

THE EFFECT OF HPV INFECTION ON A COUPLE'S RELATIONSHIP: A QUALITATIVE STUDY IN TAIWAN

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SUMMARY

Objective: The purpose of this study is to explore the effect of human papillomavirus (HPV) on the sexual lives of women and their partners.

Materials and Methods: Twenty oncogenic or high-risk HPV infected cases were collected via purposive sampling. At a tertiary medical center in Taipei, 20 women underwent a 2-hour in-depth interview. The content of each interview was analyzed qualitatively regarding (1) effect of HPV infection on a couple's relationship; (2) effect of HPV infection on sexual life; (3) partner support and social support; (4) myths about love and marriage; and (5) sexual myths.

Results: The better a couple's relationship, the less these patients struggled to confront the issue (HPV infection). Most patients urged partners to have check-ups and advised friends about Pap smear tests. Couple relationships were generally not affected by HPV infection, unlike their sexual lifestyles. Most patients fulfilled the traditional Chinese female role of maintaining the relationship. However, due to the physical and psychosocial discomfort of treatment and fear of infection, some had no desire for sex, while others lessened their sex frequency. Most patients received very little support from their partner, family, and friends. The relationship quality was affected by marital and sexual myths held by patients.

Conclusion: Cervical HPV infection has a negative effect on women's sexual relationships. Thus, more attention from health care providers is required. [*Taiwan J Obstet Gynecol* 2010;49(4):407-412]

Key Words: cervical cancer, couple relationship, human papillomavirus, sexual life

Introduction

The prevalence of sexually transmitted diseases (STDs) in the adult population is not known, but is generally estimated to be between 10–20% [1–4]. However, the infection probability for women over the course of their lifespan is as high as 80%, with human papillomavirus (HPV) infection being the most common STD [5]. According to the Centers for Disease Control, people who go to their family doctors for genital warts are at six times increased risk for HPV infection, and the prevalence of HPV infection in people with immune deficiencies (e.g. post-organ transplant or HIV positive infection) is

40% [6]. The overall HPV prevalence, including high- and low-risk types, was 26.8% among women in the United States aged 14–59 years in a 2003–2004 survey [7].

In their study, Reed et al [8] indicated that women typically were at low risk for STDs, generally receiving cervical HPV from a male partner. For infected women, the psychological aspects of sexuality and sexual function were similar to those who were uninfected. However, during the treatment period post-diagnosis a reversal occurred in psychological aspects of sexuality and sexual function in HPV infected women.

Research on the psychological aspects of an infected woman's sex life has suggested that during the treatment period post-diagnosis, women have lower spontaneous sex interest, frequency of sex, sexual arousal, and fewer orgasms. Because of the discomfort and pain, negative feelings toward their partner increase [9]. In addition to adverse sex life changes, anxiety and hostility towards sexual intercourse and the partner have been assessed. Regarding aspects of coping, Waller et al [10]



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emphasized the promotion of a healthy lifestyle and the prevention of HPV infection in terms of biological mechanisms, the immune system, stress coping, and social support.

In a study by McCaffery et al [11], women described feeling stigmatized, anxious and stressed; concerned about their sexual relationships; and worried about disclosing their results to others. The psychological burden of infection was often related to relationship status, social and cultural norms regarding sex, and sexual history. Therefore, through in-depth interviews, we tried to understand the impact of HPV infection on a woman's relationship and sex life to provide necessary information to health bureaus, doctors, and counselors who are helping women in need attain proper care.

Materials and Methods

This study focused on the patient's relationship with her partner after being informed of HPV infection as well as the effect on the couple's daily intimate and sexual relationship.

Research subjects

Because those infected with HPV demand individual privacy, it was not easy to obtain research subjects. Therefore, we adapted a purposive sampling method at the gynecological outpatient clinic of a university-based hospital in Taipei from July to September, 2008.

Twenty consenting adult patients were invited to participate in the study (10 married and 10 unmarried). These patients (20–60 years old) had all tested positive for high-risk HPV via HPV Hybrid Capture 2, approved by the United States Food and Drug Administration and the Department of Health in Taiwan.

Research tools

Based on qualitative research methods derived from Hu [12], the first draft was analyzed and revised based on the reviewed literature and a pilot study of three HPV-infected patients before the semi-structured questionnaire was developed. Two hours of in-depth interviews were conducted with the patients. The content included the couple's relationship in daily life, their love for each other, their sex life, and social support.

Interview outline

1. Demographic information
2. Marital status included the length of the marriage or relationship with the partner.
3. Semi-structured sample questions:
 - i. Do you use alternatives for vaginal intercourse?

- ii. Please briefly describe your relationship with your partner (husband or boyfriend) before and after the infection diagnosis.
- iii. Does your partner wear a condom during sex?
- iv. Are there any changes in your daily life with your partner?
- v. Are there any changes in your intimate interactions with your partner?
- vi. If you still have a sex life, how do you feel about it? If negatively, why?
- vii. What is your expectation for your marriage (relationship) now?
- viii. How does your partner support you?
- ix. Does your partner know that you are seeing the doctor for an HPV infection?
- x. Does your partner accompany you to the doctor?

Material collection and analysis

The general directive interview method was used to obtain information. Researchers collected material from the interview results, which was helpful in determining the nature and quality of the patient's relationship. This information was then analyzed according to a seven-step material analysis method developed by Taylor and Bogdan [13].

The research protocol was approved by the institutional review board, and informed consent was obtained from every participant prior to the interviews.

Results

Demographic analyses

Among the 20 HPV infected patients, 10 were married and 10 were single, including two divorced singles. Ages ranged from 27 to 52, with a mean age of 37.6; 50% of the women were aged 30–39. Of the total sample, 15 women had a college education and five had a high school education. Nearly all the women were employed: 11 in business, finance, or electronics; three in the service industry; three in housekeeping; one teacher; and one retiree. Of the total, 12 women practiced a religion, most often Buddhism.

In addition, 12 women had one gynecological disease; three had multiple diseases. In terms of chronic disease, five of the 20 patients had received long-term treatment. Twelve had experienced one or multiple surgeries for uterus granulation or tumor removal.

Regarding patient daily life habits, three were smokers, three drank alcohol, five took prescription drugs for chronic diseases, one took weight loss medication, and two took herbal medicine.

In self-evaluations of their personal health condition, 10 women reported their health as fair, four considered themselves to be healthy, one reported she was very healthy, and five considered themselves not healthy.

Relationship with partner

Among eight singles, two women did not currently have a boyfriend because of an unpleasant prior relationship. A patient who had not had contact with the former boyfriend reported "Because of my ex-boyfriend's affairs with other women, I am not ready to have a boyfriend at present for fear he will give me this kind of infection again. I will ask my next boyfriend to wear condoms, but don't know how to tell him to go for a physical checkup." Another woman did not inform her former boyfriend of her condition until 18 months later, saying (she) "did not want an apology from him, just a friend to talk to for support".

The depth of the relationship affected these women's responses. The former blamed her ex-boyfriend and worried about the infidelity of a future partner. The latter established a friendship with her ex-boyfriend by sharing intimate details with the source of the infection.

Among the remainder of patients, 10 claimed that their relationship with their husband/boyfriend was neutral, neither intimate nor alienated, regardless of their sex life, and six claimed to have a good relationship and sex life, with only a trivial effect of HPV. One patient, no longer interested in her current boyfriend, ended the relationship by confronting him with the truth. Another patient, fostering negative feelings toward her ex-husband because he had been the HPV infection source and enjoying the relationship with her current boyfriend, was not affected in terms of her relationships with both men.

In summary, the general couple relationship was not affected by HPV infection. However, there was an effect on sexual life.

Effect of HPV infection on a couple's relationship

The analyses of the interview material revealed that 14 patients had relationships that were not affected upon HPV diagnosis (with the exception of the two who had no current boyfriend). Only four patients were affected, as evidenced by the following: "I declared a cold war." "Our relationship had been frozen for a while." "My husband's ostrich mentality prohibited him from caring about my situation." "I confessed that I had CIN3 and was in no mood for sex. We gradually became alienated." "My boyfriend was angry with me, suspecting that I might have had other sex partners." Because the boyfriend/husband was the suspected infection

source in all these cases, these poor interactions resulted from anger at the partner for initiating neither an explanation nor an apology. Furthermore, the relationship could not get past the ordeal because the current partner, concerned about infection, blamed the patient for acquiring the HPV infection from another. Although the main channel of HPV infection was through sexual intercourse, one husband, who was informed and also a suspect, confessed, "I did have some one-night stands. I did not know I could still be infected even though I wore a condom each time." The rest of the partners either had not been informed of the HPV infection or were unwilling to admit that they had been the infection source.

Nevertheless, the couple relationship was not significantly affected because the patients held the following beliefs about marriage: (1) Men are all alike: "It is all the same whoever you marry." "No man on earth is completely faithful."; (2) It is useless to inform the partner: "It's no use to tell him." "He does not know it (HPV infection) is related to sex." "Forget it, no need to discuss it." "He will not care."; (3) I trust my partner: "He does not have much opportunity to go out and fool around." "He is a good husband; we have the same pace in daily life." "I always trust him when he says he has not had multiple sex partners." "My husband told me to relax and not worry about him." "I trust that he has only one steady partner."; (4) It is better to have peace than discord in the marriage: "No need to discuss it; we have a happy family." "It is okay with me, not necessary to probe and find out more." "We are an old couple now." "I worry about my husband becoming more stressed. I would not dare blame him for this."; (5) I am afraid of being stigmatized: "I am afraid that he might suspect that I had someone else." "I don't know how he views me." These Taiwanese women regarded their marriage as more important than their health condition.

Effect of HPV infection on sex life

Similar to the results of Campion et al, half of patients claimed that their sex life had been affected (e.g. "sex life under the shadow," "no desire for lovemaking," "decrease in frequency," "stopped making love altogether," and "fearful of sex life") [9]. Regarding the reasons for stopping lovemaking, two patients thought that infected people should abstain from sex, and two others stopped their sex life due to electrocauterization. Among the remaining eight patients, not including two who did not have boyfriends during the interview, HPV infection had no effect because of "having suspected that the boyfriend was seeing another woman," "having not had much sex," "menopause is approaching," and "having less interest during menopause." Therefore,

there was not much difference in sexual frequency before and after infection.

Partner and social support

When the partners were informed of the HPV infection, only two boyfriends and two husbands cared much about the woman's situation: "My boyfriend was pretty positive, accepting the fact and encouraging me to go for treatment. He also searched for information and supported me." "He encouraged me to go for treatment and urged me to take good care of my own body." "My husband worried a lot about me and tried to obtain information about the healing process." "My husband always accompanied me to the hospital, sometimes even taking a leave of absence without pay."

Except for two patients who had good relationships with their mother, who had accompanied them to the hospital, the remainder attended check-ups and treatments alone. Three patients informed their friends or colleagues vaguely about their "illness" and asked for their company during surgery. Accordingly, the patients who did not want to tell their family about the origin of the infection and did not have partner support felt helpless at first, then realized that they had to be strong and independent: "I am taking care of my own body." "I have to be strong and face the reality." "It is my body. I am the one who might die, not you." "Looking after oneself is what's most important."

Intriguingly, even with their partners accompanying them to the hospital, the patients never discussed the infection and its effects on their bodies. This is analogous to males having erectile dysfunction and the female partners expecting the males to acquire treatment. It is easy to understand that it is difficult for men and women to empathize with each other because they seldom have sufficient knowledge of diseases affecting the other sex. Some men even consider gynecological diseases to not matter to them.

Myths of love and marriage

Some myths about marriage [14] can be found in the interview material on couple relationships. One patient rationalized her extramarital affairs by saying "My having many boyfriends resulted from my husband's indifference; I'll never regret having extramarital affairs." What she meant was "If my husband had been nicer to me, I would not have had the affairs." Another patient, playing the typical traditional female gender role, tried hard to adjust her emotions, saying "Erotic and romantic love eventually turned into family love; all I can do is let him go out for fun" (i.e. "Let him go because he will come home anyway"). A 37-year-old single patient stated "I had never told my conservative family about

my architect boyfriend and the love affair." She had never differentiated herself from the family, worrying about the family condemnation of her premarital sex and intimacy. Moreover, women commonly thought "Suspicion is one thing; my husband's explanation is another. I have to believe his word." Therefore, they attributed the infection to bad luck. One patient would joke that she had teasingly accused her partner of having affairs outside of marriage to probe the truth and uncover the channels of infection. The ostrich mentality (i.e. "No use to ask; he will not tell you the truth anyway") explains the helplessness in most women. Another patient persuaded herself to believe her husband by saying "I am concerned about him getting more stress from me. I cannot blame him for this. There might be some possible causes." She knew well that she had been infected from her husband, yet still defended him.

Sex myths

Although the patients were shy about sex and gave brief answers to the interview questions, it was easy to discern from reports of their interactions that their sex life and marriage had much to do with sex myths such as "Only sex can maintain a man-woman relationship" especially in marriage because "No sex problems indicate a successful marriage." The incorrect belief that "those who have HPV infection are not supposed to have sex" impaired sexual desire. They also believed that "there are no alternatives for making love besides vaginal intercourse." For example, "No vaginal intercourse means no sex life." "I cannot be satisfied with other ways." Both partners believed that vaginal intercourse was real sex, and that there were no other alternatives. Some patients had the fixed idea that "I have only one partner, how could I get HPV infection?" Therefore, they could not believe or even suspect that their partner might have had another in his history.

