical day when drinking
- iii. Have 6 or more drinks daily or almost daily.

These identification criteria were adapted from The Alcohol Use Disorders Identification Test (AUDIT) a screening questionnaire developed by the World Health Organization to assist in the brief assessment and identification of people with hazardous and harmful patterns of alcohol consumption (2).

4. COMMUNITY RESULTS

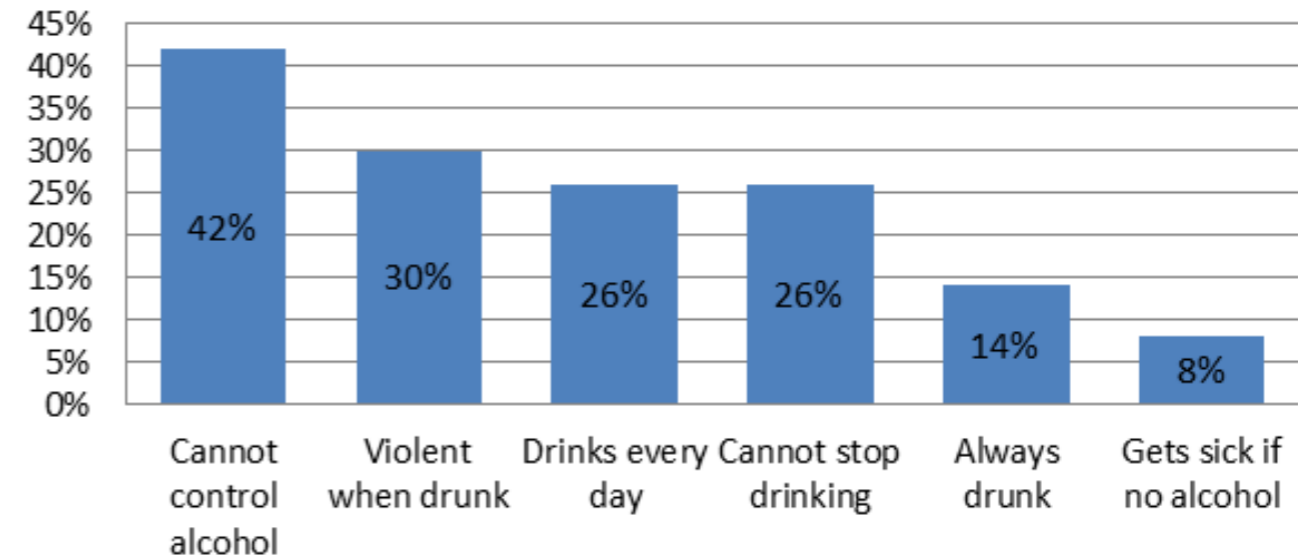
The following results were obtained from interviews with 50 non-frequent and non-heavy drinking residents of Mondul 3 - a community of over 800 families in Siem Reap. Respondents were aged between 20 and 79 and the interviews were conducted in December 2012. Mondul 3 is a large, mixed community - containing both vulnerable families (e.g. migrants, sex workers, etc) and less vulnerable families (e.g. own land, stable employment, etc)

Non frequent heavy drinking respondents



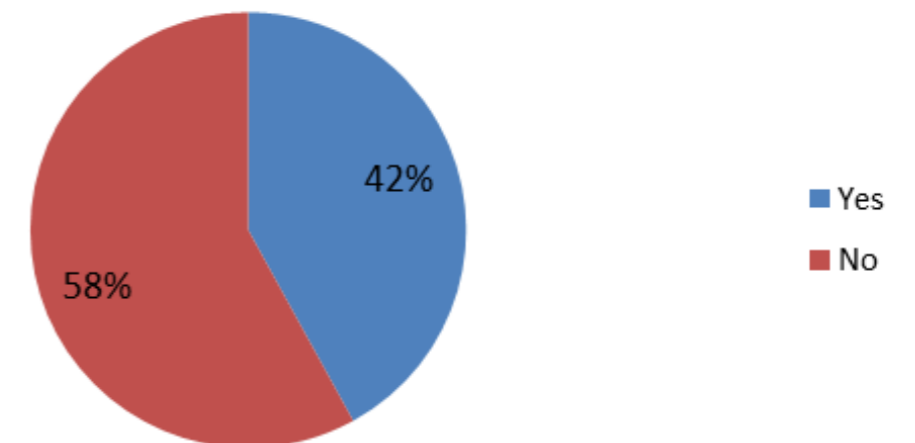
Community Knowledge

Which behaviours make someone an "alcoholic"?



The loss of control over drinking is identified as the primary indicator of alcoholism - followed by violence.

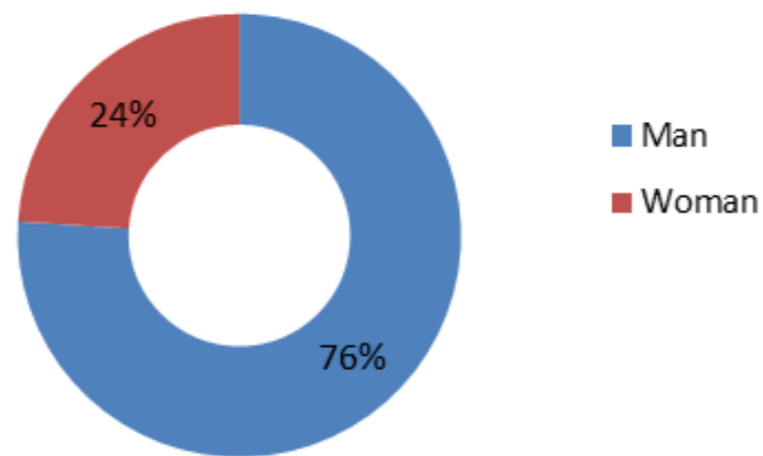
Do you have family member(s) living with you that are alcoholic ?



This survey of community members involved a random sample of 50 non heavy drinking adults. 42% of those people reporting living with a family member they consider an alcoholic is a very high figure, which gives some indication of the prevalence of problem drinking in this community.

A related observation with regard to the prevalence of alcohol abuse is that identifying and interviewing 100 frequent heavy drinkers in the communities selected for this KAP presented no problem to the research teams. Indeed, in some communities it was easier to find heavy drinkers than it was to find moderate drinkers.

Is the alcoholic family member a man or a woman ?



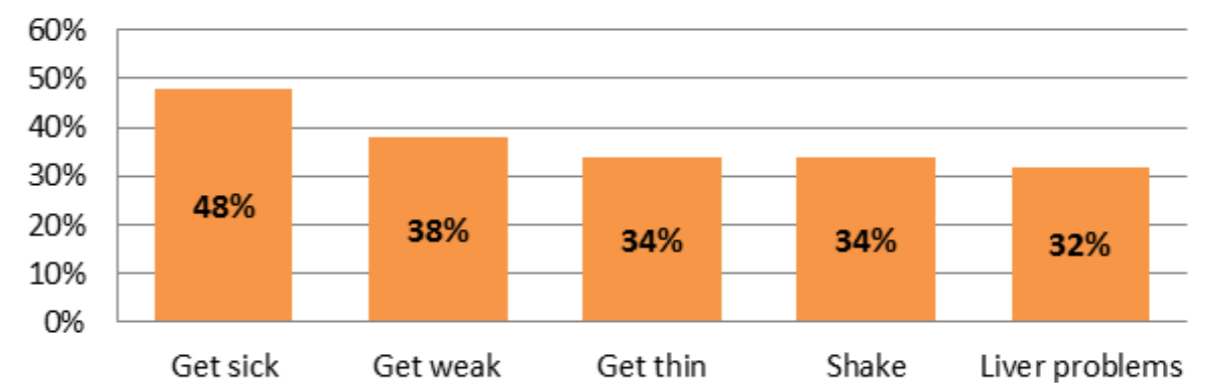
Why do men drink more than women?

In all parts of the world men are much more likely to be drinkers than women, and subsequently cause more alcohol related problems than women. In South East Asia the percentage of drinkers amongst men is 22% and amongst women is 3% (3).

Whilst there are physical differences in the way that men and women process and experience the effects of alcohol, the reasons why men drink more than women remain unclear. A World Health Organization (WHO) study identified four cultural reasons for gender differences in drinking patterns.

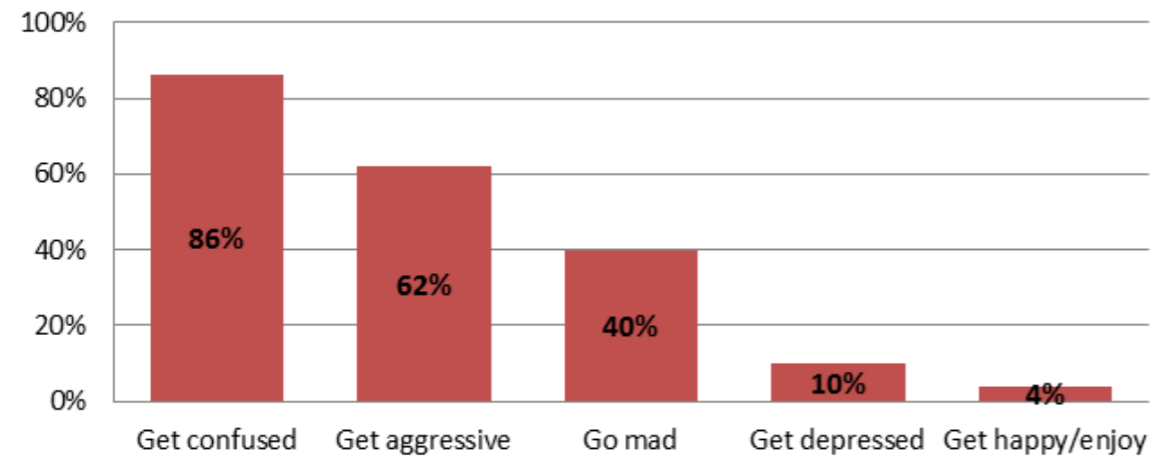
- Power – being able to drink a lot is associated with masculinity in many parts of the world, and alcohol often becomes an excuse for violent and aggressive behavior which can be used to exert power over others.
- Sex – the WHO study found that both men and women associate alcohol with increased sexual prowess and pleasure. A widespread fear of women’s sexual liberation may contribute to restrictions on women’s drinking through various types of cultural and social control.
- High Risk Behavior – men are in general more likely to take risks than women, and in many cultures risk taking is considered masculine.
- Responsibility – women are often considered to have most responsibility for care of children and the home and perhaps limit their alcohol consumption as a result.

