

Minymaku Kutju Tjukurpa Women's Business Manual

Standard Treatment Manual for Women's Business
in remote and Indigenous health services
in central and northern Australia

Minymaku Kutju Tjukurpa: 'Women Only Story'

6th edition

CARPA
Central Australian Rural Practitioners Association Inc



RPHCM
Remote Primary Health Care Manuals



CRANAplus
improving remote health

Centre for Remote Health
Alice Springs, 2017

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Preface

The *Minymaku Kutju Tjukurpa Women's Business Manual* contains evidence-based protocols to help manage the health of Aboriginal and Torres Strait Islander women in remote Australia.

The production of a manual for women's business respects the wishes of Aboriginal women to keep women's health private and separate from other health problems. The manual contains information that Aboriginal women regard as sensitive and private.

The manual is produced by Congress Alukura under its umbrella organisation, Central Australian Aboriginal Congress. Congress Alukura is a health service for the Aboriginal women of Central Australia, servicing areas within a 100km radius of Alice Springs. It provides a community-controlled women's health and maternity care service, and aims to support the Grandmother's Law in health and birthing. Cultural guidance and advice is provided by the Alukura Cultural Advisory Council.

Central Australian Aboriginal Congress was established in 1973 and has grown to be one of the largest and oldest Aboriginal community-controlled health services in the Northern Territory. Congress has seven branches that service a wide range of primary health care programs.

Explanation of the cover painting

Pitjantjatjara

Tjana inma walytja pakara atunymankunytjikitjangku

Nyangatja inma. Inma tjuta nyangatja, inma ngura walytja-walytja kamiku ngura, kamiku tjamuku ngura. Tjana inma nyangatja minyma tjutangku atunymankunytjikitjangku. Tjana inma walytja pakara atunymankunytjikitjangku manta kanyintjikitjangku. Minyma tjutangku inma kumpilpa, wati tjutangku nyakunytjawiya. Minyma tjutangku kutju kanyini munuya kuwari pakara pakara. Nyangatja minyma tjuta nyinanyi, Minyma tjuta nyinanyi nyangatja, ngura tjukuritja tjuta kanyintjikitjangku atunymankunytjikitjangku manta walytjangka. Nyangatja Yangkuwiku.

English translation

They dance the songs to protect their country

This painting is about traditional music. Many traditional songs are represented from our grandmother's and our grandfather's country. Women sing these to maintain their continuity. They dance the songs to protect their country and keep the land safe. They dance out of sight, men never see them. It's women who keep their tradition, and today they dance and dance.

Here are the women, right here in this painting, traditional owners looking after their country and maintaining their ancestor's land.

This is Yangkuwi's.

Remote Primary Health Care Manuals logo

The RPHCM logo, developed by Margie Lankin, tells this story:

The people out remote, where they use the manuals, are coming into their health service. They are being seen from one of the manuals ... desert rose, the colours of the petals. The people sitting around are people who use the manuals – men and women. People who are working for Indigenous health... doctors and nurses and health workers. Messages are being sent out to the community from the clinic, from the people, to come in to the clinic to be seen. Messages about better health outcomes. People are walking out with better plans, better health, better health outcomes.

About this manual

The sixth edition of the *Minymaku Kutju Tjukurpa Women's Business Manual (WBM)* has been produced as part of the suite of Remote Primary Health Care Manuals, through a collaboration between Central Australian Aboriginal Congress, the Central Australian Rural Practitioners Association, CRANApus and the Centre for Remote Health. The other manuals in the suite are the *CARPA Standard Treatment Manual (CARPA STM)*, the *Clinical Procedures Manual for remote and rural practice (CPM)*, and the *Medicines Book for Aboriginal and Torres Strait Islander Health Practitioners (Medicines Book)*.

In order to avoid unnecessary duplication between the manuals, the *CARPA STM* and the *CPM* are cross-referenced throughout the *WBM*.

The style of the manual uses short directives without explanation — 'Check ...', 'Take blood ...', 'Give ...'. In any health interaction the rights of the woman must be remembered. As a part of health care provision a woman has the right to:

- Determine what medical treatment she chooses to accept or not accept
- Be given easily understandable explanations, in her first language, about her specific health problem, any proposed treatments or procedures, and the results of any tests performed
- Have access to all health information about herself or her children
- Have her privacy respected, be treated with respect and dignity, and know that all her health information is confidential.

Your input

Feedback is an essential component of keeping the manuals 'by the users for the users'. Please submit your suggestions and comments via either

- Online feedback form at www.remotephcmmanuals.com.au
- Email to remotephcmmanuals@flinders.edu.au

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Contributors

Thank you to the practitioners, from all over Australia, who volunteered their time and expertise to ensure the manual remains evidence-based, relevant, practical and user-friendly. More information about the review process can be found at www.remotephcmanuals.com.au

This acknowledges those contributors known to us. Due to the large number of volunteers, we have only recorded the highest level of participation.

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We wish to recognise Sabina Knight, founding chair, for 30 years of leadership, inspiration and commitment to improving health care in remote and Indigenous Australia.

