Vol. 3, Issue 5 May 2025 ISSN: 2584-0142

Influence Of Menopausal Symptoms and Coping Strategies on the Quality of Life During Menopausal Phase

[1]**Ananya Sharma,** *M.A. Clinical Psychology, Amity Institute of Psychology and Allied Sciences, Amity University, Sector-125, Noida, Uttar Pradesh*

ananyacomac@gmail.com

[2]**Dr. Anita Chauhan,** *Associate Professor, Amity Institute of Psychology and Allied Sciences Amity University, Sector-125, Noida, Uttar Pradesh*

anitac@amity.edu

Abstract: Menopause signifies the natural end of a woman's reproductive phase, characterized by a year without menstrual cycles resulting from reduced ovarian function and estrogen levels. This transition can lead to various physical and emotional changes that affect overall health and quality of life. This study aims to find out how menopausal symptoms and coping strategies influence the quality of life of women during the menopausal phase. Therefore, the title of the research is ‘‘Influence of menopausal symptoms and coping strategies on the quality of life during menopausal phase.’’ The results of research by Achieving objectives using Pearson’s correlation analysis were employed to evaluate the relationships among the variables, such as menopausal symptoms, coping strategies, and quality of life. The result shows that in pre- and perimenopausal phases (n=100), psychological symptoms moderately positively correlated with positive coping strategies (r=0.537, p=0.05). In the postmenopausal phase (n=100), somatic (r=0.459, p<0.01), psychological (r=0.430, p<0.01), and urogenital (r=0.435, p<0.01) symptoms moderately positively correlated with negative coping strategies. Also in the postmenopausal phase, psychological symptoms strongly positively correlated with psychosocial symptoms (r=0.520, p=0.05) and moderately positively correlated with sexual symptoms

Vol. 3, Issue 5 May 2025 ISSN: 2584-0142

(r=0.520, p=0.05). In the pre- and postmenopausal phases, urogenital symptoms strongly positively correlated with physical symptoms (r=0.728, p<0.01) and moderately positively correlated with sexual symptoms (r=0.586, p=0.05). The study indicates notable relationships between menopausal symptoms, coping strategies, and quality of life during the menopausal transition. Moderate to strong positive correlations suggest that the deterioration of physical symptoms is frequently associated with heightened psychological and somatic distress, emphasizing the intricate and interrelated aspects of quality of life.

Keywords: *Menopausal Symptoms, Coping Strategies, Quality Of Life, Menopausal Phase, MENQOL, MRS*

1. Introduction

Menopausal Symptoms

Menopause is a natural phase in a woman's life that signifies the permanent cessation of menstrual cycles, marking the end of fertility. Rather than being a disease, it is a normal aspect of aging. During this transition, the ovaries gradually lose their follicular function, ceasing egg release and experiencing a significant decline in estrogen levels. The process typically begins with irregular menstrual cycles and progresses over time, a stage known as perimenopause. This phase starts when the first symptoms appear and continues until one year after the last menstrual period. Perimenopause can extend for several years, affecting various aspects of a woman's physical, emotional, mental, and social well-being (WHO, 2024).

Hot flashes are sudden heat waves, often with sweating, due to a drop in estrogen. "Flash" and "flush" are often used interchangeably. Night sweats are hot flashes during sleep that can disrupt it. (Nedrow et al., 2006). Vaginal health and sexual changes include dryness, discomfort during intercourse, and shifts in libido (NIA, 2021). Hormonal shifts can affect hair growth, leading to increased facial hair or thinning scalp hair in some women. Menopause significantly impacts women's mental well-being due to hormonal changes, life transitions, and aging, commonly causing reduced self-confidence, mood swings, increased irritability, memory and concentration issues, panic attacks, and heightened anxiety. (Agarwal et al., 2018).

Coping Strategies

Coping strategies encompass a range of cognitive and behavioral techniques aimed at enhancing an individual's ability to adapt to their environment and mitigate the adverse effects of

stress. By employing adaptive coping mechanisms, individuals can effectively navigate challenging situations and reduce stress-related negative outcomes (Nateri et al., 2017; Abd-Allah et al.,2019). Women employ three coping styles to navigate the challenges of menopause. Inventive Coping style approach to menopausal changes with adaptability and positivity, viewing them as opportunities for personal growth. Troubled Coping style, heightened conflict and anxiety in response to menopausal challenges, leading to increased stress. According to Potdar and Shinde (2014), yoga serves as an effective practice that supports the body through numerous biological changes while also benefiting mental and emotional well-being. It helps individuals gain perspective on their internal experiences. Many perimenopausal and postmenopausal women have found yoga beneficial, both physically and emotionally. Certain yoga poses offer specific advantages—backbends can enhance mood and boost energy levels, while forward bends help alleviate anxiety and stress.