What happens to the body if someone drinks a lot ?

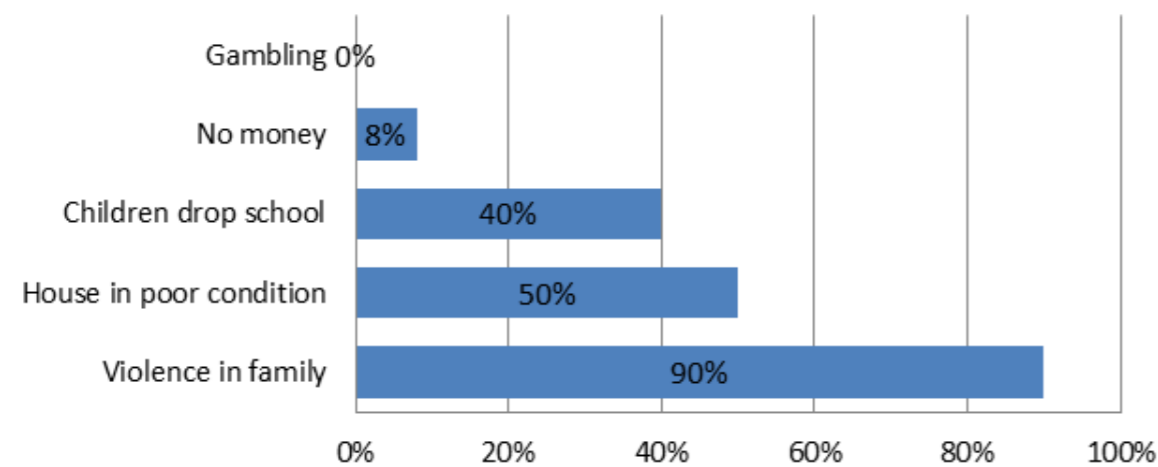


Other answers included: excess acidity, bloating and stomach ache.

What happens to the mind if someone drinks a lot ?



What kind of problems happen in a family if there is an alcoholic parent?



This finding is very striking - with 90% of respondents citing “violence in the family” as the main issue associated with parental drinking.

Considered alongside the high level of response for “house in poor condition” and “children drop school” these findings highlight alcohol’s perceived impact on the child protection areas of physical abuse, neglect and school drop out.

A Child Rights Based Approach

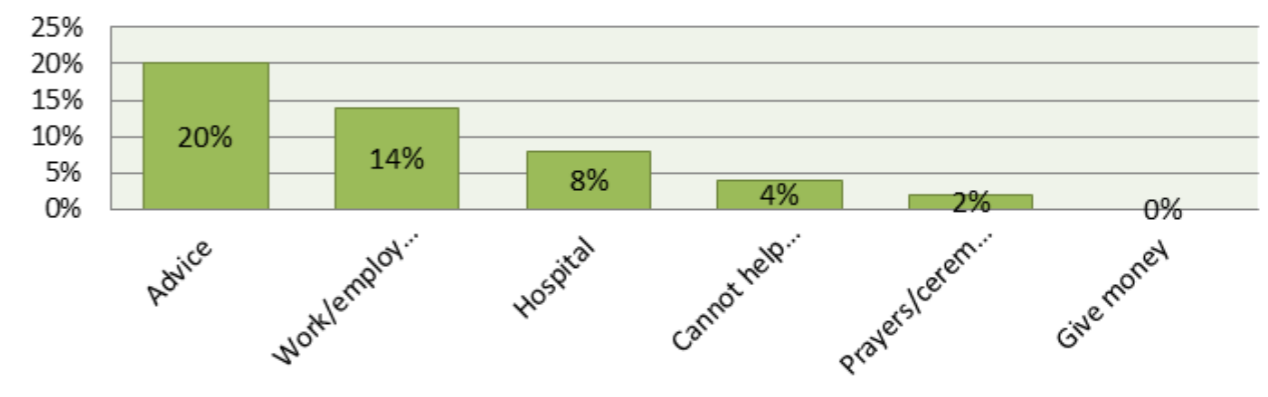
Alcohol abuse and domestic violence does not occur in isolation. Children growing up in alcoholic households often experience physical and emotional abuse, neglect and witness violence between the adults that are supposed to provide them with security.

That situation is itself a violation of the UN Convention on the Rights of the Child.

The UNCRC provides that “the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding”.

The 193 countries that have ratified the convention have also agreed to “ensure the child such protection and care as is necessary for his or her well-being”, and will “take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect . . . maltreatment or exploitation”

What kind of things can help someone if they are drinking too much?

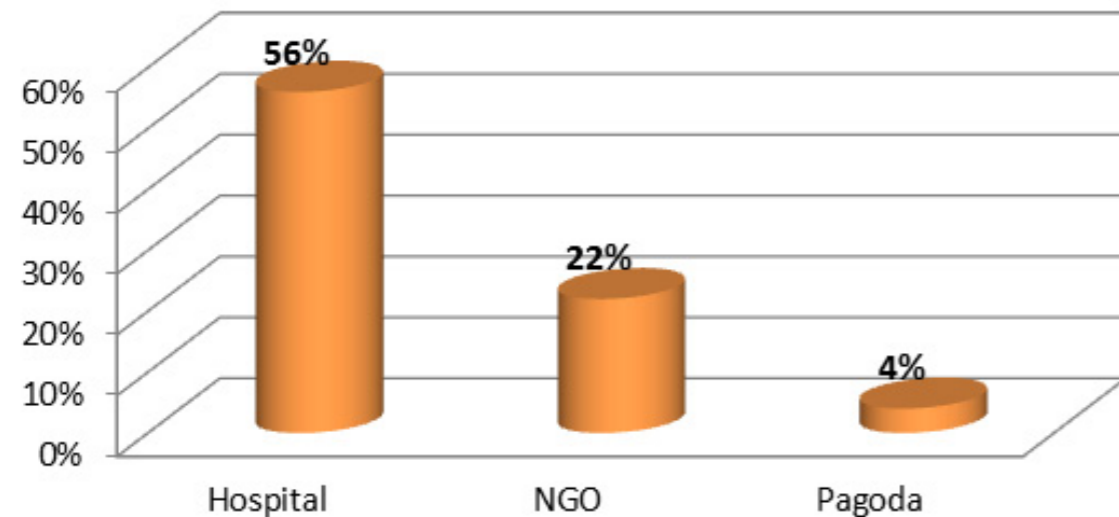


Other answers included: take medicine, education about alcohol and move away from drinking friends.

The popularity of “give advice” in answer to this question may indicate either community members belief that individual counselling and support is the best approach to working with problem drinkers, or it may be a result of respondents being interviewed by NGOs and feeling that advice and education are the kinds of activities that NGOs typically deliver. Perhaps if staff from hospital had conducted the interviews then “hospital” would have been a more popular response, or “arrest them” if the police had conducted the interviews.

Note the very low score for “prayers and ceremonies”. Throughout this KAP survey religious approaches and the use of pagodas as a resource for addressing alcohol problems is very low

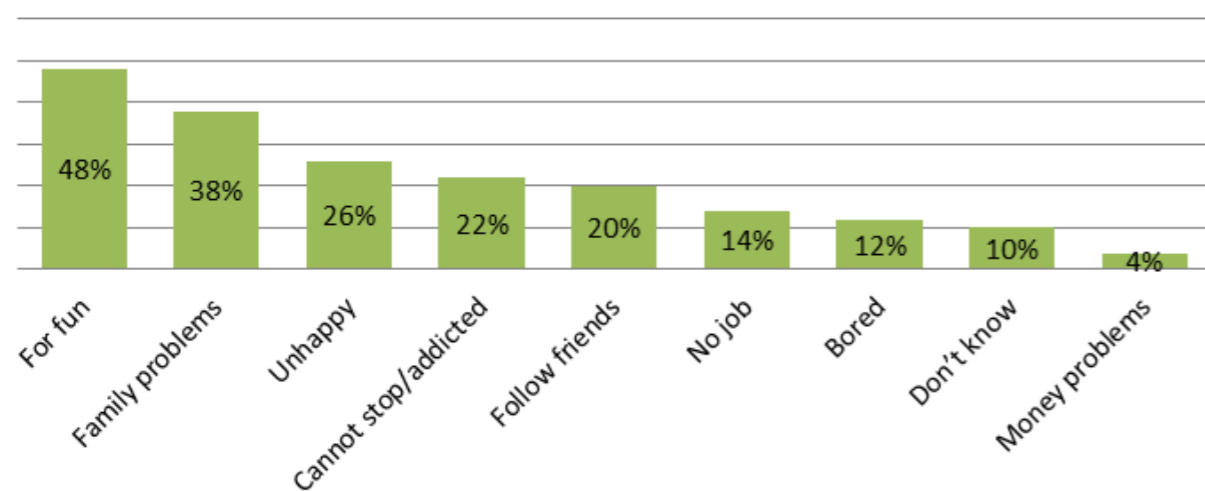
Where can someone go for help if they have an alcohol problem?



