

PSYCHOSOCIAL ISSUES AMONG MEN WITH
PREMATURE EJACULATION: AN
INTERPRETATIVE PHENOMENOLOGICAL
ANALYSIS (IPA)



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Faculty of Management and Social Sciences
Capital University of Science & Technology,
Islamabad
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CERTIFICATE OF APPROVAL

It is certified that the Research Thesis titled "Psychosocial Issues among men with Premature Ejaculation: An Interpretative Phenomenological Analysis (IPA)" carried out by Muhammad Ahmed Farooq, Reg. No. BSP202025, under the supervision of Dr. Uzma Rani, Capital University of Science & Technology, Islamabad, is fully adequate, in scope and in quality, as a Research Thesis for the degree of BS Psychology.

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Phenomenological Analysis (IPA)**

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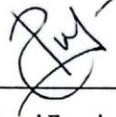
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This thesis is dedicated to my father. His unwavering love, boundless wisdom, and enduring encouragement have been a guiding light throughout my academic journey. His values, resilience, and the indomitable spirit with which he faced life's challenges continue to inspire me every day. Though he is no longer with us, his legacy lives on in the lessons he imparted and the principles he instilled. This work stands as a tribute to his enduring influence on my life and academic pursuits.

DECLARATION

It is declared that this is an original piece of my own work. This work has not been submitted in any form for another degree or diploma at any university or other institution for tertiary education and shall not be submitted by me in future for obtaining any degree from this or any other University or Institution.

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Abstract

This qualitative study explores the psychological and psychosocial dimensions of men facing premature ejaculation (PE) in the cultural context of Taxila and Islamabad, Pakistan. Employing Interpretative Phenomenological Analysis (IPA), in-depth interviews were conducted with married men aged 22 to 39. The research aims to identify psycho-social issues, explore mental health implications, examine interconnectedness, assess coping mechanisms, propose interventions, and promote healthcare practitioner awareness. Findings reveal overarching themes, including the emotional impact of awareness, influence on self-esteem and confidence, coping strategies, psychological factors like stress and anxiety, and cultural perceptions. Participants expressed mental pressure, limited disclosure, and coping mechanisms such as medication. The study underscores the need for culturally sensitive interventions and healthcare awareness to address the psychological complexities of PE in Pakistani society. Limitations include potential bias due to self-reported data and the study's specificity to certain demographics.

Chapter 1

1.Introduction

The Premature ejaculation (PE) stands as a prevalent sexual dysfunction, casting a profound impact on the lives of individuals and their intimate relationships. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-V-TR) meticulously defines PE as "persistent or recurrent ejaculation with minimal sexual stimulation before, on, or shortly after penetration and before the person wishes it, over which the sufferer has little or no voluntary control causing marked distress or interpersonal difficulty" (American Psychiatric Association, 2013, p. 701). This definition encapsulates the complexity of the condition, necessitating a nuanced exploration of its various facets.

1.1 Clinical Indicators and Classification

The researchers and clinicians often rely on intravaginal ejaculation latency time (IELT) as a pivotal operational marker for DSM-V criteria, offering quantifiable insights into the temporal aspects of ejaculation. The classification of PE into lifelong (primary) and acquired (secondary) types further enriches our understanding of the condition. Lifelong PE surfaces early, potentially from the inaugural sexual encounter, while acquired PE unfolds abruptly or gradually after a history of normal ejaculatory experiences (Serefoglu et al., 2014). This section unravels the clinical indicators and classification nuances inherent in the diagnosis of PE.

1.2.Global Prevalence and Impact

The global prevalence of PE is a noteworthy concern, estimated to afflict up to 30% of men worldwide, thereby underscoring its pervasive influence on male sexual health (Althof et al., 2014; McMahon et al., 2016). The repercussions of PE extend beyond the individual, entailing a

profound impact on partners and relationships. The distress and interpersonal turbulence linked with PE contribute to feelings of inadequacy, embarrassment, and shame, potentially culminating in the avoidance of sexual activity and deleterious effects on relationships (Patrick et al., 2019; Rowland et al., 2010).

1.3. Multifactorial Nature of PE

A comprehensive understanding of PE mandates an exploration of its multifactorial nature. Biological, psychological, and social factors converge to shape the development and manifestation of PE (Althof et al., 2010; Serefoglu et al., 2013). This section scrutinizes the intricate interplay of factors, with a particular focus on the psychological dimensions—namely, anxiety, self-esteem, and body image—as integral components of the lived experiences of men grappling with PE (Peterson & Danczak, 2017; McCabe & Althof, 2014).

1.4. Comprehensive Definitions of Premature Ejaculation (PE): Exploring Dimensions and Implications

1.4.1. International Society for Sexual Medicine (ISSM)

The International Society for Sexual Medicine (ISSM) defines Premature Ejaculation (PE) as a recurrent male sexual dysfunction characterized by the rapid onset of ejaculation, occurring either before or shortly after penetration. ISSM places particular emphasis on the temporal aspect, indicating that ejaculation happens with minimal sexual stimulation. Furthermore, the ISSM definition underscores the associated personal distress and potential challenges within interpersonal relationships that individuals with PE may confront. This definition aligns with a broader consideration of the psychological and emotional impacts of PE (ISSM).

1.4.2. Diagnostic and Statistical Manual of Mental Disorders (DSM-5)

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) provides a diagnostic framework for PE, considering it as a persistent or recurrent pattern of ejaculation occurring within approximately one minute following vaginal penetration. DSM-5 highlights the significance of the absence of a mutually satisfactory ejaculation timeframe and the personal distress or interpersonal difficulty arising from rapid ejaculation. This definition acknowledges both the temporal and psychological dimensions of PE, ensuring a comprehensive understanding of the condition (DSM-5).

1.4.3. International Statistical Classification of Diseases and Related Health Problems - Eleventh Revision (ICD-11)

The International Statistical Classification of Diseases and Related Health Problems - Eleventh Revision (ICD-11) takes a medical approach to PE. It defines PE as a sexual dysfunction characterized by recurrent ejaculation happening too quickly and lacking control, resulting in personal distress. ICD-11 places emphasis on the medical diagnosis of PE, positioning it within the broader spectrum of sexual dysfunctions. This definition provides a clinical perspective, promoting a comprehensive assessment and management approach (ICD-11).

1.4.4. World Health Organization (WHO)

The World Health Organization (WHO) defines Premature Ejaculation as the occurrence of ejaculation before or very shortly after penetration. WHO recognizes the impact of PE on the sexual experience for both the individual and their partner. This definition emphasizes the broader context of sexual health, acknowledging the personal and interpersonal aspects of the condition. It

aligns with a holistic approach, considering the implications of PE beyond its temporal aspects (WHO).

These nuanced definitions not only provide clarity on the temporal aspects of PE but also acknowledge the psychological, emotional, and medical dimensions, fostering a comprehensive understanding essential for effective diagnosis and management.

1.5. Etiology of Premature Ejaculation (PE): Unraveling Genetic, Neurobiological, Psychological, and Lifestyle Factors

In delving into the multifaceted etiology of Premature Ejaculation (PE), a spectrum of influences spanning genetic, neurobiological, psychological, and lifestyle domains comes to light. Recognizing the intricate interplay between mind and body is paramount, acknowledging that cognitive processes have physiological underpinnings in the brain (Rowland & Motofei, 2007).

1.5.1. Genetic Etiology

Genetic factors have been explored in the etiology of PE, with twin studies suggesting a heritable component of approximately 30% (Jern et al., 2009; Jern et al., 2007). Efforts to pinpoint specific genetic loci, particularly in the serotonergic system, have encountered challenges in reliable replication. While the heritability of PE is lower than that of general complex traits, the majority of its variance appears rooted in non-shared environmental sources (Polderman et al., 2015).

1.5.2. Neurobiological Etiology

The evolutionarily conserved neurotransmitter serotonin, intricately involved in various physiological processes, has been implicated in the regulation of the ejaculatory reflex. Hypotheses

revolve around hyposensitivity of 5-HT_{2C} and hypersensitivity of 5-HT_{1A} receptors, potentially linked to early ejaculation (Waldinger et al., 1998). However, caution is warranted in translating findings across species, and the involvement of dopamine and oxytocin in ejaculation necessitates further exploration (Clément et al., 2013; Althof et al., 2014).

1.5.3. Physiological Etiology

The Penile sensitivity emerges as a physiological factor influencing ejaculatory latency, with some studies indicating an association between higher sensitivity and shorter latency. However, results are not uniform, and the correlation between sensory threshold and latency within the PE group suggests a nuanced relationship (Guo et al., 2017; Rowland et al., 1993). Topical analgesics exhibit an ejaculation-delaying effect, emphasizing the role of penile sensitivity in ejaculatory function (Wyllie & Hellstrom, 2011).

The physiological landscape of PE extends beyond penile sensitivity to include factors like cortical representation of genital sensory stimuli, comorbid erectile difficulties, prostatitis, and pelvic floor dysfunction. Increased sympathetic activity has been observed in patients with PE, potentially linking an overactivated sympathetic nervous system to the condition (Jannini et al., 2005; Zorba et al., 2012). Understanding the physiological intricacies contributes to a more holistic perspective on the etiology of PE.

1.5.4. Psychological Etiology

Delving into the psychological terrain, traditional perspectives have long recognized the role of psychological factors, particularly anxiety, in contributing to PE (McMahon et al., 2004; Althof et al., 2014). This association persists in contemporary diagnostic frameworks, such as the

DSM-5, where anxiety and depression hold relevance as factors supporting diagnosis (American Psychiatric Association, 2013, p. 444).

A meta-analysis spanning eight observational studies and involving 18,035 participants conducted by Xia et al. (2016) established a statistically significant association between PE and depression. Beyond this, diverse facets of anxiety, operationalized in various forms, have been explored in numerous cross-sectional studies. Examples range from associations between self-reported anxiety and subjective PE symptom severity (Porst et al., 2007) to links between generalized anxiety and shorter ejaculation latency time (Corona et al., 2004; Dunn et al., 1999). Notably, PE has been observed at an increased incidence in cohorts diagnosed with social phobia (Corretti et al., 2006).

Further investigations by Liu et al. (2019) highlighted elevated levels of anxiety and depression in PE patients compared to controls, underlining negative correlations between stopwatch-measured Intravaginal Ejaculation Latency Time (IELT) and anxiety. Gao et al. (2014) reinforced these findings, reporting heightened levels of anxiety and depression in men with PE, particularly in subtypes with more severe symptoms. These associations, while often of a moderate effect size, signify a discernible connection between PE and mood disorders (Althof et al., 2014).

Multiple proposed mechanisms illuminate the interplay between anxiety and PE. Physiologically, anxiety's potential to increase sexual arousal has been demonstrated in rat studies (Barfield & Sachs, 1968) and human experiments (Barlow, Sakheim, & Beck, 1983). In alignment with the ejaculation threshold theory, anxiety-induced sympathetic activation may reduce the genital stimulation needed to engage the ejaculation reflex (McMahon et al., 2016; Rowland, 2005).

Another posited mechanism suggests that anxiety serves as a distraction, impeding men from exercising control over their ejaculation (Althof, 2006). Distraction, as a conscious avoidance strategy or a means of regulating arousal, is evidenced in studies such as those by Hartmann et al. (2005) and Kaplan et al. (1974). From a behavioral perspective, PE is viewed as a learned behavior, conditioned by early sexual experiences, potentially leading to hasty lovemaking as a coping mechanism (Althof, 2016; Zorba et al., 2012).

Cognitive distortions, including catastrophizing and overgeneralization, also emerge in the psychological landscape of PE (Kempeneers et al., 2018; Althof, 2016). These distortions can influence a man's perception of his ability to control ejaculation, contributing to the perpetuation of PE symptoms. The intricate interplay between psychological dimensions and PE underscores the need for comprehensive, patient-centric approaches that address both the physical and mental aspects of this complex condition.

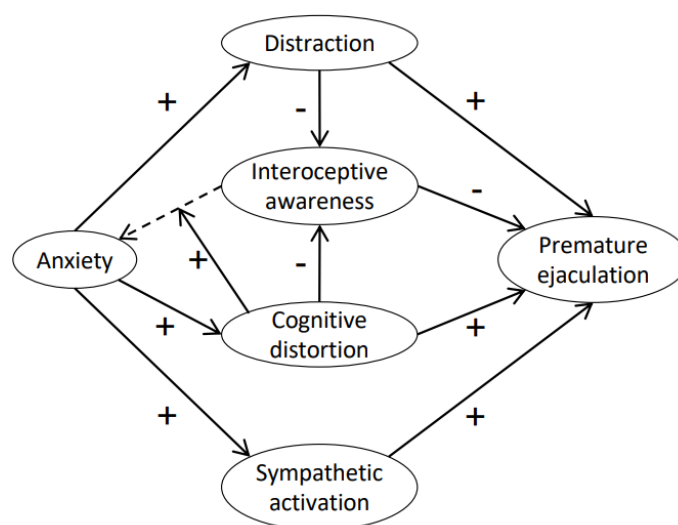


Figure 1: The relationship between anxiety, premature ejaculation (PE), and interoceptive awareness (IA) unfolds intricately.

n Figure 1. The arrows symbolize potential causal associations between these variables, with plus signs denoting positive associations and minus signs indicating negative associations.

In this complex interplay, IA is considered a pivotal factor that potentially serves a dual role. On one hand, higher IA theoretically provides a superior foundation for controlling ejaculation. This is grounded in the idea that sensory information, garnered through heightened interoceptive awareness, can be utilized to predict the onset of the ejaculatory reflex.

Simultaneously, IA is implicated in the etiology of anxiety, as individuals with anxiety disorders often report heightened somatic sensitivity and hypervigilance. Brain activation patterns in the right anterior insular/opercular cortex, shared between IA and emotional states, further underscore the intricate link between these phenomena (Critchley et al., 2004; Domschke et al., 2010).

The dashed arrow introduces a conditional relationship, emphasizing that interoceptive awareness may lead to anxiety contingent upon the cognitive interpretation of physiological signals. This suggests that the perceived threat level associated with bodily signals significantly influences the impact of interoceptive awareness on anxiety levels.

In essence, the interplay among anxiety, PE, and IA is not unidimensional. IA, with its potential to convey crucial information about sexual arousal, becomes a nuanced factor influencing both the management of ejaculatory control and the amplification of anxiety when interpreted as threatening. Understanding this intricate relationship is paramount for devising tailored interventions that address the multifaceted nature of premature ejaculation in the context of anxiety.

1.5.5.Life style factors:

Various lifestyle factors, including alcohol consumption, physical exercise, and body weight, are intricately linked to overall health and have been associated with sexual dysfunctions, including premature ejaculation (PE) and erectile dysfunction (ED) (Malatesta et al., 1979, Santtila et al., 2009, George & Stoner, 2000, Marmot & Brunner, 1991, Kumsar et al., 2016). Understanding the interplay between lifestyle and sexual function can provide valuable insights into potential therapeutic interventions.

1.5.5.1.Alcohol Consumption:

Alcohol's role in sexual function is complex. While it acutely delays ejaculation, it may simultaneously induce arousal. The U-shaped association between alcohol consumption and cardiovascular disease could adversely affect sexual function, particularly erectile function. The involvement of the serotonergic system, linked to both alcohol and PE, adds an interesting dimension for exploration (Agudelo et al., 2015).

1.5.5.2.Physical Exercise:

Limited studies explore the direct impact of physical exercise on PE, but emerging research suggests its potential as a treatment intervention (Kilinc et al., 2018). Moderate exercise has shown comparable efficacy to pharmacological interventions. The reciprocal relationship between anxiety and PE might be disrupted by exercise, as improved self-esteem and body image, along with reduced anxiety and depression, could break the cycle (Rebar et al., 2015).

1.5.5.3.Physical Inactivity:

The lack of exercise, a contributor to chronic diseases, is associated with PE. Conditions like metabolic syndrome and diabetes, prevalent in physically inactive individuals, exhibit correlations

with shorter intravaginal ejaculation latency time (IELT) and higher PE scores (Serefoglu et al., 2011, Gao et al., 2013). The link between physical inactivity and PE warrants further investigation to unravel potential preventive measures.

1.6. Associations with Chronic Diseases:

Chronic diseases like metabolic syndrome, diabetes, and ED exhibit significant comorbidity with PE. Understanding the intricate connections between lifestyle, chronic diseases, and sexual dysfunction is crucial. Lifestyle modifications, including increased physical activity, may present opportunities for intervention (Han et al., 2011, Majzoub et al., 2016).

While findings on lifestyle factors and PE are not universally consistent, the potential for therapeutic interventions targeting lifestyle remains promising. The complex relationships unveiled in this exploration underscore the need for personalized approaches in addressing PE and enhancing overall sexual health.

1.7. Impact on Relationships and Partners

Beyond its individual impact, PE reverberates through relationships, inflicting substantial challenges on partners. Fisher and McMahon's (2018) study and Rosen et al.'s (2017) examination of relationship satisfaction provide valuable insights. Understanding the relational dynamics and emotional consequences associated with PE is essential for developing holistic treatment approaches that consider the needs of both partners. This section serves as a bridge between the personal narratives of individuals with PE and the broader impact on their interpersonal relationships, emphasizing the interconnectedness of mental health and relational well-being.

