Bachelor Thesis

The Mongolian Way of Occupational Therapy

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Glossary

**Aimag**: Mongolian for province. Mongolia has 21 aimags (Yumbuu, 2016).

**Culture**: “Culture includes systems of shared ideas, concepts, rules and meanings where this is based on and expresses itself in the way of living.” (Stomph & Poerbodipoero, 2012).

**Ger**: A portable, round tent that is used by Mongolian nomads. It is still in use by many, not only in the countryside but also in cities (Diener & Hagen, 2015).

**Ger district**: The outskirts of the capital Ulaanbaatar. About 60% of the capital’s population live here. It consists of large areas full of gers and self-built homes built close to each other (Diener & Hagen, 2015).

**Khoroo**: A term that stands for smaller administrative units or subdistrict. This counts only for the capital, Ulaanbaatar. Ulaanbaatar is divided into 9 soums, which is divided into khoroos. (E. Myagmar, personal communication, June 7, 2017).

**Norms and values**: “That what according to the agreement of the majority of the people is adjudged as normal and/or important. Binding expectations in a certain relation between persons; rules of good manners.” (Nederlandse encyclopedie, z.d.).

**Soum**: Mongolian for district. Every aimag is divided into soums (Yumbuu, 2016).

**Universal Progress (UP)**: The first Independent living center in Mongolia, the “Universal Progress” Independent Living Center was officially established on 20 March, 2010. The goal of this establishment is to advocate the independent living approach regardless of the type of disability and the challenges of being disabled, as well as to disseminate the understanding of an inclusive environment and advocate to government to build inclusive environments that support independent living opportunity for all people such as people with disability. The Center serves for its members and is keen to build capacity of them meanwhile works with government organisation to make social welfare system more appropriate for people with disabilities’ needs. (Universal Progress, n.d.).

OT - Occupational Therapy & Occupational Therapist: In this thesis, this abbreviation may be interpreted in either way.

WFOT - World Federation of Occupational Therapists

WHO - World Health Organisation

PWD - People With a Disability

SI - Sensory Integration

NGO - Non-Governmental Organisation

ILC - Independent Living Centre

MNUMS - Mongolian National University of Medical Sciences

Ulzzii Khée (Өлзий Хээ) as known as "The endless knot or eternal knot"
A symbol knot and one of the Eight Auspicious Symbols. It is an important cultural marker in places significantly influenced by Tibetan Buddhism such as Tibet, Mongolia, Tuva, Kalmykia, and Buryatia. In Mongolia it's the symbol of happiness and eternity. It has many versions and most favorite among the nation. (Enkhtuvshin, 2011)

Khatan Suikh (Хатан Сүйх) Queen Carriage is the symbol of love, invincible and honesty. (Enkhtuvshin, 2011)
Summary

Aim of the study: The main question of this thesis is: How can the occupational therapy (OT) education in Mongolia develop to fit the needs of Mongolian citizens? The local supervisor Erdenetsetseg Myagmar (Erca), an OT teacher in Mongolia, explained that she has no practical experience as an occupational therapists (OT), which causes difficulties in teaching. Therefore she asked the Dutch students to support her with giving lessons. Because OT is a new profession in Mongolia, OT is not known among most Mongolians, which makes promotion really important. The local supervisor asked the Dutch students to share their knowledge about promotion in a lesson. To be able to discuss about the fit of the OT theory in Mongolia, the Dutch students immersed themselves in the Mongolian culture and the health system as well.

Methods: The Dutch students used the Participatory Action Research (PAR) method to collaborate with the local supervisor and the current third year Mongolian OT students. The Dutch students supported the local supervisor by giving some lessons and using their practical experience from their internships in the Netherlands. These lessons focused on OT principles, OT models (to find out the main problems in a client's daily activities), on observation and promotion. To find out if this Dutch knowledge about OT theory fits in the Mongolian context, the Dutch students discussed this during the lessons and they did fieldwork on the Mongolian culture and the Mongolian health. These fieldworks were done for two reasons. Firstly, to get an general idea on how the OT profession should develop in order to fit the Mongolian context and secondly to try to avoid misunderstandings in the collaboration with the local supervisor and the Mongolian students.

Results: At the end of this project, the Mongolian students experienced that an OT in Mongolia can use a combination of OT models (MOHO, Kawa, PEO and/or the Ten Dimension) to discover the main problems in the daily life of a client. These models do not need adjusting to fit the Mongolian culture. Observing and interpreting the OT models is something the Mongolian students should keep on practicing. The local supervisor and the Mongolian students are doing a great job on promotion and do not need further support from the Dutch students. There are many different settings where an OT could work in and different goals to work on in Mongolia if you consider the needs of the people in Mongolia. An OT could work in the following settings in Mongolia: in primary, secondary and tertiary health care or work with a community approach. To work in these settings there should be a paid job position though. At the moment this is only the case for the secondary health care.

Conclusion: To further develop the OT education to fit the needs of the Mongolian citizens the OT education can be developed on three fronts: (1) the gathering and processing of information to discover a client's main occupational problems, (2) the general promotion of OT in Mongolia and (3) improving the OT fit in different settings. To further develop these improvements a new collaboration with a new group of Dutch students could be started. There are three possible subjects: they could support Mongolian students with classes about observing or during their internships, they could introduce a OT report form the Mongolian students can use in different settings in the workfield or they could focus on developing OT in the community with a community approach in Mongolia. Considering everything, with continued dedication the OT future in Mongolia looks promising.
Foreword

We hereby proudly present our Occupational Therapy (OT) bachelor thesis of the project we did in Mongolia to support the development of the OT education. OT is a new profession in Mongolia. The OT education started in 2014 and in 2018 the first Mongolian OT students will graduate. OT is currently finding its way in Mongolia, we experienced a small part of the development.

During the project we collaborated with the current third year Mongolian OT students and Erdenetsetseg Myagmar (Erca), she has also been our local supervisor. It was an exciting and challenging experience to work with people from another culture and to live in the Mongolian capital Ulaanbaatar for three months. We were fortunate that Erca and the Mongolian students were very welcoming and enthusiastic. We would like to thank Erca and the Mongolian students for all their effort and time! Erca, who was involved from the beginning: the Skype meetings, the translation of all the paperwork for the ethical approval and conversations, the lessons, visits to institutions and not to forget answering all our questions whenever and wherever (trust us, we had A LOT of questions!). We are grateful to the Mongolian students who took us out into the Mongolian life and shared their OT thoughts and opinions. We really enjoyed their company whenever we visited places in town. Together we have made the project work!

In the weekends we stayed at the families of the Mongolian students, we would also like to thank them for their hospitality and kindness. We think that we can now truly say that we have experienced the ‘real’ Mongolia.

In the preparations before going to Mongolia we have asked several people for advice. We would like to thank Hanneke van Bruggen, Ada van Vliet, Peter Bontje and Inge Vromen for their time. Thank you Hanneke van Bruggen for the useful materials and sharing your vision with us, it has had a big influence on the project.

We have had guidance of two Dutch HvA coaches Ruth Zinkstok and Hetty Tonneijck. Ruth, thank you for the guidance when we were finding our way during the beginning of this project. Thank you Hetty for the (mostly) long distance guidance and tons of feedback. It was very helpful that you always seemed to understand the situation and were able to give empowering advice!

We would also like to thank Sophie, Daan and Kees for checking our thesis on the English writing. Their feedback has also given us different perspectives on the thesis.

Last but not least, we are thankful to our own family members in supporting us before and during this project.

We hope this thesis will inspire you the way the project has inspired us!

Current fourth year Dutch OT students from the Amsterdam University of Applied Sciences,

Ryosuke Asao, Merel Kremer and Anja van Staa
Introduction

In the beginning of 2000, people in Mongolia started to hear about occupational therapy (OT) from foreign health professionals and volunteers who were in Mongolia for a short period of time. In 2003, an American wheelchair organisation asked a Swiss OT to help with adapting wheelchairs in Mongolia for two weeks in remote areas. A year later they went back to Mongolia and informed Mongolian health professionals on how to adapt wheelchairs. This is when the Mongolian health professionals supported by people with a disability (PWD) asked for support to set up their own physiotherapy (PT) and OT education. This request has been forwarded to the World Federation of Occupational Therapists (WFOT) and has been processed. Since 2007 the Zurich University of Applied Sciences (ZHAW) has joined this process as an additional partner since the investigator from the WFOT became the new director of the institute of OT on this school. From 2010-2014 there have been two cohorts of training from staff from ZHAW to Mongolian medical doctors and nurses with a duration of six weeks each. Approximately 30 health professionals followed these trainings. The goal was to teach these health professionals so that they can teach these knowledge to others (to ‘train the trainer’). Currently there are seven Mongolian health professionals who participated in the training and implement the OT knowledge in their work. There are no Mongolian OT’s with a bachelor degree yet. (E. Myagmar, personal communication, February 20, 2017)

In 2014, an OT education was established in Mongolia as part of the Mongolian National University of Medical Sciences (MNUMS). Erdenetsetseg Myagmar (Erca) is a Mongolian medical doctor who has translated the six-week OT training programmes. In this project she is also the local supervisor of the Dutch students. Because she has translated the information from the training programmes, the local supervisor also has the same knowledge as the health professionals who participated. The MNUMS appointed the local supervisor to do the European Master of Science in Occupational Therapy since she was the only possible candidate. She has now finished the first five modules and is in charge of the OT education in Mongolia. The OT education in Mongolia works together with and gets support from Switzerland and Japan. These countries help with the development of the Mongolian OT education. The local supervisor gets support and advice from the Zurich University of Applied Sciences (ZHAW) lecturers. Japan is involved since 2011, and the Mongolian OT curriculum is based on the Japanese OT curriculum (Gunma University) and also Japanese lecturers visit the MNUMS several weeks every year to support by giving lessons. Because the education has started with support from different countries, there might be an influence from this foreign help. It is not sure if the foreign programmes also connect with the Mongolian context. As OT is a culturally designed profession with and about people, there might be a difference in culture and needs from people in Mongolia who are in need of OT compared to Swiss and Japanese people. The Mongolian students follow full time classes and sometimes have a fieldwork assignment. In the first year the Mongolian OT students have medical lessons together with other medical students. From the second year they get lessons specified on OT. There is an PT teacher who speaks Japanese, she translated all the Japanese lectures and re-uses these lectures in to teach the second year Mongolian OT students. There is also a medical doctor (rehabilitation) who studies OT in Japan right now for a year, in September she will also start to teach OT at the MNUMS. Next year June the first seven OT’s will graduate and start working in Mongolia. (E. Myagmar, personal communication, February 20, 2017)

Since January 2017 the local supervisor also teaches the third year Mongolian students the basics of OT theory. The local supervisor has OT knowledge from theories out of books, however she lacks practical experience. She explained to the Dutch students that she

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1 Below the table of contents of this thesis, a glossary is presented. In this glossary, certain words are defined. On top of that, the full descriptions of all abbreviations are also found there.
misses the practical experience to give examples of the theory to the Mongolian students. OT is a new profession in Mongolia, therefore the profession still needs to be formed to fit the Mongolian culture and needs. The local supervisor is very busy with the education and letting the Mongolian students experience as much as possible by organising field trips in the healthcare workfield. Because it is a new profession, OT is also not known among most Mongolians. Therefore, promotion in health institutes and high-schools is also part of the local supervisor’s work. The local supervisor does this together with the Mongolian students, so that they can learn about this as well. In January 2017, the local supervisor and a Mongolian student visited ZHAW for two weeks. During the visit, they learned more about the importance of promoting the OT profession and different ways of doing this such as how to make appealing posters and give presentations.

