Quality of Life Among Menopausal Women: A Scoping Review

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Abstract: **Background:** Menopause is a natural biological transition often accompanied by vasomotor, psychological, physical, and sexual symptoms, which can significantly impair women's quality of life (QoL). Despite growing global attention, there is limited synthesized evidence addressing the multiple factors influencing menopausal QoL, particularly in low-resource or culturally conservative settings. **Main Aim:** To explore and map existing literature on the QoL among menopausal women, identifying key determinants, symptom patterns, and implications for health promotion and care strategies. **Methods:** This scoping review followed the Joanna Briggs Institute (JBI) methodology and PRISMA-ScR guidelines. A comprehensive literature search was conducted in PubMed, Scopus, CINAHL, and Google Scholar for studies published between 2015 and 2025. Ten peer-reviewed studies were selected based on predefined eligibility criteria. Thematic synthesis was used to extract and analyze findings related to symptom impact, sociodemographic variables, lifestyle behaviors, and healthcare access. **Findings:** Findings revealed that menopausal QoL is influenced by symptom burden, education, socioeconomic status, lifestyle practices (e.g., exercise, smoking), and healthcare availability. Vasomotor and psychological symptoms were most frequently reported. Limited awareness and poor access to healthcare further compounded QoL issues. Holistic, culturally appropriate interventions are essential to support menopausal women and improve outcomes across physical, emotional, and social domains. **Conclusion:** Menopause significantly affects women's QoL. This review highlights the need for integrated, women-centered care approaches that address physical, psychological, and social needs. Future efforts should prioritize education, equitable healthcare access, and culturally tailored interventions to optimize well-being during menopausal transition.

Keywords: Menopause, Quality of Life, Women's Health.

1. Introduction

Menopause marks a significant transition in a woman's life, characterized by the permanent cessation of menstruation due to declining ovarian function. Typically occurring between the ages of 40 and 58, with an average onset around 51 years, menopause brings about a range of physiological, psychological, and social changes that can significantly affect a woman's QoL (Barati et al., 2021; Yerra et al., 2021). This period is often accompanied by symptoms such as vasomotor disturbances, sleep disruption, mood swings, sexual dysfunction, and urogenital atrophy, which can persist into the postmenopausal phase and vary in severity across populations (Barkoot et al., 2022; Muhseenah & Nallapu, 2025). The World Health Organization (WHO) defines QoL as individuals' perception of their position in life in the context of their culture, value systems, goals, and expectations (Kavga et al., 2024; WHO, 1996). This concept is particularly relevant during menopause, as women may struggle with both physical health deterioration and psychological stressors, compounded by sociocultural factors and healthcare accessibility.

Studies from various global contexts show that the menopausal transition is commonly linked to decreased QoL, with symptoms like hot flashes, depression, and fatigue being the most reported (Barati et al., 2021; Dotlic et al., 2021). In Saudi Arabia, a cross-sectional study in Aseer's Healthy Cities highlighted that psychosocial symptoms such as depression and anxiety, alongside somatic complaints like sleep disturbances and hot flashes, significantly influenced QoL among menopausal women (Barkoot et al., 2022). Similarly, in India, Muhseenah and Nallapu (2025) identified low socioeconomic status, comorbidities, and lack of menopause awareness as major factors lowering QoL scores. Moreover, Yerra et al. (2021) found that physical and vasomotor symptoms were most prevalent among Indian postmenopausal women, particularly among those with lower educational attainment and high socioeconomic status. Lifestyle factors such as physical activity, body weight, and smoking have also been identified as modifiable determinants of QoL during menopause. Hutchings et al. (2023) and Barati et al. (2021) emphasized the positive impact of regular exercise and omega-3 supplementation, while obesity and smoking were linked to poorer QoL outcomes. In Greece, Kavga et al. (2024) reported that both naturally and surgically menopausal women exhibited similar declines in QoL, although weight gain was significantly higher among those with natural menopause. Overall, current literature underscores that menopausal symptoms shaped by sociocultural, economic, and behavioral contexts negatively affect women's QoL. As such, there is a pressing need to integrate holistic, culturally sensitive interventions and public awareness campaigns to support menopausal women's well being globally. The main aim of this scoping review is to explore and synthesize the existing literature on the QoL among menopausal women, identifying the physical, psychological,

social, and environmental factors influencing their well-being across different cultural and socioeconomic contexts.