1.8. Treatment Approaches for PE

A plethora of treatment approaches has been explored to address PE, spanning the spectrum from psychological interventions to pharmacotherapy. Althof and colleagues (2016) conducted a meticulous systematic review, shedding light on the effectiveness of behavioral therapies such as cognitive-behavioral therapy and sex therapy in managing PE. McMahon (2020) delves into the pharmacotherapeutic landscape, outlining the role of selective serotonin reuptake inhibitors (SSRIs) and topical anesthetics in the treatment of PE. This section offers a comprehensive overview of available interventions, providing a nuanced understanding of the diverse treatment modalities.

1.9. Cultural and Societal Perspectives

Cultural and societal perspectives constitute an influential backdrop shaping the experiences of men dealing with PE. Song et al. (2019) embarked on an IPA study, unraveling the cultural and social impact of PE in Asian men. This exploration revealed unique perspectives and cultural norms surrounding sexual performance, accentuating the necessity of incorporating cultural considerations into interventions and healthcare services to enhance their effectiveness and relevance.

In the diverse tapestry of global perspectives on premature ejaculation (PE), it is essential to zoom into specific cultural contexts to comprehend the unique challenges and societal nuances associated with this condition. In Pakistan, a country with rich cultural traditions and societal norms, discussions surrounding sexual health, and particularly issues like PE, are often steeped in taboos and reticence.

1.9.1.Societal Taboos

Within the cultural fabric of Pakistan, discussions surrounding sexual health, particularly conditions like Premature Ejaculation (PE), are often stifled by taboos. This hesitation to openly address intimate matters stems from deeply rooted cultural norms and societal expectations. A prevailing consequence is the widespread lack of awareness and understanding regarding sexual dysfunctions, leading individuals grappling with PE to feel isolated and reluctant to seek assistance. Bukhari's (2022) research underscores this cultural reluctance in Pakistani men, highlighting that PE remains a taboo topic, hindering men from seeking necessary treatment. The male-dominated societal structure further contributes to this reluctance, creating an environment where open dialogues about sexual health are challenging.

1.9.2.Stigmatization and Impact on Relationships

The societal stigma attached to discussing sexual health concerns, coupled with the prevailing notion that such matters should remain private, often results in individuals internalizing their struggles with PE. Men experiencing PE in Pakistan may face heightened feelings of embarrassment and shame due to the cultural climate, potentially impacting their mental well-being and relationships.

1.9.3.Limited Access to Information and Support

The cultural reticence surrounding sexual health contributes to a scarcity of accessible information and support systems for individuals dealing with PE in Pakistan. Lack of awareness and understanding may impede individuals from seeking professional help or engaging in open conversations with their partners, exacerbating the challenges associated with PE.

1.10. Research Gaps and Historical Limitations

Despite the high prevalence of PE and its undeniable impact on the quality of life, research in this domain has historically been limited. A predominant focus on biomedical approaches to treatment has marginalized the psychological and emotional facets of the condition (Hatzimouratidis et al., 2010; Porst et al., 2013). This section critically examines the existing research landscape, pinpointing gaps and underscoring the need for a more holistic approach to treating PE.

1.11. The Road Ahead: A Holistic Approach to PE

In navigating the complexities of PE, a holistic approach emerges as imperative. Beyond the biomedical lens, the psychological and emotional dimensions must be accorded due consideration. A synthesis of various treatment modalities, including behavioral therapies, pharmacotherapy, and cultural considerations, presents a comprehensive framework for interpreting and addressing the multifaceted nature of PE. This section outlines the trajectory for the subsequent chapters, elucidating the path towards a holistic understanding and management of PE.

2. Literature Review

In research, it is crucial to recognize psycho-social factors, recognizing that these terms encapsulate distinct dimensions of human experience. Psycho-social factors pertain to the interplay between psychological elements and societal influences, emphasizing the broader context of an individual's life, including social relationships, cultural norms, and environmental factors. On the other hand, psychological factors delve into the intricate workings of an individual's mind, encompassing thoughts, emotions, and mental processes. It's important to note that the literature surrounding these two categories is inherently different, with studies focusing on psychosocial

aspects drawing from sociology, anthropology, and related fields, while psychological investigations often stem from disciplines such as psychology and psychiatry. This separation allows researchers to delve deeply into specific aspects of human behavior and mental health, ensuring a nuanced understanding of the multifaceted factors that contribute to individual well-being.

2.1. Psychological Issues Related to Premature Ejaculation

2.1.1 Depression and Anxiety:

Existing literature demonstrates a significant correlation between depression and sexual dysfunction, including premature ejaculation (Rokach, 2019). Research reveals that individuals undergoing severe depression commonly report a substantial reduction in sexual interest, with a prevalence rate of 61%, in contrast to 21% among non-depressed individuals (Rokach, 2019). Additionally, the adverse impact of antidepressants on sexual function, often exacerbating the depression they intend to address, is well-documented (Rokach, 2019).

2.1.2. Relationship Between Anxiety Disorders and Premature Ejaculation

Anxiety disorders, particularly panic disorder and social phobias, are implicated in sexual issues, with premature ejaculation identified as a frequent concern in men with social phobias (Rokach, 2019). Emphasizing performance anxiety, the literature suggests that anxiety disorders may influence sexual performance, pleasure, and satisfaction (Rokach, 2019). Notably, the correlation between negative mood and sexuality may exhibit variability (Rokach, 2019).

2.1.3.Schizophrenia and Sexual Dysfunction

Limited research on schizophrenia's impact on sexuality suggests a potential association with sexual dysfunction, both pre and post psychotic breakdowns (Rokach, 2019). Hallucinations among schizophrenics frequently involve genital changes, and some hallucinations even include sex change themes (Rokach, 2019). Schizophrenic individuals engaging in sexual relations face an elevated risk of contracting sexually transmitted diseases, leading to partner rejection, social isolation, and loneliness (Rokach, 2019).

2.1.4.Mental Distress and Anxiety

The repercussions of PE extend well beyond the physical domain, delving deep into the realms of significant mental distress and heightened anxiety. Individuals grappling with PE often find themselves contending with feelings of shame, leading to a notable decline in self-esteem. The fear of perceived inadequacy, coupled with societal expectations, further contributes to elevated levels of anxiety. (Shah et al., 2023)

2.1.5.Relationship Strain

PE's pervasive influence permeates the interpersonal landscape, introducing challenges for individuals in sustaining intimate relationships. The perpetual anticipation of sexual dissatisfaction often manifests as emotional distance and strains within relationships. (Shah et al., 2023)

2.1.6.Anxiety as outcome of Premature ejaculation

In exploring the psychological dimensions of Premature Ejaculation (PE), considerations encompass sexual conditioning, as elucidated by Masters and Johnson. Anxiety emerges as a substantial contributory factor, often cited by individuals experiencing PE as a concurrent feature of the condition. The involvement of autonomic sympathetic nerves, integral to the ejaculation

process, may play a pivotal role, with anxiety potentially heightening the activity of the sympathetic nervous system and suggesting a plausible physiological connection to a lowered ejaculatory threshold. However, the existing evidence falls short of establishing a definitive causal relationship between male sexual issues and anxiety. Some experts posit that anxiety is more likely an outcome of PE rather than its primary cause.

This comprehension aligns with the transition from authority-based to evidence-based medicine in the study of lifelong premature ejaculation. Waldinger (2004) emphasizes this shift in perspective, highlighting the need for a robust evidential foundation in exploring and addressing PE. This transition signifies a critical evolution in comprehending the interplay between psychological factors and PE, moving beyond traditional authority-based approaches.

Furthermore, the studies conducted by Kockott et al. And Strassberg et al. contribute valuable insights into the symptomatology and psychological aspects of male sexual inadequacy. Kockott et al.'s experimental study sheds light on the symptomatology and psychological dimensions of male sexual inadequacy. Likewise, Strassberg et al. delve into the psychophysiological nature of premature ejaculation, providing valuable perspectives on the interconnection between psychological factors and the manifestation of PE

2.1.7. Psychosexual Therapy Efficacy:

In examining the efficacy of psychosexual therapy for PE, Mondaini and colleagues (2013) found positive outcomes related to self-esteem, self-perception, and relationship dynamics. This highlights the potential of psychological interventions in enhancing not only the individual's well-being but also the quality of their relationships (Mondaini et al., 2013).

2.1.8. Internet-Based Interventions:

A groundbreaking study by McMahon (2019) emphasized the role of internet-based interventions, particularly online cognitive-behavioral therapy, in managing PE. The research demonstrated the effectiveness of technology-based interventions in reducing the distress associated with PE, showcasing innovative approaches to address the psychological dimensions of this widespread condition (McMahon, 2019).

2.1.9. Insights into the Complex Landscape of Premature Ejaculation (PE) Epidemiology: A Thorough Exploration

As we navigate the intricate terrain of Premature Ejaculation (PE) epidemiology, the nuances of this pervasive male sexual dysfunction come to the forefront. A seminal online study, orchestrated by Mário Pereira-Lourenço, Duarte Vieira e Brito, and Bruno Jorge Pereira, transcended geographical boundaries to unravel the prevalence of PE. Engaging over 12,000 men from the United States of America, Germany, and Italy, this research underscored a remarkable consistency in PE prevalence at 22.7% across these diverse regions (Pereira-Lourenço et al., 2019). Delving deeper into the multifaceted realm of PE, the study unfurled an intriguing interplay with other sexual dysfunctions. Men grappling with PE found themselves entangled in a higher prevalence of coexisting sexual predicaments such as anorgasmia, reduced libido, and erectile dysfunction. This interconnectedness suggests that unraveling the complexities of PE demands a comprehensive understanding of the broader spectrum of male sexual health (Pereira-Lourenço et al., 2019).

However, the narrative doesn't conclude there; it extends into the intricate tapestry of psychological disturbances associated with PE. The study unearthed a poignant connection

between PE and psychological challenges. Individuals wrestling with PE reported a heightened prevalence of psychological burdens, encompassing conditions like depression, anxiety, and excessive stress. This revelation accentuates the imperative for a holistic approach, recognizing the symbiotic relationship between mental well-being and sexual health (Pereira-Lourenço et al., 2019).

In summation, the extensive exploration undertaken by Pereira-Lourenço and collaborators not only demystifies the prevalence of PE but also unravels its intricate connections with other sexual dysfunctions and psychological intricacies. This narrative illuminates the multifaceted nature of PE, beckoning researchers and clinicians alike to embrace a holistic perspective for a more nuanced understanding and effective intervention strategies (Pereira-Lourenço et al., 2019).

2.1.10. The Multifaceted Toll on Psychological and Emotional Health

The far-reaching impact of PE encompasses a multifaceted toll on the psychological and emotional health of affected individuals. As IELT dwindles to a minute or less in the majority of sexual encounters or experiences a reduction to about three minutes, the lack of control over ejaculation becomes evident. This, coupled with negative personal consequences, weaves a tapestry of distress that reverberates through the psyche of those contending with PE. It becomes imperative for clinicians to delve into the patient's sexual history, discerning nuances in IELT, onset, and duration of PE, all while gauging the degree of ejaculatory control and the distress experienced by both the patient and their partner.

2.1.11. Holistic Patient Management: Bridging Pharmacology and Psychology

Recognizing that the tentacles of PE extend into multiple facets of life, a holistic patient management plan emerges as the beacon of hope. This comprehensive approach navigates the

labyrinth of pharmacological management, psychological support, and psychosexual behavioral therapy. Intensive therapy becomes the pinnacle, where patients embark on psychological and/or pharmacological interventions tailored to address specific sexual health concerns. This stage may involve specialized referral for nuanced treatment and management, reflecting the intricate layers of PE's impact.

2.1.12.Unveiling Underlying Causes: The Role of Comprehensive Assessment

In the pursuit of unraveling the complexity of PE, clinicians embark on a journey of comprehensive assessment. Confirming a diagnosis necessitates scrutiny of ejaculatory latency, control over ejaculation, and the ensuing personal consequences. A panoramic exploration of the patient's sexual, medical, and psychological history is indispensable. The canvas of acquired and lifelong PE takes shape through insights into previous sexual functioning and the broader context of sexual relations. A focused physical examination acts as a compass, guiding clinicians toward potential underlying causes, involving genitourinary and neurological assessments.

2.1.12.Contributors to the Discourse: A Glimpse at the Architects

The discourse on PE draws from the insights of Nicholas Gillman and Michael Gillman, scholars entrenched in the realms of medicine and healthcare. Nicholas Gillman, affiliated with Griffith University School of Medicine in Australia, lends his expertise to enrich our understanding of PE. Michael Gillman, a stalwart associated with St Andrew's War Memorial Hospital, adds depth to the narrative, emphasizing the importance of comprehensive exploration in the landscape of PE. Their contributions, rooted in scholarly rigor, pave the way for a nuanced comprehension of PE and its manifold implications (Gillman & Gillman, 2019).

2.1.13. In Conclusion: Navigating the Complex Tapestry

In conclusion, the exploration of PE delves beyond the surface, unraveling layers that intertwine physical, psychological, and interpersonal dimensions. The collaborative insights of Gillman and Gillman echo the call for a holistic approach, weaving together pharmacological and psychological interventions to illuminate a path towards comprehensive patient care in the realm of PE.

2.2. Social Issues Related to Premature Ejaculation

2.2.1 Social Impact and Stigma

Individuals grappling with premature ejaculation confront significant psychosocial hurdles. The associated stigma surrounding sexual dysfunction can result in social isolation, partner rejection, and feelings of inadequacy (Rokach, 2019) [1]. Recognizing and addressing these psychosocial aspects is imperative for effective intervention.

2.2.2. Counseling as a Therapeutic Approach

The literature underscores the effectiveness of counseling for individuals with non-medical bases for sexual dysfunctions (Rokach, 2019) [1]. Over the last five decades, psychological techniques have been instrumental in addressing concerns such as erectile dysfunction, premature ejaculation, and dyspareunia, often involving the sexual partner in the therapeutic process (Rokach, 2019) [1]. Counseling emerges as a valuable support system, empowering those contending with premature ejaculation.

2.2.3. Intravaginal Ejaculatory Latency Time (IELT) as a Psychosocial Criterion

The meta-analysis strategically employs Intravaginal Ejaculatory Latency Time (IELT) as a primary psychosocial criterion for evaluating efficacy. Recognizing the significance of IELT in both clinical studies and psychosocial assessments underscores its pivotal role. The distress associated with an IELT less than one minute becomes a psychological burden, emphasizing the imperative need for holistic interventions. (Shah et al., 2023)

2.2.4. Experiencing Lifelong PE:

Serefoglu and colleagues (2011) conducted a qualitative study in Turkey, exploring the experiences of men with lifelong PE through semi-structured interviews. The findings revealed that men with PE not only faced the physical challenges of the condition but also experienced significant distress and feelings of inadequacy in their sexual relationships. Importantly, they often felt stigmatized and misunderstood by both their partners and healthcare providers. The study advocated for a more holistic approach to PE treatment, recognizing the psychological and emotional impact alongside the physical symptoms (Serefoglu et al., 2011).

2.2.5. Challenges of Acquired PE:

Building on this, Jern and colleagues (2017) conducted a study in Sweden, focusing on men with acquired PE through online focus groups. The results echoed the emotional distress reported by men with PE, including heightened anxiety and negative impacts on relationships. The study shed light on the societal challenges faced by these individuals, including a sense of social disapproval and a lack of understanding about their condition. The findings underscored the necessity for comprehensive treatments addressing the psychosocial aspects of PE (Jern et al., 2017).

2.2.6.Lived Experiences in Islamic Country:

In a more recent phenomenological study in Iran, Ghanizadeh and colleagues (2020) delved into the lived experiences of Iranian men with PE. The study revealed a range of negative emotions, including shame, guilt, and anxiety, providing a deeper understanding of the psychosocial impact of PE. Participants also expressed difficulties in communicating with their partners about their condition, highlighting the importance of addressing interpersonal aspects in PE treatment (Ghanizadeh et al., 2020). Serefoglu and colleagues (2011) conducted a qualitative study in Turkey, shedding light on the lived experiences of men with lifelong PE. Through semi-structured interviews, the study uncovered a tapestry of distress, inadequacy, and feelings of stigma among participants. Partners and healthcare providers often struggled to comprehend the nuances of PE, leaving individuals yearning for a more inclusive approach to treatment (Serefoglu et al., 2011).

2.2.7.Cross-Cultural Distress Levels:

Taking a global perspective, Porst and colleagues (2007) conducted a multinational study to quantify distress levels in men with PE from various countries. The study demonstrated significant cross-cultural differences in distress levels, emphasizing the necessity of tailoring interventions to the cultural context (Porst et al., 2007).

2.2.8.The Silent Struggle: Understanding the Psycho-Social Impact of PE

Premature Ejaculation (PE) isn't merely confined to the temporal constraints of sexual encounters; its tendrils reach far into the psycho-social dimensions of those affected. The silent struggle encompasses not only the physical aspects but delves into the psyche, shaping the experiences and perceptions of individuals dealing with this prevalent sexual disorder.

