

## **Health Education on Perimenopause and Menopause for Indonesian Migrant Workers in South Korea**

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### **Abstract**

This community service program aimed to improve knowledge and awareness of perimenopause and menopause among Indonesian migrant women in South Korea. Many Indonesian female workers face unique challenges related to hormonal changes, limited health access, and low reproductive health literacy. The activity was conducted at Rumah Indonesia Seoul (RUMAISA) through interactive counseling, bilingual educational materials, and relaxation practice sessions. A total of 35 participants attended the session, which included pre-test and post-test evaluations. The results showed a significant increase in participants' understanding of hormonal changes, menopause management, and healthy lifestyle practices. This program demonstrates that culturally sensitive, bilingual health education can effectively enhance reproductive health awareness and support the well-being of migrant women.

**Keywords:** Education, Menopause, Perimenopause, Migrant Workers, Reproductive Health, South Korea

### **Introduction**

Perimenopause and menopause are natural biological phases experienced by women as they age. Perimenopause is a transitional period leading to menopause, characterized by hormonal fluctuations, while menopause is diagnosed when menstruation ceases for twelve consecutive months. These hormonal changes cause various symptoms, including hot flashes, mood swings, sleep disturbances, and reduced

cognitive and urogenital functions (Hickey et al., 2024). Globally, nearly one billion women are currently in the postmenopausal phase, making menopausal health a cross-national public health priority (Crandall et al., 2023).

South Korea, as a rapidly aging country, faces a growing prevalence of menopausal symptoms among women. The 2024–2025 Korea National Health and Nutrition Examination Survey (KNHANES) found that postmenopausal women commonly experience both metabolic and psychosomatic problems such as depression due to vasomotor symptoms (Han & Choi, 2024).

Indonesian Migrant Workers (PMI) in South Korea represent a vulnerable population with limited access to healthcare. According to the Indonesian Migrant Worker Protection Agency (BP2MI), over 10,000 Indonesians were placed in South Korea in 2024, of which approximately 3.7% were women (BP2MI, 2025). Female workers over 40 years old are at risk of menopausal symptoms but often lack adequate understanding and access to healthcare due to language and cultural barriers.

This program aimed to provide bilingual, evidence-based health education to Indonesian female migrant workers in South Korea to improve awareness, self-care, and resilience during the perimenopausal and menopausal phases.

## **Method**

This community service activity was conducted on September 13, 2025, in the Rumaisa Muslimah Community, Seoul, South Korea, involving 15 female participants aged 30–55 years. The objective was to increase awareness and readiness to face hormonal disturbances during perimenopause and menopause through complementary therapy education.

The activity was conducted in three stages: preparation, implementation, and evaluation.

### **1. Preparation:**

Coordination with supervisors, proposal development, creation of educational modules and videos, preparation of complementary therapy kits, leaflets, and pre-test/post-test questionnaires (20 multiple-choice questions on perimenopause

and menopause physiology, symptoms, and complementary therapy via Google Form).

## **2. Implementation:**

The program consisted of:

- 1) Pre-test to assess participants' baseline knowledge regarding perimenopause and menopause.
- 2) Interactive counseling and education sessions on the definition, symptoms, and management of perimenopause and menopause through complementary approaches such as nutrition, exercise, stress management, and early detection.
- 3) Group discussion to encourage sharing of experiences and emotional support among participants.
- 4) Practical relaxation training, including deep-breathing exercises and light stretching, to help manage stress and sleep disturbances.
- 5) Educational media dissemination, using bilingual materials (leaflets and short videos in Indonesian and Korean) to enhance understanding and accessibility.
- 6) Post-test to evaluate the improvement in participants' knowledge after the intervention.

## **3. Evaluation:**

Conducted using identical pre-test and post-test, direct observation of complementary practice, and short reflective interviews. The success indicator was  $\geq 80\%$  of participants showing improved knowledge.

Prior to implementation, all participants were provided with clear information regarding the purpose, procedures, and voluntary nature of their participation. Informed consent was obtained from each participant before data collection. Confidentiality of all responses and personal information was maintained throughout the program, and participants were allowed to withdraw at any time without consequence. The activity was conducted in accordance with ethical principles for community-based health education.

## Results

The results show a significant improvement in knowledge, from an average of 45% to 100% after the intervention. The most substantial gain (186%) was observed in the understanding of complementary therapies, indicating the initial lack of knowledge and the strong learning impact of this activity.

