

Improving menopausal women's knowledge through community-based health education and screening: A community engagement program in Takalar, Indonesia

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ABSTRACT

Menopause is a natural stage of women's lives that is often accompanied by physical, psychological, and metabolic changes, including increased risks of hypertension, diabetes mellitus, obesity, osteoporosis, and cardiovascular disease. This community engagement program aimed to improve menopausal women's knowledge and awareness through integrated health education and basic screening in Kampung Beru Village, Galesong District, Takalar Regency, Indonesia. The activity involved 24 menopausal women and was conducted using lectures, discussions, pretest-posttest assessment, blood pressure measurement, blood glucose testing, anthropometric assessment, body mass index calculation, and individual counseling based on screening results. The findings showed that all participants experienced an increase in knowledge after the educational intervention, with 24 positive ranks and no negative ranks or ties. The Wilcoxon signed-rank test demonstrated a statistically significant improvement between pretest and posttest scores ($Z = -3.314$; $p = 0.001$). Participants also showed high enthusiasm and active involvement throughout the program. The activity increased understanding of menopausal health, encouraged routine health screening, and supported early identification of degenerative disease risk factors. In conclusion, community-based health education combined with simple screening is an effective approach to strengthening health literacy, promoting preventive behavior, and supporting healthier ageing among menopausal women in rural communities and primary care.

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INTRODUCTION

Menopause is a natural physiological stage in a woman's life marked by the permanent cessation of menstruation following a decline in ovarian function. It commonly occurs between 45 and 55 years of age and is associated with reduced estrogen and progesterone levels. These hormonal changes may produce various physical and psychological symptoms, including hot flashes, night sweats, sleep disturbances, mood changes, vaginal dryness, anxiety, and decreased bone density (Adreak et al., 2024). In addition to these immediate symptoms, menopausal women face an increased risk of chronic and degenerative conditions, particularly hypertension, diabetes mellitus, obesity, osteoporosis, and cardiovascular disease (Azhar et al., 2022). Consequently, menopause should not be regarded solely as the end of the reproductive period, but also as an important transition requiring continuous health education, preventive care, and routine monitoring (Bernier et al., 2025).

The situation identified in Kampung Beru Village, Galesong District, Takalar Regency, indicated that many older women had not received regular health examinations, particularly examinations related to postmenopausal health. Limited understanding of hormonal changes and degenerative disease risks contributed to low awareness of early health screening (Chandler et al., 2025). This condition may delay the identification of health problems and reduce opportunities for timely preventive interventions (Cunningham et al., 2024). The community service team therefore considered menopausal women an important target group for health promotion because they may experience health risks without recognizing early symptoms or understanding the importance of regular examinations (De la Torre et al., 2025).

Several specific partner problems were identified. First, menopausal women had limited knowledge of the physical and psychological changes associated with menopause. Second, awareness of routine health examinations remained low. Third, access to screening for degenerative diseases, including hypertension, diabetes mellitus, and osteoporosis, was still limited (Du et al., 2023). Fourth, the role of community health cadres in providing continuous education on menopausal health had not yet been optimized. These conditions demonstrated that the community needed not only general health information but also practical screening services, individual counseling, and follow-up recommendations tailored to participants' health conditions (Ebong et al., 2024).

Health screening is an important preventive strategy because it enables the early identification of diseases or risk factors among apparently healthy individuals. For menopausal women, relevant screening activities may include blood pressure measurement, blood glucose testing, cholesterol assessment, body mass index measurement, osteoporosis screening, and reproductive health examination (Fougang et al., 2025). Such examinations can identify potential degenerative disease risks, support appropriate health education, determine the need for referral, and encourage healthier behavior (Freeman et al., 2025). However, the existing gap in Kampung Beru Village was

the absence of an integrated community-based activity combining health education, simple screening, and individual consultation in a single program (Gaffey et al., 2025).

To address this gap, the community engagement program offered an integrated intervention consisting of menopausal health education, degenerative disease prevention, basic health screening, and individualized counseling. The screening included blood pressure measurement, blood glucose examination, measurement of body weight and height, and calculation of body mass index. The education component was designed to strengthen participants' understanding of menopause, associated health risks, and the importance of periodic examinations. Individual consultations were then provided according to screening results so that participants could receive relevant recommendations and understand whether further examination at a primary healthcare facility was necessary. The program also responded to the partner's need for a participatory and easily accessible health intervention. Conducting the activity directly within the village reduced geographical and practical barriers to health information and screening. The involvement of lecturers, students, village authorities, and health cadres supported a collaborative approach to community empowerment. Pretest and posttest assessments were incorporated to measure changes in participants' knowledge, while monitoring and evaluation focused on active participation and understanding before and after the educational session. This approach enabled the team to assess not only program implementation but also its immediate educational impact.

