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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 role of language mastery in the use of folic acid

Conclusions

Mastery of language is related to folic acid use. To make beneficial effects for the child. Research shows ethnic differences in folic acid use. An important determinant of differences in folic acid use. An important determinant of folic acid use. e.g. pregnancy planning, the relative risk of no use compared to adequate use is higher for women with good language proficiency.

Data have been examined with multinomial logistic regression analysis. Data were derived from the Generation R study, a multi-ethnic study of pregnant women in the city of Rotterdam. In this study, 1972 women with an expected date of delivery in 2002–2004 were included. Two groups of pregnant women were compared: women with low mastery of the Dutch language and Surinamese, known to have in general good mastery of the Dutch language, and Surinamese, known to have in general good mastery of the Dutch language.

Ethnic differences in folic acid use can be explained by mastery of the language of the host country. The study area was Barcelona, which has a high concentration of migrants. A narrative content analysis was conducted to identify factors that hinder access to healthcare by migrants and informants. The study area was Barcelona, which has a high concentration of migrants. A narrative content analysis was conducted to identify factors that hinder access to healthcare by migrants and informants.

Methods

A criterion sample of informants was selected through individual interviews to a criterion sample of informants. An important determinant of folic acid use, e.g. pregnancy planning, is explained by mastery of the language of the host country.

Background

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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.