Quality of life

The World Health Organization (WHO) describes quality of life (QOL) as a person's assessment of their well-being within the context of their cultural and value systems, taking into account their personal goals, expectations, concerns, and standards. Quality of life is a comprehensive concept that illustrates how individuals perceive the impact of a health condition on their everyday lives. It encompasses overall health, mental well-being, and the ability to adapt socially (Wang et al., 2018). Quality of life is a key health factor that influences the implementation and assessment of health interventions (Barcaccia et al., 2013; Nazarpour et al., 2020). Nowadays, many women live for a third of their lifetime after menopause (Nazarpour et al., 2020; Wang et al., 2018). Since menopause is an unavoidable phase in every woman's life, the scientific community has prioritized studying its various aspects and their effects on women's health and quality of life (QoL) (Ibrahim et al., 2019).

1.1 ***Objectives***

The study had two objectives:

- To assess the relationship between experienced menopausal symptoms and coping strategies
- To assess the relationship between menopause-specific quality of life and experienced menopausal symptoms.

Vol. 3, Issue 5 May 2025 ISSN: 2584-0142

2. Review of Literature

Menopausal Symptoms

Menopause is a major milestone in a woman's life that introduces various physiological changes, which can have lasting effects on her overall well-being. Hot flashes and heart discomfort were significant issues for participants, with about 85% reporting moderate to severe impacts from hot flashes and 86% experiencing moderately to severely distressing heart-related sensations like racing heartbeat and tightness (Alazawa et al., 2024). Some studies indicate that menopausal symptoms are higher among perimenopausal and postmenopausal women than the premenopausal women. The result also shows that urogenital symptoms were more common in post-menopausal women (Agarwal et al., 2018).

Effectiveness of Coping Strategies in Menopause Management

The prevalence of menopausal symptoms and coping strategies is essential for creating tailored interventions that effectively address women's specific needs during menopause. Alazawa et al. (2024) found that women used self-calming skills, with exercise being the most common approach. Women cope with menopause symptoms through diet and weight awareness, social connections, creative activities, and a sense of achievement. Strategies include dietary changes (fruits, vegetables, spices), physical activity (walking, chores), complementary therapies (yoga, meditation, Ayurveda), religious practices, social support, and traditional remedies fenugreek seeds, turmeric milk (Mili et al., 2024).

Quality of Life During Menopause

Menopausal symptoms significantly impact a woman's overall well-being, leading to a decline in physical, mental, and sexual health, and negatively affect her quality of life (QoL). Counseling interventions play a crucial role in enhancing the quality of life for menopausal women by addressing their physical, emotional, and social challenges. Among these**,** self-awareness counseling has proven particularly effective. Self-awareness counseling sessions have shown positive effects on menopausal quality of life. One month after completing the counseling sessions, significant improvements were observed across various domains of life, including physical, mental, and emotional well-being (Hoshiyar et al., 2021). A Systematic Review and Meta-Analysis of Randomized Controlled Trials found positive effects of exercise on physical and psychological QoL scores in women with menopausal symptoms, yoga improved physical

Vol. 3, Issue 5 May 2025 ISSN: 2584-0142

QoL in menopausal women but had no significant effects on other QoL aspects, including general, psychological, sexual, and vasomotor symptoms (Nguyen et al., 2020).

3. Methodology

3.1 *Sample*

This quantitative cross-sectional study, conducted in urban Delhi between February 3 and March 31, 2025, aimed to examine the influence of menopausal symptoms and coping strategies on the quality of life of women aged 40-60 experiencing natural menopause. Data were collected from 100 voluntarily participating Indian women in various settings (clinics, workplaces, colleges, schools, households). Inclusion criteria were natural postmenopausal women aged 40-60. Exclusion criteria included hysterectomy/oophorectomy, current HRT use, medications significantly affecting menopausal symptoms, pregnancy/breastfeeding, serious medical conditions (cancer, severe cardiovascular/autoimmune disorders), cognitive impairment, or diagnosed psychiatric disorders. Participation was voluntary, and withdrawal at any stage resulted in exclusion.

3.2 *Procedure*

Data were collected in person using paper questionnaires during one-on-one interactions for clarity and accuracy, and online via Google Forms for remote participants' convenience. Assistance was provided to ensure understanding and inclusive participation. The questionnaire covered socio-demographics, menopausal symptoms, coping strategies, and quality of life. Confidentiality and anonymity were assured, and honest responses were encouraged under strict privacy protocols.