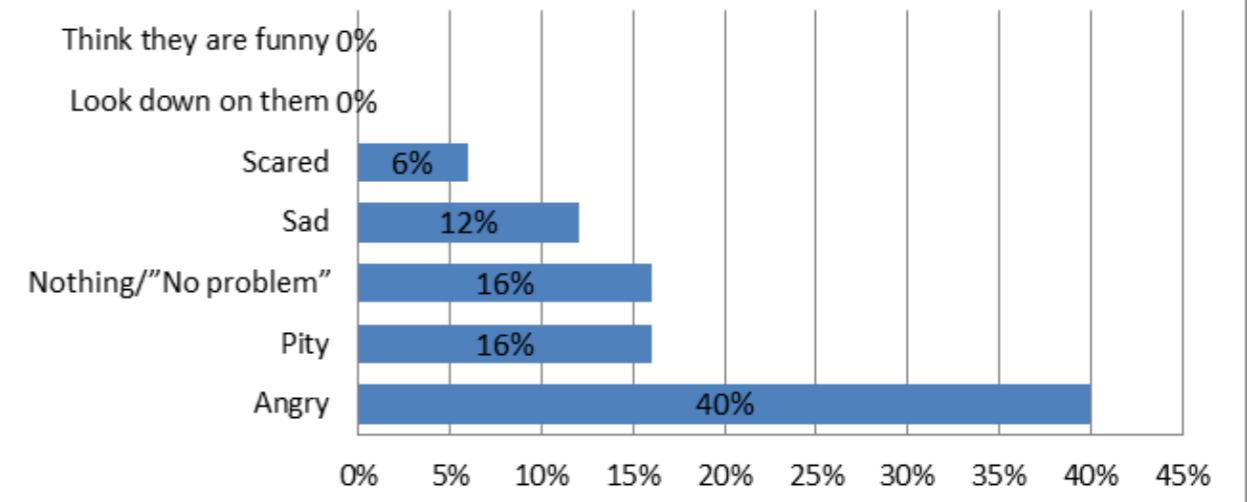
Again, note the low score for “pagoda”

Community Attitude

Why do you think some people drink a lot ?



What do you feel about people that drink a lot ?



The finding that most community members feel angry towards those with drink problems has implications for devising and implementing community-based work with alcoholics. As is the finding below, that almost half of community respondents feel that alcoholics are “bad people” and undeserving of help and support.

78% of respondents agreed that it was “ok for men to get drunk sometimes”, whilst only 50% felt it was “ok for women to get drunk sometimes”.

70% of respondents agreed that alcohol could give “power” and “strength”, and 80% of community members spoken to felt that drinking rice wine could cure some diseases.

58% of respondents disagreed with the statement “it is easy to stop drinking”, although 46% felt that alcoholics were “bad people and should not get help from NGOs or the government”.

96% of respondents agreed that having parents that get drunk a lot is “very bad for the children”, with 84% saying that people have physical fights with their family when they get drunk.

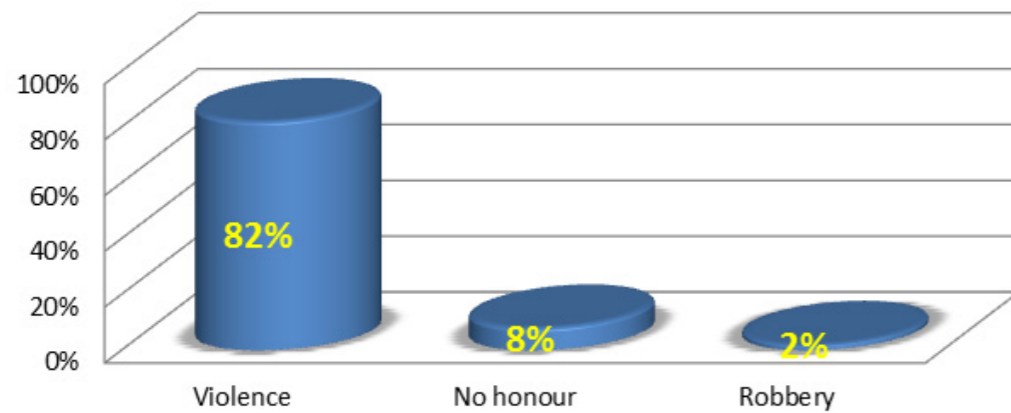
96% of the 50 community members spoken to in Siem Reap agreed that “alcohol abuse is a problem” in their community.

That women getting drunk is less socially acceptable than men getting drunk is not a surprising result, although it does have implications for devising and implementing interventions for women that wish to address their drinking.

Whilst the finding that 80% of community members believe that drinking rice wine can cure some diseases is interesting, it may not be of much significance in devising and implementing alcohol abuse interventions as none of the 100 frequent heavy drinkers interviewed said that they drank alcohol for its perceived health benefits.

Community Practice

What problems does alcohol cause for the whole community ?



Once again, "violence" is identified as the No. 1 problem associated with alcohol abuse.

Alcohol and domestic violence

A study released in 2009 by the Cambodian Ministry of Women's Affairs questioned 3,000 women and found that at least 40% of them had either experienced or knew someone who had experienced being punched, slapped or kicked by their spouse. Being tied up and beaten was familiar to about 20% of the women questioned, and 7% said they had been choked or burned, or knew of someone who had experienced such abuse. (4)

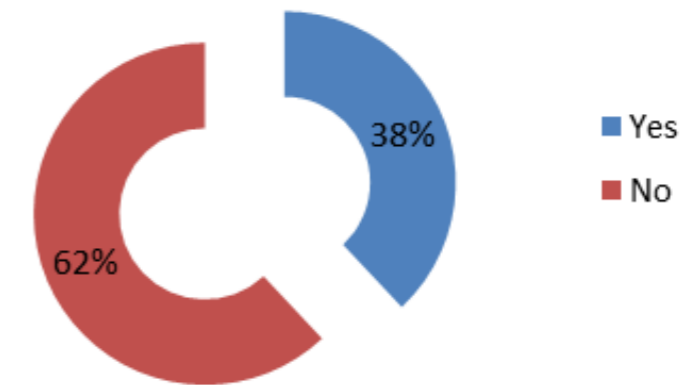
"Like anywhere in the world, domestic violence is a social issue and it is a combination of many factors. What makes it more serious [in Cambodia] is the level of impunity"
 Mu Sochua - Minister for Women's Affairs 1998 - 2004

To address domestic violence the government in 2005 passed the Law on Domestic Violence and Protection of Victims. Addressing domestic violence is also a key component of the Cambodian governments Community Safety Strategy.

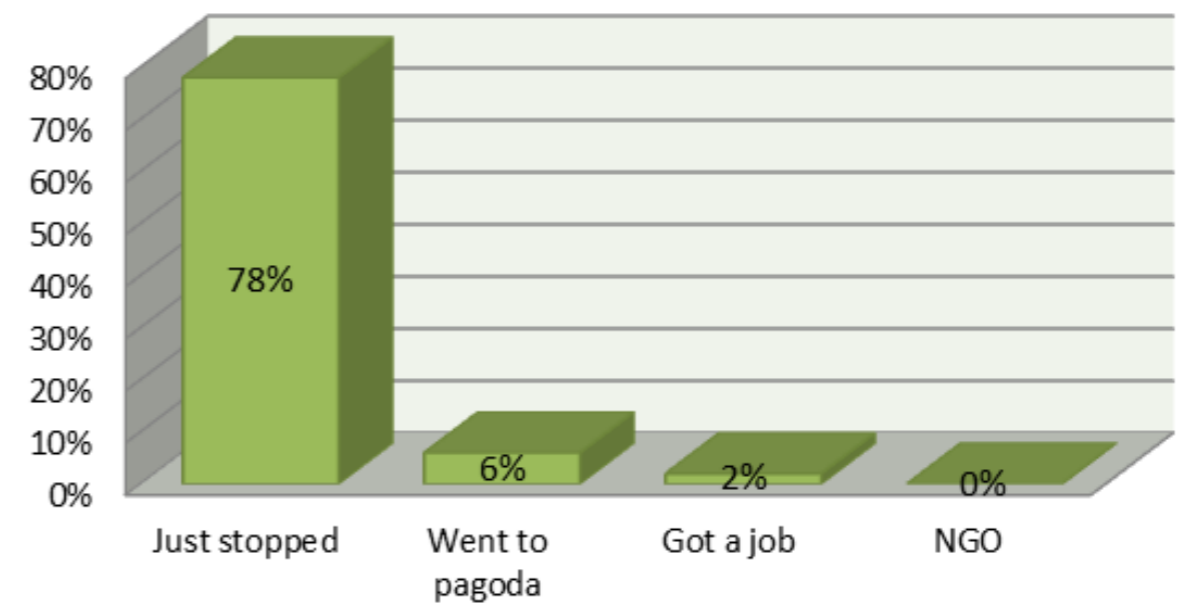
Research demonstrates a correlation between alcohol and violence, and at the community level the equation is simple: more alcohol in society generates more violence in society. (3).

Whilst the precise reasons for this are not clear there are several theories. For example, that intoxication leads to reduced self-control. Experiments show that people under the influence of alcohol are more likely to resort to violence in situations marked by stress and frustration. Yet another reason may be that alcohol causes people to experience conflicts as more frustrating and provocative than is normally the case.

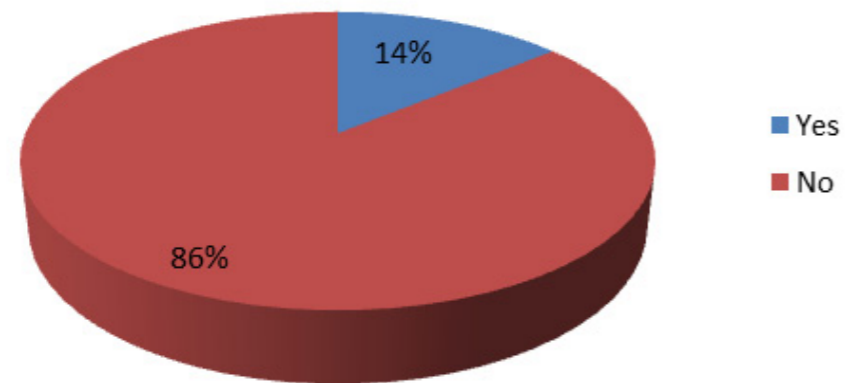
Do you know anyone that used to drink a lot but stopped ?



How did they manage to stop?

