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Original Research

The Effect of Human Papillomavirus on Self-Esteem and Sexuality in Women

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ABSTRACT

Objective: The present study investigates how human papillomavirus (HPV) positivity affects self-esteem and sexual satisfaction in women.

Methods: The research cohort comprised women aged 25 to 50 years attending the Gynecologic Oncology Surgery Outpatient Clinic at Afyonkarahisar State Hospital. Demographic variables such as age, smoking habits, and HPV type were collected. Each participant completed the Rosenberg Self-Esteem Scale (RSES) and the Sexual Satisfaction Scale for Women (SSS-W).

Results: A significant positive correlation emerged between self-esteem and sexual satisfaction ($r = 0.714$; 95% CI: 0.643–0.773; $p < 0.001$), suggesting that elevated self-esteem corresponds with higher sexual satisfaction. A binary logistic regression analysis revealed no statistically significant association between HPV genotype and low self-esteem (OR = 0.96; 95% CI: 0.40–2.28; $p > 0.05$).

Conclusion: This study suggests that women with HPV type 16/18 positivity may experience lower self-esteem than those with other HPV genotypes. However, as the study had limited statistical power (≈41%), these genotype-specific findings should be considered exploratory and interpreted with caution.

Keywords: Human papillomavirus, self-esteem, sexuality

INTRODUCTION

Human papillomavirus (HPV) stands as the most prevalent sexually transmitted viral pathogen globally, with more than 200 distinct genotypes identified to date [1,2]. Epidemiological estimates indicate that over 80% of sexually active individuals will contract HPV during their lives [3]. High-risk HPV types are well-established as the principal causative agents in cervical carcinogenesis and high-grade squamous intraepithelial lesions [4]. Beyond the physical consequences of HPV infection, affected women often experience considerable psychological distress. Notification of HPV positivity is frequently associated with heightened cancer-related anxiety [5]. Reports utilizing the Female Sexual Function Index further show that HPV infection may lead to diminished sexual functioning [6]. Among women aged 20 to 45, HPV positivity is associated with increased fear, psychological strain, and disruptions in interpersonal relationships [7]. The stigma and embarrassment linked to a positive HPV diagnosis can elicit greater psychological distress than an abnormal Pap test alone [8].

HPV infection may also undermine self-esteem—a multifaceted construct encompassing emotional, psychological, and physical aspects. The accompanying social stigma can lead to feelings of rejection and diminished self-worth [9]. Against this backdrop, the current study examines the relationship between HPV genotype positivity and both self-esteem and sexual satisfaction, employing the RSES and SSS-W as standardized assessment tools.

Main Points

- HPV type 16/18 positivity is significantly associated with lower self-esteem in women compared to other HPV types.
- There is a strong positive correlation between self-esteem and sexual satisfaction in HPV-positive women.
- HPV positivity did not significantly affect the level of sexual satisfaction regardless of genotype.
- HPV testing and diagnosis processes should integrate psychosocial support, especially for women with high-risk genotypes.

MATERIALS AND METHODS

Ethical Considerations

This investigation received ethical clearance from the Afyonkarahisar Health Sciences University Hospital (Desicion no: 2025/2 – Date: 07.02.2025) Authorization to utilize the assessment instruments was obtained, and all protocols complied with the Declaration of Helsinki. Additional approval for data access was granted by the Afyonkarahisar Provincial Health Directorate.

Study Design and Participants

The study population comprised women aged 25–50 years attending the specified outpatient clinic. Data on age, smoking status, and HPV genotype were systematically recorded. Inclusion criteria involved being premenopausal, sexually active, non-pregnant, and previously diagnosed as HPV positive. Women diagnosed with HPV for the first time during the visit, or those with a history of abnormal Pap smears in the absence of an HPV result, were excluded. Eligible participants completed the SSS-W and RSES in a private setting to promote honest self-reporting and reduce interviewer bias. All questionnaires were self-administered, requiring approximately 10–15 minutes to complete. HPV genotyping was performed using a molecular biology-based HPV DNA test employing polymerase chain reaction (PCR) methodology. This approach allowed for the identification of high-risk HPV types relevant to cervical cancer screening and psychological evaluation.