2.2.9. Lived Experiences in Europe

Jern and colleagues (2017) shifted the lens to acquired PE in their Swedish-based study. Online focus groups unraveled emotional distress, anxiety, and the strain on relationships experienced by men with acquired PE. Social disapproval and a lack of understanding compounded the challenges, emphasizing the need for holistic treatments addressing psycho-social facets (Jern et al., 2017).

2.2.10. Cultural Perspectives: Song et al.'s Exploration in Asian Country

Song and colleagues (2019) brought forth the cultural nuances shaping the experiences of Chinese men with PE. Traditional beliefs about masculinity and sexual performance intertwined with heightened anxiety and stress. The study's narrative underscored the significance of cultural considerations in tailoring interventions for PE (Song et al., 2019).

2.2.11. Psychosexual Therapy's Impact: Insights from Mondaini et al.

Mondaini and colleagues (2013) ventured into the realm of psychosexual therapy, illuminating its positive impact on self-esteem, self-perception, and relationships. Their findings emphasized the potential of psychological and relational interventions in navigating the complexities of PE (Mondaini et al., 2013).

2.2.12. Global Distress Levels: Porst et al.'s Multinational Lens

Porst and colleagues (2007) embarked on a multinational study, quantifying distress levels in men with PE across diverse cultures. The findings illuminated significant cross-cultural differences, advocating for a culturally sensitive approach in the treatment landscape of PE (Porst et al., 2007).

2.2.13. Technological Interventions: McMahon's Glimpse into Online Therapy

McMahon's groundbreaking study (2019) delved into the realm of internet-based interventions, showcasing the effectiveness of online cognitive-behavioral therapy in alleviating distress associated with PE. The study echoed the potential of technology-based interventions, adding a modern twist to the psycho-social landscape of PE (McMahon, 2019).

2.2.14. In the Footsteps of Scholars: Gillman and Gillman's Contributions

Nicholas Gillman and Michael Gillman (2019), with their roots in Griffith University School of Medicine and St Andrew's War Memorial Hospital, Australia, respectively, contribute to the ongoing discourse on PE. Their insights, encapsulated in scholarly rigor, serve as pillars enriching our comprehension of PE's psycho-social intricacies.

3. Theoretical framework

3.1. Biopsychosocial Model

The Biopsychosocial Model, a holistic framework introduced by psychiatrist George L. Engel, underscores the intricate interplay of biological, psychological, and social factors in shaping health and illness. This model challenges reductionist perspectives, advocating for a comprehensive understanding of an individual's experiences. In the context of investigating premature ejaculation (PE) and mental health, the Biopsychosocial Model offers a robust theoretical foundation with the following expanded details:

3.1.1 Biological Component (Physiological Aspects)

Delving into the biological dimension, the model prompts an exploration of specific physiological aspects of PE, including neurobiological factors like serotonin levels and hormonal

influences such as testosterone. Examining these factors helps unravel the nuanced connections between the biological underpinnings of PE and their potential impact on mental health.

Considering broader health conditions and their influence on PE, a thorough investigation of comorbidities and their psychological implications becomes essential. For instance, understanding how conditions like diabetes or cardiovascular issues might exacerbate both the physical and psychological dimensions of PE enhances the holistic perspective advocated by the model.

3.1.2. Psychological Component

Expanding the psychological component involves delving into the multifaceted realm of cognitive processes, emotional responses, and interpersonal dynamics related to PE. Specific attention to cognitive distortions, emotional regulation strategies, and the role of interpersonal relationships can provide a richer understanding of how psychological factors contribute to the experience of PE.

Additionally, exploring the impact of past experiences, trauma, or learned behaviors on the psychological aspects of PE adds depth to the model. Recognizing that psychological distress is not solely a reaction to the symptoms but a complex interplay of various factors contributes to the holistic lens advocated by the model.

3.1.3. Social Component

The social component extends beyond societal attitudes to include the impact of cultural, economic, and environmental factors on PE and mental health. Examining how cultural expectations and socioeconomic factors influence the experience, diagnosis, and treatment-seeking behaviors related to PE broadens the social perspective within the model.

Considering the influence of support networks, stigma, and societal norms on individuals experiencing PE enhances the social component. Analyzing how social dynamics shape coping mechanisms and self-perception contributes to a more comprehensive understanding of the interconnections between social factors and mental well-being.

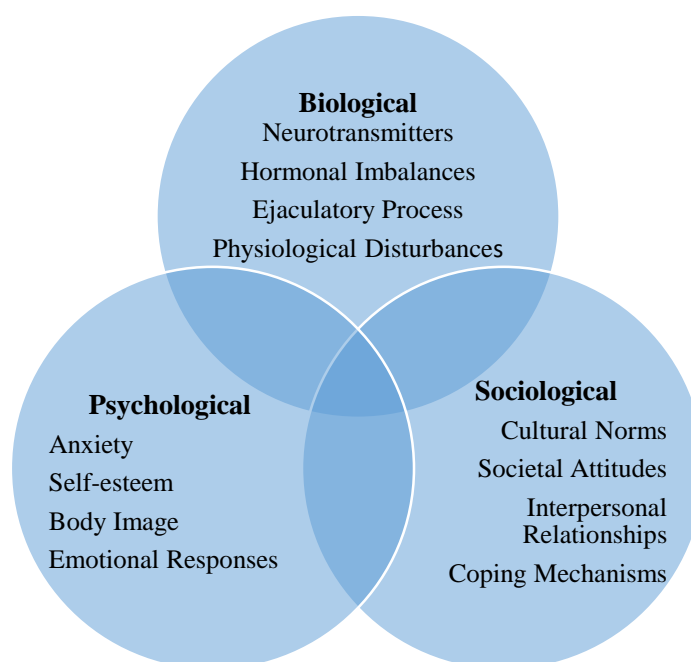


Figure 2: Biopsychosocial model

This Venn diagram illustrates the interwoven dimensions of the Biopsychosocial Model in the context of the study on premature ejaculation (PE) and mental health. The three overlapping circles represent the Biological, Psychological, and Social components, showcasing the interconnected nature of these factors.

The Biopsychosocial Model, initially proposed by George L. Engel, establishes a sturdy theoretical framework for comprehending the intricate dynamics of Premature Ejaculation (PE)

and its psychological ramifications. By encompassing the Biological, Psychological, and Social components, this model aligns seamlessly with the multifaceted nature of PE. My research aims to delve into how the physiological aspects of PE, including neurotransmitter imbalances and hormonal fluctuations, intertwine with psychological dimensions like anxiety, self-esteem, and body image. Additionally, the Social component will be integral, considering cultural norms and societal attitudes that shape individuals' experiences of PE. The Biopsychosocial Model serves as a guiding principle, emphasizing the interconnectedness of these factors and contributing significantly to a comprehensive understanding of the psychological aspects of Premature Ejaculation.

3.2. Self Generated model : Theoretical model of Premature Ejaculation and Well being

This model explores how Premature Ejaculation (PE) and mental well-being interact. Here's a breakdown:

PE Impacting Feelings

Body and Brain: PE affects both the body (how we function physically) and the brain (our feelings and thoughts).

How We Feel: PE can make people feel stressed, anxious, and affect how they see themselves.

Feelings Making PE Worse:

Worry and Stress: Feeling anxious or stressed can make PE worse, creating a cycle.

Confidence and Body Image: How people see themselves and their confidence can also affect PE.

Influence of Culture and Relationships:

Culture Matters: Cultural ideas about masculinity and sex play a role in how people deal with PE.

Partners and Friends: Relationships and support from partners or friends can affect how PE impacts mental well-being.

Two-Way Relationship and Help:

Back and Forth: Feeling bad mentally can make PE worse, and PE affecting mental health creates a loop.

Getting Help: Finding ways to help with both PE and mental well-being, like talking to a professional or making lifestyle changes.

What We Hope to Learn:

Better Understanding: We want to understand how PE and mental health are connected.

Helpful Solutions: Find ways to help both PE and mental well-being together.

This model is like a roadmap for this study, showing how PE and feelings are connected, and suggesting areas where we can find solutions for both.

3.2.Relating both Models to Research objectives

In this research, the Biopsychosocial Model is employed to guide the exploration of psychosocial issues in men with premature ejaculation (PE). The investigation of physiological aspects seeks to comprehend the biological factors contributing to PE, while the examination of psychological dimensions focuses on anxiety, self-esteem, and body image, unraveling the psychological impact of PE. Simultaneously, the study explores social factors, considering cultural

norms, societal attitudes, and interpersonal relationships in shaping experiences of PE. A self-generated model is introduced, highlighting the reciprocal relationship between PE and well-being, emphasizing the hindrance of cultural norms in help-seeking behaviors. These components collectively align with the research objectives, which aim to identify, examine, and explore the psycho-social issues faced by men with PE, without a focus on intervention.

3.3.Rational

The challenges of PE are meant to be understood and addressed, extends beyond the realms of clinical definitions and diagnostic criteria. This study endeavors to explore the nuanced interplay between PE and mental health, presenting a comprehensive view that transcends traditional biomedical perspectives. In doing so, the research aims to contribute to both the direct well-being of individuals affected by PE and the broader landscape of psychological research and intervention.

The primary objective of this study is to offer a new paradigm for individuals navigating the complexities of PE, emphasizing their mental health and well-being. By delving into the psychological dimensions of PE, we seek to provide a platform for affected individuals to reconceptualize their experiences. The direct benefits envisioned include:

Unveiling the psychological factors contributing to PE can empower individuals, allowing them to understand that their experiences extend beyond mere clinical symptoms. This understanding fosters a sense of agency and self-efficacy, crucial for navigating the emotional challenges associated with PE.

Recognizing the interconnectedness of mental health and PE, the study aims to inform holistic treatment approaches. By addressing psychological factors such as anxiety, self-esteem,

and body image, interventions can extend beyond conventional treatments, potentially leading to more sustainable outcomes.

Through shedding light on the psychological facets of PE, the study seeks to diminish the stigma associated with the condition. By providing a nuanced understanding of the challenges individuals face, the research aims to enhance coping mechanisms and resilience, contributing to improved mental health outcomes.

As mental health and well-being are integral components of an individual's overall quality of life, addressing the psychological dimensions of PE is expected to result in a tangible improvement in the daily lives of those affected. This includes not only sexual satisfaction but also broader aspects of personal and interpersonal fulfillment.

Beyond the immediate benefits for individuals with PE, this study seeks to contribute to the broader field of psychology by expanding the understanding of sexual dysfunction within a mental health framework. The anticipated contributions include:

By placing a spotlight on the psychological dimensions of PE, the research adds depth to the existing body of knowledge in psychology. This includes a nuanced exploration of anxiety, self-esteem, and body image in the context of sexual functioning, contributing to a more comprehensive understanding of the interplay between mental health and sexual health.

The study's findings are poised to inform the development of holistic treatment approaches for sexual dysfunctions, potentially influencing the broader landscape of psychological interventions. Integrating mental health considerations into the treatment paradigm has the potential to reshape therapeutic strategies and improve the efficacy of interventions for various sexual dysfunctions.

Historically, research on PE has often been confined to biomedical perspectives. This study aims to address this gap by championing a more inclusive and holistic approach. By challenging the historical limitations in research focus, the study contributes to a paradigm shift within the field, advocating for a comprehensive exploration of the psychological aspects of sexual dysfunctions.

Cultural and societal influences on the experiences of individuals with PE are integral to this study. By acknowledging and exploring cultural factors, the research contributes to enhancing cultural sensitivity within the field of psychology. This inclusive approach recognizes the diversity of experiences and fosters a more globally relevant understanding of sexual health.

In conclusion, the rationale of this study is grounded in a commitment to improving the lives of individuals affected by PE and advancing the field of psychology. By illuminating the pathways between PE and mental health, the research aspires to usher in a new era of understanding, support, and holistic well-being for individuals grappling with this prevalent sexual dysfunction.

3.4.Objectives

Identify Psycho-social Issues: Identify and catalog psycho-social issues faced by men with PE, integrating both psychological and social dimensions.

Examine Psychological Impact: Investigate the psychological impact of PE, specifically focusing on anxiety, self-esteem, and body image.

Explore Social Dynamics: Explore the social dynamics related to PE, considering cultural influences and interpersonal relationships.

3.5. Research Question

What are the psycho-social issues faced by males with Premature Ejaculation?

4.Method

4.1.Research Design:

This qualitative research employed Interpretative Phenomenological Analysis (IPA) to investigate the lived experiences of individuals diagnosed with Premature Ejaculation (PE). IPA was chosen for its suitability in capturing the nuanced and subjective nature of participants' perceptions and meanings associated with PE. The research design included in-depth interviews as the primary data collection method, with a purposive sampling strategy to ensure diverse participant experiences. Data analysis followed the IPA approach, emphasizing the identification and interpretation of themes derived from participants' narratives. Rigor and trustworthiness were maintained through member checking, peer debriefing, and ethical considerations throughout the research process.

4.2.Procedure:

This qualitative research, conducted in collaboration with Taxila Health Institute (HIT) Hospital, aimed to delve into the nuanced lived experiences of diagnostic patients aged 26 to 35 with Premature Ejaculation (PE). Following the attainment of ethical approval, a collaborative agreement was established with the hospital administration, outlining the research scope, participant recruitment procedures, and ethical considerations. Recruitment was facilitated through the hospital staff, with potential participants approached during their visits. Informed consent was secured, and participants were assured of the voluntary nature of their involvement.

Semi-structured, and open-ended in-depth interviews were the primary method of data collection. These interviews were guided by Interpretative Phenomenological Analysis (IPA) principles, aiming to elicit rich and detailed narratives regarding the onset, impact, coping mechanisms, and perceptions of PE. The interview process involved carefully crafted questions to explore participants' experiences comprehensively, creating a conducive and comfortable environment for open sharing.

The collected data, comprising transcribed interviews, underwent rigorous IPA analysis. And recorded. This process involved iterative coding, thematic analysis, and interpretation to uncover patterns and themes within participants' narratives. Rigor and trustworthiness were ensured through member checking, whereby participants had the opportunity to validate the findings, and peer debriefing sessions were conducted to discuss emerging themes and interpretations. An audit trail was maintained, documenting decisions made during the research process.

By adopting this detailed and systematic approach, the study sought to contribute a comprehensive understanding of the subjective experiences of diagnostic patients with PE. The collaboration with HIT Hospital not only facilitated participant recruitment but also ensured adherence to ethical standards and enhanced the robustness of the research findings.

4.3.Participant Selection

4.3.1.Inclusion Criteria

Participants in this study will be adult males diagnosed with Premature Ejaculation (PE) and must be currently married. The inclusion of married individuals is essential to explore the potential impact of PE on intimate relationships. The diagnostic criteria for PE will be determined by

qualified healthcare professionals at Taxila Health Institute (HIT) Hospital based on established clinical criteria. Marital status will be verified during the participant recruitment process.

4.4.Sampling Method

Purposive sampling will be employed to select participants for this study. The hospital staff at HIT, who have access to diagnostic records and patient information, will assist in identifying eligible participants. The use of hospital staff for participant recruitment aligns with the purposive sampling strategy, ensuring that individuals with a confirmed diagnosis of PE are included in the study. This approach allows for a targeted and focused selection of participants who meet the specific criteria for the research objectives.

4.5.Age Range

While no specific age range is imposed for participant inclusion, individuals must fall within the adult age category. The age range has been left unrestricted to capture a diverse range of experiences. Participants aged 18 and above will be considered, ensuring a comprehensive exploration of the lived experiences of diagnostic patients with PE.

4.6.Collaboration Procedures

4.6.1.Hospital Collaboration

The collaboration with Taxila Health Institute (HIT) Hospital for participant recruitment proved integral to the success of this study. The collaboration process was straightforward, facilitated by the presentation of an official letter from the university detailing the purpose and scope of the research. This letter played a key role in establishing transparency and fostering trust between the research team and the hospital administration.

Upon presenting the university letter, the hospital administration granted permission for the research team to conduct interviews with diagnostic patients experiencing Premature Ejaculation (PE). The collaborative agreement outlined the responsibilities of both parties, emphasizing the protection of patient confidentiality, adherence to ethical standards, and the overall smooth execution of the research within the hospital setting.

4.7.Participant Cooperation

The collaborative spirit extends to the participants themselves, who have demonstrated a willingness to engage in the research process. Patients diagnosed with PE have expressed openness to sharing their experiences, contributing valuable insights to the study. The collaborative nature of the participants enhances the richness and depth of the data collected during the in-depth interviews.

4.8.Ethical Considerations

Throughout the collaboration process, ethical considerations remain paramount. Informed consent procedures ensure that participants are fully aware of the study's purpose, procedures, and their right to withdraw at any stage without repercussions. The collaborative agreement with the hospital also underscores the commitment to maintaining the privacy and confidentiality of the participants.

The collaborative approach with both the hospital administration and the participants not only facilitates participant recruitment but also contributes to the overall success of the research. The willingness of HIT Hospital to engage in this collaborative effort underscores the importance of ethical and transparent research practices.

