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RESEARCHARTICLE

QUALITY OF LIFE OF INFERTILE COUPLE IN KERALA, INDIA: AN ANALYTIC APPROACH

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ABSTRACT

This paper is a cross-section analysis of the quality of life faced by the infertile couple in which each gender is considered separately. The social, environmental, economical, sexual, psychological, and physical dimension of the universally accepted questionnaire is adopted and the confidence on better Quality of Life is estimated. How infertile females are distinguished on QoL is enquired and a linear model is developed. Also, the logistic regression model on the QoL of both infertile male and female were distinguished and compared.

Keywords:

Quality of Life, Physical Wellbeing,, Logistic Model, Dimensions, Infertility, Sustainability Dimensions, Infertility, Sustainability.

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INTRODUCTION

Quality of life (QoL) is the general well-being of individuals and societies, negative and positive features of life. It observes life satisfaction, including everything from physical health, family, education, employment, wealth, safety, security to freedom, religious beliefs, and the environment (Barcaccia, Barbara, 2013). According to the Quality of life research unit, University of Toronto, the quality of life profile was developed to provide a measure that considers both the components and determinants of health and well-being provided by the World Health Organization. The profile emphasizes individuals' physical, psychological, and spiritual functioning; their connections with their environments; and opportunities for maintaining and enhancing skills. The three major domains of life are Being, Belonging, and Becoming up on which QoL is assessed (Quality of life Research Unit, 2017). QoL is the degree to which a person enjoys the important possibilities of his/her life. The opportunities and limitations of each person reflect the interaction of personal and environmental factors and it varies according to group, place, and time. Psychological consequences of infertility render an intense painful experience; both patients and their partners constantly suffer from profound distress, especially for the female partners. Here the discussion is on the QoL of an infertile couple who is deprived of their happy life due to lacking of children.

They are getting weaker in society destined to shame and loneliness and even out-casting from society. Infertility and undergoing fertility treatment exacerbate the intensity of stresses of the couple and negatively affect patients' quality of life (Moura-Ramos, 2012). Newton et al. suggested that infertility-related stress is a multidimensional complication including social, sexual and relationship concern, eagerness for parenthood, and rejection of childfree lifestyle (Newton, 1999). Infertility-related stress exerts both direct and indirect effects on the treatment outcome for female patients. Infertility-inducing stress and non-specific anxiety have been proven to be negatively associated with positive pregnancy outcome after in vitro fertilization (IVF) (Lechner, 2007; Peterson, 2007; Gourounti, 2011). Many of them follow a different life and avoid involvement in social forums. So this study is the comparison of QoL of infertile couple gender-wise in terms of defined domains like Psychological Wellbeing (PW), Sexual Relation (SR), Social and Community Relation (SCR), Physical Fitness (PF), Environmental Assistance (EA), Economic Sustainability (ES) and Future Life or Desire for Child) (DC). Azam Namdar et al in their study aimed to determine the association between general and specified QoL with different psychological aspects, namely self-esteem, social support, sexual satisfaction, and marital satisfaction in a sample of Iranian infertile couples (Azam Namdar, 2017).