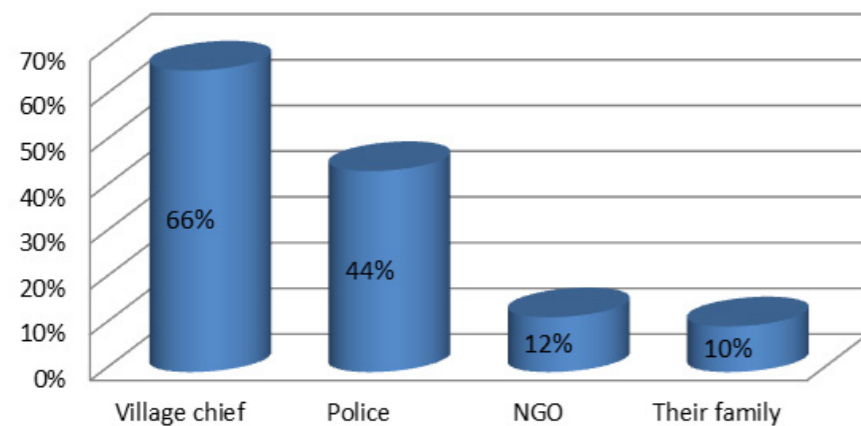


Do you know anyone that can help people stop drinking ?



Of the small number of people that said that they knew people that could help with alcohol problems answers included - family members, neighbours and elders. No one mentioned pagodas, NGOs, hospital or traditional healers.

If someone drinks too much and makes problems in your village who should deal with it ?



The finding that the Village Chief is the first point of contact for problems in the community is interesting in terms of devising and implementing community-based alcohol abuse interventions that have community-wide support.

98% of respondents said that they would like Kaliyan Mith to do some work in their community to address alcohol abuse. Suggestions for helping families where alcohol is causing problems included:

Provide advice	78%
Help them find a job	6%
Medicine	4%
Close the alcohol shop	2%

5. FREQUENT/HEAVY DRINKER RESULTS

These results are based on 100 interviews with “frequent and heavy” alcohol drinkers. It is not possible to identify “alcoholics”, but it is possible to obtain self-reports of the quantity and frequency of peoples drinking. All of the 100 respondents identified as frequent heavy drinkers in this survey met at least two of the following criteria:

- i. Drink alcohol 4 or more times per week.
- ii. Drink 10 or more drinks on a typical day when drinking
- iii. Have 6 or more drinks daily or almost daily.

50 frequent heavy drinkers were interviewed by the M'Lop Tapang team in Sihanoukville and 50 were interviewed in Siem Reap by Kaliyan Mith staff.

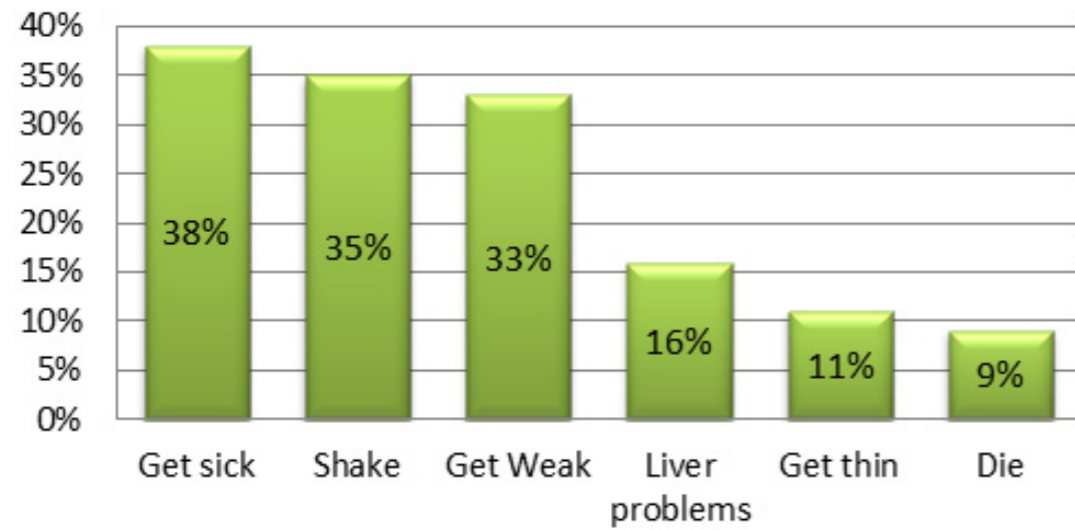
Respondents were aged between 22 and 66, and 81% of frequent heavy drinkers met and interviewed were men



Srasor (Cambodian Rice Wine)

Drinkers' knowledge results

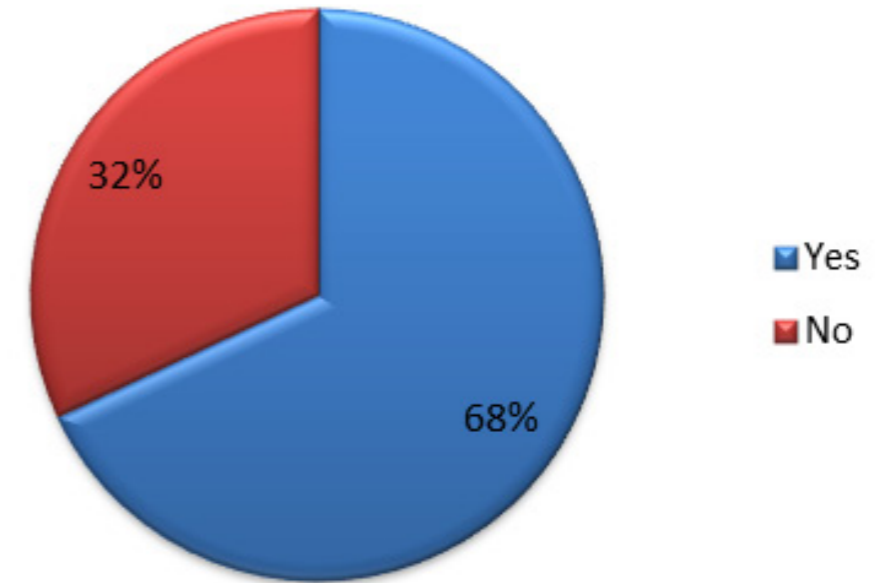
What happens to the body when someone drinks too much ?



Other answers included: internal bleeding (bloody cough, bloody vomit, blood in urine), feeling exhausted, swellings, cancer, sore eyes, not hungry and cannot eat.

These findings indicate that most drinkers are already well aware of the negative health consequences of drinking a lot.

Do you have health problems ?



The reported high incidence of health problems amongst drinkers has clear implications for the kinds of services a holistic alcohol project should include. Helping beneficiaries access health care is an important service provided by M'Lop Tapang in Sihanoukville.

What happens to the mind when someone drinks a lot?

Confused	60%
Aggressive	42%
Happy/enjoy	19%
Go mad	15%
Depressed	9%

Other answers included: relieves stress, talk too much, impolite, domestic violence, forget things, feel strange and cannot find your house.

Drinker's Attitude

What are the reasons that you drink alcohol?

- Fun 32%
- Follow friends 31%
- Bored 25%
- Family problems 24%
- Unhappy 17%
- No job 11%
- Money problems 2%

Other answers included: habit, angry with my family, worried, domestic violence, have problem with partner. That most people drink primarily to enjoy themselves and have fun seems self-evident and is confirmed in the interviews with drinkers.

The finding that 31% of heavy drinking respondents say they drink due to “following friends” is an interesting result which needs further research in order to try and understand the dynamics involved. What does “follow friends” mean in the alcoholic community in Cambodia? Not wishing to miss out on the fun? Lack of social alternatives outside of drinking? Passive peer pressure within communities with large numbers of heavy drinkers? An alcoholic sub-culture in which other drinkers actively discourage people from leaving the group and sabotage their attempts at saving money/going to work?

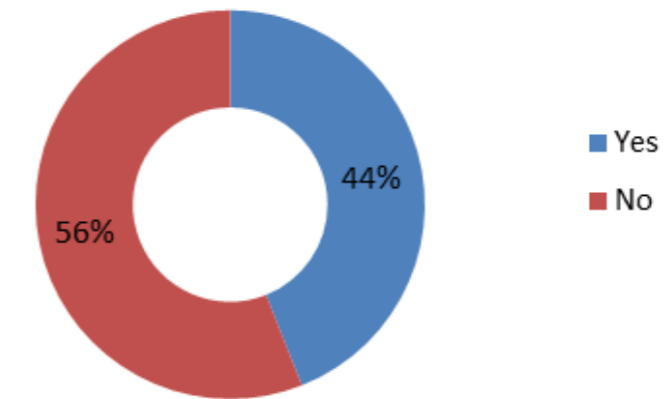
Understanding the social and cultural aspects of alcohol abuse in Cambodia will be crucial in devising and implementing effective interventions to help those that wish to reduce or stop drinking.

Note that lack of money is almost never mentioned as a contributing factor for heavy drinking throughout this survey. Lack of money is also almost never mentioned as a negative consequence of drinking. The implication is that both drinkers and community members do not associate alcohol abuse with financial problems.

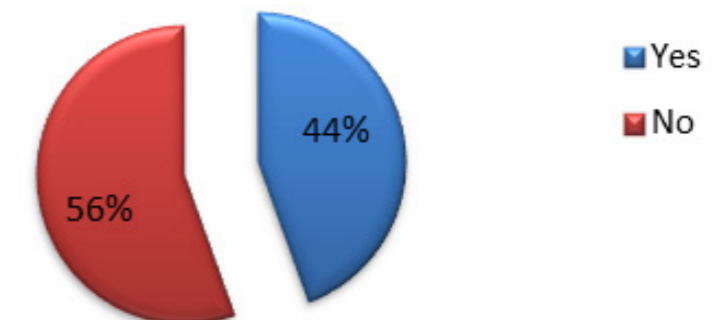
Do you think it is easy to reduce drinking?

Yes	68%
No	30%

Do you think it is easy to stop drinking ?



Do you want to continue drinking the same amount that you drink now ?



Note that more than half of the heavy drinkers interviewed expressed a desire to reduce or stop drinking.

Would you like to stop drinking completely or drink less?

