



ELSEVIER

WOMEN'S
 HEALTH ISSUES

www.whijournal.com

Original article

The Characteristics of Women Who Use Complementary Medicine While Attempting to Conceive: Results from a Nationally Representative Sample of 13,224 Australian Women

Amie Steel, PhD^{a,b,*}, Jon Adams, PhD^b, David Sibbritt, PhD^b^a Endeavour College of Natural Health, Queensland, Australia^b Australian Research Centre in Complementary and Integrative Medicine, Faculty of Health, University of Technology Sydney, Ultimo, New South Wales, Australia

Article history: Received 17 December 2015; Received in revised form 20 August 2016; Accepted 19 September 2016

A B S T R A C T

Background: Preconception is acknowledged globally as an important part of ensuring health for the next generation and is underpinned by principles of health promotion and preventive medicine. There is a demand for more holistic, preventive health care within preconception health services. Many women are also using complementary medicine during their reproductive years.

Materials and Methods: This paper presents a longitudinal analysis of women's consultations with a complementary medicine practitioner while attempting to become pregnant, and the characteristics of women who choose to consult a complementary medicine practitioner during the preconception period. The cross-sectional and longitudinal analyses conducted in this study utilise data from the 1973 through 1978 cohort of the Australian Longitudinal Study on Women's Health ($n = 13,224$). Multivariate logistic regression models and generalized estimating equation models, with and without time lag, were used.

Results: Women who identified as attempting to conceive were more likely to consult with an acupuncturist (adjusted odds ratio, 1.46) or a naturopath/herbalist (adjusted odds ratio, 1.30). Women who consulted with an acupuncturist were likely to be consulting with a specialist doctor (odds ratio, 3.73) and/or have previous fertility issues (odds ratio, 2.30). Women who consulted with a naturopath were more likely to report experiencing premenstrual tension (odds ratio, 2.30) but less likely to have had a previous miscarriage (odds ratio, 0.18).

Conclusions: Policymakers and other health professionals need to be aware that health professionals who are largely unregulated and structurally isolated from conventional health care may be actively contributing to women's reproductive and physical health during the preconception period.

© 2016 Jacobs Institute of Women's Health. Published by Elsevier Inc.

Complementary medicine (CM), defined as a range of products and treatments not commonly part of conventional medicine (Adams, 2007), is used by women during their reproductive years in growing numbers (Adams et al., 2009; Bishop, Northstone, Green, & Thompson, 2011). This use encompasses not only specific products and treatments such as herbal

medicines (Frawley, 2014) and supplements (Frawley et al., 2013), but also consultations with CM practitioners including chiropractors, massage therapists, acupuncturists, yoga/meditation instructors, and naturopaths (Steel et al., 2012). Women's consultations with CM practitioners often occurs alongside conventional health care (Steel et al., 2012) and may be driven by factors linked with women's demography, health status and attitudes toward health and health care (Bishop & Lewith, 2010; Steel, Adams, et al., 2013).

The importance of preconception health is acknowledged globally (Johnson, Posner, Biermann, Cordero, & Atrash, 2006; National Institute for Health and Care Excellence, 2011; Posner, Johnson, Parker, Atrash, & Biermann, 2006) and is underpinned by principles of health promotion and preventive medicine

Funding Statement: No direct funding was given to the researchers undertaking this analysis. There are no financial conflicts of interest involving any of the co-authors.

* Correspondence to: Dr. Amie Steel, PhD, Endeavour College of Natural Health, Level 2, 269 Wickham St, Fortitude Valley, Queensland, Australia 4006. Phone: +61 7 3253 9523; fax: +61 7 32571889.

E-mail address: amie.steel@uts.edu.au (A. Steel).

(Posner et al., 2006). Importantly, preconception care targets not only those who are experiencing fertility issues—defined as unsuccessful attempts at conception for 12 months or more (World Health Organisation, 2015)—but encompasses all women attempting to conceive (National Institute for Health and Care Excellence, 2011). The use of preconception services, however, has not been examined closely and many regions are facing the challenge of educating women to engage in preconception services (Heyes, Long, & Mathers, 2004; Schwarz et al., 2009; Steel, Lucke, & Adams, 2015; van Heesch, de Weerd, Kotey, & Steegers, 2006). These efforts seem to be met with limited success, even in key populations such as women with chronic health conditions known to affect pregnancy success (Steel et al., 2015). The reasons women may not be engaging with preconception services are broad, but a commonly reported reason is an absence of holistic care (Steel et al., 2015).