3.3 *Tools of Data Collection*

This study investigates how menopausal symptoms (measured by the Menopause Rating Scale - MRS) and coping strategies (assessed by the Coping with Menopause Symptoms Scale) influence quality of life (measured by the Menopause-Specific Quality of Life Scale - MENQOL). The questionnaire includes socio-demographic data (age, education, occupation, socioeconomic status, and BMI). The MRS, an 11-item self-report tool with somatic, psychological, and urogenital subscales (0-4 rating), indicates severe symptoms at a total score ≥17 and demonstrates strong reliability (Cronbach's $\alpha = 0.84–0.93$). The adapted Coping with Menopause Symptoms Scale uses 19 items on a 4-point Likert scale (0-3) to measure positive

(11 items, e.g., "occupy yourself to forget menopause") and negative (8 items, e.g., "neglect menopause consequences") coping strategies.

The MENQOL, a reliable 29-item scale, measures menopause's impact on quality of life across four domains. The 3-item vasomotor domain (1-3) assesses hot flashes, night sweats, and sweating. The 7-item psychosocial domain (4-10) evaluates psychological well-being, including dissatisfaction, anxiety, memory issues, reduced accomplishment, sadness, impatience, and desire for solitude. The 16-item physical domain (11-26) covers symptoms like flatulence, muscle/joint pain, fatigue, sleep problems, headaches, reduced strength/stamina/energy, dry skin, facial hair, weight gain, appearance/texture/tone changes, bloating, back pain, frequent/involuntary urination. Lastly, the 3-item sexual domain (27-29) assesses changes in sexual desire, vaginal dryness during intercourse, and avoidance of intimacy.

3.4 *Statistical Analysis*

Study participants were divided into premenopausal, perimenopausal, and postmenopausal groups for separate analysis. Data was coded, organized, and statistical analyses were performed using SPSS 29.0 and MS Excel. Pearson's correlation assessed relationships between menopausal symptoms and coping, and between quality of life and symptoms. Statistical significance was defined as a p-value below 0.05.

4. Result

A quantitative cross-sectional study was conducted among 100 women aged between 40 and 60 years. The relationship between menopausal symptoms and coping strategies was analyzed through correlation to assess the frequency of symptoms across somatic, psychological, and urogenital domains, as well as the extent to which participants utilized positive and negative coping mechanisms.

The results revealed that the irregular menopausal phase (peri menopause), positive coping strategies (like relaxation, exercise, seeking support, problem-solving, etc.) were positively correlated to different types of menopausal symptoms. Table 1 shows that psychological symptoms and positive coping strategies were moderately positively correlated, $r(100) = 0.537$, $p = 0.05$, in the premenopausal phase. Table 2 shows that psychological symptoms and positive coping strategies were moderately positively correlated, $r(100) = 0.537$, $p = 0.05$, in the perimenopausal phase.

Vol. 3, Issue 5 May 2025 ISSN: 2584-0142

Table 3 shows that in postmenopausal phase, the somatic symptoms and negative coping strategies were moderately positively correlated, r (100) =0.459, p = 0.01 the other two menopausal symptoms such as psychological symptoms and negative coping strategies were moderately positively correlated, r (100) =0.430, p = 0.01 the urogenital and negative coping strategies were also moderately positively correlated, r (100) =0.435, p = 0.01. Women who are experiencing more severe menopausal symptoms—whether physical, psychological, or urogenital—are more likely to use negative ways of coping. This result highlights the need for intervention programs that teach more adaptive (positive) coping skills to help women deal with these changes more effectively.

Table 1: *Premenopausal group, Relationship between menopausal symptoms and coping strategies.*

Premenopausal CORRELATION	**Positive coping strategies**	**Negative coping strategies**
Total somatic symptoms	0.508	0.167
Total psychological symptoms	0.537*	0.446
Total urogenital	0.419	0.304

Note: *Correlation is significant at the 0.05 level (2-tailed).

Table 2: *Perimenopausal group, Relationship between menopausal symptoms and coping strategies.*

Perimenopausal CORRELATION	**Positive coping strategies**	**Negative coping strategies**
Total somatic symptoms	0.508	0.167
Total psychological symptoms	0.537*	0.446
Total urogenital	0.419	0.304

Note: *. Correlation is significant at the 0.05 level (2-tailed).

