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

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Background

The role of language mastery in the use of folic acid is an explanatory variable explored in this study. Language proficiency is a significant barrier for migrants. The quality of care offered to patients is a concern if barriers are not addressed.

Methods

This study examined the use of folic acid among pregnant women with different ethnic backgrounds in the Netherlands. Two groups of pregnant women were compared: Cape Verdean, Dutch Antillean, and Surinamese women with good language mastery, and native Dutch women. Correcting for socio-economic differences, the study found that the use of folic acid is lower for Cape Verdean, Dutch Antillean, and Surinamese women, known to have lower mastery of the Dutch language, compared to native Dutch women.

Results

The use of folic acid was lower among Cape Verdean, Dutch Antillean, and Surinamese women, known to have lower mastery of the Dutch language, compared to native Dutch women. The use of folic acid was lower for women with good language mastery. Correcting for socio-economic differences, the study found that the use of folic acid is lower for Cape Verdean, Dutch Antillean, and Surinamese women, known to have lower mastery of the Dutch language, compared to native Dutch women.

Conclusions

Language mastery is related to folic acid use. To make healthy use of folic acid, education and personal healthcare services are particularly relevant. Education and personal healthcare services are especially important when considering the use of folic acid among migrants with limited language proficiency.
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.