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Premature Ejaculation and Anxiety Symptoms: Psychological Effects that Distress South African Males

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Abstract

Objective: This study aimed to determine whether there was a significant relationship between premature ejaculation (PE) and anxiety symptoms amongst South African males. In addition, the study conducted a preliminary analysis to examine whether ethnicity and age acted as moderating variables.

Method: A quantitative, correlational design was used with 175 men between the ages of 18 and 70 years of age who had joined the Men's Clinic International private Facebook group.

Results: Regarding hypothesis one, the results indicate a significant correlation between PE and anxiety symptoms. The second hypothesis was also accepted, namely that that the correlation between anxiety and PE is stronger in white and mixed compared to black ethnicity groups. The third hypothesis, namely that age was a moderating variable between premature ejaculation and anxiety symptoms, did not change the direction of the relationship, and was therefore rejected.

Conclusion: The study provides new information to professionals when it comes to understanding men who experience PE and present with anxiety symptoms.

Contribution of the study: When treating individuals with anxiety-related premature ejaculation, the importance of cultural appropriateness and sensitivity should be emphasized. Understanding how ethnicity and age contribute to the presentation and interpretation of the disorder can be used to explain and offer treatment methods that would not perpetuate negative connotations regarding psychotherapy. Psychotherapy will become a conducive space for males where there will be respect, decreased experience of shame, and enabling vulnerability. With this approach, the male experience and perspective to therapy may become positive. Once the anxiety-related premature ejaculation is successfully treated, men will be able to confidently refer others for further assistance.

In addition, this approach will further yield effective collaborations between mental health practitioners and medical clinics such as Men's Clinic International. It will enable further research studies pioneered by physicians and psychologists with the aim to explore sexual dysfunctions at length. The vision will be to ensure updated definitions of sexual dysfunctions, in different contexts by considering age, ethnicity and possibly medical conditions.

Introduction

Literature indicates that premature ejaculation (PE) is the most common and the most under diagnosed male disorder with a prevalence of 20-40% among the general population, as indicated by[1,2]. PE is said to affect one in three South African males[3]. The Men's Clinic International is an organisation that aims to help

understand male sexual dysfunction, why it happens, and what treatment options are available. Focusing specifically on South African males, this study relied on a theoretical framework of masculine identity[4,5,6]. Since early psychoanalysis it was realized that masculinity was socially constructed, with an emphasis on the "male sex role"[7]. One study criticized the linearity of the "male sex role" and rather referred to masculinity as complex, from which the theory of hegemonic masculinity (culturally dominant and stereotypical) was developed[6]. According to another study, masculinity provides specific norms within which men function, which contributes to hegemonic masculinity[4]. Contemporary hegemonic masculinity also includes ethnic and racial identities[8]. Some of the male participants' responses in a study supported the expectations regarding masculinity norms in that their pride and confidence was directly linked to them being able to please their female sex partner[9].

Men with PE are more likely to report lower sexual function and satisfaction as well as higher personal distress and interpersonal difficulties[10]. Studies on PE have suggested that anxiety plays a significant role either as a causative factor or a consequence of PE. Faulty beliefs and distorted thinking among men may lead to PE or anxiety symptoms.

In a study that explored different types of anxiety among men with PE (state anxiety and trait anxiety), it was suggested that PE is a condition associated with significant state anxiety, which is a form of anxiety that reflects the psychological and physiological transient reactions directly related to adverse situations in a precise moment[11]. PE appeared to be less associated with trait anxiety, which is a form of anxiety that refers to a trait of personality, describing individual differences related to a tendency to present state anxiety. The definition of state anxiety is consistent with anxiety symptoms measured by the Beck Anxiety Inventory (BAI). This possibly confirms a finding made by a study that PE and anxiety symptoms share a relationship, because their definition of state anxiety is consistent with how an individual would explain anxiety symptoms observed in this study[11]. Another study found that the PE and anxiety symptoms had a significant relationship depending on how a man perceived a sexual encounter, acted when he was in a sexual moment, and felt after the sexual encounter[12]. This meant that, when a man perceived a sexual encounter negatively, or if he was nervous or frightened in the sexual moment and felt fearful of the sexual encounter, he would present with higher levels of PE and anxiety symptoms.