Reduce	76%
Stop	21%

So, out of 100 frequent heavy drinkers 46 people said they would like to reduce their drinking, and 13 said that they would like to stop completely.

Can a problem drinker simply cut down?

“It depends. If a person has been diagnosed as alcohol dependent, the answer is “no”. Alcohol dependent people who try to cut down on drinking rarely succeed. Completely stopping alcohol, that is abstaining, is usually the best course for recovery. People who are not alcohol dependent but who have experienced alcohol related problems might be able to limit the amount they drink. If they cannot stay within those limits, they need to stop drinking altogether” (5)

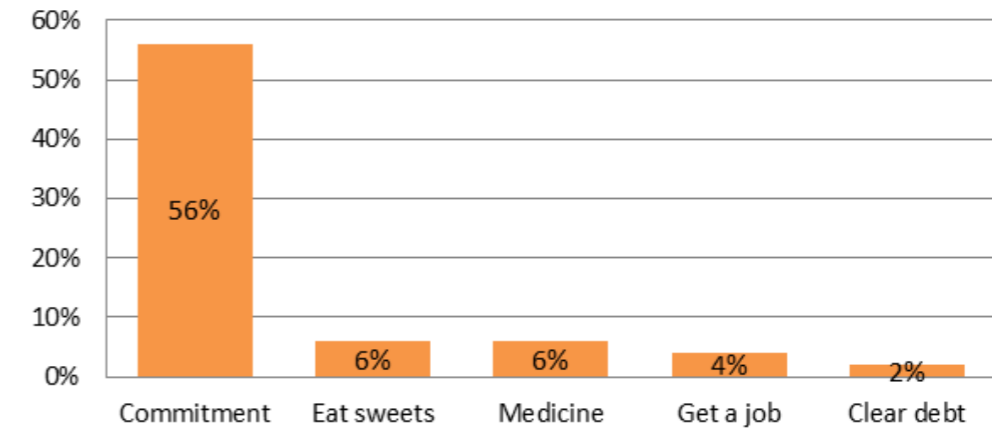
World Health Organization (2006)

What makes it difficult for you to drink less or stop drinking?

Cannot stop/addicted	21%
Get sick if I stop	19%
Too many problems	16%
No job	7%
Don't want to stop	3%

The top two responses to this question are essentially the same - with drinkers reporting alcohol addiction/dependency as the main barrier to their reducing or stopping drinking.

What do you think would help you stop ?



This is a fascinating result with implications for devising and implementing culturally relevant interventions for problem drinkers. The perception amongst drinkers indicated here is that, essentially, the only thing that they feel can help them address their alcohol problem is their own personal commitment.

78% of heavy drinking respondents agreed that it was “ok for men to get drunk sometimes”, whilst only 46% felt it was “ok for women to get drunk sometimes”.

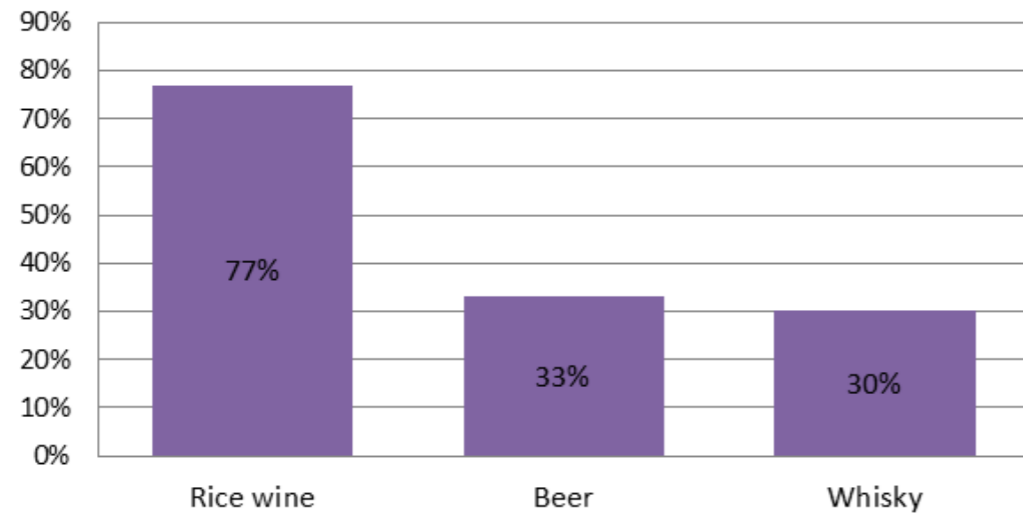
79% of respondents agreed that alcohol could give “power” and “strength”, and 60% of drinkers spoken to felt that drinking rice wine could cure some diseases.

40% felt that alcoholics were “bad people and should not get help from NGOs or the government”.

89% of respondents agreed that having parents that get drunk a lot is “very bad for the children”, with 74% saying that people have physical fights with their family when they get drunk.

Drinker's practice

What do you drink ?



3 varieties of Cambodian rice wine

Cambodian rice wine (Sra Sau) is cheap and available from many street stalls throughout Cambodia. There are three varieties of rice wine - Sra Sau, Sra Tram Placheur (rice wine with fruit in it) and Sra T'nam (rice wine with various animal and plant additives that is supposed to have medicinal benefits).

Rice Wine is about 30% proof alcohol (compared to 40% for whisky) and sells for around 3,000 Riel per litre (75 cents) or 200 riel per glass (5 cents). Rice wine is very cheap.

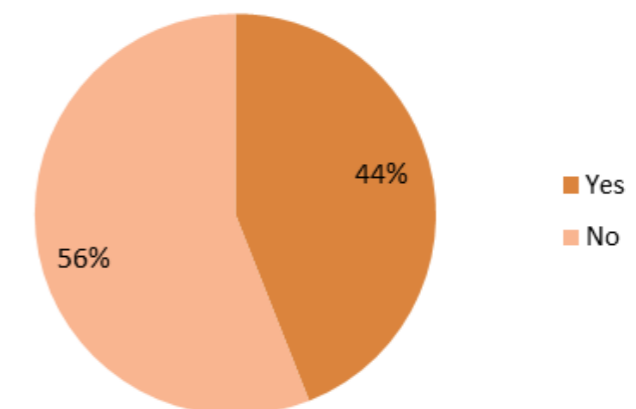
Are you married?

Married	75%
Widowed	11%
Single	9%
Divorced	5%

Does your partner work?

Yes	55%
No	43%
Sometimes	3%

Does your partner drink ?



So, out of 100 frequent heavy drinkers interviewed 33 had a partner who also drank. Of those 33 people 10 had a partner who was also a "frequent heavy drinker" according to the identification criteria being used in this survey.

This is a significant finding and indicates a reasonably high prevalence of alcoholic couples.

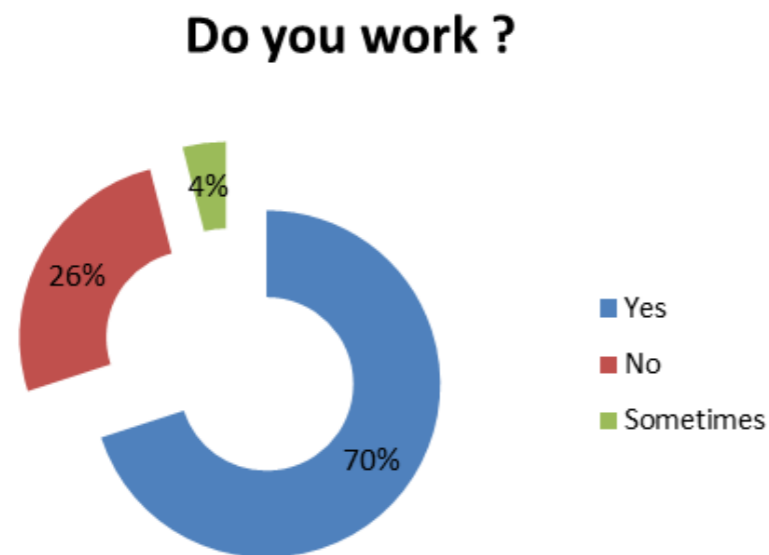
Does your partner gamble?

Yes 15%
No 75%

Do you gamble?

Yes 10%
No 80%
Sometimes 10%

No surprise in this result as anecdotally most NGO staff involved in the survey already observed that big drinkers tend not to gamble.



Do you have children?

Yes 88%
No 12%

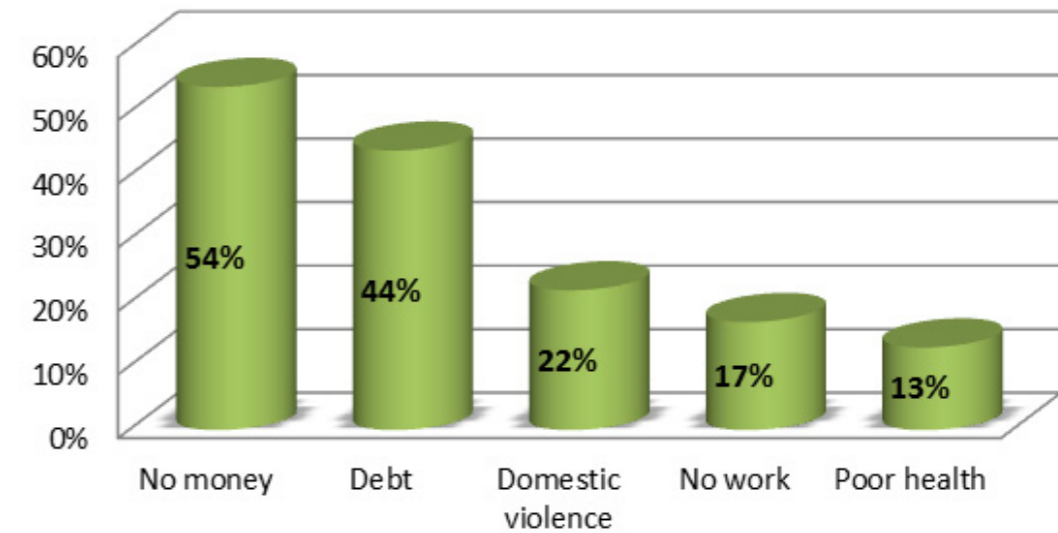
Of the 88 respondents with children most had between 2 and 4 children aged under 16. 32% of respondents reported that their school aged children did not attend school. 23% of respondents with children said that their school aged children work, and 67% of those said that their children give the money they earn to their parents.