Fig. 1. Prisma flow diagram

2. Methods

A. Study Design

This scoping review was conducted to comprehensively explore and map the available literature on the QoL among menopausal women. The methodological framework proposed by Arksey and O'Malley was followed, which includes identifying the research question, identifying relevant studies, selecting studies, charting the data, and collating, summarizing, and reporting the results. In addition, the review adhered to the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews) checklist to ensure transparency and methodological rigor.

B. Eligibility criteria

To ensure relevance and focus, specific inclusion and exclusion criteria were applied. Studies were eligible for inclusion if they were peer-reviewed articles published between January 2020 and June 2025, written in English, and addressed QoL among menopausal women (natural or surgical menopause). Eligible studies included quantitative, qualitative, and mixed-method designs that assessed QoL using validated instruments such as the Menopause Rating Scale (MRS), Menopause-Specific QoL Questionnaire (MENQOL), SF-36, or Utian QOL Scale (UQOL). Articles were included if they examined physical, psychological, social, or sexual domains of QoL during the menopausal transition or postmenopausal period. Exclusion criteria comprised editorials, commentaries, reviews, non-human studies, case reports, conference abstracts, and studies focusing on menopause-related disorders not explicitly linked to QoL outcomes.

C. Information Sources

A comprehensive search for relevant literature was conducted using multiple electronic databases to ensure a wide coverage of peer-reviewed publications. The databases searched included PubMed, Scopus, Web of Science, CINAHL, and Google Scholar. These databases were selected due to their extensive indexing of nursing, medical, and public health literature. Additional sources were manually searched from the reference lists of selected studies to identify any potentially relevant articles not captured through database searches. The last search was performed in July 2025. Only studies published between January 2020 and June 2025 were considered for inclusion, aligning with the review's aim to reflect the most recent evidence on QoL among menopausal women.

D. Search Strategy

The search strategy was developed using relevant keywords and Boolean operators, tailored to each database's structure. The core search terms included: "menopause," "menopausal women," "quality of life," "QOL," "postmenopause," and "menopausal symptoms." These were combined using Boolean operators such as "AND" and "OR" to capture a comprehensive set of results. An example of the search string used in PubMed was: ("menopause" OR "menopausal women" OR "postmenopause") AND ("quality of life" OR "QOL" OR "well-being"). Filters were applied to limit results to English-
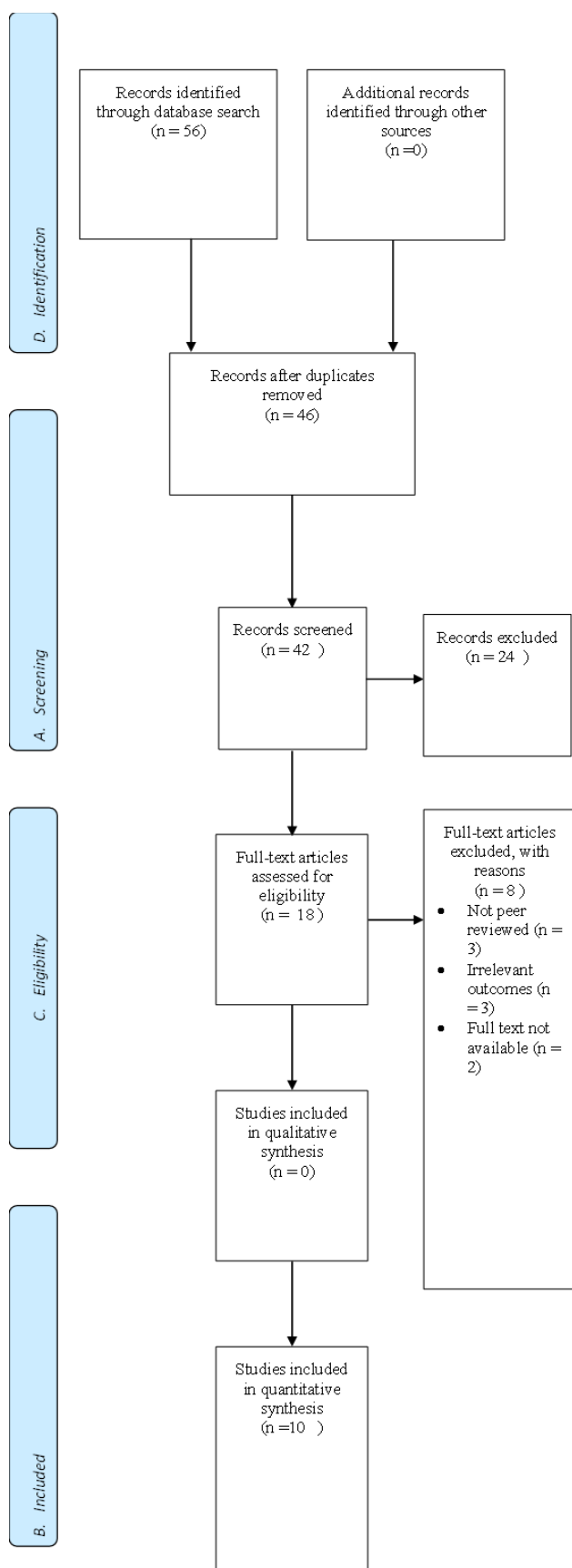
Table 1
Table of extracted studies

