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Association Between Premature Ejaculation and Religious Orientation

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Abstract: **Introduction:** Premature ejaculation (PE) is the most common male sexual dysfunction. Although its etiology is not fully understood, several organic and psychological disorders have been identified as risk factors. The main aim of this study is to find any association between religious orientation (RO) and PE. **Methods:** We designed a cross-sectional study and 80 participants with PE as the main chief complaint were enrolled. After filling informed consent, all participants have filled two questionnaires including the Premature Ejaculation Diagnostic Tool (PEDT) for PE and the Allport & Ross intrinsic-Extrinsic Religious Orientation Scale for RO assessment respectively. Spearman's rho analysis was used for assessing the association between PEDT scores and ROS scores by SPSS 22.0 version. **Results:** Out of 80 patients with mean age 35.56 ± 8.46 years, 70 patients (87.5%) had PEDT positive score. Of them, 45 (64%) had lifelong PE and 25 (36%) experienced an acquired PE. Correlation analysis was shown a reverse correlation between PEDT positive scores and Intrinsic RO (P = 0.05) with a correlation coefficient -0.311, PEDT positive and negative scores was not correlated with extrinsic RO (P= 1). **Conclusion:** Patients with a lower intrinsic religious orientation score have a higher probability for PE and PEDT positive score.

Keywords: Premature ejaculation; Religious orientation; Sexual dysfunction

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1. Introduction

Premature ejaculation (PE) is one of the most common male sexual dysfunctions with around 5% prevalence, but more prevalence as high as 30% is reported (1). This variation is due to different definitions and measurement tools among the studies. Although, the etiology and pathophysiology of PE is unknown, the risk factors have been identified. Most of them are organic disorders such as erectile dysfunction, genetic pre-disposition, prostate inflammation, thyroid hormone disorders, diabetes, poor overall health status, lack of physical activity and obesity. However, non-organic and psychologic disorders such as emotional problems and stress, and traumatic sexual experiences have been identified (1).

Religiosity, defined as one's devoutness to religious beliefs and practices. Religious orientation is the way an individual approaches (or avoids) religion. Religious orientation can be stratified into; intrinsically oriented individuals who base their approach to life on religious faith and life based on religious beliefs and extrinsically oriented individuals who have a self-serving motivation and socially motivated religious function (2). In other words, individuals with external orientation theoretically have religious beliefs, and religion will be the tool for satisfying the individual's basic needs. In contrast, individuals with an internal religious orientation internalize religious values and consider religion as a goal (3).

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It has been shown that religiosity can affect emotional state and stress (4) and one study according the epidemiological results has concluded that PE is more common in Islamic and Asian backgrounds (2).
The main aim of this study is to investigate association between religious orientation (i.e., intrinsic and extrinsic) and PE.

2. Material and Methods

We designed a cross-sectional study in a society with an Islamic religious culture and enrolled 80 participants. The inclusion criteria were adult men referred to our urologic outpatient clinic as tertiary referral hospital with PE chief complaint from September 2018 to April 2019. Exclusion criteria were patients decline to fill out the informed consent and patients with an incomplete questionnaire. After history taking and physical examination, we obtained an informed consent and asked each participant to fill out the questionnaires. The first one was the Premature Ejaculation Diagnostic Tool (PEDT) for PE evaluation and the second, was the Allport & Ross intrinsic-Extrinsic Religious Orientation Scale questionnaire (3,4).
The Premature Ejaculation Diagnostic Tool (PEDT) is the one of the most widely used and validated self-report questionnaires in PE. The PEDT was developed on the basis of the DSM-IV-TR criteria for the diagnosis of PE. The questionnaire consist of 5 questions about: ejaculation control, frequency of PE, ejaculation with minimal sexual stimulation, distress, and interpersonal difficulty. The following, previously suggested classification was applied: "no PE" (scores ≤ 8), "probable PE" (scores 9–10), and "PE" (scores ≥ 11).
Allport Religious Orientation Scale consists of 21 items, 12 of which investigate external religious orientation and the rest are concerned with internal religious orientation. These questions are answered on a 5-point Likert-type scale (1 for strongly disagree, 5 for strongly agree). Individual scores are summarized and result into two scores based on which the participants are divided into categories according to their external or internal spirituality.
Persian validation of both questionnaires was done before according to other studies (5). Associations of religious orientation with premature ejaculation were examined using Spearman's rank correlation coefficient analysis by SPSS 22.0 version for Windows (SPSS Inc, Chicago, Illinois, USA). Frequencies, percentages, means SD, analysis were used to evaluate the data. $P< 0.05$ was considered statistically significant with a 95% confidence interval.

