

## Prevalence of Anxiety, Depression and Stress among Premature Ejaculation Peoples

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### Abstract:

**Background:** The phrase premature ejaculation can be described as the phenomenon in which men are unable to regulate the process of ejaculation themselves. Many researchers specify that premature ejaculation is one of the most wide-spread diseases in men, and its frequency in adults constitutes 14 – 30%. Hence, for a man who has sexual health, it has been deemed mandatory to ensure that he has mental health together with the required physical health. A number of investigations that addressed the psychological disorders in patients with premature ejaculation established a high level of anxiety depression and stress in those patients; it was evident that anxiety rises with premature ejaculation.

**Methodology:** Cross-sectional design for measuring the prevalence of anxiety, depression and stress among man with premature ejaculation. A convenience sample of (N= 240).

**Objective:** To measure the prevalence of anxiety depression and stress among man with premature ejaculation.

**Conclusion:** The recent study aims to measure the prevalence of Anxiety, Depression and Stress among peoples with premature ejaculation. The results indicate that more young adults with age 27-31 years in rural residency. These results can draw a conclusion that some of predicaments suffer from anxiety, depression and stress.

**Result:** The study found that the age group 27-31 represents 27.1% of the participants. Also, 27.1% of participants suffered from extremely sever anxiety. While 28.8% of participants suffered from a moderate level of depression. Also, 19.2 of them with moderate stress. There are a significant relationship between economic state and anxiety, depression and stress.

**Keywords:** Premature ejaculation, depression, anxiety

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# Introduction

Personal exploration: According to Santillán-Romero et al., (2024), premature ejaculation normally refers to the inability of men to deliberately influence the ejaculation reflex. Premature ejaculation is one of those sexual disorders that are most widely spread among men; the incidence rate in adults varies from 14 to 30 percent (Liu et al., 2019). However, for a man to be sexually healthy, it would mean that besides been physically healthy, he should also be mentally healthy. Several research findings that focused on the psychological part of persons with PE suggested elevated levels of anxiety, depression, stress the rates of which also increased among patients with PE; literature proof states that PE leads to anxiety (Demirci et al., 2023).

Bidirectional premature ejaculation and stress, depression and anxiety. Stress, depression and anxiety have a negative impact on the sexual relationship of couples. In contrast, the consequence of poor sexual performance as well as the partial satisfaction of the marital relationship cause higher levels of frustration and anxiety between the partners (Nahar et al., 2022).

Premature ejaculation in men is partial and is sub classified into two types; the first type occurs during the initial conjugal experience and the second type is noticeable during the period of active sexual experience. It has been established that married men of child-bearing age, who have a mutually exclusive sexual relationship but who suffer from premature ejaculation, reported some marital problems in relation to this aspect of marriage, stating they had increased levels of anxiety, irritability and problems of orgasm compared to normal controls (Fiala et al 2021).

The level of anxiety and depression was moderate for the women involved in this study while their stress level enhanced to severe. The perception is unhealthy for wives it erases their health because of what it means to their partners. Besides, in addition to the responsibilities and roles that women play, it also forms a more stressful environment which raises stress level that in turn hinders satisfaction in relationship as well as poor psychological health.

## Methodology:

### Design of the Study:

To establish the prevalence of anxiety, depression and stress among peoples with premature ejaculation, the design of the study was Cross-sectional design.

### Setting of the Study

The study was conducted in Babylon Governorate and the target community was reached in Babylon Governorate, which is the study community.

### Population and Sampling plan

The target community for our study was men with premature ejaculation. An appropriateness sample of (N= 240) man who met the search criteria's was included regardless to their gender group, marital status, residency. These criteria were used to reflect the general characteristics of peoples.

### Study Instrument

A valid two parts questionnaires. This instrument was used to measure the prevalence of anxiety, depression and stress among peoples with premature ejaculation.

The parts of the questionnaire divided to two parts as follow:

**Part 1:** First part includes the socio-demographic variables of students (age, marital status, residency, economic status).

**Part 2:** This part includes the DASS (Depression Anxiety Stress Scales) 21, which contains (21) items that answer the study question regarding to the psychological affect among peoples. This original scale was proposed by (Lovibond& Lovibond, 1995). The revised scale is widely used to measure the anxiety, depression and stress among peoples with premature ejaculation.

This scale is a self-completed questionnaire which gets its data on the four point rating scale; zero (not at all), one (a little, sometimes), two (to some extent, often), three (to a considerable extent, mostly).e). In this assessment, the participant can have a minimum score of 0 while the maximum score is 63.