Author(s)	Design	Sample and sampling	Data collection instrument	Findings	Conclusion
Karmakar et al. (2017)	Descriptive cross-sectional	100 peri- and postmenopausal women (aged 40–60) selected through random sampling from Dearah village, rural West Bengal, India	Structured questionnaire: Part 1 – Sociodemographics; Part 2 – Menopause-Specific Quality of Life Questionnaire (MENQOL), modified 2-point scale	Vasomotor symptoms: 60% reported hot flushes, 47% sweating. Psychosocial: anxiety (94%), depression (88%). Physical: tiredness and low energy (93%), low back pain (69%), poor sleep (84%). Sexual: 49% avoided intimacy, 26% had vaginal dryness. Symptoms varied with age, education, caste, and number of children.	Menopause leads to both physical and psychological issues. Education and awareness programs are essential to enhance quality of life in menopausal women, especially in rural settings.
Vallibhakara et al. (2025)	Cross-sectional	453 postmenopausal women aged 41–65 residing in urban areas of Thailand (Bangkok and surrounding provinces); purposive sampling during Oct 2021–Apr 2022	WHOQOL-BREF-THAI for quality of life, GPAQ v2 for physical activity, MRS for menopausal symptoms, WHO-5 Well-Being Index, and GAD-7	55.85% reported poor QOL. Significant predictors of poor QOL included low well-being index (OR=7.89), low physical activity (OR=2.72), and moderate to severe menopausal symptoms (OR=1.94). Protective factors included higher education, early menopause, and occasional alcohol use.	COVID-19 significantly impacted the QOL of postmenopausal women. Mental health, physical activity, and menopausal symptoms were key determinants. A holistic care model addressing these domains is essential during and after public health crises.
Hutchings et al. (2023)	Cross-sectional survey	279 women aged 35–60 years, recruited via university mailing lists, social media, and snowball sampling	SF-36 (generic QoL), Utian Quality of Life Scale (UQOL), self-reported menopausal symptoms, demographic and lifestyle questionnaire	QoL declined from pre- to peri-menopause and slightly improved post-menopause. More menopausal symptoms and being very overweight were associated with poorer QoL. Regular physical activity and moderate alcohol use were linked to better QoL.	QoL is influenced more by lifestyle and symptom burden than by menopausal stage alone. Exercise improves QoL, while higher symptom count and obesity reduce it. Educational interventions should focus on symptom management and healthy lifestyle.
Kavga et al. (2024)	Cross-sectional study	100 women (50 natural menopause, 50 surgical menopause); purposive sampling from a Greek hospital	Utian Quality of Life (UQOL) Scale (Greek version), demographic and gynecologic questionnaire	No significant difference in QOL between natural and surgical menopause groups. Both experienced high symptom burdens including hot flashes, fatigue, mood swings, and sexual concerns. Natural menopause was associated with higher weight gain (p = 0.041). Exercise positively correlated with QOL, while higher BMI and no treatment use were associated with lower QOL. No significant association was found between QOL and menopause type.	Menopausal symptoms negatively affect QOL regardless of whether menopause is natural or surgical. Type of menopause did not significantly influence QOL outcomes. Public health interventions should target symptom management, healthy weight, and physical activity. Further large-scale studies are needed to validate findings.
Yerra et al. (2021)	Cross-sectional study	378 postmenopausal women aged >40 years, selected using simple random sampling from a tertiary care hospital in Hyderabad, India	Menopause-specific Quality of Life Questionnaire (MENQOL), sociodemographic and menopause history questionnaire	Physical domain symptoms were most prevalent (73.8%), followed by psychosocial (42.1%), vasomotor (32%), and sexual (21.8%). Higher symptom burden was associated with older age, low education, homemaker status, and high socioeconomic status. Significant associations found between sociodemographic variables and vasomotor and sexual domains. Physical symptoms had the highest mean domain score.	Menopause negatively impacts QOL, particularly in the physical domain. Sociodemographic variables such as age, education, employment, and menopause duration significantly influence QOL domains. Public health policies should include interventions addressing modifiable factors to enhance QOL in postmenopausal women.
Barati et al. (2021)	Cross-sectional	270 postmenopausal women aged 45–60 years in Hamadan, Iran, selected using stratified random sampling	Menopausal Quality of Life Questionnaire (MENQOL); Demographic survey	- Mean MENQOL score: 2.45 ± 1.04 - Vasomotor symptoms had highest score; sexual symptoms lowest - Significant associations between QoL and: job, economic status, smoking, exercise, Omega-3 intake, and postmenopausal stage (p < 0.01) - Exercise and Omega-3 intake correlated with better QoL scores - Smokers and those with lower SES had worse QoL scores - QoL decreased as postmenopausal years increased	Vasomotor symptoms were the most dominant among postmenopausal women. Enhancing physical activity, job status, economic conditions, omega-3 supplementation, and anti-smoking interventions are essential to improve quality of life during menopause. Educational and health promotion programs are recommended.
Rathnayake et al. (2019)	Cross-sectional	350 community-dwelling women (184 premenopausal, 166 postmenopausal) aged 30–60 years; cluster sampling from Galle District, Sri Lanka	Menopause Rating Scale (MRS), Short Form-36 (SF-36) for QoL, IPAQ for physical activity, background questionnaire	- Postmenopausal women had significantly higher prevalence and severity of menopausal symptoms (overall MRS score: 10.98 vs. 6.90, p<0.001)- Quality of life was lower in postmenopausal women (overall QoL: 57.47 vs. 66.82, p<0.001)- Somatovegetative and psychological symptoms negatively correlated with QoL in both groups- Monthly income and physical activity (moderate/vigorous) were positively associated with QoL in postmenopausal women (adjusted R² = 0.38)	Menopausal symptoms, especially somatovegetative and psychological, significantly impair quality of life in postmenopausal women. Enhancing physical activity and socioeconomic conditions co
Barkoot et al. (2022)	Cross-sectional	869 women (aged ≥40 years) from Aseer's Healthy Cities, Saudi Arabia; simple random sampling	Menopause Rating Scale (MRS)-based self-administered questionnaire; structured sociodemographic tool	- Mean age: 42.5 years; majority were married (82.1%) and unemployed (98.8%) - Common symptoms: sleep issues (mean = 0.97), depressive mood (1.09), irritability (0.93), hot flashes (0.65), bladder problems (0.55), and sexual problems (0.81) - Psychosocial symptoms were prevalent (mean = 0.95) - Regression analysis showed psychosocial risk factors, medication use, menstrual pattern, and marital status significantly associated with symptom severity	There is a high prevalence of menopausal symptoms and limited awareness about menopause among women in Aseer. Healthcare access, health education, and symptomatic treatment are lacking. Psychosocial factors and lifestyle variables significantly affect quality of life. The study recommends raising awareness and strengthening primary healthcare interventions for menopause-related care.

