


Fall 2012

Mongolian Women's Voices: A Case Study on Maternal Healthcare, Pregnancy, and Birth in Ulaanbaatar's Public Hospitals

Amelia Olmsted
SIT Study Abroad

Follow this and additional works at: https://digitalcollections.sit.edu/isp_collection

 Part of the [Maternal and Child Health Commons](#), [Maternal, Child Health and Neonatal Nursing Commons](#), and the [Obstetrics and Gynecology Commons](#)

Recommended Citation

Olmsted, Amelia, "Mongolian Women's Voices: A Case Study on Maternal Healthcare, Pregnancy, and Birth in Ulaanbaatar's Public Hospitals" (2012). *Independent Study Project (ISP) Collection*. 1455.
https://digitalcollections.sit.edu/isp_collection/1455

This Unpublished Paper is brought to you for free and open access by the SIT Study Abroad at SIT Digital Collections. It has been accepted for inclusion in Independent Study Project (ISP) Collection by an authorized administrator of SIT Digital Collections. For more information, please contact digitalcollections@sit.edu.

**Mongolian Women's Voices: A Case Study on
Maternal Healthcare, Pregnancy, and Birth in
Ulaanbaatar's Public Hospitals**

Amelia Olmsted

Academic Director: Ulzijargal Sanjaasuren

SIT Study Abroad Mongolia

Fall 2012

I would like to dedicate this research to my beautiful mother, Laurie Olmsted. She is an amazing woman, and after spending hours at the First Birthing Clinic in Ulaanbaatar, watching women give birth, I appreciate her more than I ever did for all she has gone through to bring me into this world, and all the things she has done to raise me into the young woman I am today. I love you, mom.

Acknowledgments

I would like to thank all of those who helped me to make this project a success. Ulzii Bagsh, Ulzii Akh, Baigal, and Baatar, SIT is lucky to have you running their Mongolia program. Thank you for all of your help and encouragement throughout my independent study project, and the entire course of the semester.

Dr. Unetsatsaral, thank you for being my advisor, in addition to all of the work and research you're doing on your own. Your kindness and willingness to help was truly amazing.

Thank you to my host family for being there for me throughout my research period. You quickly became like a real family to me, and I truly appreciate how welcome you made me feel in your home.

Thank you to my translator, Dulguun. You were wonderful, and your help was priceless to me.

Last, but most certainly not least, thank you to all of the lovely women who filled out my surveys and allowed me to interview them.

Table of Contents

Dedication.....	2
Acknowledgments.....	3
Key Terms.....	5
Introduction.....	6-7
Methodology.....	8-15
Survey Results and Analysis.....	16-33
Interview Results and Analysis	34-45
Conclusion.....	46-47
Topics for Further Research.....	48
Appendix A (Survey).....	49-59
Appendix B (Consent Forms).....	60-62
Works Cited.....	63-65

Key Terms

OBGYN – obstetrician-gynecologist, a doctor who specializes in the female reproductive organs

Tugrug- Mongolia's currency

Cesarean Section (C-Section)- the birth of a child through a surgical incision into the abdomen and uterus

Intrauterine device- a device inserted in the uterus to prevent pregnancy

Ovulation- the release of an egg from an ovary

Abstinence- in this context, the act of refraining from sex

Introduction

Mongolia is a country undergoing an incredible amount of change. Last year, in 2011, they had the fastest growing economy in the world, with a 17.2% increase in their GDP, according to the World Bank. A mere 22 years ago, Mongolia was a communist country, and today they are a parliamentary democracy. The country has opened itself up to the rest of the world and a free market economy, and experienced a very drastic shift in this direction in the early 1990's. Many Mongolians will tell you that the mindset of Mongolia's citizens has made a drastic shift since communism and socialism. One woman gave me an example of this shift when she said that during socialism, all children shared their toys with one another, but now children are very possessive of their belongings and think in a more individualistic manner. If this change has even effected how children play with one another, it is understandable that it has also affected other areas of society.

Some things are changing faster than others. One area which is lagging behind in this change is the maternal healthcare system. Although the maternal mortality rate has decreased drastically in recent years, a staggering 46% between 2001 and 2007, there are many other issues which need to be addressed within the system (Yadamsuren, Buyanjargal, Mario Merialdi, and Ishnyam Davaadorj). Currently, family members cannot easily enter the maternity hospitals and be with the women giving birth, there are an astounding number of patients per

doctor/nurse, and there aren't enough hospital beds for all of the women (Informant B). These three things need to change. Family should be allowed into the hospital, there should be more doctors, to even out the doctor to patient ratio, and more hospitals need to be built to give all patients a bed. Throughout this paper, I will explain why these are important issues, and what women and doctors in Ulaanbaatar think about these issues.

Methodology

In recent years, as I have been growing into a young woman of childbearing age who is studying sociocultural anthropology, I have begun thinking about pregnancy, motherhood, and birth, and how perceptions of these topics differ from culture to culture. After coming to Mongolia, I started thinking about these issues and how Mongolian women felt about them. I began speaking with my host mother about her pregnancies and what she felt the joys and challenges of motherhood were. After hearing her answers and how her birthing experiences differed from what would be experienced in my country, I wanted to learn more about Mongolian women's perspective on childbirth. This curiosity led me to develop a research project to further investigate my personal interest.

Initially, I wanted to know about how Mongolian women felt about their birthing experiences. In the United States, where I'm from, different birthing philosophies circulate amongst American women. Some women opt for a home birth. They want their child born into a loving and familiar environment so that the mother and child can be relaxed throughout the labor and delivery, an experience they don't believe they would receive in the hospital. Other women decide to schedule a cesarean section because it is easier and gives them peace of mind. Yet others decide to give a vaginal birth at the hospital, with or without pain medication, and with a mid-wife, a doctor, or both. Some American women chose other options available to them. Having all of this information from my

own culture and life, I started to wonder how Mongolian women felt about these options. I wanted to know how many women chose to have a home birth, how many chose to have a C-section, and how many chose to have a vaginal birth at the hospital. I wanted to know if they chose to use an epidural or some other pain medication, or if they preferred to give a completely natural birth without any medications, and most importantly, I wanted to know why they chose what they chose.

I soon realized that my topic needed to take a shift. I learned that essentially all women in Ulaanbaatar (UB) give birth in a hospital and most opt for a vaginal birth. However, from talking to women, I realized that there are a lot of women who don't have much faith in the Mongolia's healthcare system because of things they've heard from friends, and difficult experiences they have gone through themselves. I found that I couldn't really analyze the different birthing philosophies because different options which exist and are common in the United States do not exist or are not common here in Mongolia. The average Mongolian woman typically gave a vaginal birth at a government run public hospital. Because of this, and the limited scope of my project, I decided to focus my research on public hospitals. I looked into issues which both the patients and the doctors of these hospitals think need improvement.

To find this information I developed a survey (see Appendix A) and conducted 14 interviews, which typically lasted between twenty minutes and one hour. The survey I developed was handed out to women living in Ulaanbaatar. I

received 63 completed surveys for analysis. These surveys asked the women questions about their birthing experiences and their opinions regarding Mongolia's maternal healthcare system. They were completed by 4 women in the pathological pregnancy department, 5 women from the post-delivery department, 1 doctor, 1 nurse, 1 midwife, 1 woman cleaning the hospital, and 1 woman from the labor department, all at UB's First Maternity Hospital. They also came from 17 kindergarten mothers, 20 women working at a marketplace, my host mother, 2 of my teachers, 6 women from my host mother's workplace (biology laboratory), and 3 women from my host sister's workplace (pharmaceutical biology laboratory).

On my twenty-seven question survey, there were eight short answer questions, which were the most important questions of my survey. I wanted to hear what women had to say about their personal experiences in a more free space, instead of having them simply answer multiple choice questions about whether their experience was good or bad.

The first surveys I distributed and collected were at the hospital, to a few patients and hospital employees. I was disappointed to find that when they were completed, the short answer questions were left blank, or perhaps only a couple of them were answered. I decided that I needed to change the approach I was taking with the survey. I wanted to see if perhaps the women would fill out the short answer questions if I first explained to them who I was, what my research was about, and the significance of the survey, instead of just handing them the survey and asking them to complete it. I was afraid that since I was wearing a doctor's

uniform and walking around with medical students and my advisor (who is a doctor at this hospital), that the women thought I was a foreign doctor. I tested my theory out on the next patients I distributed the survey to, in the post-delivery department. I went in with my advisor, and I introduced myself and my work, which she translated into Mongolian. I was thrilled when I saw that these surveys came back with more complete answers than before, but I still wished to see the women share more information.

