

Complementary and alternative health care professionals

Introduction

Complementary and alternative health care is a term used to describe a broad range of healing techniques that encompass all health systems, practices and their accompanying theories and beliefs, other than those in the mainstream health system of New Zealand. Complementary and alternative health care services generally take a holistic approach to health care, including the interactions between physical, spiritual, social and psychological aspects (Ministerial Advisory Committee On Complementary and Alternative Health 2004).

What were the survey questions?

In the 2006/07 New Zealand Health Survey, adult participants were asked how many times they had seen a complementary or alternative health care worker in the previous 12 months, the reason (health condition) for the visit, and whether they had seen a GP about the same condition. A show card which listed the following types of complementary and alternative health care workers was used:

- massage therapist
- homoeopath or naturopath
- acupuncturist
- traditional Chinese medicine practitioner
- herbalist
- aromatherapist
- spiritual healer
- Māori traditional rongoā healer
- Pacific traditional healer
- other, please specify.

Use of complementary and alternative health care in the previous 12 months

Overall, one in five (18.2%, 17.3–19.1) adults reported that they had seen a complementary or alternative health care worker in the previous 12 months. Women (22.3%, 21.1–23.5) were significantly more likely than men (14.1%, 12.7–15.6) to have seen a complementary or alternative health care worker in the previous 12 months, adjusted for age.

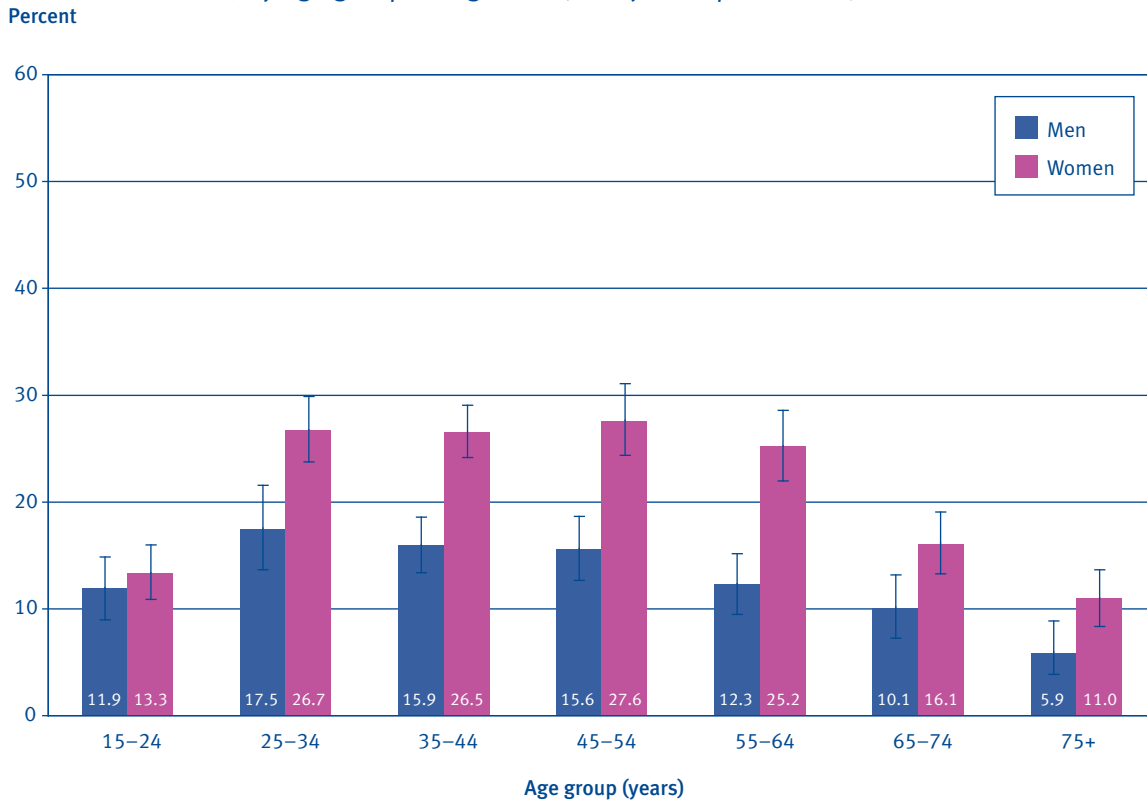
Less than 0.5% of adults said they go to a complementary or alternative health care worker first when they are feeling unwell or injured (that is, they had a complementary or alternative health care worker as their primary health care provider).

