Reviewer's report

Title: Changes in trust and the use of Korean medicine in South Korea: a comparison of surveys in 2011 and 2014

Version: 0 Date: 15 Feb 2017

Reviewer: Wenbo Peng

Reviewer's report:
The authors of this manuscript conducted a study focusing upon the patterns of KM use in 2014 and the comparison of these results with an earlier survey carried out in 2011. The topic is of importance, however, the manuscript would benefit from more revisions and editing.

1. Title
The readers may misunderstand the current title 'Decline in the trust and use of Korean medicine in youth: a three-year periodic cross-sectional survey', as this article investigated the use of KM amongst the general population in Korea rather than merely the youth.

2. Abstract and Conclusion
In both sections, the authors highlighted that 'Despite high rates of trust in KM, visit frequency decreased from 66.6% in 2011 to 59.4% in 2014.' However, based on the statements provided in the Results section, 'With regard to the 2011 survey (referred to herein as the "2011 survey"), KM reliability decreased significantly from 66.6 to 59.4%' (page 6, lines 10-15) and 'Table 3 shows the visit frequency to KM clinics over the past 12 month. Of the participants, 63.2% had visited KM clinics at least once during the past 12 months' (page 8, lines 54-59), this important information in both Abstract and Conclusion is not consistent with that in the main body. Please clarify.

3. Introduction
The sentences 'The findings suggested that KM use and trust in KM were slightly lower in 2014 than in 2011. The decreases were most notable in individuals in their 30s and in the use of
moxibustion in KM therapy' (page 4, lines 1-7) refer to the findings of this present study, which needs to be moved from the Introduction section.

4. Methods
Throughout the whole manuscript, the 2011 survey is an essential component of this study. However, there is no information on this 2011 survey in the Methods section.

The readers will not know what is the topic of this 2011 survey? Did the authors use the same survey in 2011 and 2014? What is the difference between the participants in the 2011 and 2014 surveys, respectively? What are the main findings of the 2011 survey? Have these findings published? How did you compare the findings in the 2011 and 2014 surveys (compare data of the same topic between two surveys amongst a number of variables)? In addition, the authors also mentioned the 2008 survey in the Results section (page 10, line 52). More information on the previous surveys is required.

5. Results
(1) The paper is aimed to compare the results of the 2014 survey with the 2011 survey. However, there is no comparison on the findings in the sections 'Perceptional differences for reasons for distrust of KM by gender and age' (page 7) and 'Twelve challenging factors and three major strategies suggested for sustainable KM development' (page 12). Please add the relevant information.

(2) The authors reported that 'With regard to the 2011 survey (referred to herein as the "2011 survey"), KM reliability decreased significantly from 66.6 to 59.4%' (page 6, lines 10-15); 'Favorable perceptions of KM by individuals in the general public in their 20s and 30s were reduced more significantly than any other age group (Fig. 1b)' (page 6, lines 29-32); and 'KM reliability was highly correlated with the frequency of visits to KM clinics by gender and age' (page 9, lines 15-16).

Due to the data collection of this study (November to December 2014), the participants in the 2014 survey are different from those in the 2011 survey. I am thinking it will be beneficial for
the readers if the data of the comparison and p-value is provided regarding the statistically significance.

(3) There is no p-value shown in the Table 4.

6. Discussion

(1) 'We found that trust rate was positively linked to the usage of KM modalities. Compared to participants who distrusted KM, those who trusted KM were more likely to receive KM therapies.' (page 13, line 39).

Except the lack of p-values in the Table 4, the participants who distrusted KM therapies were more likely to use Chuna (15%) and others (5%) than those who trusted KM. Please clarify.

(2) 'There was not a large difference in the overall trust of KM between men and women. However, the reasons for KM distrust differed by gender. In particular, the main reason for distrust of KM in females was "suspicion of KM safety", which was nearly twice that of men (47.4% in women versus 25.2% in men) (Table 2).' (page 14, paragraph 2)

However, the following discussion shown is not related to the difference between female and male. Please revise.

7. Minor changes

Please add the following references.

Page 13, Line 27: Trust in a healthcare system is not a simple concept because it is formed by multi-dimensional features based on values, beliefs, experiences, personality, health status, individual needs, the presence of an illnesses or symptom, and KM practitioners' manners.

Page 14: The mechanisms of moxibustion mainly relate to the thermal effects, radiation effects, and pharmacological actions of moxa and its combustion products.

Page 14: The smoke of moxa can be used in air disinfection and as an antiviral and antifungal agent.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.
No

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.
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Are the conclusions drawn adequately supported by the data shown?
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