Vol. 3, Issue 5 May 2025 ISSN: 2584-0142

Table 3: *Postmenopausal group, relationship between menopausal symptoms and coping strategies.*

Postmenopausal CORRELATION	Positive coping strategies	Negative coping strategies
TOTAL somatic symptoms	0.262	.459**
total psychological symptoms	0.045	.430**
total urogenital	0.121	.435**

Note: **. Correlation is significant at the 0.01 level (2-tailed).

Table 4: *Premenopausal group, relationship between menopause specific quality of life and menopausal symptoms.*

Premenopausal CORRELATION	Total somatic symptoms	Total psychological symptoms	Total urogenital
VASOMOTOR	0.1	0.153	0.173
PSYCHOSOCIAL	0.46	.520*	0.503
PHYSICAL	0.471	0.51	.728**
SEXUAL	0.238	.573*	.586*

Note: *. Correlation is significant at the 0.05 level (2-tailed).
**. Correlation is significant at the 0.01

Table 5: *Premenopausal group, relationship between menopause specific quality of life and menopausal*

Perimenopausal CORRELATION	Total somatic symptoms	Total psychological symptoms	Total urogenital
VASOMOTOR	0.1	0.153	0.173
PSYCHOSOCIAL	0.46	.520*	0.503
PHYSICAL	0.471	0.51	.728**
SEXUAL	0.238	.573*	.586*

Note: *. Correlation is significant at the 0.05 level (2-tailed).
**. Correlation is significant at the 0.01 level (2-tailed).

Vol. 3, Issue 5 May 2025 ISSN: 2584-0142

The relationship between menopausal symptoms and menopause-specific quality of life was examined using correlational analysis to explore the extent to which various menopausal symptoms across somatic, psychological & urogenital domains that influence women's perceived quality of life, particularly within the vasomotor, psychosocial, physical, and sexual dimensions during the menopausal phase. Table 4 shows that psychological symptoms and psychosocial factors were strongly positively correlated, r (100) =0.520, p = 0.05. In the premenopausal phase. Another dimension a psychological and sexual symptoms, was moderately positively correlated, r (100) =0.520, p = 0.05. Urogenital symptoms and physical symptoms were strongly positively correlated, r (100) =0.728, p = 0.01. whereas urogenital symptoms and sexual symptoms were moderately positively correlated, r (100) =0.586, p = 0.05.

Table 5 shows that psychological and psychosocial symptoms were strongly positively correlated, r (100) =0.520, p = 0.05. In the perimenopausal phase. Another dimension a psychological and sexual symptomswere moderately positively correlated, r (100) =0.520, p = 0.05. Urogenital and physical symptoms were strongly positively correlated, r (100) =0.728, p = 0.01. whereas urogenital and sexual symptoms were moderately positively correlated, r (100) =0.586, p = 0.05.

Table 6: *Postmenopausal group, relationship between menopause specific quality of life and menopausal symptoms.*

Postmenopausal CORRELATION	Total somatic symptoms	Total psychological symptoms	Total urogenital
VASOMOTOR	.555**	.460**	.425**
PSYCHOSOCIAL	.345*	.437**	0.206
PHYSICAL	.577**	.499**	0.232
SEXUAL	.364**	0.233	.347*

Note: *. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

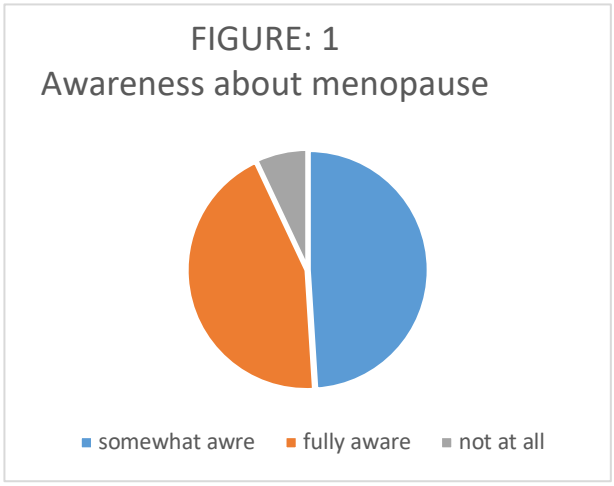
Table 6 represents in the postmenopausal phase, a strong positive correlation was found between somatic symptoms and vasomotor symptoms, r (100) = 0.555, p = 0.01. Additionally, somatic symptoms showed a moderate positive correlation with physical symptoms, r (100) = 0.577, p = 0.01. There was also a moderate positive correlation between somatic symptoms and psychosocial symptoms, r (100) = 0.345, p = 0.05, as well as between somatic symptoms and

