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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
The use of folic acid is lower among the Cape Verdean, Moroccan, Turkish and Dutch Antillean than among the Ecuadorian, Colombian and Surinamese populations (p < 0.05). The use of folic acid is lower among the Cape Verdean, Moroccan, Turkish and Dutch Antillean than among the Ecuadorian, Colombian and Surinamese women, known to have in general good mastery of the Dutch language, (p < 0.05).

Methods
In this study, 1972 women with an expected date of delivery in 2002–2004 were included. Two groups of pregnant women were compared with respect to folic acid use: Dutch language, (p < 0.05).

The role of language mastery in the use of folic acid
Among pregnant women with different ethnic backgrounds in the Netherlands, explained by mastery of the language of the host country. Research shows ethnic differences in folic acid use. An important determinant of differences in folic acid use. An important determinant of the knowledge of folic acid is language proficiency. This study investigates whether ethnic differences in folic acid use can be explained by mastery of the language of the host country.
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.