The local supervisor asked the Dutch students to support her with giving OT lessons to the third year Mongolian students. In addition to supporting the lessons, the Dutch students and the local supervisor talked about how the Dutch students can get to know the Mongolian culture and the current health care system to create a better understanding of the situation and which will help in the collaboration.

According to Khan, Amatya, Avirmed, Shirmen, Tsegmid, Abbott & Galea (2017), the World Health Organisation (WHO) is active in Mongolia and has done research to give an update on disability and rehabilitation in Mongolia. Disability and rehabilitation are an emerging priority in this country. This update gives information about potential barriers and facilitators for implementation of the WHO Global Disability Action Plan (GDAP). The GDAP provides guidance to facilitate and strengthen rehabilitation services. Rehabilitation in Mongolia has improved since it started in 1999, but still remains under-developed compared to Western standards. In Mongolia there is a lack of allied health professionals in the rehabilitation, such as OT’s. Similar to many developing countries, Mongolia has limited research and data on people with disabilities. There are also limited specific policies and programmes in the healthcare. The local supervisor mentioned that rehabilitation started long before 1999, but has not been the same as in the West, as it was more based on traditional medicine and electrotherapy.

The local supervisor explained that there are jobs available for OT’s in several rehabilitation centers, hospitals and kindergarten (special needs) in Ulaanbaatar. There are no graduated Mongolian OT’s yet though. Some of the centers that offer jobs do this because the local supervisor did some promotion which makes them see the benefits of OT, others because there are health professionals working who followed the OT training and know the importance of OT in their setting.

As written above in Mongolia there is a need for OT and there is a need to increase the quality of the OT education. The OT education has started in 2014 and the first Mongolian students are almost graduating. It is a challenge that there are no OT’s in the workfield yet. The Dutch OT students, Merel, Ryo and Anja, would like to contribute to this challenge of finding the Mongolian way of OT. For the thesis there is a collaboration between the Dutch students, the local supervisor and the current third year Mongolian students. The collaborators support each other where possible. The Dutch students will support the local supervisor with giving lessons in OT theory and promotion and will discuss the results after trying to find out if the theory fits the Mongolian context or needs adjusting to fit the Mongolian culture and/or needs. To be able to discuss about the fit of the OT theory in Mongolia, the Dutch students will immerse themselves in the Mongolian culture and the health system as well. The local supervisor and the Mongolian students support the Dutch students in gaining information about the Mongolian health system and to get to know the Mongolian culture. In this thesis the Dutch students describe the project, the methods, results, discussion and conclusion.
Main question and sub-questions

The main question of this thesis is: How can the occupational therapy education in Mongolia develop to fit the needs of Mongolian citizens? To be able to answer this question, the following sub-questions have been formulated:

**Sub-question 1:** What is a suitable way for the Mongolian students to get to know the main problems in the occupations of a client?

This question is made because the local supervisor wanted the Dutch students to support her by giving some lessons about the OT models that sort all the information you need as an OT from a client. By organising this information you can find out what the main problems are in the occupations of a client, which is necessary information before starting the OT treatment (Logister-Proost & Steensels, 2012).

**Sub-question 2:** How can the Mongolian students promote the occupational therapy profession in Mongolia?

The Dutch students have chosen for this sub-question since the local supervisor told them that OT is a new profession and is unknown by Mongolian people. High-school students, who are the most important target group to enter OT education, also do not know about OT. According to the local supervisor high-school students who want to start studying in Mongolia may apply to a university on one chosen day every year. On this day, the high-schoolers visit the centre of the province they live in and apply for an education of their choice. Since not all courses have clear descriptions, the unknown courses do not attract much attention. This is also the case with OT: the students who chose for OT only knew that it was a medical course at the MNUMS. This is the reason that not many people choose to study OT and that some students drop out when they find out what the profession actually is about. The local supervisor asked the Dutch students to give a lesson about promotion on high-schools and in the healthcare. By promoting more about OT to the public, more high-schoolers may chose to study OT and also be informed on what to expect. During this class the Dutch students will try to find out what the ideas of the Mongolian students are about promotion and will work according to their ways.

**Sub-question 3:** What are Mongolian cultural aspects that need to be taken into account during occupational therapy practice in Mongolia?

This sub-question is made because this is a condition to develop the Mongolian way of OT. As an OT you should work client centered and for this it is important to understand the culture context of the client, so that you can connect with his or her experience (Stomph & Poerbodipoero, 2012). The Mongolian students know their own culture, but not all the subcultures in Mongolia and the Dutch students do not know the Mongolian culture at all. To find out together how the Mongolian way of OT should be, it is important to know the cultural aspect that have an influence on practicing OT in Mongolia.

**Sub-question 4:** What are possible settings for the OT to work in Mongolia?

OT will be a part of the Mongolian healthcare. In order to be able to form the profession and discuss about this subject with the Mongolian students, the Dutch students have to have some sort of understanding about the Mongolian healthcare system. Other than that, the local supervisor mentioned that not everyone is aware of the possibilities of OT. Because of
that, the Dutch students will also look further into the people that have a possible need for OT services.

**Sub-question 5: What are possibilities for similar follow-up projects in the development of the OT education in Mongolia?**

This question tries to ensure the continuation of the development of OT after this project by finding the possibilities of possible follow-up projects. This has been discussed between the Dutch students and the local supervisor.
Methods

The purpose of this chapter is to introduce the used methods, how the Dutch students have acquired data and how they have interpreted this acquired data. Explanation is given on why they have selected the methods and the roles they had within this project. While preparing and choosing the methods, the Dutch students have done literature studies to gain more information that helps them understand and form the project. They have had skype meetings with the local supervisor about the project. Based on this the Dutch students have made literature questions about subjects on which they want to get more knowledge and understanding. The Dutch students searched systematically in different databases to find the best available data. Further below in this chapter, the relevances of the literature studies are described.

The main goal of this thesis is to contribute to the development of OT education in Mongolia, in a way it fits the culture and needs of the Mongolian citizens. The Dutch students took advice from a Dutch OT, Hanneke van Bruggen, into account, as she started different OT schools in different countries. She mentioned that by collaborating with the local people and by having them take the lead, this will bring the best results. The Dutch students were aware that when they will visit Mongolia, there will be many differences in terms of culture, values and challenges that are present in Mongolia which they do not know of. They did know however, that the Mongolian students and the local supervisor are experts within these aspects as they are knowledgeable with life in Mongolia. And after all, the Dutch students will not be working as OT’s in Mongolia as the Mongolian students will and follow the OT education to this day.

The Mongolian students participated actively in the project as they have their own expertise about OT and life in Mongolia. The Dutch students do have their own expertise on OT theory and practice which they have gained during the last three-four years of studying and doing internships. This knowledge is used during the project to provide support for the Mongolian students and the local supervisor. The Mongolian students are the future of OT in Mongolia. Hopefully this project has contributed to what the Mongolian students will keep on developing: The Mongolian way of OT.

The points above lead to why the Dutch students used the following two methods combined: participatory action research (PAR) (Kemmis & McTaggart, 2007; Zinkstok, 2017), and the community development approach (CD approach) (Zinkstok, Schiller & Engelen, 2016).

Participatory action research

The participatory action research (PAR) is a method that makes use of the community development (CD) approach but includes a research report on the process (Ruth Zinkstok, personal communication, 24 February 2017). Literature suggests that the PAR method is useful within OT research (Letts, 2003; Townsend, Birch, Langley & Langille, 2000; Hammel, Jones, Gossett & Morgan, 2006). The community development approach focusses on empowering the community. The goal of this method is to let the community formulate the problems, analyse it and find a solution for it (Zinkstok, Schiller & Engelen 2016). The key issues equality, participation, empowerment, collaboration, reflection and dialogue have been the main values during this project (Gilchrist & Taylor, 2011).

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2 Source originating from Amsterdam University of Applied Sciences (inaccessible for public).
Figure 1: The steps of the participatory action research cycle (Zinkstok, 2017\textsuperscript{3})

For a more broad explanation about the method see appendix 1.

\textsuperscript{3} Source originating from Amsterdam University of Applied Sciences (inaccessible for public).
Methods per sub-questions

The used methods are described below the sub-questions. The main question can be answered by the combination of the conclusions of the five sub-questions.

Sub-question 1: What is a suitable way for the Mongolian students to get to know the main problems in the occupations of a client?

According to Kinébanian & Logister-Proost (2012), the first step of an OT is to find the problems in daily occupation. Models can help to organise the obtained information. It can also help you knowing what kind of information you want to get and what kind of questions you can ask in order to get this. If you can get the right information and interpret it you can find a client's problem in occupation(s). This is needed in order to be able to do a treatment. It helps you to make a plan and come up with suitable interventions.

This is why there is decided that it is important that the Mongolian students have:
- Knowledge about several methods to find someone’s problem in daily occupation
  - Knowledge about OT models - Person Environment and Occupation (PEO), Model Of Human Occupation (MOHO), Kawa model and the Ten Dimensions
  - Knowledge about methods to obtain information – Observation
  - Knowledge about subjects - Children: theory + PEO play analysis (Spaargaren & Taam, 2012) and Sensory integration (SI): theory
- Practical experience with the methods in order to be able to judge if it is suitable to find someone’s problem in daily occupation in the Mongolian context.
- The ability to interpret the obtained information and make the next step of OT: know what you can do as an OT? In order to make this step structured, you have to be able to write a problem description and make a treatment plan.

In order to develop the OT profession further, the Dutch students decided together with the local supervisor to support the lessons on OT theory. The Mongolian students were preparing to visit institutions: several kindergartens and non-governmental organisations (NGO’s) to practice with the learned theory and interview and observe clients. This way the Mongolian students practice with implementing the theory in practice. By repeating the skills, ease and effectiveness of the performance are able to increase according to the dimensions of occupational engagement (Verhoef & Zalmsta, 2012).

