

# Patient Deception Regarding Sexual Health

Lance Rintamaki, PhD, & Brianna E. Devito

Department of Communication, University at Buffalo (SUNY)

## BACKGROUND

### Sexual Health

Sexual health is not a lifestyle issue, it is a quality-of-life issue

In a study of 26,000 people in 28 countries, 83% of men and 63% of women describe sex as "extremely," "very," or "moderately" important



### Prevalence & Significance of Sexual Health Issues

A vast range of issues can impair sexual health, with both physiological and emotional consequences

#### Sexually Transmitted Infections

- The CDC (2013) estimates that there are roughly 19 million new sexually transmitted infections each year
- This costs the U.S. healthcare system \$16.4 billion annually
- This costs individuals even more in terms of acute and long-term health consequences



At least one-fifth of sexually active adults participate in risky sexual behaviors

### Reproductive Health

- 34% of U.S. teenagers have at least one pregnancy before they turn 20
- 80% of teenage pregnancies are unintended
- The main rise in the teen pregnancy rate is among girls younger than 15
- The U.S. spends \$7 billion each year due to the costs of teen pregnancy
- Only one-third of teenage mothers complete high school and receive their diplomas
- By age 30, only 1.5 percent of women who had pregnancies as a teenager have a college degree
- 80 percent of unmarried teen mothers end up on welfare
- Within the first year of becoming teen mothers, one-half of unmarried teen mothers go on welfare



### Sexual Dysfunction

- The prevalence of sexual dysfunction roughly matches the age at each decade
- For example, the prevalence of ED is 40% among persons aged 40 years and 70% among those aged 70 years



### Physician's Role



Physicians can provide clinical information and education on safer and riskier sexual practices, reproductive health and sexual dysfunction

Communicating with physicians about sexual health is linked to:

- later sexual debut
- greater condom use self-efficacy
- more sexual communication with partners
- more consistent condom use

### Patient Concealment & Deception

Unfortunately, patients may conceal or lie to their physicians about matters of sexual health

A 2009 study of 1,500 people showed that 13% of patients admit to bald-faced lying to their physicians, whereas 66% admit to "stretching the truth"

#### Feelings of shame by the patient

- Disclosing sexual health questions or issues may be embarrassing
- This feeling is compounded when the patient is afraid of a possible negative judgment by the physician
- Leads to concealment or hesitancy in broaching sexual topics with clinicians

Some patients may feel that sexuality is not an issue for a medical consultation; may not view sexuality as fitting the scope of health and illness

### Consequences of Concealment & Deception

Concealing or outright lying about aspects of one's sexual history can have a series of serious physical, psychological, and relational consequences

In the context of STIs, concealment or lying can lead to a failure to detect STIs early

- Delayed identification and treatment of STIs increases risks of infecting others and disease burden
- **Increased Morbidity:** Increased illness severity and complications
- **Increased Mortality:** Increased risk/rate of death

Delayed testing and treatment of sexual dysfunctions

The impact of sexual problems for patient or partner can vary from unhappiness, frustration, a sense of sexual inadequacy, and pervasive loss of self-esteem

Sexual problems can be very isolating

- Some people suffer in silence for years without discussing their concerns with anyone, sometimes even their sexual partners



## CURRENT PROJECT

Currently, the literature regarding if, when, and why patients conceal or lie with physicians is limited, with almost nothing compiled on these questions on these issues in the context of sexual health. Currently, we have undertaken a study in which we are asking 500 people about their experiences with and communicative strategies during interactions with physicians. Our data is designed to address the following research questions:

**RQ1a:** What percentage of people report having ever concealed sexual health information from a physician?

**RQ1b:** If so, what are the issues they try to conceal?

**RQ1c:** What are their reasons for concealing these specific issues?

**RQ2a:** What percentage of people report having overtly lied to a physician about sexual health information?

**RQ2b:** If so, what are the issues about which they lie?

**RQ2c:** What are their reasons for lying about these specific issues?

**RQ3:** How do demographic variables relate to the frequencies, forms, and rationale for concealing sexual health information, if at all?

**RQ4:** How do demographic variables relate to the frequencies, forms, and rationale for lying about sexual health information, if at all?