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Original Article

Socio-Demographic Landscape: Impact on Premature Ejaculation-Related Anxiety, Depression, and Stress in Wives

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ABSTRACT

Introduction: *Premature ejaculation (PE) is a prevalent sexual issue affecting both spouses, often leading to negative psychological consequences such as anxiety, depression, and stress. Recognizing the importance of addressing these psychological challenges for maintaining a healthy partnership, this study aims to evaluate the levels of anxiety, depression, and stress among wives of PE patients.* ***Methods & Materials:*** *This cross-sectional study was conducted at the psychiatric sex clinic and outpatient department (OPD) of psychiatry at Sylhet MAG Osmani Medical College Hospital from September 2020 to August 2022. The study included 60 wives whose husbands sought treatment for PE at psychiatric sex clinics. A semi-structured questionnaire comprising socio-demographic information and the DASS-21 Bangla scale was utilized to measure anxiety, depression, and stress in wives of PE patients.* ***Result:*** *In this study, 50% of wives (30) with secondary school education experienced varying levels of mental health issues. Among them, 75% (12) had mild anxiety, 43.3% (13) had mild depression, and 6.8% (2) had severe stress. Additionally, 85% (51) of the wives, who were predominantly housewives, exhibited moderate anxiety (60.8%), moderate depression (60.8%), and mild stress (17.7%). Urban-dwelling wives in the Sylhet division, constituting 58.3% (35), showed varying degrees of mental health concerns, including 60% (21) with moderate anxiety, 34.3% (12) with mild and moderate depression, and 14.3% (5) with mild and severe stress.* ***Conclusion:*** *Religion demonstrated a statistically significant association with the anxiety levels of wives, while age, education level, occupation, habitat, and family income did not show any statistically significant association with anxiety levels.*

Keywords: *Premature ejaculation, stress, depression, anxiety, social profile, mental health*

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INTRODUCTION

Men with PE have been shown to have more interpersonal difficulties than men without PE, as well as partners of men with PE, reported higher levels of relationship problems compared with partners of men without PE. Both men and their partners demonstrate negative effects and interpersonal difficulty related to their PE and an overall reduction in their quality of life [1]. Most studies exploring attitudes and behaviors about PE have generally focused on the impact of PE on the man [2]. The majority of these studies report strong associations between PE and adverse psychosocial and quality of life consequences, including detrimental effects on the partner relationship. A significantly greater proportion of men and their partners reported interpersonal difficulties and relationship dissatisfaction compared with no PE groups [3]. PE is associated with several psychosocial variables, including lower relationship satisfaction, lower sexual satisfaction, increased symptoms of distress, depression, lower ratings of general happiness and lower self-esteem when compared with men with no PE [4]. The Indian study reported that wives of premature ejaculation patients were significantly more distressed and symptomatic compared to wives of a normal control couple group [5]. A community-based, cross-sectional study was performed in 2016, among women aged 18 to 59 years residing in the rural area of Pondicherry showed that the prevalence of depression 15%, anxiety 10.6% and stress was 5% was found [6]. Prevalence is about 5% worldwide, 7.9% in females in Southeast Asia, and 4.6% in Bangladesh [7, 8]. In an Italian study, women with PE partners presented a higher percentage of sexual dysfunction and reported more anxiety compared with those with no PE partner (42.69%vs 20.56% and 30.95% vs 15.34 respectively) [9]. Thus, continued PE ultimately leads to greater problems with partners and often disrupts their relationships [10]. In a study in Western Turkey, mild depression and anxiety were found in partners of PE patients [11]. According to an Indian study, females were more distressed when their husbands had PE [12]. In