Do you use drugs?

Yes 22%
No 78%

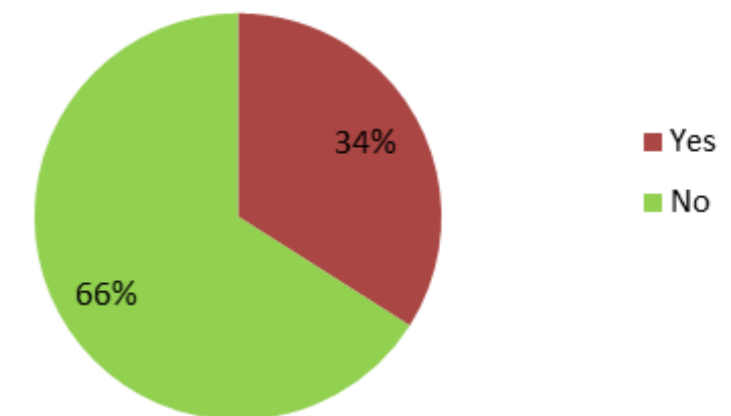
The majority of frequent heavy drinkers reported that they do not use drugs – this finding may reflect either the relatively low prevalence of drug use in Siem Reap and Sihanoukville compared to Phnom Penh, the preference of heavy drinkers for alcohol rather than other drugs or it may simply indicate a reluctance for respondents to admit to using drugs (which are, of course, illegal).

What other problems do you have?



Other answers included: conflict with neighbours, home sick and wife gambling.

Do you know anyone that used to drink a lot but stopped ?

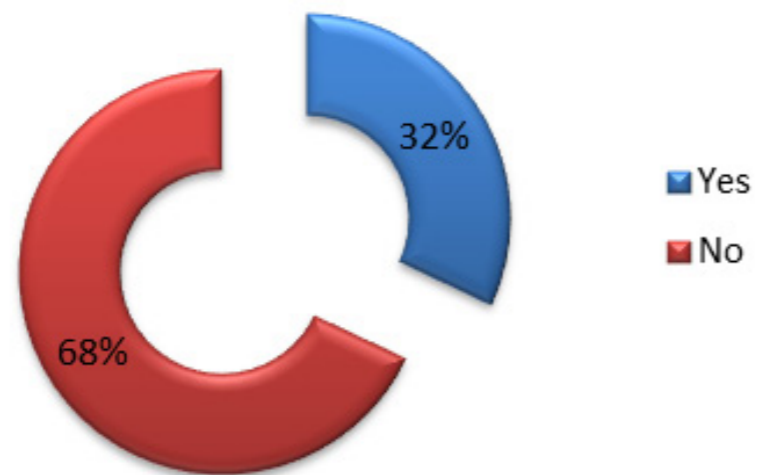


Note that 2 out of 3 drinkers spoken to said that they do not know anyone that has stopped drinking.

How did they manage to stop?

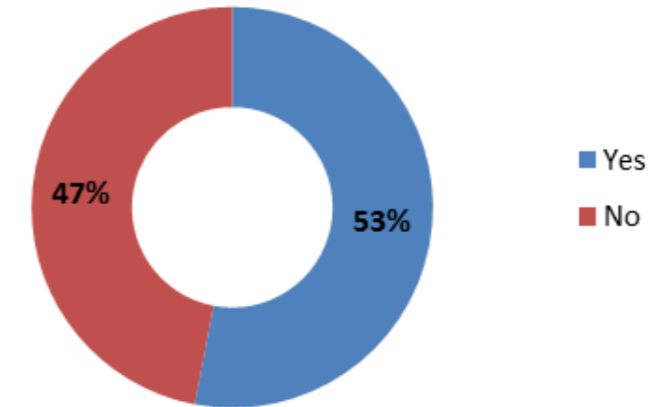
Just stopped	21%
Pagoda	4%
NGO	4%
Got a job	2%

Do you know anyone that can help people stop drinking ?

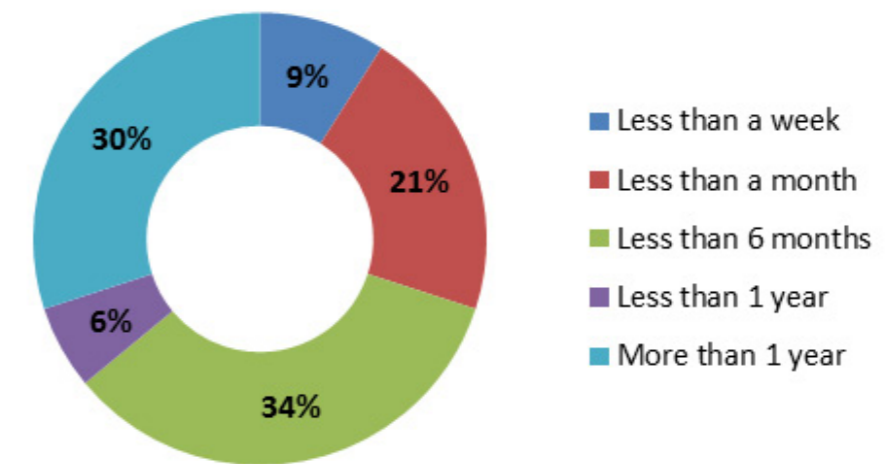


The only significant source of help for problems drinkers mentioned was “NGO” (15 people) - and these responses were from beneficiaries of M’Lop Tapangs Alcohol Project in Sihanoukville.

Have you ever stopped drinking before ?



How long did you stop for ?



This group was asked for ideas about how drinkers could be helped, and answers given fell into the following categories.

Alcohol education/advice	23%
No idea	20%
Support drinkers to stop	17%
Support drinkers reduce	9%
Close the alcohol shop	2%

Research on Intervention Effectiveness

Education and Persuasion Strategies

To date there has been no convincing scientific support for the effectiveness of educational programs or awareness campaigns in reducing heavy-drinking or alcohol related problems. (3)

Despite this lack of demonstrated effectiveness many such programs continue to be implemented, apparently based on the assumption that providing information will somehow change behavior and maintain the change.

Early Interventions

Harmful drinking typically precedes alcohol dependence, and by definition causes serious medical, social and psychological problems. Preventative/early intervention programs have been developed by the World Health Organization (WHO).

Such interventions typically conduct initial screenings to identify an individual's risk level, the patient is then referred to either a brief intervention or more specialized services. Brief interventions are characterized by their low-intensity and short duration, consisting of one to three sessions of motivational counseling and education. The aim is to motivate high-risk drinkers to moderate their alcohol consumption rather than promote total abstinence.

The cumulative evidence shows that such brief interventions result in clinically significant reductions in drinking and alcohol-related problems. Positive effects have been observed with adolescents, adults and pregnant women.

Other approaches with the greatest amount of supporting evidence are behavior therapy, family work, group therapy and motivational enhancement. One example of behavior therapy is "relapse prevention", which focuses on coping with situations that represent a high risk for heavy drinking.

Twelve Step

With an estimated 2.2. million members affiliated with more than 100,000 groups in 150 different countries Alcoholics Anonymous (AA) is by far the most widely used source of help for people with drinking problems.

Research indicates that Twelve Step Facilitation, designed to introduce problem drinkers to the principles of Alcoholics Anonymous is as effective as other, more theory-based therapies.

Researchers have identified more than 40 different therapeutic approaches to working with problem drinkers.

"Instead of distinct, non over-lapping elements, therapy may work through common mechanisms such as empathy, an effective therapist-client alliance, a desire to change, inner resources, a supportive social network and the provision of a culturally appropriate solution to a socially defined problem" (4)

7. RECOMMENDATIONS

- Information and issues raised by this survey to be shared with interested stakeholders via an Alcohol Abuse Workshop to be organized by Friends International and M'Lop Tpng.
- 98% of non heavy drinking community respondents in Siem Reap said they would like Kaliyan Mith to do some work addressing alcohol abuse in their community, and 59% of the frequent heavy drinkers spoken to said they would like to reduce or stop drinking. Kaliyan Mith to initiate Alcohol Projects in Chong K'neas and Mondul 3 during 2013.
- M'Lop Tpng and Kaliyan Mith to continue to work closely together and share information about work with problem drinking beneficiaries and their families.
- No already existing, community-level sources of support for problem drinkers were identified by the survey - although the high prevalence of reported health problems and the identification by respondents of village chiefs as key duty bearers suggest the development of Alcohol Projects should incorporate both health services and local authorities.



- The very strong association between heavy drinking and both community and intimate partner violence identified in the survey suggests that the development of Alcohol Projects should also address the issue of domestic violence. Social workers involved in Alcohol Projects should have the knowledge, skills and referral system to take action in cases of domestic violence.
- During the interview process a number of heavy drinking respondents asked if some kind of group therapy/ alcohol support group could be facilitated in their community. M'Lop Tpng in Sihanoukville, and Mith Samlanh in Phnom Penh have already had some success with this approach - and peer support/group work, in combination with case management, should be considered in the development of any new Alcohol Projects.

