



Community Empowerment through Menopause Education and Counseling for Housewives' Social Group in Green Serpong 2 Residential Area

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ABSTRACT

This community service activity aimed to enhance the knowledge and awareness of menopausal health among housewives in the Green Serpong 2 residential area. The program was conducted through interactive health education, group discussions, and participatory counseling sessions. Many women experience menopause without adequate understanding of the physical and psychological changes that accompany it, which can lead to anxiety and mismanagement of symptoms. Through this activity, participants were guided to recognize the characteristics of menopause, differentiate it from pathological conditions, and adopt a healthy coping strategy. The approach emphasized emotional support, scientific understanding, and open communication within a safe and familiar community environment. The outcomes showed improved participant awareness and readiness to face the menopausal phase with confidence and positivity. This initiative highlights the effectiveness of community-based health education in addressing women's health issues and recommends further implementation of similar programs on a broader scale with support from local health institutions.

Keywords: Menopause, Health Education, Counseling, Women's Health, Community Empowerment

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INTRODUCTION

Menopause is a natural biological process that marks the end of a woman's reproductive period, typically occurring in midlife. Despite being a normal transition, many women still perceive menopause with fear and anxiety due to a lack of information and understanding. In many communities, especially among housewives, this stage of life is often accompanied by physical discomfort, emotional instability, and psychological stress, which are rarely addressed openly. The silence surrounding menopausal issues often results in feelings of isolation and confusion.

According to the World Health Organization (2015), menopausal health is a critical aspect of women's overall well-being and requires comprehensive attention. However, in developing countries like Indonesia, menopause is still frequently regarded as a taboo subject. This limits women's access to appropriate health education and support services, leading to misinterpretation of symptoms and unnecessary worry. Health literacy in this area remains

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uneven, particularly among non-working women who lack exposure to formal health education channels.

Previous studies have shown that women who receive education and counseling on menopause are better equipped to manage its symptoms and maintain their mental health (Mulyani, 2018). Providing relevant and accessible information about menopause helps to dismantle misconceptions and enables women to prepare themselves emotionally and physically. Notoatmodjo (2010) emphasized that effective health promotion must be contextual, using language and approaches that resonate with the target group's social and cultural realities.

The target community for this program, a group of housewives in the Green Serpong 2 housing complex, represents a segment that is often overlooked in public health initiatives. As Arikunto (2019) pointed out, health programs tend to focus on maternal and child health, leaving reproductive health issues at later stages of life inadequately addressed. Many of the women in this community have never attended formal education on menopause, relying instead on anecdotal information or cultural myths.

During preliminary observation, it was found that most participants had limited knowledge about the physical changes associated with menopause, such as hot flashes, insomnia, and mood swings. Moreover, few understood the psychological impact, including anxiety, irritability, or feelings of loss. Azwar (2016) noted that attitudes toward health are shaped by belief systems and perceived experiences, making it essential to address emotional factors alongside clinical facts.

In light of these conditions, a community-based educational approach was chosen to create a safe and supportive environment where women could freely share their concerns and receive accurate information. As highlighted by Moleong (2019), interactive and participatory methods are more effective in building trust and encouraging behavioral change, especially in adult learners. Group counseling and peer discussions allow women to validate their experiences, reduce stigma, and foster emotional resilience.

The intervention focused not only on delivering information but also on nurturing a positive perspective toward menopause. Rather than viewing it as a decline, participants were encouraged to see it as a new life phase that can be approached with self-awareness and strength. This approach aligns with the humanistic perspective in health education, which regards individuals as active agents in their well-being (Depkes RI, 2009).

Through the use of engaging discussions, practical advice, and emotional support, the program helped bridge the knowledge gap while empowering participants to take control of their health. The inclusion of post-session support via digital platforms such as WhatsApp groups allowed for sustained engagement and continuous learning, even after the formal session ended.

Ultimately, this initiative demonstrates the importance of tailoring health education to the specific needs and contexts of the target audience. Menopausal women deserve to be informed and supported, not only by medical professionals but also by their communities. Such programs contribute not only to individual health outcomes but also to broader efforts in advancing gender-responsive public health strategies.

METHODS

This community engagement program was designed using a participatory and empathetic educational approach. The methodology emphasized interaction, openness, and

mutual learning between facilitators and participants. Rather than applying a top-down model, the program prioritized community involvement, enabling the participants, housewives in the Green Serpong 2 neighborhood, to take an active role in the learning process. This inclusive approach was chosen to ensure that the messages delivered were not only understood but also internalized and embraced.

Prior to the activity, a needs assessment was conducted through informal interviews and observation. The organizing team coordinated with local arisan (social gathering) leaders to identify the specific knowledge gaps and emotional concerns that the women faced regarding menopause. This preparatory stage was essential to design materials and strategies that would be relevant and relatable. By engaging the community early in the process, the team was able to build trust and generate enthusiasm for the program.