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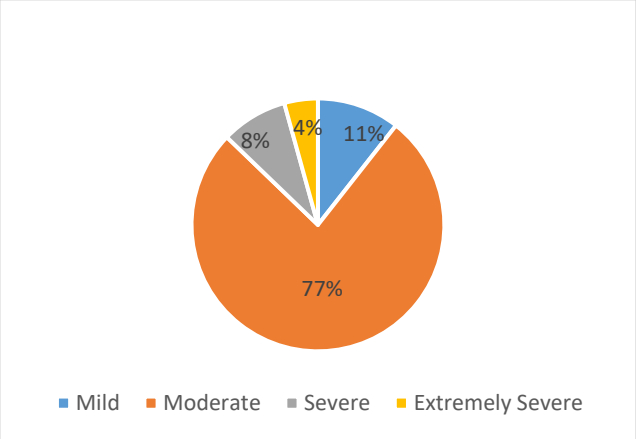
Bangladesh, no such study has been found and the real scenario is unaddressed due to several factors.

METHODS & MATERIALS

A cross-sectional and observational study was carried out at the psychiatric sex clinic and outpatient Department of Psychiatry, Sylhet MAG Osmani Medical College Hospital, spanning from September 1, 2020 to August 31, 2022. The study employed a convenient sampling technique.

Inclusion Criteria:

- Individuals aged between 18 and 45 years
- Spouses who have been living together continuously for a minimum of the past 6 months
- Husbands experiencing premature ejaculation for at least 6 months



Exclusion Criteria:

- Presence of known premorbid psychiatric illness
- Existence of known co-morbid chronic medical illness
- Presence of sexual dysfunction
- Involvement in marital conflict

A pre-designed structured questionnaire for socio-demographic profile and other relevant information, was developed by the researcher according to the review of different related journals. Questions were modified by psychiatrists from SOMCH according to the social context of Bangladesh. The questionnaire had socio-demographic variables which included age, educational level, religion, occupation, residence, etc. The researcher collected data through this questionnaire from the wives through face-to-face interviews to avoid bias. Individuals diagnosed with PE and verified by a psychiatrist were encouraged to attend the study accompanied by their spouses. Once the wives who met the inclusion criteria were identified, they were briefed about the study's objectives and ethical considerations. Subsequently, the researcher commenced the data collection process, prioritizing the utmost privacy of the patients. Face-to-face interviews were conducted using questionnaires for both husbands and wives. Following this, the wives underwent assessment using the Bangla version of the DASS (Depression Anxiety Stress Scales) 21.

Table – I: Severity rating scale of DASS-21 subscale

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

Manual for the Depression, anxiety and stress scales 2nd ed. Sydney: Psychology Foundation of Australia.

The DASS-21 was translated into Bengali and validated by Dr. Abu Hena Mostafa Alim at BSMMU, Bangladesh [13]. Premature ejaculation was diagnosed using the Premature Ejaculation Diagnostic Tool (PEDT), adapted and validated in Bengali by Dr. Towhidul Islam in 2016. The reliability and validity of PEDT for DSM-IV have been confirmed in various studies, demonstrating its effectiveness in detecting premature ejaculation [14].

The research protocol received approval from the ethical review committee of Sylhet MAG Osmani Medical College, Sylhet. Participants were fully informed about the study's nature, purpose, procedures, risks, and benefits, with the assurance of their right to withdraw at any time for any reason. Data were processed and analyzed using SPSS version 25.0. Categorical data were presented as frequency and percentage, and variable comparisons were conducted through cross-tabulation and the Chi-square test. The significance level was set at 5%, considering a p-value of 0.05 as significant.

RESULT

This study aimed was identified the anxiety, depression and stress in wives of PE patients and their relation with various socio-demographic variables. There were 60 patients as target population and the outcomes are expressed here.

Figure – 1: level of anxiety in wives of PE patients (*n*=47)

Figure 1 revealed level of anxiety, 36 (76.6%) wives had moderate anxiety, 5 (10.6%) and 4(8.5%) had mild and severe anxiety. Only 2(4.3%) had extremely severe anxiety.