Literature suggests that culture and ethnicity may play a moderating role in the relationship between anxiety and PE. The distinction between ethnicity and race varies globally. The two are fluid, and comprehension of how to use it in literature requires an appreciation of the historical and cultural forces that shape them in each place. In South Africa, race is still a sensitive topic, it is used to describe an individual based on their physical attributes mainly skin tone. Having this in mind the researchers chose ethnicity as the suited variable because it not only includes physical appearance, but also personality, habits, culture, and self-identification. Ethnicity is a more culturally and socially nuanced concept that looks beyond an individual's skin tone. It focuses on shared heritage, language, religion, and traditions, and it allows for more flexibility in identity. The disadvantage that needs to be corrected in South Africa through research and redefining concepts is that the same categories used in describing race are the same in ethnic groups. South Africa has eleven official languages (excluding sign language, which is also an official language) from different cultural groups which indicates that there is a potential to broaden primary ethnic groups. This would reduce the potential to offend or present as insensitive.

In recent studies the findings showed that certain ethnic groups in the Middle East were more prone to experiencing PE and anxiety symptoms[13,14]. The authors explained their observations by detailing different teachings in different ethnic groups, and they also looked at genetic contributions and the gene-environment correlation. They documented that traditional medicine played an important role in response to PE and anxiety symptoms in some ethnic groups, hence there was a noticeable difference among these. Some ethnic groups had herbal medication that could calm a man's anxiety which, in turn, benefited their ejaculation. Some chose not to participate or provide feedback when it came to such topics due to shame and stigma. Given that ethnicity may play a role in the relationship between PE and anxiety symptoms, one study went further by studying different traditional practices of different ethnic groups when it came to such disorders[15]. They documented that traditional medicine played an important role in response to PE and anxiety symptoms in some ethnic groups, hence there was a noticeable difference among these groups.

Cultural identity is believed to be closely related to the manifestations of certain psychological disorders[16]. The number of studies focusing on the mental health of ethnic minorities have increased, and there has been more recognition of the need to deepen the understanding of the mental health characteristics of non-white and white samples to perform the current definition of diagnosis and make it more applicable to a variety of populations[17,16]. It is important to find innovative ways to get men to understand that having psychological symptoms does not take away from their manhood, while seeking treatment adds to their value as men. Understanding the ethnicities mostly affected by this can also elucidate the statistics at hand.

The variables Age and PE have been studied and observed

to have a relationship in most literature. In a study on age and premature ejaculation, it was found that, as a man grows older, the refractory period increases[18]. When comparing younger men to older men they reported that younger ones might have needed only a few minutes of recovery time, while older men usually had a longer refractory period, sometimes between 12 to 24 hours. In the age group above 60, this might even take longer. This, in turn, affected the quality of both their erection and ejaculation. In contrast, another study observing Chinese males discovered that with age stratification young men, in comparison to older men, tended to have severe psychological problems, which resulted in an impact on PE[19]. They documented that these young men had multiple psychological stressors and were often pressured by societal expectations of what good sex is. They even went as far as comparing penis size and ridiculing each other. Young people often felt the pressure to perform better sexually, where the woman experienced a longer satisfying duration of sex before the man ejaculated. When the opposite happened, men feared that the woman would share the unsatisfactory sexual encounter with the peer group, resulting in peer rejection[19].

For this study, it was important to understand the relationship between premature ejaculation and anxiety symptoms amongst males, and to investigate ethnicity and age as moderating variables: the elucidations engendered by this can facilitate appropriate interventions geared at men who belong to different cultural and age groups.

Method

The aim of the study was to investigate the relationship between premature ejaculation and anxiety symptoms amongst males. The related research hypotheses were as follows:

- There will be a positive correlation between premature ejaculation and anxiety symptoms amongst males.
- Ethnicity is a moderating variable between premature ejaculation and anxiety symptoms amongst males.
- Age is a moderating variable between premature ejaculation and anxiety symptoms amongst males.