Vol. 3, Issue 5 May 2025 ISSN: 2584-0142

sexual symptoms, r (100) = 0.364, p = 0.01. Furthermore, vasomotor symptoms were moderately positively correlated with psychological symptoms, r (100) = 0.460, p = 0.01. Psychological symptoms also exhibited a moderate positive correlation with psychosocial symptoms, r (100) = 0.437, p = 0.01, and with physical symptoms, r (100) = 0.499, p = 0.01. Lastly, urogenital symptoms were moderately positively correlated with vasomotor symptoms, r (100) = 0.425, p = 0.01, and with sexual symptoms, r (100) = 0.347, p = 0.05.

Menopause Awareness and Menstrual Phases in Midlife Women

Menopause represents a critical life-course transition during which women cease to menstruate and enter a hormonally distinct post-reproductive phase. Figure 1 represents the awareness that the physiological, psychological, and social dimensions of this transition—often referred to as "menopause literacy"—have been shown to influence women's symptom management, health-seeking behaviors, and overall well-being. Figure 2 determines equally important is understanding women's current menstrual status (pre-, peri-, or post-menopausal), since symptom profiles and coping needs differ markedly across these stages. The cross-sectional survey of 100 women aged 40–60 to gauge their menopause awareness, document their present menstrual status, and record their age at final menstrual period, to identify gaps in knowledge and tailor future educational efforts.



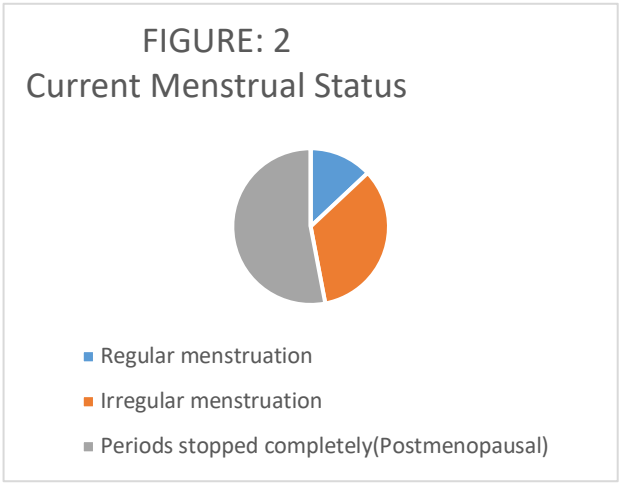


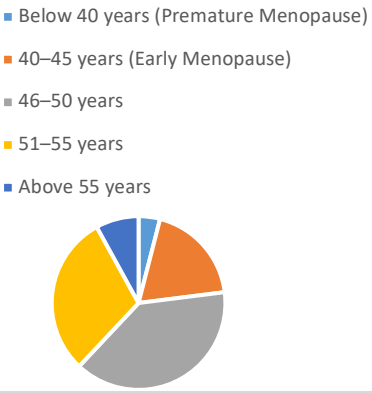
Figure 3, titled "Age at Menopause", visually represents the distribution of women based on the age at which they experienced menopause. The largest section of the pie (gray) corresponds to the 46–50 years' group, indicating this is the most common age range for menopause among the sample. The second largest portion (yellow) belongs to the 51–55 years'

Vol. 3, Issue 5 May 2025 ISSN: 2584-0142

group, also a significant age bracket for menopause. Smaller slices represent early menopause (40–45 years) and premature menopause (below 40 years), suggesting these are less common. The above 55 years' category occupies the smallest section, indicating that late menopause is relatively rare among the surveyed population.

FIGURE: 3

Age at Menopause



5. Discussion

Menopause, the permanent end of menstruation (12 months without a period) due to depleted ovarian follicles and reduced estrogen/progesterone, significantly affects brain areas controlling mood, stress, and cognition. This can result in irritability, anxiety, depression, memory issues ("brain fog"), sleep problems, and lower self-esteem. This study, titled "Influence of menopausal symptoms and coping strategies on the quality of life during menopausal phase," investigated the relationship between menopausal symptoms and coping strategies and their impact on quality of life in 100 women aged 40-60 across different menopausal stages. The most common symptoms of menopause seen in this research were Joint and muscular discomfort, pain in the joints, frequency of urine and vaginal dryness and sensations. Some psychological symptoms were also seen, such as irritability of mood, inner restlessness, and anxiety. A similar study has also documented the same psychosocial issues associated with menopause, as assessed, including symptoms of anxiety, depression, irritability, and both physical and mental exhaustion (Agarwal et al., 2018)