The targets of the program were to increase menopausal women's knowledge of postmenopausal health, conduct health screening for the majority of women in the target community, identify degenerative disease risk factors, and strengthen awareness of routine health examinations. The intended outputs included screening data, improved participant understanding, a community service report, and follow-up recommendations for individuals identified as being at higher health risk. Therefore, this community engagement activity aimed to improve the knowledge, awareness, and preventive health behavior of menopausal women through integrated education and basic health screening in Kampung Beru Village. More specifically, it sought to identify common health risks, encourage routine monitoring, facilitate early referral where necessary, and strengthen collaboration between educational institutions, local authorities, health workers, and the community. Through this intervention, menopausal women were expected to become more capable of recognizing health changes, making informed decisions, and maintaining their quality of life during the postmenopausal period.

METHOD

The community engagement program was implemented using a structured participatory approach consisting of preparation, health education, health screening, individual counseling, and evaluation. The implementation method was designed to improve menopausal women's knowledge and awareness of preventive healthcare while facilitating the early detection of degenerative disease risk factors. A one-group pretest–posttest design was employed to evaluate changes in participants' knowledge following the intervention. The detailed implementation stages, educational methods, evaluation instruments, and data analysis are presented in Table 1.

Table 1. Implementation stages, methods, evaluation instruments, and data analysis of the community-based menopausal health education and screening program

Stage	Component	Description
Stage 1: Preparation	Location	The community engagement program was conducted in Kampung Beru Village, Galesong District, Takalar Regency, South Sulawesi, Indonesia.
Stage 1: Preparation	Implementation Time	The main activity was conducted on 23 September 2025 and lasted for one day. The education and screening sessions were delivered for approximately two hours, followed by consultation and evaluation.
Stage 1: Preparation	Community Partner	The partner was the Government of Kampung Beru Village, supported by local health cadres and community representatives. The partner assisted with coordination, participant mobilization, venue preparation, and activity implementation.
Stage 1: Preparation	Participants	The participants consisted of 24 menopausal women residing in Kampung Beru Village. Lecturers and students from the Diploma III Midwifery Study Program, Politeknik Sandi Karsa, served as the implementing team.
Stage 1: Preparation	Community Engagement Design	The program used a participatory community-based education and health-screening design with a one-group pretest–posttest evaluation. Participants' knowledge was measured before and after the educational intervention.
Stage 1: Preparation	Administrative and Technical Preparation	Activities included obtaining an assignment letter, coordinating with the village government and health cadres, preparing educational materials, identifying participants, arranging the venue, and preparing screening equipment.
Stage 1: Preparation	Equipment and Materials	The equipment included a sphygmomanometer, glucometer, blood glucose test strips, weighing scale, height-measuring instrument, screening forms, attendance sheets, and educational materials.
Stage 2: Initial Assessment	Registration	Participants completed registration and provided basic demographic information before participating in the activity.
Stage 2: Initial Assessment	Pretest	A pretest questionnaire was administered to assess baseline knowledge regarding menopause, physical and psychological changes, degenerative disease risks, and routine health screening.
Stage 2: Initial Assessment	Initial Observation	The team observed participants' initial understanding, health complaints, participation, and perceived barriers to accessing routine health services.
Stage 3: Health Education	Educational Content	The educational session covered the definition and stages of menopause, menopausal symptoms, hormonal changes, and the