8. REFERENCES

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2. Babor, T et al (2001) "The Alcohol Use Disorders Identification Test" (WHO)
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4. The Cambodia Daily 21st January 2013
5. "Reducing Harm from use of Alcohol" (2006) (WHO)

ការសិក្សាស្រាវជ្រាវលើ ចំណេះដឹង, អាកប្បកិរិយា, និងការអនុវត្ត របស់អ្នកញៀនជាតិស្រវឹង - (KAP) សម្រាប់ឆ្នាំ 2013

ឆ្នាំ2012កន្លងទៅ កល្យាណមិត្ត (កម្មវិធីរបស់ហ្វេនឌីអ៊ិនធឺណាសិនណាល នៅក្នុងខេត្ត សៀមរាប) បានចាប់ផ្តើមធ្វើការនៅក្នុងសហគមន៍ 3 ហើយបានកំណត់ឃើញថាការបោះបង់ ចេញពីសាលារៀនរបស់កុមារ និងយុវជន, ភាពក្រីក្រនិងភាពងាយរងគ្រោះ ផ្សេងទៀតគឺមាន កម្រិតខ្ពស់គួរឱ្យកត់សម្គាល់។ ផ្អែកលើបេសកកម្មផ្ទាល់និងជាក់ស្តែងរបស់ បុគ្គលិក កល្យាណមិត្ត បានបង្ហាញថា សហគមន៍ពីរ (មណ្ឌល 3 និងចុងឃ្លៀស) គឺមានការប្រើប្រាស់ជាតិស្រវឹងកម្រិត ខ្ពស់ខ្លាំងណាស់ ហើយ ភាពស្រវឹងរបស់អាណាព្យាបាលបានបង្កើតជាបញ្ហាចោទផ្សេងៗជាច្រើន ដូចបានឃើញស្រាប់នៅក្នុងតំបន់ទាំងនេះ។

នៅក្នុងការគ្រប់គ្រងករណីបុគ្គល, គ្រួសារ, និងការងារសមាហរណកម្មក្នុងទៅសាលារៀន ត្រូវបាន អនុវត្តដោយបុគ្គលិកសង្គមរបស់កល្យាណមិត្តនៅក្នុងខេត្តសៀមរាប ហើយនិង អង្គការ ជាដៃគូ មួយរបស់យើងនៅក្នុងខេត្តព្រះសីហនុ គឺម្លប់តាប៉ាង។ ប៉ុន្តែកិច្ចខិតខំប្រឹងប្រែង ដើម្បី ជួយ ធ្វើសមាហរណកម្មកុមារនិងយុវជន ទៅរួមរស់ជួបជុំក្រុមគ្រួសារពួកគេវិញ, ការរារាំង ពួកគេពីការធ្វើការងារ និងសមាហរណកម្មទៅសាលារៀនត្រូវបានបរាជ័យជាញឹកញាប់ នៅក្នុងករណីដែលអាណាព្យាបាល គឺជាអ្នកញៀនជាតិស្រវឹងធ្ងន់ធ្ងរហើយបុគ្គលិកសង្គម របស់យើងជានិច្ចកាល មិនដឹងត្រូវធ្វើ អ្វីដើម្បីជួយដល់ពួកគាត់ឡើយ។

ការពិនិត្យឡើងវិញនៃកុមារ ដែលស្នាក់នៅផ្ទះបណ្តោះអាសន្ន របស់កល្យាណមិត្ត បានចង្អុលបង្ហាញថា មានចំនួនប្រមាណ 50% នៃកុមារនៅទីនោះ ត្រូវបានគេដឹងថា មកពីគ្រួសារដែលមានអាណាព្យាបាល រឺសាច់ញាតិញៀនជាតិស្រវឹងធ្ងន់ធ្ងរ។

ក្នុងអំឡុងពេល នៃដំណើរទស្សនកិច្ចទៅកាន់អង្គការ ជាដៃគូរបស់គម្រោង 3PC គឺ ម្លប់តាប៉ាង នៅក្នុងខេត្តព្រះសីហនុ, បុគ្គលិកកល្យាណមិត្ត មានលទ្ធភាពរៀនបន្ថែមទៀត

អំពីក្រុមអ្នកគាំទ្រ អ្នកញៀនជាតិស្រវឹង របស់អង្គការម្លប់តាប៉ាង។ ដោយមើលឃើញ ពីភាពជោគជ័យនៃគម្រោងនេះ បានជំរុញ និងលើកទឹកចិត្តដល់ ក្រុមការងារកល្យាណមិត្ត លើកយក បញ្ហាជាតិស្រវឹង

នៅក្នុងសហគមន៍មណ្ឌល៣ និង ចុងឃ្មុំស ដើម្បីធ្វើការដោះស្រាយតាមរយៈការបើកករណី គ្រប់គ្រងរបស់ ពួកគេ នៅក្នុងឆ្នាំ ២០១៣។

ការសិក្សាស្រាវជ្រាវតាមប្រព័ន្ធកុំព្យូទ័រ និងឯកសារផ្សេងៗបានបញ្ជាក់ថា ពុំមានការសិក្សា ណាមួយ បានធ្វើ ទៅលើ ការញៀនជាតិស្រវឹង នៅក្នុងសហគមន៍ដែលងាយរងគ្រោះ ក្នុងប្រទេសកម្ពុជាឡើយ ដូច្នេះកល្យាណមិត្តនិង អង្គការ ម្លប់តាប៉ាង បានធ្វើការសិក្សាស្រាវជ្រាវ ស្ទង់មតិ ទៅលើបញ្ហានេះ ដើម្បីស្វែងយល់ កាន់តែប្រសើរ ឡើងពីស្ថានភាពក្នុងការជួយយើង ក្នុងការបែងចែក និងការអនុវត្ត ការងារនាពេលអនាគត នៅក្នុងតំបន់នេះ ហើយនិងធ្វើជា ទម្រង់ឯកសារនៃ បញ្ហាចម្បងមួយនេះរបស់សង្គម។

កម្មវត្ថុ៖

គោលបំណងនៃការស្រាវជ្រាវនេះគឺ៖

- ដើម្បីវាយតម្លៃពីកម្រិត ចំណេះដឹង, ឥរិយាបថ, និងការអនុវត្ត របស់អតិថិជនដែលនៅក្នុង តំបន់គោលដៅ ជាមួយនិងបញ្ហាជាតិស្រវឹង។
- ដើម្បីផ្តល់ទិន្នន័យសម្រាប់ការអភិវឌ្ឍន៍កម្មវិធី និងពង្រីកបន្ថែមទៀត។
- ដើម្បីលើកកម្ពស់ការយល់ដឹង អំពីបញ្ហាការញៀនជាតិស្រវឹង ដែលកើតមានជាញឹកញាប់ ជាងគេ នៅក្នុងសហគមន៍ងាយរងគ្រោះ ។

លទ្ធផលដែលបានរកឃើញ ពីការសិក្សានេះ នឹងជួយក្នុងការអភិវឌ្ឍន៍និងការពង្រីកគម្រោង ស្តីពីការញៀន ជាតិស្រវឹង នៅក្នុងខេត្តសៀមរាប និងខេត្តព្រះសីហនុ។ ការស្រាវជ្រាវនេះ ត្រូវបានបម្រុងទុកផងដែរ ក្នុងការជូនដំណឹង ដល់ភ្នាក់ងាររដ្ឋាភិបាលពាក់ព័ន្ធ នៅថ្នាក់ជាតិ និងថ្នាក់ក្រោមជាតិ, ក្រុមបុគ្គលិកហ្វូន អ៊ិនធឺណេសិនណាល អន្តរជាតិ, អង្គការដៃគូរបស់៣PC, អង្គការក្រៅរដ្ឋាភិបាលដទៃទៀត, អង្គការ UNICEF និងម្ចាស់ជំនួយផ្សេងទៀត, និងដៃគូក្នុងស្រុក សម្រាប់ការពារកុមារនាពេលអនាគត និងកម្មវិធីការគាំទ្រពី ក្រុមគ្រួសារ នៅក្នុងប្រទេសកម្ពុជា។

សេចក្តីសង្ខេបនៃការសិក្សាស្រាវជ្រាវ

ការស្ទង់មតិនេះ រួមបញ្ចូលទាំងការប្រមូលផ្តុំព័ត៌មាន អំពីអ្នកញៀនជាតិស្រវឹងដោយប្រើប្រាស់ យុទ្ធសាស្ត្រ សម្ភាសន៍ជាមួយក្រុមគោលដៅចំនួនពីរផ្សេងគ្នា។

១. អ្នកសហគមន៍ដែលមិនមែនជាអ្នកប្រមឹកធ្ងន់ធ្ងរ។
២. អ្នកសហគមន៍ដែលជាអ្នកញៀនជាតិស្រវឹងធ្ងន់ធ្ងរ។

លទ្ធផលសង្ខេបនៃអ្នកសហគមន៍ដែលមិនមែនជាអ្នកប្រមឹកធ្ងន់ធ្ងរ

- នៅក្នុងការស្ទង់មតិចំនួន ៥០ នៃអ្នកសហគមន៍ដែលមិនមែនជាអ្នកប្រមឹកធ្ងន់ធ្ងរ នៅក្នុងខេត្ត សៀមរាប 42% បាននិយាយថា ពួកគេត្រូវបានរស់នៅជាមួយសមាជិកគ្រួសារម្នាក់ ដែលត្រូវ បានចាត់ទុកថាអ្នក ញៀនជាតិស្រវឹងធ្ងន់ធ្ងរ។
- 90% នៃអ្នកសហគមន៍ដែលមិនមែនជាអ្នកប្រមឹកធ្ងន់ធ្ងរ បានលើកឡើងថា៖ “អំពើហិង្សាក្នុង គ្រួសារ” ជា បញ្ហាចម្បងដែលបានភ្ជាប់ជាមួយនឹង ការញៀន របស់អាណាព្យាបាល។
- “អំពើហិង្សា” ត្រូវបានកំណត់អត្តសញ្ញាណផងដែរថា ជាអ្នកមានវិសគល់មកពី ការសេពជាតិ ស្រវឹងដែល បញ្ហានេះត្រូវបានកើតមាន ក្នុងសហគមន៍ទាំងមូល (82%) ។
- ចំណាប់អារម្មណ៍ភាគច្រើនរបស់ អ្នកសហគមន៍ ដែលមិនមែន ជាអ្នកប្រមឹកធ្ងន់ធ្ងរបានបង្ហាញ ថាមនុស្ស សេពជាតិស្រវឹងហួសហេតុ គឺតែងតែមាននូវ “កំហឹង” (40%)។
- 46% នៃអ្នកសហគមន៍ ដែលមិនមែន ជាអ្នកប្រមឹកធ្ងន់ធ្ងរ មានអារម្មណ៍ថា “ការសេពជាតិ ស្រវឹងជាមនុស្ស អាក្រក់ ដូច្នេះមិនគួរទទួលបាន ជំនួយពីអង្គការក្រៅរដ្ឋាភិបាលឬរដ្ឋាភិបាល” ។