My host mother then took six surveys to her workplace, and when she brought the surveys back, most questions were answered with a fair amount of detail. An interesting point which I believe made a difference in their level of completion was the perception they had of me based on my host mothers description of me and my research. When my host mom brought me the finished surveys, she told me that she explained to the women she worked with that I was a Mongolian student. My sister, on the other hand, took three surveys to her workplace, and told the women that I was her American host sister, and not a single one of them came back with any completed short answer questions.

A Mongolian friend of mine explained to me that Mongolians have a lot of national pride, and they may be hesitant to share any information that would make Mongolia look bad to a foreigner. I was slowly becoming convinced that I was the biggest obstacle to my research.

When I handed out surveys to women I personally knew, like my host mother, or my professors, they were much more complete in their answers. I also

had better results with the women working at the marketplace, which I think might be because of who I was with. I took my language teacher, and she is young and very friendly, and I think that her introduction of me and my research was open and kind and made the women more interested in helping me. I think another reason for this difference is that these women had a little bit of free time on their hands in between working with customers, so they were able to dedicate a little time to my survey. The women in the hospital, on the other hand, were probably exhausted and overwhelmed by everything going on, and didn't want to spend too much time with my survey, leading them to skip over the short answer questions.

Lastly, the kindergarten mothers' surveys were also a bit of a disappointment. I'm not sure what explanation was given when they were handed out, because I dropped them off with a kindergarten teacher and picked them up a couple of days later. I think that if the women don't know much about the research I'm doing, me as a person, or the significance of the research, they don't want to dedicate much time to the survey, or think too much about the answers they'd like to write.

When I conducted my 14 interviews, I received signed consent forms from all of my informants allowing me to use the information they gave me, without their name attached to their responses (See Appendix B). These interviews, just like the surveys, also came with problems. The first two interviews were done at the First Maternity Hospital, with a doctor, and a patient. I asked them both about

their experiences giving birth. With these two interviews, I ran into the same problems I had with my survey. The women didn't seem to want to open up to me and share information with me as much as I had hoped. I had hoped that I'd be able to ask them how they felt about their experiences, and that they would talk for 30 minutes straight before I'd have to move onto the next question. I desperately wanted to ask open ended questions, and get as much information as I could, but I frequently got answers which ranged in length from one word to one sentence. When asking them about their experiences, I would often get answers like "I don't know," "everything is normal," "it's fine," etc. All of these questions were asked through my advisor, and this could possibly be one reason for the short responses. The doctor I interviewed was my advisor's co-worker, and this may have prevented her from opening up to me. The patient may have also been hesitant to open up to me because my advisor is a doctor, and it could have been inappropriate for the patient to say anything bad about her treatment to a doctor working at the same hospital she was a patient at. This particular patient had also recently lost her 10 year old child, which I found out half way through the interview. This information made me want to stick to up-beat questions and steer the interview towards a positive ending to avoid causing her undue emotional stress.

One of the doctors I spoke to about my project and the problems I'd been having, told me that perhaps I needed to start the interviews with some small talk, instead of diving right into the formal questions, since my topic is a personal one. I had a personal struggle with this because small talk through a translator seemed

so formal. I believe that if I spoke Mongolian better than I do, I would have been able to conduct more interviews with women I didn't already know because I would have been able to make a personal connection with them and could have kept the interview more informal. It was a challenge for me to make the keep the interview informal through a translator.

After this, because of these challenges, I decided to try to stick to interviewing women I already had a personal connection with, and who spoke English. I hoped that this would solve the issues I had experienced with my first two interviews, and I was correct. I was able to gather much more personal information, and much more in depth information by taking this approach.

I did conduct one interview through a translator, with the translator's friend. This interview was much better than I expected, and I think I can attribute that to the fact that the informant felt at ease and open with my translator. I quickly realized how important it was for me and/or my translator to have a good rapport with my informants.

Some potential issues I had are with translation and biases I may have had coming into my research. Using a translator is always a challenge when conducting research for several reasons. As previously mentioned, using a third party made it a challenge for me to make a personal connection with my informants, which was important due to my personal topic. Aside from that, there was the potential error of translation, or the lack of ability to fully communicate the same ideas with the same connotations between languages. I ran into three

different translation problems on my survey, which I found out after I'd had them completed and returned to me. I had written "*abstinence during ovulation*" as a multiple choice option for a form of birth control, and it ended up being translated as "*abstinence*". Another problem I had was with a question asking if the family members were in the delivery room with the woman while she was giving birth. Once translated into Mongolian, the question asked if the family members were at the hospital, so the majority of women responded "yes". I did a lot of observation at the hospital and never saw a family member in the delivery room. The third problem I found was with another question, which was supposed to ask which years the children were born in, but really asked how old the women were when they gave birth to their children. If I had not known about these changes, my research would have had false information. It is also possible that there are other small changes which I'm not aware of.

Since I am a young American woman with my own birth philosophies, it is possible that I haven't been able to put my views to the side as much as I should, and am looking at Mongolia's system with too critical of an eye because it is not a system I want to be a part of. Throughout my research period, my goal was to discover what Mongolian women's impressions were, and ignore my own personal beliefs. In reality, we all have experiences which shape how we think and feel about certain issues, so it was challenging for me to put aside any personal biases I had while conducting my research despite my efforts.

Survey Results and Analysis

I received sixty-three completed surveys from women living in Ulaanbaatar about their birthing experiences and thoughts about the maternal healthcare system in Mongolia. However, almost all of the respondents left at least one question blank. Because of this, not all of the numbers will always add up to 63, and whenever they don't, it's because there were some women who left that particular question blank.

The mean age of the women who filled out my survey was 37.40, and the median age was 37. Their ages ranged from 18 to 62. All of these women were mothers to at least one child. I didn't restrict the ages of my respondents when handing out my surveys because I wanted to know how the average woman living in UB, regardless of age, religion, socioeconomic status, or any other factors felt about their birthing experiences and the maternal healthcare system in Mongolia. I would have excluded any mothers under the age of 18, since they are minors, but I was surprised to find that I didn't come across any teenage mothers, and was also told that it is very rare for teenagers to get pregnant in Mongolia.

Twenty-nine of the sixty-three respondents grew up in the countryside. Thirty grew up in the city, and two spent part of their childhood in the countryside and part of it in the city. This shows a lot about the current population of Ulaanbaatar. There has been a lot of migration from the countryside to the city

since the democratic revolution in 1990. In 1989, 26.8% of Mongolia's population lived in Ulaanbaatar (Narantuya). As of 2011, almost 50% of the country's population now lives in the capital city (MER Co., Ltd.) The statistics from my survey reflect this migration pattern well.

Fifty-nine of the respondents are married, three are not, and one woman didn't respond to this question. The mean length of time these women have been married is 17.25 years, with a range from 3 months to 41 years. This suggests that divorce and single parent families may be rare.

Four of these women are currently pregnant with their first child, but have spent time in the maternity hospital so were able to comment on the care they received. The rest of the women have between 1 and 4 children, with 2.18 as the mean number of children per informant.

One question on the survey was asking how old the women were when they gave birth to their children. This question did not receive clear answers. Many women didn't answer it, and those who did often only wrote one age, even if they had multiple children, so I'm not sure if that was their age when they gave birth to their first child, or their most recent child. With that said, the mean age for giving birth amongst my respondents was 25.40 years old, ranging from 18 years old to 38 years old. For those women who gave multiple ages, the mean amount of time between their births was 5.4 years, ranging from 2 years to 10 years. It is challenging to analyze these numbers or draw any conclusions due to the lack of responses.

Fourteen of the surveyed women gave birth in the countryside, four gave birth in both the countryside and the city, and forty-four gave birth in the city. For this project, I mostly focused on women who gave birth in Ulaanbaatar, but obviously some of the women who took my survey did not give birth in UB. However, all of the women who completed my survey currently live in Ulaanbaatar. With my survey, I wanted to try to find out how the average woman currently living in UB felt about the pregnancy, birth, motherhood, and the maternal healthcare system in Mongolia.

Twenty-eight of the women surveyed want to have more children in the future, while twenty-nine don't want any more children, and six women didn't answer this question. Of the women who wanted more children, they would like to have anywhere from one to four more.

Another question on my survey addressed the kinds of contraceptives women use when trying not to get pregnant. The most common form is the birth control vaginal spiral. This was actually something that I had never heard of before coming to Mongolia, but since coming here have learned that it is an *intrauterine device*, and has been a popular option here in Mongolia since the socialist period. Nineteen of the women who filled out my survey use this form of birth control. The second most commonly used contraceptive is the birth control pill, with thirteen of the respondents selecting that option. Eleven women use male condoms, three use female condoms, two practice *abstinence*, one uses the birth control patch, and one gets birth control injections. Twelve women selected

“other” and explained why. Some don't use any birth control at all, some have gone through menopause already so have no need to use birth control, and some of them practice *abstinence* during *ovulation*.

