SCIENTIFIC ARTICLES

The role of Occupational Therapy in Africa: A scoping review

*Julia Jansen van Vuuren, BOcc Ther (Hons) (University of Queensland, Australia)
http://orcid.org/0000-0002-5232-976X
PhD Candidate, Queen's University, Canada.

Christiana Okyere, BA (University of Ghana, Ghana); MA (Kofi Annan International Center for Conflicts, Peace and Security, Ghana); PhD (Queen's University, Canada)
http://orcid.org/0000-0002-0098-3049
Hegarty Post-Doctoral Fellow, Department of Counselling, Educational Psychology, and Special Education, Michigan State University, USA.

Heather Aldersey, BA (University of North Carolina at Chapel Hill, USA); MSc (University of Kansas, USA); PhD (University of Kansas, USA)
http://orcid.org/0000-0001-7763-5934
Associate Professor (Queen's National Scholar), School of Rehabilitation Therapy, Queen's University, Canada.

ABSTRACT

Objective: *This scoping review explores the role of occupational therapy in African countries including major practice areas, specific activities within practice areas, and potential considerations unique to the African context.*
Method: *Two authors independently reviewed articles from online database searches and manual searches of reference lists and specific Occupational Therapy journals using a combination of keywords related to 'Occupational Therapy', 'Africa', and 'role'. Articles were included based on pre-determined eligibility criteria (i.e., peer-reviewed, English articles that describe occupational therapists' tasks/ activities) and discussion to reach consensus. The authors charted data through content analysis of the articles based on the review's objectives prior to drawing out common themes relevant to the African context.*
Results: *Thirty-two articles were included covering twelve African countries, though predominantly focused on South Africa. Findings demonstrate that, despite having tasks specific to practice areas, the overarching role of occupational therapy is facilitating engagement in meaningful occupation. Additionally, the findings highlight a vital role for African therapists in community-based services and the need to consider the unique cultural context in practice.*
Conclusion: *Congruent with universal occupational therapy principles, Occupational Therapy in Africa aims to facilitate engagement in meaningful occupation, but therapists should consider their unique cultural context to ensure meaningful and sustainable outcomes whilst maintaining a valuable universal identity.*

Key words: Occupational Therapy, Occupational Therapists, Africa, role, culture, community-based

INTRODUCTION

"Occupational therapy in Africa; changing lives positively" was the theme emphasised by the Occupational Therapy Africa Regional Group (OTARG) during their 2017 Congress in Ghana. But *how exactly* do occupational therapists change lives positively, and *what is their role*, specifically in an African context? The aim of this scoping review is to analyse published literature to better understand the role of occupational therapy in Africa by: (a) identifying major practice areas for occupational therapists in Africa; (b) identifying the specific tasks and activities of occupational therapists in Africa; and (c) exploring the contextual considerations for occupational therapy in African contexts.

Globally, occupational therapists work with people across the lifespan, from infants to older adults, supporting their engagement in meaningful occupation, including self-care tasks, domestic and community activities, work (paid and volunteer), education, leisure, and social interactions[1]. Despite originating in Europe and North America, occupational therapy's foundational principles regarding health promotion by enabling participation in meaningful occupation is globally relevant, and the profession has spread to low and middle-in-

come countries, including African countries. The official inauguration of the World Federation of Occupational Therapy (WFOT) by ten countries in 1952, united the profession more globally, although South Africa was the only African country represented[2]. Currently, there are twelve African countries with full WFOT membership (Ghana, Kenya, Madagascar, Malawi, Mauritius, Morocco, Rwanda, South Africa, Tanzania, Uganda, Zambia and Zimbabwe) and three countries with associate membership (Namibia, Nigeria and Tunisia). The WFOT also encouraged the formation of regional groups to promote the international development of occupational therapy, hence the initiation of the African regional group in 1996, which currently has sixteen member countries (although not all of them offer established occupational therapy education or services).

Occupational therapists in Africa work across a broad spectrum of areas including, but not limited to: public and private hospitals, non-government organisations, insurance companies and private rehabilitation centres, for people of all ages, in physical and mental health, HIV/AIDS, palliative care, trauma, and Community-Based Rehabilitation (CBR)[3,4]. The 2010 publication of 'Occupational Therapy: An African Perspective' provides an

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overview of the occupational therapy role by describing the influence of diverse cultures on practice, as well as chapters focused on specific practice areas[5]. Roles are broadly categorised into several main activities: (a) planning and consulting (e.g., team meetings, programme development); (b) networking/liaising (e.g., with funders, stakeholders, raising awareness); (c) administration (e.g., finances, reports, funding proposals, client records); (d) capacity building (e.g., teaching and supervising students/ health workers, research, facilitating groups); (e) 'hands-on' therapy (e.g., education, functional assessments, pressure garments, splinting, hand therapy, treatment plans, assistive aids, environmental modifications, cognitive and daily-living tasks re-training); and (f) advocacy (e.g., lobbying for human rights and inclusion)[4]. A more recent article, 'An Overview of Occupational Therapy in Africa' identifies occupational therapy practice and education locations and briefly describes various practice areas from a selection of African countries[3]. However, to the best of our knowledge, there is no formal review systematically summarising published literature on the role (practice settings, clients, activities, and goals) of occupational therapy in African contexts. Most published literature related to Occupational Therapy in Africa tend to focus on specific practice areas and highlight a great need for occupational therapy as well as a range of challenges[3,4,6,7]. Although it is impossible to define a singular, static list of roles for occupational therapy in Africa (as it is a vast continent with a diverse range of cultures, traditions, and spiritual practices)[7], identifying common themes as well as unique differences in specific contexts, can contribute to a deeper understanding of this global profession. In addition, understanding the role of occupational therapists in other African contexts can assist to inform the development of occupational therapy education, research and practice in African contexts where there is a great need for rehabilitation professionals but where occupational therapy is less established[8,9]. Clarifying the occupational therapy role can also promote the profession globally and mitigate role overlap or conflict with other health professions[10,11], particularly when, in many African contexts, the profession can be unfamiliar or misunderstood[12-14]. Thus, this scoping review builds on previous knowledge by systematically identifying and synthesising what is known from published literature about the role of occupational therapy in various African countries and to explore what makes the role unique in an African context.

METHOD

Guided by Arksey and O'Malley's[15] methodological framework for scoping reviews, we initially identified the purpose of the study and a broad research question – *What is the role of Occupational Therapy in Africa?* Based on descriptions from the 'Occupational Therapy: An African Perspective' textbook[5], as well as WFOT[16], and the American[17], Canadian[18], and Australian[19] Occupational Therapy Associations, we defined 'role' as incorporating what occupational therapists do (e.g., tasks/activities, assessment, intervention), who they work with (e.g., clients), where they work (e.g., practice settings, positions), and the goals of occupational therapy (e.g., participation, quality of life). The following steps, identifying relevant studies and study selection, began with consulting a Health Sciences librarian to determine appropriate databases and search terms based on the research question. Two authors then met to discuss inclusion/exclusion criteria (see Table I) and in June 2019 they searched the following databases: CINAHL, Embase, Medline, Global Health, and PsycINFO. Search

Table I - Inclusion and exclusion criteria for review articles

Inclusion	Exclusion
• 1996 onwards • English • Peer reviewed • Describe what occupational therapists do as part of their role (tasks/activities), can also incorporate which population/patients they work with and practice settings	• Focus on occupational therapy students/ education • Focus on theory/models • Focus on a tool/ assessment • Focus on efficacy of a specific intervention • Focus on research only • Editorials, lecture, poster, review

terms included: 'Occupational Therapy' or 'Occupational Therapists' and 'Africa'. (See Appendix I for sample database search strategy on p.14.)

Title screening was completed together, whereas *abstract*, and subsequent *full-text reviews* were conducted independently before the authors met again to discuss and resolve discrepancies. In addition, we manually searched relevant occupational therapy and Africa-specific journals under 'Africa', 'role' or 'Occupational Therapy', including the South African, American, Canadian, Australian, British, and Scandinavian Journals of Occupational Therapy, Occupational Therapy International, the WFOT Bulletin, and African Journal of Disability, to identify appropriate articles. We also checked reference lists of identified articles to ensure we had not missed other potentially relevant articles. Figure I (on p5) provides a representation of study selection.

Since the establishment of OTARG in 1996 marked some cohesion of the profession within the African continent, we included sources from 1996 onwards and full-text articles in English. Step 4, *charting the data*, involved two authors meeting to develop a data charting form which comprised a Microsoft Excel spreadsheet with headings: author, title, date, research design, country, practice area, role (including tasks/activities), and additional information or themes related to African contexts specifically. These variables provided general information about the distribution of studies as well as information related specifically to our research objectives. To extract information about the occupational therapy role, we returned to our definition and searched for descriptions of what occupational therapists do, who they work with, where they work, and their goals. In order to answer our final objective (contextual considerations), we extracted information from each article that related to contextual influences on the practice of occupational therapy. The authors independently extracted data from the selected studies using qualitative content analysis where we each familiarised ourselves with the articles and systematically searched for descriptions, concepts and themes related to our definition of the occupational therapy role as well as contextual influences. The data extraction involved an iterative process where we met several times to discuss our findings and any discrepancies, so as to capture all of the relevant information and to ensure consistency[20]. Finally, we collated, summarised and reported the results by systematically analysing the data extracted from each article and describing the articles' characteristics, before identifying broader qualitative themes in relation to the overall purpose and research question (i.e., major practice areas, activities, contextual considerations). We subsequently discussed overarching implications for occupational therapy practice, research, and policy in African contexts.
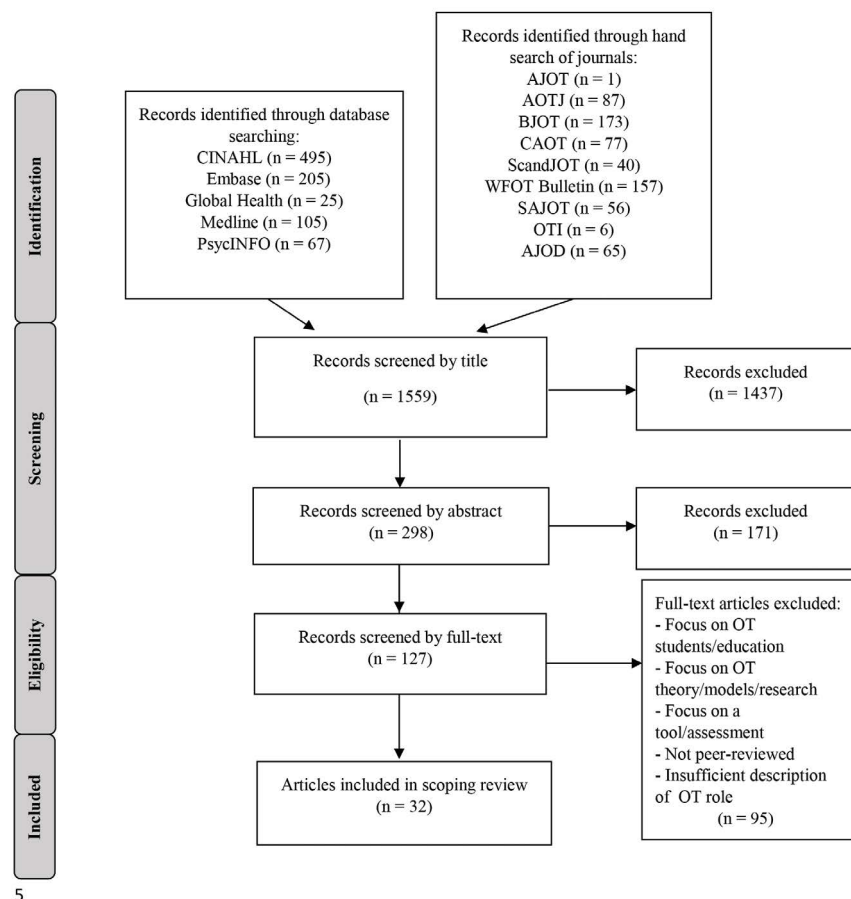
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Figure 1. PRISMA (Preferred Reporting Items for Systematic Reviews and MetaAnalyses) flow diagram showing article selection process.

