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OPEN PEER REVIEW

Comparison of the Quality of Life in Fertile and Infertile Women Admitted to Shiraz's Healthcare Centers During 2017-2018

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About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

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1 Original submission

1 comment · 19 Jun 2020

Associate Editor

MAJOR REVISION 19 Jun 2020

Dear Professor Lankarani,
Thank you for your invitation. According to the reviewers' comments, it seems the manuscript entitled "Comparison of Quality of Life in Fertile and Infertile Women Referring to Shiraz Health and Care Centers during 2017-2018" needs corrections in nearly all sections.

kindest Regards
SE

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Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Reviewer 1:
1. Report the main findings quantitatively in the abstract.

In this study, a total of 220 fertile and infertile women were studied. Our findings showed the quality of life score in fertile group (72.21 ± 12.74) was higher than infertile (69.86 ± 12.58) group, but this difference wasn't significant. On other hands the physical dimension of quality of life in fertile group (17.55 ± 3.62) was significantly higher than infertile (16.57 ± 3.55) group (p ‹0.05), there was no significant statistical difference was found between the two groups in other areas of quality of life (p› 0.05).

p- Performed (line 13-18 page 1)

2. Reporting exact P-value in the text is necessary.

p- Performed(line 13-18 page 1)

3. How about sampling method? Is it convenience or random?

p- Easy goal-based approach- *convenience*(line 9 page 1)

4. Remove sample size formula or define all the variables.

p- Remove sample size formula(line 94 page4)

5. Did you use Breaf-QOL or WHOQOL?'

p- World Health Quality Of Life-breaf (WHOQOL-BREF) (line 12-page 1)

6. 80-104 is true. Yes, it is correct; based on the scoring stated in the questionnaire, a score of 80 to 104 indicates the highest level of quality of life.

This questionnaire is a 26-item questionnaire that has 4 areas of physical health (questions 2-3-4-10-15-16), psychological health (questions 1-5-6-7-11-17-19-26), social relationships (20-21-22) and social environment (25-24-23-14-18-13-12-9-8). In the questions (1-2-5-6-7-8-9-10-11-12-13-14-15-16-17-18-18-19-20-21-22-23-24-25) to Too much answer is given a score of 4, good 3, average 2, low 1 and zero score at all. And for questions 26-4-3, the answer is very high score of zero, good 1, average 2, low 3, and generally a score of 4. By adding the scores of the questions of each dimension, its score is obtained. Based on the obtained scores, the score of 0-20 quality of life is very low, 40-20 low, 60-40 medium, 80-60 high and 104-80 mobile high.

(line 104-112-page5)

p- Performed

7. SPSS is true. (line 123-page5)

p- Performed

8. Kinship ratio (1p =)?? In both groups, 30 percent had a consanguineous (kinship) relationship and 70 percent did not (Table1) *page17 line 339*

9. Scale of income is not clear. Toman (Iranian currency unit) (Table1)

p- In Table1 defined

10. Where are the results of regression model?

p- This sentence has been deleted. (line 122-page5)

Reviewer 2:
In this article, the author compares the quality of life of fertile and infertile women. The article has many typographical and punctuation errors and should be edited by a professional editor.
p- Performed

The article is reedited by my English editor

The difference between this research and the following research in Shiraz should be explained.
-Namavar Jahromi B et al. Quality of Life and Its Influencing Factors of Couples Referred to An Infertility Center in Shiraz, Iran. Int J Fertil Steril. 2018 Jan; 11(4):293-297.
-Namdar et al. Quality of life and general health of infertile women. Health and Quality of Life Outcomes (2017) 15:139.

-*Namavar Jahromi* etal 1. Includes Only Fertile Women Unlike the present study which compares fertile and infertile women.

2- The sample size is different 3.

3- In the study of -*Namavar Jahromi* et al., The factors affecting the quality of life and the difference in quality of life between couples have been compared. Which is different from our study.

4. *Namdar et al.* Includes Only Fertile Women Unlike the present study which compares fertile and infertile women. In this study in addition to quality of life, general health was examined

ABSTRACT:
In the method section, the sample size is repeated several times.

p- Corrected

220 eligible women (110 fertile and110 infertile(referring to Shiraz Health and Care centers were. (line 9-10page1)

In the conclusion section, the research results were repeated and no discussion of the findings was presented.

p- Corrected. (line 19-21page1)

Conclusion:. The results showed that infertility can reduce the quality of life of infertile women in all dimensions and in the physical dimension this reduction is significant, it seems that infertility diagnostic and therapeutic interventions can affect the quality of life of women in the physical dimension. Further research is needed

Keywords must be selected based on Mesh.

p- Performed. Infertility, women, Quality of Life, fertility, Comparison

(line 23-page1)

METHOD:

The inclusion and exclusion criteria should be given in Section study design and sampling instead of Section study size.

p- Performed. (line 67-74page3)

The study inclusion criteria were the age group of 18 to 48 years, resident of Shiraz, having the ability to read and write. The study exclusion criteria in both groups included dissatisfaction and unwillingness to participate in research, physical problems (spinal cord injury, amputation, paralysis or deformity of the limb), mental illness (disease under the supervision or under the treatment of a psychiatrist or psychologist), medical diseases(cardiovascular disease, lung disease, hyperthyroidism and hypothyroidism, epilepsy, diabetes),having experience of the adventurous events in the last three months(death or acute illness of close relatives, major change in lifestyle) and addiction to alcohol or drugs.

