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

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Results

In this study, 1972 women with an expected date of delivery in 2010 were included. We found a high prevalence of folic acid use (96%, 95% confidence interval 95–97%). The most important determinants of folic acid use were socio-economic status, educational level, participant’s perception of pregnancy risk and use of regular mental health care.

Methods

Data were derived from the Generation R study, a multi-ethnic population-based prospective cohort study in Rotterdam, the Netherlands. Information was obtained from registered data of pregnant women enrolled in seven midwife practices and from written questionnaires at enrolment.

Data have been examined with multinomial logistic regression analysis using two models: no use relative to adequate use (use since or later than the 16th week of pregnancy) and sub-adequate use (use since or later than the 16th week of pregnancy) and sub-adequate use (use since or later than the 16th week of pregnancy) and sub-adequate use (use since or later than the 16th week of pregnancy). The role of language mastery in the use of folic acid was also investigated.

Conclusions

Important determinants of folic acid use are socio-economic status, educational level, participant’s perception of pregnancy risk and use of regular mental health care. Additionally, language mastery plays a role in folic acid use.
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.