



Reproductive and Sexual Health

Promoting Sexual Health

May 2019



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NAVY AND MARINE CORPS PUBLIC HEALTH CENTER

PREVENTION AND PROTECTION START HERE



It's about honesty. It's about knowledge. It's about time

Image from justhealth.org; Tagline from National Coalition for Sexual Health

Overview

- Requirements for sexual health promotion
- Vision and Objectives
- Data
- Key components
- Hot Issues
- What can leaders do?
- Resources
- Condom access strategy
- Condom skills
- Local Evaluation



Requirements

- DoDI 1010.10, [Health Promotion](#)
- **Achieve national objectives for prevention of STDs, HIV and family planning**
- “SECNAVINST 5300.30E, [HIV, HBV, HCV](#), (Aug 2012):
- **“Aggressive disease surveillance, health promotion and education programs for Naval personnel will be used to mitigate the impact of HIV infection in DoN.”**
- **“Commanders will provide HIV prevention training in command Health Promotion Program”**
- SECNAV 1000.10A, DoN Policy on Parenthood and Pregnancy (9 Sep 05). “Appropriate and thorough information on family planning and paternal responsibilities will be made available to our servicemen and servicewomen throughout our training establishment and at the unit level.”
- OPNAVINST 6000.1D
- **“Chief of Naval Personnel. Monitor pregnancy and parenthood trends in the Navy through the biannual Personal and Professional Choices Survey”**
- **“Naval Education and Training Command. Ensure curriculum on reproductive health and family planning are included in the Life Skills course of instruction delivered during the accession-training pipeline, as directed in NETCINST 1500.11A”**
- OPNAV 6100.2A, [Health and Wellness Promotion Program](#) (15 Mar 07):
- **“It is Navy policy to provide education which increases responsible sexual behavior...”**
- **Sexual Health is a “required element” of the Navy Health and Wellness promotion Program.**
- BUMEDINST 6222.12C, [STD](#):
- **“Health promotion and preventive medicine will provide information, education and behavior change programs to all Naval personnel...”**
- MCO P1700.29, [SEMPER FIT](#) Centers shall provide:
- **Educational and info programs for all Marines re: STIs, HIV and unplanned pregnancy**
- DHA-PI 6200.02 Comprehensive-Contraceptive-Counseling and Access to the Full Range of Methods of Contraception; 13 May 2019
- DHA-PI 18-20 Guidance for the Provision of Human Immunodeficiency Virus (HIV) Pre-Exposure Prophylaxis (PrEP) for Persons at High Risk of Acquiring HIV Infection





SHARP

Sexual Health and Responsibility Program (SHARP) is a function of the **Navy and Marine Corps Public Health Center** which is subordinate to the Navy Bureau of Medicine and Surgery (**BUMED**)

Vision: A DoN cultural norm in which physical and social sexual health are encouraged, supported and expected; and a DoN population in which all pregnancies are planned, and sexual violence, coercion and sexually transmitted infections (STIs), including HIV, are prevented.

Motto: “Chart a Safe Course” – affirms that each individual has the right and responsibility to make choices about their health and that sexual health decision-making is a lifelong and dynamic process because a person’s circumstances and relationships may change over time.

Goal: Promote and protect the sexual health of the DoN to support mission readiness and accomplishment, minimize avoidable health care costs and personnel losses, prevent morbidity and mortality, and support quality of life.

Objectives: Reduce unplanned pregnancies and sexually transmitted infections, including HIV to levels specified in Healthy People 2020

Strategy: Investigate, Communicate, Advocate, Collaborate, Educate.

Cannot mandate. Should not pontificate.