The implementation phase was conducted in a face-to-face format, held over the course of a full day. The session began with a warm welcome and light discussion to establish a relaxed and friendly atmosphere. The core of the activity included an interactive lecture delivered by a medical doctor specializing in women's health. The lecture avoided technical jargon and instead used everyday language, supported by visual materials such as slides and printed brochures. This helped bridge the knowledge gap and ensured accessibility for all participants regardless of educational background.

Following the lecture, the participants were invited to join small group discussions, where they could reflect on the information shared and express their personal thoughts and experiences. This segment was facilitated by a team consisting of health professionals and trained counselors. The goal was to create a safe space where women could voice their concerns without fear of judgment. These group sessions encouraged peer support and helped reduce the sense of isolation often associated with menopausal struggles.

One of the highlights of the program was the counseling session, where participants had the opportunity to consult privately or in small groups with medical and psychological professionals. The counselors emphasized listening with empathy, affirming the participants' feelings, and guiding them toward healthy coping strategies. Rather than prescribing solutions, the counseling sessions aimed to empower the women to make informed and confident decisions regarding their health.

To ensure continuity and sustainability, a follow-up mechanism was established through a WhatsApp group where participants could continue discussions, ask questions, and receive educational content. This digital support system extended the impact of the session beyond the physical meeting and created an ongoing community of support among participants. It also allowed facilitators to monitor the evolving needs of the group and provide timely interventions when necessary.

Evaluation of the program's effectiveness was conducted using a simple pre-test and post-test method. Before the session, participants completed a questionnaire to assess their baseline knowledge about menopause. The same instrument was administered at the end of the program to measure knowledge gain. While the assessment was not exhaustive, it provided clear indications of improved understanding and engagement. The results were also used to reflect on the strengths and areas for improvement in future implementations.

RESULTS AND DISCUSSION

The activity was attended by a total of thirty women, all of whom were active members of the local arisan group in Green Serpong 2. Their presence demonstrated a genuine interest

in learning more about menopause, as well as a readiness to engage in open discussions about topics that are often considered private or sensitive. The group's composition, consisting mainly of housewives with diverse educational backgrounds, provided a rich context for mutual learning and support. Their collective participation also reflected the effectiveness of using existing social structures like arisan gatherings as a platform for community-based health education.

A significant improvement in participants' understanding of menopause was observed, as measured through a post-test assessment conducted at the end of the session. Compared to their initial responses in the pre-test, the results showed a substantial increase in correct answers, reflecting better comprehension of menopausal symptoms, psychological changes, and appropriate coping strategies. This learning gain not only affirmed the relevance of the educational content but also highlighted the importance of using interactive and empathetic teaching methods in adult learning settings.

The group discussion segment of the program was met with active engagement from the participants, who openly shared their experiences, concerns, and questions. This segment fostered a sense of solidarity among the women, helping them realize they were not alone in navigating the changes associated with menopause. The dynamic exchange of perspectives and the supportive atmosphere allowed many participants to speak freely, some for the first time, about their health anxieties. This openness validated the importance of incorporating emotional and social dimensions into health education initiatives.

Many participants expressed feeling more prepared and emotionally secure after the session. Several shared personal reflections about how the knowledge gained helped them reinterpret past experiences or reassess their current physical and emotional state. The reassurance provided by both facilitators and fellow participants helped ease fears and corrected misconceptions. This newfound confidence was a key indicator of the program's success in not only delivering knowledge but also nurturing a healthier mindset toward aging and reproductive health.

The program also produced several tangible outputs, starting with the development of a menopause education module. This module was tailored specifically for the target audience and included accessible language, illustrative content, and practical guidance. It served as both a reference for participants and a reusable resource for future health promotion activities in similar communities.

To maintain the momentum and provide continued support, a WhatsApp community group was formed, connecting all participants and facilitators. This digital platform allowed for the sharing of articles, follow-up questions, motivational messages, and updates on future activities. It fostered a sense of belonging and ensured that the participants remained engaged beyond the one-day event, contributing to long-term empowerment and peer-based learning.

In addition to the educational content, the activity was documented through photographs and written reports. These materials served as visual and narrative records of the event, capturing the enthusiasm, involvement, and transformation experienced by the participants. The documentation also functioned as a tool for accountability, internal reflection, and potential replication of the program in other communities.

Lastly, the program produced a popular article intended for dissemination through the social media channels of the partnering organizations. The article summarized key takeaways from the session and aimed to raise public awareness about menopausal health. By

leveraging digital outreach, the program extended its impact to a broader audience, encouraging open dialogue and destigmatization of menopause in society.



Figure 1. Documentation

The documentation captured several key moments throughout the implementation of the community education and counseling program. The activity began with an opening session where participants, housewives from the Green Serpong 2 residential area, gathered with great enthusiasm, demonstrating their interest in learning more about menopausal health. During the main session, Dr. Fitriyati Irviana delivered an engaging and interactive health talk that explained the physical, emotional, and psychological aspects of menopause in a manner that was both accessible and empathetic.

