Quality of Life (QoL), aggressive behavior, and self-esteem among employed never-married (spinster) women

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Abstract: *Spinsterhood, especially for women who did not set out to remain single, may be problematic, and a main factor in adjustment of spinsters is the maintenance of self-esteem. This study aim was to describe the Quality of Life (QoL), aggressive behavior, and self-esteem among employed never-married (spinster) women. A cross-sectional descriptive study was conducted in various departments of Fayoum University on 120 spinsters or never married women, 30-year age or older. Data collection was through a self-administered questionnaire with scales for assessment of the QoL, aggression, and self-esteem. The fieldwork was during the period from February to April 2017. The results showed that women's median age was 32.0, and the majority had university education. Only 5.8% perceived marriage as very important and 16.7% as important. The need for marriage was mostly social (84.2%). QoL was low in 61.7%, 22.5% had aggressive behavior, and 55.0% had low self-esteem. A strong significant positive correlation was revealed between aggression and self-esteem (r=0.970). In multivariate analysis, the perception of the importance of marriage was a positive predictor of the self-esteem score, while the socioeconomic level and having a married sister were negative predictors. For aggression score, the positive predictors were the perception of marriage as an emotional need, and self-esteem score, while income, having a married sister, and the perception of marriage as a social need were negative predictors. The positive predictors of the QoL score were the income, socioeconomic level, and perception of marriage importance and social need, while the negative predictors were mother education, the perception of marriage economic and emotional needs, and the aggression scores. In conclusion, spinster women have low self-esteem associated with aggressive behavior, and leading to low QoL. The study has important implications for nursing research, as it points out ways to improve approaches for women in a community setting and directs future studies addressing interventions intended to improve the QoL of spinster women.*

Keywords: *Quality of Life, Aggressive Behavior, Self-Esteem, Spinster, Women*

I. Introduction

Research demonstrated that marriage is positively related to health and wellbeing (**Han et al, 2014; Tatangelo et al, 2017**). Every woman is expected to marry and remain married all her life, as women mostly derive their status from their dyadic roles of wife and mother. However, changes that are transforming this characteristic nuptial behavior have continued, with increasing trends in female age at first marriage in Arab world (**Rashad et al, 2005**), and more selection of spouse based on love and self-persuasion (**Henry et al, 2007**), especially for educated and urban women. Such changes led to increasing numbers of women who remain unmarried until later age, either willingly or unwillingly. The increasing proportion of "never-married" women age 30 and above is indicative of celibacy or spinsterhood, and the problems of singleness and delayed marriage have become endemic (**Castro-Vázquez, 2015**).

Spinsterhood, especially for women who did not set out to remain single, is problematic (**Jin et al, 2013**). The associated negative social identity adversely affects construction of positive self-identity for single women, and the social isolation leads to negative feelings (**Canham, 2015**). Moreover, stigmatization and marginalization are still dominant marks of singlehood in many societies (**Hertel et al, 2007; Byrne, 2008; Ibrahim and Hassan, 2009**). Other challenges faced by spinsters are pressure to marry (**Sharp and Ganong, 2011**), inadequate finance (**Lamanna and Riedmann, 2003**), and exploitation in caregiving (**Trimberger, 2002**), as well as the thoughts of "solo loneliness" and meaningless future (**Hafford-Letchfield et al, 2017**).

One of the main factors in long-term adjustment of spinsters is the maintenance of self-esteem (**Patterson et al., 2003**). Self-esteem is promoted by helping individuals change how they perceive and feel about themselves, and stop self-judgment (**Drievet, 2010**). Meanwhile, low self-esteem may predispose to physical and psychological ill health, and vice-versa (**Bell Meisenhelder, 2011**). It has also been related to early break-up of relationships (**Luciano and Orth, 2017**). Moreover, self-esteem problems may be expressed through abnormal behaviors that may be disruptive (**Tuft, 2010**). Ultimate negative consequences on individual's QoL

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are thus expected since QoL is a reflection of the personal satisfaction in areas of life such as health, leisure activities, interpersonal and community relationships, and the ability to sustain a sense of productivity *(World Health Organization [WHO], 2010; King and Hinds, 2012)*.

Significance of the study

In 2016, the Central Agency for Public Mobilization and Statistics (CAPMAS) in Egypt issued an official report that out of 44 million women, 13 million, in marriage age, are still unmarried. Within the Egyptian culture, high value is placed on marriage being the only religiously and socially approved medium for practicing sexuality. However, the marriage costs are substantially higher in Egypt than in other societies in which a dowry is customary, which adds to the problem of spinsterhood. Our goal is to change the image of the spinster in our society, taking into consideration that one of the reasons why women stay single is because they have no desire for marriage.

Aim of the study

The study aim was to describe the Quality of Life (QoL), aggressive behavior, and self-esteem among employed never-married (spinster) women.

Research Questions
- What are the levels of Qol, aggressive behavior, and self-esteem among employed never-married (spinster) women?
- Are there correlations between levels of Qol, aggressive behavior, and self-esteem sociodemographic characteristics?

II. Subjects And Methods

Design and setting: This cross-sectional descriptive study was conducted in various departments of Fayoum University.

Subjects: Any woman working in the study setting was eligible for being selected in the study sample with the inclusion criteria of being 30-year age or older, and never married, and no exclusion criteria. The total number was 120. This sample size was large enough to estimate a prevalence rate of 50% or higher of low QoL, low self-esteem, or high aggressive behavior with 5% standard error at 95% level of confidence, and compensating for a non-response rate of about 15%. A non-probability convenience sampling technique was used in recruiting participants according to the inclusion criteria.

Data collection tool: A self-administered questionnaire form was used in data collection. It included scales for assessment of the Quality of Life, aggression, and self-esteem in addition to a section for the socio-demographic data such as age, level of education, job, parents' education, income, and perceived socioeconomic level. It also included questions about previous engagement, as well as the perception of the importance and need for marriage.

The self-esteem scale used was developed by *Rosenberg (1965)*. It is a uni-dimensional 10-item scale assessing global self-esteem by measuring both positive and negative feelings about the self. Items are answered using a 4-point Likert scale from "totally agree" to "totally disagree." The items are scored from 3 to 0 respectively, with reversed scoring for positive statements so that a higher score indicates a higher self-esteem. The scores of the total scale are summed up, and means and standard deviations and medians calculated. For categorical analysis, according to tool instructions, a score higher than 15 is considered as high self-esteem, and a score 15 or lower was considered as low self-esteem.

The aggressive behavior scale was based on *Kay et al (1988)*. It is 39-item questionnaire measuring four types of aggressive behavior. These are Physical aggression: 9 items such as "*When someone hurts me I respond by beating him;*" Verbal aggression: 5 items such as "*I feel the desire to insult;*"" Anger: 7 items such as "*When angry, I hit my head with my hand*";; Hostility: 18 items such as "*I often break the norms.*" The responses are on a 5-point Likert scale from "always" to "never." The items are scored from 5 to 1 respectively, with reversed scoring for positive statements so that a higher score indicates a more aggressive behavior. The scores of each category and for the total scale are summed up, and means and standard deviations and medians calculated. For categorical analysis, a score of 60% or higher was considered as high aggressive behavior, and a lower score was considered as low aggressive behavior.

The last section of the questionnaire consisted of the Quality of Life Scale (QOLS), based on the tool originally developed by American psychologist John Flanagan in the 1970's and modified for use by *Burckhardt et al., (2003)*. It has a good reliability and content and construct validity, as well as convergent validity with a number of physical health status and disease measures. The tool has 42 statements with a 5-point Likert scale from "totally apply to me" to "never apply to me." The statements are classified into four dimensions: a) Behavioral such as "*I change my behavior when I feel it is inappropriate;*" b) Physical such as "*I*

am worried about the appearance of wrinkles on my face"; c) Psychological such as "*I am scared of the feeling of become lonely*"; and d) Social such as "*I feel relaxed in my relations with others.*" The items are scored from 5 to 1 respectively, with reversed scoring for negative statements so that a higher score indicates a better QoL. The scores of each category and for the total scale are summed up, and means and standard deviations and medians calculated. For categorical analysis, a score of 60% or higher was considered as high QoL, and a lower score was considered as low QoL.

The tool was vigorously revised by experts in nursing and medical psychiatry. Moreover, the Rosenberg scale is a valid one, and the other two scales are based on validated ones. A pilot study was carried out on approximately 10% of the study sample. Based on its findings, the tool was finalized. The pilot also served to assess the reliability of the three scales through measuring their internal consistency. They showed good reliability with Cronbach alpha coefficients 0.959 for QoL, 0.970 for aggression behavior, and 0.752 for self-esteem scales.

Fieldwork: Permissions were obtained through official channels from the Director of Fayoum University after explanation of the aim of the study and methods for data collection the data. The researcher met with the eligible women individually, explained the aim of the study, and invited them to participate. Those who gave their verbal consent were handed the data collection form along with instructions in how to fill it. It took on average 10-15 minutes for each participant to fill the form. The researcher was present all the time for answering any queries. The filled form was collected and revised to ensure completeness. The work was done two days per week. Data was collected during the period from February to April 2017.

Ethical considerations: All principles of ethics in research were applied according to Helsinki Declaration. The study protocol was approved by pertinent authorities at the Faculty of Nursing. A verbal informed consent was obtained from each participant after explaining the purpose of the study, as well as the rights to refuse or withdraw. The confidentiality of any obtained information was ensured.

Statistical analysis: Data entry and statistical analysis were done using SPSS 20.0 statistical software package. Cronbach alpha coefficient was calculated to assess the reliability of the scales through their internal consistency. Spearman rank correlation was used for assessment of the inter-relationships among quantitative variables and ranked ones. In order to identify the independent predictors of the scores of QoL, self-esteem and aggressive behavior, multiple linear regression analysis was used, and analysis of variance for the full regression models was performed. Statistical significance was considered at p-value <0.05.

III. Results

The study included 120 single women whose age ranged between 30 and 52 years with median 32.0 (Table 1). The majority had university (50.8%) or postgraduate (38.3%) education, and were in employee job positions (94.2%). Slightly less than half of them had fathers with university education (49.2%) and mothers with secondary education (48.3%). More than half of them had housewife mothers (62.5%), resided in rural areas (60.8%), were having insufficient income (55.8%). The majority (86.7%) considered themselves in the middle socioeconomic level.

Table 2 demonstrates that slightly less than a half of the women in the study sample were previously engaged (47.4%), and 27.5% had unmarried sisters. The age-range they considered late for unmarried was between 25 and 40 years, with median 30.0. Only a small percentage of them perceived marriage as very important (5.8%) or important (16.7%). The need for marriage mostly perceived was the social need (84.2%) whereas the economic need was the lowest (43.3%).

As illustrated in Table 3, approximately two thirds of the women in the study sample had low quality of life (61.7%), with the lowest related to the behavioral dimension (30.8%). As regards the aggressive behavior, only less than one-fourth of them had high aggressive behavior (22.5%), with the highest concerning obsessive feelings (30.8%). Meanwhile, slightly more than a half (55.0%) had low self-esteem.

Table 4 points to strong statistically significant negative correlations between women's scores of QoL and those of aggressive behavior and self-esteem. Meanwhile, a very strong statistically significant positive correlation was revealed between the scores of aggression and self-esteem (r=0.970).

As shown in Table 5, the scores of QoL had statistically significant negative correlations with parents' education, and positive correlations with the income and socioeconomic level. Meanwhile, the scores of aggression and self-esteem had statistically significant negative correlations with the income and socioeconomic level. As regards the perceptions of the importance and needs for marriage, they correlated negatively with the QoL scores and positively with the scores of aggression and self-esteem. The strongest correlation was between the score of QoL and the perception of the importance of marriage.

In multivariate analysis, Table 6 shows that the perception of the importance of marriage was a positive predictor of the self-esteem score. Conversely, the socioeconomic level and having a married sister were negative predictors. The model explains 35% of the variation in the self-esteem score.

Concerning the aggression score, the table indicates that the statistically significant independent positive predictors the perception of marriage as an emotional need, and self-esteem score, while income, having a married sister, and the perception of marriage as a social need were negative predictors. The model explains 96% of the aggression score.

The table also demonstrates that the statistically significant independent positive predictors of the QoL score were the income, socioeconomic level, and perception of marriage importance and social need. On the other hand, the negative predictors were mother education, the perception of marriage economic and emotional needs, and the aggression scores. The model explains 81% of the QoL score as shown by the value of r-square.

IV. Discussion

The present study results point to generally low self-esteem and QoL, with a relatively low level of aggressive behavior among spinster women. Most of these women do not consider marriage important, and the most commonly reported need for marriage was the social need, whereas the economic need is the least one. The findings are expected given that the study was carried on employed women who can support themselves economically. Meanwhile, the social pressures may be the leading force that compel them to get married since the look to single women in our society as well as in most oriental communities is still negative. However, this is compensated by giving more consideration to education and advancement at work to be more self-dependent and financially self-supporting as clarified by *Beri and Beri (2013)*. A similarly low level of self-esteem was reported by *Edelman (2007)* who stated that spinster women still struggle with low self-esteem, and little sense of mastery.

According to the present study results, slightly more than a half of the samples of spinster women were having a low level of self-esteem. Such low self-esteem could be explained by the social pressures induced from the community on spinster women, where delayed marriage is considered as a stigma in this society. The consequences are negative feelings of depression, discouragement, shame, hopeless, and anxiety. These negative emotions feed a vicious cycle of withdrawal behavior that only worsens self-esteem *(Choi, 2015)*. In congruence with this, *Reta et al (2016)* in a study in Ethiopia demonstrated a significant effect of stigma on individuals' self-esteem. Moreover, the lack of social support could be another reason underlying low self-esteem. In line with this, a study in the United States revealed the negative effect of lack of social support on women's self-esteem *(Hudson et al, 2016)*. Furthermore, low self-esteem leads to more severe social anxiety, and thus the person enters a vicious circle *(Yen et al, 2013)*.

A number of factors seem to influence the self-esteem of spinster women in the current study. Unexpectedly, the socioeconomic level had a negative independent effect on the score of self-esteem. This might be attributed to a higher feeling of frustration among the spinster women of higher socioeconomic level since they may consider themselves better candidates for marriage compared with those of lower level. They may also receive more critiques from the community for their unexplained delay in marriage. This is further supported by the negative effect of married sister on self-esteem, which may be attributed to feelings of jealousy in addition to a more chance for comparative remarks from others. In line with this, *Baron and Nealey-Moore (2013)* clarified that low self-esteem is caused, in part, by criticism, teasing, blaming behavior, and fear of being ridiculed that affect feelings of self-worth.

The results of the present study revealed that approximately one-fourth of the spinster women had a high score of the aggressive behavior scale. Moreover, the aggressive behavior can take the form of occasional outbursts; it is a common occurrence in the present time, mainly from lack of understanding of the appropriate behavior. The findings indicate the great need for health education and strategies to deal successfully with aggressive behavior. Meanwhile, the expression of anger and the aggressive behavior has been related to certain hormonal changes in women, particularly the endogenous testosterone in a study in Germany *(Buades-Rotger et al, 2016)*. This could open a new pathway in explaining the aggressive behavior related to delayed marriage, but it needs further research.

Concerning the factors influencing spinster women' aggressive behavior, the current study demonstrated potentiating effects of the perception of marriage as an emotional need, in addition to the score of self-esteem, which had the main independent effect. Moreover, the scores of self-esteem and aggressive behavior had a very strong positive correlation, which means that a spinster woman with a higher self-esteem has a more tendency to behave aggressively. The finding is unexpected since healthy self-esteem means being able to realistically acknowledge own strengths and limitations and at the same time accepting self as worthy and worthwhile with no reservations as claimed by *Baumeister et al (2013)*. Our paradoxical finding might be explained by that a higher self-esteem often leads to more assertiveness, and the over-use of assertiveness might simulate aggressive behavior. Therefore, *Carver et al (2010)* recommended that spinster women should become aware of and recognize their own responses. They must recognize that aggression is not an appropriate means of resolving conflicts *(Leppin et al, 2015)*. They need to learn to be assertive rather than aggressive, which would

improve their self-esteem *(Mufti et al, 2015)*, and increase their respect and recognition as a person *(Poursardar et al, 2012)*.

According to the present study findings, a large proportion of the spinster women were having a low score on the QoL scale, reaching approximately two thirds of the sample. This is quite expected given that early marriage for girls is a basic concept in our community, especially in rural areas as in the study setting, where the delay in marriage is socially unacceptable. This would lead to stress and psychological disequilibrium among spinster women, with a negative impact on their QoL. On the other hand, marriage improves emotional wellbeing by giving women a sense that their life has meaning and purpose. In line with this, *Johnson et al (2017)* in a study in the United States found a higher QoL among married women compared with the unmarried ones, and this was attributed to better emotional stability. On the same line, *Rack (2015)* highlighted that marriage, especially a good marriage, supports mental health and QoL. Being married was even associated with less distress among women with rheumatoid arthritis compared with unmarried ones in a study in Morocco *(Yacoub et al, 2011)* and in the QoL of Crohn's disease patients in Greece *(Argyriou et al, 2017)*. However, in contradiction with these findings, a study in India *(Sundriyal and Kumar, 2014)* revealed a lower QoL among married women because of the burden of family responsibilities.

The QoL of the spinster women in the current study had significant positive associations with a number of personal factors such as income and socioeconomic level. The positive effects of such factors on QoL have been previously demonstrated *(Danzer and Skye, 2011)*. However, more importantly, the present study analyses revealed that the QoL is negatively influenced by the emotional and economic need of marriage. The effect of the emotional need could be related to spinster woman's feelings of missing her family role as a beloved wife and a mother. In agreement with this, *Cash and Toney-Butler (2017)* mentioned that a person's recognition or fulfillment of his/her social roles has a positive impact on his/her self-esteem. Meanwhile, the economic need could be related to the relatively low salaries among them, and the feeling of a need for husband's economic role. In congruence with this, *Smith et al (2013)* found that the impact of delayed marriage on QoL is always correlated with the importance of marriage and perception of the social, economic, emotional, and physiological needs for marriage, as these factors may lead to serious psychosocial problems.

Meanwhile, an important independent negative predictor of the score of aggressive behavior among the spinster women in the present study was their aggressive behavior score. This is quite plausible since the aggressive behavior is mostly associated with stressful family and social relationships, which consequently lead to worse QoL. In agreement with this, *Smith et al (2013)* highlighted that suitable behavior has a significant effect on QoL of spinster women. Hence, rehabilitation of women committing aggressive acts could be done through therapeutic counseling, support groups, behavioral therapy, and assertiveness skills and social development programs. This would improve their QoL as reported by *Towey (2013)*.

V. Conclusion And Recommendations

The study demonstrates that spinster women have low self-esteem associated with aggressive behavior, and leading to low QoL. The study has important implications for nursing research, as it points out ways to improve approaches for women in a community setting and directs future studies addressing interventions intended to improve the QoL of spinster women. However, the lack of temporality in the cross-sectional design should be considered when interpreting the relations among the various study variables. Training programs aimed at enhancing spinster women's social competence skills and community engagement are recommended to prevent aggressive behaviors and improve their QoL. Moreover, incorporating them into social development projects and expanding their participation in professional and political life and public culture could be of help. More in-depth qualitative research is proposed in different areas in Egypt for full understanding of the impacts of delayed marriage and the underlying factors.

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Table 1: Socio-demographic characteristics of women in the study sample (n=120)

	Frequency	Percent
Age:		
30-	76	63.3
35+	44	36.7
Range	30.0-52.0	
Mean±SD	32.9±5.1	
Median	32.0	
Education:		
Basic/Secondary	13	10.8
University	61	50.8
Postgraduate	46	38.3
Job:		
Employee	113	94.2
Worker	7	5.8
Father education:		
Read/write/ Basic	26	21.7
Secondary	35	29.2
University	59	49.2
Mother education:		
Read/write/ Basic	40	33.3
Secondary	58	48.3
University	22	18.3
Mother job:		
Housewife	75	62.5
Working	45	37.5
Residence:		
Rural	73	60.8
Urban	47	39.2
Income:		
Insufficient	67	55.8

Sufficient	53	44.2
Socioeconomic level (reported):		
Low	11	9.2
Middle	104	86.7
High	5	4.2

Table 2: Women's perception of marriage and history of engagement (n=120)

	Frequency	Percent
Was previously engaged	57	47.5
Have married sister(s)	63	52.5
Have unmarried aged sister(s)	33	27.5
Age considered late for unmarried:		
<35	92	76.7
35+	28	23.3
Range	25.0-40.0	
Mean±SD	30.8±2.9	
Median	30.0	
Perception of marriage importance:		
Very important	7	5.8
Important	20	16.7
Ambivalent	44	36.7
Not important	49	40.8
Perception of marriage as a need:		
Social	101	84.2
Economic	52	43.3
Emotional	88	73.3
Physiological	81	67.5

Table 3: Self-esteem, aggressive behavior, and Quality of Life (QoL) among spinster women in the study sample (n=120)

	Frequency	Percent
Self-esteem (60%+):		
High	54	45.0
Low	66	55.0
Aggressive behavior (60%+):		
Against objects	29	24.2
Against self	19	15.8
Against others	11	9.2
Perception of self	50	41.7
Obsessive feelings	37	30.8
Perception by others	36	30.0
Total aggression:		
High	27	22.5
Low	93	77.5
High (60%+) QoL:		
Behavioral	37	30.8
Physical	45	37.5
Social	48	40.0
Psychological	48	40.0
Total QoL:		
High	46	38.3
Low	74	61.7

Table 4: Correlation matrix of QoL, aggressive behavior, and self-esteem scores

	Spearman's rank correlation coefficient		
	QoL	Aggressive behavior	Self-esteem
Quality of Life (QoL)			
Aggressive behavior	-.836**		
Self-esteem	-.773**	.970**	

(**) Statistically significant at p<0.01

Table 5: Correlation matrix between spinster women's self-esteem, aggressive behavior, and Quality of Life (QoL) scores and their characteristics

	Spearman's rank correlation coefficient		
	Self-esteem	Aggressive behavior	QoL
Age	0.09	0.09	-0.14
Education	-0.09	-0.07	0.08
Father education	0.09	0.10	-.187*
Mother education	0.04	0.06	-.232*
Income	-.387**	-.397**	.477**
Socioeconomic level	-.423**	-.384**	.304**
Age considered late for marriage	-0.10	-0.04	0.10
Importance of marriage	.438**	.459**	-.539**
Perception of need for marriage:			
Social	.387**	.329**	-.332**
Economic	.347**	.383**	-.592**
Emotional	.312**	.350**	-.442**
Physiological	.355**	.361**	-.482**

(*) Statistically significant at p<0.05   *(**) Statistically significant at p<0.01*

Table 6: Best fitting multiple linear regression model for the QoL, aggression, and self-esteem scores

	Unstandardized Coefficients		Standardized Coefficients	t-test	p-value	95% Confidence Interval for B	
	B	Std. Error				Lower	Upper
Self-esteem score							
Constant	4.10	0.39		7.644	<0.001	3.34	4.87
Socioeconomic level	-0.81	0.15	-0.43	5.322	<0.001	-1.11	-0.51
Have married sister	-0.26	0.12	-0.19	2.279	0.025	-0.49	-0.03
Marriage importance	0.28	0.06	0.36	4.450	<0.001	0.15	0.40
r-square=0.35 Model ANOVA: F=23.61, p<0.001 Variables entered and excluded: age, education, residence, income, perception of needs, previous engagement, parents education and mother job, unmarried sisters							
Aggression score							
Constant	-0.90	0.10		8.803	<0.001	-1.10	-0.70
Income	-0.12	0.03	-0.07	3.547	0.001	-0.18	-0.05
Have married sister	-0.09	0.03	-0.05	2.593	0.011	-0.16	-0.02
Marriage social need	-0.23	0.04	-0.13	5.500	<0.001	-0.31	-0.15
Marriage emotional need	0.13	0.03	0.10	4.429	<0.001	0.07	0.19
Self-esteem score	1.27	0.03	0.96	48.703	<0.001	1.22	1.32
r-square=0.96 Model ANOVA: F=631.30, p<0.001 Variables entered and excluded: age, education, residence, perception of economic and physiological need, importance of marriage, previous engagement, parents education and mother job, unmarried sisters							
QoL score							
Constant	4.62	0.28		16.322	<0.001	4.06	5.18
Mother education	-0.13	0.03	-0.16	3.827	<0.001	-0.20	-0.06
Income	0.15	0.08	0.10	1.919	0.058	0.00	0.30
Socioeconomic level	0.22	0.11	0.10	2.044	0.043	0.01	0.44
Marriage importance	0.13	0.06	0.14	2.040	0.044	0.00	0.25
Marriage social need	0.25	0.08	0.16	3.018	0.003	0.09	0.42

Marriage economic need	-0.31	0.06	-0.30	5.226	<0.001	-0.42	-0.19
Marriage emotional need	-0.19	0.07	-0.15	2.509	0.014	-0.33	-0.04
Aggression score	-0.62	0.05	-0.69	13.735	<0.001	-0.71	-0.53

r-square=0.81   Model ANOVA: F=64.90, p<0.001
Variables entered and excluded: age, education, residence, perception of physiological need, previous engagement, mother job, unmarried sisters

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