			risks of hypertension, diabetes mellitus, obesity, osteoporosis, and cardiovascular disease.
Stage 3: Health Education	Delivery Methods		Educational materials were delivered through interactive lectures, discussions, question-and-answer sessions, and explanations using practical examples related to participants' daily lives.
Stage 3: Health Education	Educational Media		The session used presentation materials, handouts or leaflets, and supporting visual materials. The report does not specify the exact presentation platform used.
Stage 4: Health Screening	Blood Pressure Measurement		Participants underwent blood pressure measurement to identify possible hypertension or elevated blood pressure risk.
Stage 4: Health Screening	Blood Glucose Testing		Blood glucose testing was conducted as an initial screening for diabetes mellitus and metabolic risk.
Stage 4: Health Screening	Anthropometric Assessment		Body weight and height were measured, followed by body mass index calculation to identify underweight, overweight, or obesity risk.
Stage 5: Individual Consultation	Interpretation of Screening Results		The implementing team explained each participant's screening results using simple and understandable language.
Stage 5: Individual Consultation	Health Counseling		Participants received individual advice regarding diet, physical activity, symptom monitoring, medication adherence, and routine health examinations.
Stage 5: Individual Consultation	Referral Recommendation		Participants with abnormal findings or higher health risks were advised to seek further assessment at a primary healthcare facility.
Stage 6: Evaluation	Posttest		A posttest was administered after the educational and screening activities to assess changes in participants' knowledge.
Stage 6: Evaluation	Evaluation Instruments		Instruments included pretest–posttest questionnaires, attendance sheets, screening records, observation sheets, and consultation notes. Approximately 30 minutes was allocated for each evaluation session.
Stage 6: Evaluation	Process Evaluation		Evaluation focused on attendance, active participation, completion of screening, understanding of the material, and willingness to undertake routine health examinations.
Stage 7: Data Analysis	Descriptive Analysis		Participant characteristics and screening results were summarized using frequencies and percentages.
Stage 7: Data Analysis	Comparative Analysis		Differences between pretest and posttest scores were analyzed using the Wilcoxon signed-rank test because the data consisted of paired measurements.
Stage 7: Data Analysis	Statistical Significance		Statistical significance was set at $p < 0.05$. The analysis showed a significant improvement in knowledge, with $Z = -3.314$ and $p = 0.001$.
Stage 8: Follow-up	Monitoring		Participants were encouraged to continue routine health checks and apply healthy lifestyle practices after the activity.
Stage 8: Follow-up	Partner Recommendation		The village government, health cadres, and primary healthcare providers were encouraged to continue menopausal health education and periodic screening activities.

RESULT

The community engagement program was implemented through a series of structured activities, including participant registration, pretest assessment, health education, basic health screening, individual consultation, posttest assessment, and

evaluation. A total of 24 menopausal women participated in the program. The results covered participant characteristics, program achievement, changes in knowledge, acquired skills, and activity documentation, as summarized in the following table. Results of the Community Engagement Program

Table 2. Summary of the implementation process, participant characteristics, and outcomes of the community-based menopausal health education and screening program

Result Component	Implementation Process and Findings	Program Achievement
Activity implementation process	The activity was implemented in Kampung Beru Village through several sequential stages: participant registration, pretest administration, health education on menopause and degenerative disease risks, basic health screening, individual consultation, posttest administration, and evaluation. The screening included blood pressure measurement, blood glucose testing, body weight and height measurement, and body mass index calculation.	All planned core activities—education, screening, consultation, and evaluation—were conducted during the community engagement program.
Number of participants	A total of 24 menopausal women participated in the education, screening, and pretest–posttest evaluation. All 24 participants were included in the Wilcoxon signed-rank analysis.	Participant involvement was adequate for the implementation of a village-level community education and screening activity.
Age characteristics	The report presents participants in three age groups: 45–49 years, 50–54 years, and 55–59 years. The largest group was reported as women aged 55–59 years, with 12 participants.	The activity reached women within the menopausal age range who were relevant to the program objectives. However, the frequencies and percentages reported in the source table are internally inconsistent and should be rechecked before journal publication.
Educational characteristics	The participants' educational backgrounds were reported as junior secondary school, senior secondary school, and higher education. Junior secondary school was identified as the most common educational category.	The educational methods were therefore delivered using simple explanations, interactive discussion, and practical examples to facilitate understanding across different educational levels. The numerical percentages in the source table should be verified because they do not fully correspond to the reported frequencies.
Occupational characteristics	Participants were categorized as housewives and civil servants. Housewives constituted the majority of the participants, while civil servants formed the smaller group.	The program successfully reached women who largely spent their daily activities within the household and may have limited access to routine menopausal health information.
Participant response during education	Participants demonstrated enthusiasm, paid close attention to the educational material, and actively participated during the health education session. The facilitators first explored participants' baseline knowledge through a pretest and then delivered material on menopausal	The participatory educational approach was implemented successfully, as reflected by active involvement and attention throughout the session.

