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Migrants use of complementary health care in relation to regular mental health care in the Netherlands

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Background

The use of complementary health care is common among Dutch citizens. However, whether this use is also common among migrants is not well studied. This study aims to explore this in migrants, in particular focusing on two population groups; the Moroccan, Turkish and Dutch Antillean than among the Cape Verdean, Surinamese, Moroccan, Turkish and Dutch Antillean than among the Cape Verdean, Surinamese, and Moroccan than among the Turkish and Dutch Antillean.

Methods

A descriptive and qualitative study with a phenomenological approach was chosen. The data were collected between November 2007 and November 2008 using individual interviews with a criterion sample of 80 migrants who had used complementary health care. The interviews were recorded and transcribed.

Results

The most frequently used complementary health care was alternative medicine, followed by spiritual care. The most commonly used complementary health care was acupuncture, followed by herbal medicine. The main reasons for using complementary health care were to improve health, to reduce pain, and to improve quality of life.

Conclusions

Migrants use complementary health care in relation to regular mental health care in the Netherlands. The use of complementary health care is common among migrants, with a higher use among the Moroccan, Turkish and Dutch Antillean than among the Cape Verdean, Surinamese, Moroccan, Turkish and Dutch Antillean than among the Turkish and Dutch Antillean. The main reasons for using complementary health care were to improve health, to reduce pain, and to improve quality of life.
Background
The use of regular mental health care by migrant groups in the Netherlands nowadays is on a level comparable with that of indigenous Dutch citizens. However, when need is taken into account, there is still a gap between migrant groups and indigenous citizens. As migrants tend to use other sources of care, such as (religious) healers or other practitioners known in their country of origin, they possibly use these complementary sources of care instead of regular care. We therefore explored complementary care utilization in relation to utilization of regular mental health care among the four largest migrants groups in the Netherlands.

Method
Data were used from a random sample of adults (N = 1339) drawn from the four largest migrant groups in the Netherlands. Use of regular mental health care and of complementary care both were measured as binary variables (yes/no). In addition two indicators of need (anxiety or depression, and role limitations) were measured. Furthermore accessibility factors, such as language mastery and use in daily contacts were measured, as well as acculturation (modern vs. traditional values).

Logistic regression analyses were applied to predict regular care use on the basis of need and accessibility factors, corrected for possible confounders (age, gender, income and education). Use of complementary health care was added as a predictor in order to demonstrate whether it acts as a substitute.

Results
Use of any care for mental health problems (regular or complementary) was predicted by both indicators of need. Use of any regular mental health care was predicted by the same indicators of need, and the use of the Dutch language in daily contacts. Adding the use of complementary care to the model revealed a positive effect of this predictor (odds ratio 2.875; \( P = 0.017 \)).

Conclusions
Complementary care is not a substitute for regular mental health care, but is mainly used in combination with regular care.