Ethnicity and paediatric referral in Amsterdam
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Sir,
Minority ethnic communities make up 6.1% of the population in the Netherlands.1 In the underprivileged neighbourhoods of western Amsterdam, 70% of the children under the age of 15 years belong to an ethnic minority, mostly of Moroccan (26%) or Turkish (17%) descent.2 Although these children are more often admitted to hospital than the white majority of children,3 little is known of the use of ambulatory paediatric care.

The present study was undertaken to assess a possible relationship between ethnicity and referral to the paediatrician. From June 1, 1994, to February 1, 1996, data on age, sex, ethnicity, and reason for referral were collected on children younger than 15 years who were newly referred to the paediatric outpatient clinic of St Lucas Hospital, a general district hospital in western Amsterdam. Patients were divided into ethnic groups according to their mothers’ country of birth. Group differences were analysed with ANOVA (one way) and the student-Newman-Keuls test. Nine hundred and four children, 494 (58%) boys, were referred from the same neighbourhood. Migrant children totalled 622 (69%), 255 (28%) Moroccan, and 179 (20%) of Turkish descent. Respiratory (27%), gastrointestinal (16%), and urinary complaints (7%) were the most frequent reasons for referral, and asthma (16%) was the most common diagnosis. Only the prevalence of asthma differed when the various ethnic groups were compared (P<0.01). Asthma was more often diagnosed in migrant children than in Dutch children (P<0.05). Analysis of subgroups revealed that asthma was most prevalent in Moroccan children. No differences were found in the sex or mean age of children with asthma in the various ethnic groups.

A recent population-based study of the Health Services department in Amsterdam4 showed asthma to be less frequently found in migrant children than in Dutch children. We therefore assume that the higher prevalence of asthmatic Moroccan children in our outpatient population is due to increased referral.

Communication difficulties are increased in the underprivileged neighbourhoods of Amsterdam,5 and GPs who have a high workload might have little time to instruct laborious dose-aerosol treatment to migrant children. Moroccan migrants, in particular, often still live in traditional and closed communities, and assimilate less than other ethnic minorities in the Netherlands.6 However, since this study was not designed to evaluate reasons as to why children with asthma are referred to the paediatrician, our preliminary results need to be interpreted with caution. More detailed studies are needed.

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References

CORRECTION: In the June issue, the third paragraph of Tim Stoke’s letter (p402) was printed as follows: ‘…and there are those who would argue that quantitative research is phenomenological.’ The correct text should read: ‘…and there are those who would argue that qualitative research is philosophically as well as methodologically distinct from quantitative research.’2,3 The underlying philosophical position of qualitative research is phenomenological.’1