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A desk audit of perimenopause and menopause resources on ACCHO websites for Indigenous women

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ABSTRACT

Objective: This study examines whether Indigenous women can access information about perimenopause and menopause through the Aboriginal Community Controlled Health Organisation (ACCHO) sector.

Background: Indigenous women in Australia often face significant health inequities, including limited access to healthcare resources tailored to their specific cultural needs. While Aboriginal Community Controlled Health Organisations (ACCHOs) offer specific information about Indigenous health, it is not clear whether they are fully tailored to all stages of the life course for women.

Study design and methods: This study is a desk audit of resources available from ACCHO websites for Indigenous women as they transition through perimenopause and menopause.

Results: The audit identified 114 ACCHO websites. Of these, only 2 provided information or resources about perimenopause or menopause. In comparison, 81 websites provided resources for

mums and bubs, and 43 websites provided resources for Elders.

Conclusion: This desk audit highlights a critical gap in healthcare resources for Indigenous women transitioning through perimenopause and menopause. Addressing this gap is essential for promoting health equity and improving health outcomes. There is a pressing need for comprehensive, culturally safe resources to support Indigenous women during this life stage.

Implications for research, policy, and practice:

This desk audit highlights the urgent need for Indigenous-led research to address the specific perimenopause and menopause needs of Indigenous women. It calls for the development of culturally safe resources within ACCHOs to fill this critical gap. Healthcare providers must integrate these resources into practice to enhance health equity and outcomes for Indigenous women.

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What is already known about the topic?

- Indigenous women in Australia face significant health inequities, including limited access to healthcare resources tailored to their life course needs.
- Indigenous women's experiences of perimenopause and menopause are not well understood or known.
- To date, no research in Australia about perimenopause and menopause has been led by Indigenous researchers.

What this paper adds

- This paper identifies a critical gap in the availability of perimenopause and menopause resources for Indigenous women within the ACCHO sector.

- It underscores the necessity for culturally safe, comprehensive resources to support Indigenous women during these life stages.
- The paper advocates for prioritising the development and integration of these resources into ACCHO services to enhance health equity and outcomes for Indigenous women across the lifespan.

Keywords: ACCHO; case study; desk audit; Indigenous women; menopause; perimenopause.

INTRODUCTION

The first Aboriginal Community Controlled Health Organisation (ACCHO) was established in 1971 in Redfern, Sydney, and emerged from decades of activism. Following the 1967 Referendum, Aboriginal communities in Sydney, Melbourne, and Brisbane advocated for safe healthcare services, addressing racism and exclusion in mainstream healthcare practices.¹ By 1973, Aboriginal and Islander Health Services in Brisbane and Melbourne had expanded their offerings beyond basic medical services. The ACCHO sector maintained its community-controlled structure through elected boards comprising of local Aboriginal and Torres Strait Islander members.¹ Initially staffed by volunteers, the sector eventually secured federal government funding and now, some 50 years since commencing through a self-determined process, have grown to deliver diverse primary health care services across 144 ACCHOs nationwide.

Funding for ACCHOs has changed in recent years, with a shift in focus of some services and programs, culminating in changes such as four-year rolling funding agreements being introduced and the transfer of contract agreements being commissioned through the National Aboriginal Community Controlled Health Organisation (NACCHO).² Since the 2008 Council of Australian Government's commitment to Closing the Gap (CtG) in Indigenous outcomes, including health, the focus has primarily been on CtG priorities.³ Whilst necessary, the CtG targets and measures continue to expose systemic inequities in areas such as health, education, and housing, raising concerns that this focus may have overlooked other critical health aspects.

While the ACCHO sector continues to meet important health needs for Indigenous peoples, we are concerned that one key service area is missing: little support is available for Indigenous women who are navigating “the change” – that

is, perimenopause and menopause. We are concerned about the paucity of resources for Indigenous women about this normal, yet significant, life transition.