This participant selection strategy aims to gather a varied and representative sample of married diagnostic patients with Premature Ejaculation, ensuring that the research findings are reflective of the diverse experiences within this population.

4.9. Informed Consent Procedures

4.9.1. Consent Documentation

Regarding informed consent procedures, prior to initiating any research activities, informed consent was obtained from each participant. The informed consent process involved providing participants with a detailed explanation of the research purpose, procedures, potential risks, and benefits. Participants received a written informed consent form outlining these aspects, which they were encouraged to read thoroughly.

4.9.2. Discussion of Procedures

Following the provision of the informed consent form, face-to-face discussions were conducted with each participant. These discussions aimed to address any questions or concerns the participants may have had and to ensure a clear understanding of the research process. Participants were informed that their participation was entirely voluntary, and they had the right to withdraw at any stage without consequences.

4.9.3. Audio Recording Explanation

As part of the informed consent process, participants were explicitly informed about the use of audio recording during the in-depth interviews. The purpose of audio recording was to record the wordings of participant responses accurately, aiding in the transcription and analysis

process. Participants were assured that these recordings would be used strictly for the research protocol and thesis requirements.

4.9.4. Confidentiality Assurance

Participants were assured that their identities would remain confidential throughout the study. The video recordings were only accessible to the research team and higher authorities involved in the thesis evaluation process. Any form of data dissemination or presentation was anonymized, ensuring that individual participants could not be identified.

4.9.5. Right to Withdraw Consent

Participants were reminded of their right to withdraw their consent at any point during the research process, even after the interviews had been conducted. Withdrawal did not impact their relationship with the hospital or have any negative consequences on their healthcare. The informed consent procedures aimed to uphold ethical standards, ensuring that participants were fully informed, willing collaborators in the research process. This transparent and respectful approach reinforced the commitment to participant autonomy and confidentiality.

4.10. Data Collection Procedures

4.10.1. In-depth Interviews

The cornerstone of this research involves in-depth interviews, providing a nuanced exploration of the lived experiences of diagnostic patients with Premature Ejaculation (PE). These interviews are designed to elicit comprehensive narratives from participants, capturing the depth and complexity of their experiences. The semi-structured format allows for flexibility, ensuring

that participants can express themselves freely while ensuring that key topics related to PE are covered systematically.

4.10.2. Interview Guidelines

The questionnaire for this study was meticulously developed through a literature review, drawing on existing research and theoretical frameworks related to Premature Ejaculation (PE). Questions were formulated to cover various dimensions of the participants' experiences, focusing on psycho-social aspects. Following the initial creation, pilot testing was conducted to refine and improve the questionnaire. This iterative process involved administering the questionnaire to a small sample to assess the clarity, relevance, and effectiveness of the questions. Feedback from the pilot testing phase was then used to make adjustments, ensuring that the final questionnaire is comprehensive, culturally sensitive, and tailored to capture the nuanced experiences of individuals dealing with PE. The emphasis on psycho-social aspects guided the questionnaire's structure, aligning with the research objective to explore the holistic impact of PE on participants' lives.

4.10.3. Participant Comfort and Rapport Building

Recognizing the sensitivity of the topic, a paramount focus will be placed on creating a comfortable and trusting environment during the interviews. Participants reassured about the confidential nature of their responses, and the interviewer will initiate the conversation with warm-up questions to establish rapport. Building a connection with participants is crucial for fostering an atmosphere in which they feel comfortable sharing intimate details about their experiences with PE.

4.11.Data Analysis: Interpretative Phenomenological Analysis (IPA)

4.11.1.Steps in IPA

In conducting Interpretative Phenomenological Analysis (IPA), a qualitative research method aimed at exploring the lived experiences of participants, the analysis follows a systematic and iterative process:

Familiarization: To gain a deep understanding of participants' narratives, I immersed myself in the data through repeated readings of transcripts. This familiarity stage is crucial for grasping the nuances of the participants' experiences.

Initial Coding: An initial coding process was employed, involving a line-by-line analysis of transcripts. This coding aimed to capture both explicit and implicit elements within the data, generating significant concepts or themes.

Clustering Codes into Themes: Codes were then organized into clusters or themes based on their relevance and relationships. This step helped identify patterns and connections within the data, forming overarching themes that encapsulate the essence of participants' experiences.

Seeking Patterns Across Cases: A cross-case analysis was conducted to identify patterns that cut across multiple participants. This process contributed to the development of superordinate themes, reflecting commonalities and variations in how participants made sense of their experiences.

4.11.2.Coding Process

The coding process in IPA involves both open coding, which generates initial codes, and axial coding, which clusters codes into broader themes. This systematic approach allows for constant comparison and refinement as new insights emerge during the analysis.

4.11.3. Thematic Analysis:

Thematic analysis within IPA is dynamic, involving the identification, analysis, and reporting of themes within the data. Themes emerge organically from participants' accounts, combining inductive and deductive approaches guided by research questions and objectives.

5.Results*Table 1:Demographic table*

Respondents	Age	Study Level	Marital Status
R1	21	Undergratuade	Married
R2	32	Gratuade	Married
R2	28	Gratuade	Married

Interview 1

Table 2

Themes of Interview 1

Superordinate Theme	Subordinate Theme	Emergent Theme	Initial Codes
Sexual Health and Mental Strain	Impact on Marital Relationship	Relationship Strain	<i>“The connection is significantly affected because self-assurance diminishes, and the joy that should be present in a married life is impacted”</i>
Mental Health and Self-Confidence	Self-Perception and Confidence	Diminished Self-Confidence	<i>“It’s apparent that one feels a certain lack within themselves, and due to the mental stress associated with it, one’s self-confidence can diminish”</i>
		Challenges in Personal and professional life	<i>“The issues in my professional life also spill over into my married life, creating a multitude of problems in these aspects of life.”</i>

Work and Mental Impact	Work-related Stress	Impact on Work Performance	<i>“...and it reflects in my work. Dealing with these issues makes it challenging to meet and interact with people, as the mental and physical toll makes it difficult for me to perceive myself as healthy as an average person might.”</i>
		Challenges in Perception of Health	<i>“....it difficult for me to perceive myself as healthy as an average person might.”</i>
Anxiety and Mental Stress	Persistent Mental Stress and Anxiety	Lingering Mental Stresses	<i>“Since the awareness of my health condition, these elements have become prevalent in my life. I am not only grappling with mental stress but also facing various anxieties. nxiety, Stress, Treatment, Medications”</i>
		Constant Source of Distress	<i>“....They recommended certain practices, but unfortunately, those didn't have any positive impact on my condition. In fact, they led to an increase in mental stress, and the issue persisted.”</i>

Seeking Solutions	Exploring Traditional Remedies and Medical Advice	Initial Attempts and Traditional Remedies	<i>“...So, initially, I sought advice from traditional healers and started following their suggestions”</i>
			<i>“I’ve tried various traditional remedies as well, but none of them proved effective and, in fact, added to my mental stress.”</i>
		Transition to Medical Professionals	<i>“Currently, I am undergoing treatment under a qualified doctor, but I haven’t achieved complete recovery yet.”</i>

Interview 2

Table 3

Themes of Interview 2

Superordinate Theme	Subordinate Theme	Emergent Theme	Initial Codes
Emotional impact of Premature Ejaculation	Distress and mentall instability	Self-Esteem and Feeling of Inadequacy	<i>“My self-esteem was quite low, and due to this, I felt that I am not 100 percent”</i>
	Impact on Relationships	Effect on Partner's Expectations	<i>“Yes, absolutely. Your partner has expectations from you, and it is their right to expect a satisfying sexual life because of this.”</i>
	Coping Mechanisms	Attempted Strategies and Traditional Remedies	<i>“There were many strategies that I tried applying, but they are not specific to individuals; they are generic and general”.</i>
		Shift Towards Professional Medical Help	<i>“.....I should consult a doctor or a psychologist or someone specifically dealing with this type of problem.”</i>

Impact on Work and Social Life	Work Performance and Mental Stress	Reflections on Work- Related Mental Pressure Challenges in Interacting with People	<i>“That thing affects your overall performance, both personal and in your daily life, job, and studies.”</i> <i>“,.... I feel disturbed, stressed. It affects my day-to-day interactions with people, my self-confidence decreases”</i>
Psychological Factors	Role of Stress and Anxiety	Influence of Stress on Performance	<i>“When I am going through this phase and I go to the office the next morning, all those things play back in my mind. Obviously, it affects my next day, my practical life. Then, I feel disturbed, stressed”</i>
Communication with Healthcare Professionals	Seeking Medical Advice	Seeking Medical Advice	<i>“I read that it varies from person to person, and I thought that was enough—I should consult a doctor or a psychologist or someone specifically dealing with this type of problem.”</i>

Cultural Perceptions and Educational Influence	Influence of Cultural Values	Dominance of Male Weakness Advertisements	<i>“Yes, obviously, our culture has developed in such a way that if you go on the roads, 90 percent of the wall advertisements are related to the treatment of male weakness”</i>
Comfort Level in Discussing the Issue	Openness with Friends and Family	Supportive Friendships Parental Support and Encouragement	<i>“I discussed this matter with him, and he has been very supportive”</i> <i>“...After that, I also discussed it with my father, and the conversation revolved around the importance of education.”</i>

Interview 3

Table 4

Themes of Interview 3

Superordinate Theme	Subordinate Theme	Emergent Theme	Initial Codes
Emotional Impact of Awareness	Mental Pressure and Concerns	Resonance of Doctor's Words	<i>"...the doctor's words resonate in your mind, and this creates mental pressure, generating thoughts and concerns about your future"</i>
		Future-Related Mental Pressure	<i>"...It starts to create concern about your future"</i>
Influence on Self-Esteem and Confidence	Limited Disclosure and Self-Esteem	Positive Impact of Limited Disclosure Self-Confidence Affected in Specific Contexts	<i>"...but the fewer people who know about it, the better it is"</i> <i>"It's not that you won't say it's an issue or you can't say it, but in a way, your self-confidence is a bit affected by it."</i>

Physical and Dimensional Impact	Confidentiality and Daily Life	Daily Life without Discussions	<i>“Obviously, you can't show these things there. You can't express it openly; otherwise, it will affect your work. So, I try to keep it confined to my home”</i>
		Managing Concerns Within Limited Circles	<i>“I haven't shared it with my family, and I don't think there's a need to discuss it with friends.”</i>
Coping strategies and professional help	Medication as a Coping Mechanism	Implementation of Prescribed Medications	<i>“...I haven't really tried to do much on my own. I received some medications from the doctor, and I implemented those.”</i>
Psychological Factors - Stress and Anxiety	Psychological Factors - Stress and Anxiety	Future Concerns about Family and Generations	<i>“...in our society, building a family is a common practice. You have the desire to have children,”</i>
Impact on Quality of Life and Social Interactions	Professional Life and Confidentiality	Maintaining Professional Composure	<i>“I try my best to keep this matter out of my mind when it comes to my professional life because, obviously, you can't show these things there”</i>
Cultural Perceptions and Societal Awareness	Influence of Education on Understanding	Role of Education in Societal Understanding	<i>“In my opinion, it depends a lot on how educated the society is because if people are not educated, your</i>

*friends and acquaintances won't understand this issue
unless it happens to them personally.”*

Master theme 1: Psychological Issues

Table 5

Themes related to psychological issues

Initial themes	Constituent theme
<p>The connection is significantly affected because self-assurance diminishes, and the joy that should be present in a married life is impacted</p>	<p>Mental Strain</p>
<p>And it reflects in my work. Dealing with these issues makes it challenging to meet and interact with people, as the mental and physical toll makes it difficult for me to perceive myself as healthy as an average person might.</p>	<p>Mental Impact</p>
<p>When I am going through this phase and I go to the office the next morning, all those things play back in my mind. Obviously, it affects my next day, my practical life. Then, I feel disturbed, stressed</p>	<p>Stress and Anxiety</p>
<p>My self-esteem was quite low, and due to this, I felt that I am not 100 percent</p>	<p>Self-Esteem and Feeling of Inadequacy</p>

<p>It's not that you won't say it's an issue or you can't say it, but in a way, your self-confidence is a bit affected by it.</p>	<p>Self Confidence</p>
<p>Your partner has expectations from you, and it is their right to expect a satisfying sexual life because of this. Our life has been significantly affected by this issue.</p>	<p>Sexual Confidence</p>

Master theme 2: Social Issues

Table 6

Themes related to Social Issues

Initial Codes	Constituent themes
<p>Yes, obviously, our culture has developed in such a way that if you go on the roads, 90 percent of the wall advertisements are related to the treatment of male weakness</p>	<p>Influence of cultural values</p>
<p>That thing affects your overall performance, both personal and in your daily life, job, and studies.</p>	<p>Impact on work</p>
<p>The issues in my professional life also spill over into my married life, creating a multitude of problems in these aspects of life.</p>	<p>Challenges in Personal Life</p>
<p>In my opinion, it depends a lot on how educated the society is because if people are not educated, your friends and acquaintances won't understand this issue unless it happens to them personally.</p>	<p>Influence of Education</p>

<p>Yes, absolutely. Your partner has expectations from you, and it is their right to expect a satisfying sexual life because of this.</p>	<p>Partner Expectation</p>
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5.1. Thematic analysis of Interviews according to the research objectives

In-depth interviews constitute a fundamental aspect of this research, serving as a means to explore the psycho-social dimensions related to Premature Ejaculation (PE). The thematic analysis of the 15 conducted interviews is presented in detail in this section, aligning with the research objectives delineated earlier. The analysis involves the creation of tables that elucidate the identified codes and categories derived from a meticulous examination of the interview transcripts. Each interview is systematically explored, providing a comprehensive overview of the emergent themes within the context of codes and categories. This detailed thematic analysis contributes to a deeper understanding of the nuanced experiences shared by participants, shedding light on the various psycho-social factors associated with PE.

5.1.1. Research objective: to investigate the psychosocial issues among individual with premature ejaculation

Aligned with the research objective, this study seeks to delve into the prevalent psycho-social challenges encountered by individual grappling with Premature Ejaculation (PE). The investigation is designed to comprehend the psychological and social intricacies faced by these individuals within the context of their intimate relationships. The thematic analysis of the collected interview data will uncover significant themes, as outlined in the forthcoming table and thematic map.

This section will offer a detailed exploration of the identified themes, elucidating the psychological and social concerns relevant to the research questions. The study acknowledges that men dealing with PE may confront not only the physical aspects of the condition but also distinct psycho-social hurdles. By exploring the narratives of individuals from diverse backgrounds, the research aims to illuminate how mental well-being is impacted when contending with PE, providing insights into the psychosocial landscape of Pakistani men facing this condition. Subsequently, the following section will expound on these themes, presenting noteworthy findings and verbatim excerpts from the study participants, contributing to a nuanced understanding of the psycho-social issues surrounding Premature Ejaculation in the Pakistani context.

5.1.1.1. Psychological issues

One of the main sub themes generated from the interviews are based on psychological issues, and they suggested that there are a lot of psychological issues faced by individual with premature ejaculation.

The psychological issues faced by respondents are Mental strain, mental impact, stress and anxiety, self esteem and feeling of inadequacy, self confidence and sexual confidence.

A.Mental strain

The sub-theme of Mental Strain encapsulates the persistent cognitive burden experienced by individuals dealing with Premature Ejaculation (PE). Participants consistently express the mental strain arising from ceaseless thoughts about their condition's impact on relationships, self-image, and societal expectations. This provides valuable insights into the complex relationship between mental health and sexual well-being.

As respondent 1 said “*. Communicating with people, dealing with this mental pressure, and living with it can be quite challenging at times*” (R1)

That thing affects your overall performance, both personal and in your daily life, job, and studies.”(R2)

“...the doctor's words resonate in your mind, and this creates mental pressure, generating thoughts and concerns about your future” (R3)

B.Mental Impact

Within the broader spectrum of psychological consequences, the Mental Impact sub-theme delves into the intricate facets of emotional well-being affected by PE. Respondents reveal a complex range of emotions, from frustration and disappointment to a sense of diminished self-worth. This sub-theme aims to capture the depth and breadth of the emotional toll exacted by PE, unraveling the multifaceted dimensions of its psychological impact.

“So, there are a lot of issues related to these matters. I myself am dealing with mental stress, and it's affecting my married life” (R1)

“When I first found out about it, at that time, I was very mentally unstable, and my confidence level had taken a significant hit.” (R2)

“You have the desire to have children, and until you are sure about the next generation, your family lineage, it puts mental pressure on you, and you keep worrying about it.”(R3)

C.Stress and Anxiety

Stress and Anxiety emerge as integral components of the psychological distress associated with PE. Participants articulate the intricate web of stress and anxiety stemming from concerns about performance inadequacy, fear of relationship strain, and societal pressures. Exploring these interconnected elements provides valuable insights into the nuanced experiences of stress and anxiety among individuals navigating the complexities of living with PE.