Note: OT = Occupational Therapy; AJOT = American Journal Of Occupational Therapy; AOTJ = Australian Occupational Therapy Journal; BJOT = British Journal Of Occupational Therapy; CAOT = Canadian Journal Of Occupational Therapy; ScandJOT = Scandinavian Journal Of Occupational Therapy; SAJOT = South African Journal Of Occupational Therapy; WFOT = World Federation Of Occupational Therapy; OTI = Occupational Therapy International; AJOD = African Journal Of Disability

RESULTS

Overview of the literature

Out of 1559 articles screened by title, and 127 full texts screened, we included 32 articles in the scoping review (Figure 1), of which 24 related to South Africa, two each from Kenya, Uganda, Zimbabwe, one from Tanzania, and one covering multiple African countries (Ghana, Kenya, Malawi, Mozambique, Madagascar, Zimbabwe and South Africa). South Africa dominated the literature as it has the most long-established practice and even a specific Occupational Therapy journal. The articles covered the occupational therapy role across diverse practice areas with the majority focused on paediatrics (n = 11), community rehabilitation (n = 5), and vocational rehabilitation (n = 4). Other practice areas included hand rehabilitation (n = 3), mental health (n = 2), primary healthcare (n = 2), HIV/AIDS (n = 1), hospital rehabilitation (n =1), medico-legal practice (n = 1), and multiple practice areas (n = 2). Due to overlapping practice areas, it was sometimes difficult to clearly delineate between them (e.g., mental health and vocational rehabilitation). The authors of these articles discussed various occupational therapy activities within these practice areas, shown in Table II (Appendix 2, p15). Occupational therapy activities are also summarised according to practice areas in Table III (Appendix 2, p15). Table III describes several overarching themes aligned with our objectives regarding the role of occupational therapy in Africa.

Major practice area for occupational therapy in Africa: Community-based services

Although our findings indicate that occupational therapists work in a variety of practice areas, many authors highlight the need for therapists in communities rather than urban institutions, whether they work in paediatrics, vocational rehabilitation, or any another area. With limited human resources and large proportions of the population living rurally, occupational therapy services need to be accessible to communities. South Africa has attempted to address this need with their compulsory community service for newly graduated occupational therapists[21-23]. However, they often face multiple challenges in rural settings. For example, van Niekerk, Dada, and Tonsing discuss how some assistive technology supplies never reach the most rural areas because drivers offload everything at one centre and claim they are "tired of driving"[24:919]. Hence, occupational therapists need to be resourceful, flexible, and creative, ensuring realistic interventions that require minimal cost/effort, use local materials, and are appropriate to the environment[24-27]. Therapists also often receive limited support when working rurally and van Stormbroek and Buchanan[23] emphasise the need for more professional development and mentoring for community-based therapists.

Several authors encourage occupational therapists to adopt a population approach rather than focusing on individual clients, as many African cultures value collectivism and interdependence with rich family and community networks. This involves collaboration with multiple community stakeholders, including families, community health workers, and local leaders, to ensure sustainable, appropriate service provision with meaningful outcomes for the whole community[21,22,24,28,29]. One example from Tanzania demonstrates the role of occupational therapy in a collaboration between a local CBR program and an international aid organisation supporting children with disabilities, highlighting the need to address issues of poverty, drought, and malnutrition by empowering the entire family and community through income generation projects[30]. Several authors highlight how occupational therapists engage groups of people rather than focusing exclusively on individuals, including in a Ugandan HIV/AIDS income-generation group[31] and South African paediatric services[32,33]. Health promotion and disability prevention are also described as important aspects of the occupational therapy role in a community-based approach[21,22].

Occupational Therapists' activities: Empowering people to engage in meaningful occupation

Regardless of country or practice area, most of the articles demonstrate that the essential role of an occupational therapist is *empowering* people to engage in meaningful occupations through holistic, client-centred practice – whether it be for a child or adult,

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within an institution or community. Although many of the generic tasks and activities mentioned in the articles appear to be the same for occupational therapists in any country (e.g., assessment, education, environmental adaptation, skills training), the context influences therapists' priorities and approach. For example, several authors describe how, in assessment, occupational therapists often rely on informal methods (e.g., observation, interview) or adapt formal measures because most standardised tools are developed in Western countries[34,35]. In terms of interventions, the prevalence of poverty and limited employment opportunities for people with disabilities in various African contexts behoves occupational therapists to focus on vocational skills[36-38], facilitating self-employment[39] and other options for income generation[30,31,40].

Many authors *describe education* as an important aspect of empowering people; for example, providing caregiver education to increase understanding and acceptance of children with disabilities in South Africa[21,41], Kenya[42], and Tanzania[30]. Additionally, several authors highlight community education as crucial for reducing stigma, for example, of women escaping abduction in war-torn Uganda[28] or of people with mental health conditions in Zimbabwe[26]. Educating community workers around health promotion and rehabilitation as well as task shifting is also mentioned as an important role for therapists to promote sustainable, relevant service provision[21].

Advocacy is highlighted as another crucial role for occupational therapists in supporting people with disabilities to engage and participate in their communities; for example, lobbying governments to change policies for more accessible transport or inclusive education for children with disabilities in South Africa[22]. Occupational therapists have a major advocacy role in facilitating people to return to work[38,43], as well as advocating for extended maternity leave and supportive environments for breastfeeding mothers[29].

In addition to advocating for their clients, several authors emphasise that occupational therapists need to advocate for their profession due to limited awareness and understanding of the occupational therapy role[3]. For example, authors highlight that therapists need to advocate for the value of their role in schools[32], primary health care[22], and case management[43]. Some authors mention challenges for therapists to find jobs and the prevalence of 'brain drain' because their role is not well known or understood in their own countries[3,26].

What makes the role of occupational therapy unique in Africa: Contextual considerations

Most of the articles refer to *contextual considerations* that influence the role of occupational therapy in Africa. As mentioned previously, poverty is prevalent in many African contexts and often guides the priorities and focus of occupational therapy interventions. For example, *poverty and malnutrition* for families of children with disabilities in Tanzania[30], Kenya[44], and South Africa[29,41], and adolescents in Zimbabwe[45] require therapists to consider the whole family's needs, not just the individual child. Poverty is often connected with lower education levels affecting how therapists provide information and therapy. For example, therapists collaborating with illiterate caregivers may preference simpler assistive technology for their children with disabilities[24], or avoid focusing on writing as a goal for older adults with arthritis in South Africa[27]. Minimal government funding and support perpetuates the challenges for people accessing services and limits resources available for occupational therapists to implement effective interventions[3].

Several authors discuss how *violence and political instability* influence the role of occupational therapy. Stickley and Stickley[28] highlight the role of occupational therapy to support *occupational engagement* and improve wellbeing for internally displaced people in Uganda who have experienced trauma from war. South African researchers also discuss high rates of violence and crime which affect the occupational therapy role. For example, children losing their primary caregivers perpetuates the cycle of poverty and creates a young population[21,24]; the prevalence of poverty, violence and road accidents increases hand and other injuries requiring more specialist hand therapists, medico-legal and vocational rehabilitation[23,46].

Although evident in high-income contexts, *stigma and discrimination* against people with disabilities tend to have more severe consequences in African contexts, often due to limited disability knowledge and beliefs about aetiology, thus requiring a greater role for therapists in advocacy and education[24,44]. For example, the literature demonstrates that occupational therapists are involved in reducing stigma and isolation and promoting sustainable community reintegration for people with mental health conditions in Zimbabwe[26], supporting families of children with disabilities in Kenya[44], and educating communities to improve acceptance of girls who were abducted, raped and escaped during war in Uganda[28]. Stigma appears common amongst people with HIV/AIDS which is widespread in several African contexts, hence occupational therapists facilitate groups for social support and income-generation in Uganda[31], or provide education and empower caregivers of South African children with HIV[41].

With a diverse variety of cultures and languages across the African continent as well as within individual countries, many authors promote the imperative for *culturally sensitive practice*. For example, Guidetti and Söderback[42] highlight that Kenyan paediatric therapists must be conscious of the climate and traditional clothing styles when teaching children dressing skills, but also holistically support the whole family and allow flexibility in scheduling appointments. Naidoo et al.[21,22] emphasise that occupational therapists in rural South African settings need to be particularly sensitive to culture and context, including communicating in local languages and partnering with community health workers to ensure culturally relevant practice. The literature also indicates that occupational therapists need to be aware of *cultural gender roles* when using occupation or providing education. For example, in Zimbabwe mothers are the main caregivers[45], whilst in Uganda women may be unfamiliar with leadership roles outside of their home[31], and war can cause people to lose traditional gender roles and subsequent aspects of self-identity[28]. Additionally, when recommending assistive technology and environmental adaptations, occupational therapists need to consider the unique environment such as age-appropriate wheelchairs for Zimbabwean adolescents with cerebral palsy[45], or appropriate symbols for communication devices for South African children[24].

DISCUSSION

The findings from this scoping review demonstrate that African occupational therapists are working in diverse practice areas, from paediatrics to medico-legal practice to working with those with HIV/AIDS; however, an overarching theme that emerged was the need to develop rural community-based services to reach the majority of the population. Regardless of country or practice area, the primary role of occupational therapists in African contexts is congruent with the universal goal of occupational therapy: to promote engagement in meaningful occupations. Thus, broadly speaking, African occupational therapists engage in universally practiced tasks and activities such as assessment, education, environmental adaptation and equipment prescription. However, contextual considerations also significantly influence the priorities and specific ways that occupational therapists undertake their role and it is crucial for all

therapists to be aware of and address these unique considerations to ensure sustainable, culturally relevant practice. These findings have important broader implications for occupational therapy practice, policy, and research within African contexts which we discuss further below.

How does context influence the role of occupational therapy?

Occupational therapy goals often focus on roles and occupations which are substantially influenced by cultural and contextual assumptions; hence, assessments and interventions need to be culturally meaningful to align with the profession's universal principles of client-centred, holistic practice[47-50]. In fact, several authors have criticised some of the profession's dominant assumptions as privileging a minority Western, middle-class perspective and disregarding diverse cultural values[51-57]. For example, Western occupational therapy principles tend to emphasise independence, personal autonomy, performance, and achievement, which can undermine collectivist values of interdependence and relationships that are often more important in African contexts[47,52,54,58]. Beagan[51] explores various approaches to diversity and culture and encourages occupational therapists to move beyond the more established concept of cultural competence towards cultural humility and critical reflexivity, recognising power imbalances and seeking to rectify these through flexible, humble, and client-centred processes.