Another question asked the women if they thought that birth control was the man's responsibility, the woman's responsibility, or both. Three women of the sixty-three responded that it is the woman's responsibility. None of them think it is the man's responsibility, and fifty-five think it is both the man and the woman's responsibility.

The next question asked if the woman's most recent pregnancy was planned or not. Fifty-six said their last pregnancy was planned, four said it was not planned, and three women didn't answer this question. I found the answers to this question particularly interesting. I was told by a Mongolian friend of mine that most women would never say that their child was unplanned because it would be like an insult to their child (Informant K). In the Mongolian language, it is also often more common to talk about whether the pregnancy was “wanted” or not, instead of “planned,” which perhaps explains the answers to this question. I think that the women thought of this more as asking if their pregnancy was wanted. On the other hand, I was also told that abortions are very common in Mongolia (Informant J), so perhaps of the women who actually give birth to their children, there is a higher rate of planned pregnancies because those which weren't planned didn't make it to full term. This gives us three possible explanations for the extremely high rate of planned pregnancies.

Another question asked the women how they felt when they first discovered they were pregnant with their last child. They were allowed to circle as many answers as they wanted to. Forty-four of them were excited, three were surprised, ten had mixed emotions, two were confused, two were unhappy, and one answered “other” and explained that since it wasn't a planned pregnancy, she was very surprised.

Another question addressed how prepared the women felt to give birth to their last child. Eight of them felt completely unprepared to give birth, ten felt like they could have used some more preparation, and forty-two felt completely prepared to give birth.

Fifty-two of the surveyed women gave vaginal births, seven had Cesarean sections, three had both (with different pregnancies), and one woman left this question blank.

Of all of the surveyed women, sixty-two gave birth in public hospitals, and only one gave birth in a private hospital. For this reason, my project cannot make any analysis or conclusion about the services offered or the treatment of women in private maternity hospitals in Ulaanbaatar.

When asked about the quality of the prenatal care the women received, twenty of them said it was excellent, thirty-five said it was sufficient, four thought it was mediocre, and one thought it was awful. The next question on the survey asked the women to explain their answers to this this question. Although there

were a total of twenty-eight women, or 44% of the respondents, who did not respond to this short answer questions, I was still able to gather some interesting information.

A lot of the answers to this question had little to do with the prenatal care the women received and more to do with their birthing experiences. Fourteen women had short responses stating that overall, they were satisfied, or that the care was good and fast, while other women had more negative things to say. One woman said that during the socialist time, in the 1970's and 1980's when she gave birth, the doctors were very responsible. She explained that they didn't accept gifts and that the patients weren't measured by their social status like they are today. There were three other women who shared this sentiment, saying that when they gave birth during the socialist period, things were good, but they have recently heard that the system is bad and has a lot of problems.

Two women talked about complications they had with their urinary system because of the lack of care they received while in the hospital. One of them said that the doctors were irresponsible and forgot to give her a catheter, so she had complications with the delivery because she felt the urge to urinate. Because of these complications, she needed the care of specialist, but had to wait for this doctor for a long time because he was busy. Had she not received treatment from him, she would have possibly had permanent damage. Another patient who also suffered from bladder problems is an example of this more long term damage. She had complications with the delivery of her child which left her unable to control

her bladder. Because of this, her sex life has suffered and she feels ashamed of herself.

One woman complained that she didn't get to stay in the hospital long enough after she gave birth. She had a cesarean section and feels like the C-section patients need more time in the hospital to recover from their operation. She also commented on the lack of care given to her by the doctors and nurses. Before the epidural wore off, she remembers being extremely thirsty, but she couldn't get up to get herself a drink of water, and there weren't any doctors or nurses around to help her.

Another woman gave birth during socialism, but had a very bad impression of the medical staff. She felt ignored by the medical staff because they were busy watching Naadam wrestling games on television. Since the doctors weren't paying enough attention to her, they forgot to reserve blood for her for a transfusion after the delivery to help with the chronic anemia she had been suffering from during her pregnancy, which left her weak and tired. When the doctors asked her to get up and walk to her recovery room, she passed out on the floor because she was so weak.

One of the respondents wrote that she wished there was more information about pregnancy and birth given to the women from the doctors, especially about how to protect yourself from difficulties during the delivery. Another informant complained that when she gave birth in the wintertime, the rooms she was put in inside the hospital were very cold, dark, and uncomfortable.

One woman mentioned that she was yelled at upon her arrival to the hospital because she didn't bring her ID card with her. She wanted more care during labor. She went through labor all night long and gave birth in the morning, and felt like at night nobody cared about her or paid attention to her. She also wrote that she was laughed at by the doctors because she was so fat.

One of the respondents wrote that she didn't like the delivery room, and that the technology at the hospital was very bad. One of the women wrote that she had complications with the birth of her child, and is grateful to the doctors because she may have died if they weren't good. Another woman said that she felt like the first doctor she had at the hospital was very good, but she had to wait a long time in between shifts for the second doctor to come check on her. Lastly, one of the women wrote that the doctors were careless and irresponsible. Unfortunately, there were also two women whose answers were illegible, so my translator was unable to translate them for me.

Another question asked the women how they felt they were treated by the medical staff when they were in the maternity hospital. Twenty-four of them thought the treatment was excellent, twenty-four thought it was sufficient, ten thought it was mediocre, and none of them thought it was awful.

When asked to explain their answers to this question, thirty-two women didn't provide an answer. Twelve women said that the care was sufficient, normal, clean, or good, and that the doctors were helpful. Three women talked about how the care has gotten worse since they gave birth during the socialist period. One of

these women said that the relationship between the doctors and patients was better during socialism and the doctors gave more individual care to each patient. The second of these three women wrote that the doctors were very responsible during the socialist time. The last of these three wrote that during socialism the hospitals were good, but that now there aren't enough of them, and she would like to see more built.

One of the women wrote that she gave birth during the shift from socialism and communism to a democracy and free market economy, so her experience wasn't good. She said that during that time, the hospitals were lacking in everything. There wasn't enough food or medicine, and there weren't enough beds in the hospital. Overall, she felt like the care was bad. Another woman gave birth in 2001, and she felt like the care was good, but she wrote that she has heard that it is getting worse now and the care isn't very good anymore.

Four women thought the care was bad, and that the doctors were mean. They complained that the communication between the doctors and patients isn't good, and that often times the doctors don't give the women diagnoses for their illnesses.

Three women said that if you don't know somebody working in the hospital or don't have money to tip the doctors, the care you receive won't be as good. They said that the service is different for different people, depending on who you know or how much money you have.

Another woman said that the doctors were nice and provided good care to her, but that their workload was much too heavy. She said that the hospitals are overcrowded, so the doctors have too many patients. At the Third Maternity Hospital in Ulaanbaatar, where she gave birth, she said that it was overcrowded that two mothers had to share one bed because there weren't enough for each woman.

The last answer written said that the hospital is not a place for emotions. It is a place to go for health services, but your feelings or personal interests shouldn't be involved.

When asked what the women wanted to see changed within Mongolia's hospitals and healthcare system, twenty-five women didn't respond, and one of the answers was illegible. Twenty-two of the women didn't want to see anything change. Other women wanted to see less arrogant doctors who care more about the patients, a system that doesn't require tips or personal connections in order to receive good care, more modern technology, and less overcrowding in the hospital.

One woman said that she didn't feel like she got enough respect from the doctors. Another woman explained that the doctors are unable to provide enough care to everybody because the hospitals are so overcrowded that the doctors' workloads are too big. Another woman complained about the lack of fresh air because there are so many women per room and she said that patients aren't allowed to stay in the hospital long enough because of the overcrowding issue,

forcing them to go home before she thinks they should, in order to provide beds to other women.

One woman complained about the midwives at the hospital. She said that her midwife was inexperienced, and she blames the fact that she had vaginal tearing during the delivery on her midwife's lack of experience. Another woman said she would like to see the midwives and doctors have better communication skills, especially when coaching a woman through the delivery. She'd like to see the doctors and midwives telling the women how to breathe and how to push, especially to first time mothers. She thinks this would make the women much calmer and more relaxed throughout their birthing experiences.

The next question asked the women how supportive the fathers of their children were throughout their pregnancies. Thirty-eight said he was very supportive, seventeen said he was somewhat supportive, and four said he wasn't supportive. The next question asked the women to explain their answer to this question. Twenty-eight women left this answer blank.

Of the women who felt like their husbands were supportive of them throughout their pregnancies, they explained that their husbands did all good things a good father should do. A few women said that their husbands helped with chores around the house and helped to prepare meals.