Research Approach and Design

This study followed a quantitative approach, facilitating the generation of knowledge obtained from the specific sample and testing the hypotheses. Furthermore, a correlational research design was used, which, according to Rahman, aims to identify variables that share a particular relationship to the extent that a change in one creates some change in the other[20].

Participants

The sample of the study included 175 males who joined the Men's Clinic International private Facebook Group and responded to an online advertisement. The Facebook group is specifically available to South African men. South Africa is a culturally diverse country and therefore provided a suitable population for the study. The age range was between 18 and 70 and the men had to be sexually active. The study used non-probability sampling method, which makes use of non-random criteria based on availability and experiences of individuals researched[21]. This sampling method was suitable for research where the focus was on a specific available group of participants with PE experiences.

Instruments

A structured online questionnaire was used to collect the data. The questionnaire included the PE profile, the Beck Anxiety Inventory, and a biographical questionnaire. The PE profile (PEP) developed by Patrick et al was used. The Beck Anxiety Inventory by Beck and Steer (BAI) was also included in the questionnaire. Both the PEP and the BAI were used to determine the severity of the symptoms of PE and anxiety in men. The PEP and BAI are instruments that are standardised in the South African context and were found to have high validity and reliability[22,23].

In a biographical section inquiring of the participants age, their relationship status and ethnicity, participants were not provided any of the four ethnic groups commonly used in South Africa. They chose the ethnic group they identify as. The study wanted to provide freedom when answering this question and not limit the participants to the four ethnic groups. Ethnicity can be seen as context-specific, multilevel (that is, group-level and individual-level), multifactorial social construct tied to race and used to distinguish diverse populations and establish personal or group identity[24]. The current study used this definition to understand the participants social construct and context. Language, music, morals, art, style, literature, family life, religion, rituals, food, names, public life, and material culture informs ethnicity. In addition, it plays a role and influences how people experience different phenomena[24].

Validity and Reliability of the Instruments

The Premature Ejaculation Profile:

All PEP measures were found to be reliable (intraclass correlation coefficients varied from 0.66 to 0.83), and mean scores for all measures differed significantly (P 0.001) between PE and non-PE groups[22]. The PEP index scores were also of acceptable reliability and showed significant differences between the PE and non-PE groups ($P < 0.001$)[22]. This measure has been standardised in the South African context. The questionnaire was validated in another study

with good test-retest reliability and moderate/strong correlation with stopwatch measurements using intravaginal ejaculatory latency time[25].

The Beck Anxiety Inventory:

The BAI has been found to be a reliable and valid measure. It has shown high levels of internal consistency (Cronbach's a=0.92) and test-retest reliability (1 week=0.75)[23]. The BAI was moderately correlated with the revised Hamilton anxiety rating scale (.51), and mildly correlated with the Hamilton depression rating scale (.25)[23]. In a South African, the BAI was found to be valid and reliable in discriminating between general anxiety disorder caseness and non-caseness and indicated it has moderately high accuracy in identifying general anxiety disorder[26].

Data-Collection

Participants were requested to complete an informed consent form. After the participants completed the form, a link to the research questionnaire was provided and the responses were saved on Google forms immediately after the participants pressed the submit button. Google forms were accessed by the researcher through the Google forms app that was accessed using the researcher's Google mail log in credentials to see which participant responded and what their responses were. After 175 participants successfully completed their forms, Google forms provided the researcher with an Excel spreadsheet of the data gathered from the research questionnaires.

Ethical Considerations

This study was approved by the Health Research Ethics Committee of the [name of the university omitted for blind review purposes] (Ethics Code: 00496-20-A1) on 02 December 2020. All participants provided voluntary, written informed consent prior to enrolment in the study. This research was conducted ethically in accordance with the World Medical Association Declaration of Helsinki. No identifiable information was expected of the participants. The process utilised pseudonyms, employing a number identification code. A list starting from 001 was kept by a Google form template to ensure proper code identification. The main ethical responsibility was not to do harm, but to respect the dignity and wellbeing of participants. The referral system used should a participant experience any psychological triggers was provided by the Men's Clinic International website. Participants could virtually access professional assistance on the website.