Although Africa comprises a multitude of diverse cultures and occupational therapists need to understand the unique culture that they work within, there are some common challenges as well as overarching principles that can be considered. For example, 'ubuntu' is a widely shared philosophy across Sub-Saharan Africa, where interdependence and relationships are highly valued, and individual identity is defined through belonging within a community[59-61]. The principles of 'ubuntu' include respect and dignity, solidarity, spirituality, reciprocity, harmony, mutuality, affinity and kinship[60]. Many of these principles are congruent with the profession's own foundations and, regardless of context, the occupational therapy role should "promote concern for humankind and address broader occupational needs in society"[62:4].

The role of occupational therapy in Africa related to practice

The findings from this review indicate that occupational therapy practice in Africa should perhaps adopt a more community approach rather than the traditional individual focus. As mentioned above, 'ubuntu' highlights the importance of family and community in many African contexts. Ramugondo and Kronenberg explore the concept of 'ubuntu', "emphasising collective occupational well-being as a principal focus of practice"[63:12], whilst demonstrating that individual and collective occupational needs are interactive and not necessarily dichotomous. In her dissertation, Chikwanha[64] explores the influence of family involvement on occupational participation for adults recovering from substance abuse in Zimbabwe. Using a decolonial approach, she highlights how families are affected and the crucial role they play in supporting recovery and demonstrating resilience. She recommends a "collective occupational reconstruction treatment framework… [a] contextually relevant multidisciplinary occupation based framework that would respond to the unique occupational needs of the families in Zimbabwe"[64:190] where families are involved at each level and collaboration with families and other community stakeholders is key. Similarly, for occupational therapists in South Africa working with adolescents with traumatic

brain injuries, "[b]uilding the resources of informal supports notably that of a family is of importance, specifically as they tend to play an active and ongoing part of the adolescent's life and are therefore potential long-term consistent sources of support"[65:12]. Caregivers, particularly, must be included in occupational therapy interventions for children with disabilities, and Fewster, Uys and Govender[66] suggest that more interventions need to directly focus on promoting caregiver quality of life, which then indirectly support the children and the whole family. However, despite the importance of involving family and the broader community, this does unearth potential ethical tensions for African occupational therapists, such as negotiating conflicts in goals between the therapist, family and client, or confidentiality issues with disclosing personal information[67]. Hence, to maintain the core principles of client-centred, holistic practice, occupational therapists need to consider the influence and needs of the family and community, whilst still prioritising and respecting the individual client[61,62].

A population approach also aligns with CBR which seeks to empower whole communities, promote equal opportunities and social inclusion, reduce poverty and improve quality of life, and is designed for contexts with limited resources[68,69]. In fact, the South African Association's position statement on rehabilitation asserts that "Occupational therapists are committed to community based rehabilitation"[70:53], and WFOT's position statement on CBR describes how: "Occupational therapists have been and are working in CBR as trainers and educators, with the aim of facilitating and developing programs and transferring knowledge and skills to community members. Others work 'hands-on' in the community, are accessible on a referral basis or work in the position as program leaders."[71:1]. However, Geberemichael et al.[72] highlight the overall lack of effective implementation of CBR within African countries, primarily because such programs are not being implemented in rural communities and lack focus on health-related services. With appropriate support and infrastructure, occupational therapists could play a crucial role in addressing this gap by adopting CBR strategies to facilitate better access to services and promote occupational justice[73]. For example, South African occupational therapists working in primary healthcare, align with CBR strategies to foster community partnerships and facilitate long-term, sustainable outcomes[22,74]. Witchger-Hansen and Blaskowitz[75] demonstrate a successful occupational therapy community-based vocational training program for Tanzanians with physical disabilities, finding improvements in occupational performance ratings specifically in regards to involvement in income-generating activities. Understandably, this requires African occupational therapy educational programs to incorporate CBR skill development, including skills in program development, evaluation and management, particularly through practice placements in local community settings, to ensure therapists are knowledgeable and competent in CBR practice approaches[75-78].

In addition, our findings highlight the importance of advocacy as a crucial role for African occupational therapy practice, particularly in contexts where there are chronic issues of poverty, violence, social inequality, stigma, and limited resources[3,4,6,7,22,70,79-82]. The World Federation's position paper on human rights states that all occupational therapists "are obligated to promote occupational rights as the actualisation of human rights."[82:1]. However, this is perhaps more imperative in contexts where cultural beliefs around disability (including spiritual causation, stigma, and undervaluing people with disabilities) can lead to social exclusion, affecting the utilisation and effectiveness of rehabilitation services as well as major breaches in human rights[83-86]. HIV/AIDS, specifically, is often associated with 'sin'

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and false beliefs about contagion; hence occupational therapists can play a critical role in increasing hope and respect through education, empowerment, and support, and decreasing stigma through role modelling justice, inclusion, and tolerance[31,87,88].

African occupational therapists must also consider practical implications for their role based on the context where they work. Our findings highlight the prevalence of poverty and the chronic lack of resources available to provide services in many African countries. As such, it is imperative that occupational therapists are adaptable and creative in their practice, able to utilise locally sourced materials and equipment, and focus on locally acceptable and feasible occupations[24,30]. This may require therapists to expand their view of 'occupation', for example supporting people who are involved in street vending[89] or even gang membership[90]. In relation to home programs for South African children with cerebral palsy, Davies[91], highlights how therapists also need to be aware and empathetic towards families' priorities in light of poverty in order to address the underlying reasons for lack of engagement in occupational therapy activities. In addition, occupational therapists should be familiar with local languages or develop trustworthy relationships with translators, as language has a strong influence on service provision and outcomes[21,91]. Richards and Galvaan go further to discuss a socially transformative approach, where occupational therapists are more critically aware of socio-political influences on their clients' health and participation: "Therapists need to be intentional about researching and remaining up to date with current happenings in communities from which their patients come by reading local newspapers, listening to local radio stations and learning from patients. In doing so, the patient becomes the expert of their community and power is shared more equally between therapist and patient" [78:8].

The role of occupational therapy in Africa related to policy

Globally, occupational therapists work with people who face occupational deprivation and breaches in human rights; therefore, they need to move beyond individual level interventions and advocate for policy changes and community initiatives that address broader social inequalities and barriers to occupational participation[92,93]. Lencucha and Shikako-Thomas warn that: "If occupational therapy is not involved in shaping policy, it will find itself reacting to or being compelled to work with policy that may not be conducive to the values of the profession"[94:191]. From an African context, Chichaya, Joubert and McColl analyse disability policy in Namibia, finding "a disparity between perceptions of disability policymakers and persons with disabilities on the occupational needs of persons with disabilities. This disparity results in policymakers designing and approving disability policies that are inconsiderate of the need to ensure occupational participation among persons with disabilities."[95:10]. African occupational therapists should be aware of their own country's policies towards persons with disabilities and rehabilitation, and use their expertise in occupational participation and justice to advocate for their clients at all levels, lobbying governments to change discriminatory policies and minimise the gap between legislation and practice[4,22,86,96,97]. Our findings indicate the tremendous barriers people face to engage in meaningful occupations; hence, African occupational therapists can be involved in developing broader national policies to reduce such barriers, whether it be policies supporting persons with disabilities to work[97] or for extended maternity leave for working mothers[29]. Talley and Brintnell[98] reviewed the barriers to successful implementation of policies for inclusive education for children with disabilities in

Rwanda, and the opportunities for occupational therapists to play a role. They found inadequate clarity and enforcement of inclusive education policy as well as limited consideration of cultural context within policies (i.e., focusing on Western-based models), hence they suggest that occupational therapists are well positioned to implement change and should collaborate with government and key community stakeholders to re-operationalise policy and legislation. Understanding national and international policy is also important to ensure that occupational therapy services (current and future) can align with government agendas, such that they are acceptable and supported by local governments[29].

As well as advocating for favourable policy for their clients, the findings from this review emphasise the need for raising awareness and advocating for the role and value of occupational therapy as a profession[13,99]. Healthcare in African countries primarily focuses on curative measures rather than prevention and health promotion; rehabilitation in general, but occupational therapy in particular, is little known and under-prioritised[12,79,80,83]. Occupational therapists require more funding, resources, and professional support to deliver effective, quality services that can demonstrate their value[3,4,23,79,100]. Hence, advocating for and developing policies outlining role descriptions, resource allocation, employment positions, and professional development requirements are important considerations for the profession in African contexts.

The role of occupational therapy in Africa related to research

Several authors from the review highlight the necessity of rigorous, reliable, contextually relevant research to inform evidence-based practice (EBP). The Canadian Association of Occupational Therapy defines evidence-based occupational therapy as "client-centred enablement of occupation based on client information and a critical review of relevant research, expert consensus and past experience"[101:3]. EBP is a professional requirement for all occupational therapists throughout the world and is informed by rigorous research. Buchanan[102] argues that EBP is perhaps even more critical for occupational therapists in low-income African countries where knowledge and skills can be limited due to the lack of human resources and professional support[23,102]. However, simply relying on research from vastly different contexts (i.e., high-income countries) does not necessarily imply effectiveness within the unique African context and there is limited EBP in low-income settings specific to African countries[102-104]. Research exploring the role and effectiveness of occupational therapy in practice areas particularly pertinent to the African context include HIV/AIDs rehabilitation[31,87] and CBR[69,105]. Additionally, finding appropriate assessment tools can be challenging for African occupational therapists, as most conventional models and assessments are developed in high-income countries, requiring further research to develop and validate contextually-based models and assessment tools[42,75,105,106]. Currently the only African-developed model (specifically in South Africa) is the Vona du Toit model of Creative Ability which has been used primarily in mental health and vocational rehabilitation[107-110].

Research has other important implications for the development and sustainability of occupational therapy in African countries. Further research is needed from the users' perspectives in specific contexts to ensure relevant and effective practice. For example, Jacobs-Nzuzi Khuabi, Swart, and Soeker interviewed South African adolescents with traumatic brain injuries to understand their perceptions and experiences of high school transition in order to inform the role of occupational therapy, finding "Occupational therapists have a crucial

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role in fostering an enabling environment (directly and indirectly) through fulfilling various roles including that of a facilitator, intermediary, coach, collaborator, supporter, and advocator" [65:1]. Research is also necessary to explore the role of occupational therapists in non-mainstream or role-emerging practice areas (e.g. disaster management, internally displaced people/refugees, human trafficking) to expand the scope and value of occupational therapy specifically in African contexts [13,75]. Finally, research has a significant bearing on the development of occupational therapy educational programs to design appropriate curriculum, maintain quality standards, and develop partnerships with relevant stakeholders locally and internationally [9,111].

Within their EBP competency standards, the WFOT asserts that all occupational therapists need appropriate knowledge, skills, and attitudes to implement EBP, specifically the ability to identify knowledge needs, find relevant sources (including client input), critically appraise evidence and apply it to practice, communicate evidence effectively, and identify research gaps [112].

