A SURVEY OF KNOWLEDGE AND ATTITUDE TOWARD PREMATURE EJACULATION: A CASE STUDY OF CLIENTS AT MEN'S CLINIC

Montree Jansri[1], Apichai Vasuratna[2], Khemika Yamarat[3, *]

[1] Graduate School, Chulalongkorn University, Bangkok 10330, Thailand
[2] Faculty of Medicine, Chulalongkorn University, Bangkok 10330, Thailand
[3] College of Public Health Sciences, Chulalongkorn University, Bangkok 10330, Thailand

ABSTRACT: The aims of this research were to study the knowledge and survey the source of Premature Ejaculation (PE) information, the attitudes toward PE and to describe factors associated with PE knowledge and attitudes such as socio-demographics (age, marital status, educational background) and received information of PE clients at the STI-men's clinic at Division Bureau of AIDS/TB/STIs, Department of Disease Control (Bang Ruk), Bangkok, Thailand. The subjects included 356 men (aged 18 to 59 year-old) which were selected by simple random sampling. The data were collected by using self-reported questionnaires and analyzed by multiple regression analysis. The result showed that subjects had average age of 35.1 ± 1.07, 56.7% were single, 47.8% had educational level of high school, 51.1% had low level of knowledge, 58.4% had receiving information about PE and 45.7% received information about PE from internet. The factors associated with knowledge of PE were educational higher than high school (β=.20, p<0.001), had received information of PE (β=.16, p<0.001), and attitude of PE (β=.47, p<0.001). These factors were positively, moderately level, and significantly correlated with knowledge toward PE (r=.57, p<.001). The factors associated with attitude were age (β=.12, p<0.05), received information about PE (β=.12, p<0.05), and knowledge of PE (β=.49, p<0.001). These factors were positively, moderately level, and significantly correlated with attitudes toward PE (r=.55, p<.001).

Keywords: Knowledge, Attitude, Premature ejaculation, Sexual heath

INTRODUCTION

Premature ejaculation (PE) is suspected to be the most prevalent male ejaculation disorder, and refers to men who cannot control their ejaculation as they want. It causes many problems such as loss of their self-confidence, dissatisfaction with their sexual activity, and finally broken relationship with partner [1]. In 2006, a survey of PE in USA, Germany and Italy in 12, 133 men aged between 18-70 years found that the prevalence of PE was 22.7% [2]. In 2007, a survey of PE in 5 countries (France, Germany, England, Italy and Poland) among men who were above 18 years old and of 1, 115 couples (husband and wife) revealed that 18.0% were in trouble of PE [3]. A research on the prevalence characteristics of Korean men with PE found a prevalence of 18.3 [4]. In Thailand, PE in Thai-men was estimated at 30-40% [5]. The prevalence of PE is considerably higher in the younger generation or men who had less sexual experience. While elderly-men have learned how to control themselves and delay their ejaculation [1, 6]. Whenever, the PE happens, it causes problem to men, therefore, is important to understand knowledge and attitude about PE, how it happens and how to find a way to solve this problem.

MATERIALS AND METHODS

This study was a descriptive research focused on socio-demographic characteristics, knowledge and attitudes toward PE. Data were collected by self-reported questionnaires. A total of 356 Thai males, aged 18 – 59 years, who attended the service

* *Correspondence to: Khemika Yamarat*
E-mail: khemika.y@chula.ac.th

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Table 1 Percentage answers of knowledge (n=365)

Knowledge items	Correct	Wrong	Do not know / not sure
1. PE may be caused by concerning about having sexual intercourse.*	61.8	17.1	21.1
2. PE may be caused by the penis not hardening (ED-Erectile Dysfunction).*	15.5	23.3	61.2
3. PE may be causes by being afraid of the partner.*	36.2	31.2	32.6
4. PE may be due to fear of consequences of sex such as pregnancy, sexually transmitted diseases (STD) etc.*	27.0	52.0	21.0
5. PE may be causes by spinal injury or disability of some kind.*	21.1	33.4	50.5
6. Quick self-masturbation can't cause PE.	38.8	40.7	20.5
7. PE is ejaculation immediately after getting a little sexual stimulation.*	72.8	14.8	12.4
8. PE is ejaculation immediately or less than a minute after inserting a penis into a vagina *	68.9	9.8	21.3
9. Start-stop technique was once a used technique that could cure PE.*	71.9	9.6	18.5
10. Pause-squeeze technique was once a used technique that could cure PE.*	32.5	42.2	25.3
11. The medicines used to treat depression might have side effects of PE.*	16.9	25.0	58.1
12. Lidocaine gel couldn't delay ejaculation.	35.7	46.3	18.0
13. Self-masturbation could delay ejaculation.*	70.5	4.2	25.3
14. Using condom could help delay ejaculation.*	43.3	39.0	17.7
$\bar{X}$= 6.0 S.D. = 2.85 Min = 0 Max = 13			