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The higher educational level, higher monthly income, living in urban area, shorter duration of marriage, and fertility of male in the couple were significant for better QoL status among a set of factors. Association on QoL with self-esteem, social support, sexual satisfaction, and marital satisfaction were highly significant ($p<0.05$). Bose and Roy conducted a comparative study in eastern India on fertility-related QoL in a primary fertile couple (Swarnali Bose, 2017). The societal and parental pressure of over enquiry make psychological pressure on the infertile couple. Male hold better emotional, relational, social, and global QoL compared to infertile female. Tolerability to infertility and consequent problems was relatively less among females. Primary infertility has extensive negative repercussions in the QoL of women. A study to compare QoL in gender differences within the infertile couple and control couples in Tunisia, the following results were found (Yousri, 2014). Infertile males had lower scores in mental dimension, social functioning, and emotional role compared to male control. Woman infertile suffers from lower vitality, physical dimensions and unstable than the control female. Among the infertile spouses, the female had lower total scores and mental scores. The first consultation is delayed in infertile women due to bodily pain, vitality, and mental depression. Women in the infertile couple had lower QoL than their husbands and infertile couples had lower QoL than control couple. To determine the QoL of infertile couples in rural and urban areas, a study was done in China (Yuezhi Dong, 2016). 53% of couples were from urban areas. Pairs t-test and multiple stepwise regression analysis were conducted to assess Fert.QoL. In general lower Fert.QoL was found among women. Also infertile couples residing in rural areas had a lower Fert.QoL. Coping style, cognition of children, family net income, employment status, education level, and social support were the auxiliary factors considered for predicting Fert.QoL. A cross-sectional study (Batool Rashidi, 2008) on QoL receiving IVF or ICSI was conducted in Iran and the following results were found. The man showed better health-related QoL and more due to the male factor. Female gender and lower educational level, younger age are significant predictors for poor QoL. In Turkey in a study (Asli Goker et al. 2017) of infertile couples admitted to the hospital, physical health, psychological health, social relation showed no significant difference in the couple. But environmental pressure and unemployment are more affecting male infertile. Turkish research on QoL found that women had a lower overall quality of life. Women and men who were married for fewer than 10 years had a significantly lower emotional score. Women who had a history of infertility treatment and men who lived in the town or village with primary infertility, men who is lacking primary education, had lower scores for mind/body subscale. In Haryana, India an exploratory study (Rebecca Dillu, 2013) reveals that male QoL is more than female in most of the domains: Emotional, mind/body, relational, social, environmental, and tolerability. The emotional domain was correlated with all except the environmental domain. Fert.QoL is significantly associated with the occupation of the male partner, age, religion, type of family, age at marriage, duration of the marriage, trying for conception and several miscarriages of the female partner. The general health of more than half of the infertile women indicated a degree of disorder. These women face the risk of anxiety, social dysfunction, and depression. Educational status, monthly income, and rural/urban residency are the major factors influencing the QOL. Coping strategies and QoL among infertile women in Egypt (Nemat Ismail Abdel Aziz Ismail, 2017) is described by Core Ferti QoL and Treatment Ferti QoL and the active and passive level of women in it is discussed showing the difference of scores in the infertile women. According to a Palestinian study, the males' total scores of Fert.QoL was higher than females' scores. With better education the mean total of Fert.QoL can be increased, however, it decreases with an increase in age, duration of marriage, duration of infertility, and the number of IVF attempts. Zahra Royani et al in their study in Yazd, Iran exposed the predictors of QoL (Zahra Royani, 2019) and explained that resilience, gender, and education predict the quality of life of infertile couples and the counseling program and resilience should be considered as coping factors.

METHODOLOGY

The study was conducted on 100 couples taking treatment for infertility in private hospitals in Malappuram District, Kerala, India during 2016—17. Standard Fert.QOL questionnaire was distributed to assess various domains of QoL to all individuals. PW, SR, SCR, PF, EA, ES, DC are the predesigned domains in the questionnaire and the response of the questions was assessed from extreme acceptance to not at all on the framed positive answerable questions in numerical Likert scale 1-5. Components of the domain are identified using principal component analysis and each domain is estimated separately for males and females. Using paired t-test, the significant differences if any on the factors were studied. ANOVA was used to study the effect of demographic characteristics on QoL regarding each factor. The linear regression model of QoL on males and females, as well as the logistic model, were determined. There are 7 dimensions to assess the QoL and these dimensions are derived from the following set of questions.

Dimensions	Abbreviation	Questions
Psychological Wellbeing	PW	1--14
Sexual Relation	SR	15--20
Economic Sustainability	ES	21--25
Social contacts and Couple Relation	SCR	26--39
Physical Fitness	PF	40--44
Environmental Atmosphere	EA	45--49
Desire for Child	DC	50--56

RESULTS and DISCUSSIONS

Comparison of age and marital age

	Age		Marital Age	
Age	Male	Female	Male	Female
Average	34.84	28.23	25.21	19.45
SD	3.93	3.48	2.72	2.84

Age of pair are significantly different (t=15.037, p-value =0.000). There is an average age difference of 6 years existing between the paired couple. Marital age of male and female are significantly different (t= 10.34, p-value =0.000).The average duration of fertility treatment is 2.72 years.