The Dutch students have given the theory lessons which the local supervisor complemented and translated. The local supervisor had subjects that she wanted to discuss, for example the model MOHO and theory about SI. The Dutch students wanted to talk about some subjects that they thought were important or convenient to discuss in order to be able to answer the main question, for example enabling occupation and the model PEO. In consultation with the local supervisor, the Dutch students have made a plan about the lessons. On several moments the plan has been adjusted. The local supervisor mentioned after the first lessons that she wanted the Dutch students to give a lesson on observation as well. This lesson was the first lesson for the Mongolian students on observation. The Mongolian students had workfield visits planned where it could be of use to know how to observe to get information. The Dutch students agreed that observation is an important part of OT and that it can help to get the ‘missing’ information in order to fill in the models. There have not been lessons on interviewing since the Mongolian students managed to get enough information to fill in the models.

After the visits to institutions, there have been lessons in which the results were discussed and reflected on the assignments the Mongolian students carried out. Lastly, the Mongolian students made a conclusion on the usefulness and applicability of the theory in practice.
The lessons have been given in an interactive way. This because it suits the PAR method, the local supervisor wants this and the Dutch students have good experiences by following interactive lessons themselves in the Netherlands. With interactive lessons there is more collaboration instead of just giving information, which is necessary because the results of this project are based on the opinion of the Mongolian students and the local supervisor. According to Cole (2012), often the best way for students to learn is by experience. Taking the role of a professional is new for most students and this is why practice is important. The way the classes have been given by the Dutch students have been inspired by ‘Cole’s Seven-Step Groups’.

During the classes everybody sat together in a circle around tables. This way people can look at each other while talking. Also, nobody stood in front of the class, but the teachers and Dutch students sat at the same table, which created equality. The local supervisor wanted the Mongolian students to be able to participate during the lessons. The Dutch students also thought this is a good idea because then you know what the Mongolian students think of the theory and if they are able to apply the theory into practice. The lessons have been evaluated in the following way: plan-execution-evaluation, according to the PAR method.

The Dutch students have kept a logbook about the given lessons. They have done this by writing down the objective, process, results, conclusion and plan for the next step/lesson. The results the Dutch students acquired during the lessons was of use in working towards the main objective: to further develop the OT education and thus, the Mongolian way of OT.

Sub-question 2: How can the Mongolian students promote the occupational therapy profession in Mongolia?

The local supervisor asked the Dutch students to support the promotion of OT in Mongolia by giving a lesson about this subject. The Dutch students have asked the Mongolian students about their plans and ideas. The goal was to share ideas about possibilities of promotion. The Dutch students have thought of several ways that OT is promoted in the Netherlands and shared this. The aim of the lesson was to find insight in what the next step is for the promotion of OT.

Sub-question 3: What are Mongolian cultural aspects that need to be taken into account during occupational therapy practice in Mongolia?

The Dutch students have used different ways to find out what possible influence cultural aspects have on the OT practice in Mongolia. They have looked for relevant literature in the literature studies 1 and 2 and have done fieldwork 1, which is explained below.

- Literature study 1

Literature study 1 answered the following question: What are the requirements for an occupational therapist to work effectively in a collectivistic society?

In the WFOT: Guiding Principles on Diversity and Culture (2009), it is written that OT is based on norms and values of the white middle class (Wells & Black, 2000; Black & Wells, 2007; Beagan, 2007; Iwama, 2007, 2005, 2004, 2003; Lim & Iwama, 2006; Thibeault, 2006; Watson, 2006; Awaad, 2003; Chiang & Carlson, 2003; Black, 2002; Kinébanian & Stomph, 1992). The key values in OT such as independency, autonomy, own will and making your own choices may have different values in every society (Lim & Iwama, 2006; Townsend & Polatajko, 2007). These key values are highly individualistic. Literature suggests that Mongolia is a collectivist society (Tomortogoo, 2006; Aramand, 2013; Sanduijav, 2008). However, it has also been argued that the Mongolian society is slowly becoming individualistic (Sanduijav, 2008; Rarick, Winter, Barczyk, Pruett, Nickerson & Angriawan
2014). As the Dutch students were only known with an individualistic society, the purpose was to gain knowledge on how to work effectively as an OT in a collectivist society, as the main objective of this thesis is to find the Mongolian way of OT.

- Literature study 2

Literature study 2 answered the following question: *What are Mongolian cultural aspects that need to be taken into account during occupational therapy practice in Mongolia?*

This is exactly the same question as sub-question 3, but then only with a focus on literature. To find out what cultural aspects are that influences the OT practice, there has been a focus on the goal of OT. The goal of OT is to enable occupation (Logister-Proost & Ammeraal, 2012). The WFOT has a couple principles that form the international way of thinking as an OT about occupation, a person, the environment, health, wellbeing and justice and client centered working (Townsend & Polatajko, 2007). These principles are used as a structure for describing the result.

- Fieldwork 1:

Fieldwork 1 consisted of the Dutch students visits at the families of the Mongolian students

In order to get to know the Mongolian culture, norms and values, the Dutch students tried to integrate as much as possible. By living in Mongolia the Dutch students have experienced how Mongolian people live in the city Ulaanbaatar. The Mongolian and Dutch students worked closely together and the Dutch students were able to ask the Mongolian students a lot of questions. The Mongolian students and local supervisor explained what the Mongolian do’s and don’ts are. Informed consent was obtained by the Mongolian students and their families.

By staying a night at the Mongolian students and their families’ house the Dutch students experienced the daily life of the Mongolians. The Dutch students used the ethnographic way to collect data, by participating actively. The organising of the data has been done in a different way, according to the enabling occupation principles (Townsend and Polatajko, 2007). The Dutch students stayed with several Mongolian students and tried to experience different homes.

Homes the Dutch students have stayed at:
- In an apartment in the city
- In a ger in the ger-district (2x)
- In a ger in a small city just outside Ulaanbaatar
- In a ger in the countryside

The visits have been made possible by the Mongolian students and the local supervisor. The enthusiasm and effort of the Mongolian students and their families have made it work.

From the visits the Dutch students have collected the data in a logbook. In the logbook they have organised the observations according to the enabling occupations principles, the same way as it is processed in literature study 2. This method was chosen instead of a real ethnographic data analysis, because that is not the main focus of the project. By using the enabling occupation principles (Townsend and Polatajko, 2007), the information has been organised to create a basic awareness on the Mongolian way of life, which has been used in the development of the Mongolian way of OT together with the local supervisor and the Mongolian students.

**Sub-question 4: What are possible settings for the OT to work in Mongolia?**

In order to be able to answer this question there has been a research in the literature through literature study 3 and fieldwork 2, which is explained below.
• Literature study 3
Literature study 3 answered the following question: *Who are the people in Mongolia that possibly have a need for occupational therapy?*

This literature study aimed to find an answer on who the possible people are that are in need of OT in Mongolia. An OT can work with many different people with different issues concerning health and well-being. Who the people in need of OT are and what kind of needs they have, forms the treatment and the setting where OT’s can work. Knowing more about the people in Mongolia and their needs made it easier for the Dutch students to understand the situation and work together with the local supervisor and the Mongolian students. In addition to this, the information gave possible suggestions of people that can be considered to be an OT client group. The people that are possibly in need of OT as found in the literature study, can differ from what the local supervisor and Mongolian students initially think.

• Fieldwork 2
Fieldwork 2 consisted of the Dutch students visits at institutions (NGO’s, kindergartens and several hospitals)

The Mongolian students visited several hospitals to gain insight information and to also promote OT. The Dutch students joined these visits to gain understanding about the Mongolian healthcare system. The Mongolian and Dutch students also visited several NGO’s, a mental hospital and two kindergartens to have contact with clients. With these clients, the Mongolian students learned to observe and to interview them. This was also a part of the lessons. How do you fill in a model with the information you have received from a client? (See sub-question 1) The Dutch students experienced the healthcare and also talked with the clients. Especially the clients from the NGO’s gave them a lot of insight.

In addition to the fieldwork the local supervisor gave the Dutch students an article about the healthcare system in Mongolia. They have used this information to better understand the visits.

**Sub-question 5: What are possibilities for similar follow-up projects in the development of the OT education in Mongolia?**

At the end of the project a meeting moment has been planned with the local supervisor about the project to discuss the way of continuing the development of the OT education with possible follow-up projects.
Results

In this chapter, the results regarding the sub-questions are presented. Every sub-question starts with a small introduction and a figure that visualise which actions formed the results, then an answer is given on the sub-question. References have been made for the full details on the results.

Results per sub-question

Sub-question 1: What is a suitable way for the Mongolian students to get to know the main problems in the occupations of a client?

The Dutch students have given OT theory lessons to the Mongolian students to show them different methods which they can use in finding the main problems in occupations of a client. After the lessons, the Mongolian students have applied this theory in practice. In the end, the applied theory has been evaluated on usefulness and applicability in the Mongolian context. Below figure 2, the conclusion of all the lessons is presented.

![Figure 2: Scheme for sub-question 1](image)

In terms of the base of OT (the enabling occupation principles and the steps in treatment process), the Mongolian and Dutch students were on the same line. To be able to find the main issues that a client has in their daily life an OT needs to be able to collect the data and organise them (Kinébanian & Logister-Proost, 2012). The Mongolian students can get a lot of information by interviewing potential clients, but had some difficulty with observing. Together with the Dutch students the Mongolian students talked about important area’s that you can observe to get a complete view and what these may contain. The Dutch students suggested to use five areas as a checklist while observing (motor-skills, fine motor-skills, communication, cognition and sensory) and the Mongolian students felt that this could be helpful. As an observation tool to observe children playing the Mongolian students are able to use and interpret the PEO play analysis. The local supervisor and the Mongolian students want to practise more with doing observations. If the Mongolian students have all the information they can organise it by using OT models and are able to find the problem in daily occupation. The Mongolian students think that all the models that have been discussed during the lessons are useful to find problems in daily occupation and do not need adapting to fit the Mongolian context. However, according to the Mongolian students,
although the PEO is useful as a base, it is not broad enough to gather enough data from the client compared to the MOHO: they regard the MOHO as a very useful model with many components that are useful to order the collected data. The Ten Dimensions model is also very useful: the questions within this model are very convenient to use in order to acquire data. As for the Kawa model, it is useful to get to know the past of the client and also for the client to reflect on his/her own situation. But other than that, it is not as useful as the other models because the Mongolian students mentioned that you do not get enough information. They feel like the Kawa model is more of an assessment or intervention and thus should be used in addition to another model. With that being said, the Mongolian students concluded that the models should not be used individually. Rather, a combination of models will give a broader perspective and thus multiple models should be used together. The Mongolian students feel like the models have different focusses, by using different models, the quality and quantity of the information increases.