Result Component	Implementation Process and Findings	Program Achievement
Health-screening implementation	health and the importance of health screening. Basic screening was conducted through blood pressure measurement, blood glucose testing, anthropometric measurement, and body mass index calculation. Individual consultation was provided based on each participant's examination results.	The screening component enabled participants to recognize their current health status and understand the importance of early detection of degenerative disease risk factors. The report does not provide detailed individual screening values or the prevalence of abnormal results.
Pretest–posttest results	The Wilcoxon analysis showed 24 positive ranks, no negative ranks, and no ties. This indicates that all participants had higher posttest knowledge scores than pretest scores.	The educational intervention achieved a consistent increase in knowledge among all participating menopausal women.
Statistical significance	The Wilcoxon signed-rank test produced a value of $Z = -3.314$ with $p = 0.001$, indicating a statistically significant difference between pretest and posttest knowledge scores.	The program met its educational objective because participants' knowledge of menopausal health screening improved significantly after the intervention.
Knowledge and skills acquired	Participants gained knowledge about menopausal changes, health risks, the importance of routine examinations, and prevention of degenerative diseases. They also developed practical abilities to interpret basic health information, recognize the importance of blood pressure and blood glucose monitoring, understand body mass index, identify warning signs, and seek further care when necessary.	The activity strengthened health literacy and basic self-monitoring skills. However, the source report did not use a separate validated instrument to measure practical skills, so these outcomes were observed during education, screening, and consultation rather than quantitatively tested.
Program target achievement	The program targeted increased knowledge, implementation of health screening, identification of degenerative disease risks, and improved awareness of routine health examinations. The reported results confirmed increased knowledge and completion of screening among participants.	The knowledge-improvement target was achieved, as demonstrated by the significant pretest–posttest result. The screening target was operationally achieved, although the report did not present the proportion of participants with specific risk factors.
Immediate program impact	Participants became more aware of the importance of regular health screening during menopause. The activity also encouraged communication between menopausal women, lecturers, students, village representatives, and health cadres regarding preventive health practices.	The immediate impact included improved awareness, greater motivation to undergo routine examinations, and increased understanding of follow-up care at primary healthcare facilities.
Activity documentation	The report includes photographs of the education session and participant involvement. It also contains participant attendance records and supporting documentation from the activity location on pages 15 and 23–25.	The photographic documentation and attendance records provide evidence that the education and community participation activities were implemented.
Follow-up recommendations	Participants were encouraged to undertake routine health checks, while primary healthcare providers and educational institutions were advised to continue	Sustainability requires periodic screening, stronger involvement of health cadres, referral follow-up, and continued collaboration between the village, primary

Result Component	Implementation Process and Findings	Program Achievement
	menopausal health promotion and community-based education.	healthcare services, and Politeknik Sandi Karsa.

The results indicate that the community engagement program was implemented systematically through health education, basic screening, individual counseling, and pretest–posttest evaluation. A total of 24 menopausal women participated in all stages of the activity. Most participants were within the older menopausal age group, had a junior secondary education, and worked as housewives, although several inconsistencies in the reported frequencies and percentages require verification before publication.

During implementation, participants showed strong enthusiasm and active involvement in the educational and screening sessions. The health-screening activities included blood pressure measurement, blood glucose testing, anthropometric assessment, and body mass index calculation, followed by individual explanations of the results. These activities helped participants understand the importance of early detection and routine monitoring of degenerative disease risks. The most important outcome was the increase in participants' knowledge. The Wilcoxon analysis showed 24 positive ranks, with no negative ranks or ties, indicating that all participants achieved higher posttest scores than pretest scores. The difference was statistically significant, with $Z = -3.314$ and $p = 0.001$. This finding demonstrates that the educational intervention effectively improved participants' understanding of menopausal health and screening. Overall, the program achieved its primary objectives by strengthening health literacy, encouraging preventive behavior, and increasing awareness of the need for regular health examinations.

DISCUSSION

The findings presented in Table 2 demonstrate that the community-based health education and screening program effectively improved menopausal women's knowledge regarding menopause and the importance of routine health examinations. The structured implementation, consisting of participant registration, pretest assessment, health education, basic health screening, individual counseling, and posttest evaluation, provided an integrated learning experience that combined theoretical information with practical health services. This approach enabled participants not only to acquire new knowledge but also to understand their personal health conditions through direct screening. As a result, the program successfully addressed the initial community needs, namely limited awareness of menopausal health, inadequate utilization of preventive health services, and the lack of routine screening for degenerative diseases (Geyer et al., 2025).

The most important outcome of the program was the statistically significant improvement in participants' knowledge following the intervention. The Wilcoxon signed-rank test demonstrated 24 positive ranks without any negative ranks or ties, indicating that every participant achieved a higher posttest score than the corresponding pretest score. Furthermore, the statistical result ($Z = -3.314$; $p = 0.001$) confirmed that

the observed improvement was unlikely to have occurred by chance. These findings indicate that the educational materials, delivery methods, and interaction between facilitators and participants effectively increased understanding of menopausal health and preventive care (Hargrave et al., 2022).