Other demographic characters

D. Character	Significant	Not Significant	p-value
Occupation	yes		0.000
Educational Level		yes	0.147
Family History		yes	0.709
Illness		yes	0.322
Risks		yes	0.083
Reasons		yes	0.083
Treatment	yes		0.000

Female Components of QoL

1.Psychological wellbeing -Female (PWF)

Components	Subjects facing	Average	SD	p-value
PWF1	Self- valuing, ability to decisions	2.9905	0.8642	0.4592
PWF2	be positive , self -confident	2.5576	0.9983	0.0168
PWF3	feel sadness , depression	3.7365	1.0634	0.0014
PWF4	anxiety and the negative feeling	3.1092	1.0402	0.0205
PWF5	disturbed of sympathy	2.0393	1.0620	0.0028
PWF	psychological wellbeing	2.8867	0.5476	0.0476

There are 5 components comprised on the psychological well-being of the infertile woman as confidence, depression, decision making, feelings and sympathy. Except PWF1, all the components show lacking of response on moderate opinion. PWF is centered at 2.8867 with SD=0.5476 and it is significantly less than moderate psychological wellbeing expected. PWF is reliable as variance explained of this factor is 75.27% with the least commonality of the factor with the subjects is 0.675 >0.6

2.Sexual Relationship Female (SRF)

Components	Subjects facing	Average	SD	p-value
PWM1	Self- valuing	1.9920	0.7715	0.4581
PWM2	negative feeling, disturbed by sympathy	2.5474	0.9919	0.0000
PWM3	confidence, enjoy free time	3.0054	1.0011	0.0000
PWM4	sadness , depression	3.5313	1.1161	0.0000
PWM5	anxiety, contended	3.1821	0.8951	0.0000
PWM6	Self- satisfied, feel solitude	3.3194	1.0986	0.0000
PWM7	positive attitude	2.0134	0.9534	0.8737
PWM		2.7987	0.3700	0.0002

Components	Subjects facing	Average	SD	p-value
SRF1	adverse on sex feelings, less interested in sex, mechanical	2.1049	1.0310	0.0000*
SRF2	instrumental for conceiving	2.0189	0.9355	0.0000*
SRF3	satisfying sex with husband, feel successful as a woman	1.8904	0.8554	0.0000*
SRF		2.0047	0.5513	0.0000*

Over a range, 1.08-3.46 with a mean of 2.00 the position is 38.84% implying the response on sexual relation is reasonably less stable. Standardized Likert scaling shows a mean of SRF is 2.55 (within 1-5) and it is strictly less than moderate level. (H_1: Mean<3 ,p-value 0.0000) .

3.Economic Sustainability Female (ESF): ESF is framed by ESF1 (sound finance, expensive but effective) and ESF2 (treatment hindering future, discontinue treatment on huge expense).Ranged (1.62-4.42) with mean 2.79 shows mean at 4.02 implies that financial constraints is reasonably high. The standardized range shows a mean of 2.68 accepting a hypothesis that the average response is less than the middle value.(0.026 <0.05). Thus on economic sustainability, the feeling is high for female infertile.

4.Social contact & Couple relationships Female (SCRF)*:* There are 4 components for SCRF as SCRF1 (personal relations, support from family, support from friends, friends understand feelings, getting positive suggestions), SCRF2 (satisfied with family support, spending time with husband, going happily with husband, conscious of needs to husbands), SCRF3(spending time with husband, discuss personal and family matters with husband, free to express matters to husband, free with personal relationships) and SCRF4(avoid interaction with a family with children, avoid attending functions, creating disharmony due to childlessness). Average SCRF is 2.30 on a general range of 1.21-3.87 positioning at 41.1% showing their average response is strong or very high. The converted (1-5) data range had a mean of 2.65 with response less than moderate (<3, p-value 0.011<0.05). The social contact and couple relationship are not moderate and so strong opinion was hold by an infertile woman.

5.Physical fitness Female (PFF): PFF is framed with PFF1 (doing daily duty, the proper concentration, feel healthy) and PFF2 (sleeplessness, the habit of smoking, drinking, taking fast-food). Average of PFF is 2.47<3 (pvalue=0.000) in Likert scale 1 to 5. The actual dimension takes value 1.24-3.71 showing an average of 2.15 on the left-side of scaling at 37.11 % of span. Thus physical fitness is very much accepted by an infertile woman.

