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Koopmans, G.T.; Foets, M.; Devillé, W.

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

Gerrit T Koopmans

GT Koopmans¹*, M Foets¹, W Deville²,³
¹Erasmus University, Rotterdam, The Netherlands
²NIVEL – Netherlands Institute for Health Services Research, Utrecht, The Netherlands
³University of Amsterdam, Amsterdam, The Netherlands

*Contact details: g.koopmans@bmg.eur.nl

Background

The role of language mastery in the use of folic acid

Methods

A descriptive and qualitative study with a phenomenological approach was carried out by means of semi-structured individual interviews to a criterion sample of informants segmented by themes. The study area was Barcelona, which has a large proportion of migrants (12.5% in 2002-2004). A total of 20 interviews were conducted with women attended at the NIVEL centre located in the district of Les Corts, which is at the heart of the migrant population in Barcelona. The sample was composed of migrant women and non-migrant women. The interview protocol included questions about their status, the way in which the healthcare system is perceived and the factors that facilitate or hinder access to healthcare.

Results

The knowledge of folic acid is language proficiency. This study has shown that the use of folic acid is lower among the Cape Verdean, Moroccan, Palestinian, and Turkish women, known to have in general low language proficiency. The differences in the use of folic acid are explained by mastery of the language of the host country and the knowledge of folic acid. The analysis of the interviews showed that the factors that hinder the use of folic acid are the lack of information about the benefits of folic acid, the lack of knowledge about the importance of folic acid, the lack of knowledge about the importance of taking folic acid before pregnancy, and the lack of knowledge about the importance of taking folic acid after pregnancy recognition.

Conclusions

The study has shown that the use of folic acid is lower among the migrant women, known to have in general low language proficiency. The differences in the use of folic acid are explained by mastery of the language of the host country and the knowledge of folic acid. The factors that hinder the use of folic acid are the lack of information about the benefits of folic acid, the lack of knowledge about the importance of folic acid, the lack of knowledge about the importance of taking folic acid before pregnancy recognition, and the lack of knowledge about the importance of taking folic acid after pregnancy recognition.
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.