Overall, if the Mongolian students improve their observation skills, they are capable to get to know the main problems in the daily occupation of the client. The next step, knowing what to do with the information and making a treatment plan, is still challenging for the Mongolian students. The Mongolian students also mentioned this: they aim to keep practicing and get better at acquiring the right information when interviewing and observing clients and find out the next step as an OT.

As written in the methods, for every lessons the Dutch students wrote down the PAR cycle, in appendix 2.4 the whole PAR cycle of the MOHO is written down to give an illustration on how it has been evaluated. For the other subjects and lessons a more broadly representation of the conclusion of the results is written down in appendix 2.

**Sub-question 2: How can the Mongolian students promote the occupational therapy profession in Mongolia?**

This sub-question describes the result of the lessons the Dutch students have given to the Mongolian students about promoting OT.

During the lesson the Mongolian students mentioned that they already have a PowerPoint presentation, flyers and a short movie ready for use for promotion OT in high-schools. In this lesson the Mongolian students thought of more possible tools to use at the high-school promotions and have started to make a quiz related to OT to make their presentation more interactive. Promotion is something the Mongolian students can continue to keep on doing on their own and don’t need support on this subject from the Dutch students.

For a more broad description of the results, see appendix 3.1.
**Sub-question 3:** What are Mongolian cultural aspects that need to be taken into account during occupational therapy practice in Mongolia?

This sub-question is answered by the results of literature study 1, literature study 2, fieldwork 1. The results that are found by these different methods are summarized together to give an answer on sub-question 3.

![Figure 4: Scheme for sub-question 3](image)

There are many differences between the Dutch and Mongolian culture. The Dutch students learned a lot about the culture of Mongolia and about what aspects an Mongolian OT should keep in mind to work according to the Mongolian way of OT. First of all, Mongolia remains a collectivistic society which is slowly turning individualistic (Sanduijav, 2008). The family plays a big role in Mongolia, as spending time and being together with the family is deemed very important (Aramand, 2011; Yembuu, 2016). Hierarchical values are also important: the young are expected to respect the elderly and obey their rules and sayings (Graf, Röder, Hein, Müller & Ganzorig, 2014). It is important for the Mongolian OT to keep this in mind during treatment: work more family centred rather than focused on the client individually. The environment also differs greatly: In the capital of Ulaanbaatar, half of the whole population resides in the capital of Ulaanbaatar, with the other half spread all over the countryside. The countryside is very thinly populated, the people who live there often have to travel far for medical treatment (Tsilaajav, Ser-Od, Baasai, Byambaa & Shagdarsuren, 2013). During the fieldwork the Dutch students noticed that the way of communicating in Mongolia is different from the way in the Netherlands, it focuses more on doing than on talking. The local supervisor confirmed this and thought that this will make the OT practice different as well. She thinks that they will start more often with doing and observing instead of talking and coaching during an OT treatment. As the local supervisor is interested in the social aspect of OT, she wants the Mongolian students to use different ways to gain information and find the main problem, motives and drive of a client. It makes the profession different than other health professions, in order to work client centred, they will adjust their way of communication to the client as not all Mongolian people are used to much verbal communication. The Dutch students and the local supervisor thinks that in both ways they will reach the same goal, so it is not good or bad, but part of the Mongolian way of practicing OT in Mongolia.

During the fieldwork the Dutch students noticed that the roads in the countryside are almost always dirt roads what makes it difficult for wheelchairs and other assistive devices to be used efficiently. The environment in the capital is also not adapted for PWD: there are many
apartments without any lifts or ramps and many dirt roads especially in the ger districts outside the city centre. The economic status differs a lot in Mongolia, everybody has access to the basic care but not everybody can afford the cost coming with this care like the cost for medicines or the travel to the hospital (Tsilaajav, Ser-Od, Baasai, Byambaa & Shagdarsuren, 2013). According to the people from the NGO UP and the Mongolian students the view on PWD is also important to note: not everyone accepts them. There have been cases of PWD receiving negative comments on the streets, in shops and public transport such as that PWD should not be in public but rather stay home. The Mongolian students also confirmed this, and thought the same before starting their OT education. Last but not least, meaningful occupations differ greatly between men and women. For instance, cleaning and preparing food is done by women, whereas herding animals and slaughtering them are the responsibility of men. Keeping these differences in meaningful occupations in mind is also an important part of being an OT: after all, meaningful occupation is the core construct underlying the practice of occupational therapy (Argentzell, Hakansson & Eklund, 2012).

The conclusion on the two literature studies, the results of the fieldwork and the used information from the article of the local supervisor are discussed more broadly in appendix 4.

**Sub-question 4: What are possible settings for an occupational therapist to work in Mongolia?**

This sub-question is answered by literature study 3 and fieldwork 2. The results that are found by these different methods are summarized together to give an answer on sub-question 4.

![Scheme for sub-question 4](image)

Good healthcare for all citizens of Mongolia is a challenge, mainly because the country is thinly populated; many citizens in the countryside are difficult to reach and live isolated. The healthcare system is developing fast and has the goal to provide good health service for everybody in Mongolia but is not there yet (Surenjav, Sovd, Yoshida, Yamamoto, Rever & Hamajima, 2016). OT can help to provide this care in different ways. There are jobs available for the Mongolian students when they have graduated. These jobs are available in hospitals, rehabilitation centres and kindergartens. Here they can work with people with all kind of illnesses and disabilities (physical, mental and cognitive; children, adults and elderly). OT treatment in rehabilitation departments of a district hospital like hospital number 3 should focus on short term treatment, because people can only stay in
that hospital on the rehabilitation department for a short period of time. In the rehabilitation department of hospital number 3 the OT’s, (a Japanese volunteer and a Mongolian nurse who followed the 6 weeks OT training) do this by teaching exercises to the clients which they can continue doing at home and by involving the social environment actively in the treatment. Teaching the social environment on how to take care of PWD could make further rehabilitation at home possible and prevent physical problems of the caretakers, something that occurs a lot at the moment.

Besides the people in hospitals and rehabilitation centres an OT can work in the community with a community approach: community based or community development (Zinkstok, 2013). In this way it is possible to reach people in the countryside who do not have the money or if the distance is too far to receive health care in Ulaanbaatar. Now many people pass away from illnesses that could have been prevented (Surenjav, et al., 2016). As an OT you can give information and help with changing work conditions, lifestyle and behaviour that causes a lot of illnesses. Diseases that are common in Mongolia are cardiovascular problems, lower respiratory infections, depression, low back pain, alcohol abuse disorders and musculoskeletal disorders (Khan et al., 2017). According to Tsilaajav et al. (2013), cancer and circulatory system diseases are causes that many Mongolian people pass away from. The causes of the diseases are mostly lifestyle and behaviour.

The physical environment is also a big issue for the PWD in Mongolia, it hinders them to do the activities they want to do. An OT could work with a community approach and try to change this.

80% of the PWD older than 15 years in Mongolia do not have a job and are not participating (completely) in the society (Khan et al., 2017). Some population groups are more at risk of falling into poverty and social exclusion, such as single parent families, elderly people, PWD and immigrants. In their turn, poverty, relative deprivation and social exclusion have a major impact on health of these populations. (Wilkinson & Marmot, 2003) An OT could support these groups through occupation and participation.

There are some benefits for PWD in Mongolia but these people mostly do not know about this. OT can play a role in spreading this knowledge and together with PWD finding a way to get work. An OT could do this while working in primary care, when there is a paid workplace for OT.

An OT in Mongolia can work in secondary care like hospitals, rehabilitation centres and kindergartens, they can work the primary health care and work with a community approach with PWD in the countryside and in the city. They could give information, change the physical environment and improve the work conditions.

The conclusion of the literature study and the results of the fieldwork are written more broadly in appendix 5.

**Sub-question 5:** What are possibilities for similar follow-up projects in the development of the OT education in Mongolia?

This sub-question is answered by a meeting that took place between the local supervisor and the Dutch students. Before the meeting the local supervisor has asked Mongolian students from different years what they would like.
To further develop as an OT in Mongolia the Mongolian students should focus, according to the Dutch students and the local supervisor, on observation and practicing with filling in the OT models, interpreting them and deciding what the next step is as an OT. This should be done by practicing repeatedly with cases and in real practice.

There are different possibilities for next projects to continue the development of OT in Mongolia to fit the needs of the Mongolian citizens:

- The current third year Mongolian students would like support during their internship by using the OT theory (observing, interviewing, using OT models, interpretations of these models and making an OT treatment plan) in practice.
- The current second year Mongolian students would like a similar project in lessons. By doing so, the Mongolian students acquire knowledge and go more in-depth in theory. The local supervisor thinks that it would be useful if these lessons focus on observation.
- Create an OT report form. This would guide the OT’s in the workfield and it will help to understand what OT can do. This is still unclear to other disciplines.
- Focus on community based OT. Many places in Mongolia are still inaccessible for PWD. An OT could work together with ILC UP who is also active in this field.
- How do you create a new workplace? A project could be about how you set up a new profession and what you need (plan, materials, room, etc.).

The follow-up projects are described more broadly in appendix 6.1.

Results in relation to the main question

The main question of this thesis is: *How can the OT education in Mongolia develop to fit the needs of Mongolian citizens?* Every sub-question answers a part of the question, all together they answer the whole question.

To be able to work as an OT, so also in Mongolia, you need to be able to find out the main problems in the occupations of a client. It is the first part of the treatment process. In order to find the main problems, an OT has to be able to observe, interview, organise information and interpret this (Logister-Proost & Steensels, 2012). According to the Mongolian students, the PEO, MOHO, Kawa and the Ten Dimensions are suitable in the Mongolian context to find the main problems in occupations of a client. They argue that you should use them in combination to get all the information you need for the OT treatment. The Mongolian students think the PEO play analysis and the five observation areas are useful to use during observations.

To develop the OT education in Mongolia to fit the needs of the Mongolian citizens, there should be people who want to study OT in Mongolia and there should be workplaces for OT’s in Mongolia. To achieve both of this, people in Mongolia have to know what OT is, this is why promotion is needed. The local supervisor and the Mongolian students are doing a
good job in promoting OT, but since the profession is still unknown to a lot of Mongolians they will continue promoting.

To develop the OT education in Mongolia to fit the needs of the Mongolian citizens, the OT should fit in the Mongolian context. The Dutch students could collaborate better with the Mongolian students and local supervisor during the project because their gained knowledge on the Mongolian culture. This knowledge also helped to create an overall view on the possibilities of the development of OT in Mongolia.

To develop the OT education in Mongolia to fit the needs of the Mongolian citizens, the different settings where an OT can work in Mongolia needs to be known. By knowing the different settings, the education can anticipate to this and focus on the different settings during the classes. OT could work in primary, secondary and tertiary healthcare with children, adults, elderly and their caretakers. In rehabilitation departments of a hospital they should focus on short term treatments. An OT could also work in the community in Mongolia, then they could use a community approach, such as community based or community development (Zinkstok, 2013). In this way the citizens who live remote in the countryside and the citizens who do not have the money for the regular health care can be reached. Also this way of OT can be used for bringing awareness on PWD to the people without a disability in Mongolia and for prevention of illnesses and disabilities.

