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

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

Published in:
European Journal of Public Health

DOI:
10.1093/eurpub/ckp504

Citation for published version (APA):

General rights
It is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), other than for strictly personal, individual use, unless the work is under an open content license (like Creative Commons).

Disclaimer/Complaints regulations
If you believe that digital publication of certain material infringes any of your rights or (privacy) interests, please let the Library know, stating your reasons. In case of a legitimate complaint, the Library will make the material inaccessible and/or remove it from the website. Please Ask the Library: https://uba.uva.nl/en/contact, or a letter to: Library of the University of Amsterdam, Secretariat, Singel 425, 1012 WP Amsterdam, The Netherlands. You will be contacted as soon as possible.
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

The role of language mastery in the use of folic acid
Renske Hoefman, AA Chote, M Foets
1Erasmus University, Rotterdam, The Netherlands
2University of Amsterdam, Amsterdam, The Netherlands
3University of Amsterdam, Amsterdam, The Netherlands
*Contact details: r.hoefman@erasmusmc.nl

The use of folic acid is lower among the Cape Verdean, Suriname/Dutch Antillean and Surinamese, known to have in general low mastery of the Dutch language, compared to native Dutch and native Surinamese. In this study, 1972 women with an expected date of delivery in 2002–2004 were included. Two groups of pregnant women were compared: Cape Verdean/Suriname/Dutch Antillean (CSDA) and Surinamese/Surinamese (S/S). The use of folic acid was defined as adequate if the woman used folic acid at least 5 days before pregnancy recognition or started folic acid intake after pregnancy recognition. Correcting for confounders, the relative risk of no use among the CSDA group compared to the S/S group was 1.10 (95% confidence interval 1.04–1.17; p < 0.001). Language proficiency was determined using a Dutch language test. Significant differences in folic acid use and proficiency were found. An important determinant of folic acid use is language proficiency. This study shows that improving language proficiency is crucial for the use of folic acid.

References
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 migrant 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.