3. Results

Out of 80 participants, 75 participants (93.75%) were married and 5 participants (6.25%) were single with a permanent partner. Mean age of patients was 35.56 ± 8.46 years. Forty five participants (64%) had lifelong PE and 25 participants (36%) experienced an acquired PE.
Regarding PEDT score assessment, 70 (87.5%) participants had a positive PEDT score and 10 participants (12.5%) had a negative PEDT score. According to correlation analysis, there was a reverse correlation between PEDT positive scores and Intrinsic religious orientation ($P = 0.05$) and correlation coefficient was -0.311 (Figure 1). Any correlation between PEDT positive and negative scores and extrinsic religious orientation was not established ($P= 1$), (Figure 1).

4. Discussion

According to the results of this study, there is a revers correlation between intrinsic religious orientation (IRO) scores and PEDT scores. It means that a lower IRO scores has a higher probability of PEDT positive scores. However, our results could not show any correlation between extrinsic religious orientation (ERO) and PE. The lack of association between extrinsic religious orientation (ERO) and PE could be due to small sample size, however, the nature of ERO should be considered (i.e, an external religious orientation have minimal effect on individual perceptions of stressful situations and coping with stressful conditions), maybe it cannot change overall health and sexual health and therefore PE. The rate of positive PEDT scores among patients who complained of PE were high (87.5%) in comparison of other studies (around 32%) (6). It could be due to our department characteristic as a tertiary referral hospital and therefore patients with a high probability of PE diagnosis.
Although it seems the socio-cultural and religious differences likely play a significant role in the pathophysiology of PE (7), there is spare of quantitative data to show such correlation between Religiosity and PE. Richardson et al. reported a higher premature ejaculation rate among patients with Islamic background, however, their results were only based on the self-reporting data regarding religious background (2). Spirituality and religiosity situations could be beyond of the religion background and it needs to assess by quantitative tools.
Although this study in our knowledge is the first quantitative assessment between religious and PE, some limitations have to clarify. The first, this study was done in the Islamic religious culture and generalization of our results to other religion may be limited, however, the ROS (Allport and Ross) questionnaire was used as a validated tool in the several studies with different religion culture. We recommend that future studies will do with other religions in other regions. The second is the small sample size of this study in comparison with PE as a high prevalence condition. These preliminary results should be confirmed by future cohort studies with a big sam-

ple size.

5. Conclusion

According to this study results, patients with a lower intrinsic religious orientation score have a higher probability for PE and PEDT positive score. External religious orientation has not correlation with positive or negative PEDT scores.

6. Appendix

6.1. Acknowledgements

None.

6.2. Author contribution

Project development: R Sari Motlagh, N Sari Motlagh; Data collection: R Shenasi, MR Roshandel; Data analysis: A Kafi Kang, MR Roshandel; Manuscript writing/editing: R Sari Motlagh, N Sari Motlagh

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None.

6.4. Conflict of interest

The authors declare that they have no competing interests.

References

1. Professionals S-O. Sexual and Reproductive Health [Internet]. Uroweb. [cited 2020 Aug 26]. Available from: https://uroweb.org/guideline/sexual-and-reproductive-health/#6
2. Hart A, Tinker LF, Bowen DJ, Satia-Abouta J, McLerran D. Is religious orientation associated with fat and fruit/vegetable intake? Journal of the American Dietetic Association [Internet]. 2004 Aug [cited 2019 Nov 21];104(8):1292–6. Available from: https://linkinghub.elsevier.com/retrieve/pii/S0002822304009150
3. Allport GW, Ross JM. Personal religious orientation and prejudice. J Pers Soc Psychol. 1967 Apr;5(4):432–43.
4. Pakpour AH, Yekaninejad MS, Nikoobakht MR, Burri A, Fridlund B. Psychometric Properties of the Iranian Version of the Premature Ejaculation Diagnostic Tool. Sexual Medicine [Internet]. 2014 Apr 1 [cited 2020 Aug 26];2(1):31–40. Available from: http://www.sciencedirect.com/science/article/pii/S2050116115300234
5. Janbozorgi M. Effectiveness of psychological therapy with and without the Islamic religious orientation on anxious and stress in students. Journal of Psychology. 1999;2(8):368–43.
6. Gao J, Peng D, Zhang X, Hao Z, Zhou J, Fan S, et al. Prevalence and Associated Factors of Premature Ejaculation in the Anhui Male Population in China: Evidence-Based Unified Definition of Lifelong and Acquired Premature Ejaculation. Sex Med [Internet]. 2016 Dec 29 [cited 2020 Jun 17];5(1):e37–43. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5302376/
7. Carson C, Gunn K. Premature ejaculation: definition and prevalence. Int J Impot Res. 2006 Oct;18 Suppl 1:S5-13.