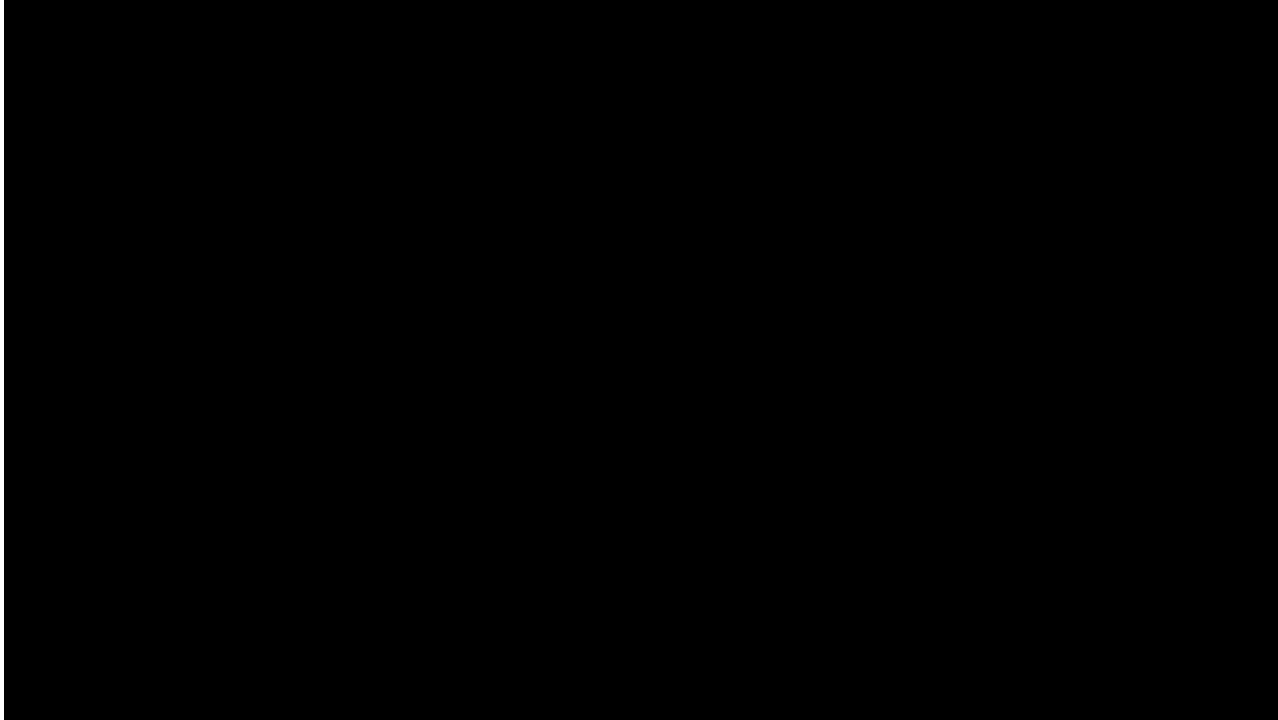
Opinion Poll



DoN Data



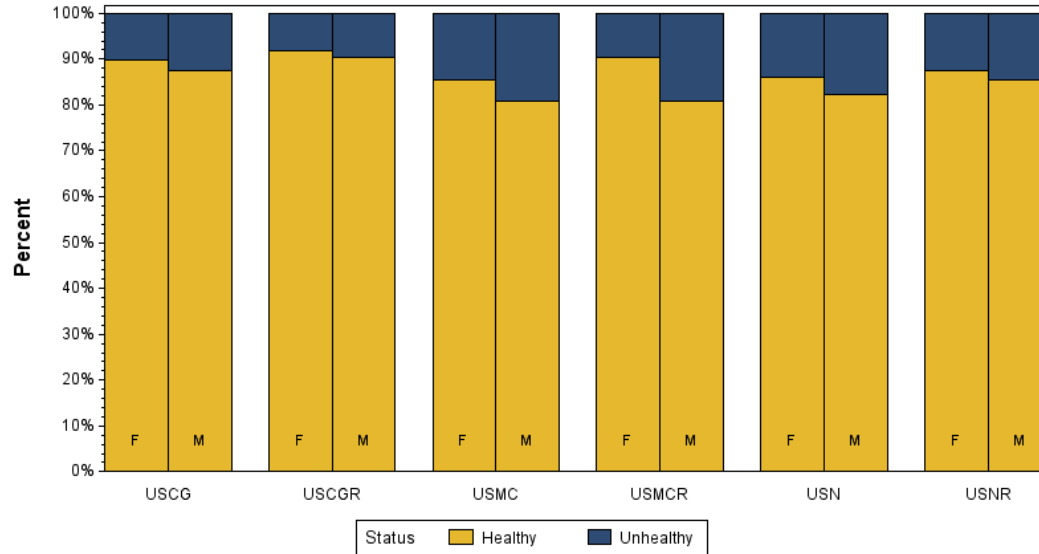
Unintended pregnancy...



Film clip from "Give Yourself a Chance; CNET

Figure 16:

Pregnancy Planning by Service Component and Gender
101,565 Records



1 in 6 male Sailors and Marines and 1 in 7 female Sailors and Marines self-report current risk of an unplanned pregnancy

Data Source: 2018 HRA
Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 15 March 2019

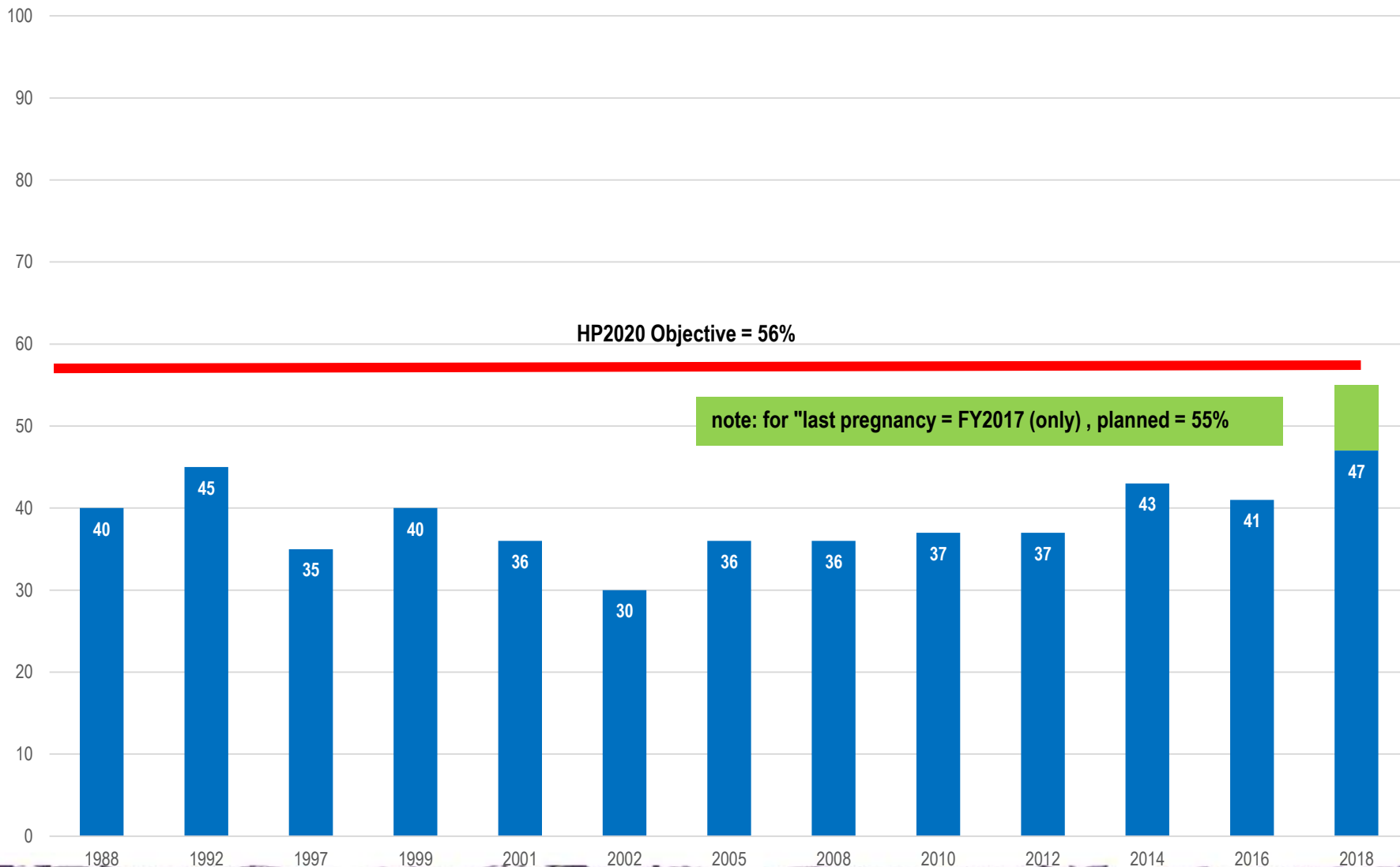
2018 ePHA: Of 13,468 active duty female Sailors and Marines aged 17-24 who fully completed the ePHA in CY2018, were not pregnant, did not deliver within the past 6 months, did not have a total hysterectomy, were not trying to become pregnant, and were currently sexually active with men; 7.4% of Sailors (n=666) and 8.5 % of Marines (n=1142) were using no form of birth control.