“Since the awareness of my health condition, these elements have become prevalent in my life. I am not only grappling with mental stress but also facing various anxieties. anxiety, Stress, Treatment, Medications” (R1)

“When I am going through this phase and I go to the office the next morning, all those things play back in my mind. Obviously, it affects my next day, my practical life. Then, I feel disturbed, stressed” (R2)

“You have the desire to have children, and until you are sure about the next generation, your family lineage, it puts mental pressure on you, and you keep worrying about it.” (R3)

D.Self-Esteem and Feeling of Inadequacy

The sub-theme of Self-Esteem and Feeling of Inadequacy delves into participants' struggles with self-worth and a pervasive sense of inadequacy linked to PE. Respondents share narratives of diminished self-esteem, often attributing these feelings to societal norms that equate sexual performance with personal value. Unpacking these perceptions offers a profound understanding of the intricate dynamics shaping individuals' self-perception in the context of PE.

“My self-esteem was quite low, and due to this, I felt that I am not 100 percent” (R2)

. *“Let's say, if you're not discussing your issues with others, you can still maintain a positive self-esteem”*(R3)

E.Self-Confidence

In exploring the Self-Confidence sub-theme, the study illuminates the intricate relationship between PE and individuals' confidence levels, particularly in intimate situations. Respondents discuss how the challenges posed by PE contribute to doubts about their sexual abilities and overall desirability. Understanding the nuances of self-confidence dynamics adds depth to comprehending the psychosocial impact of PE on individuals' perceptions of themselves.

“It's apparent that one feels a certain lack within themselves, and due to the mental stress associated with it, one's self-confidence can diminish”(R1)

“...my self-confidence decreases, and I feel like I am dealing with something that I can't share with others” (R2)

. *“It's not that you won't say it's an issue or you can't say it, but in a way, your self-confidence is a bit affected by it”*. (R3)

F.Sexual Confidence

The Sexual Confidence sub-theme encapsulates the complex interplay between PE and participants' beliefs about their sexual prowess. Respondents offer insights into how recurring instances of PE lead to a decline in sexual confidence, impacting their ability to satisfy partners and find fulfillment in intimate encounters. By exploring the intricacies of sexual confidence, the study aims to unravel the multifaceted dimensions of the psychological challenges intertwined with PE.

“We decided to have an open conversation, and my partner was quite concerned. We started addressing the issue and eventually sought medical advice.” (R1)

“Your partner has expectations from you, and it is their right to expect a satisfying sexual life because of this. Our life has been significantly affected by this issue.”(R2)

5.1.1.2.Social Issues

The second main theme generated from the interviews are depend upon te objective of social issues. All respondents face social issues regarding this PE and social issues are Influence of cultural values, Impact on work, Challenges in Personal Life, Influence of Education, and Partner Expectation

A.Influence of Cultural Values

Exploring the Influence of Cultural Values sub-theme delves into the intricate interplay between cultural norms and the experiences of individuals dealing with Premature Ejaculation (PE). Participants articulate the pervasive impact of cultural expectations on their perceptions of masculinity, relationships, and the hesitancy to openly discuss sexual health. Unraveling these cultural nuances contributes to a comprehensive understanding of how societal values shape the social landscape surrounding PE.

“Being involved in business, I meet a lot of people, and initially, there was hesitation to discuss such a personal matter. As I started opening up, I realized the societal pressure and judgment surrounding this issue” (R1)

“Yes, obviously, our culture has developed in such a way that if you go on the roads, 90 percent of the wall advertisements are related to the treatment of male weakness and all that.”

(R2)

“If you say something, people will make fun of you. There is a prevailing culture where people often suggest going to traditional healers for such issues”(R3)

B.Impact on Work

The Impact on Work sub-theme sheds light on how PE permeates individuals' professional lives, influencing productivity, job satisfaction, and overall work-related well-being. Participants share narratives of the challenges they face in maintaining focus and confidence in the workplace due to the psychological and emotional toll exacted by PE. This sub-theme aims to elucidate the broader societal repercussions of PE beyond intimate relationships.

. “Due to this, the mental stress I experience affects me, and it reflects in my work.” (R1)

“I felt that because of the stress and anxiety I am experiencing due to my work, it is causing this issue.” (R2)

“You can't express it openly; otherwise, it will affect your work. So, I try to keep it confined to my home.” (R3)

C.Challenges in Personal Life

Within the realm of personal relationships, the Challenges in Personal Life sub-theme explores the multifaceted impact of PE on individuals' intimate connections, family dynamics, and overall personal well-being. Respondents articulate the strain on relationships, emotional intimacy, and

familial expectations, providing valuable insights into the complex interplay between PE and personal life challenges.

”We started addressing the issue and eventually sought medical advice. Now, there is a positive shift towards improvement, and we are working together to overcome the challenges.”(R1)

“That thing affects your overall performance, both personal and in your daily life, job, and studies.” (R2)

D.Influence of Education

The Influence of Education sub-theme examines the role of educational backgrounds in shaping individuals' perceptions and coping mechanisms related to PE. Participants discuss how education levels influence access to information, communication with partners, and the ability to seek appropriate support. Understanding these educational dynamics contributes to a nuanced comprehension of the diverse ways individuals navigate PE within the context of their educational experiences.

“We decided that we prefer going to a proper sex therapist, even though our culture defines something else. In this, I think having education is essential”. (R2)

“In my opinion, it depends a lot on how educated the society is because if people are not educated, your friends and acquaintances won't understand this issue unless it happens to them personally.” (R3)

E.Partner Expectation

Partner Expectation, as a sub-theme, explores the intricate dynamics between individuals experiencing PE and the expectations placed on them by their partners. Respondents share insights into how partner expectations contribute to feelings of pressure, performance anxiety, and strained intimate relationships. Unpacking these dynamics adds depth to understanding the social challenges intertwined with PE within the context of intimate partnerships.

“We decided to have an open conversation, and my partner was quite concerned” (R1)”

“I felt that she would be disappointed because you have expectations from your partner”,

(R2)

F.Traditional Remedies and medical Advice

Respondents also talkh about the traditional remedies and medical advice. They try these remedies as they re in traditions and easy way to escape through this problem and some seek medications as well and reported that traditional remedies did not affect them and medications some how effect them but not that much and their interaction with doctors and remedies effect their mental health also.

As one respondent response: *“I’ve tried various traditional remedies as well, but none of them proved effective and, in fact, added to my mental stress” (R1)*

“....affected by the medications they give. Alhamdulillah, it never crossed my mind in this way. Although they are everywhere we go, being human, I thought to give them a try” (R2)

“There is a prevailing culture where people often suggest going to traditional healers for such issues, and that adds to the stigma. So, the more educated the society, the better it is because educated people tend to be more understanding” (R3)

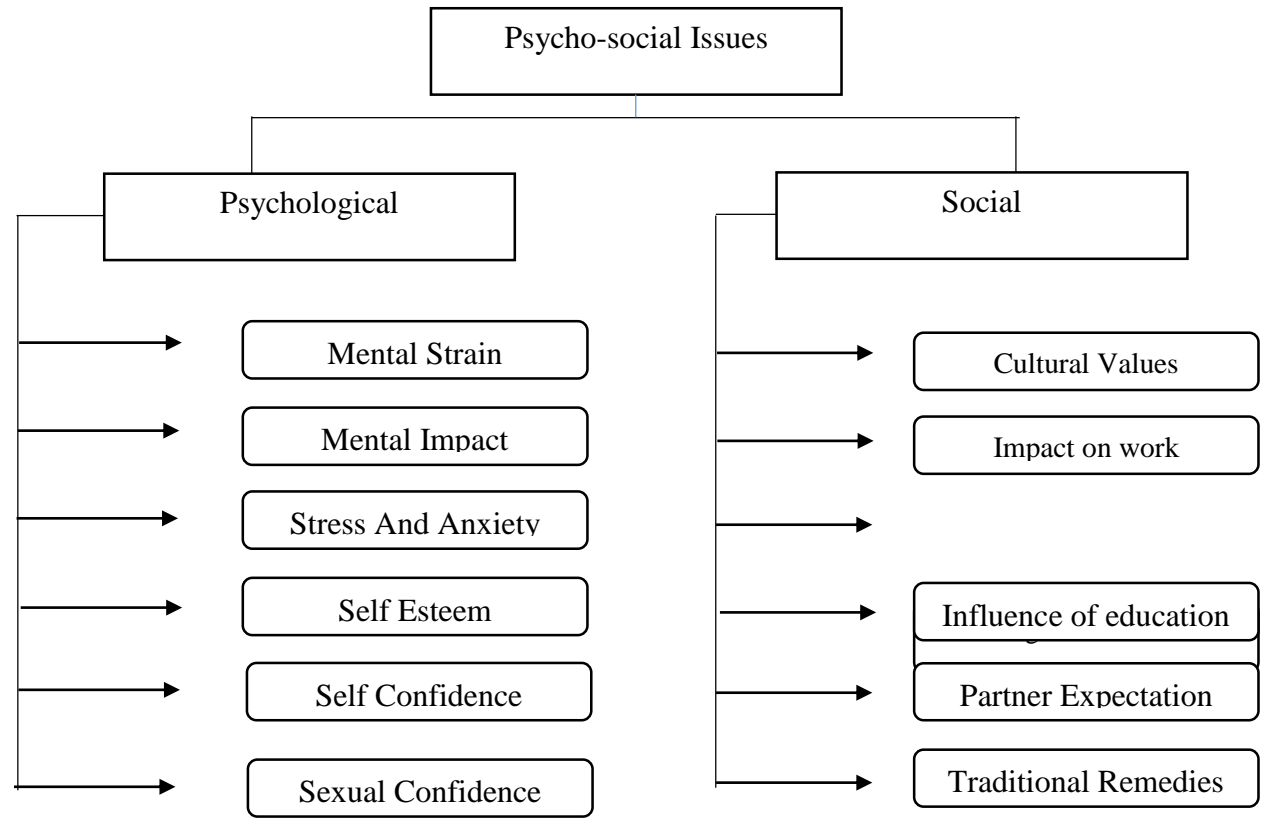


Figure 3 :Thematic map of obectives

Chapter 4

6. Discussion

6.1. Interview 1

6.1.1. Psychological themes

Within the overarching theme of "Anxiety and Mental Stress Subordinate Theme," "Persistent Anxiety and stress" unravels a profound layer of participants' experiences, highlighting their enduring mental stress. This persistent mental stress is a salient aspect that aligns with existing research, emphasizing the intricate relationship between sexual health challenges, such as premature ejaculation, and enduring mental distress (Hawton, 2016; Jern et al., 2017). This poignant connection accentuates the crucial role that sexual health plays in shaping individuals' overall mental well-being, providing a robust foundation for addressing the psychological facets of premature ejaculation. Delving into the superordinate theme of "Mental Health Struggles," Subordinate Theme , "Coping Mechanisms," provides a nuanced exploration of participants actively seeking professional help. Moreover, it unravels the complex interplay between traditional remedies and their impact on participants' mental well-being. This multifaceted coping landscape underscores the significance of cultural influences on individuals' strategies in response to sexual health challenges (Smith & Wang, 2014; Wong et al., 2016). The empirical support for these coping strategies underscores the need for a comprehensive understanding of the diverse avenues individuals explore in navigating the psychological terrain of premature ejaculation. The theme of self-esteem and feelings of inadequacy underscores the psychological toll of premature ejaculation, impacting participants' self-perception and contributing to emotional distress (Evidence R3: *[Let's say, if you're not discussing your issues with others, you can still maintain a*

positive self-esteem]). Existing literature highlights the reciprocal relationship between self-esteem and sexual function, emphasizing the need for comprehensive interventions (Burri et al., 2016). Participants' narratives reveal a significant impact on self-confidence, influencing various aspects of their lives, including personal relationships and professional performance (Evidence R3: [*It's not that you won't say it's an issue or you can't say it, but in a way, your self-confidence is a bit affected by it.*]). Research supports the bidirectional relationship between self-confidence and sexual health, emphasizing their interconnectedness (Salonia et al., 2019). The psychological theme of sexual confidence emerges as a critical aspect affected by premature ejaculation, influencing participants' perceptions of their own sexual abilities (Evidence R1: [*We decided to have an open conversation, and my partner was quite concerned. We started addressing the issue and eventually sought medical advice.*]). Empirical studies stress the importance of addressing sexual confidence in interventions for sexual dysfunctions (Prause et al., 2016).

6.1.2.Social themes

Within the broader exploration of the impact on relationships, Subordinate Theme 3.1, "Marital Challenges," unveils participants' struggles with diminished self-assurance and the spillover of professional stressors into personal life. These intricate connections between work-related stressors and personal relationships echo findings in existing literature (Karasek, 1979; Grzywacz et al., 2002). Understanding the complex interplay between personal and professional spheres offers a crucial vantage point for comprehending the broader psychosocial impact of premature ejaculation. The psychosocial theme of the influence of cultural values surfaces in participants' discussions, reflecting the societal context's impact on their experiences of premature ejaculation (Evidence R2: [*Obviously, our culture has developed in such a way that if you go on the roads, 90 percent of the wall advertisements are related to the treatment of male weakness.*]).

Cultural values play a pivotal role in shaping individuals' attitudes toward sexual health, contributing to stigma and influencing help-seeking behaviors (Fitz & Mann, 2013). Socially, premature ejaculation extends its influence into the workplace, contributing to work-related mental strain and potential difficulties in interpersonal interactions (Evidence R2: [*When I am going through this phase and I go to the office the next morning, all those things play back in my mind.*]). This social dimension aligns with studies highlighting the interconnectedness of sexual health and overall well-being, impacting various life domains (Fortenberry, 2013). The psychosocial challenges in personal life encompass both emotional and relational aspects, as participants navigate the impact of premature ejaculation on their intimate relationships (Evidence R1: [*This thing started affecting me that I couldn't satisfy my partner.*]). Empirical evidence suggests that sexual dysfunctions contribute to interpersonal challenges, emphasizing the need for comprehensive interventions that address both individual and relational aspects (Fruhauf et al., 2019). The psychosocial theme of the influence of education emerges, with participants emphasizing the role of awareness and education in shaping their perceptions and decisions regarding premature ejaculation treatment (Evidence R2: [*Even in one session with my therapist, he mentioned that almost 40 percent of Pakistani men are currently facing this issue.*]). Education serves as a crucial factor in dispelling myths, reducing stigma, and promoting informed healthcare-seeking behaviors (Shaeer et al., 2016). Socially, the theme of partner expectation unfolds as a significant factor in participants' experiences, highlighting the impact of premature ejaculation on intimate relationships (Evidence R2: [*Your partner has expectations from you, and it is their right to expect a satisfying sexual life.*]). Empirical research underscores the importance of considering partner expectations in the assessment and management of sexual dysfunctions, emphasizing a holistic approach (Jern, Gunst, & Sand, 2014). Navigating the healthcare dimension, Subordinate

Theme, "Seeking Medical Advice," unravels participants' experiences in communicating with healthcare professionals about premature ejaculation (Evidence 6: [*I read that it varies from person to person, and I thought that was enough—I should consult a doctor or a psychologist or someone specifically dealing with this type of problem.*]). This psychological theme underscores the importance of healthcare-seeking behaviors and the role of medical advice in addressing the psychological impact of premature ejaculation (Cooper, 2020; Braun et al., 2019).

6.1.3. Relating themes to Research question and objectives

Relating these multifaceted findings to the research objectives enriches our understanding of the psychological and psychosocial dimensions of premature ejaculation (Braun et al., 2019; Cooper, 2020). This study advances our comprehension of the diverse coping mechanisms individuals employ in response to premature ejaculation, contributing valuable insights into the lived experiences of men facing this challenge. Moreover, it sheds light on the interconnectedness between mental health, relationship dynamics, and workplace challenges, offering a holistic perspective that aligns with the overarching research goals. These findings lay the groundwork for proposing targeted interventions, fostering healthcare practitioner awareness, and addressing the psychosocial implications of premature ejaculation. These psychological themes seamlessly align with the research question, "What are the psychological and psychosocial issues faced by men dealing with premature ejaculation?" Each theme contributes empirical evidence to understanding the intricate psychological dimensions of premature ejaculation. The research objectives are intricately connected to these findings:

The exploration of distress, coping mechanisms, and cultural influences contributes to identifying psycho-social issues linked to premature ejaculation. The emotional impact, work-

related stress, and the role of stress and anxiety directly address the mental health implications, unraveling the nuanced psychological toll of premature ejaculation. The interplay between premature ejaculation and relationships, work, and cultural values unveils the interconnectedness of this phenomenon with various aspects of individuals' lives. Insights into seeking medical advice and coping mechanisms form the basis for proposing interventions, as understanding the psychological dimensions is crucial for effective interventions. The exploration of communication with healthcare professionals emphasizes the importance of promoting awareness among healthcare practitioners regarding the psychological facets of premature ejaculation.

These findings lay a robust foundation for advancing knowledge in the field, directly aligning with the research objectives and contributing to a nuanced understanding of the psychological and psychosocial dimensions of premature ejaculation.