Unfortunately, there can be discrepancy between evidence and practice, often due to the challenges associated with accessing appropriate research evidence [34,113]. Therefore, research skills are an important component in occupational therapy education in African contexts, and even in countries where research is incorporated as part of standard training (i.e., South Africa), further development is needed [103,114]. However, Keikelame and Swartz [115] also challenge conventional Eurocentric research approaches, arguing for decolonising and culturally appropriate research methodologies through consideration of issues of power, trust, cultural competence, respectful and legitimate practice, and recognition of individual and communities' assets. Given that research is a crucial component in education and practice, stakeholders including students, clinicians and academics as well as managers and policy makers who may be removed from practice and unaware of specific needs, must engage in collaborative research [116-118]. In addition, several authors recommend international partnerships as an important step to foster quality research and EBP activities through shared resources and expertise, provided there is mutual respect and understanding, clear and ongoing communication, and commitment from both sides [119-121].

Limitations

We acknowledge several limitations to this review. Firstly, although we attempted to incorporate a broad range of literature, it was beyond the scope of this review to include grey literature. A significant amount of African research is not published internationally [122,123]; however, we only incorporated published material from database searches due to difficulty accessing local information or unpublished documents from a diverse range of countries. Secondly, for pragmatic reasons, we only included English articles; hence we may have missed important literature published in other languages. Thirdly, South African-based research dominated the review, giving a distinct bias towards this specific context, thus our findings may not accurately represent the role of occupational therapy in Africa broadly. Whilst this review covered the role of occupational therapy in Africa from an academic perspective (i.e., published literature), it would be interesting to explore the perspectives of other stakeholders – such as people with disabilities, community members, policy makers, other health professionals, and occupational therapists themselves – on the role of occupational therapy in various African contexts.

Implications for occupational therapy practice

- Occupational therapists have a valuable role in engaging people in meaningful occupations to promote health and quality of life, but context influences the practice approach.
- Community-based practice should be considered a priority for occupational therapy services in African contexts to ensure greater accessibility.
- Focusing on families, communities and collective occupations, beyond the individual client, is also pertinent for occupational therapists in African contexts.
- Advocacy and empowerment are crucial roles for all occupational therapists, but particularly in African contexts where disability can hold greater stigma and exclusion often due to cultural beliefs around disability.
- Occupational therapists could consider commonly held values such as 'ubuntu' to promote inclusion, dignity, and respect for persons with disabilities in African contexts.
- African occupational therapists need appropriate support and resources to embrace a more prominent role in national and international policy development and research.

CONCLUSION

Occupational therapists in African contexts have an important and ambitious role to facilitate engagement in meaningful occupation and optimise quality of life. However, genuine client-centred, holistic practice necessitates that occupational therapists consider their unique cultural context to ensure meaningful and sustainable outcomes whilst maintaining a valuable universal identity. The findings from this review reinforce that African occupational therapists, in particular, should perhaps be more community-orientated and focus on the collective needs and occupations of the family and community as well as the individual. One avenue for advancing community-level occupational therapy services is through CBR and further research is needed to explore the role and effectiveness of occupational therapy in CBR settings. Results from the literature also emphasise the crucial role of advocacy for occupational therapists: both in championing human rights, occupational justice, and inclusion for their clients, as well as promoting the profession itself. In 'Occupational Therapies Without Borders: Integrating Justice with Practice', Garcia-Ruiz discusses an imperative for 'glocalized' occupational therapy (global thinking, local action) affirming that "Occupational therapists are political subjects who are actors who can transform and help in transforming the lives of those with whom they interact" [124:192]. As well as influencing priorities in practice, the advocacy role compels African occupational therapists to be more involved in policy development and implementation both nationally and internationally. Finally, occupational therapists in African contexts must advance local research initiatives to strengthen EBP and further establish the profession's value and universal relevance. Research is foundational in practice for developing culturally appropriate and effective assessment tools, models, and interventions; in education for developing curriculum and competency standards; and in policy for promoting global standards and reducing gaps between legislation and practice. In all aspects of their role and regardless of context, African occupational therapists require consistent critical reflection and self-awareness, as they work with "humility, enthusiasm and great hope" [61:76]. Indeed, occupational therapists in African contexts face challenges and responsibility, yet also tremendous opportunities and potential.

REFERENCES

1. Occupational Therapy Australia (OTAUS). About Occupational

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Therapy Australia. 2020. http://aboutoccupationaltherapy.com.au/

2. World Federation of Occupational Therapy (WFOT). World Federation of Occupational Therapists. 2016. www.wfot.org/

3. Beguin RB. An overview of occupational therapy in Africa. WFOT Bulletin. 2013; 68: 51-8. https://doi.org/10.1179/otb.2013.68.1.013

4. Sherry K. Voices of occupational therapists in Africa. In: Alers VM, Crouch RB, editors. Occupational therapy: an African perspective. Johannesburg, South Africa: Sarah Shorten Publishers; 2010. p. 26-47.

5. Alers VM, Crouch RB, editors. Occupational Therapy: An African Perspective: Johannesburg, South Africa: Sarah Shorten Publishers; 2010.

6. Buchanan H, van Niekerk L, Galvaan R. The first WFOT Congress in Africa: History in the making. British Journal of Occupational Therapy. 2017; 80: 271-2. https://doi.org/10.1179/otb.2011.64.1.008

7. Crouch RB. What makes occupational therapy in Africa different? British Journal of Occupational Therapy. 2010; 73(10): 445. https://doi.org/10.4276/030802210X12865330218140

8. Crouch RB. Education and research in Africa: Identifying and meeting the needs. Occupational Therapy International. 2001; 8(2): 139-44. https://doi.org/10.1002/oti.141

9. Agho AO, John EB. Occupational therapy and physiotherapy education and workforce in Anglophone sub-Saharan Africa countries. Human Resources for Health. 2017; 15(37): 1-7. https://doi.org/10.1186/s12960-017-0212-5

10. Jackson BN, Purdy SC, Cooper-Thomas HD. Role of professional confidence in the development of expert allied health professionals: A narrative review. Journal of Allied Health. 2019; 48(3): 226-32. https://proxy.queensu.ca/login?qurl=https%3A%2F%2Fwww.proquest.com%2Fdocview%2F2292895586%3Faccountid%3D6180

11. Ennion L, Rhoda A. Roles and challenges of the multidisciplinary team involved in prosthetic rehabilitation, in a rural district in South Africa. Journal of Multidisciplinary Healthcare. 2016; 9: 565-73. https://doi.org/10.2147/JMDH.S116340

12. Olaoye OA, Emechete AAI, Onigbinde AT, Mbada CE. Awareness and knowledge of Occupational Therapy among Nigerian medical and health sciences undergraduates. Hong Kong Journal of Occupational Therapy. 2016; 27: 1-6. https://doi.org/10.1016/j.hkjot.2016.02.001

13. Eleyinde ST, Amu V, Eleyinde AO. Recent development of occupational therapy in Nigeria: Challenges and opportunities. WFOT Bulletin. 2018; 74(1): 65-70. https://doi.org/10.1080/14473828.2018.1426543

14. Jansen-van Vuuren J, Aldersey HM, Lysaght R. The role and scope of occupational therapy in Africa. Disability and Rehabilitation. 2020: 1-13. https://doi.org/10.1080/09638288.2020.1743779

15. Arksey H, O'Malley L. Scoping studies: Towards a methodological framework. International Journal of Social Research Methodology. 2005; 8(1): 19-32. https://doi.org/10.1080/1364557032000119616

16. World Federation of Occupational Therapy (WFOT). About Occupational Therapy. 2020. https://www.wfot.org/about/about-occupational-therapy.

17. American Occupational Therapy Association (AOTA). About Occupational Therapy: What is Occupational Therapy? 2020. https://www.aota.org/About-Occupational-Therapy.aspx.

18. Canadian Association of Occupational Therapists (CAOT). About OT: What is Occupational Therapy? 2020. https://www.caot.ca/site/aboutot/whatisot?nav=sidebar.

19. Occupational Therapy Australia (OTAUS). About Occupational Therapy: What do Occupational Therapists do? 2020. http://aboutoccupationaltherapy.com.au/what-do-occupational-

20. Levac D, Colquhoun H, O'Brien KK. Scoping studies: Advancing the methodology. Implementation Science. 2010; 5(69). https://doi.org/10.1186/1748-5908-5-69

21. Naidoo D, Van Wyk J, Joubert RW. Exploring the occupational therapist's role in primary health care: Listening to voices of stakeholders. African Journal of Primary Health Care & Family Medicine. 2016; 8(1): 1-9. https://doi.org/10.4102/phcfm.v8i1.1139

22. Naidoo D, Van Wyk J, Joubert R. Community stakeholders' perspectives on the role of occupational therapy in primary healthcare: Implications for practice. African Journal of Disability. 2017; 6: 255-67. https://doi.org/10.4102/ajod.v6i0.255

23. van Stormbroek K, Buchanan H. Novice therapists in a developing context: Extending the reach of hand rehabilitation. Hand Therapy. 2017; 22(4): 141-52. https://doi.org/10.1177/1758998317720951

24. van Niekerk K, Dada S, Tonsing K. Influences on selection of assistive technology for young children in South Africa: perspectives from rehabilitation professionals. Disability and Rehabilitation. 2019;41 (8): 912-25. https://doi.org/10.1080/09638288.2017.1416500

25. Assink EMS, Rouweler BJ, Minis M-AH, Hess-April L. How teachers can manage attention span and activity level difficulties due to Foetal Alcohol Syndrome in the classroom: An occupational therapy approach. South African Journal of Occupational Therapy. 2009; 39: 10-6. http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S2310-38332009000300004

26. Mlambo T, Munambah N, Nhunzvi C, Murambidzi I. Mental Health Services in Zimbabwe – a case of Zimbabwe National Association of Mental Health. WFOT Bulletin. 2014; 70(1): 18-21. https://doi.org/10.1179/otb.2014.70.1.006

27. Shipham I, Pitout SJ. Rheumatoid arthritis: Hand function, activities of daily living, grip strength and essential assistive devices. Curationis. 2003; 26(3): 98-106. https://doi.org/10.4102/curationis.v26i3.857

28. Stickley A, Stickley T. A holistic model for the rehabilitation and recovery of internally displaced people in war-torn Uganda. British Journal of Occupational Therapy. 2010; 73(7): 335-8. https://doi.org/10.4276/030802210X12759925544461

29. Visser M, Nel M, la Cock T, Labuschagne N, Lindeque W, Malan A, et al. Breastfeeding among mothers in the public health sector: the role of the occupational therapist. South African Journal of Occupational Therapy. 2016; 46: 65-72. https://doi.org/10.17159/2310-3833/2016/v46n2a11

30. Hansen AMW, Chaki AP, Mlay R. Occupational therapy synergy between Comprehensive Community Based Rehabilitation Tanzania and Heifer International to reduce poverty. African Journal of Disability. 2013; 2(1). https://doi.org/10.4102/ajod.v2i1.48

