FIRST NATIONS WOMEN AND MENOPAUSE BREAKING DOWN BARRIERS

Menopause is traditionally not a subject discussed among First Nations women, which can lead to discomfort when discussing the subject with healthcare professionals. However, every woman has the right to be informed about what is happening to her body and to have access to helpful resources.

Menopausal experience in Australian First Nations women

Documentation of the experience of menopause in Australian First Nations women is scarce, making their menopausal experience relatively unknown. In one study of more than 200 First Nations participants, it was found that the average age of onset for menopause was five years earlier than non-First Nations Australian women. Additionally, only 36% of rural First Nations women reported symptoms¹. This indicates a potential underreporting or different perception of symptoms among First Nations women compared to their non-First Nations counterparts.

Several factors appear to influence the menopausal experience among women:

- Mother's age at menopause: A hereditary factor impacting the age of onset.
- **Age at menarche:** Early menarche has been linked to earlier menopause.
- High BMI: Associated with increased menopausal symptoms and earlier onset.
- Lack of physical activity: Can exacerbate symptoms.
- Smoking: Known to advance the age of menopause and increase symptoms.
- Diet rich in phytoestrogens: May reduce symptoms.
- High parity and long duration of breastfeeding: Associated with fewer symptoms.
- **Use of oral contraceptives:** Linked to lower reporting of menopausal symptoms.

The experience of menopause is subjective and can be interpreted in many ways, both socially and culturally. There is no clear consensus on how First Nations women view menopause or what influences this view. It is uncertain whether menopause is influenced by poor health, what coping mechanisms are used, and whether this transition is a highly private experience⁴.

In a study of 25 First Nations women over a year using interviews and focus group discussions to explore how First Nations women view menopause, these major themes emerged³:

- Language used: Terms like 'The Change' or 'Change of Life' were more commonly used than menopause³. This reflects a recognition of menopause as a significant life transition rather than a medical condition.
- Stages of life: Menopause was often recognised as a significant life transition³. Many women viewed this phase as a natural progression of aging and a step towards gaining more respect and authority within their community.
- Attitudes towards menopause: Symptoms were sometimes attributed to other health issues³. This misattribution can lead to confusion and delays in seeking appropriate care.
- Symptoms experienced: Symptoms varied widely among individuals³. Common symptoms reported included hot flashes, night sweats and mood changes, but the perception and severity of these symptoms varied significantly.
- Role of men: Men often played a minimal role in discussions about menopause³. This lack of involvement may contribute to a sense of isolation among women experiencing menopause.
- Lack of understanding: Many women reported insufficient understanding and lack of information³. This highlights the need for culturally sensitive educational resources.
- Attribution of menopause to other causes:
 Symptoms were sometimes attributed to other health issues³. This misattribution can lead to confusion and delays in seeking appropriate care.
- Coping and treatment methods: Varied, with some women using traditional methods and others seeking medical help³. Traditional remedies were often preferred, but access to modern healthcare was also valued.





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Cultural influences on menopause

Considerable research shows significant variation across cultures in the menopause experience, influenced by biological, psychological, social and cultural factors². In many Indigenous cultures, menopause can lead to an increased role in the family and religion, often elevating a woman's status in her community and leading to a more positive experience².

In Indigenous Australian cultures, menopausal women often gain increased respect and authority within their communities. This elevation in status can contribute to a more positive experience of menopause, contrasting with the often negative connotations associated with menopause in Western cultures⁴. The holistic view of health in Indigenous cultures, which integrates physical, emotional and spiritual wellbeing, also plays a significant role in shaping the menopausal experience⁴.

Health implications and access to care

Cardiovascular disease (CVD) is the leading cause of death in women around the world. Among First Nations women, cardiovascular disease is more prevalent and often occurs 10-20 years earlier than non-First Nations women⁵.

The intersection of cultural beliefs and access to healthcare services significantly impacts the menopausal experience for First Nations women. Many First Nations women face barriers to accessing healthcare, including geographical isolation, socioeconomic disadvantage and cultural differences between patients and healthcare providers⁴. These barriers can lead to delayed diagnosis and treatment of menopausal symptoms, exacerbating health inequalities.

There is a critical need for culturally competent healthcare that acknowledges and respects the unique experiences and perspectives of First Nations women. Healthcare providers should be trained to understand the cultural context of menopause in Indigenous communities and to provide information and support in a way that is respectful and relevant to these women⁴.

Research and future directions

Despite the insights gained from existing studies, there remains a significant gap in the literature regarding the menopausal experiences of First Nations women. More comprehensive and culturally sensitive research is needed to fully understand the diverse experiences of menopause⁴. Such research should be codesigned and collaboratively implemented to ensure that First Nations women's voices are heard and their perspectives accurately represented⁴.

Future studies should also explore the effectiveness of different interventions, both traditional and modern, in managing menopausal symptoms among First Nations women. By building a robust evidence base, healthcare providers can develop better strategies to support First Nations women through menopause, improving their health and wellbeing.

In summary, the menopausal experience among First Nations women is influenced by a variety of factors, including cultural beliefs, social status, and access to healthcare. There is a need for more research to fully understand this experience and to provide appropriate support and resources. By recognising and addressing these unique experiences, First Nations women in Australia can be better supported through this significant life transition.

References

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