To develop the OT education in Mongolia to fit the needs of the Mongolian citizens, there could be a similar follow-up project where Dutch students support the Mongolian OT education where needed.
Conclusion

The main question of this thesis is: How can the OT education in Mongolia develop to fit the needs of Mongolian citizens? In order to better fit the needs of Mongolian citizens, the OT education can be developed on three fronts: (1) the gathering and processing of information to discover a client’s main occupational problems, (2) the general promotion of OT in Mongolia and (3) improving the OT fit in different settings.

Firstly, to ensure OT’s in Mongolia can gather and process the information which is needed to discover the client’s main occupational problems, the OT lessons should focus on observation and practicing with filling in the OT models, on interpreting them and making an OT treatment plan for it. These should be done repeatedly by using cases and the real practice.

Secondly, promoting OT is an important aspect to increase the number of Mongolian OT’s and the job places in Mongolia. The Mongolian students and the local supervisor have sufficient tools on promoting the profession, which they will keep doing in the future.

Lastly, for OT to better fit the needs of Mongolian citizens it is important that OT is implemented in different settings. Now all the available OT jobs in Mongolia are in the secondary healthcare so this is also where the OT education focus on. The possibilities to work as an OT in primary health care and in the community with the community approach should be further discovered.

All in all, developing OT education in Mongolia can improve its fit with the Mongolian citizen’s needs. This project contributed to this development by highlighting three key areas of improvement. As a results of this study, these improvements can be implemented autonomously by the Mongolian students and the local supervisor or perhaps in collaboration with a new group of Dutch OT students. If there will come a new group of Dutch OT students, there are several possible subjects. They could support Mongolian students with classes about observing or during their internships, they could introduce an OT report form, they could focus on how to set up a new workplace or they could focus on developing OT in the community with a community approach in Mongolia. Considering everything, with continued dedication the OT future in Mongolia looks promising.
Discussion

During this project, events may have occurred that possibly influenced the course of this project. The decisions that have been made have pros and cons. In this chapter, these events are described with the possible influences on the acquired results and conclusions.

The Dutch students have taught a large amount of theory and OT models within a short span of time during the lessons in order for the Mongolian students to have sufficient theory to use in practice and evaluate. Because of the tight schedule, the consequence was that there was not always enough time for repeating and discussion in order to go more in-depth in the discussed theory and OT models. As the Dutch students had never taught before, they had to find out effective methods of teaching by trying out methods they found effective in their own classes which they have had in the Netherlands. As a result, the lessons might have not been taught in the most effective way in Mongolia. However, the teaching methods were discussed beforehand with the local supervisor who believed that it would be adequate.

All the lessons have been directly translated by the local supervisor. The local supervisor now also has the knowledge of the lessons and can share the information in the future with others. However, it is possible that, even though the local supervisor is competent to translate since she knows the OT terms and the Mongolian culture, through translation some information possibly changed or went missing. Especially some OT terms that are quite complex and new for the Mongolian students can be hard to translate and explain. Because of this, the Dutch students focused more on using case studies and practical examples in the lessons to gain understanding of how the Mongolian students interpreted the OT terms. It may be necessary to spend more time and effort to define the OT terms correctly in order to reduce the chance of misunderstandings as much as possible.

The OT models that have been discussed during the classes are suitable in the Mongolian context according to the Mongolian students. The Dutch students think that in order to be able to determine this you have to have full understanding of the models and be able to use them correctly. The Mongolian students have used the models, but are still in the practicing phase. In order to find out whether the OT models really do fit in the Mongolian context more research is needed after the Mongolian students have gained sufficient experience with the models in practice. However, the Dutch students do believe that even though this project is only the beginning, it gave much insight for further continuation.

During the home visits the activities the Dutch students observed may have been different than normal daily life. The local supervisor argued that as the Dutch students were guests, certain activities may have been either suspended or done to entertain the Dutch students. However, during the activities the Dutch students asked about when they usually do that activity and how frequently.

The conducted home visits are not a complete representation of the whole Mongolian population, as the Dutch students have only visited five families who are all family from Mongolian students who are able to study OT at the MNUMS. However, many different types of homes were visited to experience as much diversity within the Mongolian way of living. For three months the Dutch students have lived in Ulaanbaatar. All the experience they have had are also used as data and helps them to understand the Mongolian culture better. This is why the Dutch students believe the combination of the fieldwork and the literature studies was a proficient way of collecting information in order to understand the culture and gain insight in their way of life. Not only is there a language barrier, there also has been a cultural barrier. The Dutch students did not always understand what was going on. These differences helped the Dutch students with noticing possible cultural aspects, but also may
have led to miscommunications and misinterpretations. The local supervisor has also read this thesis, so possible misinterpretations from the Dutch students have been noticed.

The literature studies have been made by using a systematic way of searching and the best found evidence has been used. Dutch and English articles have been included, maybe there is more literature to be found in Mongolian. Despite this, the used articles have been of worth for the Dutch students since it gave the basic knowledge.
References


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Appendix

Appendix 1: Extended Methods
• 1.1 Methods

Appendix 2: The results of sub-question 1
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Appendix 6: The results of sub-question 5
• 6.1 Results on possible follow-up projects
Appendix 1: Extended Methods

1.1 Methods
By using the PAR/CD approach, the Dutch students aimed to stimulate the Mongolian students and local supervisor to build their own capacities for identifying and solving problems, emphasizing autonomous action and self-reliance (Datta, 2007). The people of the community had an active role in the research project, which have been the Mongolian students and teacher/the local supervisor in this case (Kemmis & McTaggart, 2007; Zinkstok, 2017). This is why the collaboration with the Mongolian students and the local supervisor is a crucial aspect, as they will continue to further develop their education and profession after the Dutch students leave.

The Mongolian students, who are third-years, consist of 7 and with the local supervisor the group makes 8. One of the Mongolian students grew up in the capital and is well-known with the city life, the rest of the Mongolian students grew up in the countryside within different regions of Mongolia but live in the capital now as well. The diversity within this group has been a positive addition to the project: daily occupations in the city may be different compared to the countryside, which results in differences in OT practice that the Mongolian students need to take into account when they work in the field.

The Dutch students had the role of catalysts, as they aimed to spark new ideas or action with the hope or expectation that it would lead to a change in a given direction (Toomey, 2009). The Dutch students’ objective was not to take the lead and come up with ideas or solutions for the cooperation partners to implement, but inspire the Mongolian students to do this themselves.

The Dutch students have used the CD framework (Figure 1) (Zinkstok, Schiller & Engelen, 2016) as guidance for the project. They were aware that the framework is meant to be used in a flexible way: by dialogue and consistent reflection, the plan is adjusted when necessary.

Within a community based project, the project may be adjusted at any time. By reflecting on every step, it may change the plan for the next step.

The following methods have been used to collect data, discuss subjects and find new ideas together during this project (Kemmis & McTaggart, 2007; Zinkstok, 2017; Zinkstok, Schiller & Engelen, 2016):
- Dialogical conversation and informal talks
- Observations/field research
- Workshops/lessons
- Training of skills
- Share knowledge
- Keeping a logbook

Figure 7: Community Development framework (Zinkstok, Schiller & Engelen, 2016)

4 Source originating from Amsterdam University of Applied Sciences (inaccessible for public).
5 Source originating from Amsterdam University of Applied Sciences (inaccessible for public).
Appendix 2: The results of sub-question 1

Sub-question 1: What is a suitable way for the Mongolian students to get to know the main problems in the occupations of a client?

Lessons about the basic way of thinking

2.1 Results Enabling occupation
The Mongolian students understand and agree with the values and beliefs of enabling occupation (Townsend & Polatajko, 2007). According to the Mongolian students, there are no notable differences between their personal values and beliefs compared to the values and beliefs of enabling occupation and they believe this is applicable within the Mongolian context.

2.2 Results Treatment process
The steps of treatment process of a treatment from an OT were discussed by drawing the reasoning steps in a line on the blackboard and a sheet. The Mongolian students thought it was a useful lesson because it was a good summary of the OT practice in a clear way.

Lessons about different OT models

2.3 Results PEO (Law, Cooper, Strong, Steward, Rigby & Letts, 1996).
The Mongolian students are competent to fill in the PEO model. The next step, about interpreting the organised information and think of what you can do as an OT, is still difficult. When it was discussed plenary during class, step for step, the Mongolian students were able to make the next step. For now, it is important that the Mongolian students practice with and repeat using the PEO.
The Mongolian students like to use the PEO. They understand it and it helps to organise information from a client. Some Mongolian students think that it does not organise enough information though and prefer the PEO in combination with other models.

2.4 Comprehensive results of PAR cycle: MOHO
Relevance in relation to objective of MOHO lessons: These lessons about the MOHO helps in answering the sub-question: What is a suitable way for the Mongolian students to get to know the main problems in the occupations of a client? This because MOHO is a way of getting to know the main problems in occupations of a client (Kielhofner, 2008).
Relevance in relation to main question: These lessons are part of the local supervisors’ question about her need for support in the theory lessons. By giving lessons on existing OT models, applying this in practice and evaluating the outcomes and applicability, the Dutch students aim to conclude together with the Mongolian students whether the models may be useful within the Mongolian context or not. In this case, the MOHO model was chosen as a
request of the local supervisor. The MOHO is an individualistic model that focuses on the volition, habituation and capacities of a person. As Mongolia is both an collectivistic and individualistic society (Tomortogoo, 2006; Aramand, 2013; Sanduijav, 2008; Rarick et al, 2014) it may become clear after application in practice whether this model fits or not.

Plan MOHO lesson 1

Lesson objective: Introduce and discuss all the components of the MOHO
Lesson method: The Dutch students will start off by asking the Mongolian students what they already know about the MOHO continued with by discussing the purpose of the model and if necessary, every component step by step. After this, a case study will be used to fill in the model. The Dutch students aim to adjust the lesson to the knowledge level of the Mongolian students.

Execution

The Mongolian students had no experience with the MOHO. The Dutch students and local supervisor had to find a way to teach. The local supervisor has knowledge of the MOHO and got a PowerPoint and the theory book she has to support the class. The explanation has been done step by step and took some time. Halfway the class the Dutch students decided to start filling in the case on the first three explained components. This decision has been made since the information about all the components would have been too much to fit in one class and also the Dutch students noticed that just theory was too abstract, maybe filling in a case and discussion the way of doing it together would make the theory more clear. At the end of the class the Dutch students asked the Mongolian students if they wanted to continue talking about MOHO. The Mongolian students were determined to learn the model and said that they wanted to continue.

