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## **Cross-Cultural Differences in Women's Perception and Impact of Premature Ejaculation**

Andrea Burri<sup>1</sup>, Alessandra Graziottin<sup>2</sup>

<sup>1</sup> Department of Psychology, University of Zurich

<sup>2</sup> Center of Gynecology and Medical Sexology, H. San Raffaele Resnati, Milan, Italy

### **ABSTRACT**

Prevalences of sexual problems show considerable variation across populations. Comparison of cultural perceptions of what constitutes a problem can provide us with additional information on phenomenology and definitory validity of such problems. The aim of the present study was to assess the cross-cultural differences in women's perception of premature ejaculation (PE). A total of n=1463 women from three different countries – Mexico, South Korea, and Italy – and reporting being in a relationship with a man who suffers from PE were included in the study. A set of self-constructed questions and questions taken from validated and standardized instruments were used to assess the variables of interest.

Significant differences in importance of ejaculatory control and the degree of distress caused by PE were detected between the three countries ( $\chi^2$  57.88 and 50.37,  $p < 0.001$  for both). Lack of control was most commonly reported reason for distress for Mexico, short latency for Italy and lack of control for South Korea. Mexico reported the highest rates of previous relationship break-ups due to PE (28.9%) and lowest current relationship satisfaction with their PE man ( $\chi^2$  13.25,  $p < 0.01$ ). In terms of women's own sexual functioning and views on sexuality, the country consistently reporting the lowest levels of sexual functioning on all domains except for pain (according to the FSFI) was South Korea.

It is important to get a better understanding of which sexual issues are important for individuals across different cultures, and whether the same aspects of the problem are considered distressing. This can have implications on definition and nosology, on types of treatments offered and hence, the likelihood of their efficiency when a couple's sexual perspective is carefully considered.

### **INTRODUCTION**

A satisfying and pleasurable sex life is considered essential for a healthy emotional and psychological functioning and appropriate personality development. While sexuality may be universal, the expression of sexuality, however, needs to be considered within its cultural context. For example what is regarded "normal" in terms of sexual functioning differs across cultures and this cultural variability needs to be taken into account.<sup>1</sup> Cross-cultural epidemiologic studies have shown that people all over the world experience sexual problems (e.g. Laumann et al., 2006; Nicolosi et al., 2004).<sup>1,2,3</sup> The relative percentage of sufferers, however, differs across populations as reported by the Global Study of Sexual Attitudes and Behavior (GSSAB). The study assessed sexuality in men and women across 29 countries (aged 40 to 80 years) and found sexual problems to be common in all countries but with estimates showing great variation across cultures.<sup>2,3</sup> Although certain methodological flaws to the study design need to be bared in mind, the most common complaint reported by men was premature ejaculation (PE).

In a review paper by Montorsi (2005) the author similarly highlighted the considerable variation in the prevalence of PE, with reported rates being much lower in the middle east compared to other parts of the world, such as the US or Europe.<sup>4,3</sup> Besides methodological discrepancies and biases, the cross-culturally differing prevalence estimates might also reflect cultural views in what is normatively considered a dysfunction and what is not. In this aspect, comparison of cultural perception of what constitutes a problem can provide us with additional information on phenomenology and definitory validity. As such, it is of great importance to get a better understanding of which sexual issues are important for people across different cultures, and whether the same

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aspects of the problem are considered distressing. This can have implications not only on definition and nosology but also on types of treatments offered and hence, the likelihood of their efficiency.

Recent data highlighted the impact of PE on women, stressing the concept of “symptom inducer” (e.g the man with PE) and “symptom carrier”: the partner, consulting for FSD.<sup>5</sup> In this case, the woman is reporting a dysfunctional sexual experience - loss of desire, arousal difficulties, poor vaginal lubrication, coital orgasmic difficulties - as a specific consequence of her partner’ lack of control, short intravaginal ejaculation latency time (IELT) and/or pervading performance anxiety with loss of attention to her sexual needs.<sup>6-10,5</sup> Moreover, Weiss and Brody clearly showed that women’ partnered –orgasm consistency is associated with duration of penile-vaginal intercourse, not with duration of the foreplay.<sup>11</sup> This highlights the key importance for women’s physical sexual pleasure and quality of erotic intimacy of a consistent duration of penile-vaginal intercourse. However, previous data did not focus on cross-cultural differences in women’s sexual perception of PE Given this the aim of the present study was to investigate cross-cultural differences in women’s perception of PE.