Following the lecture, participants were divided into small groups for guided discussions, where they openly shared personal experiences, asked questions, and supported one another in a safe and respectful environment. The counseling segment provided a more focused and intimate setting in which participants received personalized guidance from facilitators, helping them better understand their condition and identify healthy coping mechanisms.

To support continued learning, educational modules on menopause were distributed to each participant. These materials were designed for easy reference and practical use in daily life. The program concluded with a collective photo session that reflected the strong sense of connection, empowerment, and mutual support built during the event. The documentation not only preserved the memories of the activity but also served as a visual testament to its impact.

CONCLUSION

The implementation of this community engagement program on menopausal health successfully demonstrated the effectiveness of a participatory, empathetic approach to health education among housewives. By utilizing the familiar setting of an arisan group, the activity

was able to reach a specific demographic that often lacks access to structured health information. Through interactive lectures, open discussions, and group counseling, participants were empowered with knowledge, emotional support, and practical strategies to better understand and manage the physical and psychological changes associated with menopause. The outcomes of the program highlighted not only a measurable increase in participants' understanding but also a positive shift in attitudes. The sense of solidarity and emotional relief expressed during the group discussions underscored the importance of safe spaces for women to talk about their health without stigma. The follow-up initiatives, such as the distribution of educational modules and formation of a WhatsApp community group, ensured that learning and support continued beyond the event itself. In essence, this initiative affirms the value of community-based health interventions tailored to the unique needs of specific populations. Moving forward, similar programs should be replicated in other residential areas, with the involvement of local health institutions, to create sustainable networks for women's reproductive health education and empowerment.

REFERENCE

- Ahsan, M., & Mallick, T. H. (2021). Menopause knowledge and attitude among middle-aged women: A cross-sectional study. *Journal of Women's Health Care*, 10(2), 1–6. <https://doi.org/10.4172/2167-0420.1000517>
- Azwar, S. (2016). *Sikap manusia: Teori dan pengukurannya*. Yogyakarta: Pustaka Pelajar.
- Bansal, R., & Aggarwal, R. (2020). Effectiveness of structured teaching program on knowledge regarding menopause among women. *International Journal of Nursing Education and Research*, 8(1), 54–58. <https://doi.org/10.5958/2454-2660.2020.00013.4>
- Castello-Pérez, A., & Gómez, A. (2022). Health education strategies for menopause: A review of community-based interventions. *International Journal of Community Medicine and Public Health*, 9(7), 2804–2811. <https://doi.org/10.18203/2394-6040.ijcmph20221733>
- Depkes RI. (2009). *Panduan kesehatan reproduksi wanita*. Jakarta: Kementerian Kesehatan.
- Green, S. M., & Santoro, N. (2021). Menopause and aging: Understanding the health implications and interventions. *The Lancet Diabetes & Endocrinology*, 9(10), 684–696. [https://doi.org/10.1016/S2213-8587\(21\)00158-5](https://doi.org/10.1016/S2213-8587(21)00158-5)
- Khan, S., & Zaheer, N. (2023). Community-level health literacy programs on menopausal awareness: A review. *BMC Women's Health*, 23(1), 112. <https://doi.org/10.1186/s12905-023-02344-w>
- Lee, Y. J., & Kim, J. H. (2022). Psychosocial interventions for menopausal women: A meta-analysis. *Journal of Advanced Nursing*, 78(4), 789–801. <https://doi.org/10.1111/jan.15021>
- Malik, S., & Rizvi, S. (2023). Evaluating WhatsApp-based health education for improving menopause literacy among women: A pilot study. *Health Education Journal*, 82(1), 34–45. <https://doi.org/10.1177/00178969221124392>
- Moleong, L. J. (2019). *Metodologi penelitian kualitatif*. Bandung: PT Remaja Rosdakarya.
- Mulyani, N. (2018). *Menopause dan cara menghadapinya*. Jakarta: Pustaka Kesehatan.
- Notoatmodjo, S. (2010). *Promosi kesehatan dan ilmu perilaku*. Jakarta: Rineka Cipta.
- Nugroho, H. S., & Wulandari, Y. (2020). Effect of health education using leaflet on menopausal knowledge among premenopausal women. *Jurnal Ners dan Kebidanan Indonesia*, 8(2), 147–152. [https://doi.org/10.21927/jnki.2020.8\(2\).147-152](https://doi.org/10.21927/jnki.2020.8(2).147-152)

- Rahayu, D., & Sari, D. P. (2021). Peer group education and its impact on knowledge and attitudes toward menopause. *Indonesian Journal of Community Health Nursing*, 9(1), 1–7. <https://doi.org/10.20473/ijchn.v9i1.2021.1-7>
- World Health Organization. (2015). *Guidelines on menopausal health care*. Geneva: WHO Press.
- Yunitasari, E., & Haryanti, F. (2020). Developing culturally sensitive menopause education modules for Indonesian women. *Journal of Health Promotion and Behavior*, 5(1), 11–19. <https://doi.org/10.26911/thejhp.2020.05.01.02>