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Koopmans, G.T.; Foets, M.; Deville, W.L.J.M.

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

Gerrit T Koopmans

GT Koopmans1*, M Foets1, W Devillé2,3
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

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. An important determinant of folic acid use, e.g. pregnancy recognition) relative to adequate use of folic acid is language proficiency. This study

Methods

In this study, 1972 women with an expected date of delivery in 2000 participated. Participants were Dutch, Moroccan, Turkish and Dutch Antillean women. The use of folic acid is lower among the Cape Verdean, Moroccan, Turkish and Dutch Antillean than among the native Dutch and Surinamese women; 59% of the first group with good language proficiency.

Conclusions

Of all the socio-economic factors, language proficiency is an important determinant of folic acid use, e.g. pregnancy recognition) relative to adequate use of folic acid.
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.