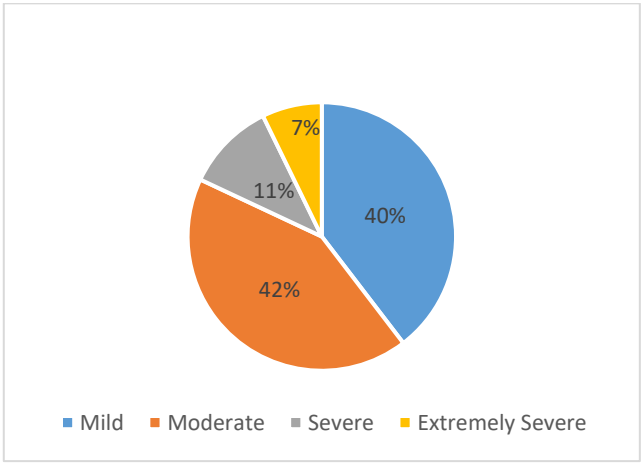


Figure – 2: level of depression in wives of PE patients (*n*=55)

Figure 2 illustrated level of depression, 23(42.8%) wives of PE patients had moderate depression, 22 (40%) had mild depression, 6 (10.9%) severe and 4(7.3%) had extremely severe depression.

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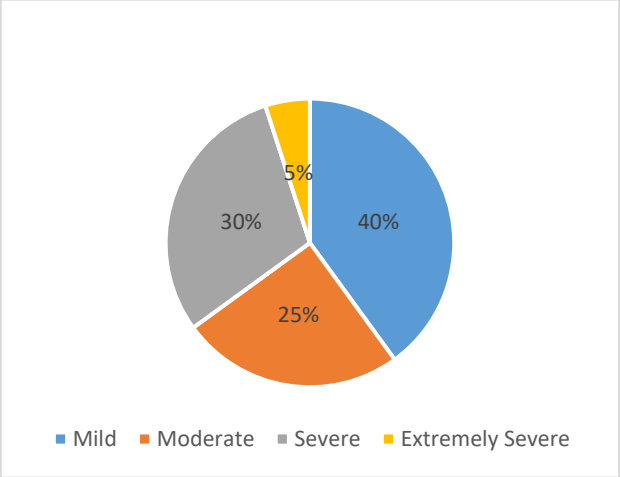

Figure – 3: Level of stress in wives of PE patients (*n*=20)

Figure 3 demonstrated the level of stress, 8 (40%) wives had mild stress, 6 (30%) had severe 5(25%) moderate and 1(5%) extremely stress.

Table – II: Association of socio-demographic profiles of wives and anxiety levels (*n*=60)

Socio demography	Anxiety						
Age group	**Normal Number (%)**	**Mild Number (%)**	**Moderate Number (%)**	**Severe Number (%)**	**Extremely Severe Number (%)**	**Total**	**p-value**
18-24	5(19.2)	2(7.7)	15(57.7)	3(11.5)	1(3.9)	26(43.4)	0.17
25-31	8(40)	1(5)	1(5)	1(5)	0(00)	20(3.3)	
31-38	0(00)	2(14.3)	2(14.3)	0(00)	1(7.1%)	14(23.3)	
Mean age ±SD	26±6						
Educational Level							
Illiterate	0(00)	0(00)	1(100)	0(00)	0(00)	1(1.6)	0.31
Primary	2(12.5)	0(00)	12(75)	1(6.3)	1(6.3)	16(26.8)	
Secondary	7(23.3)	4(13.3)	18(60)	0(00)	1(3.4)	30(50)	
Higher Secondary	4(30.7)	1(7.7)	5(38.5)	3(23.1)	0(00)	13(21.6)	
Occupation							
Housewife	11(21.6)	4(7.8)	31(60.8)	3(5.9)	2(3.9)	51(85)	
service(other)	2(22.2)	1(11.2)	4(44.4)	2(22.2)	0(00)	9(15)	0.99
Habitat							
Urban	8(22.9)	2(5.7)	21(60)	2(5.7)	2(5.7)	35(58.3)	0.68
Rural	5(20)	3(12)	15(60)	2(8)	0(00)	25(41.7)	
Religion							
Muslim	10(19.6)	5(9.8)	32(62.8)	4(7.8)	0(00)	51(85)	0.007
Hindu	3(33.4)	0(00)	4(44.4)	0(00)	2(22.2)	9(15)	
Monthly family income							
<10000	0(00)	1(25)	2(50)	0(00)	1(25)	4(6.6)	0.86
10000-30000	2(6.7)	10(33.3)	13(43.3)	3(10)	2(6.7)	30(50)	
>30000	3(12)	11(44)	7(28)	33(12)	1(4)	25(41.7)	
No income	0(00)	0(00)	1(100)	0(00)	0(00)	1(1.7)	