31. Kamba M, Rugg S. An occupational therapy income-generation group for HIV-positive women in Uganda: Part 2. International Journal of Therapy and Rehabilitation. 2008; 15(2): 74-82. https://doi.org/10.12968/ijtr.2008.15.2.28190

32. Sonday A, Anderson K, Flack C, Fisher C, Greenhough J, Kendal R, et al. School based occupational therapists: An exploration into their role in a Cape Metropole Full Service School. The South African Journal of Occupational Therapy. 2012; 42(1): 2-6. http://www.sajot.co.za/index.php/sajot/article/view/120/70

33. van der Merwe J, Smit N, Vlok B. A survey to investigate how South African Occupational Therapists in private practice are assessing and treating poor handwriting in foundation phase learners: Part II - Treatment and evaluation practices. South African Journal of Occupational Therapy. 2011; 41: 11-7. http://www.sajot.co.za/index.php/sajot/article/viewFile/106/57

34. Hepworth LM, Govender P, Rencken G. Current trends in splinting

10

the hand in children with neurological impairments. South African Journal of Occupational Therapy. 2017; 47(1). https://doi.org/10.17159/2310-3833/2017/v47n1a4

35. Teuchert R, de Klerk S, Nieuwoudt HC, Otero M, van Zyl N, Coetzé M. Occupational therapy intervention into osteo-arthritis of the carpometacarpal joint of the thumb in the South African context. South African Journal of Occupational Therapy. 2017; 47: 41-5. https://doi.org/10.17159/2310-3833/2017/v47n1a8

36. Buys T. Professional competencies in vocational rehabilitation: Results of a Delphi study. South African Journal of Occupational Therapy. 2015; 45: 48-54. https://doi.org/10.17159/2310-3833/2015/v45n3/a9

37. van Niekerk M. A career exploration programme for learners with special educational needs. Work. 2007; 29(1): 19-24. https://content.iospress.com/articles/work/wor00636

38. Buys T, van Biljon H. Functional capacity evaluation: An essential component of South Africa occupational therapy work practice service. Work: Journal of Prevention, Assessment & Rehabilitation. 2007; 29(1): 31-6. https://content.iospress.com/articles/work/wor00638

39. Monareng LL, Franzsen D, van Biljon H. A survey of occupational therapists' involvement in facilitating self-employment for people with disabilities. South African Journal of Occupational Therapy. 2018; 48: 52-7. https://doi.org/10.17159/2310-3833/2017/vol48n3a8

40. du Toit SH. Using the Model Of Human Occupation to conceptualize an occupational therapy program for blind persons in South Africa. Occupational Therapy in Health Care. 2008; 22(2-3): 51-61. https://doi.org/10.1080/07380570801989424

41. Meissner RJ, Ferguson J, Otto C, Gretschel P, Ramugondo E. A play-informed, caregiver-implemented, home-based intervention for HIV-positive children and their families living in low-income conditions in South Africa. WFOT Bulletin. 2017; 73(2): 83-7. https://doi.org/10.1080/14473828.2017.1375068

42. Guidetti S, Söderback I. Description of self-care training in occupational therapy: Case studies of five Kenyan children with cerebral palsy. Occupational Therapy International. 2001; 8(1): 34-48. https://pubmed.ncbi.nlm.nih.gov/11823869/

43. Govender K, Christopher C, Lingah T. The role of the occupational therapist in case management in South Africa. South African Journal of Occupational Therapy. 2018; 48: 12-9. https://doi.org/10.17159/23103833/2018/vol48n2a3

44. Bunning K, Gona JK, Odera-Mung'ala V, Newton CR, Geere JA, Hong CS, et al. Survey of rehabilitation support for children 0-15 years in a rural part of Kenya. Disability and Rehabilitation. 2014; 36(12): 1033-41. https://doi.org/10.3109/09638288.2013.829524

45. Chikwanha TM, Chidhakwa S, Dangarembizi. Occupational therapy needs of adolescents and young adults with cerebral palsy in Zimbabwe: Caregivers' perspectives. The Central African Journal of Medicine. 2015; 61(5-8): 38-44. https://pdfs.semanticscholar.org/e1d4/733f182e6d2a228d58ae22e02a91f2a67f40.pdf

46. van Biljon H. Occupational therapists in medico-legal work - South African experiences and opinions. South African Journal of Occupational Therapy. 2013; 43(2): 27-33. http://www.sajot.co.za/index.php/sajot/article/view/190/111

47. Awaad J. Culture, cultural competency and occupational therapy: A review of the literature. British Journal of Occupational Therapy. 2003; 66(8): 356-62. https://doi.org/10.1177/030802260306600804

48. Hocking C. The challenge of occupation: Describing the things people do. Journal of Occupational Science. 2009; 16(3): 140-50. https://doi.org/10.1080/14427591.2009.9686655

49. Watson RM. Being before doing: The cultural identity (essence) of occupational therapy. Australian Occupational Therapy Journal. 2006; 53(3): 151-8. https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1440-1630.2006.00598.x

50. Crouch RB. The relationship between culture and occupation in Africa. In: Alers VM, Crouch RB, editors. Occupational Therapy: an African perspective. Johannesburg, South Africa: Sarah Shorten Publishers; 2010. p. 50-9.

51. Beagan BL. Approaches to culture and diversity: A critical synthesis of occupational therapy literature. Canadian Journal of Occupational Therapy. 2015; 82(5): 272-82. https://doi.org/10.1177/0008417414567530

52. Hammell KRW. Sacred texts: A sceptical exploration of the assumptions underpinning theories of occupation. Canadian Journal of Occupational Therapy. 2009; 76(1): 6-22. https://doi.org/10.1177/000841740907600105

53. Hammell KRW. Occupation, well-being, and culture: Theory and cultural humility. Canadian Journal of Occupational Therapy. 2013; 80(4): 224-34. https://doi.org/10.1177/0008417413500465

54. Kantartzis S, Molineux M. The Influence of Western Society's Construction of a Healthy Daily Life on the Conceptualisation of Occupation. Journal of Occupational Science. 2011; 18(1): 62-80. https://doi.org/10.1080/14427591.2011.566917

55. Reid HAJ, Hocking C, Smythe L. The making of occupation-based models and diagrams: History and semiotic analysis. Canadian Journal of Occupational Therapy. 2019; 86(4): 313-25. https://doi.org/10.1177/0008417419833413

56. Turpin M, Iwama MK. Using occupational therapy models in practice: A fieldguide. Edinburgh, UK: Elsevier; 2011.

57. Gerlach AJ, Teachman G, Laliberte-Rudman D, Aldrich RM, Huot S. Expanding beyond individualism: Engaging critical perspectives on occupation. Scandinavian Journal of Occupational Therapy. 2017; 25(1): 35-43. https://doi.org/10.1080/11038128.2017.1327616

58. Bonikowsky S, Musto A, Suteu KA, MacKenzie S, Dennis D. Independence: An analysis of a complex and core construct in occupational therapy. British Journal of Occupational Therapy. 2012; 75(4): 188-95. https://doi.org/10.4276/030802212X13336366278176

59. Crouch RB. The impact of poverty on the service delivery of occupational therapy in Africa. In: Alers VM, Crouch RB, editors. Occupational Therapy: an African perspective. Johannesburg, South Africa: Sarah Shorten Publishers; 2010. p. 98-110.

60. Nolte A, Downing C. Ubuntu-the essence of caring and being: A concept analysis. Holist Nurs Pract. 2019; 33(1): 9-16. https://doi.org/10.1097/hnp.0000000000000302

61. Sherry K. Culture and cultural competence for occupational therapists in Africa. In: Alers VM, Crouch RB, editors. Occupational Therapy: an African perspective. Johannesburg, South Africa: Sarah Shorten Publishers; 2010. p. 60-77.

62. Mahoney WJ, Kiraly-Alvarez AF. Challenging the status quo: Infusing non-western ideas into occupational therapy education and practice. The Open Journal of Occupational Therapy. 2019; 7(3): 1-10. https://doi.org/10.15453/2168-6408.1592

63. Ramugondo EL, Kronenberg F. Explaining collective occupations from a human relations perspective: Bridging the individual-collective dichotomy. Journal of Occupational Science. 2015; 22(1): 3-16. https://doi.org/10.1080/14427591.2013.781920

64. Chikwanha TM. Exploring factors shaping family involvement in promoting the participation of adults with substance use disorders in meaningful occupations [dissertation]. Stellenbosch, South Africa: Stellenbosch University; 2019. http://hdl.handle.net/10019.1/105954

11

65. Jacobs-Nzuzi Khuabi L-A, Swart E, Soeker MS. A service user perspective informing the role of occupational therapy in school transition practice for high school learners with TBI: An African perspective. Occupational Therapy International. 2019: 1-15. https://doi.org/10.1155/2019/1201689

66. Fewster DL, Uys C, Govender P. Interventions for primary caregivers of children with autism spectrum disorder: A cross-sectional study of current practices of stakeholders in South Africa. South African Journal of Occupational Therapy. 2020; 50(1). https://doi.org/10.17159/2310-3833/2020/vol50no1a7

67. Bushby K, Chan J, Druif S, Ho K, Kinsella EA. Ethical tensions in occupational therapy practice: A scoping review. British Journal of Occupational Therapy. 2015; 78(4): 212-21. https://doi.org/10.1177/0308022614564770

68. Iemmi V, Gibson L, Blanchet K, Kumar KS, Santosh R, Hartley S, et al. Community-based rehabilitation for people with disabilities in low- and middle-income countries: A systematic review. Campbell Systematic Reviews. 2016; 11(15): 368-87. https://doi.org/10.4073/csr.2015.15

69. M'kumbuzi VRP, Myezwa H. Conceptualisation of community-based rehabilitation in Southern Africa: A systematic review. South African Journal of Physiotherapy. 2016; 72(1): 1-8. https://doi.org/10.4102/sajp.v72i1.301

70. Occupational Therapy Association of South Africa (OTASA). OTASA Position statement on rehabilitation. South African Journal of Occupational Therapy. 2017; 47(3): 53-4. https://doi.org/10.17159/2310-3833/2017/v47n3a10

71. World Federation of Occupational Therapy (WFOT). Position statement on Community Based Rehabilitation. 2004. https://wfot.org/resources/community-based-rehabilitation

72. Geberemichael SG, Tannor AY, Asegahegn TB, Christian AB, Vergara-Diaz G, Haig AJ. Rehabilitation in Africa. Physical Medicine and Rehabilitation Clinics of North America. 2019; 30(4): 757-68. https://doi.org/10.1016/j.pmr.2019.07.002

73. Sinclair K, Fransen H, Sakellariou D, Pollard N, Kronenberg F. Reporting on the WFOT-CBR master project plan: the data collection subproject. WFOT Bulletin. 2006; 54(1): 37-45. https://doi.org/10.1179/otb.2006.54.1.006

74. Jejelaye AO. Intergration of occupational therapy services at primary healthcare level in South Africa [dissertation]. Johannesburg, South Africa: University of the Witwatersrand; 2019. https://hdl.handle.net/10539/28217

75. Witchger Hansen AM, Blaskowitz M. From dependence to interdependence: A holistic vocational training program for people with disabilities in Tanzania. Annals of International Occupational Therapy. 2018; 1(3): 157-68. https://doi.org/10.3928/24761222-20180926-01