**Table 1: Severity rating scale of DASS-21 subscale**

Severity	Depression	Anxiety	Stress
Normal level	0-9	0-7	0-14
Mild level	10-13	8-9	15-18
Moderate level	14-20	10-14	19-25
Sever level	21-27	15-19	26-33
Extremely Sever level	+28	+20	+34

#### **Data Collection:**

After obtaining all required approvals, the data collection process started from July 8, 2024 to July 30, 2024. One type of data collection process was used to obtain a suitable framework within the limited time frame. The questionnaire was distributed in paper formation. The paper form was handed to participants who were selected from the Babylon hospitals and public areas. The study's purposes were explained to all participants and were asked for voluntary participation. Participants were asked to complete the questionnaire the paper form .Participants who reported doesn't having premature ejaculation problems were not allowed completing the questionnaire.

#### **Statistical Data Analysis:**

Several statistical measures were used by using SPSS program (version, 23), and Microsoft excel (2016) in order to analyze and evaluate the results of the study.

1. Correlational analysis was used to estimate the associations between economic state and (anxiety, depression and stress).
2. Descriptive analysis was also used to describe the sample characteristics, as well as, the levels of (anxiety, depression and stress) among the peoples with premature ejaculation.

#### **Result of the study:**

This results of the data analysis systematically in tables and these corresponded with the aims of the study as follows:

**Part1:** Descriptive statistics of study variables (dependent and independent).

**Table 1: Descriptive statistics of men socio-demographic details.**

Socio-demographic information		f.	%
Age Group	22-26 y	26	10.8
	27-31 y	65	27.1
	32-36 y	39	16.3
	37-41 y	46	19.2
	42-46 y	31	12.9
	47-51 y	22	9.2
	52-56 y	7	2.9
	more than 57 y	4	1.7
	Total	240	100.0
Marital Status	Single	28	11.7
	Married	206	85.8
	Divorce	6	2.5
	Widow	0	0
	Total	240	100.0
Address	Urban Area	190	79.2
	Rural Area	50	20.8
	Total	240	100.0
Monthly Income	Enough	119	49.6
	Enough To Some Extent	105	43.8
	Not Enough	16	6.7
	Total	240	100.0

Table (1) appears for the socio-demographic variables of study participants with total participants (240) men. The majority of participants (27.1%) aged between 27 – 31 years old. In regard to their marital status, the highest percentage of adults were married (85.8%); (79.2%) live in urban areas. almost all participants reported that their financial earning was enough (49.6%).

**Table 2: Descriptive statistics of Depression, Anxiety and Stress among peoples with premature ejaculation:**

Statistics			
	Depression	Anxiety	Stress
N	240	240	240
Mean	13.9000	12.7333	15.4750
Minimum	.00	.00	.00
Maximum	38.00	42.00	40.00

This table shows that the adults Depression, Anxiety and Stress. The (15.47) of adults had stress and very low (12.7) represent had anxiety.

**Table 3: Descriptive statistics of subscales for Depression, Anxiety and Stress among peoples with premature ejaculation:**

Psychological Health Subscale		Frequency	Percentage
Anxiety	Normal	82	34.2
	Mild Level	17	7.1
	Moderate Level	54	22.5
	Sever Level	22	9.2
	Extremely Sever	65	27.1
	Total	240	100.0
Depression	Normal	91	37.9
	Mild Level	29	12.1
	Moderate Level	69	28.8
	Sever Level	31	12.9
	Extremely Sever	20	8.3
	Total	240	100.0
Stress	Normal	120	50.0
	Mild Level	36	15.0
	Moderate Level	46	19.2
	Sever Level	27	11.3
	Extremely Sever	11	4.6
	Total	240	100.0

Table (3) represents the psychological health levels of men, as well as the psychological health subscale (anxiety, depression, and stress). The findings of psychological health subscale indicate that (34.2%) had normal level of anxiety, followed by extremely sever level (27.1%); normal level of depression (37.9%), followed by moderate depression level (28.8%); normal level of stress (50.0%), followed by moderate level (19.2%).

**Table 4: Relationship between economic status and depression, anxiety and stress.**

#### Correlations

		econmic status	total depression 2
economic status	Pearson Correlation	1	.175**
	Sig. (2-tailed)		.007
	N	240	240
total depression 2	Pearson Correlation	.175**	1
	Sig. (2-tailed)	.007	
	Anxiety	.000	.246
	Stress	.002	.198

To establish the correlation between economic status (depression, anxiety and stress) a Pearson correlation analysis was employed. The table (4) shows that there is statistical significant relationship between them. ( $r=.175$ ,  $p=.007$ ), ( $r=.246$ ,  $p=.000$ ), ( $r=.198$ ,  $p=.002$ ),

## Discussion:

### Part 1: Descriptive statistics of study variables

#### Descriptive statistics of sociodemographic information.

The results in table one also indicate that adults were aged between 27 – 31 old year's represent 1/3 of the study sample. The findings of the current study revealed that the majority of the study samples (85.8%) were married, and the majority (79.2%) lives in urban areas. Most of the participants reported that their financial income was fairly adequate (49.6%).