Muhseenah and Nallapu (2025)	Cross-sectional	400 menopausal women aged 40–60 years from an urban low socioeconomic area in Guntur, India; house-to-house survey	Semi structured questionnaire combining WHOQOL-BREF, Menopause-Specific QOL, and Menopause Rating Scale (39 items)	- Mean age: 51.98 years; 59% had natural menopause, 41% induced - Poor QOL found in: 52% (physical), 59% (psychological), and 25% (social/environmental) - Key symptoms: myalgia (59.3%), tiredness (54%), decreased strength (54.3%), sleep difficulty (47.8%), decreased libido (75.3%) - Factors significantly associated with poor overall QOL: age >50, lower education, low socioeconomic status, poor awareness of menopause, >5 years since menopause, and ≥3 comorbidities	Many women had poor QOL, especially in physical and psychological domains. Greater awareness, education, healthcare access, and support from community health workers are essential. A special program targeting menopausal women's needs is needed, especially in underserved areas. Comorbidities and lack of awareness were key contributors to reduced QOL.
Khan et al. (2023)	Descriptive cross-sectional study	416 menopausal women aged 35–79 years attending primary health centers in Jazan, Saudi Arabia; selected by simple random sampling	WHOQOL-BREF, MENQOL (Menopause-Specific Quality of Life Questionnaire), and Menopause Rating Scale (MRS)	Physical changes (mean = 1.42 ± 1.46) were the most bothersome, followed by sexual (mean = 1.21 ± 1.99), psychomotor (mean = 0.87 ± 1.13), and vasomotor changes (mean = 0.86 ± 1.28). Factor analysis extracted four factors: (1) Physical & somatic changes; (2) Sexual changes & urinary incontinence; (3) Psychological changes with weight gain; (4) Vasomotor symptoms with facial hair. Cronbach's alpha showed good reliability.	Although menopause is physiological, it significantly affects women's quality of life. The study recommends a shift in healthcare services to address menopause-related issues more effectively. Factor analysis can help tailor health interventions. Psychological support, education, screening, and customized health services are needed in primary care settings to enhance the QOL of menopausal women.