76. Ndlovu T, Chikwanha TM, Munambah N. Learning outcomes of Occupational Therapy and Physiotherapy students during their community-based education attachment. African Journal of Health Professions Education. 2017; 9(4): 189-93. https://doi.org/10.7196/AJHPE.2017.v9i4.958

77. Naidoo D, Van Wyk J, Waggie F. Occupational therapy graduates' reflections on their ability to cope with primary healthcare and rural practice during community service. South African Journal of Occupational Therapy. 2017; 47(3): 39-45. https://doi.org/10.17159/2310-3833/2017/v47n3a7

78. Richards L-A, Galvaan R. Developing a socially transformative focus in Occupational Therapy: Insights from South African practice. South African Journal of Occupational Therapy. 2018; 48(1): 3-8. https://doi.org/10.17159/2310-3833/2017/vol48n1a2

79. Bateman C. 'One size fits all' health policies crippling rural rehab - therapists. South African Medical Journal. 2012; 102(4): 200-8. http://www.scielo.org.za/pdf/samj/v102n4/06.pdf

80. Ned L, Cloete L, Mji G. The experiences and challenges faced by rehabilitation community service therapists within the South African Primary Healthcare health system. African Journal of Disability. 2017; 6: 311. https://doi.org/10.4102/ajod.v6i0.311

81. Watson R, Duncan EM. The 'right' to occupational participation in the presence of chronic poverty. WFOT Bulletin. 2010; 62(1): 26-32. https://doi.org/10.1179/otb.2010.62.1.006

82. World Federation of Occupational Therapy (WFOT). Position statement on human rights. 2019. https://wfot.org/resources/occupational-therapy-and-human-rights

83. Hammarlund S. An occupational therapy needs assessment for an organization attending to children with autism spectrum disorder in Addis Ababa, Ethiopia. 2015. http://hj.diva-portal.org/smash/get/diva2:854443/FULLTEXT01.pdf

84. Ngubane-Mokiwa SA. Ubuntu considered in light of exclusion of people with disabilities. African Journal of Disability. 2018; 7: 460. https://doi.org/10.4102/ajod.v7i0.460

85. Wegner L, Rhoda A. The influence of cultural beliefs on the utilisation of rehabilitation services in a rural South African context: Therapists' perspective. African Journal of Disability. 2015; 4(1). https://doi.org/10.4102/ajod.v4i1.128

86. Reynolds S. Disability culture in West Africa: Qualitative research indicating barriers and progress in the greater Accra region of Ghana. Occupational Therapy International. 2010; 17(4): 198-207. https://doi.org/10.1002/oti.303

87. Sherry K, Martin IZ. HIV, occupational performance and the role of occupational therapy. In: M. AV, Crouch RB, editors. Occupational Therapy: an African perspective. Johannesburg, South Africa: Sarah Shorten Publishers; 2010. p. 232-50.

88. van der Reyden D, Joubert R, Christopher C. HIV/AIDS in psychiatry and issues facing occupational therapists regarding practice: Moral and ethical dilemmas. In: Crouch RB, Alers VM, editors. Occupational Therapy in Psychiatry and Mental health. 5th ed. Chichester, West Sussex, UK: John Wiley & Sons; 2014. p. 85-105.

89. Gamieldien F, van Niekerk L. Street vending in South Africa: An entrepreneurial occupation. South African Journal of Occupational Therapy. 2017; 47(1): 24-9. https://doi.org/10.17159/2310-3833/2017/vol47n1a5

90. Wegner L, Behardien A, Loubser C, Ryklief W, Smith D. Meaning and purpose in the occupations of gang-involved young men in Cape Town. South African Journal of Occupational Therapy. 2016; 46(1): 53-8. https://doi.org/10.17159/2310-3833/2016/v46n1a11

91. Davies L. Current occupational therapy and physiotherapy practice in implementing home programmes for young children with cerebral palsy in South Africa [Master's thesis]. Johannesburg, South Africa: University of the Witwatersrand; 2016. http://wiredspace.wits.ac.za/bitstream/handle/10539/21369/_Lauren%20Davies%20 0418620%20M%20IMPLEMENTING%20HOME%20PRO-GRAMMES%20FOR%20YOUNG%20CHILDREN%20WITH%20 CEREBRAL%20PALSY%20%20.pdf?isAllowed=y&sequence=1

92. Hammell KW. Participation and occupation: The need for a human rights perspective. Canadian Journal of Occupational Therapy. 2015; 82(1): 4-5. https://doi.org/10.1177/0008417414567636

93. Hocking C, Townsend E. Driving social change: Occupational therapists' contributions to occupational justice. WFOT Bulletin. 2015; 71(2): 68-71. https://doi.org/10.1179/2056607715Y.0000000002

94. Lencucha R, Shikako-Thomas K. Examining the intersection of policy and occupational therapy: A scoping review. Canadian Journal of Occupational Therapy (1939). 2019; 86(3): 185-95. https://doi.

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org/10.1177/0008417419833183

95. Chichaya TF, Joubert RWE, McColl MA. Analysing disability policy in Namibia: An occupational justice perspective. African Journal of Disability. 2018; 7: 401-11. https://doi.org/10.4102/ajod.v7i0.401

96. Govender R, Govender P, Mpanza D. Medical incapacity management in the South African private industrial sector: The role of the occupational therapist. South African Journal of Occupational Therapy. 2019; 49: 31-7.
https://doi.org/10.17159/2310-3833/2019/vol49n3a6

97. Mavindidze E, van Niekerk L, Cloete L. Inter-sectoral work practice in Zimbabwe: Professional competencies required by occupational therapists to facilitate work participation of persons with disabilities. Scandinavian Journal of Occupational Therapy. 2019: 1-11.
https://doi.org/10.1080/11038128.2019.1684557

98. Talley L, Brintnell ES. Scoping the barriers to implementing policies for inclusive education in Rwanda: An occupational therapy opportunity. International Journal of Inclusive Education. 2016; 20(4): 364-82. https://doi.org/10.1080/13603116.2015.1081634

99. Lamb AJ, Metzler CA. Defining the value of Occupational Therapy: A health policy lens on research and practice. American Journal of Occupational Therapy. 2014; 68(1): 9-14.
https://doi.org/10.5014/ajot.2014.681001

100. van Stormbroek K, Buchanan H. Community service occupational therapists: Thriving or just surviving? South African Journal of Occupational Therapy. 2016; 46: 63-72.
https://dx.doi.org/10.17159/23103833/2016/v46n3a11

101. Canadian Association of Occupational Therapists (CAOT). Joint position statement on evidence-based Occupational Therapy. Ottawa, Canada; 1999. https://www.caot.ca/document/3697/J%20%20Joint%20Position%20Statement%20on%20Evidence%20based%20OT.pdf

102. Buchanan H. The uptake of evidence-based practice by occupational therapists in South Africa. WFOT Bulletin. 2011; 64(1): 29-38.
https://doi.org/10.1179/otb.2011.64.1.008

103. Pitout H. Research orientation of South African occupational therapists. South African Journal of Occupational Therapy. 2013; 43: 5-11.
http://search.proquest.com/docview/1759952564/

104. Nhunzvi C, Mavindidze E. Occupational Therapy Rehabilitation in a Developing Country: Promoting Best Practice in Mental Health, Zimbabwe. Imperial Journal of Interdisciplinary Research (IJIR). 2016; 2(12): 685-91. https://www.academia.edu/34325446/Occupational_Therapy_Rehabilitation_in_a_Developing_Country_Promoting_Best_Practice_in_Mental_Health_Zimbabwe

105. Fransen H. Challenges for occupational therapy in community-based rehabilitation: occupation in a community approach to handicap in development. In: Kronenberg F, Algado Simo S, Pollard N, editors. Occupational Therapy without borders: Learning from the spirit of survivors. Churchill Livingstone, UK: Elsevier; 2005. p. 165-79.

106. Owen A, Adams F, Franszen D. Factors influencing model use in occupational therapy. South African Journal of Occupational Therapy. 2014; 44(1): 41-7. http://www.scielo.org.za/pdf/sajot/v44n1/09.pdf

107. Casteleijn D, de Vos H. The Model of Creative Ability in vocational rehabilitation. Work. 2007; 29: 55–61.
https://content.iospress.com/articles/work/wor00641

108. Casteleijn D. The use of core concepts and terminology in South Africa. WFOT Bulletin. 2012 ;65(1): 20-7.
https://doi.org/10.1179/otb.2012.65.1.005

109. de Bruyn M, Wright J. Joining the dots: Theoretically connecting the Vona du Toit Model of Creative Ability (VdTMoCA) with supported employment. South African Journal of Occupational Therapy. 2017; 47: 49-52. https://doi.org/10.17159/2310-3833/2017/v47n2a9

110. de Witt P. Creative ability: A model for individual and group occupational therapy for clients with psychosocial dysfunction. In: Crouch R, Alers, Vivyan, editors. Occupational Therapy in Psychiatry and Mental Health. 5th ed. Chichester, West Sussex, UK: John Wiley & Sons; 2014. p. 3-32.

111. Olsen M, Wilson A, Beeson J. Developing a curriculum in occupational therapy for Zambia. WFOT Bulletin. 2016; 72(2): 71-5. https://doi.org/10.1080/14473828.2016.1227653

112. World Federation of Occupational Therapy (WFOT). Evidence-based practice competency standards for Occupational Therapists. 2014. http://www.wfot.org/ResourceCentre.aspx

113. Van Rensburg ZJ. Occupational therapy practice used for children diagnosed with a dual diagnosis of cerebral palsy and visual impairment in South Africa [Master's thesis]. Johannesburg, South Africa: University of the Witwatersrand; 2016.. http://hdl.handle.net/10539/21397

114. Schoonees A, Rohwer A, Young T. Evaluating evidence-based health care teaching and learning in the undergraduate human nutrition; occupational therapy; physiotherapy; and speech, language and hearing therapy programs at a sub-Saharan African academic institution. PLoS ONE. 2017; 12(2).
https://doi.org/10.1371/journal.pone.0172199

115. Keikelame MJ, Swartz L. Decolonising research methodologies: Lessons from a qualitative research project, Cape Town, South Africa. Global Health Action. 2019; 12(1).
https://doi.org/10.1080/16549716.2018.1561175

116. du Toit S, Wilkinson A. Publish or perish: A practical solution for research and publication challenges of occupational therapists in South Africa. South African Journal of Occupational Therapy. 2009; 39: 2-7. http://www.scielo.org.za/pdf/sajot/v39n1/02.pdf

117. Buys T. Professional competencies in occupational therapy work practice: What are they and how should these be developed? Work. 2007; 29(1): 3-4.
https://pdfs.semanticscholar.org/b6c9/3ac48ffaa9f2cc355e1f1a3b80ee126bccf2.pdf

118. Vermaak ME, Nel M. From paper to practice - academics and practitioners working together in enhancing the use of occupational therapy conceptual models. South African Journal of Occupational Therapy. 2016; 46: 35-40.
https://doi.org/10.17159/2310-3833/2016/v46n3a7

119. Boum Ii Y, Burns BF, Siedner M, Mburu Y, Bukusi E, Haberer JE. Advancing equitable global health research partnerships in Africa. BMJ Global Health. 2018; 3(4).
https://doi.org/10.1136/bmjgh-2018-000868

120. Coker-Bolt P, Ramey SL, DeLuca S. Promoting evidence-based practices abroad: Developing a constraint-induced movement therapy program in Ethiopia. OT Practice. 2016; 21(2): 21-3.
https://search-proquest-com.proxy.queensu.ca/docview/1771409807/fulltextPDF/8F06DF4DD2B347BFPQ/1?accountid=6180

121. Njelesani J, Stevens M, Cleaver S, Mwambwa L, Nixon S. International research partnerships in occupational therapy: a Canadian-Zambian case study. Occupational Therapy International. 2013; 20(2): 78-87. https://doi.org/10.1002/oti.1346

122. Tarkang EE, Bain LE. The bane of publishing a research article in international journals by African researchers, the peer-review process and the contentious issue of predatory journals: A commentary. The Pan African Medical Journal. 2019; 32: 119. https://doi.org/10.11604/pamj.2019.32.119.18351

123. Tijssen R, Kraemer-Mbula E. Research excellence in Africa: Policies, perceptions, and performance. Science and Public Policy. 2018; 45(3): 392-403. https://doi.org/10.1093/scipol/scx074

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124. Garcia-Ruiz S. Occupational Therapy in a Glocalized World. In: Sakellariou D, Pollard N, editors. Occupational Therapies Without Borders: Integrating Justice with Practice. 2 ed. HS, USA: Elsevier 2017. p. 185-93.