Rosenberg Self-Esteem Scale (RSES)

This scale was developed by Rosenberg in 1965 [10]. The Turkish validity and reliability of the scale was made by **Çuhadaroğlu** in 1986 [11]. The RSES comprises 12 subcategories and includes a total of 63 self-reported items. Rosenberg suggested that these subcategories could be utilized independently in research settings. For the purposes of the present study, only the first 10 items, specifically designed to assess self-esteem, were used. Of these, five items are positively worded and five are negatively worded. The scale employs the Guttman scaling technique and is formatted as a Likert-type questionnaire with response options of “Very True,” “True,” “False,” and “Very False.” In terms of scoring, items 1, 2, 4, 6, and 7 are positively phrased and scored from 3 to 0, whereas items 3, 5, 8, 9, and 10 are negatively phrased and scored from 0 to 3. The total score ranges from 0 to 30, with scores below 15 indicating low self-esteem [12,13].

Sexual Satisfaction Scale for Women (SSS-W)

The Sexual Satisfaction Scale for Women (SSS-W) was developed by Meston and Trapnell in 2005 to assess sexual satisfaction in women [14]. Its Turkish adaptation, including validity and reliability testing, was conducted by Abalı in 2014 [15]. The SSS-W is composed of 30 items, each rated on a 5-point Likert scale ranging from 1 (completely disagree) to 5 (completely agree). As no established cut-off value exists, higher total scores are interpreted as indicating greater sexual satisfaction.

Statistical Analysis

Microsoft Excel 2007 (Microsoft Corporation, Denver, CO, USA) was used to compute scale scores. Statistical analyses were conducted using the Statistical Package for the Social Sciences (SPSS), version 22.0 (IBM Corp., Armonk, NY, USA). The normality of the data distribution was evaluated with the Kolmogorov–Smirnov test. Associations between categorical variables were examined using Fisher's Exact Test and the Yates' Continuity Correction Chi-Square Test. For comparisons between independent groups with non-normally distributed variables, the Mann–Whitney U test was applied. The relationship between self-esteem and sexual satisfaction was assessed using Pearson's correlation analysis. Statistical significance was established at a p-value less than 0.05 with a 95% confidence interval.

All methods were conducted in accordance with the STROBE checklist for cross-sectional studies.

Power Analysis

A post-hoc power analysis was conducted based on the difference in RSES scores between HPV genotype groups. Using the observed effect size (Cohen's d = 0.385), the statistical power was calculated as 41.4%, indicating a potential risk of Type II error due to the limited sample size. Therefore, the genotype-specific comparisons should be considered exploratory and interpreted with caution.

RESULTS

A total of 110 women with a documented history of HPV positivity were enrolled in the survey between February 2025 and May 2025. The median age of participants was 31 years (range: 26–49 years). Most of the HPV-positive women who agreed to participate (n = 79, 71.8%) were between 25 and 35 years old. Of all participants, 32 (29.1%) reported being smokers. Twenty-eight women (25.5%) were positive for HPV types 16 or 18, while the remaining 82 (74.5%) had positivity for other HPV genotypes. Baseline sociodemographic characteristics are presented in Table 1. Women with HPV 16/18 were significantly younger than those with other genotypes (p = 0.019). Smoking status did not significantly differ between the groups. The mean self-esteem score, as assessed by the Rosenberg Self-Esteem Scale (RSES), was 19.14 ± 7.14, with a cut-off value of 15 points indicating low self-esteem. Forty-eight participants scored below this threshold, whereas 62 achieved scores of 15 or higher. Among those with HPV type 16/18 positivity, the mean RSES score was 16.86 ± 8.15; for women positive for other HPV types, it was 19.91 ± 7.85. This difference was statistically significant based on the Mann–Whitney U test (p = 0.013). The distribution of RSES scores according to HPV genotype is visually presented in Figure 1. Correlation analysis revealed a statistically significant positive association between self-esteem and sexual satisfaction (r = 0.714; 95% CI: 0.643–0.773; p < 0.001), indicating that higher self-esteem is associated with greater sexual satisfaction (Table 2). A post-hoc power analysis was conducted based on the observed effect size (Cohen's d = 0.385), and the statistical power was calculated as 41.4%. This result indicates a potential risk of Type II error due to the limited sample size. Therefore, the genotype-specific comparisons should be regarded as exploratory and interpreted with caution. Multivariable logistic regression analysis was performed to evaluate the association between HPV 16/18 positivity and low self-esteem, adjusting for age and smoking status. The results are presented in Table 3. HPV 16/18 positivity showed an increased odds ratio for low self-esteem (adjusted OR = 2.25, 95% CI: 0.86–5.91, p = 0.099), although

Table 1. Baseline sociodemographic characteristics of the study population

Characteristic	HPV 16/18 (+) (n=28)	HPV other (+) (n=82)	p value
Age, mean ± SD	33.1 ± 7.4	36.8 ± 8.5	0.019*
Smoker, n (%)	6 (21.4%)	10 (12.2%)	0.221

*$p < 0.05$ considered statistically significant. Data on other baseline variables such as body mass index, parity, and educational status were not collected.