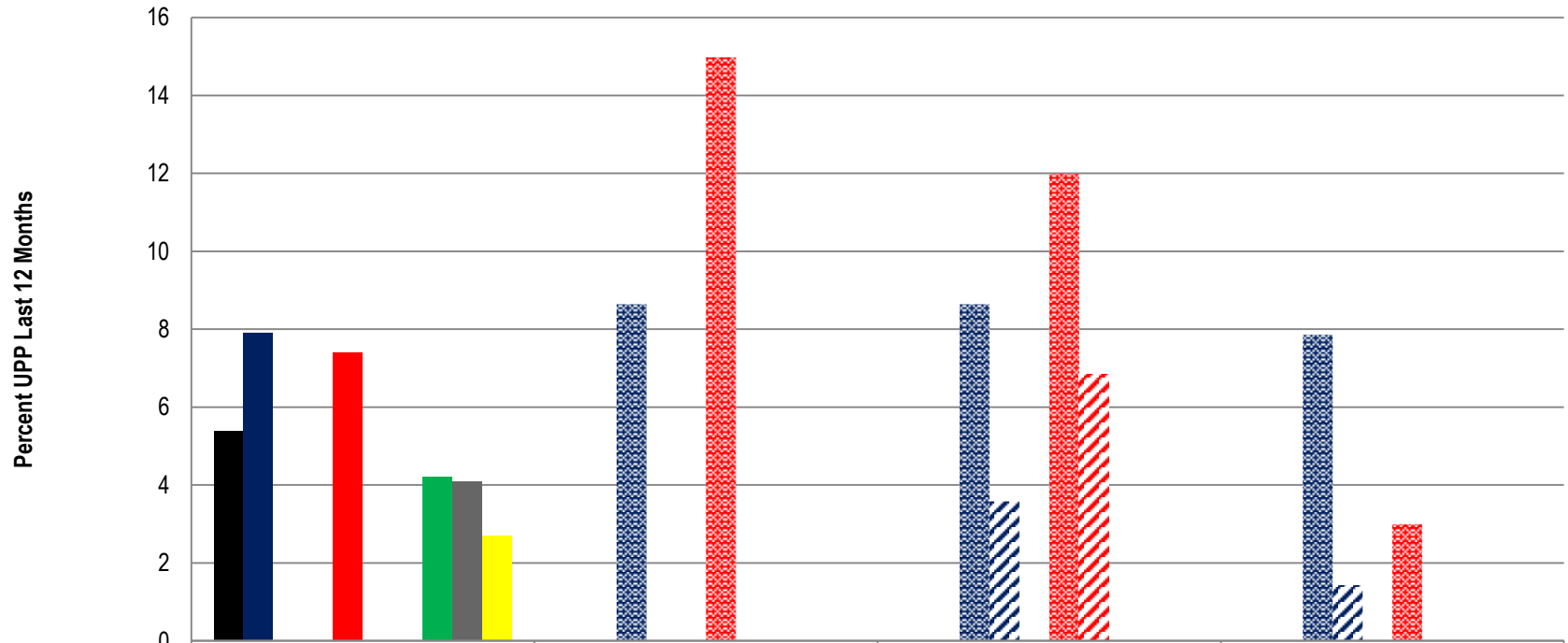


Percent who said "My Last Pregnancy While in the Navy was Planned" Among Navy Enlisted Women

(Navy Pregnancy and Parenting Surveys: NPRDC 1996, 1998; and NPRST 2001, 2002, 2004, 2006, 2008, 2010, 2012, 2014, 2016, and Navy Personal and Professional Choices



**Percent Reported an Unplanned Pregnancy Last 12 Months; DoD Active Duty by Age Group and Service;
2015 HRBS (unpublished data)**



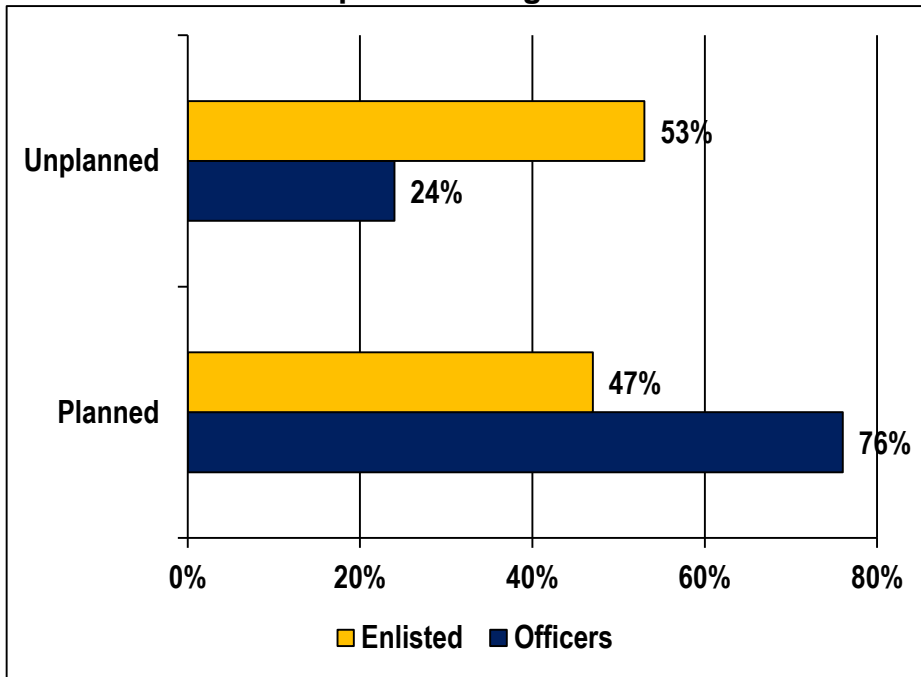
	all ages	17-24	25-34	35-44
■ DoD	5.4			
■ USN Total	7.9			
■ USN Enlisted		8.64	8.64	7.86
■ USN Officer		0	3.58	1.43
■ USMC Total	7.4			
■ USMC Enlisted		14.98	11.99	3
■ USMC Officer		0	6.84	0
■ USA Total	4.2			
■ USAF Total	4.1			
■ USCG Total	2.7			