Some of the husbands were extremely excited to have a child, especially if it was the first child. A few of the women explained that their husbands took good

care of them because it was both a planned and a wanted pregnancy. Two others, who said that their husbands were supportive in question twenty, explained in this question that he wasn't too supportive throughout the pregnancy, but that as soon as the baby was born, he completely changed and cared a lot for her and their child. Another woman said that her husband is still becoming more and more caring and loving each day as he watches their children grow up.

One woman explained that her husband was with her during the delivery, and that he had prepared everything they needed to give birth. Throughout her pregnancy, he did everything he could to take care of her and make her feel as comfortable as possible.

Another informant said that her husband was always very caring, and that if he didn't know what to do, he'd do whatever she asked as soon as she asked for it. One of the other women said a similar thing, expressing how helpful her husband was. He always tried to help her, and go on walks with her so she could get fresh air. He didn't know a lot about pregnancy, and whenever he had questions he would ask her doctor to answer them. Another woman said that her husband was very helpful and would do things like tie her shoes for her when her belly was so big that she couldn't do it herself.

Women who didn't feel like they got quite enough support often said that their husbands had to work a lot or were out of the country. One of the women who didn't feel supported by the father of her child said that she wasn't sure why he didn't take good care of her and support her as she'd hoped he would. The other

woman who offered an explanation said that she gave birth during socialism, and during that time it was seen as the woman's obligation and duty to give birth to children so she didn't ask for or receive any help or support from her husband.

The next question asked if the women's family members were with them when they gave birth. The answers to this question were very confusing to me. I spent approximately 30 hours doing observations at the First Maternity Hospital, where a lot of the women who answered my survey gave birth, and have never once seen a family member in the delivery room. However, of the sixty-three surveys I received, forty women said their family members were with them and only eighteen who said that they were alone. I later determined that the question was interpreted incorrectly to ask if the family members were at the hospital when the women gave birth, and in fact, there is a waiting room in the hospital where the family waits to hear the news about the woman and child they love.

Another question was another short answer question which asked the women to explain whether or not they think it's important to have their family with them while they are at the hospital. Seven women, without offering more of an explanation, simply said that it is important. Many of the respondents said that if the husband is with his wife when she gives birth, she will not only be more calm and relaxed, but it will help make their family stronger. The husband will see his wife suffer, which will make him understand her more, respect her more, and love her more. The women explained that it will make the family life last

longer because the husband will be less likely to leave if he sees his wife go through delivering their child.

Many women also talked about how important it is to have family there because the women need both the physical and emotional support. One woman explained that after giving birth, women are so tired that it is hard to take care of even themselves, much less their brand new child. She said that having family there to help take care of both the woman and the child is very important.

There were four women who didn't think it was important to have family with the women in the hospital. One thought it was enough to have the family outside in the waiting room, so that the family could ask the doctor for information, but that the family members shouldn't be in the delivery room. Another didn't even like the idea of her family waiting outside in the waiting room, while the other two simply stated that it is neither necessary nor important to have family members at the hospital.

The next two questions addressed how the respondents felt about sharing rooms with other women while at the hospital. Forty six of them shared a room with other women, eight did not, and four of them did with some of their births, but not with others. When asked to explain the advantages and disadvantages of sharing a room, a lot of the women said that it was good because they got to share their experiences and give each other advice, but its largest disadvantage is that it is tiresome, because if one baby starts crying it wakes up the others who then also start crying. With that said, only four women's comments talked about

disadvantages, so overall it seems like the women rather enjoyed sharing rooms with each other.

Seventeen of the women mentioned how nice it was to have other women to talk to. They shared life histories, experiences, and emotions. Many of the women talked about how great it is to share a room with a more experienced mother who can teach you things and give you advice. One of the women even commented that the other more experienced women in her room taught her the rules of the hospital since she didn't know them. Another woman said that the reason it's so great to have this connection with the other women is because you can't have it with the doctors. The doctors are busy with other patients because of the overcrowding, so they don't have time to give mothers a lot of advice and make personal connections with them. Since the doctors and nurses aren't always there to help, both physically and emotionally, the women help each other.

Another advantage which three women talked about had to do with breastfeeding. They talked about the fact that their milk hadn't come in yet, and other women sharing a room with them helped to feed their children. One of the women then fed somebody else's child once her milk came in. Another woman said that the connection she made with the woman whose child she fed lasted beyond their hospital stay and they ended up being friends.

The next question asked the women how satisfied they are with Mongolia's maternal healthcare system, and to explain their answer. Thirty-one of the forty-four women who answered this question were not satisfied with

Mongolia's maternal healthcare system. They complained that if they don't have a personal connection with somebody working in the hospital, the doctors are looking for tips from the patients in order to provide them with sufficient care. One of the women said that she feels they have to buy good care in Mongolia, and that there simply aren't enough hospitals for the number of patients. Another woman said that women have to wait for a long time to be helped, which is another effect of the overcrowding issue.

Some women also complained about the government support of pregnant women and mothers. One respondent wrote that the government doesn't care enough about the mothers unless they have a lot of children. Another complained that although the government provides women with money to help off-set the costs of a new baby, it isn't a sufficient amount and doesn't cover all of the costs, especially if the women had complications with their deliveries and need more medical treatments after the birth.

One informant complained that younger Mongolians don't get enough sexual education classes. She is upset that there are so many unplanned pregnancies and abortions in Mongolia. A few other women complained about the service offered by the doctors. They don't think the doctors provide quality service with enough emotional support, which most women attributed to the overcrowding. The other thirteen women who answered this question said that they were satisfied, without offering any kind of explanation.

The last question on my survey was another short answer question asking the women if they would like to add anything else to share their opinions and feelings related to their personal birthing experiences. This section mostly reiterated other answers the women already shared with me, especially relating to the overcrowding, the fact that they didn't have their family with them during delivery and afterward, the poor treatment from doctors, and the importance of giving the doctors tips or having a personal connection with someone working in the hospital.

One woman complained that the public medical system for pregnant women is very inefficient. She said that when they have to go to get blood and urine tests done throughout the course of their pregnancy, with the district doctors, they have to sometimes wait for as long as five hours, and still might not even be able to get the tests done. Another woman also complained that during the pregnancy, there is a lot of waiting in line for the women before they are able to get any kind of medical attention or services.

Another respondent expressed her opinions regarding abortion. She thinks that being born as a human is a challenging thing, so it is important that women don't terminate their pregnancies. She would like Mongolian children to be many. On a similar note, another woman wrote that babies represent love, and she'd like to see a decrease in unplanned pregnancies. She wants to see young women value their children more. She mentioned that some young women who gave birth to

unplanned babies leave them out in the cold on the street, and she wants this to stop.

One woman was frustrated during her pregnancy because it was challenging for her to find clothes which fit her, which was a problem during the wintertime when it was so cold outside. She worried about getting cold and how it would affect her and her baby.

A couple of women would like to see the doctors have better communication skills and give more and better advice to pregnant women and new mothers. One woman wrote about the importance of preparing yourself for a pregnancy, by exercising, eating well, going for walks, breathing fresh air, in addition to preparing the mind. Two other women also commented on the importance of exercise for pregnant women and one of them would like to see some gyms built for pregnant women to exercise in.

Another woman wrote about the importance of the family dynamics throughout the pregnancy. She thinks it's important for the family relationship and living environment to be good and healthy.

Overall, even though I was disappointed by how many women chose not to fill out the short answer questions, I am pleased with the information I was given. In conjunction with my fourteen interviews, it is possible to analyze the results and make some conclusions about improvements which should be made in the maternal healthcare system in Ulaanbaatar.

Interview Results and Analysis

Ulaanbaatar's maternity hospitals are seriously overcrowded and understaffed. The doctors are paid a low salary, and most women I spoke with complained that it is necessary to provide doctors with tips in order to ensure good care. Family members are not easily permitted to enter the hospital rooms, but instead they wait in the waiting room, and many women and doctors would like to see that change. Although these are problems which the maternal healthcare system has to face, there are also good things with the system which women are happy with. Most women don't mind, and many even enjoy sharing their hospital rooms with each other, and in general, women seem to be happy with the maternity benefits provided to them through government laws.

The first interview I conducted was with a 38 year old obstetrician-gynecologist doctor (*OBGYN*), about her personal birthing experiences. Since I wanted to know how all women in Ulaanbaatar felt about the maternal healthcare system, I didn't want to rule out the female staff at the hospital. With that said, her answers were different than the other women I spoke with, as I expected.

She grew up in UB, and gave birth to all three of her children in UB at the hospital she works at. This is the reason her feelings differed from the other women I spoke with. She was more at ease at the hospital, because she knew the doctors who delivered her baby since they were her co-workers. She also felt

more prepared than some of the other women because she was an *OBGYN* and was well educated about pregnancy and birth.