Data Analysis

Data was analyzed using the Statistical Package for the Social Sciences (IBM-SPSS) Version 25[27]. The research contained two types of variables: the dependent variable for the study was anxiety symptoms and the independent variable was PE. The first hypothesis was tested using the measure of relationships, the Pearson- product-moment correlation coefficient, symbolled (r). The Pearson-product-moment enabled the researcher to investigate the relationship between the dependent variable (anxiety symptoms) and the independent variable (PE). The second and third hypotheses observed ethnicity and age as moderating variables. A moderating variable, also called a moderator variable or simply M, changes the strength or direction of an effect between two variables x and y[28]. It is understood to affect the relationship between the independent variable or predictor variable and a dependent variable or criterion variable[28].

Results

Table 1 indicates the distribution of the participants across major ethnic groups captured in the data. The majority of the participants (57.7%) self-identified as Black, and participants who self-identified as White and Mixed-race presented at 20.6% respectively. The remaining 1.1% of the participants did not indicate the ethnic group they identified with. In South Africa there are four primary ethnic groups identified and used for self-identification purposes. The primary ethnic groups are: Black, White, Mixed-race, and Asian. In the context of South Africa White, Mixed-race, and Asian ethnicities are minority groups. Within the primary ethnic groups identified, there are sub-groups that are narrowed down based on language, cultural practices, and tradition, e.g., Xhosa, Zulu, English and Basotho. However, most of the study's participants gravitated towards the four primary ethnic groups for self-identification, because they are commonly used in most South African identification processes such as application for employment or schooling. The identification into a particular ethnic group is based on cultural uniqueness which varies in different groups.

Table 1: Socio-demographic Characteristics of Participants

Variables		Frequency	Percentage
Age in years	Minimum age = 19; Maximum age = 67 Mean = 34.31; SD = 9.22		
Ethnicity	Black	101	57.7
	White	36	20.6
	Mixed race	36	20.6
	No response	2	1.1
Total		175	100

Hypothesis One

There will be a positive correlation between PE and anxiety symptoms among males.

The results in Table 2 show a significant positive relationship between PE and anxiety symptoms among males ($r = .44$, $p<.01$). This implies that males with PE are susceptible to experiencing anxiety symptoms, as the

results indicate that participants who reported a higher profile of PE also reported higher symptoms of anxiety. The study hypothesis, which stated that there will be a positive correlation between PE and anxiety symptoms among males was, therefore, accepted.

Table 2: Bivariate Correlation Between Premature Ejaculation and Anxiety

	Age	Premature ejaculation	Anxiety	Mean	SD
Age	-			34.31	9.22
Premature ejaculation	.41**	-		11.98	2.51
Anxiety	.20*	.44**	-	35.67	12.23

** Correlation is significant at the 0.01 level (2-tailed)
* Correlation is significant at the 0.05 level (2-tailed)

Hypothesis Two

The second hypothesis, which stated that ethnic group will significantly moderate the relationship between PE and anxiety, was tested using the Hayes SPSS macro-PROCESS 3.4. The results of the moderation analysis obtained are presented in Tables 3-5.

The results presented in Table 3 show that the regression model is significant (F3.000, 157.000 = 15.296, p = .000).

Table 3: Model Summary

R	R-sq	MSE	F	df1	df2	p
.476	.226	117.884	15.296	3.000	157.000	0.000

The results presented in Table 4 show that the effect of PE on anxiety is positive and significant (b=4.096, se=.781, p=.000). The results further indicate a significant interaction effect of PE and ethnic group on anxiety (b=-2.347, se=.886, p=.009). This result implies that the relationship between PE and anxiety is different for people of different ethnic groups.

Table 4: Model Showing the Moderating Effect of Ethnic Group on the Relationship Between Premature Ejaculation and Anxiety

	B	Se	t	P	LLCI	ULCI
Constant	-16.034	9.779	-1.639	.103	-35.349	3.281
Premature ejaculation (PE)	4.096	.781	5.243	.000	2.553	5.639
Ethnic group (EG)	31.718	11.025	2.877	.005	9.942	53.495
PE * EG	-2.347	.886	-2.649	.009	-4.097	-.597

The results presented in Table 5 show an estimated 35% increase in the variance of anxiety accounted for by the interaction between PE profile and ethnic group identification of the participants.