Regarding sexual behavior, two patients in menopause emphasized their symptoms and said, "Since my hubby has sexual needs, I have to comply with him!" "I reluctantly have sex with him, though very passively." It appears that these women seemed to care more about their partners' needs than their feelings. Thus, they did not enjoy the pleasure from sex anymore. Furthermore, two patients stopped having sex because of electrocauterization. Instead, she "gave him a hand job, or he did it to himself" and "I had great pity for him." Her love turned into compassion. When the wives begged their husband to masturbate, they felt obliged, but there was still a lack of intimacy and communication. These women tended to take the problem-oriented approach in solving their man's sexual needs.

Discussion

Effect of HPV infection on a couple's relationship

The general relationship was not affected by HPV infection if patients had gotten along well with their partners. Additionally, those fearful of losing their relationship were unaffected. In contrast, those who had been alienated from their partner or were in a vulnerable relationship were affected by HPV infection, with the result being a relationship souring or terminating. Among the four couples affected, no differences between married and singles were observed. The marriage bond did not intrinsically tie the couples together.

The relationship was largely unaffected, not because of the partner's caring attitude, but rather to the following five cognitive factors presented by the patients: (1) male Chauvinism (i.e. men are allowed to have affairs with others but women are not); (2) traditional gender roles (gynecological diseases have nothing to do with males); (3) trust in the partner (his lack of admission indicates he has not cheated); (4) the traditional Chinese way to maintain the marriage, that is, let the matter rest (no confrontation, no fighting, maintain the status quo); and (5) the fear of stigma (afraid of being suspected of infidelity). It is very unfortunate that the traditional marriage concept remains deep-rooted in Taiwanese women [15] despite health conditions.

Effect of HPV infection on sex life

There were four patients whose relationship was affected by HPV infection. However, 10 patients, constituting half of the interviewees, reported an effect on their sex life. Physically speaking, they could not or did not want to make love because of pain resulting from electrocauterization or other treatment. Psychologically speaking, their sex frequency decreased or dropped to zero for fear of additional infection through intercourse. For those whose sex life was unaffected, satisfying relationships, low sexual desire, low sexual frequency prior to infection, and menopause were the main contributing factors. This is consistent with results in Reed et al regarding women with cervical HPV infection who reported no differences in psychosexual characteristics before and after the infection diagnosis [8].

Partner and social support

There was no relationship between infection knowledge and partner disclosure [16]. Although 14 patients informed their partners of HPV infection, because of chauvinism and a general belief that HPV is only a gynecological disease, there was a very small difference between married (husbands) and unmarried (boyfriends) partner support of patient tests, treatments, and daily

needs. Patient embarrassment or fear about informing the family resulted in no or very little social support. Those who informed their mother or a close friend obtained significant support, including accompaniment to the hospital for treatment, Chinese herbal medicine, or chats for emotional relief. It was good for them to find resources outside the relationship.

Myths of love and marriage

In couple relationships, whether married or unmarried, there were obvious gender role differences because female patients maintained traditional concepts of male superiority. They had also maintained the myth "As long as my partner is nice, the truth is not important." This ostrich mentality only facilitates rather than prevents health risks.

Sex myths

Sex therapists know that most couples do not talk about sex, even in a satisfying marriage [17]. Taiwan is no different. Because couples in this study did not discuss sex, there was no communication between them regarding the HPV infection. The 20 patients commonly lacked sexual knowledge, especially regarding STDs. With their conservative attitudes, biased sex concepts, and compliance with their partner, the patients held the same myths as men, even post-HPV infection diagnosis, to the extent that they believed there were no other ways to have sex other than vaginal intercourse. Despite diminished sexual desire or discomfort and pain, the patient would unwillingly have sex in response to the partner's request. In meeting the needs of her partner, she would at times request that he masturbate, she feeling guilty and regarding sex as the husband's right and the wife's obligation. Most women still hold these traditional Chinese right-obligation concepts in marital life.

In conclusion, cervical HPV infection has a negative impact on a couple's sexual relationship. Thus, more attention is needed from health care providers. We advise that doctors, patients, medical institutes, government health departments, sex educators, and sex counselors seek to help HPV patients foster active communication with partners and adjust their intimate lives accordingly, similar to Taylor's advice [18] to practitioners. A well-designed assistance program for patients is a suggested aim for future studies.

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