7.Limitation

The study relied on self-reported data, which could have been subject to biases and limitations in recall. Furthermore, the taboo nature of premature ejaculation (PE) in Pakistani culture might have influenced participants' willingness to disclose information and could have potentially affected the accuracy of the collected data. As a qualitative study, the findings were not intended to be statistically representative but rather aimed to provide a deep understanding of the experiences of the participants. Participants may have underreported or exaggerated their experiences of premature ejaculation, potentially impacting the accuracy and reliability of the findings.

The semi-structured interviews, although designed to explore the participants' experiences in-depth, may not capture the full range of factors contributing to premature ejaculation. Other methods, such as observational or physiological measures, could provide additional insights into the condition.

The study may have been limited by time and resource constraints, leading to a restricted number of interviews or limited follow-up procedures. These limitations may have impacted the depth and breadth of the data collected.

The study focused on a specific cultural context in Pakistan, potentially limiting the transferability of findings to other cultural or geographical settings. Cultural nuances, beliefs, and attitudes toward PE may differ significantly in diverse populations, impacting the generalizability of the results.

The study exclusively examined the experiences of men, neglecting potential insights from female partners. Including the perspectives of women could offer a more comprehensive understanding of the interpersonal dynamics and the impact of PE on relationships.

The study did not extensively explore the participants' access to healthcare services, particularly the availability of specialized care for sexual health. Factors related to healthcare infrastructure, awareness, and affordability might play a crucial role in shaping individuals' experiences and coping strategies.

The study did not explicitly consider socioeconomic factors that could influence the experiences of participants. Socioeconomic status might impact access to information, healthcare, and coping resources, thus affecting the manifestation and management of PE.

The study's timeframe and resource constraints might have limited the ability to conduct long-term follow-ups. Investigating the trajectories of participants' experiences over an extended period could provide insights into the dynamic nature of PE and the effectiveness of interventions.

8.Implication

The significance of this research lay in its potential to inform the development of interventions and treatments that addressed the specific needs and experiences of men with premature ejaculation (PE). By gaining an understanding of the lived experiences of men with PE, healthcare professionals could develop more tailored and effective treatments that addressed not only the physical symptoms but also the psychological and emotional aspects of the condition.

Holistic treatment approaches: Healthcare professionals should adopt a holistic approach to the treatment of PE, recognizing the interplay between physical, psychological, and relational factors. Integrating psychological interventions, such as cognitive-behavioral therapy and counseling, alongside medical treatments can provide comprehensive support to individuals and their partners.

Education and awareness: There is a need to increase public and professional awareness about PE to reduce stigma and misconceptions. Educational campaigns can help raise awareness about the prevalence, causes, and treatment options for PE, promoting open conversations and reducing the shame and embarrassment associated with the condition.=

Partner involvement: Involving partners in the assessment and treatment process can contribute to more effective outcomes. Providing education and support for partners can enhance understanding, empathy, and communication, facilitating a collaborative approach to managing PE within the context of a relationship.

Culturally sensitive interventions: Recognizing the cultural factors that influence perceptions of masculinity and sexual health is crucial. Interventions and treatment approaches

should be culturally sensitive and tailored to the specific cultural context to address potential barriers and promote acceptance and understanding.

Further research: This study serves as a foundation for future research on PE. Additional studies with larger sample sizes and diverse populations would enhance the generalizability of findings. Exploring the experiences of men from different cultural backgrounds, age groups, and sexual orientations would provide a more comprehensive understanding of the condition and inform culturally sensitive interventions.

Long-term follow-up: Conducting longitudinal studies to assess the long-term impact of PE on individuals' mental health, relationships, and overall well-being is essential. Long-term follow-up studies would provide valuable insights into the trajectories of the condition and the effectiveness of interventions over time.

Collaboration between healthcare professionals: Collaborative efforts between healthcare professionals specializing in sexual health, urology, psychology, and couples' therapy can foster comprehensive care for individuals with PE. Multidisciplinary approaches can ensure a holistic understanding of the condition and the provision of integrated and personalized treatments.

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APPENDICES

Appendix A

Consent Form

Dear Participant,

You are invited to participate in a research study that aims to explore the experiences of men regarding premature ejaculation (PE). Your voluntary involvement is essential to provide insights into the psychological impact of PE. By participating, you agree to share your experiences through an interview. Your responses will be kept confidential, and any information shared will only be used for research purposes. Your participation is entirely voluntary, and you have the freedom to withdraw at any point without any consequences. If you have any questions about the study, please feel free to ask before agreeing to participate.

Thank you for considering being a part of this study.

Signature of Researcher

Signature of participant

APPENDIX B

Questionnaire for Semi Structure Interview

Psychological Issues

1. Describe your emotional experiences with premature ejaculation.
2. How has premature ejaculation influenced your Personality perception?
3. Can you describe the thoughts and feelings that accompany episodes of premature ejaculation and how they impact your sexual confidence and relationships?
4. Do you follow any coping strategies for this?
5. Have you considered or sought professional psychological help.
6. Can you share any experiences where addressing the emotional and psychological aspects of premature ejaculation has led to improvements in your condition or overall well-being?
7. What impact has premature ejaculation had on your overall quality of life?
8. How do cultural and societal views on male sexual performance influence your perception of premature ejaculation and its psychological effects?
9. Do you feel less confident about yourself because of premature ejaculation, and how does this affect your life?

Psycho-social Issues

10. How has premature ejaculation affected your interpersonal relationships.
11. Have you and your partner address this issue.
12. Have you encountered any Social disturbance associated with premature ejaculation in social contexts.
13. How comfortable are you discussing premature ejaculation with family.
 1. How comfortable are you discussing this issue with friends.
14. What role has your cultural background played in shaping your experience of premature ejaculation from a social perspective?
15. How do you envision the role of support networks, friends, or family in assisting you emotionally with the challenges of premature ejaculation?
16. Have you engaged in any support groups or sought assistance from community resources to address the psycho-social aspects of premature ejaculation?
17. How do you see the potential for your experiences to contribute to a more comprehensive understanding of the psycho-social dimensions of premature ejaculation?
18. How do you perceive the healthcare system's readiness to address the psycho-social aspects of premature ejaculation and its treatment?

APPENDIX C

Interview 1

Interviewer

Describe your emotional experiences of Premature Ejaculation.

Participant

jee zahiri baat hai ya cheez takleef deti hai or mai is cheez kay jo mera tashweesh hoi thi wo kafi arsa phela hoi chuki thi mai abhi shadi shuda hu. To ya cheez mujha bhot zyada aam zindagi mai takleef bhi deti hai or issa kafi zyada meri zindagi mai masail bhi han. Jissa mai zehni dubao or tanao ka shikar rehta hu. To ya cheezain mai kafi waqt sai mahsos bhi kr raha hu or in cheezo sai mai muqabala bhi krna ki koshish kr raha hu.

Interviewer

How has premature ejaculation influenced your own personality perception?

Participant

jee bilkul is bemari ko mai kafi time say uska sath muqabala bhi kar raha hun or iska treatment bhi mera chal raha hai to zahiri baat hai ek kami mahsos hoti hai insaan ko apna andar or us waja sai zehni dabao kay shikar bhi hota hai sab kuch hota hai to apna andar ek kami mahsos hoti hai, to us kami ko lay kar chalna or uska sath zindagi guzarana kafi mushkil ho jata hai kabhi kabhi to apna andar khud aitamadi khatam ho jati hai to wo cheez bhot zyada masla karti hai baki uska ilawa self confidence nay hona ki waja sai bhot sari cheezo pr farq parta hai, hamari nijee zindagi par bhi parta hai or jo hamari kaam wali zindagi par bhi parta hai to aaa! Dekha jaye to ya cheez khali mera had tak nahi hai agar mai issa cheez aaa! Say guzar raha hu to dekha jaye to meri ya cheez

takreban har cheez kay as pass ghum rahi hai or mai in cheezo kay darmiyan mai hu or is cheez ko lay kar chal raha hun or is cheez kay sath zindagi guzarana logo say baat cheet karna or is zahni dubao kay sath zindagi guzarana bhot mushkil ho jata hai kabhi kabhi

Interviewer

How has premature ejaculation affected your interpersonal relationship.

Participant

zahiri baat hai bilkul, bhot zyada wohi taluk issa asar andaaz hora or keyu kay khud aitamadi khatam ho jati hai or nahi jo shadi shuda zindagi hai wo issa itni kushgawar rehti hai iski waja sai, to bhot zyada masail han in cheezo ko lay kar, mai khud bhi zehni dabao kay shaker rehta hu, meri shadi shuda zindagi issa mutasir ho rahi hai meri jo kaam wali zindagi hai to shadi shuda zindagi mai bhot sara masail paida ho jata han in cheezo ko lay kar.

Interviewer

What impact has premature ejaculation has on your overall quality of life

Participant:

Dekhain jee! Mera jesa kay har shadi shuda insan ki zindagi kay zyada tar waqt apna ghar mai apni bivi kay sath guzarta ya apnay ghr walo kay sath guzarta to mena ap ko phela bhi bataya kay is cheez ko jis tarah mai dekh raha hu to us waja sai meri shadi shuda zindagi bhot zyada masail kay shikaar hai to waha say jo mujha zehni dubao miltay to wo cheezain mera zahan mai chal rahi

hoti han to logo say milna milana issa asar andaaz hoti han to logo say mailjhol krnay mai mushkil hoti hai keyu kay mai zehni or jismani tor par apna ap ko utna sahat mand ni samajh raha hota jitna aam admi samajh raha hota

Interviewer

Can you describe the thoughts and feelings that accompany episodes of premature ejaculation and how they impact your sexual confidence and relationships?

Participant:

jee bilkul jab sai meri is bemari ki tashwees hoi hai uska bad sai hi meri zindagi mai ya cheezain bhot zayada shuru hoi han jissa mai zehni dubao kay bhi shikaar hu parashani ya sari cheezain mai bhot in cheezo sai ummm! In cheezon kay beech mai hu parasahni hoti hai ya sab kuch sari cheezain to inko ap kabhi bhi khatam ni kar skta. Mera is cheez kay ilaaj bhi chal ra mai medicines or wo sari cheezain magar mai phr bhi jab tak is cheez kay is marz kay pora tarika say ilaaj ni ho jata. Mai zehni dubao us tension ka shikaar rahu gay. Keyu kay aww phr bhi mera zahan mai ati hai wo soch wo sari cheezain to us soch ko lay kay wo sari cheezain jo kay mera zahan mai chalna shuru ho jati han to wo cheezain bhot parasahni kay bais banti han un cheezo ko lay kar bhot parashan hota hu

Interviewer:

Do you follow any coping strategies ?

Participant

jee jab mujha ya phela is baat kay ilm howa tha kay mujha, mai is masla kay sath mujha yay masla hai ya sari cheezain to zahiri baat hai hamara mashara mai itni ummm wo ni hai kay hama jab kuch is tarah ka masail hota han to ham kisi doctor kay pass jay kar ya jo bhi sari cheezain han un kay pass j aka masail ki baat krain kay hama ya masla hai to mai bhi shuru mai jab yay masla howa to mai hakeemo kay pass is tarah logo kay mashwaro mai anay shuru ho gaya kay ya cheez karni chaiya wo cheez karni chaiya magar us cheez nay meri us maslay kay or prasahi kay hal ni nikala balka un cheezao kay krna say mai or zehni dubao kay shikar ho gaya keyu kay wo cheezain asar andaaz ni ho rahi thi or mera wo masla khatam ni ho raha tha to shaid mujha laga kay mujha apni sari zindagi sari shadi shuda zindagi inhi cheezo kay sath guzarni hai to yay cheezain mera leya bhot parashani kay bais bani phr akhir kaar mai jab mujha pta laga kay is marz ko marz kay ilaaj kay leya ahmm doctor bhi han or jo kay is bemari kay ilaaj mumkin hai or jo kay ho skta to bilakhir mai abhi yay mera ilaaj chal ra iskay magar abhi tk mujha us mai sahat yabi nahi hai. Baki jo desi nusqa wo sara kuch mena kar kay bhi dekh liya hai or wo amm is is kay kay wo mujha is bemari say or is takleef say nikalain wo mera leya zyada amm parashani kay bais banay keyu kay unka koi asar ni ho raha tha or zehni dubao kay mai asar andaaz ho raha tha kay shaid ya ek lailaaj bemari hai or ya kabhi theek ni ho skta

Interviewer

Have you considered or sought professional psychological help.

Participant:

nhi keyu kay mujha is baat kay ilm ni tha ya jo meri bemari hai iska ilaaj bhi hai magar yay hai

kay mai apni zindagi say filhal to yahi cha raha hu jo mera masla yay chal raha hai mai isko khatam kru taka meri zindagi mai kuch kushhali aye mai apni zindagi ko ek aam admi ki tarah jeena shuru kru to mena mujha to itna ilm ni hai in cheezo kay in cheezo kay bara mia bi ilaaj hota ya in cheezo ki bhi beemari hai mai sirf doctor kay pass apna masla mardana kamzori wala mai abhi isi kay ilaaj krwa raha hu baki bat kay ilm nhi hai kay in cheezo kay ilaaj hota nhi hota mujha to sirf pata kay ya jo jitni bhi cheezain mera zehni dubao hai meri tension hai agar yay mera masla hal ho jaye ga uhmm umeed hai kay ya sari cheezain.....

Interviewer

Have you and your partner addressd this issue?

Participant

Shuru may to assay ni thay kay may unsa kuch asi cheez ko lay kr is mozo pr baat ki jaye lekin may ek shadi shuda mard hu or meri pori family or wo sari cheezain to ya cheez jo hay jab ya bhar gai to may bhi bhot zyadad zehni dubao ka shikar tha to misail to thay to phr akhir kr ham logo na is par bhot baat ki or meri jo han wo kafi tension mai thi to is waja sa meri shadi shuda zindagi mai missal to thay to ham na baat krna ki koshish ki hay to yay hay ka jab sa ma doctor kay pass ja raha hun or meri marz ka taswish howa or mujha ptay chala kay ya bemari hay asi to ab thora sa bahtari ki trf ja rahi hay kay iska ilaj mumkin hay

Interviewer

Have you encounteretd any social disturbance associated with premature ejaculation?

Participant

Jee zahiri si baat hay mera apna kaam ha meri apni dukan ha to may bhot sa logo sa milta hu bhot sara log bhot sara dost to ma shuru ma doctor ka pass jan asa katra raha thay keyun ka mujha ni ptay thay ka ya ek bemari hay to mena sab sa phea unhi is cheez ka zikar kiya kay mera sath ya maslay chal raha hay to keyu ka zyada logo koi lm ni hay kay ya ek bemari hay to asa hi ma doctor ka pass gya to wo sab chal raha hay to jab bhot ssra log is cheez kay bara may baat kran to tension hoti dubao hotay or ap bezaaar ho jata ho keyu ka ap ghr may dekh raha ho kay udhr tension chal rahi hay to jab ap logo sa milay or unha batayain to wo mazakh urata han to wo cheez mtlb usko lay kr chalnaitni sari cheezo ko lay kr chalna to kafi mushkil ho jatay.

Interviewer

How cofortbale are you discussing premature ejaculation with friends?

Participant

Jee mera ya jo mera ilaj chal raha ha ek dost ki waja sa hay jab mena is cheez ki baat ki to usna mashwara diya kay ya ek bemari hay iska ilaj hay to ma tabhi doctor kay pas ja raha or ilaj kra raha ni to may ya hakeemo ka pass ja raha thay or desi totkay kar raha thay to mujha ni ptay thay kay iska ilaaj hay to bilkul kuch dost acha mashwara detay han or ussa ka fi hosla bhi hota ha. Or kushi hoti kay har bnda mazakh ni ura rha kuch log theek hota is mamla ma to or wo ap ko theek hota wa bhi dekhna chata han to may dost okay mashwara sa hi gya thay to umeed hay ma issa jald chutkara hasil kar lu ga.

Interviewer

How do you perceive the healthcare system's readiness to address the psycho-social aspects of premature ejaculation and its treatment?

Participant

Je jab may pheali baar doctor kay pass gya tab mena unsa is cheez ko lay kr baat ni ki kay iska ilawa may tension ka zehni dubao kay shikar hu to ju ju may Janay howa to may phr yaa baat krta kay may bhot zyada zehni dunao kay shikar hu or meri family bhi issa mutasir hoti to unho na mujha mashwara dia kay jitni insani sahat zarori hay utni hi zehni sahat bhi to unhi na mashwara dia kay ek mahira nafsiyat sa bhi baat krni chaiya to jesa jesa may apni bemari sa shat yabi ki trf ja raha hun to may us Apni zehni bemari jo is cheez ki waja sa shuru hoi to may us par baat kar sakun to ahista ahista may us cheez sa dor ho jao taka ek achi zindagi guzar sakun.

Interviewer

Chalain bhot shukriya ap kay keemti waqt kay. Allah Hafiz

Participant

Jee Allah Hafiz

Interview 1

English version

Interviewer

Describe your emotional experiences of Premature Ejaculation.

Participant

Yes, it's evident that this issue causes me distress. My concern about this matter has been present for quite some time, and I am currently married. This issue not only brings discomfort to my daily life but also introduces various profe. As a result, I often find myself dealing with mental stress and tension. I have been experiencing these issues for a significant amount of time, and I am actively trying to cope with them.