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Project team

Janet Struber, Stephanie Mackie-Schneider, Victoria Orpin, Sandeep Reddy, Sally Herring, Allison Gray

Assisting the team: Sheree Zadow, Karen Montey, Malissa Hodgson, Ross Carter

Content

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wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening

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Using the Women's Business Manual

The *Women's Business Manual* assumes competent general nursing rather than expert midwifery skills. Depending on experience and English literacy skills, Aboriginal and Torres Strait Islander Health Practitioners (ATSIHPs) may also be able to use the manual to look after women. The manual is also useful as a teaching and learning resource.

Remote practitioners have varying knowledge and skills in women's health and must be allowed to work to their own ability. All staff should be encouraged to update their skills in all areas of women's health.

Use of the *WBM* is not intended to replace clinical judgement, expertise or appropriate referral. It does not support practitioners to work beyond their level of competence or confidence, or outside their scope of practice or health service policies. The supply of medicines recommended in the manual must occur within the constraints of organisational policies and jurisdictional drugs and poisons legislation. Safe practice requires that practitioners who are not sure what they are dealing with talk with someone more experienced or skilled.

Following protocols in the *WBM* does not remove the need to complete normally accepted practices (even if unstated) such as:

- Observing privacy and confidentiality
- Getting informed consent
- Discussing procedures and treatment options with patients and/or their carers
- Discussing medicines, including side effects and the need to complete the whole course of treatment
- Actively involving parents and/or carers in the care and treatment of their children
- Recording history, observations, findings and actions in the file notes.

When options are given they are listed in order of preference. Only move down the list if earlier options are not available, or are not acceptable to the person or their carer.

Practitioners should discuss with the person the impact of a diagnosis on their ability to hold an unconditional driver's license. Reporting requirements vary by jurisdiction. For more information see www.austroads.com.au/drivers-vehicles/assessing-fitness-to-drive

Terms

Indigenous

In this manual the term Indigenous is used to mean both Aboriginal and Torres Strait Islander Australians. We mean no disrespect by using this inclusive term for different cultural groups and apologise for any discomfort or sorrow it may cause.

Abbreviations

Abbreviations and acronyms may be used without explanation. There is an abbreviation list, including acronyms, in the reference section.

Medical consult

A medical consult involves seeking advice and/or authorisation for treatment from a doctor, appropriately qualified nurse practitioner, midwife or specialist. It occurs while the patient is present. It may be in person or by telehealth (eg phone, radio or videoconference).

Medical review

A medical review is an assessment of the patient by a doctor, appropriately qualified nurse practitioner, midwife or specialist. This can be done in person or via case conference. It usually involves making an appointment for the person to return to the clinic or visit the practitioner at a future time.

Medicines

Medicines are named for their active ingredients. Where a brand name for a medicine or other product is used it is in italics, and usually in brackets.

The mention of specific products does not imply that they are endorsed or recommended in preference to others of a similar nature that are not mentioned.

Information boxes

Black boxes — easy to find information.

Thin red boxes — important information.

Thick red boxes — very important or life-saving information.

Online version

The *Minymaku Kutju Tjukurpa Women's Business Manual* is available online as part of the Remote Primary Health Care Manuals at:
www.remotephcmanuals.com.au

Cultural safety tips

To be effective, health care must occur in a culturally safe/secure environment with practitioners who are culturally aware and competent. See *Cultural safety* for more information ([CPM p6](#)). Learn all you can about the local culture. Always be respectful, and carefully consider the following.

Cultural beliefs

- Traditional beliefs about health and illness remain intact, embedded and valid in many Indigenous communities
- Use of traditional healers and traditional medicine is common. It is very important to acknowledge and respect this

Loss and grief

- Indigenous communities may follow these practices after a death
 - Deceased person's name should not be spoken
 - Special rituals, such as smoking deceased person's house and work, or the clinic
 - Certain relatives of the deceased may choose not to speak
 - Relatives of the deceased may live outside the community to mourn
 - In some communities 'sorry business' (grieving) involves self-inflicted injury (sorry cuts), family fighting (payback), wailing, silence

Effective communication

- English can be a second or third language for Indigenous Australians
 - Ask if person would like an interpreter to assist
- Don't assume that conversations conducted in English have the same meaning for practitioner and patient
- Hearing problems are common and can make communication difficult
- While efforts to learn the local language are usually appreciated, don't try to use a language learnt in another community
- Be aware of non-verbal body language and gestures — pointing, hand signals, eye contact. Meanings may differ between cultures

How you question patients

- Direct questions can be considered rude
- Only ask one question at a time and allow person time to consider it
 - Person may be thinking in their own language before responding
- Check that you have understood what the person has told you
- Person may bring along a relative or friend
- Avoid double negatives. *Example:* 'You don't do nothing like that, do you'
- Ready agreement can be a sign of misunderstanding, or courtesy
- Silence is often OK, give person plenty of time to answer. But remember that silence can also mean misunderstanding, or that practitioner is on culturally unsafe ground