Table 5: Tests of highest order unconditional interactions

	ΔR^2	F	df1	df2	p
PE*EG	.035	7.018	1.000	157.000	.009

Due to the distribution being 57.7% for participants who identified as Black and 20.6% for both White and Mixed-race self-identified participants respectively, the interaction line will be shared as 'others. An indication of 'white and mixed-race' could have been used instead of 'others'. The interaction effect between premature ejaculation and ethnic group on anxiety. Figure 1 depicts that increased levels of PE are more strongly associated with increased levels of anxiety among participants that self-identified as White and Mixed-race, more so than among participants who self-identified as Black. In essence, participants who self-identified as White or Mixed-race reported greater anxiety symptoms in relation to reported levels of PE, which implies that the relationship between PE and anxiety is stronger in participants from White and Mixed-race ethnic groups.

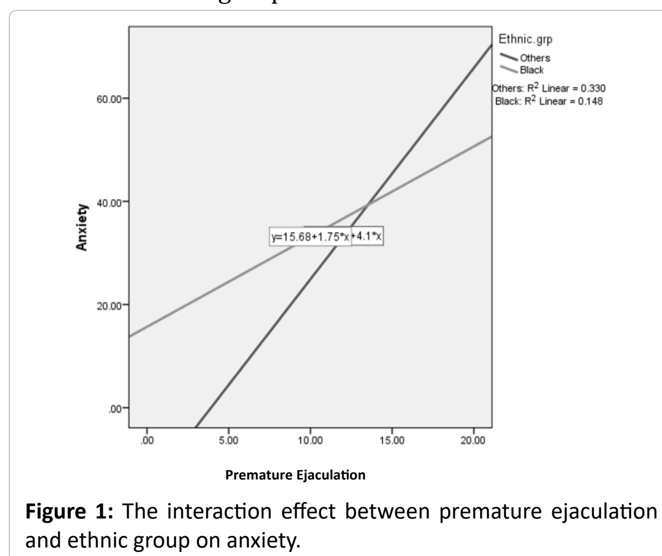

Figure 1: The interaction effect between premature ejaculation and ethnic group on anxiety.

Hypothesis Three

The third hypothesis stated that age will significantly moderate the relationship between PE and anxiety. The hypothesis was tested using the Hayes SPSS macro-PROCESS 3.4. The results of the moderation analysis obtained are presented in Tables 6-7.

The results presented in Table 6 show that the regression model is significant (F3.000, 160.000 = 14.105, p = .000).

Table 6: Model Summary

R	R-sq	MSE	F	df1	df2	p
.457	.209	120.594	14.105	3.000	160.000	0.000

This result in Table 7 implies that the relationship between PE and anxiety is not significantly different among the participants by their ages. The stated hypothesis is, therefore, not confirmed.

Table 7: Model Showing the Moderating Effect of Age on the Relationship Between Premature Ejaculation and Anxiety

	B	Se	t	P	LLCI	ULCI
Constant	34.481	13.948	2.472	.014	6.935	63.026
Premature ejaculation (PE)	.166	1.069	.155	.877	-1.944	2.276
Age	-.912	.512	-1.780	.077	-1.924	.100
PE * Age	.072	.038	1.892	.060	-.003	.147

Discussion

The results indicates that PE and anxiety symptoms present differently in different ethnic groups, which means that different ethnic groups vary in intensity of their reported anxiety symptoms depending on the level of reported PE. Age on the other hand, did not influence the relationship between PE and anxiety symptoms and the hypothesis was rejected. The results suggest that PE and anxiety symptoms can be experienced by men from any age group.