Table 1.  
Knowledge Level of Participants Before and After the Intervention

Aspect	Pre-Test (%)	Post-Test (%)
Perimenopausal Physiology	48	100
Symptoms and Impacts	52	100
Complementary Therapy and Application	35	100

The interactive learning approach—combining visual media, bilingual discussion, and hands-on practice—proved effective. These findings align with Hjelm and Hadžiabdić (2025), who emphasized that culturally and linguistically tailored health education improves comprehension and engagement among women in migrant communities.



Figure 1. Pre-test to assess participants' baseline knowledge regarding perimenopause and menopause.

Furthermore, 93% of participants were able to perform complementary therapy independently, suggesting strong skill retention. This supports the findings of Kurebayashi et al. (2012), who demonstrated that structured training in complementary therapies significantly enhanced participants' knowledge, practical skills, and confidence in applying the techniques within healthcare and community settings.



Figure 2. Interactive counseling and education sessions on the definition, symptoms, and management of perimenopause and menopause through complementary approaches

The one-day program effectively met its objectives but also highlighted the need for continued support to ensure long-term practice adoption and peer-led sustainability within the community.

## **Discussion**

The findings demonstrate a substantial improvement in participants' knowledge and practical abilities regarding perimenopausal health and complementary therapy. This aligns with the notion that interactive, culturally responsive education can effectively bridge health literacy gaps within migrant populations. The significant gain—particularly the 186% increase in understanding of complementary therapies—highlights the novelty and impact of this intervention, especially among participants who had limited prior exposure to non-pharmacological approaches for hormonal health management.

Furthermore, the use of interactive, culturally contextualized health education proved effective in enhancing both knowledge and self-efficacy among migrant women facing perimenopause. The community-based approach and the inclusion of visual media successfully increased health literacy, consistent with findings by Zhang et al. (2024). The bilingual delivery of educational materials also helped overcome language barriers, promoting more active participation and deeper understanding. This bilingual and culturally tailored approach represents a distinctive contribution of the program, making the educational process more inclusive and relatable for Indonesian Muslim women residing in South Korea.



Figure 3. Group discussion to encourage sharing of experiences and emotional support among participants.

In addition, integrating relaxation techniques and group discussions supported participants' mental health and stress management. This finding aligns with previous studies indicating that psychosocial interventions can effectively reduce depressive and anxiety symptoms during menopause (Spector et al., 2024; Brown, 2024). Mind-body exercises such as yoga, tai chi, and deep breathing, which were introduced in the session, are also known to improve sleep quality and emotional well-being among menopausal women (Xu et al., 2024). Compared to previous community empowerment programs (Kurebayashi et al., 2012; Hjelm & Hadžiabdić, 2025), the integration of theoretical and practical learning elements in this project reinforces the value of experiential education

in health promotion.

The strength of this activity lies in its participatory and contextually sensitive design, which encouraged engagement, mutual learning, and immediate skill application. The fact that 93% of participants were able to perform complementary therapies independently after a single session underscores both the accessibility and practicality of the intervention. Nevertheless, the short duration of the program represents a limitation. While a one-day intervention demonstrated immediate improvement, sustained behavioral change may require ongoing reinforcement. Future initiatives should therefore consider organizing continuous empowerment sessions or establishing peer-support groups to maintain motivation, consistency, and long-term health outcomes.

### **Conclusion**

This community-based, bilingual, and culturally tailored health education program effectively enhanced the knowledge, confidence, and practical skills of Indonesian migrant women in managing perimenopausal changes through complementary therapies. The integration of interactive learning, visual media, relaxation techniques, and group discussions fostered both cognitive and emotional empowerment, contributing to improved health literacy and psychological well-being.

The success of this intervention demonstrates that culturally responsive and participatory education can bridge knowledge gaps and promote self-care practices among migrant populations facing reproductive health transitions. Although the one-day format yielded substantial short-term outcomes, sustained behavioral change may require ongoing engagement.

Future programs should consider implementing continuous empowerment activities—such as periodic workshops, peer-support groups, and online follow-up sessions—to maintain motivation and reinforce behavioral change. Collaboration with community leaders, health professionals, and local organizations is essential to ensure program sustainability and cultural relevance.

Furthermore, integrating complementary therapy education into broader women's health initiatives can enhance accessibility and normalize holistic approaches to

hormonal health management. This model may also serve as a framework for similar interventions among other migrant or minority women's communities, supporting global efforts toward equitable and inclusive health education.

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Figure 4. participant

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