Indigenous women face unique challenges during perimenopause and menopause that differ from those experienced by non-Indigenous women. These include higher rates of chronic diseases such as diabetes and cardiovascular disease, which can complicate menopausal symptoms and management.⁴ Moreover, during the Senate Inquiry into Issues related to menopause and perimenopause, Indigenous women articulated there is a lack of culturally safe research in First Nations menopause perceptions' and understanding of menopause amongst healthcare workers.⁵ Additionally, culture, beliefs and practices may influence how Indigenous women perceive and manage menopausal changes.⁶ The intersection of cultural, geography, socioeconomic, and health factors necessitates tailored information and resources that address not only the biological aspects of menopause but also its cultural and social dimensions. For instance, traditional healing practices and community support systems may play a crucial role in managing menopausal symptoms for some Indigenous women.⁶ However, the extent to which these needs are being met within the current healthcare framework remains largely unexplored. Further, there is no research on Indigenous gender-diverse people, non-binary or trans men. To investigate this, we surveyed perimenopause and menopause resources offered by ACCHOs across Australia.

OBJECTIVE

This study involved a desk audit of the ACCHO sector to identify resources for Indigenous women about perimenopause and menopause. This study is intended to be descriptive and involved a search of ACCHO websites.

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METHODS

STUDY DESIGN & DATA COLLECTION

A desk audit was conducted over a one-month period between May and June 2024. We identified and comprehensively searched ACCHO websites identified via the National Aboriginal Community Controlled Health Organisation (NACCHO) website and conducted comprehensive searches across each site,⁸ focusing on health services, programs, resources, and news. For comparison we also audited resources available for mums and bubs, and for women Elders.

We developed our search terms based on a review of the perimenopause and menopause literature and consultation with health practitioners. Our search included menopause-related terms (“menopause” or “perimenopause” or “the change” or “women’s health” or “midlife women’s health”), mums and bubs-related terms (“mums and bubs” or “women and children” or “maternal health” or “infant health” or “parenting support”), and Elder-related terms (“elders” or “senior health” or “aged care” or “elder support”).

We recorded our findings in a structured template and documented details such as ACCHO name, location, URL, resource category (menopause/perimenopause, mums and bubs, Elders), type of resource (brochure, online article, service provision, support service), description of resource, and direct link to the resource. We also recorded our analysis and observations of the resources we identified, and any comments about ease of access (such as paywalls or restricted content).

DATA ANALYSIS

We evaluated resources for relevance to Indigenous women who are seeking information about perimenopause or menopause. This included assessing for quality, comprehensiveness, cultural safety, and credibility, and considering whether the resources were specifically tailored to Indigenous women’s health needs. These factors were analysed through the reviewer’s expertise.

Our data analysis included descriptive quantitative analysis (e.g., number of resources found), comparative analysis (e.g., comparison of menopause-related resources with those for mums and bubs and Elders) and qualitative observations (e.g., cultural safety).

ETHICAL APPROVAL

Ethics approval was not required for this audit.

RESULTS

We audited 144 ACCHOs across Australia. Of these, 30 (20.8%) did not have a functioning website, meaning that some of the ACCHOs did not have websites, or links within the website did not function. In total 114 (79.2%) had websites suitable for analysis.

Of the 114 ACCHOs with websites, only 2 (1.8%) included resources specifically related to perimenopause or menopause.

The two ACCHOs offering perimenopause or menopause resources were from New South Wales and South Australia:

1. One service mentioned providing assistance with “hormone problems, menopausal problems” as part of general medical consultations, but provided no further specific information.
2. One service offered a “Well Women’s Clinic”, with information about breast self-examination, cervical screening, and “addressing any other concerns a woman may have i.e. menopause, contraception”.

We found no ACCHO website offering dedicated resources or comprehensive information specifically about perimenopause or menopause.

In comparison, we identified 81 (71.1%) ACCHO websites with specific resources for mums and bubs and 43 (37.7%) websites with specific resources for Elders.