Evaluation

The Mongolian students found that the first three components of the model were complicated and difficult to understand. The decision to start filling in the case after three components made the theory a little bit clearer. It is still difficult for the Mongolian students to understand the goal and different components of the model. The Dutch students did not realise that translating and giving theory on the MOHO would be so difficult. For the lesson it is important to keep in mind to take the time to explain something and ask questions to make it more interactive. It is a lot of theory and talking, so motivation to learn about the subject is necessary. The Mongolian students are motivated and want to continue with the MOHO lessons, so next time the rest of the theory will be discussed.

Plan MOHO lesson 2

Lesson objective: Introduce the next components of the MOHO.
Lesson method: The Dutch students will introduce the components but take their time and see how many components will be discussed. If needed there will be another lesson about MOHO. The components will be discussed in parts of three terms that belong together, after three new components the new information will be filled in on the case.

Execution

The rest of the components have been discussed and filled in on the case. The Dutch students also had discussions and questions about where to fill in information sometimes. The Mongolian students mentioned that now that the whole model has been discussed they slowly start to understand the goal and how to fill in in the model, but it still remains difficult.

Evaluation

By teaching, the Dutch students once again realised how complex the MOHO is, it is good to take the time during the lesson for explanation. During this class there was a discussion between the Dutch students in where to fill in the information, this also made it complex for
the Mongolian students. When the MOHO will be filled in again on another case, it makes it easier to use an easier case to practise. The Mongolian students argued that more practice is needed in order to really understand the MOHO. The local supervisor and the Dutch students agreed. The Mongolian students found that using a case was very helpful in gaining a better understanding of the MOHO model. They prefer to use a case again for the remaining components of the model.

Plan MOHO lesson 3
Lesson objective: Gain more experience with using and filling in and understanding about the MOHO model on a fictive case.
Lesson method: In order to make sure that the case is ‘easier’ the local supervisor will play the case of a client with a physical disability. The Mongolian students together play the OT and ask questions. By using a played case, the students will also practice with gaining information in a goal oriented way.

Execution
The Mongolian students asked many questions to their fictive client and filled in the model. The Mongolian students asked questions in a different way and structure than the Dutch students are used to, but they managed to get all the information. The Dutch students observed that the information they gained were not always added into the right component of the model. There has been a lot of discussion on how to fill in the model and how the different components can be interpreted.

Evaluation
The Dutch students think that the Mongolian students are starting to understand the model more and more, but still more experience is needed to fully understand it. For now it is enough to apply this theory in practice. The Mongolian students thought the model was more understandable with a case with a physical disability and are more optimistic about using the model in practice now.

Plan MOHO in practice
Objective: The Mongolian students are able to apply the MOHO model in practice.
Lesson method: The Mongolian students visit institutions in practice (NGO’s and kindergartens). They will interview potential clients, fill in different models including the MOHO and present this afterwards in class.

Execution
The Mongolian students have interviewed multiple PWD at different NGO’s and used different models. The results were presented afterwards to the local supervisor and the Dutch and Mongolian students. The information was not always filled in the right component of the model, but the Mongolian students were able to find out the main problems the potential clients faced in daily life.

Evaluation
The Mongolian students are able to find a person’s main problem, this means that the objective of the model was accomplished. However, reasoning as an OT remains a challenge according to the Dutch students: going a step further by thinking about the next
steps after having all the information organised is still difficult for the Mongolian students as well as understanding what the objective is from the MOHO and see the whole picture.

2.5 Results MOHO (Kielhofner, 2008)
The Mongolian students did not always fill in the MOHO in the right way. Often information was organised in a different component. The Mongolian students could find the clients problems in daily occupations though! This is the purpose of using a model. The next step and reasoning what an OT can do is still difficult. In order to become competent in this, it requires more practice. In the beginning the Mongolian students thought the MOHO was very complex. After using the model several times, the goal of the model and possibilities became clearer. In the end the Mongolian students like to use the MOHO because it can organise a lot of information and gives insight in somebody’s motivation.

2.6 Results Kawa (Iwama, 2006)
The Mongolian students know how to use the Kawa. It is interesting to see that they make their own variations on the model. They think of different metaphors they can draw in the river. One Mongolian student let the client draw the river on her own and discussed the meaning afterwards. The Mongolian students are creative with how to get the information.
The Kawa brought a new perspective on models for the Mongolian students: it is interactive compared to other models, instead of just talking, which may be useful for clients. On the other hand, while it has strong points in getting to know the past of the client and may help in self-reflection, the model does not give enough insight compared to the MOHO model according to the Mongolian students. While it may be applicable anywhere, according to the Mongolian students it should be used as an addition to another model but not solely the Kawa.

2.7 Results The Ten Dimensions
The Mongolian students know how to use the Ten Dimensions model. According to the local supervisor it is part of the Occupational Therapy Intervention Process Model (OTIPM) which can be used to make sure that there are no information gaps. Since the Mongolian students learned the theory before, they seemed more comfortable whereas the other models (MOHO & Kawa) were still new. They found the questions within this model useful and applicable within practice. Overall, they argued that the model fits the Mongolian context.

Lessons about collecting information about a client

2.8 Results Observation
The Mongolian students don’t have much experience with observing according to a certain method, meaning with a goal in mind and/or filling in an observation list. Together the Mongolian and Dutch students have talked about how you can observe and what the goal of observing can be. Together in class the Mongolian and Dutch students have made an observation-list. The Mongolian students felt that the list should be expanded. The Mongolian students mentioned that they need more practice in order to acquire more skills and improve their competences in observing with a goal and according to a certain method.
A second lesson has also been given by the Dutch students on observing. By watching short
movies of children playing, discussions were held on what the Mongolian students observed. They mentioned that they were becoming more aware of what they observe, even in their free time when they walk outside and observe activities. After these lessons, they feel that they acquired more skills and awareness on the importance of observing as an OT: they argued that observation is paying attention to everything. The local supervisor thinks the Mongolian students are not yet competent enough in observing. They need more lessons about ‘how to observe’ and practice.

Lessons about theory of different subjects

2.9 Results Theory of children
During the lessons, theory about children was discussed. The theory was about the roles of children, why observing is important with children, the PEO play analysis (Spaargaren & Taam, 2012), the different roles of children, OT with children. The Mongolian students argued that the PEO play analysis is very useful during observations after they used it in practice. While they felt unsure about how and what to observe, they feel that they are more skilled than before the lessons. They mentioned the awareness the lessons created especially in reasoning: “what am I observing and what am I going to do with this data?”

2.10 Results Theory Sensory Integration (SI) (Duim, 2016)
During the lesson the Mongolian and Dutch students have discussed SI. Although it was a new and quite difficult subject, the Mongolian students mentioned the importance of understanding this theory while observing children. They mentioned that they have become more aware of how they personally interpret stimulants when walking outside.

The local supervisor and some of the Mongolian and Dutch students during class

6 Source originating from HAN University of Applied Sciences (inaccessible for public).
Appendix 3: The results of sub-question 2

Sub-question 2: How can the Mongolian students promote the occupational therapy profession in Mongolia?

3.1 Results Promotion
The Mongolian students and the local supervisor already have a PowerPoint presentation, flyers, short and long movies that are useful when they visit institutions such as high-schools and hospitals to inform more people about the profession. The goal at the high-schools is to get the high-school students enthusiastic for the profession and give enough information so that they can make the right choice. The goal with promotion in the health care is to inform about OT and hopefully get the organizations to want to work with OT’s. The Mongolian students thought of more possible tools to use at the high-school promotions, and have also made a quiz related to OT making their PowerPoint presentation more interactive. The Mongolian students and the local supervisor had no more questions for the Dutch students. The Dutch students like to work demand-oriented according to the PAR method. As a conclusion, the Dutch students felt like there was nothing more to support about this subject. The local supervisor felt the same way during an evaluation moment. She thinks that the best promotion of OT is providing good OT service. A competent OT is the best promotion. In order to be able to promote, it is also important according to the local supervisor to know your profession well. The local supervisor and a Mongolian student learned a lot during their time at ZHAW about how to promote and use this now. Promotion is something the Mongolian students and the local supervisor keep to continue on their own.
Appendix 4: The results of sub-question 3

**Sub-question 3**: What are Mongolian cultural aspects that need to be taken into account during occupational therapy practice in Mongolia?

**4.1 Conclusion literature study 1**: What are the requirements for an occupational therapist to work effectively in a collectivistic society?
Dependency, modesty, authoritarianism, self-repression, integration, conformity and altruism are fitting values within a collectivistic society (Kwan, 2009; Heigl, Kinébanian & Josephsson, 2011; Khodayarifard & McClennon, 2011). The family is central in any way: the family is seen as the primary social environment in a collectivistic society (Davidson & Tse, 2014). This means that the OT works family-centered. Needs, desires and goals are not set by the individual: the family will be highly involved in making choices. This means that a correct attitude and approach is necessary: the focus lies in forming a strong bond and collaborate with the entire family before you begin goal-setting and applying interventions (Peralta-Catipon, 2011; Kwan, 2009; Davidson & Tse, 2014). Hierarchy plays a big role within the family as well, but may differ in every family. Every family member has his/her own role within the family, young and old. The young are expected to respect the elderly: the elderly have the most authority and have the most influence when making choices for the family. It is important to keep these hierarchical differences in mind when working with collectivistic families (Epstein, Curtis, Edwards, Yougn & Zheng, 2014; Kwan, 2009; Davidson & Tse, 2014; Pooremali, Eklund, Östman, Persson, 2012; Rastogi, 2007). As an OT, it is necessary to be aware of how you give meaning to your own occupations and identities before working in practice. By doing so, you may understand that in collectivistic societies the interests, motivation and identities are formed by the socio-cultural context and not the individual him/herself (Peralta-Catipon, 2011).

**4.2 Conclusion literature study 2**: What are important aspects of Mongolia that influences the development of occupational therapy in Mongolia?
The information about the culture that is found by writing this literature study is organised by the enabling occupation principles. Only the main important aspects are written here, the whole conclusion you can find in the appendix.

**Occupation**
Living and caring
- Cooking. Mainly dairy products (Yembuu, 2016).
Learning and working
- Cattle breeding (watching the lifestock, milking, shearing and combing animals) (Yembuu, 2016).
- Working in the service sector (Aramand, 2011).
Playing and free time
- Watching TV (Yembuu, 2016).

**Person**
Since 1990, many people from the countryside moved to Ulaanbaatar to live in the ger district. Since then, the infection illnesses has increased: a likely cause is the non-hygienic physical environment in the ger districts. In 2014 it was estimated that 68% of the Mongolian population lived in urban areas (Graf, et al. 2014). Even though 98.3% of the Mongolian population can read and write, there is still a high unemployment.
Physical environment
Mongolia is the 19th largest country in the world (1.5 mil. km2) but has only 2.9 mil. citizens, what results in a really low population density (1.7 people per km2) (Yembuu, 2016; Tsilaajav, Ser-Od, Baasai, Byambaa & Shagdarsuren, 2013).