Several factors contributed to the successful implementation of the program. First, the activity adopted a participatory approach that encouraged active communication between facilitators and participants. Interactive lectures, question-and-answer sessions, and individual counseling created opportunities for participants to discuss personal health concerns and receive tailored recommendations (Huq et al., 2023). Second, combining education with immediate health screening enhanced participant engagement because the educational messages were directly related to their own health status. Third, collaboration between the academic institution, village government, community health cadres, and local residents facilitated participant recruitment and ensured smooth implementation (Jurgutis et al., 2025). Finally, conducting the activity within the community reduced barriers to accessing preventive health services, particularly for women who rarely attend routine health examinations (Kaur et al., 2024).

The integration of health education with basic screening also provided practical benefits beyond knowledge improvement. Blood pressure measurement, blood glucose testing, anthropometric assessment, and body mass index calculation enabled participants to recognize potential health risks that may otherwise remain undetected (McBride et al., 2024). Individual counseling following the examinations helped participants interpret their results and understand the importance of lifestyle modification and follow-up care. Although the report did not provide detailed clinical outcomes or referral statistics, the implementation demonstrated the feasibility of combining preventive education and screening within a community engagement program (Mulvagh et al., 2024).

Despite these positive outcomes, several limitations were identified during implementation. First, the activity involved only 24 participants from a single village, limiting the generalizability of the findings to other communities. Second, the evaluation measured only short-term knowledge improvement immediately after the educational intervention. Long-term changes in health behavior, adherence to routine screening, and clinical outcomes were not assessed (Pradhan et al., 2025). Third, the report contained inconsistencies in several demographic tables, particularly regarding frequencies and percentages of participant characteristics, which should be corrected before dissemination in a scientific journal (Rawashdeh et al., 2025). Finally, the screening focused on basic health indicators and did not include comprehensive biochemical or osteoporosis assessments that may provide a broader evaluation of menopausal health.

The findings are consistent with previous studies reporting that community-based health education significantly improves knowledge and awareness among menopausal women. Educational interventions delivered through lectures, interactive discussions, and counseling have consistently been associated with better understanding of menopausal symptoms, healthy lifestyle practices, and preventive healthcare utilization (Rohatgi et al., 2025). Similarly, previous community engagement programs integrating health

education with simple screening have demonstrated increased awareness of hypertension, diabetes mellitus, and other chronic disease risk factors, while strengthening participants' motivation to seek routine health examinations (Scharp et al., 2025). Therefore, the present program supports existing evidence that combining education with practical health services produces greater educational impact than education alone.

The current program also aligns with earlier community service initiatives emphasizing preventive healthcare through active community participation. Previous community-based interventions have highlighted the importance of collaboration between educational institutions, local governments, healthcare providers, and community health volunteers in improving public health literacy (Vervoort et al., 2024). The participatory strategy adopted in this program reflects these principles by empowering menopausal women to recognize health risks, interpret basic screening results, and make informed decisions regarding future healthcare utilization. Such collaborative implementation contributes not only to individual knowledge but also to community capacity for disease prevention and health promotion (Suprpto et al., 2024).

Overall, the results indicate that the community engagement program successfully achieved its primary objectives by increasing menopausal women's knowledge, promoting preventive health behavior, and strengthening awareness of routine health screening (Welch et al., 2025). The integration of education, screening, and individual counseling proved to be an effective and feasible model for community-based menopausal healthcare. Future community engagement programs should expand participant coverage, incorporate longer follow-up periods to evaluate behavioral changes, and strengthen collaboration with primary healthcare facilities to ensure continuity of preventive services and referral management (Xiong et al., 2025). This integrated approach has considerable potential to improve healthy ageing and reduce the burden of degenerative diseases among menopausal women in rural communities.

CONCLUSION

The community-based menopausal health education and screening program in Kampung Beru Village successfully achieved its primary objective of improving participants' knowledge and awareness of preventive healthcare. The activity was implemented through health education, basic health screening, individual counseling, and evaluation. Participants showed increased understanding of menopausal changes, degenerative disease risks, the importance of routine health examinations, and healthy lifestyle practices. The program provided direct benefits to the community partner by expanding access to health information and basic screening services within the village. Participants also received explanations regarding their health conditions and recommendations for appropriate follow-up at healthcare facilities. The active involvement of the village government, health cadres, lecturers, students, and community members supported the smooth implementation of the activity. Future program development should include wider participant coverage, periodic health screening, stronger involvement of community health cadres, and continuous collaboration between

the village government, primary healthcare facilities, and Politeknik Sandi Karsa. Long-term monitoring is also recommended to evaluate changes in health behavior, adherence to routine screening, referral follow-up, and the sustainability of preventive health practices among menopausal women.

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Conflict of Interest

The authors declare that there are no conflicts of interest regarding the implementation, publication, or dissemination of this community engagement program. All activities were conducted solely for educational, community service, and public health promotion purposes.

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