**Working with First Nations women in regional health clinics**

**Anne:** My experience working with First Nations women has been as a GP in rural and regional remote Aboriginal community control health services. I've been doing it for at least the last 15 years. The first time, I went with my family up to Katherine, which is a regional community in the Northern Territory. My children went into the local school and I worked for the community health service there. And that was a great experience for us as a family, and I realised it was a really great experience as a doctor. So for the next 15 years, probably two or three times a year, I've been going to do locums in remote communities, mainly west of Katherine, but also more recently in Elcho Island and Mount Isa in Queensland.

'Women's and men's business' isn't a discriminatory term. It focuses on the laws and ceremonies that are specific and sacred for men and women as individuals. But when you're talking about women's business in a community health centre, it probably more typically means health issues that are focused around sexual and reproductive health of women.

The sensitivities around women's business would depend on the context of the community that you're talking about. So my experience is largely with remote communities, but it might mean something quite different for an urban woman in an urban Aboriginal health service. So I can really only speak to the experience that I've had with remote communities. The sensitivities around women's business tend to be that they need to be discussed amongst women, preferably. This means that health issues that are of a sensitive sort of nature and referring to sexual and reproductive health would typically be dealt with in their own private space, specifically for women, and by health providers that are female, preferably.

This doesn't mean that a male GP couldn't treat a sexually transmitted infection, for example, in a woman, but he might need to be creative about how he did that. He might need to liaise directly with the female Aboriginal health practitioner or nurse and get them to explain the condition to the woman in private and administer the treatment.

I don't feel that, in my experience, women of a menopausal age present with menopausal symptoms as the reason for seeking care. In fact, in 15 years, I've only had one woman come to me specifically wanting to talk about menopausal symptoms.

I also don't think doctors would be necessarily asking menopausal-age women about menopausal symptoms, because quite often our priorities are drawn towards the more acute and chronic disease healthcare issues that are sometimes presenting, and something like menopause doesn't necessarily have a focus.

I think menopause isn't commonly discussed for several reasons. The most obvious one to me would be that there are competing priorities for women. Quite often women in this age group are looking after grandchildren, they're Elders, so they're keeping their communities together, they've got other things drawing their focus away from them, and so I don't think they would always prioritise menopause, or even perhaps recognise that some of the symptoms of menopause that they might be having are something that they could even address as a health issue.

I also think menopause is not commonly discussed because the doctors or the health practitioners don't raise it with the patients, and this is not because they're not interested. It's often, as I said before, that their focus is drawn away by other health issues or other things going on with the woman and her family that mean that they don't get asked, or maybe the space is not appropriate to ask it in. So the person might be in a general clinic dealing with chronic disease, and that's not a space that the doctor might feel is appropriate.

My most valuable experience as being a women's health GP in the Northern Territory has probably been learning to see health issues in their political and social context. A lot of things that cause poor health are to do with things that we might not necessarily think about too much, like access to food, access to good sleep in a quiet house that's not overcrowded, those sort of things. I think that's been the most valuable thing for me, learning from the women themselves.

To ensure culturally safe practise when working with women at midlife, it would depend again on the community involved. I've worked in communities that have approached this differently, and I think that's the important thing, is that the women, the female Elders in that community, would get together and make a decision about how they want this addressed. In some clinics, there would be a separate male and female waiting area, and a separate male and female clinic, with their own separate allocated health workers and nurses. What's more common is probably a combined clinic waiting area, but then separate women's health and men's health spaces in which those issues can be dealt with. So you can go to the women's clinic or the men's clinic or whatever, or the children's clinic.

Another way to be culturally safe is, if a sensitive issue is brought up, is to ask the woman if she wants to have a relative, a female relative, or somebody in the consulting room with her, particularly if there's any sensitive physical examination that needs to be done. Also, whether she would like, if there's no family member or friend, whether she would like a female health practitioner or nurse in there, and I would particularly do this as a male doctor, but I think even as a female you should be doing this. Physical examinations need to be kept private and sensitively performed, so I think modesty is a very important value.

The most important thing to consider when managing menopause in First Nations women is to remember that it might not be high on that woman's agenda to actually raise it as an issue, but if you think of it and ask about it, that might give that woman an opportunity to consider the impact that menopause could be having in her life.

The advice that I would give other GPs that are thinking of working with Aboriginal and Torres Strait Islander women around menopause, or in any health perspective, really, would be, before you go, it's probably good to do cultural safety training. I don't recall menopause ever being discussed at that, though, but at least it would give you broad cultural safety experience and knowledge that you could take into the community.

Other advice would be to go in 'eyes wide open' and just be prepared to learn, and not think that you're going to go in and change things, or even necessarily achieve big things. hat you're there to learn about another culture and how they view health and some of the social and political issues that are impacting on their health. And just to learn rather than to have a preconceived idea about what you may or may not achieve.

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**Information about Jean Hailes for Women’s Health**

Jean Hailes for Women's Health is a national not-for-profit organisation dedicated to improving the health of all women, girls and gender-diverse people. For free, evidence-based and easy-to-understand health information, visit [www.jeanhailes.org.au](http://www.jeanhailes.org.au).

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