She did state that she feels like an important improvement could be made in the maternal healthcare system in regards to the information that doctors provide to first time mothers. She thinks that the doctors need to better explain to first time mothers what to expect throughout the birthing process, and what their emotions might be like throughout their stay at the hospital (Informant A).

She also mentioned that after having her child she took 18 months off from work. This led me to look into Mongolia's labor law, because I also heard from another informant that Mongolia has generous maternity leave benefits which Mongolians are very proud of.

The Labor Law, written in 1999, states that it is illegal for pregnant women or new mothers to be dismissed from their job, unless the organization they work for no longer exists, for the first three years of their child's life. Pregnant women, mothers with children under the age of eight, or single mothers with a child under the age of sixteen, are not allowed to work overtime, overnight, or be sent on assigned trips, without her consent. Women with children under the age of six months or twins under the age of one year are also provided with additional break time when they are working in order to feed and care for their babies. Women are granted 120 days of maternity leave, and this is also the case for women who had a still birth, were in the hospital due to pregnancy, or had an abortion after the 196th day of pregnancy. Job security for new mothers is ensured

for the first three years of their child's life, and even in the event that their previously held position no longer exists, their employer must create a new position for them (Mongolia. Labour Code, 1999.).

A few of my informants also told me that currently, women receive 20,000 *tugrugs* each month for the last two months of their pregnancy and the first two months after the birth to help with the costs of having a new child (Informant B). In addition to this, women who have four or more children can retire five years earlier than women with fewer than four children (Informant C). As the President Elbegdorj, the current president of Mongolia, said in a speech on International Women's day in 2012, "It should not be a burden for mothers to have more children." He also said, "We, Mongolians, should increase our population." It is clear that the government stance is to support mothers and provide incentives for women to have more children, rather than just one or two (Elbegdorj).

The women I spoke with seemed to be proud of the maternity benefits offered by the Mongolian government, and happy with it, but they didn't seem to think it is enough. They would like to see an increase in the benefits, most specifically the money given to the mothers at the end of the pregnancy and for the first two months afterward. They don't think that the money they're given helps very much because it such a small amount. One of the women I spoke with said that when she gave birth to her first child in 1996, she went to the government and asked for money, but she was told that since she looks like she lives well enough, they refused to give her anything (Informant D).

As far as the problems which exist, the women I spoke with felt like they had to pay for good service, either through gifts or money which they need to give to the doctors, and maybe even the midwives. When I asked a couple of doctors about this, they said that they treat all patients the same and don't accept these kinds of tips. Some women referred to them as tips, others referred to them as bribes, and yet others referred to them as simple thank you gifts.

One woman, who has two daughters, ages 21 and 13, is very worried about the day that her children have to give birth. She said that she will make sure to save money throughout their pregnancies so she can pay the doctors for them and ensure they receive sufficient care (Informant E).

Another woman who gave birth three years ago said that she received terrible care and didn't like the hospital or doctors at all. She was yelled at upon her arrival because she didn't bring her identification card with her since it was in the process of being renewed, so from the very beginning of her stay she had a terrible time. During her labor she felt ignored and complained that the doctor on duty wouldn't take any of the women to the delivery room during the night because that doctor was too tired to deliver any babies. He told them to wait until the morning and then they would do it, as he slept on a bed in the patient room off and on throughout the night.

She explained that all throughout the night when she was in labor, she wanted to have more help from the doctors. They didn't come around and check in

with the women like they should have, in her opinion. At 1am, she asked for an epidural and she didn't receive it until 4am.

She wanted to have her husband with her, but the doctors wouldn't let him come in. This woman explained that she thinks the husbands are only allowed to come in if they are rich enough to pay or if they are well known.

When it was finally time for this woman to give birth, she was so exhausted from being in labor for seventeen hours that she didn't have the strength to push her son out. The doctors helping her deliver had to push on her stomach to help get the baby out, and they were laughing at how big her stomach was and her inability to push.

After the delivery, the doctors took her son and left her in the delivery room for five hours. She was just lying there waiting for doctors to help her with the delivery of the placenta, but nobody helped her for hours. The doctors who were nearby said it was the job of the doctor who delivered her baby to finish the job, so they refused to do it and said they needed to wait for the doctor assigned to her case to come back. Meanwhile, a window was open which was making her uncomfortably cold. She kept asking for them to close it, and they said they would, but they never did.

As she laid there in the delivery room for five hours, she watched other patients come and deliver their babies, then leave to the post-delivery department. She said it felt like watching a movie, as if she was removed from the situation.

Then a doctor teaching some medical students came into the delivery room, and he helped her. It was another male doctor, which she didn't really like, but he was finally someone willing to help her. She felt so ashamed to be there with all kinds of medical students watching her, and nobody ever asked her if it was okay for them to observe, which she felt like they should have done. The doctor administered general anesthesia to her so that he could remove the afterbirth.

After she was finally out of the delivery room, she had a hard time finding a bed within the recovery department because the “normal” section, as she called it, said she had too many complications and too much bleeding so they didn't want her, and for some reason, the emergency section didn't want her either. The doctors were all arguing with each other right in front of her about what to do with her, and she was so exhausted from her labor and delivery that she just wanted to rest. Once the emergency section finally accepted her, she said she received much better care. She had her own room, which she really liked. Unfortunately, she had to stay there for one week, and her husband didn't get to see their son the whole entire first week of his life.

This woman's family was in the waiting room throughout her labor and delivery, and after she went home a week later, the family told her that when the doctor came out to talk to them, they felt like the doctor was asking for a bribe. Since they were from the countryside, they were unaware of the need to pay the doctors, so this woman believes that the care she received was a result of the fact that she didn't tip the doctors. She thinks that because of this, the doctors refused

to pay attention to her and refused to provide sufficient care. She felt ashamed and she felt like didn't receive any respect from the doctors during her stay at the hospital (Informant F).

Another woman I spoke with said that she gave her doctor money two separate times, in addition to nice gifts of wine, fruits, and chocolates. She said that it is important that these gifts are not small. They are supposed to be a thank you gift to the doctors, but she thinks that it also ensures that you receive good care (Informant D).

I did speak with a young woman who gave birth just fourteen months ago. She said that she provided the doctors with some gifts, but that she didn't think it was necessary. However, her mother-in-law worked at the hospital she gave birth at, and was with her during the birth. She felt like this was important because it helped put her at ease and she knew she was in good hands because her mother-in-law was by her side (Informant G).

All of the women I spoke with cited either the importance of tipping the doctors, or the important of having a personal connection within the hospital, or both. However, when I spoke to an *OBGYN* doctor, she presented another side of things. I unfortunately only asked one doctor about the tips, to which she said that they don't receive anything like that, or treat patients differently based on their social status. She also said that she thinks women think it's so important to know somebody at the hospital because it puts them at ease, but not because they actually get treated any differently. She believes it is more of a patient perception

than a reality (Informant B). With that said, I don't see how it is possible to treat all women the same. If a doctor is delivering their best friend's baby, they are going to treat her differently than if they are delivering a stranger's baby.

I believe that the doctors are working with what they have, and they are not to blame. I imagine there are times when the doctors are more arrogant or rude than they should be, or pay less attention than they should to certain patients. I am not trying to excuse this behavior, but since the doctor to patient ratio is so low, it is extremely challenging for doctors to pay enough attention to everyone.

At the First Birthing Clinic, there are about 150 patient beds, which are usually all full, and fifty-four *OBGYNs*, with only five on duty at a time, two of which could be performing a C-section at any given time, leaving three *OBGYNs* and 150 patients. One doctor I spoke to who was working in the post-delivery department at the time had sixty-five patients, and there were only two nurses for those same sixty-five women. In addition to this problem, doctors have to hand-write all patient charts. They do not have the modern technology, most notably, computers, to speed up the process of record keeping. Because of this, valuable and necessary time with patients is neglected because the doctors must allow keep up with writing in the patient charts (Informant B).

This is extremely disconcerting. Had I just looked into the surveys and talked with mothers, and not spoken with any doctors or done observations at the hospital, it would have appeared that the doctors are incredibly irresponsible, rude, arrogant, and don't care at all about the patients. I have even found myself

comparing the delivery room to a hair salon, where you come in, give birth, and are sent away to your next room so the next woman can have the bed. I've been critical of how little time it seems like the doctors spend with each patient.

However, once I spoke with the doctors, I realized that they are not the ones at fault. The government is responsible for how many doctors are hired at the First Birthing Clinic. The government is responsible for building new public hospitals. The government is responsible for determining the salaries of the doctors.

Perhaps if the salaries of the doctors weren't as low, they pressure the patients feel to tip the doctors wouldn't be there. Currently, the doctors at the First Birthing Clinic make about 300,000 *tugrug* per month, which is the equivalent of about 215 US dollars. However, the doctors working at the National Cancer Institute just about a thirty minute walk away, make somewhere around twice that amount of money, and only have to work one duty per month, while *OBGYNs* at the First Birthing Clinic have to work at least three shifts per week (Informant B).

This discrepancy in pay is because of the health system in Mongolia. The National Cancer Institute is run directly by the Ministry of Health, whereas the First Birthing Clinic (and the other three maternity hospitals in UB) are run by the City Health Center, which is run by the Ministry of Health. This means that the First Birthing Clinic is removed a step further from the national government, and instead run by the city government (Informant B).

The overcrowding issue, which leads to a less involved treatment of the patients, is also responsible for the lack of family involvement in the birthing and

recovery process. After all of my observation hours at the hospital, not seeing a single family member there worried me. It is even more concerning due to the lack of doctors and nurses. Family members would be extremely valuable, not only emotionally for the patients, but also for the level of patient care. Family members could help the women get to the bathroom, or help take care of the baby, leaving the doctors and nurses to take care of more serious issues with other patients.

However, if family members were allowed into the hospital, where would they go? There is absolutely no room for them. The delivery room has four beds, and if there are four patients giving birth at the same time (which is definitely not uncommon), with doctors, nurses, and midwives with each of the women, there wouldn't be any space for family members. Even if the labor department or the post-delivery department, there are usually four women per room, and there isn't anywhere for family to sit or stand, especially if there are medical staff in the room as well.

I believe that the reason the women in my surveys for the most part enjoyed sharing a room with other women is because they have nobody else to care for them and nobody else to talk to. The women help each other when they don't have family, doctors, or nurses around to help. If the family members were allowed in the hospitals, I don't think the women would want to share rooms. They would have a better support system with their families, and if it was an option, I'm convinced that the majority of women would prefer it.

The government is in the process of constructing a new birthing clinic which will be associated with the First Birthing Clinic, and this is supposed to open later on this month (December 2012). This will transfer some of the departments, like the pathological pregnancy department, and the obstetrician/gynecologist department to the new hospital, while the other departments stay in the current building. This means that the number of doctors is not expected to increase, but the area will (Informant B). Even with this increase in area, the population is increasing in UB so rapidly that the difference will probably only be felt for a year or two, if that. I have seen women who came to the hospital to be admitted to the pathological pregnancy department because of complications with the pregnancy, like preeclampsia, get turned away because there weren't any more beds. So with the addition of the new hospital, hopefully things like this won't happen anymore. I sincerely hope that the number of doctors increases with this addition some point in the near future, because the number of patients most certainly will.

I spoke with a nurse who had 30 post C-section patients, and she explained to me that she would like to see a decrease in the number of patients and an increase in the building area. She would like to see a resting room for the nurses, which doesn't currently exist at the hospital she works at. She thinks the ideal number of patients would be about ten, with fifteen as a maximum. The post C-section department needs more help in her opinion because all of the patients need more care. They are receiving more medications and treatments, and they need more help with everyday functions, like using the restroom, or getting in bed. She

personally tries to connect with everybody, although it is quite challenging. She will give up sleep when she works 16 hour overnight shifts because she puts off paperwork to make sure she cares for the patients, and then instead of getting a nap in she has to catch up on paperwork (Informant H).

These problems cause the women who can afford it to go to private hospitals, where they can pay somewhere between 1 million and 3 million *tugrug* (about 700-2200 US dollars), instead of a supposedly free service which they would receive at a public hospital, to give birth. One of my informants told me that the richest women will leave the country to give birth, then come back to Mongolia a couple of months later. The upper middle-class women typically opt for a private hospital, and everybody else goes to the public hospitals (Informant I).

The government should put some serious thought into improving the maternal healthcare system. I spoke with a young woman who just graduated from college last year, and she informed me that the national government gives college students 70,000 *tugrug* per semester for achieving a high GPA. A lot of these students use this money to throw parties and get drunk. This money is given to the students to encourage them to vote for certain politicians (Informant J). If this money could instead be transferred into a fund to build more hospitals or hire more doctors and nurses, it would be much more beneficial for Mongolia's people.

Conclusion

Mongolia's maternal healthcare system is lacking sufficient funding. With the rapid population growth in Ulaanbaatar, both due to an increase in Mongolia's population, and an increase in migration from the countryside to the capital city, overcrowding has become a serious issue in Ulaanbaatar's public maternity hospitals. With the increase in the number of patients, the number of doctors and nurses is far too low, which means that the patients don't get enough emotional or physical attention from the doctors and nurses. The overcrowding also limits family from entering the hospital because there are so many women per room that there isn't any space for the family members.

In general, women in Ulaanbaatar are not satisfied with the maternal healthcare system. They think they have to tip doctors or know the medical staff personally in order to receive good care because there are so many women that the doctors simply can't give enough care to all of them. Doctors try to provide enough care to the patients, but they can only do so much, especially when they have to spend so much time hand writing patient charts.

The government needs to spend some time and effort looking into the problems that exist in this system. They need to increase the number of doctors and nurses, increase the number of hospitals, and invest in more modern technology to improve record keeping. If they do this, there will be enough room

for family to enter the hospitals which will be better for the patients. The family members will be able to help care for the patients, and they can help to advocate for the patients. This will also increase the level of individual attention which each patient receives, because the doctor to patient ratio will increase, and the doctors will have to spend less time focusing on hand-writing patient charts so they will be able to spend more time focusing on patients. This will also give women more faith in Ulaanbaatar's public maternity hospitals, which will put them at ease and help them to relax when they are in the hospital going through the stressful event of childbirth.

Ideas for Further Research

Unfortunately, due to the scope of this project, there were many aspects I wanted to look into but I simply did not have the time. One doctor I spoke with cited Mongolia's health insurance as one of the largest problems with the healthcare system. I was unable to get in depth information on how the health insurance system works, but it would make a great research topic for future study.

I was also unable to look into the private maternity hospitals, and did not conduct any interviews with women who have given birth in a private hospital. It would be interesting to see how different, or perhaps similar, these two systems are.

I was also unable to speak with any government officials, although I did try a couple of different times to get in touch with the Ministry of Health, and I also tried to speak with someone at the World Health Organization. Speaking with these kinds of organizations and government branches would help to improve this research. A further project looking into the healthcare structure from a government level would be a good addition to the field.

Appendix A

Questionnaire for Mothers Regarding Their Personal Pregnancy and Birthing Experiences

The information gathered in this survey will be used and analyzed in an independent student study project entitled “Mongolian Women's Voices: A Case Study on Motherhood, Pregnancy, and Birth in Ulaanbaatar.”

The purpose of this study is to discover how women living in Ulaanbaatar feel about the maternal healthcare available to them and the effect it has on their birthing experiences and transition into motherhood. This study will benefit the participants by encouraging them to think about their birthing experiences and options in Mongolia, and perhaps become more proactive about changing any problems they see. Indirectly, this research will contribute to the improvement of the birthing environment in Mongolian hospitals

Participants in this study are asked to answer all questions to the best of their ability in order to clearly demonstrate their personal thoughts, opinions, and experiences relating to motherhood, pregnancy, and birth. The interview should take no longer than 30 minutes.

Participants are free to withdraw consent and to discontinue participation in this study at any time, for any reason. They may also refuse to answer any questions they feel uncomfortable answering. The participation in this study is on a voluntary basis only, and the decision to discontinue participation during the study will not result in penalty or loss of benefits to the participant.

1. How old are you? _____

2. Where did you grow up?

a. In the countryside

b. In the city

3. Are you married?

a. Yes

b. No

4. If you're married, how long have you been married for? _____

5. How many children do you have? _____

6. What years were your children born? _____

7. Where did you give birth to your children?

a. In the countryside

b. In the city

8. Would you like to have more children? If yes, how many more?

a. Yes

i. How many more? _____

b. No

9. If you're trying to prevent pregnancy, what do you use for contraceptives?

Circle all that apply.

a. Female Condoms

b. Male Condoms

c. Birth Control Pills

d. Birth Control Patch

e. Birth Control Injection

f. Birth Control Vaginal Ring

g. Birth Control Vaginal Spiral

h. Cervical Cap

i. Diaphragm

j. Spermicide

k. Abstinence during ovulation

l. Other

Please explain: _____

10. Do you feel that it is the woman's responsibility, the man's responsibility, or both to be in charge of birth control?

a. Woman's responsibility

b. Man's responsibility

c. Both

11. When you got pregnant with your last child, had you been trying to get pregnant?

a. Yes

b. No

12. Describe your feelings upon finding out you were pregnant with your last child. Circle all that apply.

a. I was excited.

b. I was surprised.

c. I had a lot of mixed emotions.

d. I was confused.

e. I was unhappy.

f. Other (Please Explain) _____

13. How prepared did you feel to give birth to your last child?

a. I felt completely unprepared.

b. I felt like I could have used a little bit more preparation.

c. I felt completely prepared.