125. Bell T, Wegner L, Blake L, Jupp L, Nyabenda F, Turner T. Clients' perceptions of an occupational therapy intervention at a substance use rehabilitation centre in the Western Cape. South African Journal of Occupational Therapy. 2015; 45(2). https://doi.org/10.17159/2310-3833/2015/V45N2A3

126. Birkhead S. An occupational therapy programme in a religious community in South Africa: A historical narrative. Occupational Therapy International. 2011; 18(1): 59-66. https://doi.org/10.1002/oti.313

127. Ramano E, Buys T. Occupational therapists' views and perceptions of functional capacity evaluations of employees suffering from major depressive disorders. South African Journal of Occupational Therapy. 2018; 48: 9-15. https://doi.org/10.17159/2310-3833/2017/vol48n1a3

128. Smit J, de Jongh JC, Cook RA. The facilitators and barriers encountered by South African parents regarding sensory integration occupational therapy. South African Journal of Occupational Therapy. 2018; 48: 44-51. https://doi.org/10.17159/2310-3833/2017/vol48n3a7

129. Stewart R, Bhagwanjee AM, Mbakaza Y, Binase T. Pressure garment adherence in adult patients with burn injuries: an analysis of patient and clinician perceptions. American Journal of Occupational Therapy. 2000; 54(6): 598-606. https://doi.org/10.5014/ajot.54.6.598

AUTHOR CONTRIBUTIONS:

1. Julia Jansen-van Vuuren: conceptualising idea, data searches, data analysis, writing manuscript
2. Christiana Okyere: data searches, data analysis, comments/feedback on written manuscript
3. Heather Michelle Aldersey: supervision and guidance on idea, detailed feedback and supervision in writing manuscript

Corresponding Author
*Julia Jansen van Vuuren
Email: 17jmjv@queensu.ca

Appendix I: CINAHL database search strategy

Wednesday, June 19, 2019 11:49:49 AM

#	Query	Limiters/Expanders	Last Run Via	Results
S6	S4 AND S5	Expanders - Apply related words Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	495
S5	(MH "Africa+")	Expanders - Apply related words Search modes - Boolean/Phrase	**Interface - EBSCOhost Research Databases Search Screen - Advanced Search** Database - CINAHL	69,263
S4	S1 OR S2 OR S3	Expanders - Apply related words Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	39,367
S3	"Occupational Therapy*"	Expanders - Apply related words Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	38,304
S2	(MH "Occupational Therapists")	Expanders - Apply related words Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	7,087
S1	(MH "Occupational Therapy+")	Expanders - Apply related words Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	21,822

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Appendix 2: Results tables
Table II: Summary of articles included in scoping review describing Occupational Therapy practice areas and activities

Reference	Article title	Research Design	Country	Main practice area	Role (activities/tasks)
Beguin[3]	An overview of Occupational Therapy in Africa	Narrative review	Multiple: Ghana, Kenya, Malawi, Mozambique, Madagascar, Zimbabwe, South Africa	Multiple: Mental health, paediatrics, hospital rehabilitation, HIV/AIDS	General role: assessment, treatment Paediatrics: clinical assessment, standardised assessments, fine/gross motor skills, independence in daily life skills, cognitive/visual perception, sensory/social/behavioural development Hospital: home visits, individual care, therapeutic workshops, social support for older adults, adaptation, advocacy/education re: OT. HIV/AIDS: innovative youth program, anti-retroviral treatment compliance.
Naidoo et al.[21]	Exploring the Occupational Therapist's role in primary healthcare: Listening to voices of stakeholders.	Qualitative exploratory descriptive study	South Africa	Primary healthcare	Adults: caregiver training (e.g. bed mobility, positioning, pressure sore prevention), education to CHWs/nurses, ADL training, provision & training in using assistive devices, coping skills/stress management, health promotion/prevention, exercises, home visits, follow up, skills training for income generation, support groups, health education, mobility rehabilitation, vocational retraining, community reintegration, screening/early intervention Early childhood: early detection/diagnosis, early stimulation programs, school placement, caregiver/teacher education & empowerment, family counselling/psychological support, environmental adaptation, adolescent healthy lifestyle/stress management programs
Naidoo et al.[22]	Community stakeholders' perspectives on the role of Occupational Therapy in primary healthcare: Implications for practice	Qualitative exploratory descriptive study	South Africa	Primary healthcare	Home assessment, modifications (environment/activity), advocacy for policy change, client education re: human rights, identifying signs of abuse/neglect/marginalisation & appropriate referral, prescribing assistive devices, caregiver training (e.g. transfers, equipment use), home visits, ADL training, mental health education, facilitating support groups (e.g. for health promotion/prevention) skills training (e.g. income generation), training CHWs Paediatrics: facilitating school access, advocacy, collaborating with government/social welfare agencies, CHW/caregiver/teacher education, classroom accommodation/adaptation
van Stormbroek & Buchanan[23]	Novice therapists in a developing context: Extending the reach of hand rehabilitation	Cross-sectional survey	South Africa	Hand rehabilitation (community service)	Splinting, home programs, manual therapy, exercise, activity as means/end, ADL training, strengthening, education
van Niekerk et al.[24]	Influences on selection of assistive technology for young children in South Africa: Perspectives from rehabilitation professionals	Qualitative descriptive study	South Africa	Paediatrics	Assessment (function/environment), collaboration (multi-disciplinary team, family), home/school visits, trial equipment, prescribe appropriate assistive technology/equipment, family education & support re: equipment use/maintenance

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Reference	Article title	Research Design	Country	Main practice area	Role (activities/tasks)
Assink et al.[25]	How teachers can manage attention span and activity level difficulties due to foetal alcohol syndrome in the classroom: An Occupational Therapy approach	Literature review, needs assessment, follow up workshop (knowledge translation)	South Africa	Paediatrics	Consultation, teacher education (e.g. communication, behavioural management), classroom adaption, task adaptation/grading (e.g., cues/reminders, visual aids), peer activities, parent education, practical exercises
Mlambo et al.[26]	Mental health services in Zimbabwe – a case of Zimbabwe National Association of Mental Health	Narrative descriptive case study	Zimbabwe	Mental health	Screening referrals, assessment, case management, activity analysis, skills training (ADL, social, technical skills, stress management), enabling engagement & participation in meaningful occupations (self-care, productive activities, leisure/recreation), engaging with families & community, advocacy, environmental adaptation
Shipham & Pitout[27]	Rheumatoid arthritis: Hand function, activities of daily living, grip strength and essential assistive devices	Cross-sectional survey	South Africa	Hand rehabilitation	Assessment (grip strength), prescription of assistive devices (e.g., tap turners, dagger knives, built-up handles)
Stickley & Stickley[28]	A holistic model for the rehabilitation and recovery of internally displaced people in war-torn Uganda	Narrative description/ commentary	Uganda	Community rehabilitation (internally displaced people)	Assessment, facilitating/supporting groups (farming, football, dance, drama), community education/training/ empowerment, life skills training, home visits, family interventions, children group play sessions, emergency resource provision, income generation (goat rearing), sports events, family mediation, community groups/family support (psychosocial skills)
Visser et al.[29]	Breastfeeding among mothers in the public health sector: The role of the Occupational Therapist	Delphi study	South Africa	Paediatrics (infants)	Assessment, environmental adaptation, assistive devices, consultation/expert advice, referrals, providing information, creating routines/healthy habits, education/training specific skills (encouraging eye contact, positioning, relaxation techniques), facilitating support groups, advocacy (extended maternity leave, supportive environments, awareness campaigns, social norms)
Hansen et al.[30]	Occupational Therapy synergy between comprehensive Community Based Rehabilitation Tanzania and Heifer International to reduce poverty	Qualitative case-study	Tanzania	Community rehabilitation (CBR)	Home/community visits for therapeutic activities/follow-up, rehabilitation related to prevention, treatment and maintenance, income generation activities for poverty-reduction, facilitating participation to maximise QOL (e.g. caring for a goat), ADL training, caregiver education, providing disability-related information, home/community adaptations
Kamba & Rugg[31]	An Occupational Therapy income-generation group for HIV-positive women in Uganda: Part 2	Qualitative phenomenological approach	Uganda	HIV/AIDS	Income generation, social support group, empowerment, skills training