Interviewer

How has premature ejaculation influenced your own personality perception?

Participant

Yes, indeed, I have been dealing with this condition for quite some time, and I am currently undergoing treatment for it. It's apparent that one feels a certain lack within themselves, and due to the mental stress associated with it, one's self-confidence can diminish. Dealing with this lack and continuing with life becomes quite challenging. At times, the self-assurance within oneself diminishes to such an extent that it becomes a significant issue. Apart from that, the absence of self-confidence affects various aspects of life, both personally and professionally. Well, if I am

going through such a situation, it seems like this condition is hovering around almost everything, and I am navigating through it, trying to live life amidst these challenges. Communicating with people, dealing with this mental pressure, and living with it can be quite challenging at times.

Interviewer

How has premature ejaculation affected your interpersonal relationship?

Participant

Certainly, absolutely. The connection is significantly affected because self-assurance diminishes, and the joy that should be present in a married life is impacted. So, there are a lot of issues related to these matters. I myself am dealing with mental stress, and it's affecting my married life. The issues in my professional life also spill over into my married life, creating a multitude of problems in these aspects of life.

Interviewer

What impact has premature ejaculation has on your overall quality of life

Participant

Well, you see, like every married person, I spend most of my time at home with my wife or with my family. As I mentioned before, the issues I am facing in my married life are causing a lot of difficulties. Due to this, the mental stress I experience affects me, and it reflects in my work. Dealing with these issues makes it challenging to meet and interact with people, as the mental and physical toll makes it difficult for me to perceive myself as healthy as an average person might.

Interviewer

Can you describe the thoughts and feelings that accompany episodes of premature ejaculation and how they impact your sexual confidence and relationships?

Participant

Yes, absolutely. Since the awareness of my health condition, these elements have become prevalent in my life. I am not only grappling with mental stress but also facing various anxieties. All these things have become a part of my life, and it's challenging to eliminate them entirely. I am currently undergoing treatment, taking medications, and trying various approaches, but until the complete cure of this condition, these mental stresses and anxieties persist. Because, even with treatment, the thoughts and concerns associated with this condition linger, and dealing with them becomes a constant source of distress for me.

Interviewer

Do you follow any coping strategies.

Participant

Yes, when I first became aware of this issue and realized that it was affecting me, well, in our society, there isn't much uhhh awareness about these matters. So, initially, I sought advice from traditional healers and started following their suggestions. They recommended certain practices, but unfortunately, those didn't have any positive impact on my condition. In fact, they led to an increase in mental stress, and the issue persisted. I began to think that I might have to live my entire married life with these problems. So, those attempts caused more distress for me, and I ended up experiencing more mental pressure.

Later on, when I found out that there are medical professionals who specialize in treating this condition and that there could be a proper solution, I started consulting with them. Currently, I am undergoing treatment under a qualified doctor, but I haven't achieved complete recovery yet. I've tried various traditional remedies as well, but none of them proved effective and, in fact, added to my mental stress. The concern grew that perhaps this is an incurable ailment, and it might never get better.

Interviewer

Have you considered to have a professional psychological help.

Participant

No, I haven't, because I was not aware that there is a solution for my condition. I am currently focused on resolving this issue in my life. I want to eliminate this problem so that I can start living my life in a more content and ordinary manner. I am currently seeking treatment for my issue of sexual weakness under a doctor's guidance. As for the other aspects, I don't have much knowledge about whether there is a specific treatment for these issues or if they are considered ailments. I only know that the various things causing mental stress and tension in my life, if resolved, may bring some relief. Umm I hope that these issues can be addressed...

Interviewer

Have you and your partner address this issue.

Participant

Initially, when the issue surfaced, I was hesitant to discuss such matters. However, being a married man with a family, everything became evident when the situation escalated. There were evident

problems, and my mental stress increased significantly. Eventually, we had extensive discussions, and my partner, who was quite distressed, and I delved deep into the matter. This led us to explore various solutions. It was revealed during my visits to the doctor that this is a medical condition. Consequently, as I sought professional help, there has been a noticeable improvement in my situation.

Interviewer

How has this affected the relationship with your wife, and have there been any changes in the dynamics of your relationship? Have you and your partner encountered any specific challenges, and if so, how did you address them?

Participant

In the beginning, I hesitated to discuss this issue, but as a married man, I faced considerable pressure, affecting various aspects of my family life. We decided to have an open conversation, and my partner was quite concerned. We started addressing the issue and eventually sought medical advice. Now, there is a positive shift towards improvement, and we are working together to overcome the challenges.

Interviewer

Have you encountered Social disturbance associated with premature ejaculation in social contexts.

Participant

Yes, there is an apparent stigma, especially in my social circles. Being a business owner, meeting numerous people regularly, I initially refrained from discussing this condition. However, as I gradually opened up, the tension and pressure from societal expectations became more noticeable.

Discussing it with friends led to mockery and jokes, making it challenging to carry this burden. It's a difficult situation to handle due to the societal mindset.

Interviewer

How comfortable are you discussing premature ejaculation with

Participant

I started discussing my condition with friends due to a friend's suggestion. It was a relief to find supportive friends who not only provided advice but also boosted my confidence. Not everyone makes jokes; some genuinely want to see improvement. This positive support network has been crucial in my journey. I sought advice from a friend initially, and that support made a significant difference. Having a network of understanding friends has provided emotional support, making the journey more manageable. The encouragement and genuine concern from friends and family are crucial in overcoming the challenges associated with premature ejaculation.

Interviewer

What role has your culture background played in shaping your experiences of premature ejaculation.

Participant

Being involved in business, I meet a lot of people, and initially, there was hesitation to discuss such a personal matter. As I started opening up, I realized the societal pressure and judgment surrounding this issue. People tend to make jokes, not understanding the seriousness of the condition. It becomes challenging to deal with these societal expectations and maintain a sense of normalcy.

Interviewer

How do you envision the role of support networks, friends, or family in assisting you emotionally with the challenges of premature ejaculation?

Participant

I sought advice from a friend initially, and that support made a significant difference. Having a network of understanding friends has provided emotional support, making the journey more manageable. The encouragement and genuine concern from friends and family are crucial in overcoming the challenges associated with premature ejaculation.

Interviewer

Have you engaged in any support groups or sought assistance from community resources to address the psycho-social aspects of premature ejaculation?

Participant

My current treatment is a result of a friend's recommendation. Initially, I considered traditional remedies from local healers, but my friend suggested seeking professional help. I'm optimistic that with this support, I will soon find relief from the challenges associated with premature ejaculation.

Interviewer

How do you perceive the healthcare system's readiness to address the psycho-social aspects of premature ejaculation and its treatment?

Participant

During my first visit to the doctor, I initially didn't discuss the mental stress associated with my condition. As the doctor recommended consulting a mental health professional alongside medical treatment, I gradually opened up about my mental health struggles. Recognizing the importance of mental well-being in addition to physical health has been a valuable insight. As I continue my journey towards improvement, addressing both aspects is crucial for a healthier life.

Interview 2

Interviewer

Can you describe your emotional experiences of Premature ejaculation.

Participant:

Jee bilkul. When I first diagnosed it or mujha ptay chalay iskay to that time I was very much mentally unstable or mera jo confidence level thay kafi shutter ho chukay thay. Self esteem meri kafi kharab ho chuki thi is wajay sa and at every moment I felt kay I am not 100 percent or mujha jo thay nay apnay andar ek kami mehsos honay shuru ho chuki thi or it was hurting me like psychologically bhot zayada may distress kay andar thay cheezo kay upar meri concentration khatam hoti ja rahi thi and it feels like may shaid koi ek bhot bari bemari kay sath jo hay fight kr raha hun jis kay may khul kay kisi ko batay bhi ni sktay kay ya cheez discuss ni hoti to may bhot had tak I was keeping this thing to myself or ya ek long run ka andar jo thay mera leya mazeed mushkil sa mushkil tareen cheez banti chali jay rahi thi.

Interviewer:

How has premature ejaculation affected your interpersonal relationship?

Participant:

Jee jee bilkul like ap kay partner ap say expect kr rahay hotay or ya uska right bhi hay ap pay kay wo ap say expect kray ap say ek achi sexual life Orrrayy because of this thing to hamari jo ek life hay wo kafi zyada effect how chuki wi hay. As I said as I told you earlier I,m I,m not confident about my self or wo cheez jo hay wo hamara jab bhi ham intercourse may hotay han to wo cheez reflect hoti hay orraay mera jo partner hay although she is corporative lekin still jo hay mujhay

apnay andar wo ek kami mehsos honay shuru ho chuki hay jo kay hamara relationship ko bhi effect kr rahi hay or uska andar jo hay wo us tarah ki baat ni rahi jo kay shuru may thi or ahista ahista jo hay hamara relationship issa effect honay shuru ho chuka thay then I thought kay I should give it ahhh I should consult a doctor or may is par work krun keyun kay ek long run kay andar jo thay ya kisi bhi happy relationship kay leya jot hay ya ek achi cheez ni thii or keyun kay jab tak may khud confident ni hun theek hay apna partner kay sath to I I Iam unable to give 100 percent to my partner to obviously my partner is suffering because of me and no body want to make anybody suffer because of themselves to is leya jot hay mujha need mehsos hoi or may consult krun kisi kay sath keyu kay ya sirf meri life tak ni reh chuki thi baat yay mera partner ko bhi effect kr rahi thi or meri wajay sa mera partner bhi effect ho raha thay or ek pori jo hamari family hay wo effect ho rahi thi because of this thing.

Interviewer:

Do you follow any coping strategies?

Participant:

Jee dekhain we are living in the age of technology and everything is just a click away toooo as .. anybody can do research about it and read articles about it kay how we can cope with premature ejaculation or wo kafi sari strategies thi to I tried applying them but as such they are not for specific people wo ek generic cheez hay wo general cheez hay or everybody is suffering this thing in different way to there is no one fit solution for everybody to usko use krain or ussa wo jo hay wo benefit mil jaye and same was the case with me I tried strategies that were on google and on some publish paper and some articles but they were not beneficial for me and I was like not satisfied with any thing or mena kafi multiple strategies use ki thi jis may ap thinking ko change krain..

uhmm they were some exercises mena start ki before and after intercourse kay shahid kuch behtari ho kuch cheezain jo han wo behtar han lekin as such mujha un say kuch benefit ho ni raha thay and I read it kay ya person to person vary karti hay and I thought kay that enough I should consult a doctor or some psychologist or anybody who is specifically dealing with this type of problem.

Interviewer:

Have you consider professional psychological help?

Participant:

Achay may iska baray may ap ko batao kay first I thought about it kay ya shaid koi medical illment hay or and a doctor will treat it not a psychologist to I hmmm one of my very close friend with whom I shared this problem he referred me to very good doctor ahhh he scan my body and had a overlook and do some test lekin sath hi sath on the back of my mind mujha thay kay iska baad mujha kisi psychologist ko bhi refer krna chaiya because they were articles as I told you earlier kay us may ya cheez thi kaya p jo han wo psychologist kay sath bethain jo therapist hotay uskay sath discuss krain and he will give you solution for it to mujhay yo mehsos howa kay ahhh I should consult or mena medical usko rok kr i..... shifted towards a psychologist aaaa.... Sex therapist or mujha I had some session or obviously abhi bhi session chal raha han its because its not 100 percent to abhi keyu kay hardly 2 3 months howa han chalta howa tooo abhi hay process may hay lekin yay hay kay kuch improvement mujhay nazar arahi hay kay unki strategies wagara kuch unki batain jo hain ussay mujha assay feel ho ray kay this is the right I am at the right place uhmm with the doing the right thing to abhii....

Interviewer:

Can you describe your thoughts and feelings that accompany episodes of premature ejaculation.

Participant:

Jee jee obviously stress to ap ko pta hai kay meri jo field of job hai wo hai hi kuch aisi kay us may stress hotay being at a good position at multinational to wo cheez jo hai wo us par effect karti hai kay ap ki jo hai jo stress level ap kay jo bharta to ussa ap ki performance jo ap ki ek aisa is is pura episode kay andar ek defining role play kr rahi hai or mujhay shuru may asa hi mehsos hotay thay kay because of the stress because of the anxiety I am taking because of my work wo cheez ho rahi hai but it was just part of it not a whole story wo ek us may role play kr raha hai wo with time jo hai wo role zyada hotay jay ra hai kay now I started to have stress to my job and my illness to. To wo cheezain add up ho kar bad may mera leya masla create karti ja rahi hai.

Interviewer:

What impact has premature ejaculation on your overall quality of life.

Participant:

Jee obviously obviously! Ap kay koi bhi ap ko bemari ho to wo ap ki ek practical life may bhi role play karti hai ya ap ussa jo hai wo effect hotay ho or aisi bemari jo hai itni zyada public nah ho or aisi cheez jo show nah ho rahi ho to ap... as I told you earlier to wo ap apna tak rakhtay ho. Wo cheez ap ki jo hai performance phr ap ki personal performance ap ki daily life ki performance, job, ap ki studies to jab may is phase sa guzar raha hotay hun or may jab office jata hun next morning to mera mind may wo sari cheezain playback ho rahi hoti hai to obviously wo cheez meri next day ki jo meri practical life hai usko effect karti hai wo practical life kay upar jo effect hotay then obviously I feel disturb, I feel stressed to wo cheez jo hai mera leya agay jay kay jo meri day

to day logo kay sath interaction hay mera self confidence kam karti han and I felt may kisi aisi cheez kay sath guzar raha hun jissa jo hay wo may share bhi ni kar sktay to wo ek prolong effect hay matlab ek chain reaction mujhay lagta chal rahay hay kay ek cheez kay effect meri dosri cheez par ho raha hay.

Interviewer:

What role has your cultural background played in shaping your experiences of premature ejaculation from a social perspective?

Participant:

Jee obviously ek culture hamara is tarah kay develop ho chukay ap khud bhi agr roads pr jao to 90 percent of the wall chowking are of this thing kay mardana kamzori kay ilaaj and all that lekin to be very honest I never thought about this kay I should consult them because I know kay they are not ... not doing the right thing or jo bechara aisay log hotay jin kay pass zayada taleem ni hoti zyada shaur ni hotay they don't know much about this to wo inkay pass jatay han and I feel honestly that it's a trap, first you go there and everything will be like they will make money out of you and use you or wo ap ki sirf us cheez ko effect ni kra gay balkay ap ki jo baki health hay jo physical health hay, different body parts organs us par bhi effect kray ga, medication jo hay wo effect kr deti hay toooo alhamdulillah mera zahan may kabhi is tarah kay khayal ni aya although they were everyplace where we go, obviously being a human I thought to give them a try but I I I thank my partner to.. us na bhi kabhi is cheez ko zyada mujh par ni kiya kay tum inkay pass bhi jao unkay pass bhi jao, she gave me a very support and we had ... we had discussion about multiple time to

us may ham na yahi kiya kay ham proper sex therapist kay pass hi Janay pasand karay ga although hamara culture kuch or define kartay lekin is may I think taleem kay honay bara zarori hay.

Interviewer:

How has premature ejaculation affected your interpersonal relationship?

Participant:

Jee jee actually mena ap ko phela bhi bataya kay my meri jo wife hay to alhamdulillah she is educated women ooooo she also doing a job to or or ham ek dosra ko kafi time sa janta han like we had a love marriage to usmay jo thay ham... obviously ham aahh shadi kay bad we first time made an intercourse to usmay jo thay I felt kay okay might be its.. its our first time to ho sktay lekin ya cheez with time hoti gai whenever we tried doing different stuff to ya cheez with time hoti gai or ya bar bar face kr raha thay or us time jo thay obviously my partner was disappoint matlab wo nah bhi ho I felt kay theek hay wo disappoint ho gi theek hay keyu ka ap kay partner say ap ko expectations hoti han or uhhh hamari society kay andar isko sex ko as a tabo liya jatay hay although it's a part of life theek hay. Ek healthy life kay andar baray zarori hay kay ya app kay ek achi sex life ho theek hay or wo cheez jo thi ap ko effect krnay shuru kr deti hay kay ap apna partner ko satisfy ni kar pa rahay orr won a chata howa bhi ek man ego exist karti hay ka you should satisfy your women to wo cheez keyu kay with time prolong hoti gai and we had a discussion about it or 90 percent time yahi hotay thay kay I face this and I feel kay wo ni khush in sari cheeon say or uskay bnta bhi hay obviously to mena phr sara iskay consult krna shuru kiya.

Interviewer:

How comfortable are you discussing premature ejaculation with friends ?

