Reviewer’s report

Title: Australian women's use of complementary and alternative medicines (CAM) to enhance fertility: exploring the experiences of women and practitioners

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Reviewer: Alison Heawood

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Review of Rayner et al, Australian women’s use of complementary and alternative medicines (CAM) to enhance fertility: exploring the experiences of women and practitioners

This is a generally well-written and interesting paper that should fit the readership of the journal. I have made suggestions about areas for improvement as detailed below.

Major revisions

I have two main concerns about the paper as it stands:

1. Firstly, the themes could have been developed further, beyond their current presentation as practitioners’ views and women’s views. The women’s data as reported does not appear to have been developed much beyond the presumed topic guide for the groups (e.g. women’s views of ART and women’s views of CAM), although the theme ‘desire for motherhood’ hints at a more conceptual level of analysis. Within each theme as it stands, there are various concepts that could have been developed into themes of their own e.g. ‘stigma’, ‘control’. I believe it would be a stronger paper if the data were re-organised into more conceptual themes, possibly even integrating the practitioners’ and women’s data under each theme if that approach would fit the data.

2. Secondly, there is not much reflection and discussion within the paper about the extent to which the themes the authors identify are unique to women using CAM to assist fertility or are themes that cross-cut CAM use for other health issues. For example, in broad terms, the themes in this paper seem to map well onto the range of ‘push’ and ‘pull’ factors that have been previously noted for CAM users in general (i.e. concerns about conventional medicine and attractive aspects of CAM that lead people to turn to CAM – see references listed below). For example, the theme describing women as ‘desperate to try anything’ is akin to ‘last resort users’ described for other health issues (see Shaw et al). I think the authors need to reflect on this in the paper, for example in the discussion section.

See the below references:


Furnham A, Vincent C. Reasons for using CAM. In: Kelner M, Wellman B,
Other issues that I think should be addressed are:

3. Limitations - 7 women and 8 practitioners is quite a small qualitative study, which the authors do acknowledge in their discussion. However, I wondered if the authors might reflect a little more on some of the other constraints upon, or limitations of, their study. For example, they could reflect how the data/themes may have been shaped by recruiting women and practitioners from the particular chosen settings. This study focuses on CAM users, which is entirely appropriate. But it seems that the sample only included clients using ART/CAM concurrently, not those using CAM as an alternative or after conventional treatments had failed? If so, the authors could comment on this. They could also briefly reflect on how their findings might have differed if they had included non-users (e.g. women using conventional ART only). As with many other studies of this nature, the sample for this study included pro-active interested users of CAM who contacted the research team. The authors acknowledge this but may wish to comment on how a different recruitment strategy might have yielded a different sample. For example, the authors say they wished to “separate recruitment from the practitioner/client relationship” but many other studies in other contexts (e.g. primary care) recruit clients/patients via practitioners. This can help to broaden the samples included in studies (e.g. not only highly motivated pro-active clients) while of course introducing other limitations (e.g. only clients pre-selected by practitioners).


5. The profile of CAM users as more likely to be female, with higher income and level of education is not unique to Australia. Briefly cite supporting references from other countries.

6. In the background, the authors might need to briefly acknowledge different healthcare systems in other countries, as the context describing Medicare claims for ART is obviously specific to Australia. In the UK for example, couples meeting certain criteria can be placed on a waiting list for IVF provided by the National Health Service (see http://www.nhs.uk/chq/Pages/889.aspx?CategoryID=54&SubCategoryID=127)

7. P.7 – could the authors give further rationale as to why they chose groups of women who use CAM and ART concurrently rather than including some women who have opted to use CAM as an alternative, or after ART has failed? This sampling issue could be revisited in the limitations section of the discussion, in
order to reflect on how the findings may have been shaped by the particular sample selected.

8. P.7 - the authors say that “Historically, focus groups have been used in reproductive health research especially among marginalised groups to ‘give a voice’ and empower participants”. They could also acknowledge briefly here or in the discussion section the methodological issue that the group context can work either way – it can help people feel more comfortable to express themselves, but can also constrain what people are willing to say about a sensitive issue.

9. p.7 - methods section: the authors could acknowledge that there is now quite a large body of qualitative research on CAM use in general and for other health issues. Is the focus on use for ART specifically that is more novel here?

10. P.8 – “Issues explored in both groups” – do the authors mean both groups of women or groups with both women and practitioners?

11. P.8 - “a theoretical analysis of all organisational categories elucidated global themes to form the basis of the analytical argument”: it is not clear that the authors used theory to guide their analysis or that the development of theory was a goal of their analysis. It appears that they conducted a straightforward thematic analysis, building upwards from codes, to categories to broader themes. They should therefore re-phrase their analysis description accordingly.

12. P.8 - did the authors use any qualitative data management software to help the coding and data management process? Of course, software is not essential but they could say a little more about how they managed and organised their data.

13. First quote bottom of page 9 – the text doesn’t really pick up on the idea in this quote that some users are turning to CAM as an alternative to ART. The quote suggests that this is using CAM as a last resort after conventional ART has failed.

14. P.19 – the authors say that more work is needed on reasons for health care choices. This area is now increasingly well studied, at least in the CAM field, with quite a large body of work on reasons for choosing CAM. The authors may wish to clarify more specifically where they believe the gaps are.

Minor revisions
• P.5 – should read “defining aspect of femininity”?
• P.6 - “A prospective study of 60 women attending a South Australian ART clinic showed consultations with CAM practitioners was initially high (66%) – should read “consultation….was..” or “consultations….were”.
• P.6 - “consistently high use of over-the-counter medications” – do you need to clarify whether this was conventional medicines or CAM or both?
• P.7 – “clinicians are aware of the growing proportion of women” should read “clinicians are aware that a growing proportion....”
• Methods section – where did the focus groups take place?

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.