14. Did you have a Cesarean section or a vaginal birth with your last child?

a. Cesarean Section

b. Vaginal Birth

15. Did you give birth at a public hospital or a private hospital?

a. Public

b. Private

16. How did you feel about the prenatal care you received?

a. The prenatal care I received was excellent.

b. The prenatal care I received was sufficient.

c. The prenatal care I received was mediocre.

d. The prenatal care I received was awful.

17. Please explain your answer to question 16. What about the prenatal care you received was good or bad?

18. How do you feel you were treated by the medical staff at the maternity hospital?

a. I received excellent treatment.

b. I received sufficient treatment

c. I received mediocre treatment

d. I received terrible treatment

18. Please explain your answer to question 18. What made the experience good or bad?

19. Do you wish that anything about your birthing experience and treatment at the hospital had been different? If so, what?

20. Was the father of your child active and supportive of you throughout the pregnancy and birthing process of your first child?

- a. Yes, he was very supportive.
- b. He was supportive, but I wish that he had been there for me a little bit more.
- c. I don't feel like I got enough support from him.

21. Please explain why he was or was not supportive enough. What did he do to be supportive? How was he active throughout the pregnancy?

22. Did you have any family members present during the birth of your child (including the father of the child)?

- a. Yes, I had family members present.
- b. No, I did not have any family members present.

23. Please explain whether or not you think it's important to have family members present throughout the birth of a child, and why or why not.

24. Did you share a room with other women at the hospital during your labor, delivery, and recovery?

a. Yes, I shared a room with other women.

b. No, I did not share a room with other women.

25. If you shared a room at the hospital, please explain the advantages and disadvantages of the experience.

26. Are you satisfied with the maternal healthcare system in Mongolia? Why or why not?

27. Is there anything you would like to add to share your feelings and opinions related to your personal experiences with pregnancy and birth?

Thank you for your participation in this questionnaire!

Эхчүүдээс жирэмсэн үеийн ба төрөх үеийн туршлагын талаар асуух асуултууд

Судалгааны асуулгаас цуглуулсан мэдээлэл нь оюутны бие даасан судалгаа болох “Монгол эмэгтэйн дуу хоолой: Улаанбаатар хотод эх байх, жирэмсэний үе ба төрөх нөхцөл байдлын судалгаа”-нд ашиглах юм.

Судалгааны зорилго нь Улаанбаатарт амьдардаг эмэгтэйчүүд, эхчүүдэд эмнэлэгийн тусламж үйлчилгээний хүртээмж төрөх үед ба эх болох туршлагад ямар нөлөөтэй байсаныг мэдэхэд оршино. Судалгаанд төрөх үеийнх нь туршлагаасаа нь суралцах ба Монгол улсад ямар сонголт байдаг мөн тулгарч буй асуудлыг хэрхэн шийдвэрлэх боломжтой талаар оролцогчдоосоо асуух юм. Энэхүү судалгааны үр дүнд Монголын эмнэлэгт төрөх орчин нөхцөлийг сайжруулахад хувь нэмэрээ оруулна.

Оролцогчдоос бүх асуултанд боломжоороо хариулж эх байх, жирэмсэний болон төрөх үеийн талаарх өөрийн үзэл бодол, туршлагаасаа хуваалцахыг хүсэж байна. Судалгаанд оролцогчийн боломжоос харгалзан 30 минут хүртэлх хугацаанд үргэлжилнэ.

Оролцогч нь хүссэн үедээ ба ямар ч шалтгаанаар судалгаанд оролцохоос татгалзаж болно. Хариулахыг хүсэхгүй байвал асуултнаас татгалзаж болно. Судалгаанд оролцох нь зөвхөн сайн дурын асуудал бөгөөд оролцохоос татгалзахад ямар нэгэн хохирол учирахгүй болно.

1. Та хэдэн настай вэ? _____

2. Та хаана төрж өссөн бэ?

А. Хөдөө орон нутагт

Б. Хотод

3. Та гэрэлсэн үү?

А. Тийм

Б. Үгүй

4. Гэрэлсэн бол хэдэн жил болж байгаа вэ? _____

5. Та хэдэн хүүхэдтэй вэ? _____

6. Та хэдэн настайдаа хүүхдүүдээ төрүүлсэн бэ?

7. Та хүүхдүүдээ хаана төрүүлсэн бэ?

А. Хөдөө орон нутагт

- Б. Хотод
8. Та дахин хүүхэд төрүүлэх хүсэлтэй байгаа юу?
А. Тийм (Хэдэн хүүхэд?)
Б. Үгүй
9. Та жирэмсэнээс хамгаалах ямар аргыг хэрэглэдэг вэ? (тохирох хариулт бүрийг дугуйлна уу)
А. Эмэгтэй бэлгэвч
Б. Эрэгтэй бэлгэвч
В. Жирэмсэнээс хамгаалах эм
Г. Жирэмсэнээс хамгаалах наалт
Е. Жирэмсэнээс хамгаалах тариа
Ё. Жирэмсэнээс хамгаалах үтрээний цагираг
З. Спираль
h. Cervical Cap
i. Diaphragm
j. Spermicide
k. Abstinence during ovulation
10. Жирэмсэнээс хамгаалах нь эмэгтэй эсвэл эрэгтэй эсвэл хоюулангийн хариуцлага гэж боддог уу?
А. Эмэгтэй
Б. Эрэгтэй
В. Хоюулангийн хариуцлага
11. Сүүлд гаргасан хүүхэд тань хүсэж/ төлөвлөж гаргасан хүүхэд үү
А. Тийм
Б. Үгүй
12. Сүүлд гаргасан хүүхэдээ олсон гэж мэдмэгцээ таньд ямар мэдрэмж төрсөн бэ?
А. Баярласан
Б. Гайхсан
В. Олон төрлийн сэтгэл хөдлөлүүдийг зэрэг мэдэрсэн
Г. Сандарсан
Е. Баяр хөөргүй байсан
Ё. Бусад (тайлбарлана уу)
13. Сүүлд гаргасан хүүхэдээ төрүүлэхдээ та өөрийгөө аль хэр бэлтгэлтэй байгаа гэж бодож байсан бэ?
А. Ямар ч бэлтгэлгүй
Б. Бага зэрэг илүү бэлддэг байж гэж бодсон
В. Бүрэн бэлтгэлтэй
14. Та төрөхдөө кесарь хийлгэсэн үү, өөрөөрөө төрсөн үү?

- А. Кесарь
- Б. Өөрөөрөө

15. Та хувийн эсвэл улсын эмнэлэгт төрсөн үү

- А. Улсын
- Б. Хувийн

16. Таныг төрөхөд үзүүлсэн эмнэлэгийн үйлчилгээ ямар байсан бэ?

- А. Маш сайн
- Б. Боломжийн
- В. Тааруухан
- Г. Маш муу

17. Та 16 асуултыг илүү дэлгэрэнгүй тайлбарлана уу. Чухам ямар зүйл сайн/ муу байсан бэ?

18. Таныг төрөхөд эмнэлэгийн хүний үзүүлсэн үйлчилгээ ямар байсан бэ?

- А. Маш сайн
- Б. Боломжийн
- В. Тааруухан
- Г. Маш муу

Та 18 асуултыг илүү дэлгэрэнгүй тайлбарлана уу. Чухам ямар зүйл сайн/ муу байсан бэ?

19. Таныг төрөхөд үзүүлсэн үйлчилгээ ямар нэг байдлаар өөр байгаасай гэж бодсон уу? Тийм бол тайлбарлана уу?

20. Эхний хүүхдээ төрүүлэхэд хүүхдийн тань эцэг жирэмсэний үед ба төрхөд хэр халамж үзүүлж байсан бэ?

А. Маш халамжтай байсан

Б. Халамжтай байсан боловч илүү халамж үзүүлж болох байсан

В. Халамж үзүүлээгүй

21. Таньд яагаад халамжтай/халамжгүй санагдсан талаараа тайлбарлана уу. Таньд хэрхэн халамж үзүүлж байсан бэ? Жирэмсэний үед хэрхэн идэвх зүтгэлтэй байсан бэ?