One in three (29.0%, 26.7–31.3) adults who visited a complementary or alternative health care worker in the previous 12 months said that the last time they saw a complementary or alternative health care worker they also saw a GP about the same condition.

Use of complementary and alternative health care, by age group

Women aged 25–64 years were significantly more likely to have seen a complementary or alternative health care worker in the previous 12 months than women aged 15–24 or over 65 years. Women aged over 25 years were also significantly more likely to have seen a complementary or alternative health care worker than men of the same age (Figure 6.39).

Figure 6.39: Use of complementary and alternative health care in the previous 12 months for adults, by age group and gender (unadjusted prevalence)

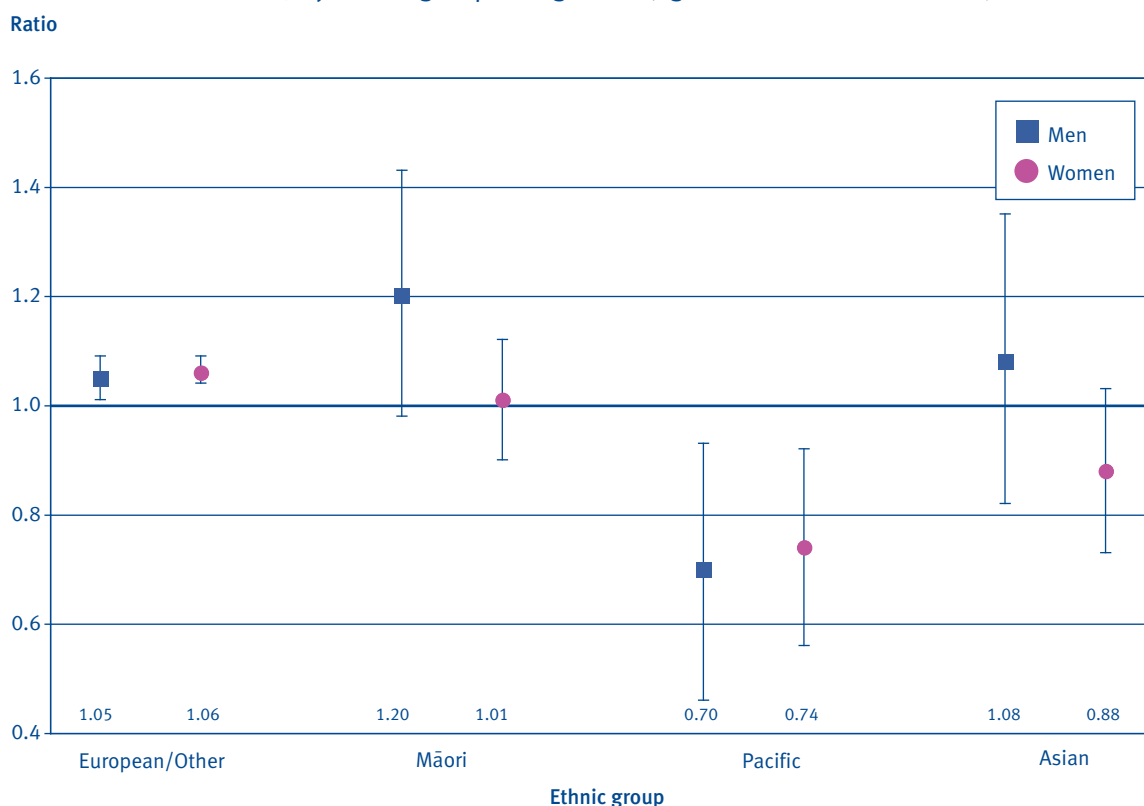


Source: 2006/07 New Zealand Health Survey

Use of complementary and alternative health care, by ethnic group

European/Other men and women were significantly more likely than men and women in the total population to have seen a complementary or alternative health care worker in the previous 12 months, while Pacific men and women were significantly less likely to have seen a complementary or alternative health care worker in the previous 12 months (Figure 6.40).

Figure 6.40: Adults who saw a complementary or alternative health care worker in the previous 12 months, by ethnic group and gender (age standardised rate ratio)