publication date range of 2020 to 2025. The same keywords and limits were adjusted and applied across other databases. All retrieved records were exported to a reference management tool (EndNote) for duplicate removal and subsequent screening.

E. Selection of Sources of Evidence

Following the database search, all identified records were exported into EndNote for duplicate removal. After duplicates were removed, the remaining articles were screened in two stages. First, two independent reviewers screened titles and abstracts against the eligibility criteria. Articles that clearly did not meet the inclusion criteria were excluded at this stage. Second, the full texts of potentially relevant studies were retrieved and assessed for eligibility. Any disagreements between the reviewers were resolved through discussion or consultation with a third reviewer to ensure consensus and minimize bias. The study selection process was documented using the PRISMA-ScR flow diagram, detailing the number of records identified, screened, assessed for eligibility, and included in the final review. A total of 56 records were initially identified through database searches conducted in PubMed, Scopus, CINAHL, and Google Scholar. After removing 14 duplicates, 42 titles and abstracts were screened for relevance. Based on inclusion and exclusion criteria focusing on menopausal women, QoL outcomes, and cross-sectional or descriptive designs 18 full-text articles were assessed for eligibility. Following detailed evaluation, 10 studies met the criteria and were included in the final synthesis.

F. Data Charting Process

A standardized data charting form was developed and used to extract relevant information from each included study. The charting process was conducted independently by two reviewers to enhance accuracy and reduce the risk of bias. The form captured key study characteristics such as author(s), year of publication, country of study, study design, sample size and demographics, menopausal status (natural or surgical), instruments used to assess QoL (e.g., MENQOL, MRS, UQOL, SF-36), main findings, and reported factors influencing QoL. The charting form was pilot-tested on a subset of studies and refined as necessary to ensure consistency in data extraction. Any discrepancies were resolved through discussion, and the

final charted data were compiled into a summary table for synthesis.

G. Synthesis of Results

The extracted data were synthesized using a narrative and thematic approach to provide a comprehensive overview of the evidence on QoL among menopausal women. Studies were grouped based on key themes and domains of QoL, including physical, psychological, social, and sexual well-being. Descriptive summaries were used to highlight patterns in study characteristics, such as geographic location, menopausal status (natural vs. surgical), and QoL assessment tools employed. Recurring factors associated with QoL such as symptom severity, lifestyle behaviors, socioeconomic status, and educational background were identified and compared across studies.