Vol. 3, Issue 5 May 2025 ISSN: 2584-0142

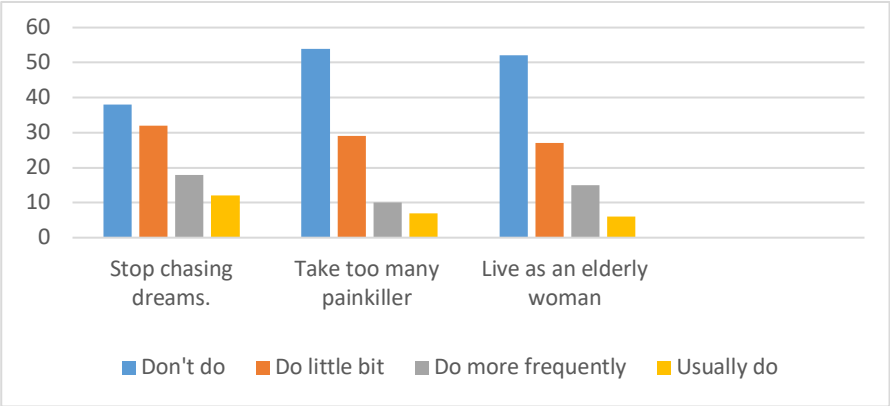


Chart 1: *Negative coping strategies observed in menopausal women*

Women use positive coping strategies like exercise, healthy eating, religious practices, and social engagement to manage menopause symptoms and improve their well-being. A prior study, Awad et al. (2022), had similar findings for positive coping but reported negative strategies like excessive painkiller use, giving up on dreams, and acting elderly. However, this study found the opposite, with most women not favoring these negative approaches (see Chart 1).

Objective 1: In this study, the results demonstrate a significant positive relationship between menopausal symptoms and coping strategies. Tables 1 and 2 show a moderate positive correlation between psychological symptoms and positive coping strategies during both the premenopausal and perimenopausal phases, with a correlation coefficient of $r(100) = 0.537$ and $p = 0.05$. This suggests that as the use of positive coping strategies increases, psychological symptoms during menopause also tend to rise moderately. In other words, women who experience more psychological symptoms are more likely to engage in positive coping mechanisms, such as relaxation, physical activity, social support, and problem-solving. A previous review by El Hajj et al. (2020) identified an inverse correlation between physical activity levels and the frequency of menopausal symptoms.

Table 3 shows a moderate positive correlation between all three types of menopausal symptoms (somatic, psychological, and urogenital) and negative coping strategies in postmenopausal women. This suggests that greater physical discomfort and psychological distress increase the likelihood of maladaptive responses like avoidance or denial. Urogenital

symptoms may also lead to unhealthy coping mechanisms such as substance use or self-blame. Afzal et al. (2019) also found correlations with other coping strategies like catastrophizing.

Objective: 2 The relationship between menopausal symptoms and quality of life. Tables 4 and 5 indicate a strong positive correlation between psychological symptoms and psychosocial functioning among women in the premenopausal and perimenopausal phases. Additionally, another study found that peri-menopausal women had the highest mean scores in the vasomotor, physical, and psychosocial domains ($p<0.001$) (El Hajj et al., 2020). This suggests that as psychological distress increases, manifesting as anxiety, mood swings, or depression, psychosocial challenges, such as difficulties in social interactions, relationships, or support systems, also rise. There is a moderate positive correlation between psychological symptoms and sexual dysfunction, indicating that heightened psychological distress may be linked to challenges in sexual desire, arousal, or satisfaction. A strong positive correlation suggests that women experiencing more severe urogenital symptoms (e.g., vaginal dryness, urinary incontinence) also report greater physical symptoms, such as fatigue and joint or muscle pain. Similarly, another study found that low levels of physical activity were significantly and inversely correlated with vasomotor, psychosocial, physical, and sexual subdomains (El Hajj et al., 2020). Furthermore, a moderate positive correlation indicates that urogenital issues are significantly associated with sexual problems.

Table 6 suggests a network of moderate to strong positive relationships among different domains of menopausal symptoms and different dimensions of menopause specific quality of life in the postmenopausal phase. The observed positive correlations among somatic, vasomotor, psychological, sexual, and urogenital symptoms during menopause suggest a complex interplay of physiological, emotional, and social factors. Whereas the study touches on the correlation between Quality of life with demographic and reproductive characteristics, aside from menopausal symptoms (Nazarpour et al., 2020).