The capital, Ulaanbaatar, 60% consist the ger district. In this district there is no flowing water, an inadequate trash policy and growing air pollution. The air pollution is mainly caused by the coal stoves of the gers in the ger district. (Tsilaajav, Ser-Od, Baasai, Byambaa & Shagdarsuren, 2013; Diener & Hagen, 2012).

Social environment
In Mongolia family is really important (Aramand, 2011; Yembuu, 2016). Parents have authority: they are respected and it is important for children to obey and respect them. (Graf, et al. 2014).

Socio-economic environment
There are big differences in economic status in Mongolia (Tsilaajav, Ser-Od, Baasai, Byambaa & Shagdarsuren, 2013).

Institutional environment
Since 1993 a law exists that everybody should have basic health insurance. (Tsilaajav, Ser-Od, Baasai, Byambaa & Shagdarsuren, 2013). This basic health insurance costs 4% of the income and a flat contribution rate for the nomadic people, students and self-employed, This covers the primary care and a big part of the secondary (90%) and tertiary care (85%). When people have the money it is common to pay more for the healthcare than officially is charged. Poor, retired or disabled people, children or other disadvantaged groups are exempt from paying the 10 to 15% of the costs. There are only subsidies for private family health centres so they can deliver health care services to the poor, the elderly, the vulnerable and remote people. (WHO & Ministry of Health, Mongolia, 2012)

Essential drugs (132 different drugs) are paid for 50-80% by the Health Insurance Fund. In the urban settings all these drugs are available in the pharmacies, in the rural areas not always. There are projects going on with the goal of getting these drugs available through whole Mongolia. (WHO & Ministry of Health, Mongolia, 2012)

There are some difficulties in providing healthcare in the rural areas. For example most ambulances do not have equipment for emergency care and rough roads and remote areas are challenging. The distribution of facilities, capacity and quality of care, health-seeking behaviour and patronage influence the access through referral. Patients who do not have a referral have to pay fully for inpatient service because the Health Insurance Fund will not pay then. (WHO & Ministry of Health, Mongolia, 2012)

Health, wellbeing and justice
There are different ideas about the causes of illnesses and treatment in Mongolia. Different traditional treatments methods are growing in followers because the regular healthcare is not affordable for everyone (Dietrich, Beck, Bujantugs, Kenzine,Matschinger & Angermeyer, 2003; Sodnompilova & Bashkuev, 2015).

Client centredness
In the Mongolian health care it is not common to work in a client centred way, but pilots have been done on client centred practice with positive results. Because of this the government wants the health care to work more client centred. (Tsilaajav, Ser-Od, Baasai, Byambaa & Shagdarsuren, 2013)
4.3 Results fieldwork 1: the Dutch students visit the families of the Mongolian students

Person
According to the enabling occupation principles every person is unique. In daily life the Dutch students have noticed that even though there are many different ethnic groups and differences in Mongolian people, in general people in the countryside have a similar lifestyle and activities. Notable within the visits was that the ger’s and the traditions looked similar. The Mongolian students, who all come from the countryside but from different parts in the country, all knew what to do in every situation in the countryside without verbal communication. Everybody helps without asking and does what they can. Most people who live in the city visit the countryside in the summer and also know this way of living. The local supervisor confirms the observation of the Dutch students that people in Mongolia communicate more by doing than by talking. She also mentioned that she thinks that the way of living throughout the whole of Mongolia is very similar. Also people who live in the city value traditional Mongolian occupations and do them the same way. The main value is to be able to take care of your family and yourself. This is why the Mongolian students think that a good job and good education is important, but the priority depends per family. All Mongolian students chose OT because it they were guaranteed of a job after graduating and a good salary.

![Image of Dutch students visiting Mongolian families](image)

The Dutch students noticed that all the Mongolian students do not stress when something happens such as when the car got stuck in the mud. They work together to fix the problem.

Physical environment:
The difference between life in the city and in the countryside varies. In the countryside people live in ger’s (Mongolian traditional tents). In the countryside there is a lot of space, people live quite far away from each other. There are a few dirt roads that lead to the ger’s, other than that the environment exist mostly of sand and grass. Throughout the countryside there are hills and rivers.

In the city most of the people live in the ger district, in self-built ger’s or small houses, whereas the other people mostly live in (small) apartments in the city center. In the city many people live on a relatively small amount of space which makes the city busy. In the ger district people build their own houses. The roads are mostly dirt roads with many hills and gaps. The toilets are often squat toilets and at the ger’s the toilets are outside squat toilets. In the city there is a lot of traffic which is also very chaotic. Most houses, stores and shops have stairs. Not many places have ramps, if they have ramps than they are too small or too steep to use for PWD. There is a lot of pavement and not a lot of green. When it rains the water stays as small rivers on the street.
Social environment:
Most families live together in a ger that consist of one room or an apartment that consists of two to three rooms according to the local supervisor. There is not much privacy in a ger. Mongolian people say that if you are with people that you like, then it does not matter to be close. The Mongolian students also told the Dutch students that family in Mongolia is really important.

Socio-economic environment:
In the city, the Dutch students observed differences in financial status: there seems to be a gap between expensive brands and fake brands, new expensive cars and old cars and expensive restaurants and cheap restaurants.

The finances are hard to maintain for PWD. There are welfare checks available, but it is very little according to the PWD as they need to buy medicines and equipment. That is why they rely on the support of their families. It is also hard to find a job for PWD, as they are stigmatized and seen as unable to work.

Institutional environment:
The Mongolian health system is described in sub-question 4.

Occupation:
The occupations are very similar for most Mongolian people. Many occupations are traditional and formed by the environment and possibilities and/or opportunities. Most occupations are in order to support the daily life. There is a difference in activities between men and women. There are also differences by who the occupation is done according to age. The last point of importance is where the occupation is done. See the legend below for the organizing points.
The occupations are organised by the three areas in occupation (‘living and caring’, ‘learning and working’ and ‘playing and free time’) (Hartingsveldt, 2012), and behind every occupation is written who does which occupation and where.

Legend:

<table>
<thead>
<tr>
<th>Women’s activity</th>
<th>w</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men’s activity</td>
<td>m</td>
</tr>
<tr>
<td>Mixed activity</td>
<td>w/m</td>
</tr>
</tbody>
</table>
Living and caring
These are generally speaking the activities for people who live in a ger (city and countryside):

- Chopping wood for fire to stay warm - w/m

- Get water from nearby waterpoint or river - w/m

Getting water at a public place where you pay to fill your jerrycans

- Prepare food – w

The people who live in a ger are really creative in using the space they have in many different ways. They cook on a plate on the bed or cut some vegetables squatting on the ground.
Some Mongolian food that the Dutch students eat in Mongolia:

- **Dumplings**
  - Homemade dumplings by the Mongolian and Dutch students at a homevisit in a ger in the ger district

- **Korean Sushi**
  - A kind of sushi, but with meat instead of fish. Made by the Mongolian students for lunch in the bus to the homevisit in the countryside. Originally this is a Korean dish

- **Organs of a sheep**
  - The organs of the sheep that was eaten during the stay at the ger in the countryside

- **Make tea with milk and salt – w**
  - Most Mongolian people offer salted milk tea when a guest arrives. Other than milk tea, candy and bread is offered.

- **Selfcare activities – w/m**
  - There is no bathroom in the ger, so the people who live in a ger district go to a public shower but also wash their hair with a bucket in the ger. All families have their own toilet outside the ger by digging a hole in a cabin made with planks. You can wash your hands with in different ways. Some use a teapot as a tap, but also a self-filled tap is used where one needs to press the bottom in order for water to come out.
• Cleaning
In general women do the cleaning. A clean house is fulfilling and also important for the image. Other than being a meaningful occupation, it is also necessary since all the activities are in the same room. Cleaning and re-organising needs to be done after cooking to be able to sleep on the same place (the bed is often used as the kitchen counter).

Learning and working
In the countryside people live mostly from their animals and have the following activities:
  • Herding the animals - mostly m
  • Milking
    o Gathering the cows and calves – m
    o Milking - w
  • Processing of the milk (yoghurt, cream, airag) – w
  • Slaughter animals – m
  • Meat processing - w

Playing and free time
The activities the Dutch students have observed and discussed with the Mongolian students about spending free time are:
  • Watching TV (e) EM
  • Using facebook (y) EM
  • Play games EM (more in the countryside than in the city)
    o Games with ankle bones (e)
    o Cardgames (c,y)
    o Game with domino stone’s (e)
  • Sit together with family (e) (Every day in the countryside, sometimes in the city)
  • Karaoke (e) UB (This is a way of going out for a group of friends but it is also done by families or a group of colleagues)
  • Walking through the city with friends or boyfriend/girlfriend (y) UB
  • Dancing in a club (y) UB
  • Sports: volleyball, basketball, football (e) EM
Health, well-being and justice
The Mongolian students think that health is more than the absence of illness. They explained that people can be healthy even though they have a disability but are satisfied with their occupations and their life. They say that the environment can also be an influence if a person is disabled or healthy; a person with a spinal cord injury can be disabled in Mongolia but be healthy in Japan, as the infrastructure is much better in Japan. They mentioned that many Mongolians view people as not healthy if they have a physical disability or have to visit the hospital for any reason whatsoever.
Discussing some Mongolian cases during class it became clear that not all people in Mongolia accept PWD. One client did not want to go to the shop because there were people in the shop who talk about her. The people working in the shop asked her why she was there and not at home where she should be. It seems that PWD are being stigmatized by society. During their time in Mongolia, the Dutch students have only seen and met a few PWD on the street. The Mongolian students told the Dutch students that most PWD stay at home inside. This is mostly because they do not know what activities they can do, but also because of the negative reaction they get from people on the street.

Client centeredness:
The Mongolian students say that there is no profession in Mongolia yet that works together with clients like the OT does. The OT way of client centered working is new in Mongolia. The local supervisor thinks that it is a challenge for the Mongolian students to start working in this way because it is new, but if they explain why they do it the clients will understand. She thinks client centred working can fit in the Mongolian culture as the people get used to it.
Appendix 5: The results of sub-question 4

Sub-question 4: What are possible settings for the OT to work in Mongolia?