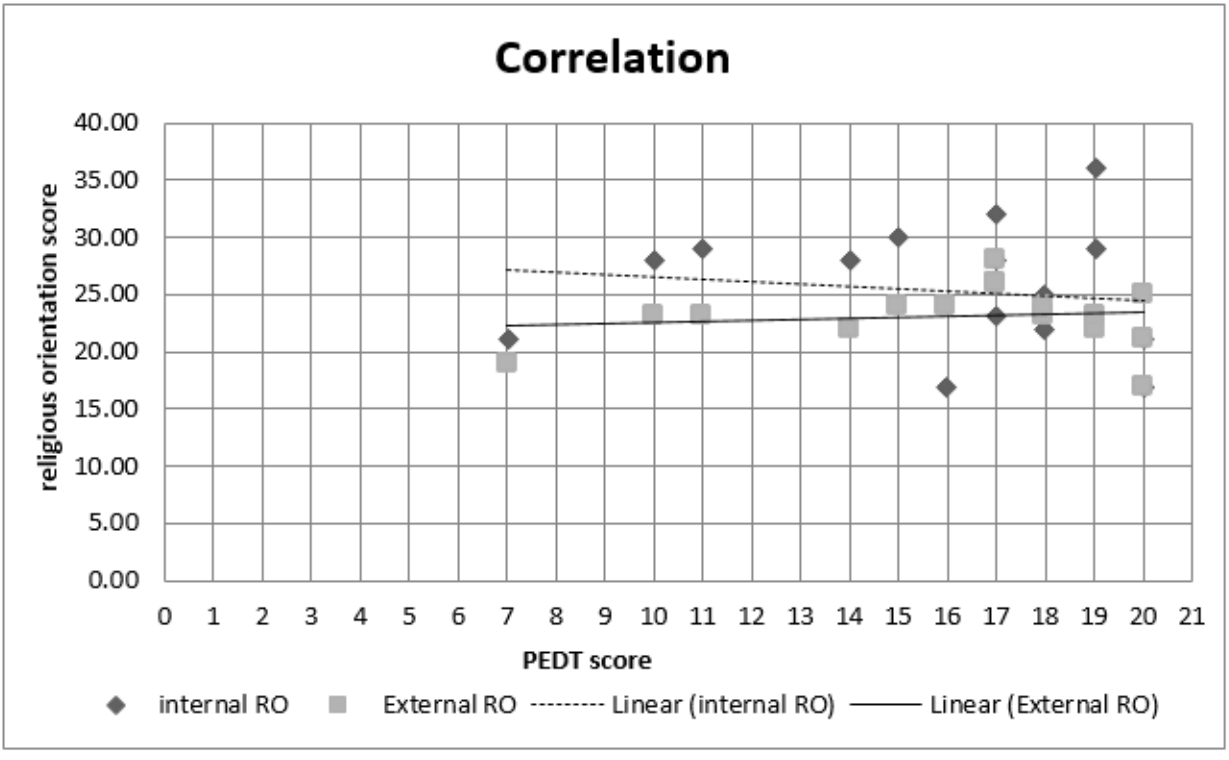

Figure 1: Correlation between Premature Ejaculation Diagnostic Tool scores and Allport & Ross intrinsic-Extrinsic Religious Orientation Scale questionnaire scores and the second was the Allport & Ross intrinsic-Extrinsic Religious Orientation Scale questionnaire.