### Part 2: Descriptive statistics subscales in anxiety, depression and stress.

#### Table 3:

The findings of psychological health subscale indicate that (34.2%) had normal level of anxiety, followed by extremely sever level (27.1%); normal level of depression (37.9%), followed by moderate depression level (28.8%); normal level of stress (50.0%), followed by moderate level (19.2%). Anxiety is a reasonable mechanism to interpret either the start or the perseverance of premature ejaculation (Rajkumar, 2014).

Several of the men reported important emotional distress linked with their sexual dysfunction. Premature ejaculation influenced them emotionally and visibly affected their self-trust: "Not being able to dominance there in that case produce you feel lack "; and "When you cannot make happy your partner, you by some mean sense like there's a big side of you that is loss or failed." As well for feeling ineffective, several of the men announced sense of anxiety, frustration, irate, and letdown. The man feels frustrated about their premature ejaculation and how it influenced their intimate with their women and sexual relation. Generally, the emotional influences were related to not sensing masculinity specific to societal expectations. Statements that are common among men: "And it all relates to n't having control. You are irate because you cannot control the position"; and I'd prefer to be can to enjoy the whole sexual practice without having stress sensing." (Revicki et al., 2008). Recent results propose that men with PE report more frequent sexual problems linked with elevated anxiety and interpersonal difficulties. Also, the neuroendocrine alterations were tested also compared with other trends of stressful expertise (Sajdlova and Fiala, 2022). With this in mind, the neuroendocrine alterations were tested in men with PE and compared to other trends of stressful expertise to show if there was any association that could show how these factors may participate in the etiology of PE (Fiala et al., 2021). A complex interplay of neurophysiological factors is likely to fundamentally affect PE. Particularly, weakness of inhibitory serotonin passageways that control ejaculation, which are changed by 5-hydroxytryptamine receptor 2C, 5-hydroxytryptamine1a, and 5-hydroxytryptamine b receptors and synaptic serotonin carriers, have been mentioned to be associated with lifelong premature ejaculation (Liu et al., 2019). Many mental factors of sexual intercourse like "attitude toward copulation," "seriousness of depression," "satisfaction with copulation," and "seriousness of personal difficulty" may affect the happening of depression in patients with copulation. (J. Gaox et al., 013).

#### Table 4: Relationship between economic status and depression, anxiety and stress.

The table (4) shows that there is statistical significant relationship between them. Economic stress elevates the probability of growing psychological and behavioral disturbances, especially anxiety, depression, brutality, and drug abuse. (Viseu et al., 2018). Faint socioeconomic status is too a risk factor for serious irreversible diseases associated with or linked with depression. (Jespersen et al., 2023). This may be a reflect of the role of contextual factors, like economic, demographic, and circumferential factors on the growing and propagation of depression several researchers have assessed the role of socioeconomic status on depression, applying personal levels of stratification linked to earning, teaching, profession, social level, or resources (Freeman et al., 2016) If SES affects depression through mechanisms that are stable over time (like personality traits), then short-term improvement of ses will have no effect on SE disparities in depression (Lorant et al., 2007). Studies have shown that the economic crisis was significant and

hurt workers' psychological health. Most of the studies documented that higher unemployment, elevated workload, downsizing, and wage reduction were associated with higher rates of mood troubles, worry, depression, chronic depression, and self-murder (Mucci et al., 2016).

## **Conclusion and Recommendations:**

### **Conclusion:**

The study aims to take the measurement of the prevalence of Anxiety, Depression and Stress among peoples with premature ejaculation. The results indicate that more young adults with age 27-31 years in rural residency. These results can draw a conclusion that some of predicaments suffer from anxiety, depression and stress. Moreover, some of them had a sever extreme of anxiety and depression; however, there is a strong significant link between economic status and (anxiety, depression and stress).

### **Recommendations:**

- 1- The need to conduct more studies on this problem.
- 2- Providing psychological support to those suffering from this problem as well as providing advice to avoid it.
- 3- Raising awareness among people suffering from premature ejaculation about controlling it and the factors that help in order to feel satisfied with the intimate relationship.

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