6.Environmental Atmosphere Female (EAF): EAF is developed with a unique component varying over (1.23,4.51) having mean 2.01 placed at 23.94 of range implying the negative feelings on the environment. Place of living, accessibility, healthy and safe atmosphere is considered on the environment. The range over 1-5 showed a mean of 1.95 far less compared to 3 ascertaining the dissenting of females in their living environment. (p-value 0.000)

7.The desire for Child Female (DCF): DCF1(Life surrounding to have a child and future planning disturbed, fertility as personal problem and fed up with it.) DCF2 (distressed by remarks and thinking inability of being mother) DCF3 (child alone can make happiness) are the components leading an average 3.46 of the range 1.19-5.18. The shifted 1-5 range hold an average of 3.28 with a high positive response for DCF accepting response is more than moderate (>3, p value=0.016<0.05)

Factor	Cronbach's Alpha	Variance explained
PWF	0.664	75.27
SRF	0.518	66.46
ESF	0.791	62.62
SCRF	0.835	7097
PFF	0.762	61.71
EAF	0.624	96.12
DCF	0.572	76.23

The factors of QoL of the infertile female are consistent with Cronbach's alpha >0.5 for all factors. Also, the factors are more befitting as variance explained by each is >60%.

Weightage of Components: The linear regression model of QoL Female on the above seven components determines the weightage of components and the model holds 97.4% R square showing the goodness of fit with only standard error 0.061 All the standardized coefficients are positive indicating the positive contribution of components to QoL of Female. Also the significance of each component is established as p values are all 0.0<0.05. Also, the model fit is established by ANOVA with p-value 0.000< 0.05.

	Minimum	Maximum	Mean	Std. Deviation	% response
PWF	2.22	5.26	2.8867	0.5476	48.96
SRF	1.08	3.46	2.0047	.5513	38.84
ESF	1.62	4.42	2.7974	.6836	42.02
SCRF	1.21	3.87	2.3082	.6221	41.10
PFF	1.24	3.71	2.1543	.5841	37.11
EAF	1.23	4.51	2.0119	.8283	23.94
DCF	1.19	5.18	3.4689	.8085	57.14
QoLF	1.47	3.53	2.5722	.3975	53.43

Regression Model Female

Model	Unstandardized Coefficients		Standardized Coefficients		t	Sig.
	B	Std. Error	Beta			
	(Constant)	-.017	.063	.000	-.277	.783
	PW	.169	.021	.287	8.195	.000*
	SR	.116	.017	.181	6.896	.000*
	ES	.068	.012	.173	5.850	.000*
	SCR	.241	.021	.372	11.581	.000*
	PF	.075	.018	.124	4.233	.000*
	EA	.087	.013	.204	6.815	.000*
	DC	.108	.013	.247	8.134	.000*

The highest contributing factor is SCRF and another major one is PWF and DCF and EAF. There is a significant difference in SCRF, PFF, and QoL Female among different education groups of an infertile woman.(p values 0.007, 0.015, 0.005) . The minimum score to the female QoL F model is 0.83 and the maximum 4.303 with average 2.575

Male Components of QoL

1. Psychological wellbeing -Male (PMF)

Components	Subjects facing	Average	SD	p-value
PWM1	Self-valuation	1.9920	0.7715	0.4581
PWM2	negative feeling, disturbed by sympathy	2.5474	0.9919	0.0000
PWM3	confidence, enjoy free time	3.0054	1.0011	0.0000
PWM4	sadness , depression	3.5313	1.1161	0.0000
PWM5	anxiety, contended	3.1821	0.8951	0.0000
PWM6	Self-satisfied, feel solitude	3.3194	1.0986	0.0000
PWM7	positive attitude	2.0134	0.9534	0.8737
PWM		2.7987	0.3700	0.0002

There are 7 components on psychological well- being of the infertile man. All components except PWM1, PWM7 show a lack of response from moderate opinion including PWM which is centered at 2.7987 with SD=0.3700 and it is significantly less than moderate psychological wellbeing expected. PWM is reliable as the variance explained of this factor is 80.82% with the least commonality of the factor with the subjects facing is 0.729 >0.6. There is no significant difference between PW of male and female of the couple. (t=0.813 p value=0.420>0.05). The correlation between PWF and PWM of the couple is 0 .845 showing a strong relationship between their response in PW. It is found that the Male and Female components are not similarly distributed in each factor and the responses are also combined in different ways. For example, PWF is composed of 5 components while PWM is formed by 7 components. Similarly, PWF1 is based on self-valuing and ability for decision while PWM1 is composed of self-evaluation only. But as a whole many questions are considered in both male and female infertility factors.