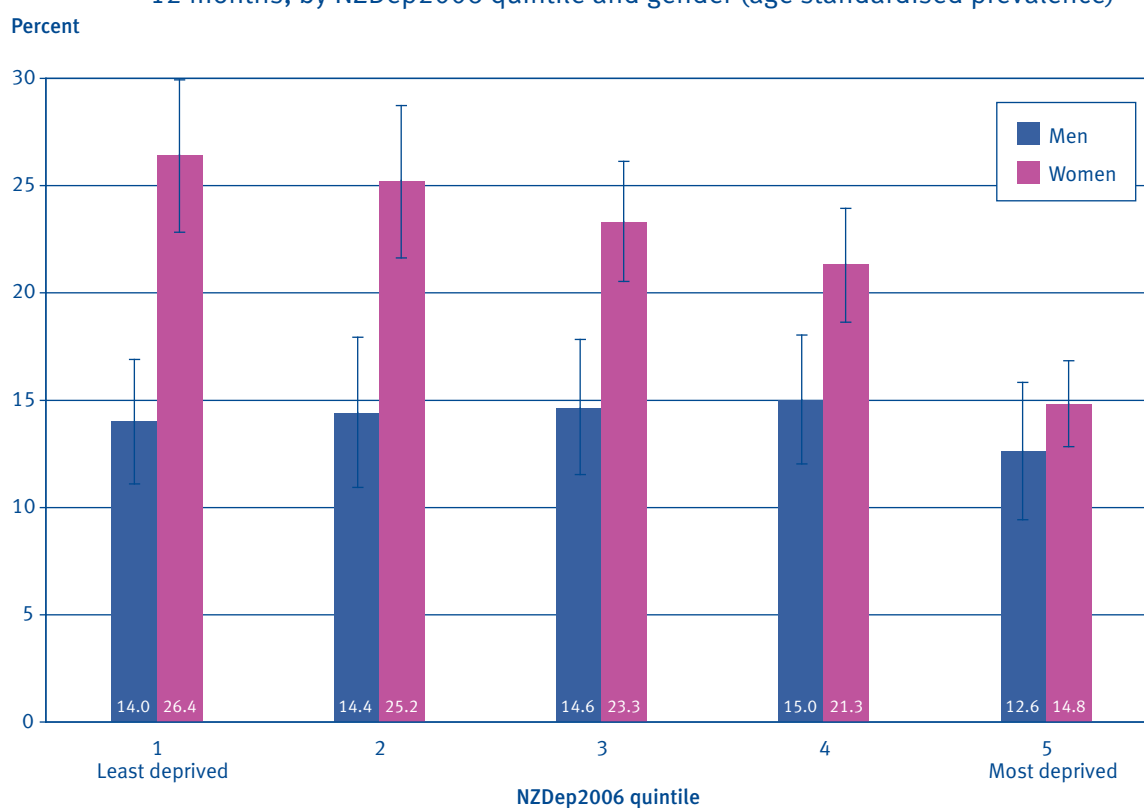
Source: 2006/07 New Zealand Health Survey

Notes: Age standardised to the WHO world population. Reference group, with a rate ratio of 1.0 (indicated by the bold line), is the total male or female population aged 15 years and over. Total response standard output for ethnic groups has been used.

Use of complementary and alternative health care, by neighbourhood deprivation

The proportion of women who saw a complementary or alternative health care worker in the previous 12 months decreased with increasing deprivation, with women in NZDep2006 quintile 5 (most deprived) being significantly less likely than women in any other NZDep2006 quintile to have seen a complementary or alternative health care worker in the previous 12 months (Figure 6.41). There were no significant differences for men who saw a complementary or alternative health care worker in the previous 12 months by neighbourhood deprivation.

Figure 6.41: Adults who saw a complementary or alternative health care worker in the previous 12 months, by NZDep2006 quintile and gender (age standardised prevalence)



Source: 2006/07 New Zealand Health Survey

Type of complementary and alternative health care workers seen

Of those adults who saw a complementary or alternative health care worker in the previous 12 months, over half (55.8%, 53.3–58.3) saw a massage therapist, one in four (25.8%, 23.5–28.2) saw a homoeopath or naturopath, and one in five (18.5%, 16.6–20.4) saw an acupuncturist. Other types of complementary health care workers seen were:

- spiritual healer (9.1%, 7.6–10.7)
- traditional Chinese medicine practitioner (6.7%, 5.2–8.2)
- herbalist (6.5%, 5.2–7.8)
- Māori traditional rongoā healer (3.2%, 2.5–3.8)
- aromatherapist (2.3%, 1.4–3.3)
- Pacific traditional healer (1.4%, 0.8–1.9).

Reason for using complementary and alternative health care

The most common reason given for visiting a complementary or alternative health care worker was physical wellbeing, with 41.9% (39.3–44.5) of those who had seen a complementary health care worker citing this as a reason. One in four reported short-term illness (25.2%, 22.9–27.5) and one in four reported chronic illness (25.1%, 23.1–27.2) as the reason for their visit, while 15.8% (13.8–17.9) cited injury or poisoning and 8.6% (7.4–9.9) mental health.