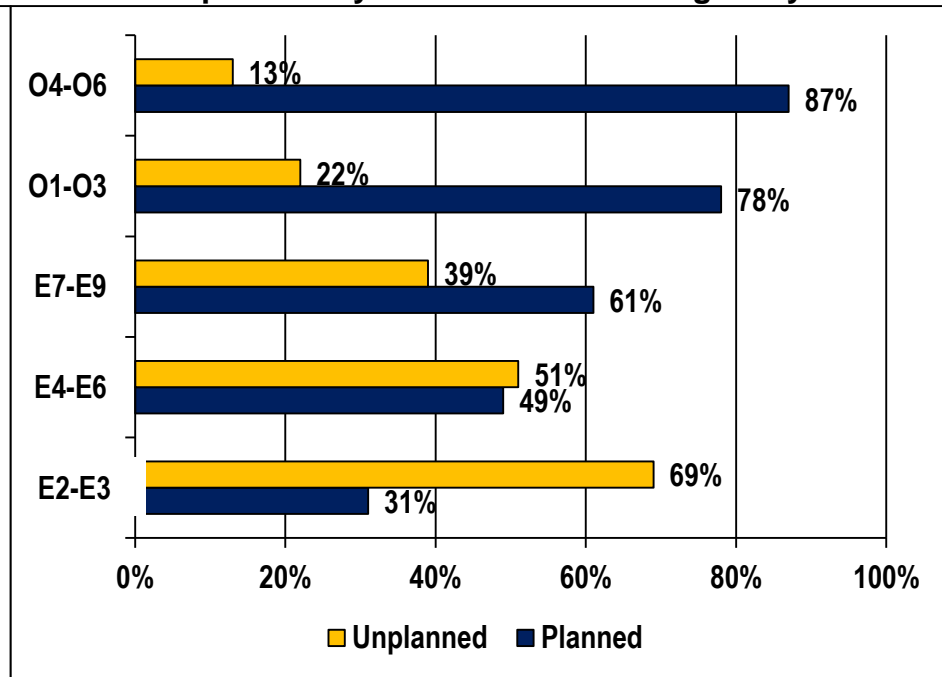
2018 Planned vs. Unplanned Pregnancies

(2018 OPNAV Personal & Professional Choices Survey)

Officers and Enlisted Survey Participants Planned & Unplanned Pregnancies



Percentage of Pregnancies that were Planned or Unplanned by Grade at Time of Pregnancy

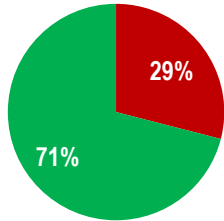


- Over half (55%) of participants reported that their most recent pregnancy was planned
- Enlisted Sailors were more likely than officers to report an unplanned pregnancy, although the percentage of unplanned enlisted pregnancies decreased from 2016 to 2018 (59% to 53%)
- Junior enlisted personnel report the greatest percentage of unplanned pregnancies (69%)**

