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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

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 is the knowledge of folic acid is language proficiency. This study examines how language mastery among pregnant women with different ethnic compositions relates to folic acid use.

Methods

The role of language mastery in the use of folic acid was explored in a multi-ethnic population-based prospective cohort study in Rotterdam, the Netherlands. Information was obtained from registered data of pregnant women. The selection criteria for inclusion were: residence in Rotterdam, pregnancy planning, or pregnancy recognition. Women were divided into five groups: Cape Verdean, Moroccan, Turkish, Dutch Antillean, and native Dutch women. The use of folic acid was determined at intake, during and after pregnancy, and the knowledge of folic acid was assessed by written questionnaires at enrolment.

Results

A total of 1,872 pregnant women were eligible for inclusion. Of these, 1,814 women (97%) provided written information. The highest proportion of pregnant women using folic acid was found among native Dutch and Surinamese women; 59% of the first group and 70% of the second group (P < 0.001). In contrast, the use of folic acid was lower among the Cape Verdean, Moroccan, Turkish, and Dutch Antillean women. In this group, 29% used folic acid before pregnancy and 23% started intake later than recommended (P < 0.001).

Conclusions

Language mastery is related to folic acid use. Migrant women with low language proficiency use folic acid less often. To make folic acid awareness and use beneficial for all pregnant women, language proficiency should be considered when seeking to improve folic acid use.
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.