The scoring method is not explained in the questionnaire.
p- The scoring method is based on the score that the subject gets from answering the questionnaire. The analysis is based on a questionnaire score obtained from the sum of the scores.

(line 104-112-page5)

. This questionnaire is a 26-item questionnaire that has 4 areas of physical health (questions 2-3-4-10-15-16), psychological health (questions 1-5-6-7-11-17-19-26), social relationships (20-21-22) and social environment (25-24-23-14-18-13-12-9-8). In the questions (1-2-5-6-7-8-9-10-11-12-13-14-15-16-17-18-18-19-20-21-22-23-24-25) to Too much answer is given a score of 4, good 3, average 2, low 1 and zero score at all. And for questions 26-4-3, the answer is very high score of zero, good 1, average 2, low 3, and generally a score of 4. By adding the scores of the questions of each dimension, its score is obtained. Based on the obtained scores, the score of 0-20 quality of life is very low, 40-20 low, 60-40 medium, 80-60 high and 104-80 mobile high.

The validity of the questionnaire in Iran is only mentioned, its exact score must be given.
p- Performed.

The class's internal correlation for each area of quality of life and overall quality of life was more than 0.7.

(line 117-119page5)

RESULT:
In cases which more than two levels or categories are reported for each variable, such as different income levels, spouse's age categories, etc., post hoc analysis should be performed to specify the exact significant differences between sub-categories.

In Table 2, spelling mistakes should be corrected.

p- Corrected(line400-403-Table 2)

Physical

Social

Environmental
Some of the results are repeated in Table 2 and the text of the article.

p- Corrected(line 139-144page6)

The results of comparing the quality of life in fertile and infertile women also showed that although the score obtained in all areas of quality of life in fertile women is higher than infertile women; except for the physical dimension of quality of life (0.04), no significant statistical difference was found between the two groups in other areas of quality of life including physicalhealth, psychological health, social relationships, environment and total quality of life (Table 2).

DISCUSSION:
The first part of the discussion is actually repeating the research results.

The results of the present study showed that all dimensions of quality of life in infertile women are lower than fertile women, but this difference was only significant in the physical dimension.

p- Corrected

Only studies consistent or inconsistent with the results of the study have been reported, and the possible causes of these should be explained and discussed.
Many parts of the discussion are not based on the research results. For example, there is no data on religious beliefs in the research, but almost half of the discussion is devoted to this issue, and it seems that the whole section (about religious beliefs) should be deleted.

This paragraph is deleted+ spiritual function is deleted

In a study by Ragni et al. (2005) on 1,000 Italian women, no significant difference was found in the quality of life (23). The study of Sezgin et al. on infertile couples showed inconsistent results with our study, and the quality of life in infertile women was significantly lower than that of fertile women in this study (24).The study of Masoumi et al. on fertile and infertile couples also showed inconsistent results with the present study. In this study, the quality of life in fertile couples was significantly higher than that of infertile couples too (P ‹0.001) (7). Also, the study of Xiaoli et al. reported that the overall score of quality of life in infertile women was significantly lower than that of fertile women (p = 0.042). (25).

2. A study conducted by Movahed et al. In Iran showed that 74% of Shirazi families have a democratic structure. Therefore,

Masoumi SZ, Garousian M, Khani S, Oliaei SR, Shayan A. Comparison of Quality of Life, Sexual Satisfaction and Marital Satisfaction between Fertile and Infertile Couples. International Journal of Fertility & Sterility. 2016;10(3):290-6.

(line 147-187,page 7)

The spiritual section was deleted.

The strengths and weaknesses of the study are completely irrelevant and need to be completely rewritten.

One of the strengths of the project is that the present study has strict criteria (lack of physical problems, medical diseases, experience of stressful events in the last three months, and no addiction to alcohol or drugs) for the study inclusion which reduces the impact of disruptive factors. One of the weaknesses of this study is that participants may not have recorded the answers correctly due to the large number of questions and their fatigue.

. (line 193-197page8)

LIMITATIONS:
Many important factors (such as couple relationships, culture, social support, etc.) have not been included in the study or even controlled as intervening variables.
If the study tool was not appropriate, why was it used?