* Correctly knowledge

Table 2: Distribution of knowledge levels of PE (n=356)

Level of knowledge	Scores	n	%
Low (<60% of maximum possible scores = 13)	0-6	182	51.1
Moderate (60%-80 of maximum possible scores = 13)	7-9	102	28.7
High (>80% of maximum possible scores = 13)	10-13	72	20.2
Total		356	100.0

at the Sexually Transmitted Infections (STI) - Division Bureau of AIDS/TB/STIs Department of Disease Control (Bang Ruk), Bangkok, Thailand, during April through May 2012, were selected for this study by simple random sampling calculated from Cochran which proportion of population that were premature ejaculation in Thai people about 30% [1]. Data were analyzed by using SPSS PC for windows version 17.0 to describe socio-demographic characteristics and using multiple regression analysis to find associations between independent variables and knowledge and attitudes toward PE.

RESULTS

Our results showed that subjects had average age of 35.1 ± 1.07 years (minimum 18 maximum 59 years). The majority of them (56.7%) were single, with 43.3% married. Most subjects (47.8%) had high school education level, 29.4% higher than high school and 22.8% less than high school. About 58.4% had received knowledge of PE but 41.6% had none. The sources of PE information among the 208 subjects with PE knowledge were 45.7% from internet, while, 42.8% , 35.6% , 23.1% , 14.9% and 8.2% were from friends, documents, TV/radio, medical advisors and brochures, respectively.

The questionnaire on the knowledge of PE, had 14 questions with 3 answers: yes, no, and do not know/not sure. Correct answers were scored1, incorrect and "Do not know / not sure" answers were scored 0 giving a maximum score of 14 points. The knowledge results are presented in Table 1 show a mean score of 6.0 ± 2.85 points, (lowest score 0, maximum score 13). The most common (72.8%) correct answer (was to question 7, the most common (52%) incorrect answer was to question 4. The most common "Do not know / not sure": answers were to questions 2 (61.2%), question 5(50.5%) and question 11 (58.1%). The data separated into 3 groups of knowledge-level [5] show that 51.1%, 28.7% and 20.2% of subjects had low, moderate and high level of knowledge respectively (Table 2).

Table 3 Percentage ratings of attitude (n=356)

Attitude items	%Level of attitudes				$\bar{X}$ ± S.D.
	Strongly agree	Agree	Disagree	Strongly disagree	
1. A man with PE is afraid to have a partner.	5.6	28.1	58.1	8.1	2.7 ± 0.7
2. PE can cause a problem in couple life.	15.7	49.7	33.1	1.4	2.2 ± 0.7
3. PE is disgraceful especially with a partner.	13.8	39.9	41.3	5.1	2.4 ± 0.8
4. PE can make a partner more sexual satisfied*.	3.7	27.2	52.5	16.6	2.2 ± 0.7
5. PE makes a man less proud of himself.	5.1	21.3	55.9	17.7	2.9 ± 0.8
6. PE makes for more sexual satisfaction because a man can have sex often*.	6.5	37.4	47.5	8.7	2.4 ± 0.7
7. Men with PE can cause sexual problems to partner.	2.2	21.6	61.0	15.2	2.9 ± 0.7
8. PE helps to get a child faster.*	3.9	27.5	56.5	12.1	2.2 ± 0.7
9. PE gives a sexual inferiority complex to men.	17.1	44.1	35.7	3.1	2.3 ± 0.8
10. Most single men have PE.	4.2	25.0	55.9	14.9	2.8 ± 0.7
11. PE is an uncommon dysfunction for men.	6.2	31.2	57.6	5.1	2.6 ± 0.7
12. Most PE men have high sexual needs.	6.7	32.3	54.5	6.5	2.6 ± 0.7
13. Most men think that PE is a big problem for men.	10.1	48.3	39.9	1.7	2.3 ± 0.7
14. Men should have knowledge of PE.*	43.0	46.1	10.1	0.8	3.3 ± 0.7
$\bar{X}$= 35.8 S.D. = 4.05 Min = 26 Max = 49					

* Positive statement

Table 4 Distribution of attitude levels [7] of PE (n=356)

Level of attitudes	Scores	n	%
Low (<60% of maximum possible scores = 49)	26-36	197	55.3
Moderate (60%-80 of maximum possible scores = 49)	37-38	72	20.2
High (>80% of maximum possible scores = 49)	39-49	87	24.5
Total		356	100.0

Table 5 Pearson product moment correlation with all variables

Variables	1	2	3	4	5	6	7
Age	-						
Marital status	.32**	-					
High school	.02	.05	-				
Higher than high school	- .10	- .06	-.62**	-			
Received information of PE	.00	- .16*	-.13*	.20**	-		
Knowledge scores	.02	- .04	-.04	.20**	.30**	-	
Attitude scores	.15**	.06	-.02	.08	.25**	.52**	-

**p < 0.001

*p < 0.05

The questionnaire on the attitude toward PE had 14 question items. Scoring was done by giving point in negative statements, rating strongly agree with 1 point, agree with 2 points, do not agree with 3points and strongly disagree with 4 points. Therefore, the total attitude score was 56 points. Our results showed that the mean score was 35.8 ± 4.05 points, (minimum 26.0 and maximum 49.0 points).