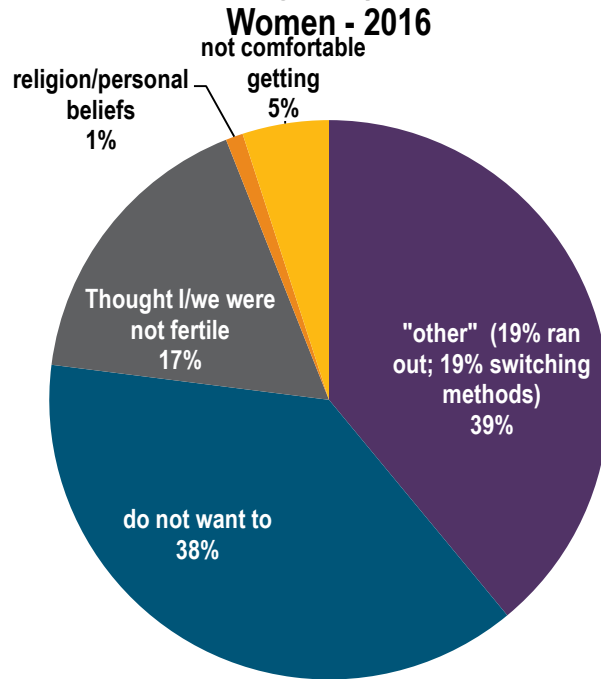


Using Birth Control When last Pregnancy Occurred - Navy Enlisted Women - 2016

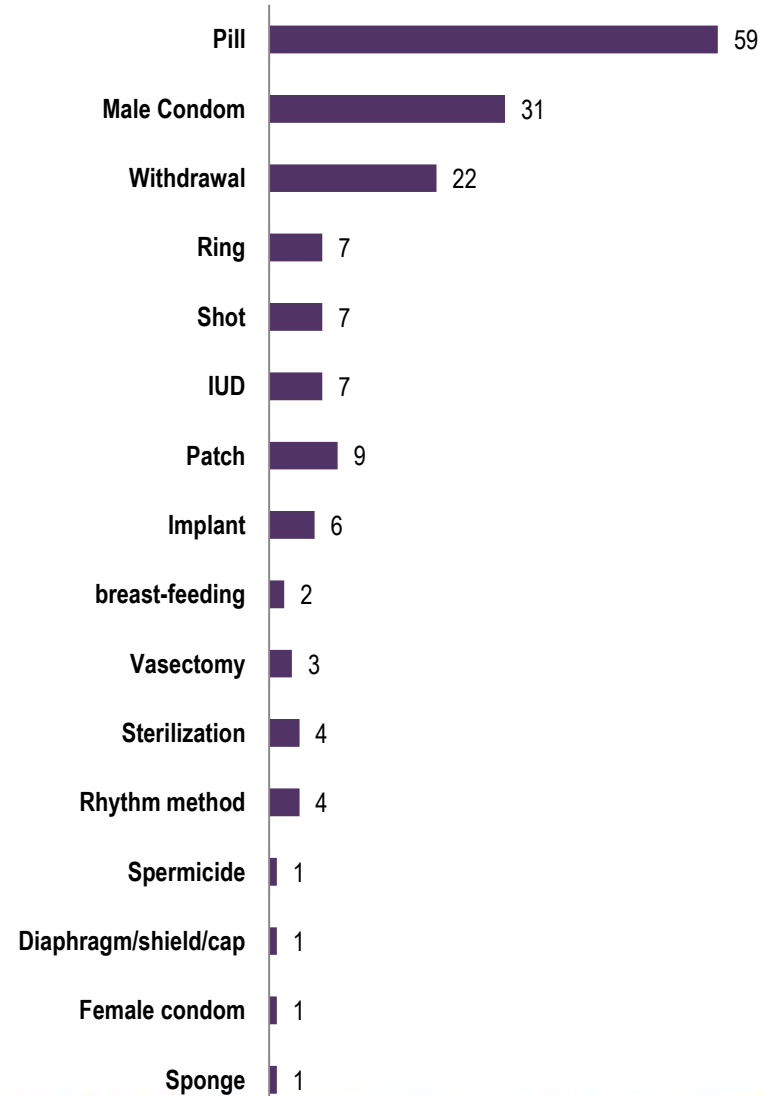
■ used birth control ■ did not use birth control



Reason No B/C When Pregnancy Occurred - Enlisted Navy Women - 2016

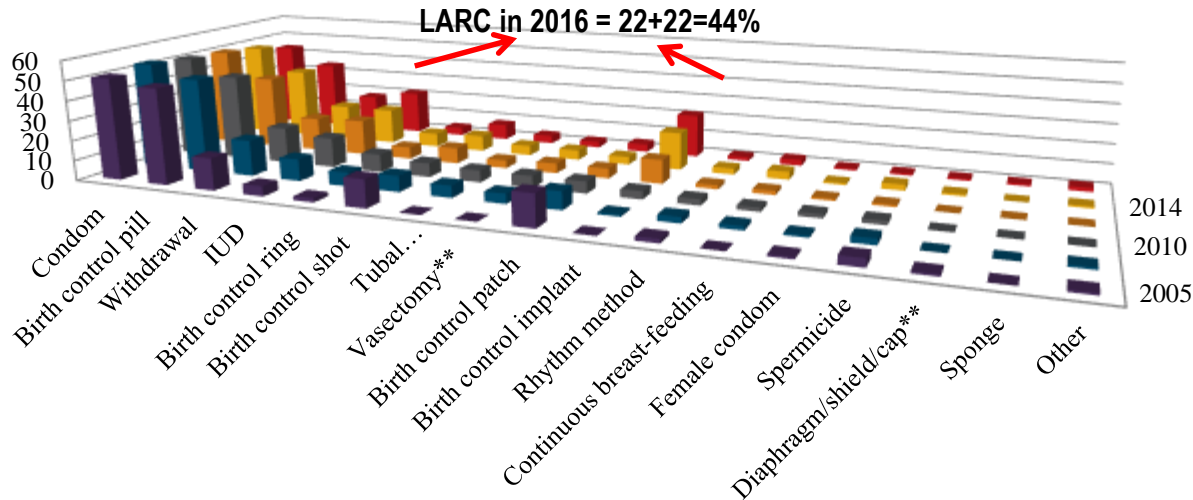


Failed Birth Control Methods (had unplanned pregnancy) Navy Enlisted Women; 2016



Contraception Use - Navy Enlisted Women: 2005-2016

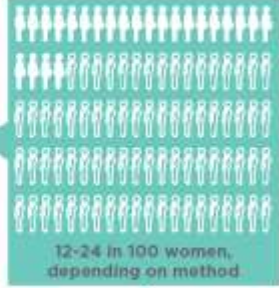
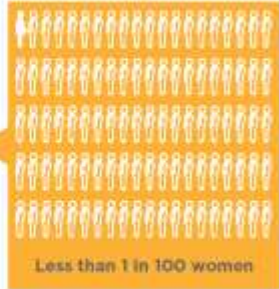
2016 Pregnancy and Parenthood Survey Results. Naval Air Warfare Center Training Systems Division (NAWCTSD) Air Branch 4635 (Manpower and Personnel Studies); 31 December 2016; <http://www.navair.navy.mil/na>



	Condo m	Birth control pill	Withdra wal	IUD	Birth control ring	Birth control shot	Tubal ligation/ Essure/ Hystere ctomy* *	Vasecto my**	Birth control patch	Birth control implant	Rhythm method	Continu ous breast-feeding	Female condom	Spermicide	Diaphra gm/shie ld/cap* *	Sponge	Other
■ 2005	51	48	16	5	2	14	0	0	16	0	2	0	1	4	1	0	1
■ 2008	53	47	18	11	7	8	6	5	9	1	3	2	1	3	0	0	1
■ 2010	51	43	18	15	9	7	6	6	6	4	3	2	2	2	0	0	0
■ 2012	50	37	17	18	6	8	4	5	5	12	2	2	1	1	0	0	0
■ 2014	48	36	18	18	7	8	5	5	4	19	3	4	1	3	1	0	1
■ 2016	44	35	18	22	4	8	4	3	4	22	2	3	1	1	1	1	2

HOW WELL DOES BIRTH CONTROL WORK?