Hypothesis One: There Will Be a Positive Correlation Between PE and Anxiety Symptoms Amongst Males

The results from the first hypothesis indicated that there is a positive relationship between PE and anxiety symptoms amongst males. These findings are consistent with previous relational and causality research. In one of these studies the Fisher exact test was used and it was discovered that, when the lifelong and acquired PE groups were compared, men with acquired PE were significantly more likely to experience symptoms of anxiety during intercourse[29]. Additionally, they reported that performance anxiety during intercourse was significantly associated with the acquired subtype of PE. Similarly, another study discovered that men affected by PE were more distressed by the anxiety than their partners[30]. Using a multifactorial logistic regression, anxiety ($p < 0.05$) was closely related to the occurrence of PE[19]. All of these researchers indicated that PE and anxiety symptoms had a relationship.

Research indicates that the participants with PE appeared to be influenced by psychological factors such as tension and anxiety[31]. Anxiety-related PE could also be linked to men's need to perform and where self-talk during sexual intercourse might be centred around masculine performance, pressuring the self to be responsible for the control and pleasuring of female partners. In the same study it was found that men had sexual intercourse to prove something to other men and that friends could even be waiting to hear about the sexual experience[8].

Hypothesis Two: Ethnicity is a Moderating Variable Between Premature Ejaculation and Anxiety Symptoms Amongst Males

Through a moderation analysis the study was able to test for the influence of a third variable (ethnicity), on the relationship between the variables PE and anxiety symptoms. The moderation clearly indicates that participants of different ethnic groups reported more anxiety symptoms in relation to reported levels of PE. The relationship between PE and anxiety was prevalent among participants who were white and mixed-race.

The results in the current study suggest that the relationship between PE and anxiety symptoms was the strongest amongst the white and mixed-race ethnic groups. However, studies by The National Health and Social Life Survey recorded the opposite, that is, the relationship between PE and anxiety symptoms was strongest amongst the black ethnic group[32]. Another study by the same researchers stated that black men had a higher prevalence of PE compared to white men[33]. A plausible explanation for this could be context, as these studies were conducted in an American context where men are socially constructed differently than in South Africa. In South Africa hegemonic masculinity is enforced in the traditional environment through the socialisation of boys by assigning behaviours and attitudes "perceived" to be appropriate for men[34].

Hypothesis Three: Age is a Moderating Variable Between PE and Anxiety Symptoms Amongst Males

In regard to the third hypothesis, age as a moderating variable was rejected. The present study demonstrates that age as a moderating variable does not have an effect on the strength of the relationship between PE and anxiety symptoms. An Egyptian study that dovetails with the current study's hypothesis, found that PE was the most common sexual dysfunction affecting 25%–40% of males of different age groups[35]. They discovered that no age group had a higher incidence of PE than others. They explained it by stating that the imposition of psychological and physical burdens in relationships was not fixed on a particular age group. Inevitably, a man who was in a relationship would experience this difficulty. Since men in all age groups may probably enter a relationship sometime in their lifetime, no age group will be found to have a higher prevalence than the other. PE is the most frequent male sexual dysfunction, significantly impairing quality of life of both the men who suffer from PE and their partners, which was discovered to affect up to one third of men of every age[36].

However, other research reported that PE and anxiety was more likely to be found in older-aged men, with the peak prevalence in the age of 60–69 years old[37]. They determined that men in older age groups found it difficult to cope with the changes occurring in their bodies and changes they could notice in their libido. Due to this, many of the men responded anxiously, which created ejaculation problems. In contrast, it was reported that young people, in comparison to older men, suffered drastically from anxiety which, in turn, influenced their ejaculation[38]. In addition to their anxiety, younger men took alcohol and smoked cigarettes excessively, and these substances are known to negatively influence sexual pleasure. The results indicated that a younger age group of men was more likely to experience PE and anxiety symptoms due to environmental factors. The use of tobacco and drugs was also directly associated with PE and anxiety[39]. These authors stated that the association between tobacco and sexual dysfunction had been well described as unhealthy lifestyle factors. Even

though there is a debate on age as a moderating variable, it may still play a significant role in the presentation of PE and anxiety symptoms.