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Reference	Article title	Research Design	Country	Main practice area	Role (activities/tasks)
Sonday et al.[32]	School-based Occupational Therapists: An exploration into their role in a Cape Metropole full service school	Qualitative phenomenological approach	South Africa	Paediatrics	Assessment, consultation with parents/teachers, teacher education & empowerment (adapting teaching techniques & curriculum), environmental adaptation, assistive devices, advocacy, policy & curriculum development (inclusive education), collaboration/networking with stakeholders, parent support, community development
van der Merwe et al.[33]	A survey to investigate how South African Occupational Therapists in private practice are assessing and treating poor handwriting in foundation phase learners: Part II treatment and evaluation practices	Quantitative survey	South Africa	Paediatrics	Home programs, neurodevelopmental/sensory integration techniques, adaptive devices (pencil grips), adapt environment (desk/chair height position/type of paper), handwriting practice, self-monitoring techniques, increasing motivation/awareness, progress evaluation
Hepworth et al.[34]	Current trends in splinting the hand in children with neurological impairments	Quantitative cross-sectional survey	South Africa	Paediatrics (neurological)	Splinting to maintain/improve ROM, prevent contractures, reduce spasticity, & facilitate functional activities
Teuchert et al.[35]	Occupational Therapy intervention into osteo-arthritis of the carpometacarpal joint of the thumb in the South African context	Qualitative descriptive study	South Africa	Hand rehabilitation	Collaboration with referring doctors, advocacy for OT role, assessment (informal - interview, observation; standardised), prescribing rest initially, prescribing splints, home program for muscle strengthening, joint protection, ROM exercises, assistive devices
Buys[36]	Professional competencies in vocational rehabilitation: Results of a Delphi study	Delphi study	South Africa	Vocational rehabilitation	Injury prevention, health risk management, disability management, case management, consultancy, report writing, assessment (e.g., functional capacity evaluations, workplace visits), job accommodations, job trials, transitional work programs, work conditioning/simulation, back hygiene/ergonomics, skills training, stress management, prevocational/job-seeking training, job searching resources, networking, follow up
van Niekerk[37]	A career exploration program for learners with special educational needs	Qualitative case study	South Africa	Paediatrics (adolescents with learning disabilities)	Pre-vocational skills training (personal/social presentation, work competence, job-seeking), work endurance, life skills, facilitating groups, workplace visits/telephone follow up
Buys & van Biljon[38]	Functional capacity evaluation: An essential component of South African Occupational Therapy work practice services	Narrative description/commentary	South Africa	Vocational rehabilitation	Education/prevention (ergonomics), assessment (e.g., functional capacity evaluation), vocational counselling, job modification/accommodations, placement services, follow up, case management, consulting/advising employers and clients re: legal aspects, report writing
Monareng et al.[39]	A survey of Occupational Therapists' involvement in facilitating self-employment for people with disabilities.	Cross-sectional survey	South Africa	Vocational rehabilitation (self-employment)	Consultation, income generation projects, prevocational training, determining patient motivation, activity selection

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Reference	Article title	Research Design	Country	Main practice area	Role (activities/tasks)
du Toit[40]	Using the Model of Human Occupation to conceptualize an Occupational Therapy program for blind persons in South Africa	Narrative description/ commentary	South Africa	Community rehabilitation (visual impairment)	Education, ADL training (e.g. meal preparation), facilitating meaningful activities (e.g. self defense, dancing group), participation in volunteering (e.g. infant massage), income generation (beads project), community integration/social participation, empowerment
Meissner et al.[41]	A play-informed, caregiver-implemented, home-based intervention for HIV-positive children and their families living in low-income conditions in South Africa	Qualitative case study	South Africa	Paediatrics (HIV)	Caregiver education & empowerment through groups re: child development, play, learning, self-care and pre-numeracy and pre-literacy expectations, promote play-based activities, provision of take-home toolkit
Guidetti & Söderback[42]	Description of self-care training in Occupational Therapy: Case studies of five Kenyan children with cerebral palsy	Qualitative prospective case-study	Kenya	Paediatrics	ADL assessment and training, improving hand function, balance control, treatment using play activities, adaptation (activity, environment), positioning, caregiver education
Govender et al.[43]	The role of the Occupational Therapist in case management in South Africa	Mixed methods – survey	South Africa	Multiple: vocational rehabilitation, physical & mental health, paediatrics, medico-legal, health consulting	Assessment, collaborative planning (develop care plan), communication & coordination between role players, education, empowerment, reintegration to home/community/work environment, vocational training, advocacy, work site visits, disability claims (insurance), medico-legal assessments
Bunning et al.[44]	Survey of rehabilitation support for children 0-15 years in a rural part of Kenya	Mixed methods – Survey (descriptive and record-based) and qualitative study	Kenya	Paediatrics	Assessment/early diagnosis, skill acquisition (ADL training), assistive devices/tech, caregiver education/counselling, school placement, massage, splinting and physical support, sensory stimulation, passive movement, stretching, exercises, transfers, home visits
Chikwanha et al.[45]	Occupational Therapy needs of adolescents and young adults with cerebral palsy in Zimbabwe: Caregivers' perspectives	Qualitative descriptive study	Zimbabwe	Community rehabilitation (adolescents)	ADL training, caregiver education, physical exercises, assistive/mobility devices, vocational training, contracture management, home modifications
van Biljon[46]	Occupational Therapists in medico-legal work – South African experiences and opinions	Narrative description/ commentary	South Africa	Medico-legal	Testify as expert witness in court, report writing, reading books/journals, assessment (function/environment), work/home visit, recommendations re: workplace accommodations/ adaptations/assistive devices
Bell et al.[125]	Clients' perceptions of an Occupational Therapy intervention at a substance use rehabilitation centre in the Western Cape	Qualitative exploratory descriptive study	South Africa	Mental health (adolescents)	Assessment, care worker training, leisure activities, social and vocational skill development, facilitate events/activities/groups (e.g., sports, arts & crafts), substance abuse support, facilitate community reintegration

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Reference	Article title	Research Design	Country	Main practice area	Role (activities/tasks)
Birkhead[126]	An Occupational Therapy program in a religious community in South Africa: A historical narrative	Narrative description/ commentary	South Africa	Community rehabilitation (older adults)	Group facilitation including: adapting to new situations, stress/time management, communication, education re: ageing process, health conditions individual therapy: positioning, safe transfers, use of assistive devices, energy conservation Facilitating participation in meaningful activities e.g. craft, exercise, gardening, computer skills, community service, cooking, entertainment, caring for pets.
Ramano & Buys[127]	Occupational Therapists' views and perceptions of functional capacity evaluations of employees suffering from major depressive disorders	Qualitative descriptive study	South Africa	Vocational rehabilitation (mental heath)	Screening/assessment (work history, functional capacity evaluation, work environment, physical/psychosocial/cognitive), building therapeutic relationship, workplace adaptation/accommodation/recommendations, collaboration with employer/family, negotiation/conflict resolution & advocacy, case management
Smit, de Jongh, & Cook[128]	The facilitators and barriers encountered by South African parents regarding sensory integration Occupational Therapy	Qualitative phenomenological approach	South Africa	Paediatrics (sensory integration)	Parent education/reframing/empowerment, collaboration, developing accessibility/trust/rapport, facilitating parent group meetings, practical strategies for home/other contexts (home programs)
Stewart, Bhagwanjee, Mbakaza, & Binase[129]	Pressure garment adherence in adult patients with burn injuries: An analysis of patient and clinician perceptions	Quantitative survey	South Africa	Hospital rehabilitation (burns)	Pressure garment prescription for scar management following burn, education re: purpose, care of garments, donning/doffing, wearing regime, skin problems, follow up, psychosocial support/counselling

Note: OT = Occupational Therapy; NGO = Non-Government Organisation; QOL = Quality of Life; ADL = Activity of Daily Living; ROM = Range Of Motion; CHW = Community Health Worker

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Table III: Summary of Occupational Therapy activities according to practice area

Practice area	References	Summary of Role (activities/tasks)
Paediatrics	Beguin[3]; van Niekerk et al.[24]; Assink et al.[25]; Visser et al.[29]; Sonday et al.[32]; van der Merwe et al.[33]; Hepworth et al.[34]; van Niekerk[37]; Meissner et al.[41]; Guidetti & Söderback[42]; Govender et al.[43]; Bunning et al.[44]; Smit, de Jongh, & Cook[128];	Assessment (standardised, clinical, observation etc.), early diagnosis, education and counselling (parents, teachers), environmental adaptation (home, classroom), task adaptation/grading (e.g., ADLs, school tasks), school placement, prescription of assistive devices/technology, exercises, massage, stretching, splinting, neuro-developmental/sensory integration techniques, fine/gross motor skills, balance control, positioning and transfers, independence in daily life skills training, cognitive/visual perception, sensory/social/behavioural development, increasing motivation/awareness, treatment using play activities, peer activities, pre-vocational skills training, creating routines/healthy habits, facilitating caregiver groups, home/school visits, developing home programs, community development, advocacy, policy and curriculum development (inclusive education), collaboration/networking/consultation with stakeholders, progress evaluation.
Community Rehabilitation	Stickley & Stickley[28]; Hansen et al.[30]; du Toit[40]; Chikwanha et al.[45]; Birkhead[126]	Assessment, group facilitation, individual therapy, facilitating participation in meaningful activities, ADL training, education (individuals, caregivers, community), physical exercises, prescribing assistive/mobility devices, vocational training, contracture management, home modifications, income generation activities, community integration/social participation, home/community visits for therapeutic activities/follow-up, rehabilitation related to prevention/treatment/maintenance, environmental adaptations (home/community), family interventions, emergency resource provision.
Vocational Rehabilitation	Buys[36]; Buys & van Biljon[38]; Monareng et al.[39]; Govender et al.[43]; Ramano & Buys[127]	Assessment/screening, education/prevention, vocational counselling, workplace visits, modification/accommodations (e.g., environment, task), job trials, transitional work programs, placement services, skills training, stress management, prevocational/job-seeking training, job searching resources, networking, income generation projects, follow up, case management, consultation/collaboration/coordination (employees, employers, family), negotiation/conflict resolution and advocacy, disability claims (insurance), report writing
Hand Rehabilitation	van Stormbroek & Buchanan[23]; Shipham & Pitout[27]; Teuchert et al.[35]	Assessment, prescription of assistive devices, splinting, home programs, manual therapy, exercises, activity as means/end, ADL training, strengthening, joint protection, ROM exercises, education, collaboration (e.g., with referring doctors), advocacy for OT role.
Mental Health	Mlambo et al.[26]; Govender et al.[43]; Bell et al[125]	Assessment, case management, education (care workers, family, community), enabling engagement and participation in meaningful occupations (self-care, productive activities, leisure/recreation), social and vocational skill development, facilitating events/activities/groups, activity analysis, substance abuse support, facilitating community reintegration, advocacy, environmental adaptation, communication/collaboration/coordination between stakeholders, disability claims (insurance).

Practice area	References	Summary of Role (activities/tasks)
Primary Healthcare	Naidoo et al.[21]; Naidoo et al.[22]	Assessment, education (individuals, caregivers, CHWs/nurses, teachers), ADL training, prescription of assistive devices, coping skills/stress management, health promotion/prevention, exercises, home visits, follow up, skills training for income generation, support groups, health education/programs, mobility rehabilitation, vocational retraining, community reintegration, screening/early intervention, early stimulation programs (children), school placement and access, family counselling/ psychological support, environmental adaptation (home, school, community), advocacy for policy change, collaborating with stakeholders (including government/ social welfare agencies).
HIV/AIDS	Beguin[3]; Kamba & Rugg[31]	Income generation activities, facilitating social support groups/programs, empowerment, skills training, anti-retroviral treatment compliance.
Medico-legal	Govender et al.[43]; van Biljon[46]	Assessment (function/environment), work/ home visits, recommendations re: workplace accommodations/adaptations/assistive devices, communication/collaboration/coordination between stakeholders, testifying as expert witness in court, report writing, reading books/journals, advocacy, disability claims (insurance).
Hospital Rehabilitation	Beguin[3]; Stewart, Bhagwanjee, Mbakaza, & Binase[129]	Assessment, prescribing pressure garments, education, psychosocial support/counselling, follow up, home visits, therapeutic workshops, social support, adaptations (environment, task etc.), advocacy/education re: OT.

Note: OT = Occupational Therapy; NGO = Non-Government Organisation; QOL = Quality of Life; ADL = Activity of Daily Living; ROM = Range Of Motion; CHW = Community Health Worker