Table 2. Comparison of Rosenberg Self-Esteem and Female Sexual Satisfaction Scale scores between HPV 16/18 positive and other HPV-positive women

Subscales	HPV 16/18 (+)	HPV other (+)	p value
Number of patients	28 (25.5%)	82 (74.5%)	
Rosenberg Self-Esteem Scale	16.86 ± 8.15	19.91 ± 7.85	0.013*
Female Sexual Satisfaction Scale			
Contentment	21.51 ± **6.5**1	18.67 ± **7.6**6	0.078
Communication	21.78 ± **6.7**2	21.73 ± **6.9**2	0.991
Compatibility	21.71 ± **6.6**1	20.12 ± **7.9**5	0.345
Relational concern	20.92 ± **6.8**8	19.78 ± **8.4**2	0.528
Personal concern	21.51 ± **6.6**2	19.94 ± **7.5**1	0.319

*$p < 0.05$ considered statistically significant.

Table 3. Multivariable logistic regression analysis of factors associated with low self-esteem

Variable	Adjusted OR	95% CI	p value
HPV 16/18 positivity	2.25	0.86 – 5.91	0.099
Age (continuous)	1.13	1.06 – 1.20	<0.001*
Smoking status	0.27	0.11 – 0.72	0.008*

*$p < 0.05$ considered statistically significant.

this association did not reach statistical significance. Increasing age was significantly associated with low self-esteem (adjusted OR = 1.13, 95% CI: 1.06–1.20, p < 0.001). In contrast, smoking status was inversely associated with low self-esteem (adjusted OR = 0.27, 95% CI: 0.11–0.72, p = 0.008).

DISCUSSION

This study elucidates the psychosocial burden of HPV positivity on women, particularly the impact on self-esteem. Early detection, especially among younger women, reflects increased awareness and effectiveness of screening programs. HPV genotypes 16 and 18 are known to carry the greatest oncogenic potential, and our findings reinforce their significant association with decreased self-esteem [16,17]. The World Health Organization (WHO) advocates for the use of HPV DNA testing as the primary method for cervical cancer screening. According to WHO guidelines, routine cervical cancer screening should commence at age 30 in the general population of healthy women. In contrast, the American Cancer Society recommends initiating cervical cancer screening with primary HPV testing alone, beginning at age 25 and continuing every five years until age 65 [18,19].

The most common HPV type in the world has been reported as 16. Types 16 and 18 have been reported as the highest risk HPV types [20]. Although type 16 is the most common in our country, it is observed that the frequency of subtypes changes in studies conducted in different regions [21,22]. In our study, the total of HPV type 16 and HPV type 18 cases constituted 25.5% of all HPV types.

Self-esteem reflects an individual's overall sense of self-worth and value in various situations. Individuals with high self-esteem are typically more self-motivated, demonstrate a strong sense of responsibility, and exhibit greater control over their behaviors, including those related to health. Conversely, people with low self-esteem often seek external validation, may struggle with self-confidence, and are more likely to overlook or undervalue their own needs and beliefs [13]. The majority of HPV positive individuals participating in the study had an RSES score above 15 and had high self-esteem. However, HPV type 16/18 positive individuals were found to have a significantly lower RSES score than women carrying HPV genotypes other than 16/18. The risk of developing cancer from sexually transmitted diseases is a major concern for the psychological and sexual health of men and women. The heightened concern associated with HPV 16/18 positivity may be linked to reduced self-esteem scores in affected individuals [23]. HPV positivity is typically associated

with increased anxiety and, especially in the early stages, intense fear and anxiety. This increased fear and anxiety is reduced with the help of research, medical examinations, interviews and explanations [24].