Chi-square test

Table II showed that the age range of participant (n=60) was 18-38. The highest number of participants was 43.4% (26), in the age group 18-24 years, and the mean age of wives ± SD showed 26±6. Among the age group 18-24 years, 57.7% (15) of the wives had moderate anxiety. Of most of the wives, 50% (30) completed secondary school among them 75% (12) had mild anxiety and 85% (51) wives were housewives among them 60.8%(31) had moderate anxiety. 58.3%(35) of the wives lived in the urban area of the Sylhet division among them 60% (21) had moderate anxiety. The majority of 86.7% (52) were Muslim and only 13.3% (8) were Hindu among them, Muslim 62.8% (32) had moderate anxiety. 50% of the wives belonged to a monthly family income of 10,000-30,000 among 43.3% (13) had moderate anxiety.

There was a statistically significant association of religion with the anxiety level of wives, but no statistically significant association of age, education level, occupation, habitat, and family income with the anxiety level of wives.

ISSN: 2617-0817 E-ISSN: 2789-5912

Table – III: Association of socio-demographic profiles of wives and Levels of Depression (*n*=60)

Socio demography	Depression						
Age group	**Normal Number (%)**	**Mild Number (%)**	**Moderate Number (%)**	**Severe Number (%)**	**Extremely Severe Number (%)**	**Total**	**p-value**
18-24	2(7.7)	10(38.5)	10(38.5)	4(15.3)	0(00)	26(43.4)	0.56
25-31	2(10)	8(40)	8(40)	0(00)	2(10)	20(3.3)	
31-38	1(7.1)	4(28.6)	5(35.7)	2(14.3)	2(14.3)	14(23.3)	
Mean age ±SD	26±6						
Educational Level							
Illiterate	0(00)	1(100)	0(00)	0(00)	0(00)	1(1.6)	0.10
Primary	0(00)	6(37.5)	8(50)	0(00)	2(12.5)	16(26.8)	
Secondary	3(10)	13(43.3)	8(26.7)	6(20)	0(00)	30(50)	
Higher Secondary	2(15.4)	2(15.4)	7(53.8)	0(00)	2(15.4)	13(21.6)	
Occupation							
Housewife	11(21.6)	4(7.8)	31(60.8)	3(5.9)	2(3.9)	51(85)	
service(other)	2(22.2)	1(11.1)	4(44.5)	2(22.2)	0(00)	9(15)	0.99
Habitat							
Urban	4(11.4)	12(34.3)	12(34.3)	4(11.4)	3(8.6)	35(58.3)	0.72
Rural	1(4)	10(40)	11(44)	2(8)	1(4)	25(41.7)	
Religion							
Muslim	4(7.8)	20(39.3)	20(39.3)	4(7.8)	3(5.8)	51(85)	0.61
Hindu	1(11.1)	2(22.2)	3(33.4)	22(22.2)	1(11.1)	9(15)	
Monthly family income							
<10000	0(00)	1(25)	2(50)	0(00)	1(25)	4(6.6)	0.86
10000-30000	2(6.7)	10(33.3)	13(43.3)	3(10)	2(6.7)	30(50)	
>30000	3(12)	11(44)	7(28)	33(12)	1(4)	25(41.7)	
No income	0(00)	0(00)	1(100)	0(00)	0(00)	1(1.7)	