## **METHODS**

### **Sample Description**

Women from three different countries – Mexico, South Korea, and Italy - were included to capture maximum cultural differences. To be included, women had to report being in a relationship with a man who suffers from PE (for screening criteria used, please see Burri et al., unpublished data.

. PE status of the man was assessed via subjective self-report of the female partner. The final sample consisted of n=1463 women with a fairly homogenous distribution across the three countries/cultures (n=502 for Italy, n=508 for South Korea, n=453 for Mexico). Informed consent was provided by each individual when registering to the panel.

For this survey, a mix of self-constructed questions and questions taken from validated and standardized instruments were used, including the Female Sexual Function Index (FSFI), the Female Sexual Distress Scale (FSDS), and the Relationship Assessment Scale (RAS). For a more detailed description of the measures and response options, see Burri et al., unpublished data.

### **Statistical Analyses**

For sample characteristics and descriptive statistics, dichotomous and categorical data were expressed as percentages and continuous data as means. Because normality of the data could not be assumed, univariate Kruskal-Wallis analyses were calculated for group comparisons of continuous data. Where indicated, multiple sample contrasts were performed post-hoc to these analyses. To control the influence of potential covariates (such as age) on the outcome variables, Kruskal-Wallis tests were performed on covariate-adjusted residuals. Covariate-adjusted residuals were obtained from the overall regression line fit to the entire data set. Comparison of dichotomous and categorical data was conducted using Chi<sup>2</sup> test. For all analyses, a P value less than 0.05% was considered statistically significant, unless stated otherwise. All analyses were performed using Bonferroni correction for multiple testing. For all analyses, Likert-type scaled variables were treated as continuous. Data handling and all statistical analyses were carried out using STATA software (StataCorp, 2007).

## **RESULTS**

Comparison of socio-demographic variables and variables of interest between the three groups is illustrated in Table 1. In terms of socio-demographic variables the three countries differed in relationship duration and partner age, with Italy reporting the highest estimates for both.

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Significant differences in importance of ejaculatory function could be detected between the three countries, with Mexico assigning the highest importance ( $\text{Chi}^2$  57.88,  $p < 0.001$ ). The amount of distress caused by the lack of control also differed significantly, with South Korea reporting most distress related to PE ( $\text{Chi}^2$  50.37,  $p < 0.001$ ). When asking about the specific reasons causing PE-related distress, lack of control was most commonly reported by Mexico, the importance of short latency by Italy and lack of attention by South Korea (Tab.2 ). The countries also differed in how much they felt that the PE man is so focused on his performance that he ignores other sexual needs ( $\text{Chi}^2$  17.68,  $p < 0.001$ ) and how much this causes distress ( $\text{Chi}^2$  30.93,  $p < 0.001$ ).

Mexico reported the highest rates of previous relationship break-ups due to PE (28.9%) and women in the Mexican sample were also significantly less satisfied with their current relationship with a PE man compared to the other countries ( $\text{Chi}^2$  13.25,  $p < 0.01$ ).

In terms of women's own sexual functioning and views on sexuality, the country consistently reporting the lowest levels of sexual functioning on all domains except for pain (according to the FSFI) was South Korea. However, despite the relatively lower levels of sexual functioning, women in the South Korean sample reported highest sexual satisfaction levels. Orgasm frequency during vaginal intercourse or via any partner stimulation was lowest for South Korea and orgasm frequency via any type of stimulation (not partner dependent) was lowest for Italy, with countries differing significantly from each other in all three orgasm-related variables ( $\text{Chi}^2$  185.14,  $\text{Chi}^2$  56.28,  $\text{Chi}^2$  144.40,  $p < 0.001$  for all).

## **DISCUSSION**

Here we report evidence of substantial culture dependent responses in women's perception of PE, their views on sexuality and their own levels of sexual functioning. While ejaculatory control was considered to be very important for women in all three countries, with lack of control causing considerable distress in all of them, significant cultural differences could be detected, with Mexico considering ejaculatory control to be most important. In tune with this, Mexican women also reported lack of ejaculatory control to be the aspect causing most distress, whereas for South Korean women it was the lack of attention the PE partner pays to their other sexual needs.