Participant:

Achay ab ap nay baat ki family ki friends ki to mera ek dost hay mer bhot purana dost like we were hmm friends for like 5th 6th class to uska sath ya baat mena discuss ki and he si very supportive and he is still supporting me in different ways theek hay or uskay bad mena apnay father kay sath bhi discuss ki to ya thay kay alhamdullilah wohi baat mena batai kay taleem baray important role play karti hay or jitni eduction hogi utni hi logo ko in cheezon ka shaur ho ga. Like this is not the tabo this is not the bad thing ya ho sktay or even ahh at one session with my therapist, he told me kay almost 40 percent pakisatni men currently facing this in some way or another and they all support me. Or mujha un sab na kisi shell may ni kiya kay may us waja sa deprsression ma chala jao kay achay meri family kay sath bhi may share ni kar skta they are not supportive or mera pass koi aisay bnday ni hay jis kay sath may ya mamlay discuss krun to allah kay shukar hay mera pass is tarah kay log thay jin kay sath may openly discuss kar saktan hun or matters batay sakun to alhamdullilah I am very thankfull.

Interviewer:

Okay okay... achay to mera sara sawal poran han ap kay keemti waqt ka shukriya.

Participant:

Jee bhot shukriya

Interview 2

English version

Interviewer

Describe your emotional experiences dealing with premature ejaculation.

Participant

Yes, certainly. When I first found out about it, at that time, I was very mentally unstable, and my confidence level had taken a significant hit. My self-esteem was quite low, and due to this, I felt that I am not 100 percent. I started feeling a deficiency within myself, and it was hurting me psychologically a lot. My concentration on things was diminishing, and at every moment, I felt that I am not at my best. A sense of inadequacy started creeping in, and it felt like I might be dealing with a significant illness. I was fighting with it openly, and I couldn't discuss this matter with anyone. Keeping this to myself was becoming increasingly difficult over time, and it felt like a long, challenging journey for me.

Interviewer:

Can you describe the thoughts and feelings that accompany episodes of premature ejaculation and how they impact your sexual confidence and relationships?

Participant:

Yes, absolutely. Your partner has expectations from you, and it is their right to expect a satisfying sexual life because of this. Our life has been significantly affected by this issue. As I mentioned

earlier, I'm not confident about myself, and this reflects whenever we engage in intercourse. Although my partner is cooperative, she has started feeling a deficiency within me, which is affecting our relationship. Initially, things were not like this, but gradually, our relationship began to be affected by it. That's when I thought I should consult a doctor and work on it because for the long run, this was not good for any happy relationship. Until I am confident myself, I cannot give 100 percent to my partner. Obviously, my partner is suffering because of me, and no one wants to make their partner suffer. That's why I felt the need to consult with someone because it wasn't just affecting my life; it was also affecting my partner. Our entire family was being affected because of this thing.

Interviewer:

Do you follow any coping strategies?

Participant:

Yes, you see, we are living in the age of technology, and everything is just a click away. Anyone can do research about it and read articles on how to cope with premature ejaculation. There were many strategies that I tried applying, but they are not specific to individuals; they are generic and general. Everyone experiences this thing differently, so there is no one-size-fits-all solution. I tried strategies found on Google, in published papers, and articles, but none of them were beneficial for me. I wasn't satisfied with anything. I tried multiple strategies, including changing my thinking and some exercises before and after intercourse, hoping for improvement. While some things were better, I wasn't benefiting much from them. I read that it varies from person to person, and I thought

that was enough—I should consult a doctor or a psychologist or someone specifically dealing with this type of problem.

Interviewer:

Have you considered or sought professional psychological help.

Participant:

Alright, let me tell you about this. Initially, I thought that it might be a medical ailment, and a doctor would be the one to treat it, not a psychologist. So, one of my very close friends, to whom I shared this problem, referred me to a very good doctor. He conducted some scans, had an overlook, and did some tests. But at the back of my mind, I felt that after this, I should also consult a psychologist. There were articles, as I mentioned earlier, that suggested discussing this issue with a psychologist or therapist who could provide a solution. I felt that I should consult one. I shifted towards a psychologist, a sex therapist specifically, and had some sessions. Even now, the sessions are ongoing because it's not 100 percent; it's been hardly 2-3 months. But I can see some improvement. The strategies and advice they provide make me feel like I am at the right place, doing the right thing. So, currently, it's a process.

Interviewer:

How has premature ejaculation influenced your personality perception?

Participant:

Yes, of course. Obviously, stress is something you know about. In my field of job, being at a good position in a multinational, there is stress associated with it. The impact of that stress affects your performance, and it plays a defining role throughout this episode. Initially, I felt that because of the stress and anxiety I am experiencing due to my work, it is causing this issue. But it was just a part of it, not the whole story. It played a role initially, and with time, that role became more significant. Now, I started to have stress not only from my job but also from my ailment. These factors added up and created a problem for me later on.

Interviewer:

What impact has premature ejaculation had on your overall quality of life.

Participant:

Yes, obviously! When you have any illness, it plays a role in your practical life, and the impact of that illness affects various aspects of your life. If it's an illness that is not widely known or something not visible to the public, as I told you earlier, you tend to keep it to yourself. That thing affects your overall performance, both personal and in your daily life, job, and studies. When I am going through this phase and I go to the office the next morning, all those things play back in my mind. Obviously, it affects my next day, my practical life. Then, I feel disturbed, stressed. It affects my day-to-day interactions with people, my self-confidence decreases, and I feel like I am dealing with something that I can't share with others. It's a prolonged effect, meaning a chain reaction is happening where the effect of one thing is impacting another in my life.

Interviewer:

How do cultural and societal views on male sexual performance influence your perception of premature ejaculation and its psychological effect?

Participant:

Yes, obviously, our culture has developed in such a way that if you go on the roads, 90 percent of the wall advertisements are related to the treatment of male weakness and all that. But to be very honest, I never thought about consulting them because I know that they are not doing the right thing. Those poor people who don't have much education or awareness, they don't know much about this. They go to them, and honestly, I feel that it's a trap. First, you go there, and everything will be like they will make money out of you and use you. It won't just affect that particular issue, but your overall health, physical health, different body parts, organs will be affected by the medications they give. Alhamdulillah, it never crossed my mind in this way. Although they are everywhere we go, being human, I thought to give them a try, but I thank my partner too. She never insisted much on going to them. She gave me very supportive advice, and we had discussions multiple times. We decided that we prefer going to a proper sex therapist, even though our culture defines something else. In this, I think having education is essential.

Interviewer:

How has premature ejaculation affected your interpersonal relationship.

Participant:

Yes, actually, as I mentioned before, my wife is an educated woman, and she is also working. We have known each other for quite some time, having had a love marriage. After marriage, the first time we engaged in intercourse, I felt that it might be our first time, so it's okay, but over time, the issue persisted whenever we tried different things. This repeatedly became a problem. At that time, my partner was obviously disappointed. Even if she didn't express it, I felt that she would be disappointed because you have expectations from your partner, and in our society, sex is often treated as a taboo, even though it's a part of life. It's crucial for a healthy life to have a satisfying sex life. This thing started affecting me that I couldn't satisfy my partner, and a man's ego comes into play that you should satisfy your woman. As time passed, this issue prolonged, and we had discussions about it. Ninety percent of the time, I faced this, and I felt that she wasn't happy with all these things. She also had expectations, and I started consulting about it.

Interviewer:

How comfortable are you discussing premature ejaculation with friends

Participant:

Well, I have a very close friend, a friend from my childhood, since 5th or 6th grade. I discussed this matter with him, and he has been very supportive. He continues to support me in various ways. After that, I also discussed it with my father, and the conversation revolved around the importance of education. The more education there is, the more awareness people have about these things. This is not a taboo or a bad thing; it can happen. Even in one session with my therapist, he mentioned that almost 40 percent of Pakistani men are currently facing this issue in some way or another, and they all support me. They didn't put me in a shell where I would feel depressed,

thinking that I can't share this with my family because they are not supportive. Luckily, I have people around me with whom I can openly discuss these matters, and I'm grateful for that.

Interviewer:

Okay, okay. All my questions are covered. Thank you for your valuable time.

Participant:

You're welcome.

Interview 3

Interview:

Describe your emotional experiences of premature ejaculation.

Participant:

Aaaa jee bhai dekhain ya maslay ap kay zahan par havi to hotay hay jab ap doctor kay pass jatay ho to ap ko lagtay kay maslay mera sath hay to wo cheez jab ap kay samnay ati hay matlab doctor kay apna alfaaz to wo phar ap ko matlab zahni dabao ap kay andar paida hotay us cheez kay or wo phar ap kay zahan may wo cheez chalti rehti hay to ya maslay to hotay hay phrrrr ap ya keh sktay han kay zehni dubao thora zayada hotay keyun kay ap phr apna future kay baray may is cheez ko sath lay kar chalta ho to zehni dubao hay isko han keh sktan han.

Interviewer:

How has premature ejaculation influenced your personality perception.

Participant:

wo ab dekhain ya baat do teen bndo kay darmayan may rehti hay keyun kay jo ap ki wife han unko ya cheez patay hoti hay uska ilawa jis doctor ka pass jay rahan hay tooooo unko ptay hoti hay to obviously ya cheez thori si matter karti hay but jitna kam logo ko ptay laga utni achi hay keyun kay yay mera lafaz sa agar app apni ya anay ka maslay to ni kahan ga ni keh sktay par ek tarah sa ap keh lo kay ap ki jo khud aitamadi hay wo issa cheez sa thori buri hoti hay ap ko feel hotay iskay.

Interview:

Can you describe the thoughts and feelings that accompany episodes of premature ejaculation and how they impact your sexual confidence and relationships.

Participant:

aaaaa jismani taluk to us par to asar parta is cheez sa or dosra taluk kay jab tak ap baat ni kr rahay is cheez say to sab normal chal raha hotay hay jesa roz marra ki ap ki zindagi lekin jab ap is tarah ki discussion hoti hay to wo cheez zahir hoti hay to dono log parashan hotay han may or meri jooooo.....wife han, unko bhi cheez yay feel hoti hay to wo bhi parashan hoti han but ham koshish krtay han kay jitna kam logo ko ptay lag skay to utna hi bahtar hay.

Interviewer:

Do you follow any coping strategies?

Participant:

ab keyun kay ya cheez mujahy kuch arsay phelay hi ptay lagi or mujhay andaza ni thay kay mera sath bhi yah ho skta to mena khud sa kuch krnay ki koshish ni ki jo mujha treatment thori bhot doctor na batai jo kuch adwiyat thi unho nay mujha nusqa may likh kar di to mena wohi cheezain implement ki han.

Interviewer:

Have you considered or sought professional psychological help?

Participant:

maharia nafsitay sa abhi tak mena ruju ni kiya.

Interviewer:

achay hamara psychology may factors hotay han jesa kay stress or anxiety. stress ap keh sktay kay wo bhi zehni dubao hi hotay hay parashani hoti hay or anxiety ap keh sktay kay ap ko ek dar hotay agay kay ap ko ek future kay matlab anay wali zindagi kay dar hotay to ap batay sktay kay ya cheezain kitni ap ko asar andaaz karti han.

Participant

ya cheezain bilkul asar andaaz hoti han ap ko apna mustakbil ki fikar hona shuru ho jati ha keyu kay ek jo family hay family kay ek family keyu ap banata ho keyu kay famuly bharani hoti hayy ap ko bacho ki khuwaish hoti hay to jab tak ap ko ni sure ho ga kay ap ki agla.. ap ki generation bhara gi ap ki agla khandan baray hoga or wo cheez ap ko confirm hi nay ho to wo ap kay zahan par dubao dalti rehti hay or ap ko tension hoti rehti hay is cheez ki.

Interviewer:

What impact has premature ejaculation on your overall quality of life.

Participant:

ni meri koshish hoti hay kay is cheez ko may apna zahan sa nikal kar rkhun jab tak may apni ek professional jo life hay usko is cheez sa dor rakhon keyun kay obviously ap wahan par in cheezon ko to show ni kara sktay nay ap krayan gay to ap kay kaam par farq pray ga to bas wo cheez ghar tk hi rehti hay.

Interviewer:

How do culture and societal views on male equal performance influence your perceptions of premature ejaculation and its psychological effect?

Participant:

dekhain jahan tk mera khayal hay kay mashara jitna parha likha us cheez kay upr ya bhot zyada depend krtay. keyu kay agar mashara parha likhay ni hay ap ka dost ahabab jo han wo ya cheez ni samjhata jab tak unka upar khud na ai ho to ap un say ya cheezain discuss ni kar sktay un sa share ni kar sktay ap kuch batao ga to log ap ka mazakh uraye ga jis tarah wo ek wo ek bari mashoor jo hay wo baat hay kay hakeem kay pass jay hakeem kay pass jay yay batain ap ko sunna ko milti han to zahiri si baat hay mashara jo hay wo is cheez ko bura karta to banda ki koshish hoti kay isko jitna kam bata skay utnay hi bahtar hay.

Interviewer:

How comfortable are you discussing premature ejaculation with friends?

Participant:

ghar walo say mena abhi tak ni share ki or dosto say share krnay kay mujhay ni lagtay kay koi sawal bhi paida hotay hay

Interviewer

Do you feel less confident about yourself because of premature ejaculation and how does this affect your life?

Participant

bhai jaan sachi baat batao to ek andar ka confidence hotay wo is cheez sa asar andaaz hotay keyun kay uhhh mujha is cheez kay jab tak ni ptay thay to may jahan tak mujhay lagta to may thora different tarikay kay insan thay mera confidence thora different hotay thay. Jab is cheez kay ptay

laga to phr obviously thora sa issa.... ap kay mind may thora say sett back hotay hay or maslay masail hotay han to confidence ap kay is cheez sa kam hotay hay.

Interviewer

Have you and yuour partner address this issue?

Participant

jee jee ab dekhain jab ptay hi thora sa logo ko hay to ap kay pass yahi option hay kay ap apni jin sa in cheez ka taluk hay ap unhi sa share kro to mashallah say meri wife is mamlay may bhot achi han unho nay mera poray sath diya hay unho nay kabhi ni bolay kay tum is tarah kay ho, is tarah sa unho na koi baat ni ki jo mra dil par lagay or wo shamil han mera sath is cheez may.

Interview 3

English version

Interviewer

Describe your emotional experiences of premature ejaculation.

Participant

Well, you see, these issues do linger in your mind when you visit a doctor. You feel like your problem is right in front of you. The doctor's words resonate in your mind, and this creates mental pressure, generating thoughts and concerns about your future. So, you can say that there is some mental pressure, a bit more, because you carry this concern about your future along with you.

Interviewer

How has premature ejaculation influenced your own personality perception.

Participant

Well, this matter mainly revolves around a few people, like your wife, who is aware of this issue, and the doctor you are consulting. Obviously, it matters a bit in that context. But the fewer people who know about it, the better it is because, from my perspective, if you keep your personal matters to a minimum, it's good. Let's say, if you're not discussing your issues with others, you can still maintain a positive self-esteem. It's not that you won't say it's an issue or you can't say it, but in a way, your self-confidence is a bit affected by it.

Interviewer

Can you describe the thoughts and feelings that accompany episodes of preature ejaculation and how they impact your sexual confidence and rraltionship?

Participant

Well, the physical aspect is impacted by this issue. When you're not discussing it, everything seems normal in your daily life. But when you have discussions about it, the issue becomes apparent. Both I and my wife feel concerned. We try to keep it as confidential as possible, only sharing it with a limited number of people.

Interviewer

Do you follow any coping strategies?

Participant

Well, since I recently became aware of this issue, I haven't really tried to do much on my own. I received some medications from the doctor, and I implemented those.

Interviewer

Have you considered professional psychological help?

Participant

No, I haven't consulted a mental health professional yet.

Interviewer

Okay, in psychology, there are factors like stress and anxiety. Stress, you can say, involves mental pressure and worry, and anxiety is about fearing the future. Can you share how much these factors affect you?

Participant

These factors indeed have an impact. It starts to create concern about your future because, in our society, building a family is a common practice. You have the desire to have children, and until you are sure about the next generation, your family lineage, it puts mental pressure on you, and you keep worrying about it.

Interviewer

What impact has premature ejaculation had on your overall quality of life?

Participant

I try my best to keep this matter out of my mind when it comes to my professional life because, obviously, you can't show these things there. You can't express it openly; otherwise, it will affect your work. So, I try to keep it confined to my home.

Interviewer

How do cultural and societal views on male sexual performance influence your perception of premature ejaculation and its psychological effects?

Participant

In my opinion, it depends a lot on how educated the society is because if people are not educated, your friends and acquaintances won't understand this issue unless it happens to them personally. You can't discuss or share it with them. If you say something, people will make fun of you. There is a prevailing culture where people often suggest going to traditional healers for such issues, and

that adds to the stigma. So, the more educated the society, the better it is because educated people tend to be more understanding.

Interviewer

How comfortable are you discussing premature ejaculation with friends?

Participant

I haven't shared it with my family, and I don't think there's a need to discuss it with friends.

Interviewer

Do you feel less confident about yourself because of premature ejaculation and how does this affect your life.

Participant

To be honest, there's a certain inner confidence one has, and until this issue was known, I perceived myself a bit differently. When this became known, it caused a setback in my mind, and various problems arose, affecting my confidence to some extent.

Interviewer

Have you and your partner addressed this issue?

Participant

Yes, when a few people became aware, the only option was to share with those who are directly involved in this matter. Luckily, my wife has been very supportive. She never said anything negative, and she has been understanding and supportive throughout this situation.