Chi-square test

Table III showed that the age range of participants (n=60) was 18-38 years. The height number of participants was 43.4% (26), in the age group 18-24 and the mean age of wives ±SD showed 26±6. Among the age group 18-24 years, 38.5% (10) of the wives had mild and moderate depression. Most of the wives, 30(50%) completed secondary schools among them 43.3% (13) had mild depression and 85% (51) wives were housewives, among them 60.8% (31) had moderate depression. 58.3% (35) of the wives lived in the urban area of the Sylhet division among them 34.3% (12) had mild and moderate depression. The majority of 86.7% (52) were Muslim and only 13.3% (8) were Hindu. Muslims 39.3% (20) had mild and moderate depression. 50% of the wives belonged to monthly family income of 10,000-30,000 among them 43.3% (13) had moderate depression. There was no statistically significant association of age, education level, occupation, habitat, religion and family income with the depression level of wives.

Table – IV: Association of socio-demographic profiles of wives and stress levels (*n*=60)

Socio demography	Stress						
Age group	**Normal Number (%)**	**Mild Number (%)**	**Moderate Number (%)**	**Severe Number (%)**	**Extremely Severe Number (%)**	**Total**	**p-value**
18-24	20(76.9)	3(11.4)	1(3.9)	1(3.9)	1(3.9)	26(43.4)	0.79
25-31	13(65)	3(15)	1(5)	3(15)	0(00)	20(3.3)	
31-38	9(64.3)	3(21.4)	0(00)	2(14.3)	0(00)	14(23.3)	
Mean age ±SD	26±6						
Educational Level							
Illiterate	1(100)	0(00)	0(00)	0(00)	0(00)	1(1.6)	0.49
Primary	10(62.5)	4(25)	0(00)	2(12.5)	0(00)	16(26.8)	
Secondary	25(83.3)	1(3.3)	1(3.3)	2(6.8)	1(3.3)	30(50)	
Higher Secondary	6(46.2)	4(38.7)	1(7.7)	2(15.4)	0(00)	13(21.6)	
Occupation							
Housewife	35(68.6)	9(17.7)	2(3.9)	4(7.8)	1(2)	51(85)	
service(other)	7(87.5)	0(00)	0(00)	2(12.5)	0(00)	9(15)	0.17
Habitat							
Urban	22(62.8)	5(14.3)	2(5.7)	2(5.7)	5(14.3)	35(58.3)	0.36
Rural	20(80)	4(16)	0(00)	1(4)	0(00)	25(41.7)	
Religion							
Muslim	37(72.6)	7(13.7)	2(3.9)	5(9.8)	0(00)	51(85)	0.15
Hindu	5(55.6)	2(22.2)	0(00)	1(11.1)	1(11.1)	9(15)	
Monthly family income							

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<10000	0(00)	1(25)	2(50)	0(00)	1(25)	4(6.6)	0.86
10000-30000	2(6.7)	10(33.3)	13(43.3)	3(10)	2(6.7)	30(50)	
>30000	3(12)	11(44)	7(28)	33(12)	1(4)	25(41.7)	
No income	0(00)	0(00)	1(100)	0(00)	0(00)	1(1.7)	

Chi-square test

Table IV showed that the age range of participants (n=60) was 18-38 years. The height number of participants was 43.4% (26), in the age group 18-24 and the mean age of wives ±SD showed 26±6. Among the age group 18-24 years, 11.4% (3) of the wives had mild stress. Most of the wives, 50 % (30) completed secondary schools among them 6.8% (2) had severe stress and 85% (51) wives were housewives, among them 17.7% (9) had mild stress. 58.3% (35) of the wives lived in the urban area of the Sylhet division among them 5(14.3%) had mild and severe stress. The majority of 86.7% (52) were Muslim and only 13.3% (8) were Hindu. Muslims 13.7% (7) had mild stress, 50% of the wives belonged to monthly family income of 10,000-30,000 among them 43.3% (13) had moderate stress. There was no statistically significant association of age, education level, occupation, habitat, religion and family income with the depression level of wives.