It is well known that PE not only impacts on quality of life in the male sufferer but also has detrimental effect on the female partner's relationship and sexual satisfaction.<sup>5,7,8</sup> According to our study, the extent of this impact is influenced by cultural factors as Mexican women reported considerably more previous relationship break-ups due to PE, as well as less relationship satisfaction compared to women from Italy and South Korea. This finding might reflect different culturally shaped perceptions on the value and importance of sex in a romantic relationship, by, for example, discounting the relational meaning of sex and being less oriented towards reproduction.

Finally, South Korean women reported lowest levels of desire, arousal, orgasm and lubrication compared to Italy and Mexico. Interestingly, however, this did not seem to affect their sexual psychoemotional satisfaction. These high levels of sexual satisfaction in South Korea sets a contrast to previous findings reporting low levels of sexual well-being in many Asian countries.<sup>2,12</sup>

Our results indicate that perception of PE and the impact PE has on women is different across cultures and might correlate with the importance that is assigned to sexuality and how this is influenced by cultural and religious beliefs and values. Different aspects of PE seem to be important across different regions of the world, which might also be reflected in the prevalences reported. In Asia where sexuality is influenced by Tantra philosophy and different aspects might be considered important for a fulfilling sex life, the effects of PE might not be considered as important or distressing. Clearly, the individual notion of "healthy" is very subjective and becomes challenged by the religious and cultural standards.

It is important to get a better understanding of which sexual issues are important for individuals across different cultures, and whether the same aspects of the problem are considered distressing. This can have implications not only on definition and nosology but also on types of treatments offered and hence, the likelihood of their efficiency. It further has implications for

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practicing clinicians who should view their own assumptions about sexuality as ethnocentric and have greater respect for cultural diversity, especially when inviting the female partner into the treatment of PE.

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**Table 1. Results of analysis of variance (Kruskal-Wallis test) and Chi<sup>2</sup> tests for sociodemographic variables and variables of interest across three different countries.**

	Overall (n=1463)	Italy (n=502)	South Korea (n=508)	Mexico (n=453)			
	Mean, SD, Range N (%)				Chi <sup>2</sup>	P	Contrasts
<b>Socio-demographic variables</b>							
Age	34.26, 7.86 20-50	34.73, 8.21 20-50	33.87, 7.75 20-50	34.18, 7.58 20-50	2.85	ns	--
Marital status							
<i>In relationship, living together</i>	1204 (82.29)	399 (79.48)	435 (87.60)	370 (83.37)	1.63	ns	--
<i>In a relationship, living separately</i>	259 (17.71)	103 (20.52)	73 (14.80)	83 (16.63)			
Relationship duration	85.88, 81.09 0-360	92.54, 84.99 0-360	80.06, 80.12 0-348	85.03, 77.29 0-360	6.91	*	1>2
Age current partner	37.52, 8.82 15-65	38.14, 9.14 21-62	37.01, 8.09 21-58	37.37, 9.21 15-65	9.91	**	1>2, 1>3
<b>Ejaculatory function</b>							
How important is ejaculatory control to you?	2.77, 10.03 1-5	2.73, 0.99 1-5	3.03, 0.91-5	2.51, 1.14 1-5	57.88	***	1<2, 1>3, 2>3
How distressed are you because of his lack of ejaculatory control?	2.78, 1.28 1-5	2.81, 1.22 1-5	2.43, 1.20 1-5	3.10, 1.34 1-5	50.37	***	1>2, 1<3, 2<3
Reasons for distress							
<i>Lack of control</i>	352 (24.06)	100 (19.92)	112 (22.05)	140 (30.91)	17.45	***	1<3, 2<3
<i>Short IELT</i>	583 (39.85)	206 (41.04)	183 (36.02)	194 (42.83)	5.07	***	1>2, 2<3
<i>Lack of attention</i>	696 (47.54)	175 (34.86)	267 (52.56)	254 (56.07)	50.70	***	1<2, 1<3
<i>Partner's distress</i>	297 (20.3)	154 (30.68)	41 (8.07)	102 (22.52)	81.74	***	1>2, 1>3, 2<3
Is your partner so focused on delaying his ejaculation that he ignores your 'other' sexual needs (e.g. caressing, kissing, etc.)?	3.39, 1.10 1-5	3.44, 1.11 1-5	3.53, 9.3 1-5	3.18, 1.25 1-5	17.68	***	1>3, 2>3