3. Results

A. Characteristics of Included Studies

The ten studies included in this review were all cross-sectional in design, reflecting the prevalent use of observational approaches to explore QoL during menopause. Sample sizes ranged from 100 to 869 participants, with most studies focusing on women aged 40 to 60 years, aligning with the common menopausal age range. Sampling techniques varied and included simple random sampling, purposive sampling, stratified sampling, and snowball sampling, depending on the study context and population access. Data collection tools differed but most studies employed validated QoL instruments such as the Menopause-Specific QoL Questionnaire (MENQOL), Menopause Rating Scale (MRS), Utian QoL Scale (UQOL), SF-36, and WHOQOL-BREF. These tools measured various QoL domains including physical, psychological, vasomotor, sexual, and social well-being. The studies also incorporated demographic surveys and lifestyle-related questions to explore associated factors.

Findings consistently highlighted that menopausal symptoms especially vasomotor, psychological, and physical were significantly associated with lower QoL. Several studies (e.g., Barati et al., 2021; Hutchings et al., 2023) emphasized the influence of modifiable lifestyle factors, such as physical

activity, diet, and smoking, on QoL outcomes. Others, such as Yerra et al. (2021) and Muhseenah and Nallapu (2025), noted the role of sociodemographic variables like age, education, and socioeconomic status. Studies from Saudi Arabia (Barkoot et al., 2022; Khan et al., 2023) and India (Yerra et al., 2021; Muhseenah and Nallapu, 2025) further highlighted cultural awareness, healthcare access, and community support as crucial elements influencing QoL.

B. Thematic Synthesis

1) Impact of Menopausal Symptoms on QoL

Menopausal symptoms were consistently identified across all included studies as significant determinants of diminished QoL among women during the menopausal transition and postmenopausal period. Commonly reported symptoms included vasomotor disturbances (hot flashes, night sweats), psychological issues (depression, anxiety, irritability), physical discomfort (fatigue, muscle and joint pain, poor sleep), and sexual dysfunction (vaginal dryness, decreased libido). For instance, Karmakar et al. (2017) reported that 94% of participants experienced anxiety and 93% reported tiredness and low energy, while 49% reported avoidance of intimacy due to sexual symptoms. Similarly, Yerra et al. (2021) found that physical symptoms were the most prevalent (73.8%), followed by psychosocial, vasomotor, and sexual symptoms. In Saudi Arabia, Barkoot et al. (2022) observed high frequencies of sleep disturbances, depressive mood, irritability, and sexual problems among women aged 40 and above. The intensity and combination of these symptoms were found to substantially lower QoL scores across multiple domains. Barati et al. (2021) and Hutchings et al. (2023) further supported this by showing a strong association between higher symptom burden and poorer QoL outcomes. Importantly, the impact of these symptoms was observed irrespective of whether menopause was natural or surgical, as demonstrated by Kavga et al. (2024), indicating that symptom severity, rather than type of menopause, plays a more critical role in shaping QoL.

2) Sociodemographic and Cultural Determinants of QoL

Sociodemographic and cultural factors emerged as significant determinants influencing the QoL among menopausal women across diverse settings. Age, education level, marital status, employment, socioeconomic status, and cultural context were frequently associated with variations in symptom perception and QoL scores. Yerra et al. (2021) found that women with lower educational levels, those who were homemakers, and those belonging to higher socioeconomic strata experienced more vasomotor and sexual symptoms. Similarly, Muhseenah and Nallapu (2025) identified that poor QoL was significantly associated with older age (>50 years), lower education, and low socioeconomic status. Barati et al. (2021) reported that job status and income level were closely linked to QoL outcomes, with employed women and those with better economic standing reporting fewer symptoms. Cultural norms also played a role in shaping how symptoms were perceived and managed. For instance, Barkoot et al. (2022) emphasized the lack of awareness and social support in Saudi communities, which exacerbated psychological symptoms such

as depression and anxiety. In Thailand, Vallibhakara et al. (2025) noted that educational attainment and early menopause were protective against poor QoL.