A strong correlation between somatic symptoms (e.g., fatigue, headaches, muscle pain) and vasomotor symptoms (e.g., hot flashes, night sweats) implies that these domains may share underlying mechanisms like hormonal imbalances or disrupted thermoregulation. Moderate correlations between somatic symptoms and psychological distress (e.g., anxiety, mood swings) point to a psychosomatic link, where emotional turmoil may intensify physical discomfort or vice versa. Similarly, the moderate relationship between somatic symptoms and sexual

Vol. 3, Issue 5 May 2025 ISSN: 2584-0142

dysfunction indicates that physical discomfort can impact libido and sexual satisfaction. A similar study found that postmenopausal and menopausal women have faced a decline in the sexual domain (El Hajj et al., 2020). The moderate positive correlation between vasomotor and psychological symptoms highlights the interconnectedness of physical and emotional well-being during menopause. Similarly, urogenital symptoms show moderate links with both vasomotor and sexual symptoms, suggesting shared underlying mechanisms. These findings underscore the importance of considering the interconnectedness of physical, emotional, and sexual health in menopausal women for comprehensive care.

6. Conclusion

The study offers important insights into the relationship between menopausal symptoms and coping strategies, as well as the impact of these symptoms on quality of life, especially for those in the menopausal transition phase. The moderate to strong positive correlations identified among these symptom domains indicate that as physical discomforts, such as vasomotor disturbances, increase, psychological distress and somatic symptoms also tend to escalate. This underscores the complex and multifaceted experiences encountered by individuals during mid-life, highlighting the necessity for integrated care strategies that address the overall well-being of those in this transitional period.

6.1 *Limitations*

This study's findings should be interpreted cautiously due to several limitations. The small sample size (n=100), focused on North Delhi, limits the generalizability of the results to a wider population. The cross-sectional design prevents the establishment of causal relationships between variables, offering only a single time point perspective. Self-report bias, including potential underreporting of symptoms due to stigma or forgetfulness, and inaccurate recall of age and menopausal status, are also concerns. Furthermore, the study did not account for potential confounding factors like comorbidities, lifestyle habits (e.g., exercise), or hormonal therapy use, which could have influenced the outcomes. Finally, the lack of observed correlations between demographic characteristics and menopausal symptoms or quality of life restricts the depth of the information obtained.

6.2 *Recommendations*

Future research should address these limitations by employing larger and more diverse samples encompassing various regions, cultural backgrounds, and age groups to enhance generalizability. Longitudinal study designs are essential to establish causal relationships by tracking individuals over time. Exploring additional psychological variables, such as emotional intelligence and cognitive impairment, in menopausal women would also be beneficial. Lastly, health policymakers should prioritize health screenings for women during midlife, considering the significant associations among the examined symptoms, to facilitate timely and effective care. These efforts will contribute to a more comprehensive understanding of the factors impacting women's health in midlife and inform the development of more targeted interventions.

References

Afzal, M., Tazeen, S., Ali, Syed, A., & Gilani. (2019). *Perception of Nursing Students Regarding Blended Learning Implementation at University of Lahore, Pakistan*. https://doi.org/10.21276/sjnhc.2019.2.8.1

Agarwal, A. K., Kiron, N., Gupta, R., Sengar, A., & Gupta, P. (2018). A study of assessment menopausal symptoms and coping strategies among middle age women of North Central India. *International Journal of Community Medicine and Public Health*, *5*(10), 4470. https://doi.org/10.18203/2394-6040.ijcmph20183995

Alazawa, Z. F. R., Barrouq, D. M. S., Irshaidat, T., & Ayassrah, N. E. S. (2024). A cross-sectional study for assessment of menopausal symptoms and coping strategies among Jordanian women of 40-60 years' age group. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*, *13*(1), 6–13. https://doi.org/10.18203/2320-1770.ijrcog20234071

Awad, E., Tayyem, I., Labib, A., Ebrahim, R., & Morsy, A. (2022). Coping Strategies with Menopausal Symptom among Palestinian Women. *Original Article Egyptian Journal of Health Care*, *13*(4), 2022. https://ejhc.journals.ekb.eg/article_265084_76dc67c4912c4839cc1834e4ed089b00.pdf

Barcaccia, B., Esposito, G., Matarese, M., Bertolaso, M., Elvira, M., & De Marinis, M. G. (2013). Defining Quality of Life: A Wild-Goose Chase? *Europe's Journal of Psychology*, *9*(1), 185–203. https://doi.org/10.5964/ejop.v9i1.484

El Hajj, A., Wardy, N., Haidar, S., Bourgi, D., Haddad, M. E., Chammas, D. E., El Osta, N., Rabbaa Khabbaz, L., & Papazian, T. (2020). Menopausal symptoms, physical activity level and quality of life of women living in the Mediterranean region. *PloS One*, *15*(3), e0230515. https://doi.org/10.1371/journal.pone.0230515

Greanblum, C. M. (2010). *Women in perimenopause and menopause: Stress, coping and quality of life* (Doctoral dissertation, University of Florida).

