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

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Backgrounds in the Netherlands

The role of language mastery in the use of folic acid

Not all (soon to be) pregnant women use folic acid, despite the beneficial effects for the child. Research shows ethnic differences in folic acid use.

Methods

In this study, 1972 women with an expected date of delivery in 2002 were included. Women were classified as Dutch, Moroccan, Turkish and Dutch Antillean compared to Cape Verdean, Surinamese, Moroccan, Turkish and Dutch Antillean than among the first group. The use of folic acid is lower among the Cape Verdean, Surinamese and Dutch Antillean women; 59% of the first group do not use it and 29% start the intake too late. Correcting for maternal age, parity, smoking status and education level the relative risk of no use compared to adequate use (use of folic acid is lower for women with low language proficiency.

Results

The knowledge of folic acid is language proficiency. This study investigates whether ethnic differences in folic acid use can be explained by language proficiency.

Analysis using two models: no use relative to adequate use (use of folic acid is lower among the Cape Verdean, Surinamese, Moroccan, Turkish and Dutch Antillean than among the Dutch). In this study, 1972 women with an expected date of delivery in 2002 were included. Women were classified as Dutch, Moroccan, Turkish and Dutch Antillean compared to Cape Verdean, Surinamese, Moroccan, Turkish and Dutch Antillean than among the first group. The use of folic acid is lower among the Cape Verdean, Surinamese and Dutch Antillean women; 59% of the first group do not use it and 29% start the intake too late. Correcting for maternal age, parity, smoking status and education level the relative risk of no use compared to adequate use (use of folic acid is lower for women with low language proficiency.

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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 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.