Most subjects (43.0%) strongly agreed with question 14, 49.7% agreed with questions 2, 61.0% disagreed with question 7, and 17.7% strongly disagreed with question 5 (Table 3). The data separated into 3 groups of attitude level show that 55.3%, 24.55 and 20.2% of subjects had low, high and moderate level of attitude respectively (Table 4).

The correlation analysis of variables showed that all variables were associated with others and some variables were significantly different. Level of education higher than high school, received information of PE and attitude scores positively correlated to knowledge scores {(r = .20, p <.001); (r = .30, p <.001);(r = .52, p <.001)}.

While, age, received information and knowledge score positively correlated to attitude scores {(r = .15, p <.001); (r = .25, p <.001) (r = .52, p <.001)} , Table 5.

The factors associated with knowledge were education higher than high school (β=.20, p<0.001), received information of PE (β=.16,

Table 6 Multiple linear regression analysis: associations of independent variables with knowledge scores

Variables	R	R^2	B	β	t-value	*P-value*
Constant	.57	.33	-6.74		-.57	.000
Age			-.01	-.02	-.47	.641
Marital status			-.18	-.03	-.66	.510
High school			.68	.12	2.11	.035
Higher than high school			1.27	.20	3.57	.000**
Received information of PE			.91	.16	3.39	.001*
Attitude scores			.33	.47	10.13	.000**

**p < 0.001
*p < 0.05

Table 7 Multiple linear regression analysis: associations of independent variables with attitude scores

Variables	R	R^2	B	β	t-value	*P-value*
Constant	.55	.30	29.48		37.05	.000
Age			.05	.12	2.56	.011*
Marital status			.38	.05	.98	.327
High school			-.10	-.01	-.21	.831
Higher than high school			-.28	-.03	-.53	.596
Received information of PE			.94	.12	2.41	.017*
Knowledge scores			.69	.49	10.13	.000**

**p < 0.001
*p < 0.05

p<0.001), and attitude of PE (β=.47, p<0.001). These factors positively, moderately, and significantly correlated with knowledge toward PE (r=.57, p<.001), Table 6.

The factors associated with attitude were age (β=.12, p<0.05), received information of PE (β=.12, p<0.05), and knowledge of PE (β=.49, p<0.001). These factors positively, moderately, and significantly correlated with attitudes toward PE (r=.55, p<.001), Table 7.

DISCUSSION AND CONCLUSION

Results from the study found that subjects had low knowledge of PE, associated with their low education. More than half subjects answered "Do not know / not sure" to the questions 2, 5 and 11 related to technical knowledge from medical texts [1, 5, 8-10] which is higher than most (47.8%) of subjects educational level (high school) that means they may not understand the questionnaires which in technical term. Even though more than a half (58.4%) subjects had received some information of PE, the source of that information was mostly from internet (45.7%). The Internet was an easy way to obtain information, however it could be considered as a secondary source of knowledge that no proof of the truly correct information in medical knowledge to help them solve their PE problem. Also knowledge of PE from Internet depend on owner of that source were interpolate their own attitude, knowledge about PE in the information that show in the Internet, while; only 14.9% received knowledge and information from medical advisors which should be considered as the primary source about the PE knowledge. The factors associated with knowledge were 1) educational higher than high school; 2) received information of PE. These finding are similar to those reported by Hongsrisuwan [11] who found that exposure to information about sex education positively correlated with the knowledge of sex education; and 3) attitude of PE. Similar to Chaichana's study [12] found that subjects with highest knowledge level had higher positive attitude.

The factors associated with attitude were 1) age, as concurred with a study by Chaichana [12], which found that participants aged of 60-70 years had attitude toward erectile dysfunction higher than 40-49 years. Our results, however, contrasted with a study by Hartmut et al. [13] which found that attitudes toward PE were not correlated with age; 2) received information of PE; and 3) knowledge of PE. The lower education grades had lower mean score was significantly correlated with the attitudes toward premarital sex as Dhammataree [14]. Ömer et al. [15] presented their results on Turkish men whom with little knowledge had fewer attitudes toward seeking treatment for symptoms of sexual dysfunction. Knowledge of PE was important, not a minority had false beliefs.

Men should understand about PE and also receive the correct information from specialist or

credible source such as doctor, so that they could take care of their sexual health and prolong a relationship problem between the couple [1].

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