3) Role of Lifestyle and Health Behaviors

Lifestyle and health behaviors were consistently highlighted as modifiable factors that significantly impact the QoL among menopausal women. Regular physical activity, healthy dietary habits, body weight management, smoking status, and supplement use (e.g., Omega-3) were all associated with QoL outcomes. Hutchings et al. (2023) found that women who engaged in regular physical exercise reported better QoL scores across multiple domains, while those who were overweight or had more severe symptoms experienced poorer outcomes. Similarly, Barati et al. (2021) demonstrated that exercise and Omega-3 supplementation were linked to improved QoL, whereas smoking and lower socioeconomic status were associated with worse scores. Rathnayake et al. (2019) also reported that higher physical activity levels and income were positively associated with QoL, particularly among postmenopausal women. Kavga et al. (2024) supported these findings, showing that higher body mass index (BMI) correlated with lower QoL, and women who did not engage in treatment or physical activity had poorer outcomes. Additionally, Vallibhakara et al. (2025) identified low physical activity and low well-being scores as major predictors of poor QoL during the COVID-19 pandemic.

4) Awareness, Knowledge, and Perception of Menopause

Awareness and understanding of menopause play a crucial role in how women experience and manage menopausal symptoms, ultimately influencing their QoL. Several studies revealed that limited knowledge and poor perception of menopause were associated with greater distress and lower QoL scores. Barkoot et al. (2022) found a high percentage of women in Aseer, Saudi Arabia, lacked basic awareness about menopausal changes, which contributed to increased psychosocial symptoms and delayed care-seeking behaviors. Muhseenah and Nallapu (2025) similarly reported that poor awareness of menopause and its symptoms was significantly associated with worse physical and psychological QoL domains, especially among women with lower education and those living in underserved urban areas. Yerra et al. (2021) emphasized the importance of targeted education programs, noting that women with no formal education had significantly higher vasomotor and sexual symptom burdens. The lack of accurate knowledge may also lead to misinterpretation of symptoms as signs of illness rather than a natural biological transition, leading to increased anxiety and reluctance to seek medical support.

5) Access to Healthcare and Support Services

Access to healthcare services and social support significantly influences how menopausal women manage their symptoms and maintain their QoL. Studies included in this review highlighted disparities in healthcare utilization, availability of specialized care, and the presence of supportive environments. Barkoot et al. (2022) reported a notable lack of healthcare access and symptomatic treatment options for menopausal women in Aseer, Saudi Arabia, despite the high prevalence of

physical and psychological symptoms. Similarly, Muhseenah and Nallapu (2025) emphasized the need for structured healthcare programs to address the needs of menopausal women in low-resource urban settings, where awareness was low and comorbidities were common. Khan et al. (2023) called for a shift in primary healthcare services to better address menopause-related issues, recommending psychological support, tailored screening, and education as critical components of effective care. In the study by Yerra et al. (2021), hospital-based recruitment enabled the identification of symptom severity, but also pointed to the limited availability of counseling and therapeutic services beyond tertiary care centers.

4. Discussion

This scoping review highlights the multifaceted impact of menopause on women's QoL, influenced by an interplay of physiological symptoms, sociodemographic variables, lifestyle behaviors, and access to healthcare. Across diverse populations, the menopausal transition was consistently associated with reductions in QoL, particularly within the physical, psychological, and sexual health domains (Barkoot et al., 2022; Muhseenah & Nallapu, 2025; Yerra et al., 2021). Vasomotor and somatic symptoms such as hot flashes, sleep disturbances, fatigue, and joint pain were among the most frequently reported concerns and significantly impaired physical QoL. For instance, in the study by Yerra et al. (2021), the physical domain scored the highest symptom burden, consistent with findings by Barati et al. (2021), who also identified vasomotor symptoms as predominant. These symptoms, triggered by estrogen deficiency, often disrupt daily functioning and sleep quality, exacerbating fatigue and emotional distress (Hutchings et al., 2023).