Limitations of the Study Project

The results of this study cannot be generalized to all women because it is a limited-sample size study and our study exclusion criteria may exclude many infertile women from the study and it is necessary to conduct more qualitative studies with a larger sample size in different cities with different cultural backgrounds. Other limitation was Many important factors (such as couple relationships, culture, social support, etc.) have not been included in the study

. (line 199-203page8)

SUGGESTIONS:
This section is problematic in terms of writing, meaning, and content, and is not research-related

Suggestions

It is recommended that the study be conducted in a larger sample size and in different communities .1-*Comparison of quality of life in infertile women undergoing surgical treatment with fertile women 2.Comparison of quality of life in infertile women under medical treatment with fertile women*

. (line 205-209page8)

CONCLUSION:
This part needs to be rewritten. (line 211-214page8)

In the present study, with the exception of physical dimension, the quality of life in fertile and infertile women was not statistically significant in other areas. Infertility and other related issues, such as treatment, seem to have a negative impact on the physical health of infertile couples. These interventions are applied to women so it can affect their quality of physical life. It seems that the differences in the social, cultural and spiritual factors that govern societies, even in different parts of a country, play a significant role in the problems related to infertility and the quality of life of women. Therefore, further studies are needed to identify the influential factors in different societies to maintain and improve the quality of life of women as one of the important and influential members of the family and society.

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According to the reviewers' comment, it seems the manuscript entitled "Comparison of Quality of Life in Fertile and Infertile Women Referring to Shiraz Health and Care Centers during 2017-2018" needs corrections in nearly all sections.kindest RegardsSE

EIC Decision:

Major revision is needed.

Uploaded Files by Reviewers/Associate Editor/EIC:

Below you can find list of files attached by reviewers or associate editor or EIC during the review process (if any).

[Translated from Persian by the Brieflands editorial office.]

2 Revision 1

1 comment · 21 Aug 2020

Referee 1 Reviewer

ACCEPT 21 Aug 2020

Due to the changes made by the author, the article is appropriate.

3

Revision 2

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Dear Dr Reviewers' Comments:

Reviewer 1:
1. Report exact P-value in the abstract.

P- Performed (line 17page 1)

In this study, a total of 220 fertile and infertile women were studied. Our findings showed that the quality of life score in the fertile group (72.21 ± 12.74) was higher than the infertile (69.86 ± 12.58) group, but this difference was not significant. On the other hand, the physical dimension of quality of life in the fertile group (17.55 ± 3.62) was significantly higher than the infertile (16.57 ± 3.55) group (p=0.04); there was no statistically significant difference between the two groups in other areas of quality of life (p> 0.05).

2. The score of 0-20 quality of life is very low, 40-20 low or 20-40? 60-40 medium or 40-60?, 80-60 high or 60-80?104-80 or 80-104?

P- Performed (line 107-108 page4)

dimension, its score is obtained. Based on the obtained scores, the score of 0-20 quality of life is very low, 20-40 low, 40-60 medium, 60-80 high, and 80-104 mobile high

3. P=1 is not true. Report as P>0.99

P- Performed (line 133- page5)

marriage (p = 0.494), number of sexual intercourses (p = 0.105), and kinship ratio(*P>0.99*).

4. Scale of income is toman or thousand toman?

P- Performed *Table 1*

Table 1:

0.0001	22(20) 61(55.5) 27(24.5)	8(7.3) 42(38.2) 60(54.5)	>1500 500-1500 500<	**monthly income** (*Thousand toman)*

5. Remove all the P-values from discussion.

P- Performed (line 146-158 page6)

the quality of life in fertile and infertile women did not differ significantly. However, contrary to our study, the physical dimension of quality of life was higher in infertile women (21). The difference in the results in the physical dimension could be due to the difference in the sample size. In the study of Amiri et al., 511 infertile women and 1017 fertile women were studied. The results of the study carried out by Noorani et al. showed similar results and no statistically significant difference was found between the two groups in other areas of quality of life including physical health, psychological health, social relationships, environment, and total quality of life (22). Lack of difference in the physical dimension of quality of life may be due to receiving fewer diagnostic and therapeutic interventions in infertile women.

The results of the study of Masoumi et al. also showed to be consistent with those of the present study. In this study, the average score of fertile women in all aspects of quality of life was higher than infertile samples. This difference was only statistically significant in physical and environmental

Dear Dr Reviewer 2:

Due to the changes made by the author, the article is appropriate.

Thanks

correspond

3 Revision 2

1 comment · 6 Sep 2020

Associate Editor

ACCEPT 6 Sep 2020

Dear Professor Lankarani,
In the reviewers' opinion, the manuscript is suitable for publication in Shiraz E-Medical Journal.
Kindest Regards
SE