What is your chance of getting pregnant?



FYI, without birth control, over 90 in 100 young women get pregnant in a year.

Really, really well

The Implant	Hormonal IUDs	Non-hormonal IUD	Sterilization, for men and women
Works, hassle-free, for up to...	3 years	3-5 years	12 years
			Forever

Pretty well

The Pill	The Patch	The Ring	The Shot
For it to work best, use it...	Every, Single, Day.	Every week	Every month
			Every 3 months

Not as well

Withdrawal	Fertility Awareness	Internal Condom	Condom
For each of these methods to work, you or your partner have to use it every single time you have sex.			

Use a condom with any other method for STI protection.



This work by the UCSF School of Medicine Bixby Center and Bedsider is licensed as a Creative Commons Attribution - NonCommercial - NoDeriv 3.0 Unported License. Updated January 2016.



About LARC...

	Non-contraceptive benefits	Side effects	Complications (Rare)
Copper <i>UD</i> - <i>Paragard</i>	<ul style="list-style-type: none"> -Lactation not disturbed -Reduced risk of ectopic pregnancy 	<ul style="list-style-type: none"> -Increased menstrual flow, blood loss and cramping 	<ul style="list-style-type: none"> -PID following insertion -Uterine perforation - Bleeding with expulsion
Hormonal IUS - <i>Mirena</i>	<ul style="list-style-type: none"> -Lactation not disturbed -Reduced risk of ectopic pregnancy -Decreased cramping and pain -Treats bleeding from dysfunctional uterine bleeding, menorrhagia & fibroids 	<ul style="list-style-type: none"> -Increased irregular bleeding -Increased amenorrhea -Decreased menstrual flow 	<ul style="list-style-type: none"> -PID following insertion -Uterine perforation - Bleeding with expulsion
Hormonal Implant - <i>Nexplanon</i>	<ul style="list-style-type: none"> -Lactation not disturbed -Less blood loss per cycle -Reduced risk of ectopic pregnancy 	<ul style="list-style-type: none"> -Menstrual changes -Mood changes -Weigh gain or loss -Headaches -Hair loss 	<ul style="list-style-type: none"> -Infection at implant site -Reaction to local anesthesia -Complicated removal -Depression



Myth	Fact*
IUDs should not be used in women who have not had a child	IUDs are safe for nulliparous women and most have a rapid return of fertility after removal
IUDs expose the provider to medicolegal risk	Litigation related to IUDs has virtually disappeared
IUDs increase the risk of PID	The IUD itself appears to have no effect on risk. Rather, placement carries a small, transient risk of post-procedure infection.
IUDs increase the risk of ectopic pregnancy	IUDs significantly reduce the risk of ectopic pregnancy compared to not using contraception.
IUDs increase the risk of Sexually Transmitted Infections (STIs)	IUD users are not at increased risk for STIs. Women at risk should be advised to use condoms but are generally still good candidates for IUCs
IUDs are too expensive	By 2-5 years of use, IUDs and the hormonal implant are the two most cost-effective methods of reversible contraception.



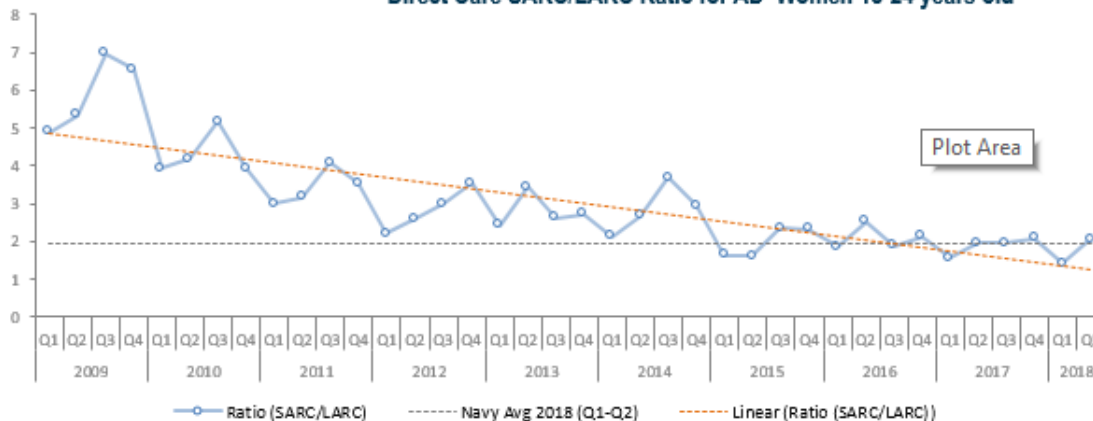
All MTFs

Select a Parent
selecting a Child

Parent MTF

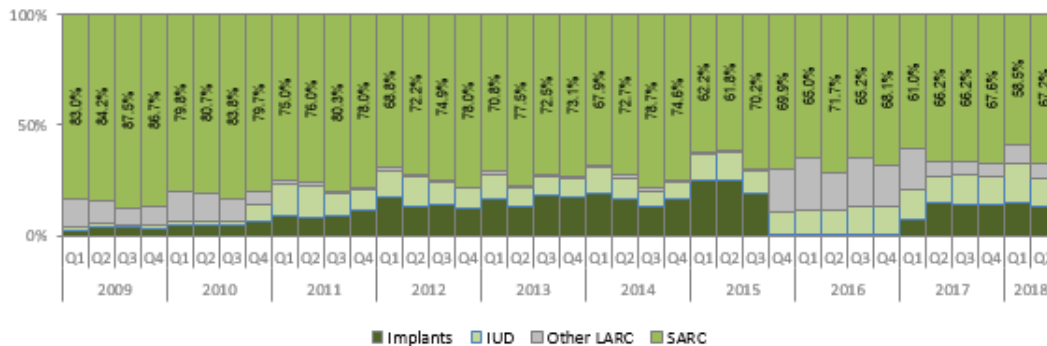
- NH CAMP PE
- NH GUAM-A
- NH GUANTAI
- NH JACKSON
- NH NAPLES
- NH OKINAW
- NH PENSACC
- NH ROTA
- NH SIGONEL
- NH TWENTY
- NH VANCE