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Do you feel distressed about him being focused on his ejaculatory control and ignoring your other sexual needs, rather than about the lack of ejaculatory control itself?	3.16, 1.03 1-5	3.15, 1.08 1-5	3.36, 0.89 1-5	2.93, 1.17 1-5	30.93	***	1<2, 2>3
<b>Relationship variables</b>							
Breaking up due to PE	333 (22.76)	85 (16.93)	117 (23.03)	131 (28.92)	19.49	***	1<2, 1<3
Relationship Satisfaction while with PE man	19.14, 2.01 12-26	18.94, 1.87 12-24	19.40, 1.89 13-25	19.08, 2.23 12-26	13.25	**	1<2, 2>3
Have you been significantly more satisfied in your previous relationships with a non-PE man compared to your relationship with a man with PE?	2.82, 1.15 1-5	2.74, 1.09 1-5	3.13, 1.04 1-5	2.57, 1.26 1-5	62.38	***	1<2, 2>3
Do you consider the PE condition to be a major problem for your relationship?	3.51, 1.15 1-5	3.73, 1.15 1-5	3.34, 1.05 1-5	3.45, 1.22 1-5	33.13	***	1>2, 1>3
Does his ejaculatory pattern affect your levels of intimacy?	3.23, 1.19 1-5	3.42, 1.20 1-5	3.18, 1.05 1-5	3.07, 1.31 1-5	19.41	***	1>2, 1>3
<b>Women's sexuality</b>							
What would be your ideal intercourse duration (in minutes)?	22.85, 17.63 1-120	20.70, 15.67 1-120	19.71, 15.06, 1-120	28.76, 20.71 3-120	72.44	***	1<3, 2<3
Reason for this duration							
<i>Creates intimacy</i>	883 (60.36)	297 (59.16)	312 (61.42)	274 (60.49)	0.54	ns	--
<i>Allows orgasm</i>	892 (60.97)	325 (64.74)	277 (54.53)	290 (64.02)	13.63	**	1>2, 2<3
FSFI-ever							
<i>Desire</i>	3.46, 1.01, 1-5	2.86, 1.06, 1-5	2.52, 0.95, 1-5	2.95, 1.16, 1-5	41.689	***	1>2, 2<3
<i>Arousal</i>	3.45, 1.0, 1-5	2.86, 1.09, 1-5	2.46, 0.96, 1-5	2.97, 1.16, 1-5	56.70	***	1>2, 2<3
<i>Lubrication</i>	3.71, 1.15, 1-5	3.33, 1.22, 1-5	2.81, 1.17, 1-5	3.48, 1.26, 1-5	74.92	***	1>2, 2<3
<i>Orgasm</i>	3.31, 1.22, 1-5	2.95, 1.29, 1-5	2.37, 1.09, 1-5	3.02, 1.34, 1-5	71.10	***	1>2, 2<3
<i>Satisfaction</i>	2.47, 1.02, 1-5	3.02, 1.16, 1-5	3.24, 1.02, 1-5	2.94, 1.23, 1-5	47.14	***	1<2, 2>3
<i>Pain</i>	2.17, 1.15, 1-5	2.28, 1.26, 1-5	2.44, 1.10, 1-5	1.97, 1.21, 1-5	18.40	*** ■■■■■■■■	2>3
Orgasm frequency	3.06, 1.27 1-6	3.05, 1.27 1-6	2.69, 1.114 1-6	2.74, 1.21 1-6	185.14	***	1>2, 2<3

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Vaginal orgasm frequency	3.45- 1.40 1-6	3.33, 1.46 1-6	3.81, 1.26 1-6	3.17, 1.40 1-6	56.28	***	1<2, 2>3
Orgasm frequency with partner	3.21-1.36 1-6	2.86, 1.32 1-6	3.79, 1.25 1-6	2.93, 1.33 1-6	144.40	***	1<2, 2>3

\*p<0.05; \*\* p<0.01; \*\*\*p<0.001

**Table 2. Key reasons causing PE-related distress in women**

COUNTRY	REASON
Italy	short latency time
Mexico	lack of control
South Korea	lack of attention to the woman's needs