Heinemann, K., Ruebig, A., Potthoff, P., Schneider, H. P., Strelow, F., Heinemann, L. A., & Thai, D. M. (2004). The Menopause Rating Scale (MRS) scale: A methodological review. *Health and Quality of Life Outcomes*, *2*(1), 45. https://doi.org/10.1186/1477-7525-2-45

Hilditch, J. R., Lewis, J., & Peter, A. (1996). A menopause specific quality of life questionnaire, development and psychometric properties. *Maturitas*, *24*(3), 161–175. https://doi.org/10.1016/S0378-5122(96)01040-8

Ibrahim, Z. M., Ghoneim, H. M., Madny, E. H., Kishk, E. A., Lotfy, M., Bahaa, A., Taha, O. T., Aboelroose, A. A., Atwa, K. A., Abbas, A. M., & Mohamed, A. S. I. (2019). The effect of menopausal symptoms on the quality of life among postmenopausal Egyptian women. *Climacteric*, *23*(1), 9–16. https://doi.org/10.1080/13697137.2019.1656185

Mili, J. A., Munny, M., Rahman, D., Mazumder, N., & Nasreen, S. Z. A. (2024). Assessing Quality of Life, Menopausal Symptoms, and Coping Strategies among Menopausal Women: A Cross-Sectional Study in Cumilla, Bangladesh. *Central Medical College Journal*, *8*(1), 23–34. https://doi.org/10.3329/cemecj.v8i1.78029

N.S. Nateri, Marjan Beigi, Kazemi, A., & Fatemeh Shirinkam. (2017). *Women Coping Strategies towards Menopause and its Relationship with Sexual Dysfunction. 22*(5), 343–347. https://doi.org/10.4103/ijnmr.ijnmr_234_15

National Institute on Aging. (2021, September 30). *What is menopause?* National Institute on Aging. https://www.nia.nih.gov/health/menopause/what-menopause

Nazarpour, S., Simbar, M., Ramezani Tehrani, F., & Alavi Majd, H. (2020). Factors associated with quality of life of postmenopausal women living in Iran. *BMC Women's Health*, *20*(1). https://doi.org/10.1186/s12905-020-00960-4

Nedrow, A., Miller, J., Walker, M., Nygren, P., Huffman, L. H., & Nelson, H. D. (2006). Complementary and Alternative Therapies for the Management of Menopause-Related

Symptoms. *Archives of Internal Medicine*, *166*(14), 1453. https://doi.org/10.1001/archinte.166.14.1453

Nguyen, T. M., Do, T. T. T., Tran, T. N., & Kim, J. H. (2020). Exercise and Quality of Life in Women with Menopausal Symptoms: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. *International Journal of Environmental Research and Public Health*, *17*(19), 7049. https://doi.org/10.3390/ijerph17197049

Potdar, N., & Shinde, M. (2014). Psychological problems and coping strategies adopted by post-menopausal women. *International Journal of Science and Research (IJSR)*, *3*(2), 293–300

Seyed Hoshiyar, M., Ziaei, T., Tatari, M., & Khoori, E. (2021). Self-Awareness Counseling on Quality of Life of Menopausal Women. *Journal of Research Development in Nursing and Midwifery*, *18*(2), 29–32. https://doi.org/10.52547/jgbfnm.18.2.29

Shokry Abd-Allah, E., Mohamed, N., Ahmed, E., Saeed, A., Abdallah, M., & Shokry, E. (n.d.). *Coping Patterns for Menopausal Women Working at Zagazig University Hospitals*. https://doi.org/10.21276/sjnhc.2019.2.6.2

Wang, X., Ran, S., & Yu, Q. (2018). Optimizing quality of life in perimenopause: lessons from the East. *Climacteric*, *22*(1), 34–37. https://doi.org/10.1080/13697137.2018.1506435

World Health Organization. (2024, October 16). *Menopause*. World Health Organisation. https://www.who.int/news-room/fact-sheets/detail/menopause