Direct Care SARC/LARC Ratio for AD Women 18-24 years old



The slope of the trendline above is significant at the 95% level of confidence

Percentage of AD Women 18-24 years old with IUDs, Implants or SARCs



BenCat

AD

OTHER

Care Type

Direct Care

Pharmaceutical

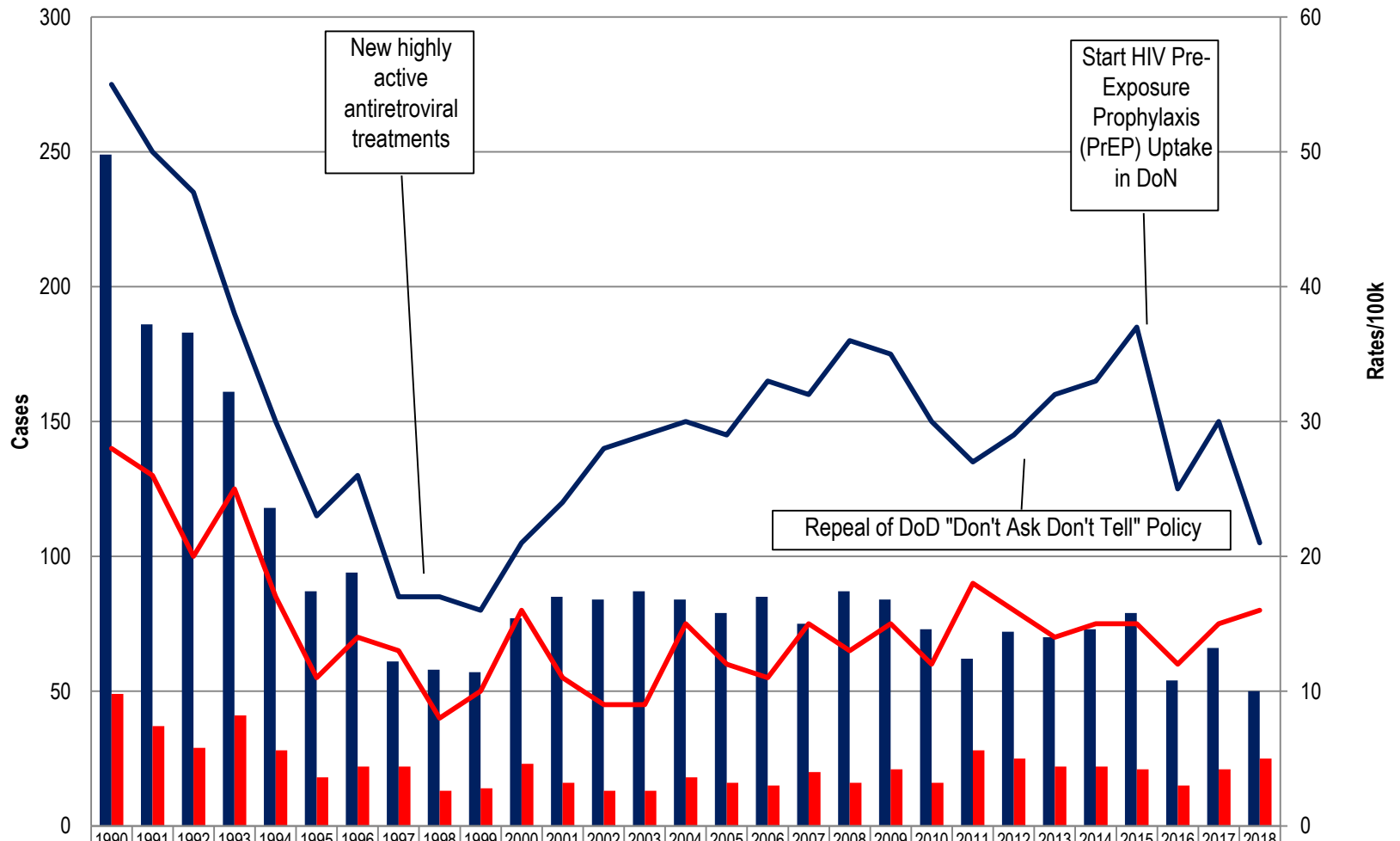
Purchase

HIV...



Active DoN HIV Cases and HIV Seroconversion Rates per 100,000 Tested

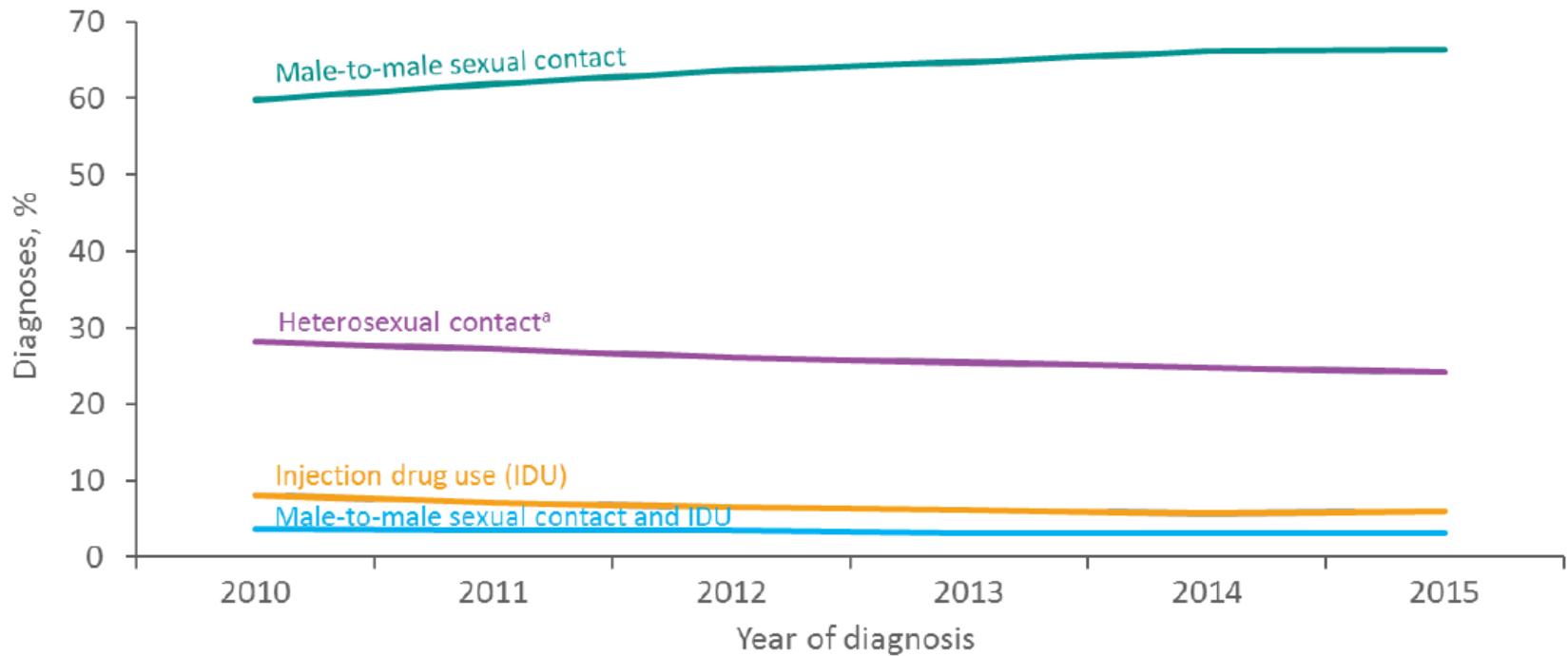
source: 1990-2012 and 2018 Navy Bloodborne Infections Management Center (unpublished); 2013-2017 AFHSC MSMR