22. Таныг төрхөд таны гэр бүлийн гишүүд хамт байсан уу? (Хүүхдийн эцэг г.м)

А. Тийм, гэр бүлийн гишүүд байсан

Б. Байгаагүй

23. Төрөх үед гэр бүлийн гишүүд хамт байх нь чухал эсэх талаар юу гэж бодлогоо хувалцана уу?

24. Та төрөх үедээ болон төрсөний дараа амрах өрөөнд ганцаараа байсан уу

А. Өөр хүнтэй хамт байсан

Б. Ганцаараа байсан

25. Хэрэв та өрөөндөө өөр эхчүүдтэй хамт байсан бол бол туршлагаасаа хуваалцана уу. Таньд ямар давуу эсвэл сул тал мэдрэгдсэн бэ?

26. Монголд эхчүүдэд үзүүлдэг тусламж үйлчилгээнд сэтгэл хангалуун байдаг уу? Дэлгэрэнгүй тайлбарлана уу

27. Таньд хувиасаа жирэмсэн байх үе, төрөх үеийн талаарх өгөх нэмэлт мэдээлэл, хуваалцах санаа сэтгэгдэл байна уу?

Цаг гаргаж асуултанд хариулсанд маш их баярлалаа!

Appendix B

Informed Consent Form For Participation in A Case Study on Motherhood, Pregnancy, and Birth in Mongolia

This informed consent form is for Mongolian mothers living in Ulaanbaatar who agree to be interviewed by a student researcher in relation to their own experiences with motherhood, pregnancy, and birth. The information gathered in this interview will be used and analyzed in an independent student study project entitled “Mongolian Women's Voices: A Case Study on Motherhood, Pregnancy, and Birth in Ulaanbaatar.”

The purpose of this study is to discover how women living in Ulaanbaatar feel about the maternal healthcare available to them and the effect it has on their birthing experiences and transition into motherhood. This study will benefit the participants by encouraging them to think about their birthing experiences and options in Mongolia, and perhaps become more proactive about changing any problems they see. Indirectly, this research will contribute to the improvement of the birthing environment in Mongolian hospitals.

This study will also contribute to the academic field. This student research paper is currently only an assignment for an academic study abroad program, the School for International Training (SIT). However, it is possible that this work will be used for further study, or for presentations in the United States. The participants of this study may receive more information about the study, before, during, and after their participation through contacting the student researcher, Amelia Olmsted, through email (ameliao@gwmail.gwu.edu), or through contacting the study abroad program's Academic Director's office by email or phone (ulzijjargal.sanjaasuren@sit.edu, 976-11-452138).

Participants in this study are asked to answer all questions to the best of their ability in order to clearly demonstrate their personal thoughts, opinions, and experiences relating to motherhood, pregnancy, and birth. The interview should take between 30 minutes and 1 hour of the participant's time.

Participants are free to withdraw consent and to discontinue participation in this study at any time, for any reason. They may also refuse to answer any questions they feel uncomfortable answering. The participation in this study is on a voluntary basis only, and the decision to discontinue participation during the study will not result in penalty or loss of benefits to the participant.

I do not foresee any risks for the participants of this study. None of the participants' names or any other identifying information will be used in the research paper.

I have read the above and I understand its contents and I agree to participate in the study. I acknowledge that I am 18 years of age or older.

Signature: _____ Today's Date:

Монголд эх, жирэмсэн үеийн ба төрөх нөхцөл байдлын талаарх судалгаанд оролцох тухай зөвшөөрлийн хуудас

Энэ зөвшөөрлийн бичиг нь Улаанбаатарт амьдарч буй эмэгтэйчүүдээс өөрийн эх байх, жирэмсэний үеийн ба төрөх үеийн туршлагаасаа хуваалцан судалгаанд оролцож судлаач оюутаны асуултанд хариулахыг зөвшөөрсөн баримт юм. Ярилцлага болон асуулгаас цуглуулсан мэдээлэл нь оюутны бие даасан судалгаа болох “Монгол эмэгтэйн дуу хоолой: Улаанбаатар хотод эх байх, жирэмсэний үе ба төрөх нөхцөл байдлын судалгаа”-нд ашиглах юм.

Судалгааны зорилго нь Улаанбаатарт амьдардаг эмэгтэйчүүд, эхчүүдэд эмнэлэгийн тусламж үйлчилгээний хүртээмж төрөх үед ба эх болох туршлагад ямар нөлөөтэй байсаныг мэдэхэд оршино. Судалгаанд төрөх үеийнх нь туршлагаасаа нь суралцах ба Монгол улсад ямар сонголт байдаг мөн тулгарч буй асуудлыг хэрхэн шийдвэрлэх боломжтой талаар оролцогчдоосоо асуух юм. Энэхүү судалгааны үр дүнд Монголын эмнэлэгт төрөх орчин нөхцөлийг сайжруулахад хувь нэмэрээ оруулна.

Энэ судалгаа нь одоогийн байдлаар зөвхөн гадаадад суралцах хөтөлбөрийн (SIT) сургалтын нэгэн хэсэг болно. Цаашид энэ судалгааг АНУ-д судалгаа ба илтгэлд үргэлжлүүлэн ашиглаж магадгүй юм. Энэ судалгаанд оролцогчид судалгааны өмнөх, судалгааны үеийн ба дараах мэдээллийг оюутантай и-майлээр холбогдож авах боломжтой (ameliao@gwmail.gwu.edu) түүнээс гадна хөтөлбөрийг хариуцсан захиралтай ажлын утас ба и-майлээр холбогдож авах боломжтой (ulziijargal.sanjaasuren@sit.edu, 976-11-452138).

Оролцогчдоос бүх асуултанд боломжоороо хариулж эх байх, жирэмсэний болон төрөх үеийн талаарх өөрийн үзэл бодол, туршлагаасаа хуваалцахыг хүснэ. Ярилцлага оролцогчийн боломжоос харгалзан 30 минутаас 1 цаг хүртэл үргэлжилнэ.

Оролцогч нь хүссэн үедээ ба ямар ч шалтгаанаар судалгаанд оролцохоос татгалзаж болно. Хариулахыг хүсэхгүй байвал асуултнаас татгалзаж болно. Судалгаанд оролцох нь зөвхөн сайн дурын асуудал бөгөөд оролцохоос татгалзахад ямар нэгэн хохирол учирахгүй болно. Энэ судалгаа оролцогчдын ирээдүйд ямар нэгэн хохирол учруулах ёсгүй. Судалгаанд доролцогчын ямар нэгэн хувийн мэдээлэлийг чандлан нууцлах болно.

Би дээрх баримтийг уншиж ойлгосон ба энэхүү судалгаанд оролцохыг зөвшөөрч байна. Би 18 ба түүнээс дээш настай болно.

Гарын үсэг _____ Огноо _____

Works Cited

Elbegdorj, Tsakhia. "Speech of Tsakhia Elbegdorj, The President of Mongolia on the International Women's Day." Speech. Ulaanbaatar. 08 Mar. 2012.
PRESIDENT.MN. Web. 30 Nov. 2012.
<<http://www.president.mn/eng/newsCenter/viewNews.php?newsId=680>>.

Informant A. Personal interview. 07 Nov. 2012.

Informant B. Personal interview. 23 Nov. 2012.

Informant C. Personal interview. 16 Nov. 2012.

Informant D. Personal interview. 18 Nov. 2012.

Informant E. Personal interview. 9 Nov. 2012.

Informant F. Personal interview. 10 Nov. 2012.

Informant G. Personal interview. 20 Nov. 2012.

Informant H. Personal interview. 25 Nov. 2012.

Informant I. Personal interview. 13 Nov. 2012.

Informant J. Personal interview. 25 Nov. 2012.

Informant K. Personal interview. 15 Nov. 2012.

"Mongolia." *World Bank*. N.p., 2012. Web. 01 Dec. 2012.

<<http://www.worldbank.org/en/country/mongolia>>.

“MONGOLIA. LABOUR CODE, 1999.” *MONGOLIA. LABOUR CODE, 1999*.

N.p., n.d. Web. 30 Nov. 2012.

<<http://www.ilo.org/dyn/natlex/docs/WEBTEXT/57592/65206/E99MNG01.htm>>.

Narantuya, Danzan. "Migration into Ulaanbaatar City." N.p., n.d. Web. 1 Dec.

2012. <http://www.irmgard-coninx-stiftung.de/fileadmin/user_upload/pdf/urbanplanet/Narantuya.pdf>.

Yadamsuren, Buyanjargal, Mario Meriardi, and Ishnyam Davaadorj. "Tracking

Maternal Mortality Declines in Mongolia between 1992 and 2007: The Importance of Collaboration." *WHO*. N.p., 2010. Web. 01 Dec. 2012.

<http://www.who.int/pmnch/topics/maternal/201003_whobulletin_maternalmortality/en/index.html>.