Sexual health is a fundamental aspect of overall well-being that significantly influences women's quality of life. According to the findings of Ekmez et al. [7], HPV positivity has been shown to adversely affect both the psychological and sexual health of women. Conversely, Alay et al. [6] reported that HPV positivity, except in cases involving high-risk genotypes, did not have a significant impact on female sexual function. Furthermore, each subscale of the Sexual Satisfaction Scale for Women was analyzed independently to explore domain-specific patterns. No statistically significant differences were observed in the subscales, including Contentment, Communication, Compatibility, Relational Concern, and Personal Concern (all $p > 0.05$). These results suggest that HPV genotype may not exert a measurable influence on specific dimensions of sexual satisfaction in this population. Previous research investigating the social and psychological effects of HPV testing has highlighted that many women experience difficulty discussing their diagnosis with partners or family members, often due to the stigma and fear associated with disclosing a sexually transmitted infection [25]. In fact, it has been observed that HPV positive women are more likely to experience erectile dysfunction in their partners and significantly reduce the frequency of sexual intercourse [7]. When examined holistically, it was determined in our study that women's high-risk HPV positivity did not have a significant effect on sexuality in positive for non-16/18 HPV types.

No significant differences emerged in the subscales of Contentment, Communication, Compatibility, Relational Concern, and Personal Concern, suggesting that HPV genotype alone might not directly impact these specific domains of sexual satisfaction. Cultural or relational factors might mediate these aspects. Additionally, previous studies indicate that HPV-positive women frequently experience challenges in communicating their diagnosis to their partners or families, often due to associated stigma and anxiety, which may further influence relational dynamics and personal sexual satisfaction. Previous literature has similarly found that HPV-related psychosocial impacts are frequently moderated by individual and socio-cultural factors, suggesting the need for a more comprehensive biopsychosocial approach to understanding and addressing the sexual health of HPV-positive women.

However, our study identified a detrimental effect of high-risk HPV genotypes on self-esteem. These findings suggest that the interplay between sexual satisfaction and self-esteem is shaped by both cultural and individual factors. Notably, sexual satisfaction was not directly influenced by HPV positivity, implying that additional variables may have a more prominent role in determining sexual well-being. Despite its limitations, this study contributes to the limited literature on the psychosocial impact of HPV genotypes and highlights the need for larger, longitudinal studies to clarify these associations. Additionally, the post-hoc power analysis revealed that the study may have been underpowered to detect moderate differences. The cross-sectional design limits causal inference, and the absence of variables such as education level, relationship duration, and partner HPV status restricts comprehensive interpretation.

This study has several notable limitations. Important variables such as alcohol use, educational attainment, body mass index, duration of sexual relationship with the current partner, age at sexual debut, gravidity, income level, and the presence of chronic illnesses were not evaluated. We suggest that administering the self-esteem and sexual satisfaction scales prior to HPV testing and reassessing patients at follow-up visits, particularly one year after an initial positive HPV result, could provide a more thorough understanding of the effects of HPV positivity on psychological and sexual health. Furthermore, the single-center nature of the study and the relatively small sample size of women with high-risk HPV genotypes may restrict the generalizability and statistical robustness of the results. Additionally, partner HPV status and relationship dynamics were not assessed, which may influence both psychological and sexual health outcomes. Moreover, the post-hoc power analysis demonstrated a limited statistical power of 41%. This limitation underscores that the genotype-specific findings of the study are exploratory and should be interpreted with caution.

CONCLUSION

This study suggests that women with HPV type 16/18 positivity had significantly lower self-esteem scores compared to those with other high-risk HPV genotypes. While levels of sexual satisfaction did not significantly differ between the groups, a strong positive correlation was observed between self-esteem and sexual satisfaction. Given the limited statistical power of the study, the genotype-specific findings should be regarded as exploratory and interpreted with caution. These results highlight the importance of addressing the psychological dimensions of

HPV infection, particularly in women diagnosed with oncogenic subtypes. Larger, multicenter, and longitudinal studies are warranted to better understand the psychosocial and sexual health implications of HPV positivity.

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Conflict of Interest: The authors declare that there are no conflicts of interest regarding the publication of this paper.

Ethics Approval: The present study was approved by the Ethical Committee of Afyonkarahisar Health Sciences University Hospital (Desicion no: 2025/2). Written permissions were obtained for the use of scales in data collection. The study was conducted in accordance with the Declaration of Helsinki. After receiving approval from the ethics committee, the necessary permissions for the use of the data were obtained from the Ministry of Health of the Republic of Turkey through the Afyonkarahisar Provincial Health Directorate.

Consent to Participate: All authors read and approved the final manuscript. All authors have participated sufficiently in the work and agreed to be accountable for all aspects of the work.

Author Contributions

CYO: Conception and design, analysis of data, drafting of the manuscript, writing the article
CD: Acquisition of data, Statistical analysis
NC: Acquisition of data, participated in drafting
NO: Writing the article, conception and design
DO: Statistical analysis, critical revision of the manuscript, technical and material support
DTA: Critical revision of the manuscript, control/supervision,

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