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EDUCATION ON SKIN CHANGES DURING PERIMENOPAUSE & MENOPAUSE FOR TEACHERS IN THAILAND

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ABSTRACT Background: Menopause is a physiological phase affecting all women, often accompanied by significant skin changes due to hormonal shifts. However, knowledge about these changes remains limited among migrant Indonesian female teachers in Thailand, potentially impacting their confidence and well-being. Objective: This community engagement program aimed to improve knowledge and practices related to skin health during perimenopause and menopause. Methods: The program employed interactive education, demonstration of simple skin care techniques, group discussions, distribution of printed educational materials, and establishing a WhatsApp peer-support group. Pre- and post-intervention questionnaires assessed changes in knowledge. Results: Among 28 participants aged 35–54, mean knowledge scores increased from 56% to 86% post-intervention. Participants actively shared personal experiences, demonstrated improved self-care practices, and maintained an active communication network. Conclusion: Community-based health education effectively enhanced participants' knowledge, self-care skills, and social support. This approach could be adapted to other health topics for Indonesian migrant workers.

KEYWORDS: *Menopause; Skin Health; Community Health Education; Migrant Workers*

1. INTRODUCTION

Menopause is a natural biological transition typically occurring between the ages of 40 and 55, marked by declining estrogen levels that profoundly impact multiple physiological systems, including the skin. Reduced estrogen contributes to diminished dermal hydration, elasticity, and collagen content, leading to increased skin dryness, wrinkling, and pigmentation disorders such as melasma (Zouboulis et al., 2022; Farage et al., 2008). These dermatological manifestations can adversely affect women's psychological well-being and self-perception (Shah & Maibach, 2001).

Menopause typically occurs in women aged 40–55 and is characterized by declining estrogen levels that significantly affect skin physiology, including reduced hydration, elasticity, and increased pigmentation irregularities such as melasma (Zouboulis et al., 2022; Farage et al., 2008). These dermatological changes can impact women's psychological well-being and self-image (Shah & Maibach, 2001). For Indonesian migrant teachers in Thailand, limited access to culturally sensitive health information may exacerbate these challenges. Empowering this group with knowledge and practical skills is essential to fostering health, self-confidence, and productivity. This study reports on a community-based health education program designed to empower Indonesian female teachers in Thailand by enhancing their understanding of menopause-related skin changes and equipping them with self-care strategies. The program also sought to foster a sustainable peer-support network to reinforce long-term health behaviours.

The target population (community) is highlighted, explaining the context in which the target population takes shelter—discussing the facts or phenomena in the target population that are the basis for implementing community empowerment activities. Other parties have done these things to overcome the problem. The research objective and target of community empowerment activities are related to problems, challenges, or community needs.

2. METHOD

2.1 Study Design and Participants

This community engagement initiative was implemented with a convenience sample of 28 Indonesian female teachers aged 35–54, residing and working in Thailand. Participants were recruited through outreach coordinated by the Indonesian Teachers Community Centre, which disseminated invitations via local community leaders and existing teacher networks.

2.2 Intervention Procedures

The intervention was conducted on a Sunday morning (09:00–11:30) at the Indonesian Teachers Community Centre. The program comprised several components:

1. Interactive health education sessions addressing physiological skin changes during perimenopause and menopause.
2. Practical demonstrations on low-cost skincare practices, including moisturizers and sunscreens tailored to participants' contexts.
3. Facilitated group discussions and peer-sharing activities to encourage mutual support and normalize experiences.
4. Distribution of culturally adapted educational leaflets, summarising essential messages for later reference.
5. Form a WhatsApp group, “Sehat Cantik Menopause,” to enable ongoing communication, experience sharing, and reinforcement of healthy practices.

2.3 Data Collection and Ethics

To evaluate changes in knowledge, participants completed a brief structured questionnaire immediately before and after the session. This instrument contained items assessing understanding of menopause-related skin physiology and self-care practices. Participation was voluntary, and all individuals provided verbal informed consent before engaging in the activities. Confidentiality of responses was assured.

3. RESULT AND DISCUSSION

The mean knowledge score increased from 56% at pre-test to 86% at post-test. Participants reported feeling more prepared to manage skin changes and expressed relief upon learning these were normal physiological processes. A WhatsApp group named “Sehat Cantik Menopause” was established and remains active, serving as a platform for sharing tips on skin care, stress management, and healthy diets. Additionally, 35 educational leaflets were distributed, and visual documentation (photos, short videos) captured participant engagement during activities.

Changes observed after the intervention

Participants exhibited heightened awareness of the importance of daily moisturizing and sunscreen use after the interactive educational sessions and practical demonstrations. They demonstrated increased willingness to adopt simple skin care routines using locally available, low-cost products. Questions posed during the sessions reflected more profound curiosity and understanding, such as asking about the frequency of applying sunscreen indoors or combining it with traditional remedies.

1. Community participation and social support formation
   A notable outcome of the program was the organic formation of a WhatsApp group initiated by the participants. This group served as a peer support platform, where members shared personal

experiences, reminded each other to maintain skin care practices, and discussed broader health concerns related to menopause. Such communal interactions are consistent with findings by **Sydora et al. (2020)** and **Ros-Sánchez et al. (2023),** who demonstrated that peer-based group activities and participatory interventions among women significantly reinforce self-care behaviors and contribute to empowerment.

2. Adoption of innovation and expected impacts
   An rapid review of menopause education programs found that structured group education significantly improved knowledge, symptom management, and quality of life among menopausal women (McFeeters, et al., 2024). **Yazdkhasti et al.** (2015) reviewed empowerment and coping strategies for menopausal women, concluding that educational interventions enhance awareness, self-care, and quality of life. **Shobeiri et al. (2017)** conducted a quasi-experimental study using self-efficacy and empowerment education, showing statistically significant improvements in quality of life for post-menopausal women.

The significant improvement observed in participants' knowledge—from a pre-intervention mean score of 56% to 86% post-intervention—underscores the efficacy of tailored, community-based health education in addressing overlooked health concerns among migrant populations. The findings align with prior calls for broader, integrative approaches to menopause management that extend beyond reproductive health to dermatological and psychosocial dimensions (Zouboulis et al., 2022). Moreover, the establishment of the WhatsApp peer group emerged as a critical platform for sustaining engagement, facilitating social support, and fostering shared accountability in practising healthy behaviours. Such informal digital networks are increasingly recognized as effective adjuncts to formal health interventions, particularly in teachers communities where traditional support structures may be lacking (Heaney & Israel, 2008).

However, this initiative had limitations, including a small sample size, reliance on self-reported measures, and no long-term follow-up to assess knowledge retention and sustained behavioural changes. Future programs could incorporate periodic refresher sessions and leverage partnerships with Indonesian embassies or non-governmental organisations to broaden reach and enhance sustainability.

Figure 1: Education about skin change during menopause

Figure 2: PKM participants are listening

Figure 3: online presenters and participants

4. CONCLUSION

This community health education initiative successfully improved knowledge and self-care practices among Indonesian migrant teachers regarding menopause-related skin changes. The program also fostered a supportive network to encourage continuous healthy practices. Similar culturally tailored interventions are recommended for broader migrant populations.

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