5.1 Conclusion literature study 3: Who are the people in Mongolia that possibly have a need for occupational therapy?

Mongolia is one of the thinnest populated countries in the world (1,7 person per km2). This spreading of the citizens makes it difficult to provide good care to everybody. This is especially for people with a nomadic lifestyle in the countryside. These people often have low income compared to people in the city and barely go to the city for treatment because they do not have the money for transport or the distance is too big. This is the reason that a lot of people pass away although it could have been prevented or treated. This is called the Avoidable Mortality (AM). Between 2007-2014 34% of the causes of death in Mongolia were avoidable by prevention or adequate care (Surenjav, et al., 2016). The most common health problems in Mongolia are cardiovascular problems, respiratory tract issues, strokes, depressions, pain in the lower back, alcoholism and muscular deviating (Khan et al., 2017) and cancer (Yerramilli, Dugee, Enkhtuya, Knaul & Demaio, 2015). An OT could provide information on how to signal symptoms and how to prevent some illnesses. Some cancer and vascular damage illnesses can be caused by lifestyle and behavior. An OT could also work on prevention by providing information and awareness (Tsilaajav et al., 2013). Besides the physical illnesses there are also people with mental problems in the countryside that do not get the right care because of the remoteness and the financial situation of these people (Altanzul, Erdenebayar, Byambasuren, Sharma & Tsetsegdary, 2009). An OT could work with physically and mentally ill people in the countryside on a community based way to cope with the geographic and socio-economic challenges of this remote area (Como and Tumenbavar, 2012).

Unemployment is also an issue in Mongolia. Unemployment is the biggest cause of poverty, which makes them a group of vulnerable citizens. An OT could work together with them to find out possibilities to start working.

Many jobs have unsafe work conditions. The last two decades the growing industrializing went together with increasing numbers of illness and death by problems with the respiratory tract because of the working conditions (82% by work in coal mining and power stations, 11% by work in construction and 3% by working in a fabric). (Tsilaajav, et al., 2013) An OT could work community based to change the working conditions.

80% of the PWD older than 15 has no job and most of them do not participate (completely) in the society (Khan et al., 2017). An OT can support PWD with this.

In Mongolia most of the time the family takes care of PWD or of someone who is ill. This is can be a burden for the social environment. Research has shown that caretakers of people who had a stroke had more physical and financial problems after a year. An OT could support caretakers by giving advice on how you can take care in a way that you physically protect yourself as much as possible. (Chuluunbaatar, 2016)

5.2 Results fieldwork 2: the Dutch students visits at institutions (NGO’s, kindergartens and several hospitals)

PWD struggle in Mongolia to live their daily life. Of course it depends on the person and disability, but generally speaking there is not a lot of support for PWD. According to members of the ILC UP, PWD face many challenges in the Mongolian environment. The environment is not user friendly if you have a disability, this is for both the city and countryside. As written in the physical environment at fieldwork 1; examples are the many stairs, no ramps (or they are too steep or small), the toilets are most of the time not wheelchair accessible and the traffic is hectic. The gers have small entries and not much space for self-care.
PWD have the benefit for free public transportation, but it has no ramps for wheelchairs and thus rely on others to carry them inside. According to the people from the Mongolian National Federation of the Blind, there are no adaptations in the environment for blind people: there are no sounds at traffic lights and no marked pavements that may help in knowing where to stop for traffic. As there are no radio announcements in a bus for every stop, it is also challenging for blind people to travel by public transport.

A boy with a spinal cord injury explained that after an accident you receive medical help, for operations for example. After about a year the medical support stops. There is not a lot of medical knowledge on spinal cord treatment. The boy does not know how he can stay fit and what kind of exercises he can do, how you can avoid pressure ulcers or deal with a high tonus in the legs.

From the government there are some benefits for PWD; PWD can study for free, use public transport for free and receive 150,000 Mongolian tugrik (about 60 euro’s) every three years for a new wheelchair. Most PWD do not know about these benefits. That is why the ILC UP wants to inform people about this.

In healthcare, traditional and western methods are practiced next to each other.

Primary healthcare:
Ulaanbaatar has nine districts. Every district is divided into khorooos. Each khoroo has a Family Health Center. Family Health Center for khoroo 18 is sponsored by the government for 9.800 people that are registered citizens. But in reality, more than 11.000 people use the medical service, this has as a consequence that there is not enough money for the medical care. The hospital has for example one doctor less employed then calculated. In the hospital there are four doctors, four nurses, one social worker and five volunteers. People can go there when they are sick. If they need more (specialized) help or for example an operation, they will be redirected to secondary healthcare, the district hospital in the city.

According to the WHO & Ministry of Health, Mongolia (2012), in rural areas of Mongolia there are Bagh feldshers, these are mid-level workers that work and live in their own ger. They do home visits for postnatal and antenatal care, health promotion and education, early detection, disease surveillance and epidemiological monitoring, referral of cases to soum hospitals, prescribe essential drugs and public health services.

Secondary health care:
According to the WHO & Ministry of Health, Mongolia (2012), there are 12 district hospitals in Ulaanbaatar and 17 aimag hospitals in the aimag centres. In both types of hospitals they provide 24 hour care: internal medicine, surgery obstetrics, gynaecology, psychiatry, dermatology and neurology and outpatient services like giving prescriptions, diagnostic test (including X-ray and ultrasound) emergency care and public health services. The district hospitals have 200 to 300 beds and the aimag hospitals has 105 to 500 beds.

During the fieldwork the Dutch students visited district hospital 2 where all kinds of treatment can be done like surgery, rehabilitation, physical therapy, traditional therapy like electrotherapy and a lot more. People cannot come there themselves but need a referral from a doctor of a primary care hospital. People who have to rehabilitate for a stroke can rehabilitate at the rehabilitation room of a district hospital.
In state hospital 3 they can stay for ten days inpatient and can get all kinds of therapy covered. After these ten days they can have outpatient therapy for longer periods, but because of the long distances in Mongolia most people cannot afford the drive to the hospital. If the clients want therapy outside of these covered ten days, they have to pay the care themselves. This has the effect that most people only have ten days of rehabilitation. This is why during the OT therapy (by a Japanese volunteer and a Mongolian nurse that did the six weeks OT-training of Zurich in hospital 3) the occupational therapist teaches most activities to the clients and their social environment, so that they can continue to do it themselves when they are back home.

**Tertiary health care:**
According to WHO & Ministry of Health, Mongolia (2012), there are four regional diagnostic and treatment centres (at aimags) and 3 central hospital services in Ulaanbaatar, who vary on specialization: cardiovascular surgery, neurosurgery, colorectal surgery, haematology, communicable diseases, mental health and narcology, traditional medicine and maternal and child health.
During the fieldwork, the Dutch students visited the mental hospitals which has in- and outpatient clients. The clients can do different kind of activities done within the treatment (making music, beading, making art and sewing). The in- and outpatient people are doing this activities together. They learn how to get some social skills, do self-care and work by doing activities. The mental hospital provides a place where the clients can go and are accepted.

**Shamanism:**
People can go to a shaman for all kinds of problems. This can be physical, mental or emotional problems. According to one of the Mongolian students there are different shamans. Some shamans are real but others are fake. You have to know who a real shaman is to get good shamanistic care. Depending on the shaman you visit, it may be needed to bring gifts of money, but may also be free of charge.

**Non-governmental projects:**
The ILC UP has started some new projects for PWD. One of these projects is personal assistance, in this project the PWD can send their week schedule to the ILC UP and write down when they need help with an activity. Students in Ulaanbaatar can do voluntary work and send their availability to the ILC UP. The ILC UP can combine these week planning’s and link the students with the PWD. This way the PWD can do what they want to do on their day and can decide themselves when they want to do what and in what way. The project has just started, whether it works still has to be determined. Another project is to give advice in how the environment may be adjusted for PWD so that all facilities in Ulaanbaatar may be accessible for everyone. For example, members of ILC UP have visited the construction site of the new airport in Ulaanbaatar and discussed officials and construction workers on how the airport should be adjusted for PWD. The ILC UP uses a checklist to be able to judge the environmental accessibility.
Appendix 6: The results of sub-question 5

Sub-question 5: What are possibilities for similar follow-up projects in the development of the OT education in Mongolia?

6.1 Possible options for follow-up projects:
The local supervisor has asked the Mongolian students what kind of project they would like:

- The current second year Mongolian students say that they would like a similar project like there is now with the current third year Mongolian students. They would like to have supported lessons from Dutch students. The local supervisor thinks this might be a good option. She would like the Mongolian students to acquire knowledge and go more in-depth in theory. The local supervisor thinks that the Mongolian students need more knowledge in theory in order to be more competent in applying the theory in practice.

- The current third year Mongolian students would like a project to support them during their internships. Next year (the final and fourth year) will be a year filled with internship(s). The Mongolian students would like to be supported in the workfield during their internships. These Mongolian students are the first who will have a long internship. Their internships will be quite complex/different compared to internships where an OT is present as a supervisor. There are hardly any OT’s in the workfield in Mongolia yet from whom they can learn the profession. The local supervisor said that the Mongolian students would like some support in what they can do as OT and what interventions are suitable. The local supervisor and the Dutch students talked about the lessons the Dutch students had during their internships. Dutch students get together in small groups with a teacher. The Dutch students decide what topics will be discussed during the lessons, talk about their experiences and share ideas. All kinds of internship settings are combined. The teacher will not have a leading role, the purpose of the lessons is that the students manage themselves, the teacher will give support if needed. This way the Dutch students can get understanding and learn from each other. The form of how the support will be in a possible follow-up project needs to be discussed.

Other possible options are:

- More lessons about observation
  Observation is an important part of OT. Now the Mongolian students get limited lessons on it. The local supervisor thinks it is a good idea if the Mongolian students get lessons about observation from the second year on. It can start with giving theory about observing, then practice it in class and then observe other people outside the classroom and bring the theory into practice.

- A community approach project
  In Mongolia there are things that must be approached through the community and are not necessarily focussed on one individual. These are more general situations, for example the environment is not (always) accessible for people with a disability. These are problems that occur to a big audience and require a solution that is bigger, for example on governmental level. OT could play a big role in this. The NGO ILC UP is very active in these kind of subjects. The idea is to find out what an OT can do here.

- Create an OT reporting form for different OT settings
  Currently there are seven Mongolian health professionals who followed the OT training programmes between 2010 and 2014 from ZHAW and use this OT knowledge in the workfield. In the workfield there are no reporting forms specifically for OTs. For example, they make use of the forms that the PT’s use. The local supervisor argues that it is important to have an OT variant because it helps as a
guide for the OT, but it also helps in getting other disciplines to understand how OT’s work in practice and the way they think.
A project could be about designing a reporting form for OT that fits in Mongolia. Different settings might have different needs.
- How do you create a new workplace?
The Mongolian students will start working as OT’s after they graduate. As it is still a new profession in Mongolia, it will be a new profession in most settings which may bring challenges, especially at the beginning. A project could be about how you set up a new profession and what you need (plan, materials, room, etc.). Another possible question is the difference between OT in the countryside and the city: what do you need as an OT in the countryside?