Factor	Cronbach's Alpha	Variance explained
PWM	0.666	80.82
SRM	0.69	65.10
ESM	0.536	85.11
SCRM	0.688	73.37
PFM	0.702	80.6
EAM	0.876	67.08
DCM	0.697	68.16

The factors of Male infertility shows a consistent outcome as all the reliability measures by Cronbach's alpha is greater than 50%. Also, the factors are well representing the objectives as the variance explained by each factor is more than 65%. QoL Male is linearly regressed with a befitting model having R square =97.6% and Standard error 0.06558. Also by ANOVA, the fit is ascertained suitably (p value=0.000). All the standardized coefficients are significant in the model and

Components and its compositions Male

PWM1	self-valuing
PWM2	negative feeling, disturbed by sympathy
PWM3	confidence, enjoy free time
PWM4	sadness, depression
PWM5	anxiety contended
PWM6	self-satisfied, feel solitude
PWM7	positive attitude
SRM1	sex is mechanical for conceiving and getting mechanical
SRM2	feel good as a man but less satisfied with sex as before
ESM1	satisfactory economy and enough money for treatment
ESM2	expensive treatment will solve the problem but hinder future
ESM3	discontinue due to high expense
SCRM1	spending time, freely behaving, conscious on wife relation
SCRM2	getting suggestions and keeping relation with friends
SCRM3	no interaction with children or participating functions
SCRM4	infertility creates disharmony
PFM1	ability to perform live, Satisfied health, Concentrate on activities
PFM2	bad habits of smoking, drinking, fast food
AEM	healthy, safe atmosphere accessible to health service and transport
DCM1	childless is distressing, life limits to have a child and future is limited
DCM2	life round about having a child and distressing the comments
DCM3	infertility is personal and life becomes a difficulty

SCRM (0.493) is most contributing followed by PWM (0.307) and EAM (0.226). The minimum score as per the model is 1.192 with an average score of 2.078 and a maximum score of 4.224.

Regression Model Male

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
	(Constant)	.434	.078		5.565	.000
	PWM	.178	.023	.307	7.821	.000
	SRM	.035	.016	.090	2.218	.032
	ESM	.085	.017	.176	4.865	.000
	SCRM	.260	.025	.493	10.327	.000
	PFM	.045	.022	.092	2.068	.045
	EAM	.084	.016	.226	5.363	.000
	DCM	.071	.014	.192	5.150	.000

Comparison of Factors wrt Sex: From the table, it is clear that except in the psychological wellbeing of women and the economic sustainability of man there is a strong or feeble opinion holds for the participants. Economic sustainability is strongly accepted by females as well as the desire for a child is so strong in both males and females.

	Mean	Std. Deviation	Std. Error Mean	p-value
PWF	2.8867	0.5476	0.0849	0.09107
PWM	2.7987	0.3700	0.0673	0.001396*
SRF	2.0047	0.5513	0.0779	1.31E-37*
SRM	2.2910	0.7162	0.1012	1.28E-12*
ESF	3.6396	0.9068	0.1282	3.06E-07*
ESM	3.1155	0.5726	0.0809	0.92310
SCRF	2.1354	0.5459	0.0772	2.08E-29*
SCRM	2.2591	0.5227	0.0739	6.12E-24*
PFF	2.1543	0.5841	0.0826	6.84E-25*
PFM	1.9921	0.5632	0.0796	5.31E-37*
EAF	2.0119	0.8283	0.1171	1.65E-17*
EAM	1.9826	0.7457	0.1054	2.52E-22*
DCF	3.4689	0.8085	0.1143	2.06E-05*
DCM	3.5055	0.7449	0.1053	8E-07*
QoLF	2.7217	0.4047	0.0572	5.79E-07*
QoLM	2.5211	0.3482	0.0492	1.19E-22*

Comparison of components on male and female model

Pairs	t	Sig.	Correlation	Sig.
PWF , PWM	11.57	0	0.685	0.0019*
SRF, SRM	-2.187	0.034	-0.05	0.729
ESF , ESM	4.216	0	0.363	0.01*
SCRF, SCRM	-1.399	0.168	0.316	0.025*
PFF, PFM	1.463	0.15	0.066	0.647
EAF , EAM	0.23	0.819	0.352	0.012*
DCF , DCM	-0.247	0.806	0.093	0.519
QoLF,QoLM	3.333	0.002	0.369	0.008*