Women who use CM have been found to do so to assist with specific reproductive stages, including fertility (Rayner, Willis, & Burgess, 2011) and pregnancy (Adams et al., 2009). Women are more likely to use CM during pregnancy if they experience neck or back pain or are attempting to prepare for labour (Frawley et al., 2013). Consultations with a CM practitioner may also be influenced by health status, although this has been found to differ depending on the CM practitioner (Steel, Adams, et al., 2013). The reasons women consult with a CM practitioner while undergoing fertility treatment has been found through preliminary examination to suggest women may be consulting with a CM practitioner while seeking assisted reproductive technologies (ART) (Rayner, Willis, & Dennis, 2012) and may be doing so to support the effectiveness of ART (Rayner, McLachlan, Forster, & Cramer, 2009).

Research examining the effectiveness of CM in assisting women who are trying to conceive has reported varied levels of success. Acupuncture in support of ART has received the most attention with effectiveness and efficacy research finding mixed results (Cheong, 2008; Madaschi, Braga, Figueira, Iaconelli, & Borges, 2010; Moy et al., 2011; Westergaard et al., 2006), although research seems to suggest benefit for women with menstrual disorders (Chen et al., 2014; Smith, Crowther, Petrucco, Beilby, & Dent, 2011; Smith, Zhu, He, & Song, 2011; Zheng et al., 2013). In addition to acupuncture, other CM have also been identified to treat menstrual disorders or infertility, such as *Vitex agnus-castus* (van Die, Burger, Teede, & Bone, 2013), Chinese herbal medicine (Ried & Stuart, 2011), nutritional supplements (Chavarro, Rich-Edwards, Rosner, & Willett, 2008; Lerchbaum & Obermayer-Pietsch, 2012), and yoga (Valoriani et al., 2014).

The use of CM practitioners by women attempting to conceive requires further attention, given the established prevalence of CM use among women during their reproductive years, a growing research base for CM within fertility and pregnancy, and the reported demand for more holistic, preventive health care within preconception services. This paper presents the first analysis from a nationally representative sample examining women's consultations with CM practitioners while attempting to become pregnant, and the characteristics of women who choose to consult a CM practitioner during the preconception period.

Materials and Methods

Sample

The study data was obtained from the Australian Longitudinal Study on Women's Health (ALSWH). The ALSWH is a

longitudinal study of women in three age groups ("young" [born 1973–1978], "mid age" [born 1946–1951] and "older" [born 1921–1926]), who were selected randomly from the Australian national Medicare database, with oversampling for rural women, to investigate multiple factors affecting health and wellbeing of women over a 20-year period. These women were shown to be broadly representative of the national population of women in the target age groups (Women's Health Australia, 2012). This study uses a secondary analysis of three discrete surveys of the "young" cohort. "Survey 4" was undertaken in 2006 ($n = 13,386$; age 28–33 years), "Survey 5" was undertaken in 2009 ($n = 13,224$; age 31–36 years), and "Survey 6" was undertaken in 2012 ($n = 12,996$; age 34–39 years). All survey results from each study participant are linked within the data and across survey datasets through an ID alias numeric code. More information regarding the establishment and sampling frame of the ALSWH has been published previously (Brown, Dobson, Bryson, & Byles, 1999).

Demographics, Health Status, and Health Services Use

In the questionnaires, the women were asked about their age, area of residence, number of children they had given birth to, marital status, highest educational qualification attained, health insurance cover and financial situation. They were also asked to report their use of conventional health services in the past 12 months (e.g., consultations with a general practitioner, community nurse, and specialist doctor). Participants were asked about their use of CM products and treatments in the past 12 months (e.g., herbal medicines, aromatherapy oils, Chinese medicines, yoga/meditation). The women were also asked a range of questions pertaining to their health status, including current height and weight (allowing for calculation of body mass index), diagnosis with a chronic health condition in the last 3 years, and whether they experienced a number of health symptoms in the previous 12 months.

Women were asked to identify whether they were trying to become pregnant. Specific questions about fertility health were also asked, including history of miscarriage and other pregnancy complications as well as current or previous problems with fertility (defined as unsuccessfully attempting conception for 12 months or more).

Outcome Measure

Women were asked to identify whether they consulted with a CM practitioner (e.g., chiropractor, osteopath, massage therapist, naturopath/herbalist, or acupuncturist) within the previous 12 months. These data were collected as part of a survey item that asked about consultations with a range of health services over the previous 12 months. Each practitioner group was listed as discrete line item to this question and participants were provided with the response options of yes or no for each item accompanied by an instruction to mark one response for each line.

Analysis

Bivariate analyses were conducted between each outcome and all of the demographic, health status and health service use variables using χ^2 tests. For each CM practitioner group, both raw and adjusted odds ratios were determined using logistic regression applied to the Survey 5 data. Adjustment for potential

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات