STEPHY Publishers

Trends in Urology and Nephrology Research

Research Article

ISSN: 2995-3871

Premature Ejaculation-A Taboo in Islamic Culture Effecting Self-Esteem and Relationship of Pakistani Men

Salman Jamil,* Muhammad Adnan, Naureen Ahmed Syed

Department of Urology, Bakhtawar Amin Trust Teaching Hospital Multan, Pakistan

Abstract

Background and Objective: Premature ejaculation is a common sexual dysfunction, severely affecting quality of life and relationship of married men. It is a taboo topic in Muslim population and not much data available in male dominant society like Pakistan. We aim to measure the impact of PE on married men by using Self-esteem and relationship questionnaire (SEAR).

Material and Methods: Men presenting in outpatient clinic with features of PE were asked to fill the premature ejaculation diagnostic tool to confirm the diagnosis of PE and Self-esteem and relationship questionnaire (SEAR) to measure the effect of PE on self-esteem and relationship status. Equal numbers of controls were also asked to fill out the SEAR questionnaire. Data was analyzed by R version 5.2. Wilcox test was used to compare continuous variables and p-value of <0.05 considered as significant. Univariate analysis was done to determine factors predicting self-esteem and total relationship score.

Results: There were 48 patients in each group. The mean age of PE group was 31.06+/- 8.35 and mean age of control group was 33.67+/-10.79. Mean Self-esteem and total SEAR score of PE group was 11.04+/-2.25 and 39.5+/-7.23 respectively while mean self-esteem and total SEAR score of control group was 18.27+/-0.91 and 64.20+/-3.13 respectively, both of which are statistically significant. We also performed the univariate analysis of self-esteem and total SEAR score but could not find the statistically significant factors predicting self-esteem and total relationship.

Conclusion: Premature ejaculation is a significant problem negatively effecting self-esteem and relationship of married Pakistani men. Early diagnosis, treatment and psychological counseling are required to deal with this common problem.

Keywords: Premature ejaculation, Muslim men, SEAR questionnaire

Introduction

Premature ejaculation (PE) is an ejaculatory disorder which is a most common sexual dysfunction effecting approx. 20-30% male population at any time.[1] There is no single standard definition of premature ejaculation in literature. Some definitions take into consideration different aspects of this condition including sexual satisfaction, distress, interpersonal relationship, lack of control over ejaculation, latency time. Some definitions also consider the effect of these parameters on partner as well but impact on partner have been less studied.[2] The International society of sexual medicine (ISSM) adopted the evidence-based definition of premature ejaculation[3,4] in which it has following features:

1. Ejaculation that always occurs before or within about one minute of vaginal penetration
2. (Lifelong PE) or a clinically reduced in latency time, to about three minutes or less (acquired PE).
3. Unable to delay ejaculation on all or nearly all vaginal penetrations.
4. Negative personal consequences, such as distress, bother, frustration, and/or the avoidance of sexual intimacy.

Most patients don't seek medical advice due to shame and embracement. Literature showed that only 1-12% of male with self-reported PE seek medical advice for their sexual dysfunction.[5,6]

Premature ejaculation (PE) imparts many negative effects on affected male including psychological distress, reduced self-confidence, interpersonal difficulty, mental preoccupation and intense feelings of worry, embracement and fear of failure.[7] The effects of PE are not limited to males only, it also causes significant negative effects in female partners including decreased sexual satisfaction, psychological distress and interpersonal difficulty. A study by Rowland concluded that both male and female almost suffer equally from PE and their suffering is correlated significantly.[8,9]

Quick Response Code:

***Corresponding author:** Salman Jamil, Department of Urology, Bakhtawar Amin Trust Teaching Hospital Multan, Pakistan

Received: 16 April, 2024 **Published:** 26 April, 2024

Citation: Salman Jamil, Muhammad Adnan, Naureen Ahmed Syed. Premature Ejaculation-A Taboo in Islamic Culture Effecting Self-Esteem and Relationship of Pakistani Men: Research Article. *Trends Uro Nephro Res*. 2024;3(1):1–4. DOI: 10.53902/TUNR.2024.03.000511

The effects of PE on relationship and self- esteem are less studied in Muslim men as it is a social stigma in male dominant society. A study by Sam. done in Egyptian population concluded that PE significantly affect quality of life of both male and female partners.[8] So in the dearth of data in Muslim population, we aim to measure the self–esteem, confidence status and relationship of males with PE by using SEAR questionnaire.[10]

Materials and Methods

After institutional review committee approval, men presenting in Urology outpatient clinic with features of PE were included and informed consent obtained. Participants were asked to fill premature ejaculation diagnostic tool for diagnosis of PE and self –esteem and relationship questionnaire (SEAR) to measure effects of PE on men. Men with infertility, with erectile dysfunction and those who cannot understand the SEAR questionnaire were excluded from the study.

Normal married men coming to outpatient clinic either with some unrelated problem or normal men accompanying the PE patients were asked to fill the SEAR questionnaire as a control group. The SEAR questionnaire has domains of self-esteem, sexual relationship, confidence, overall relationship domain and total score. For the purpose of evaluation, each domain score, subscale score and total score were transformed into a 0-100 scale by using the following equation: transformed score=100*{(actual raw score-lowest possible raw score)/possible raw score range}. The transformed score 0 means least favorable response and 100 stands for most favorable response. Mean transformed score of both the groups were compared. Data was analyzed by R version 5.2. Wilcox test was used to compare continuous variables and p-value of <0.05 considered as significant. Univariate analysis was done to determine factors predicting self-esteem and total relationship score.

Results

During the study period, 96 men coming to outpatient clinic were studied, 48 with premature ejaculation and an equal number of normal men were taken as controls. Baselines demographics of both the groups are shown in Table 1. The mean age and duration of marriage are comparable in both groups but control group has longer duration of marriage. The score in subscale domain for sexual relationship, self-esteem, confidence, overall relationship and total SEAR score are shown in Table 2. The mean transformed score of individual domains and total score was significantly lower among premature ejaculation patients. We also performed the univariate analysis for self –esteem score and total SEAR score but could not find the statistically significant factors associated with lower scores in study group Table 3,4.

Table 1: Baseline demographics of the study and control group

	Premature Ejaculation Group		Control Group		P Value
	Mean	SD	Mean	SD	
Age(Years)	31.06	8.35	33.67	10.79	0.184
Marriage Duration	6.16	5.13	8.17	8.56	0.1662
PE Duration(years)	4.6	2.94			
Socioeconomic status (Upper)	8		7		
Middle or lower	40		41		
Education (Graduate)	22		15		
Non Graduate	26		33		
Co-Morbid(DM)	10		9		
HTN	9		10		

Table 2: Comparison of SEAR scores of study and control group

SEAR Domain	Premature Ejaculation Group		Control Group		P Value
	Mean	SD	Mean	SD	
Sexual(1-8)	22.33	4.15	36.54	1.89	<0.0001
Confidence(9-14)	17.27	3.17	27.66	1.38	<0.0001
Self-esteem(9-12)	11.04	2.27	18.27	0.91	<0.0001
Relationship(13-14)	6.33	1.09	9.41	0.76	<0.0001
Total	39.5	7.23	64.2	3.13	<0.0001

Table 3: Univariate analysis of self-esteem score

Univariate	Estimate	Standard error	p-value
Age	1.51	1.21	0.54
PE duration	3.74	2.99	0.27
Co-morbid	0.254		0.82
Education	17.37	13.89	0.67

Table 4: Univariate analysis of total SEAR score

Univariate	Estimate	Standard error	p-value
Age	23.57	2.94	0.28
PE duration	38.48	4.81	0.18
Co-morbid	4.9		0.76
Education	107.7	13.47	0.69

Discussion

Premature ejaculation is a common sexual dysfunction with variable prevalence in the literature due to lack of single standard definition or diagnostic criteria. Some reported its prevalence as high as 83.7% and some as low as 9 % but in most of the literature its prevalence is around 20-30%.[11,12] Hanafy reported a prevalence of 26.7% in Egyptian Muslim population.[8] There are many factors that can lead to premature ejaculation like organic, psychological and genetic but no single factor is agreed upon as a sole cause.[13,14]

In an Islamic country like Pakistan, the sex and sexual problems are not openly discussed unlike western population. The perspective of Pakistani men of sex is to be control of their ejaculation, so that the female partner can achieve orgasm and if they unable to do so, it drastically affect their quality of life and relationship. In literature, many questionnaires are available to measure quality of life such as sexual life quality questionnaire (SLQQ). Erectile dysfunction-Effect on quality of life (ED-EQoL) and Self-esteem and relationship questionnaire (SEAR). We used SEAR questionnaire as it measured self-esteem as well as relationship status of an individual.

The present study revealed a significant decrease in overall quality of life and relationship difficulties, these results are in accordance with Bahadir, who used a short form (SF-36) to measure effect of PE on quality of life and concluded that PE has a significant negative impact on patients.[15] Shindel[16] reported a mean Sexual score of 20.6 and mean Self-esteem score of 19.3 while in our study the mean Sexual score of 22.3 and mean self-esteem score of 11.04. The decrease in self-esteem score in our population is likely due to extra psychological stress and fear of failure in Muslim men.

To the best of our knowledge, there is no previous study available in Pakistan describing the negative consequences of PE on confidence and relationship status. This is the first study in Pakistan which will open the corridors of further research of this taboo topic in our population. We also performed the univariate analysis to find out the factors leading to low Self-esteem and total SEAR score but unfortunately could not find any significant factor.

Limitations of our study are small sample size, impact of male PE on female quality of life not assessed.

Conclusion

PE is the sexual dysfunction significantly affecting the self-esteem and relationship of a married couple in a Muslim population. There is no single standard definition and no standard treatment for this problem. Early and better understanding of the problem and psychological counseling is required to deal with this common problem.

Acknowledgements

None.

Funding

This Research Article received no external funding.

Conflict of Interest

Regarding the publication of this article, the authors declare that they have no conflict of interest.

References

1. Rosen R, Porst H, Montorsi F. The premature ejaculation prevalence and attitudes (PEPA) survey:A multi-national survey [abstract]. 11th World Congress of the International Society of Sexual and Impotence Research, October 17–21,2004.
2. Rowland DL, Cooper SE, Schneider M. Defining premature ejaculation for experimental and clinical investigations. *Arch Sex Behav*. 2001;30(3):235-253.
3. Serefoglu EC, McMahon CG, Waldinger MD, et al. An evidence-based unified definition of lifelong and acquired premature ejaculation: report of the second International Society for Sexual Medicine Ad Hoc Committee for the Definition of Premature Ejaculation. *J Sex Med.* 2014;11(6):1423-1441.
4. Rowland DL, Althof SE, McMahon CG. The Unfinished Business of Defining Premature Ejaculation: The Need for Targeted Research. *Sex Med Rev*. 2022;10(2):323-340.
5. Carson CC, Glasser DB, Laumann EO, et al. Prevalence and correlates of premature ejaculation among men aged 40 years and older: a United States nationwide population-based study. 530 WALNUT ST, PHILADELPHIA, PA 19106-3621 USA: LIPPINCOTT WILLIAMS & WILKINS. *Journal of Urology*. 2003;169(4):321-322.
6. Hartmann U, Schedlowski M, Krüger TH. Cognitive and partner-related factors in rapid ejaculation: differences between dysfunctional and functional men. *World J Urol*. 2005;23(2):93-101.
7. Rowland DL, Patrick DL, Rothman M, et al. The psychological burden of premature ejaculation. *J Urol*. 2007;177(3):1065-1070.
8. Hanafy S, Hamed AM, Hilmy Samy MS. Prevalence of premature ejaculation and its impact on the quality of life: Results from a sample of Egyptian patients. *Andrologia*. 2019;51(8):e13298.
9. Côté Léger P, Rowland DL. Estimations of Typical, Ideal, Premature Ejaculation, and Actual Latencies by Men and Female Sexual Partners of Men During Partnered Sex. *J Sex Med.* 2020;17(8):1448-1456.
10. Cappelleri JC, Althof SE, Siegel RL, et al. Development and validation of the Self-Esteem and Relationship (SEAR) questionnaire in erectile dysfunction. *Int J Impot Res.* 2004;16(1):30-38.
11. Shaeer O, Shaeer K. The Global Online Sexuality Survey (GOSS): ejaculatory function, penile anatomy, and contraceptive usage

among Arabic-speaking Internet users in the Middle East. *J Sex Med*. 2012;9(2):425-433.

12. Fugl Meyer K, Fugl Meyer AR. Sexual disabilities are not singularities. *Int J Impot Res.* 2002;14(6):487-493.
13. Waldinger MD. The neurobiological approach to premature ejaculation. *J Urol*. 2002;168(6):2359-2367.
14. Metz ME, Pryor JL, Nesvacil LJ, et al. Premature ejaculation: a psychophysiological review. *J Sex Marital Ther*. 1997;23(1):3-23.
15. Ermeç B, Yucetas U, Güler H, et al. Evaluation of the quality of life of patients with premature ejaculation (lifelong and acquired). *Rev Assoc Med Bras (1992).* 2022;68(9):1303-1307.
16. Shindel AW, Nelson CJ, Naughton CK, et al. Premature ejaculation in infertile couples: prevalence and correlates. *J Sex Med.* 2008;5(2):485-491.