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Sex, lies, and HIV.

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To the Editor:

Reducing the risk of human immunodeficiency virus (HIV) transmission among sexually active teenagers and young adults is a major public health concern.¹ Young people are advised to select potential sexual partners from groups at lower risk for HIV,² in part by asking about partners' risk histories.³ Unfortunately, this advice overlooks the possibility that people may lie about their risk history.⁴

In a sample of 18-to-25-year-old students attending colleges in southern California (n = 665), we found strong evidence that undermines faith in questioning partners as an effective primary strategy of risk reduction. The young adults, of whom 422 were sexually active, completed anonymous 18-page questionnaires assessing sexual behavior, HIV-related risk reduction, and their experiences with deception when dating.

We found that sizable percentages of the 196 men and 226 women who were sexually experienced reported having told a lie in order to have sex. Men reported telling lies significantly more frequently than women (Table 1). Women more often reported that they had been lied to by a dating partner. When asked what they would do in hypothetical situations, both men and women frequently reported that they would actively or passively deceive a dating partner, although again, men were significantly more likely than women to indicate a willingness to do so.

Although we cannot be certain that our subjects were fully forthcoming in their responses (e.g., they reported more frequent dishonesty from others than they admitted to themselves), one can probably assume that their reports of their own dishonesty underestimate rather than overestimate the problem. The implications of our findings are clear. In counseling patients, particularly young adults, physicians need to consider realistically the patients' capacity for assessing the risk of HIV in sexual partners through questioning them.⁵ Patients should be cautioned that safe-sex strategies are always advisable,⁵⁻⁷ despite arguments to the contrary from partners. This is particularly important for heterosexuals in urban centers where distinctions between people at low risk and those at high risk may be less obvious because of higher rates of experimentation with sex and the use of intravenous drugs and undisclosed histories of high-risk behavior.

References

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Table 1

Dishonesty in Dating.

Variable	Men (N = 196)	Women (N = 226)
	<i>percent</i>	
History of disclosure		
Has told a lie in order to have sex	34	10 [*]
Lied about ejaculatory control or likelihood of pregnancy	38	14
Sexually involved with more than one person	32	23 [†]
Partner did not know	68	59
Experience of being lied to		
Has been lied to for purposes of sex	47	60 [‡]
Partner lied about ejaculatory control or likelihood of pregnancy	34	46
Willingness to deceive[§]		
Would lie about having negative HIV-antibody test	20	4 [*]
Would lie about ejaculatory control or likelihood of pregnancy	29	2 [*]
Would understate number of previous partners	47	42
Would disclose existence of other partner to new partner		
Never	22	10 [*]
After a while, when safe to do so	34	28 [*]
Only if asked	31	33 [*]
Yes	13	29 [*]
Would disclose a single episode of sexual infidelity		
Never	43	34 [†]
After a while, when safe to do so	21	20 [†]
Only if asked	14	11 [†]
Yes	22	35 [†]

* P<0.001 by chi-square test.

[†] P<0.05 by chi-square test.

[‡] P<0.01 by chi-square test.

[§] Hypothetical scenarios were described in which honesty would threaten either the opportunity to have sex or the maintenance of a sexually active relationship.