DISCUSSION

In this study, the mean age of the wives of PE patients was 26 (±6) years. These findings correlate with a study by Kumar et al., (26 ±7) and Karakeci et al., (33.6years) Revicki et al., (40 years) [10-12]. This similarity was due to both studies done in tertiary care hospital. Whereas most of the participants were within 18-24 years of age (43.4%) followed by the 25-31 years (33.3%) and 32 -38 years ago 23.3%. Among the 18-24 year of age group majority of wives (77%) suffered from mild to moderate depression, 57% from moderate anxiety and 21.4% had mild stress. There was no significant association between age and the level of depression, anxiety and stress of wives. Regarding educational level, the highest number of wives 50% had completed their secondary education followed by 26.7% primary, 21.7% higher secondary and the remaining 1.6% was illiterate. Almost similar findings were found by Kumar et al. and Karakeci et al., [11, 12]. Among the secondary educated wives, 70% had mild to moderate depression, 60% had moderate anxiety and 6.8% had severe stress. There was no significant association was found between educational level and the level of depression, anxiety and stress of wives. In the present study, most of the participants 85% were housewives whereas it was 93% and 66.6% by Kumar and Karakeci [11, 12]. Similarities with Indian study due to socioeconomic similarities. Difference with Turkey study might be due to socio- demographical variation of the study place. Among the housewives, 60.8% had moderate depression and anxiety and 31.4% had mild to moderate stress. There was no statistically significant relation in this parameter.

58.3% of subjects from urban backgrounds in the present study and an Indian study found similar findings [12]. About 75% of respondents were suffering from mild and moderate depression. 68.3% suffer from mild and moderate anxiety and 30% had stress. There is no significant association between habitat and the level of level depression, anxiety and stress of wives. 50% of participant's monthly family income were between 10000 and 30000 BDT and among them 76.6% of participants had mild and moderate depression, anxiety and stress. There is no statistically significant association.

CONCLUSION

Religion demonstrated a statistically significant association with the anxiety levels of wives, while age, education level, occupation, habitat, and family income did not show any statistically significant association with anxiety levels. Additionally, there were no statistically significant associations found between age, education level, occupation, habitat, religion, family income, and the depression and stress levels of wives.

LIMITATIONS

The inaugural investigation within the chosen field acknowledged several inherent limitations. Firstly, a purposive sampling method was employed, introducing a potential source of bias. Secondly, the study's restricted sample size hinders its generalizability, emphasizing the necessity for a comprehensive, large-scale, multi-site study to ascertain the broader applicability of the findings. Thirdly, the study refrained from delving into various aspects such as the personalities, psychopathological aspects, coping strategies utilized by wives, family dynamics, marital functioning, and other environmental and psychosocial elements. These unexplored factors could potentially serve as additional contributors to anxiety, depression, and stress experienced by wives. Addressing these limitations is crucial for a more comprehensive understanding of the studied phenomena.

RECOMMENDATIONS

Based on the research findings, we propose several recommendations. It is imperative to actively assess anxiety, depression, and stress issues in the wives of every premature ejaculation (PE) patient. Conducting extensive multicenter studies on a larger scale is necessary to thoroughly evaluate the prevalence of anxiety, depression, and stress among the wives of PE patients. This will enable the development of tailored treatment approaches that contribute to enhanced outcomes. Integrating psychiatrists and physicians into the early management of PE in husbands is crucial, as it can potentially mitigate the adverse effects on the mental well-being of their wives.

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Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

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