Research Implications

The study provides new information to practitioners when it comes to understanding men who experience PE and have anxiety symptoms. These results are of importance, as they can be used to inform treatment interventions. The strong correlation between PE and anxiety suggests that any intervention needs to focus on the treatment of any related anxiety symptoms. Even when creating interventions and campaigns geared at providing treatment and relief, it would be important to understand and discuss the two variables as psychological effects that can go hand in hand. The screening process becomes easier when the relationship is known, and necessary referrals can be made.

Understanding how ethnicity and age contribute to the presentation and interpretation of the disorder can be used to explain and offer treatment methods that would not perpetuate a negative connotation regarding psychotherapy. Psychotherapy will become a conducive space for males where there will be respect, decreased experience of shame, and enabling vulnerability. With this approach, the male experience and perspective to therapy may become positive. Once the anxiety-related premature ejaculation is successfully treated, men will be able to confidently refer others for further assistance. Mental health practitioners will be able to introduce techniques that will assist with both psychological disorders and psycho-educate men on home-based techniques and coping mechanisms that will improve their overall quality of life.

Due to the moderation effect observed in this study, the importance of cultural appropriateness and sensitivity should be emphasized, especially in a therapeutic context or when addressing a group of men as part of a campaign.

Limitations and Recommendations

The study had some limitations. In hindsight, the researchers should have defined the difference between race and ethnicity to participants to ensure clear identification. Even though the participants self-identified their ethnicity on the biographical questionnaire, it would have been important to emphasise the difference to minimise possible confusion. Furthermore, the use of probability sampling would have made generalisation to a larger population more feasible. This would yield more information to health practitioners on intervention and treatment methods. In addition, a larger population would ensure inclusivity with participants who identify in different ethnic groups that were not included in this study.

This study could be enhanced using a more representative platform to gather data, and using regression analysis would have been more beneficial with a larger sample.

Further experimental research is needed to examine whether the relationship between PE and anxiety is causal. It is also recommended that future research investigates further variables looking into a possible link to intimate partner violence, which is common in South Africa. Literature indicates that when men are anxious, they tend to be more aggressive and violent in presentation. It could be valuable to study how the relationship between PE and anxiety may influence how men choose to respond to their partners in intimate relationships.

There is a need for more in-depth research on the ethnic and cultural factors that may moderate PE and anxiety in a South African context, due to a paucity in research. These cultural and ethnic factors could also apply to research on differences between Black South African males and African American males. This could be achieved with a larger-scale study, potentially by making use of a mixed method approach. Using a mixed method approach would provide detailed experiences and discussions qualitatively through interviews and focus groups and also include a quantitative record, enabling researchers to understand the phenomena in-depth to provide improved interventions and treatment.

Conclusion

This study's aims and objectives were successfully determined by the results from the 175 participants obtained on the Men's Clinic International private Facebook group. The researcher was able to identify a significant positive correlation between PE and anxiety symptoms. This relationship was supported by numerous research studies and proved to be a crucial step in the direction of the study. Additionally, ethnicity was found to moderate the relationship between these two variables. It is now known that, when it comes to ethnic groups, differences and similarities can be found. The support of this hypothesis has been well researched and published. However, age as a moderating variable did not have an effect on the strength of the relationship between PE and anxiety symptoms. This hypothesis has stimulated a debate in research, indicating that the results can either specify a particular age group or reject the effect of age. In this study, the effect of PE was experienced by men from different age groups.

These results are of importance, they can be used to inform treatment interventions. The strong correlation between PE and anxiety suggest that any intervention needs to focus on the treatment of any related anxiety symptoms. Even when creating interventions and campaigns geared at providing treatment and relief, it would be important to understand and discuss the two variables as psychological effects that can go hand in hand. The study provides new information to practitioners when

it comes to understanding the experiences of men who experience PE and have anxiety symptoms. The screening process becomes easier when the relationship is known, and necessary referrals can be made. Mental health practitioners will be able to introduce techniques that will assist with both psychological disorders and psycho-educate men on home-based techniques and coping mechanisms that will improve their overall quality of life.

Due to the moderation effect observed in this study, the importance of cultural appropriateness and sensitivity should be emphasized, especially in a therapeutic context or when addressing a group of men as part of a campaign.

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