- 96% នៃអ្នកសហគមន៍ ដែលមិនមែន ជាអ្នកប្រើម៉ែកធួន បាននិយាយថា ការសេពជាតិស្រវឹង ហួស ហេតុគឺជាបញ្ហាចោទមួយនៅក្នុងសហគមន៍របស់ពួកគេ ហើយក្នុងករណីមាន ឪពុកម្តាយ ថាប្រើម៉ែកធួន គឺ “អាក្រក់ខ្លាំងណាស់សម្រាប់កូនៗ” ។

លទ្ធផលសង្ខេបនៃ អ្នកសហគមន៍ដែលជាអ្នកញៀនគ្រឿងស្រវឹងធ្ងន់ធ្ងរ

- 68% នៃ អ្នកសហគមន៍ដែលជាអ្នកញៀនជាតិស្រវឹងធ្ងន់ធ្ងរ បាននិយាយ ថា ពួកគេមានបញ្ហា សុខភាព។
- 31% នៃ អ្នកសហគមន៍ដែលជាអ្នកញៀនជាតិស្រវឹងធ្ងន់ធ្ងរ បានលើកឡើង “ មិត្តភក្តិជាអ្នក ជំរុញ” ជា មូលហេតុដែលធ្វើឲ្យពួកគេបានដឹកស្រាយ៉ាងច្រើន។
- 59% នៃ អ្នកសហគមន៍ដែល ជាអ្នកញៀនជាតិស្រវឹងធ្ងន់ធ្ងរ បាននិយាយថា ពួកគេមានបំណងចង់កាត់ បន្ថយ ឬបញ្ឈប់ការសេពជាតិស្រវឹង។
- នៅពេលសួរថាអ្វីដែលនឹងជួយឱ្យពួកគេ ដើម្បីដោះស្រាយបញ្ហាការញៀនជាតិស្រវឹង 56% នៃ អ្នកសហ គមន៍ដែលជាអ្នកញៀនជាតិស្រវឹងធ្ងន់ធ្ងរ បាននិយាយថា “ការប្តេជ្ញាចិត្ត ផ្ទាល់ខ្លួន” ។
- 78% នៃអ្នកសហគមន៍ដែល ជាអ្នកញៀនជាតិស្រវឹងធ្ងន់ធ្ងរ បានយល់ព្រម ថា “វាគ្មានបញ្ហាអ្វីទេ សម្រាប់ បុរសដែលស្រវឹងពេលខ្លះ”, ខណៈមានតែ 46% ដែលបានយល់ ស្របថាគឺ “វាមិនស្តីទេសម្រាប់ស្រវឹង ពេលខ្លះ” ។
- 40% នៃអ្នកសហគមន៍ដែល ជាអ្នកញៀនជាតិស្រវឹងធ្ងន់ធ្ងរ មានអារម្មណ៍ថាការសេពជាតិស្រវឹងគឺ “មនុស្សអាក្រក់ និងមិនគួរទទួលបានជំនួយ ពីអង្គការក្រៅរដ្ឋាភិបាលឬរដ្ឋាភិបាលទេ” ។
- 77% នៃ អ្នកសហគមន៍ដែល ជាអ្នកញៀនជាតិស្រវឹងធ្ងន់ធ្ងរ បាននិយាយថា ពួកគេបានដឹកស្រាអង្ករ (ស្រាស)។

- 32% នៃ អ្នកសហគមន៍ដែល ជាអ្នកញៀនជាតិស្រវឹងធ្ងន់ធ្ងរ បាននិយាយថា កូនរបស់ខ្លួនមិនបានចូល សាលារៀន ទាន់ពេលវេលាទេ។
- 66%នៃអ្នកសហគមន៍ដែលជាអ្នកញៀនជាតិស្រវឹងធ្ងន់ធ្ងរបាន និយាយថា ពួកគេមិនបានដឹងទថាមានរណា ម្នាក់ធ្លាប់ញៀនស្រា ប៉ុន្តែបានបញ្ឈប់ បើទោះបីជាច្រើនជាង ពាក់កណ្តាល នៃក្រុមគោលដៅបាននិយាយ ថាពួកគេបានឈប់ដឹកមួយរយៈពេលកន្លងទៅនេះ ជាមួយនឹង 30% និយាយថាពួកគេបានឈប់សេពជាតិ ស្រវឹង ច្រើនជាងមួយឆ្នាំ។

អនុសាសន៍

- ព័ត៌មាននិងបញ្ហាដែលបានលើកឡើងដោយការស្ទង់មតិត្រូវបានចែករំលែកជាមួយអ្នកពាក់ព័ន្ធតាមរយៈ សិក្ខាសាលាស្តី ពីការញៀនជាតិស្រវឹង ដែលត្រូវបានរៀបចំដោយ ហ្វេនីស៊ីនធីណា សិនណាល និងម្លប់តាប៉ាង។
- 98% នៃអ្នកសហគមន៍ដែល មិនមែនជាអ្នកប្រើម៉ែកធួន នៅក្នុងខេត្តសៀមរាប បានឱ្យដឹងថាពួកគេចង់ ឲ្យកល្យាណមិត្ត ធ្វើការងារទៅលើបញ្ហាញៀន ជាតិស្រវឹង នៅក្នុងសហគមន៍ របស់ពួកគេ ហើយនិង 59% នៃអ្នកសហគមន៍ដែល ជាអ្នកញៀនជាតិស្រវឹងធ្ងន់ធ្ងរ បាននិយាយថា ពួកគេចង់កាត់បន្ថយ ឬបញ្ឈប់ការ សេព ជាតិស្រវឹង ហើយបានស្នើរសុំគម្រោង កល្យាណមិត្ត ឲ្យផ្តួចផ្តើមគម្រោងលើ អ្នកញៀនសារធាតុ ស្រវឹងនៅក្នុងចុងឃ្លៀស និងមណ្ឌល 3 ក្នុងអំឡុងពេលឆ្នាំ 2013 ។
- អង្គការម្លប់តាប៉ាង និងកល្យាណមិត្តគប្បីនៅតែបន្ត ធ្វើការយ៉ាងជិតស្និទ្ធជាមួយគ្នា និងចែក រំលែកព័ត៌មាន អំពីការងារជាមួយនឹង បញ្ហារបស់អតិថិជនញៀនសារធាតុស្រវឹង និងក្រុមគ្រួសារ របស់ពួកគេ។
- ការសិក្សានេះគឺមិនធ្លាប់មានទេពីមុនមក អាស្រ័យហេតុនេះ បញ្ហាការញៀនសារធាតុស្រវឹង នៅសហគមន៍ មួយនេះ ត្រូវបានកំណត់ដោយការស្ទង់មតិនេះ បើទោះបីជាមានអត្រាខ្ពស់ នៃការរាយការណ៍របស់ប្រធាន ភូមិពីបញ្ហាសុខភាពនិងបាន កំណត់អត្តសញ្ញាណ គឺមកពីការ សេពជាតិស្រវឹង ហើយបានផ្តល់មតិស្នើរសុំ ឱ្យមានការអភិវឌ្ឍន៍ គម្រោងសម្រាប់អ្នកញៀន សារធាតុស្រវឹង ហើយត្រូវតែមានកិច្ចសហការជាមួយនឹង

សេវាសុខភាព និងអាជ្ញាធរមូលដ្ឋាន។

- ការញៀនជាតិស្រវឹងនៅក្នុងសហគមន៍ទាំងពីរ (ចុងឃ្លៀស និង មណ្ឌល៣), និងបញ្ហាអំពើហិង្សាគឺពិតជាមានទំនាក់ទំនងគ្នា យ៉ាងជិតស្និទ្ធជាងគ្នានិងគ្នា ដែលនេះត្រូវបានកំណត់ នៅក្នុងការស្ទង់មតិ ហើយបានលើកបញ្ជាក់ថា ការអភិវឌ្ឍន៍នៃគម្រោងសម្រាប់អ្នកញៀន គ្រឿងស្រវឹង គឺអាចជួយដោះស្រាយដល់បញ្ហាអំពើហិង្សាក្នុងគ្រួសារ។ ក្រុមបុគ្គលិកសង្គម ដែលចូលរួមនៅក្នុងគម្រោងមួយនេះ គួរតែមានចំណេះដឹងជំនាញ និងប្រព័ន្ធបង្កែក ដើម្បីចាត់វិធានការ ក្នុងករណីអំពើហិង្សាក្នុងគ្រួសារ។
- ក្នុងអំឡុងពេលធ្វើបទសម្ភាសន៍ជាមួយនឹងកុម្រុគោលដៅ អ្នកសហគមន៍ដែល ជាអ្នកញៀនជាតិស្រវឹង ធ្ងន់ធ្ងរ បានសួរថា តើមានប្រភេទនៃក្រុមការងារគាំពារ និង ព្យាបាល អ្នកញៀន ជាតិស្រវឹងអាចនឹងត្រូវបានសម្របសម្រួល ក្នុងសហគមន៍របស់ពួកគេដែរទេ? អង្គការម្លប់ តាប៉ាង នៅក្នុងខេត្តព្រះសីហនុ និងមិត្តសំឡាញ់ នៅក្នុងរាជធានីភ្នំពេញ បានធ្វើការងារនេះ បានជោគជ័យមួយចំនួនដែរ ប៉ុន្តែ ក្រុមការងារ / ក្រុមអ្នកគាំទ្រ និងអ្នកគ្រប់គ្រងករណី គួរតែត្រូវ បានចាត់ទុកជាមួយនឹង វិធីសាស្ត្រមួយចំនួនបន្ថែមទៀត ដើម្បី ការអភិវឌ្ឍន៍គម្រោងណាមួយថ្មី សម្រាប់អ្នកញៀនជាតិស្រវឹង។