Sex wise comparison of dimensions on various demographic groups

Male			Female		
Demography	Dimensions	Significant	Demography	Dimensions	Significant
Age	PW	0.011	Education	PF	0.015
Religion	ES	0.041		QoL	0.005
	SCR	0.021	Religion	SRF	0.038
	PF	0.045			
	QoL	0.02			
Occupation	ES	0.02			
	QoL	0.029			
Risk	SCR	0.006			
Social Status	SCR	0.036			
Family Status	SCR	0.015			
	PF	0.014			
Family History	PW	0.002			
	PF	0.039			
Reason	PW	0.049			
	EA	0.02			
Treatment	EA	0.002			

In all other factors including the quality of life of males and females, it is strictly less than a moderate level according to an infertile couple. Notably, there is no significant correlation between male and female opinions on many factors. In PW, SR, PF and DC even though there is no correlation, showing that there is no connivance between the infertile couple. ES, SCR, and EA are showing a significant correlation (0.316, 0.352, 0.363) but it is also meager (not strong <0.5 only). Also by the paired t-test, there is a significant difference in the opinion of male and female infertile couples in PW, SR, and ES but no significant difference is found in PF, EA, DC, and SCR. Overall Quality of life of females and male are significantly different with only a limited correlation on overall response.

Significant difference in Demography of QoL and its dimensions: Male dimensions and QoL are more distinctive compared to the female response. SCR is more distinct in four dimensions of male. From the table, religion and occupation contribute positively to the QoL of infertile women while treatment is also influencing their QoL. The model is adequate as Hosmer and Lemeshow's test shows a Chi-square =5.172 with value =0.395 >.05 indicating the befitting of the model. Also by the classification analysis 62% identification of real QoL is achieved by the model. Concerning the demographic factors, the QoL is classified into two groups as better QoL and Lower QoL among the infertile couple. It is found that for Male education, family status and history substantiate for better QoL. Also, some religion and risk factors contribute to the lower QoL for male infertile. The model is adequate as Hosmer and Lemeshow's test shows a Chi-square =8.204 with value =0.414 >.05 indicating the befitting of the model.

Logistic model on QoL

Model for Female

Variable		B	S.E.	Wald	df	Sig.	Exp(B)
	Religion	.467	.587	.633	1	.426	1.595
	Occupation	.539	.307	3.085	1	.079	1.713
	Treatment	-.034	.373	.008	1	.927	1.022
	Constant	-3.000	1.941	2.389	1	.122	.050

From the logistic models for female, religion occupation and treatment are the factors for QoL and Odds ratio shows more than one times effect on them. But the treatment effect is adversely affecting their QoL. Only occupation depicts significant effect (<0.10)

Model for Male

Variable		B	S.E.	Wald	df	Sig.	Exp(B)
	Education	.463	.359	1.670	1	.196	1.590
	Religion	.476	.640	.552	1	.457	1.609
	Risk	.996	1.324	.566	1	.452	2.708
	Family Status	1.159	.726	2.547	1	.111	3.188
	Family History	.820	1.315	.389	1	.533	2.271
	Constant	-8.014	4.737	2.862	1	.091	.000

For male the factors promoting the QoL based on Odds ratio is Education status, Family status, Family History, Religion and Risk of treatment. Family status is very highly influential followed by risk of treatment and family history. Religion and Education also substantiate QoL among males.

CONCLUSION

QoL of the male and female infertile couple are significantly different and they are not reasonably correlated. Thus there is distress and difference of opinion on many issues. Psychological Wellbeing, sexual relations, and economic sustainability are considerably different by husband and wife. The desire for children is very high in both and they believe that future planning of life is spoiled by the lack of children. QoL and most of its dimensions were strongly favored from moderate or no opinion level indicating their concern on most of the dimensions. Social contacts and Couple Relation and Psychological Wellbeing are most contributing factors in QoL male regression model while in addition to these factors Environmental Atmosphere and Desire for Child is contributing high on QoL female regression model SCR is scoring differently by males wrt 4 dimensions, followed by PW and PF in 3 dimensions. Among female grouping wrt demography, there is the only difference of scoring is found in QoL and PF in education and SR in religion.

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