The 81 websites with mums and bubs information offered 134 different resources, including 67 about clinics or clinical services, 32 about support or yarning groups, 36 about tailored programs, 15 online brochures, and 4 miscellaneous other resources (including health week information and podcasts).

The 43 websites with Elders information offered 57 different resources, including 11 clinics or clinical services, 9 support or yarning groups, 26 tailored programs or packages, 8 online brochures, 5 transport services, and 7 other resources (such as portrait exhibitions, Elders Day events and news articles).

DISCUSSION

This desk audit reveals a significant gap in perimenopause and menopause resources available from ACCHO services for Indigenous women. Many women face these hormonal changes alone, due to a lack of openness, education, and resources available within the ACCHO sector. It has been identified internationally that Indigenous women face greater barriers to accessing culturally safe care, report more severe symptoms, and experience menopause at a younger age, all of which are compounded by the lasting effects of colonisation and the erosion of traditional knowledge systems.^{7,8,9} A focus towards understanding the lack of service provision within the ACCHO sector is therefore

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warranted to understand why there is a lack of services and resources around this normal life transition for women. The ACCHOs focus on other health issues, such as curtailing communicable diseases, reducing the rates of alcohol and other drug dependence, and optimising child, youth, and maternal health. ACCHOs also focus on identified health disparities.⁹ ACCHO services are in-line with national public health recommendations and CtG initiatives, which is important for attracting funding and conducting research.

The Well Women's Clinics described on one ACCHO website may help to meet the broad needs of women's health and wellbeing. While these clinics are likely to extend across the full life course, their focus is on facilitating much-needed services such as breast and cervical screenings. Even within the information provided about Well Women's Clinics, there is a glaring gap in resources focused on perimenopausal and menopausal health. This complex stage involves physiological and anatomical changes impacting a woman's home, work, relationships, and self-identity. Women need information to navigate this stage of life in a way that is holistic and culturally safe.

Evidence suggests that perimenopause and menopause are broadly undertreated in Australia, often because general practitioners lack confidence in prescribing hormone replacement therapy (HRT), lack the time needed to fully investigate women's symptoms, and often lack knowledge about this stage of women's lives.¹⁰ It is not surprising that this underappreciation of perimenopause and menopause extends to the services offered by ACCHOs. However, we argue that insufficient attention to the nuances of perimenopause and menopause-related care means that women experience a major service gap. Physical and mental health needs are being overlooked during a critical time, with possible long-term impacts on rates of osteoporosis and cardiovascular disease.¹¹

Little is known about the experiences of Indigenous Australian women during perimenopause and menopause. Giving a voice to this under-represented cohort of women is vital to develop supportive healthcare services and empowering Indigenous women to negotiate this time. Indigenous-led research is needed to examine this often taboo and neglected subject, to enhance Indigenous-focussed healthcare services and direct future research. We need to know more about the cultural influences of perimenopause and menopause.

LIMITATIONS

This audit was limited to publicly accessible ACCHO websites, potentially overlooking offline or unpublished resources. This study did not differentiate between resources for male and female Elders as they were unable to be stratified, which may influence the comparison with perimenopause and menopause resources.

CONCLUSION

This desk audit of information about perimenopause and menopause available on ACCHO websites across Australia found a critical lack of information about this phase of women's lives. While information is available addressing other life phases such as mums and bubs and Elders care, there is a clear gap in the available information about perimenopause and menopause which sits between these two life phases. ACCHOs, a key service provider of healthcare for Australian Indigenous women, have a responsibility to provide healthcare across the full life course, including perimenopause and menopause. The current lack of information identifies a critical need for further and deeper research about what types of resources are needed.

Implications for research, policy, and practice

This study highlights the need for Indigenous-led research to address the unique needs of Indigenous women during perimenopause and menopause. It also emphasises the importance of developing culturally safe resources within ACCHOs and equipping healthcare providers with the tools to support women during this critical life stage, ensuring health equity and improved outcomes.

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