Psychological symptoms including depression, anxiety, and irritability further diminished QoL. Barkoot et al. (2022) reported high mean scores for depressive moods (1.09), anxiety (0.84), and irritability (0.93), with significant associations between psychosocial risk factors and symptom severity. Similar findings by Dotlic et al. (2021) in Serbia emphasized the compounding effect of mental health issues on QoL, especially in women with limited social support or lower education. The emotional toll of menopause is often underdiagnosed due to cultural stigma or lack of awareness, necessitating integration of mental health screening in routine gynecological care (Kavga et al., 2024). Sociodemographic factors were repeatedly shown to influence how menopause affects QoL. Lower education levels, unemployment, older age, and low income were associated with poorer QoL scores (Muhseenah & Nallapu, 2025; Yerra et al., 2021). Women from marginalized communities or lower socioeconomic backgrounds may face additional barriers such as limited access to health services or cultural taboos surrounding menopause (Vallibhakara et al., 2025). Kavga et al. (2024) noted that even among women undergoing surgical menopause, the symptom burden was similar to those with natural menopause, underscoring that sociodemographic status and health awareness may outweigh menopausal type in predicting QoL.

Lifestyle behaviors emerged as modifiable determinants of QoL. Regular physical activity was associated with better outcomes across physical and psychological domains (Barati et al., 2021; Hutchings et al., 2023). Conversely, obesity and sedentary behavior were linked to worse QoL, suggesting that promoting healthy lifestyle interventions may help mitigate symptom severity. Omega-3 supplementation, identified as a protective factor by Barati et al. (2021), and moderate alcohol use (Hutchings et al., 2023) were also positively correlated with higher QoL scores. These findings advocate for health promotion strategies targeting diet, exercise, and stress reduction as integral components of menopausal care.

Limited knowledge and awareness about menopause and its symptoms was a recurring barrier across multiple studies. Barkoot et al. (2022) and Muhseenah & Nallapu (2025) both emphasized that many women lacked understanding about the natural course of menopause and available management options. Educational status strongly influenced perception of symptoms and willingness to seek help, highlighting the need for culturally appropriate health education campaigns. As Dotlic et al. (2021) observed, personalized guidance during midlife transitions can enhance coping mechanisms and facilitate proactive health behaviors. Access to healthcare and support services also played a vital role. In Saudi Arabia, Barkoot et al. (2022) identified a gap in symptomatic treatment and recommended strengthening primary care systems to include menopause-specific services. Khan et al. (2023) called for improved screening and psychological support at the primary care level, especially in underserved regions. Likewise, Muhseenah & Nallapu (2025) recommended community health worker involvement to raise awareness and deliver education in low-resource settings.

5. Conclusion

This scoping review highlights that menopause significantly affects women's QoL through a complex interplay of biological, psychological, social, and cultural factors. The most commonly reported symptoms such as hot flashes, mood changes, and fatigue adversely impact daily functioning and emotional well-being. Sociodemographic variables, lifestyle choices, awareness levels, and access to healthcare services further influence women's experiences during this transition. While menopause is a natural life event, its impact on QoL is far from uniform and varies across populations. The evidence suggests that symptom burden can be reduced, and QoL improved, through targeted education, lifestyle interventions, and improved healthcare access. Therefore, a holistic, culturally sensitive approach to menopausal care is essential to support women during this critical life stage.

6. Implications for Practice and Policy

The findings of this review have important implications for clinical practice, public health planning, and healthcare policy. First, primary healthcare providers must be trained to proactively address menopausal symptoms, screen for psychological distress, and offer lifestyle counseling. Second,

health systems should integrate menopause-specific services, such as educational sessions, support groups, and multidisciplinary care pathways, into routine women's health programs. Third, public health campaigns must aim to destigmatize menopause and raise awareness about its symptoms and treatment options, particularly in underserved and culturally conservative communities. At the policy level, menopause should be formally recognized as a health priority within women's health agendas. Allocating resources to research, prevention, and intervention strategies will not only improve QoL for midlife women but also reduce long-term health risks such as osteoporosis, depression, and cardiovascular disease.

7. Recommendations for Future Research

Future research should focus on longitudinal and interventional studies to evaluate how symptom progression affects QoL over time and how targeted interventions can improve outcomes. There is a need for culturally diverse studies that explore menopause experiences in marginalized or understudied populations, particularly in low- and middle-income countries. Additionally, future research should assess the effectiveness of non-pharmacological strategies such as exercise, diet, and psychosocial support on improving menopausal health. The use of digital health tools and mobile-based interventions also warrants exploration, especially in regions with limited access to in-person care.

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