■ Navy Cases	249	186	183	161	118	87	94	61	58	57	77	85	84	87	84	79	85	75	87	84	73	62	72	70	73	79	54	66	50
■ USMC Cases	49	37	29	41	28	18	22	22	13	14	23	16	13	13	18	16	15	20	16	21	16	28	25	22	22	21	15	21	25
— Navy Rate	55	50	47	38	30	23	26	17	17	16	21	24	28	29	30	29	33	32	36	35	30	27	29	32	33	37	25	30	21
— USMC Rate	28	26	20	25	17	11	14	13	8	10	16	11	9	9	15	12	11	15	13	15	12	18	16	14	15	15	12	15	16



Diagnoses of HIV Infection among Adults and Adolescents, by Transmission Category, 2010–2015—United States and 6 Dependent Areas

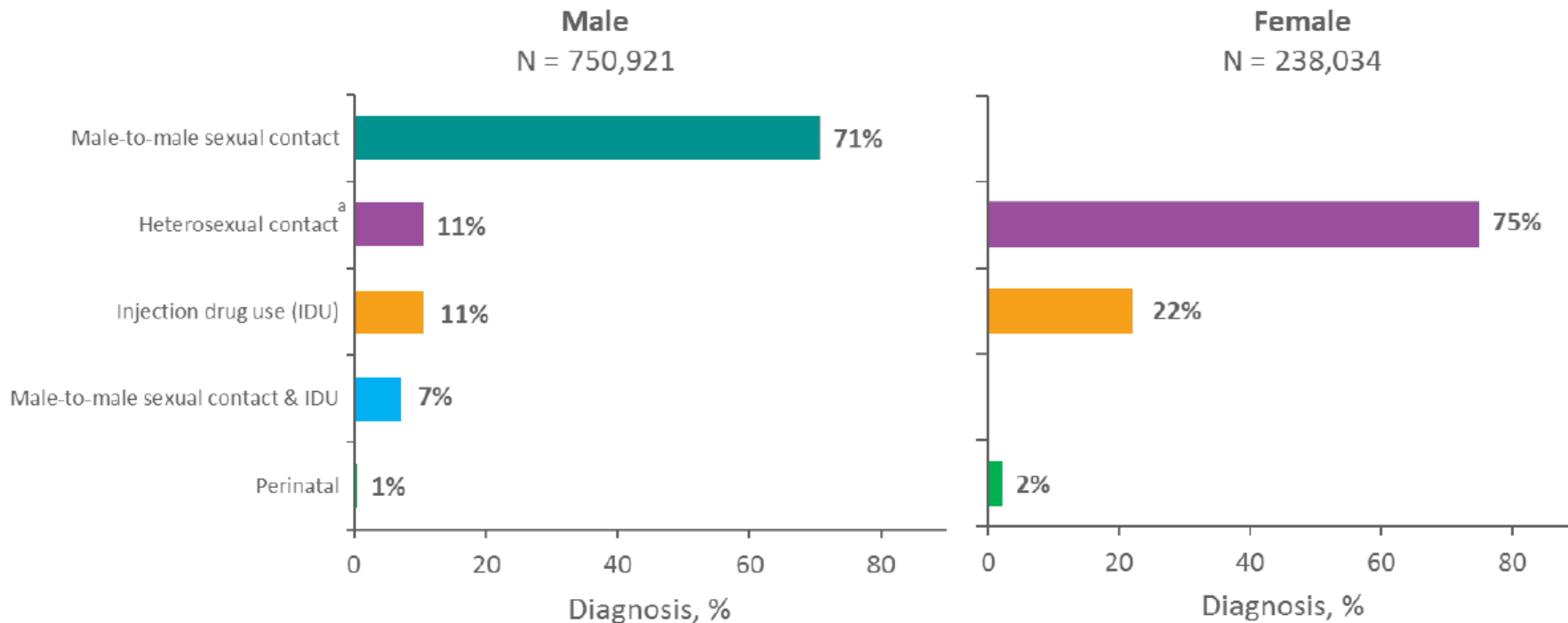


Note. Data have been statistically adjusted to account for missing transmission category. "Other" transmission category not displayed as it comprises less than 1% of cases.

^a Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

MSM associated infections increased from 60% to 66% of all infections from 2010-2015

Adults and Adolescents Living with Diagnosed HIV Infection, by Sex and Transmission Category, Year-end 2015—United States and 6 Dependent Areas

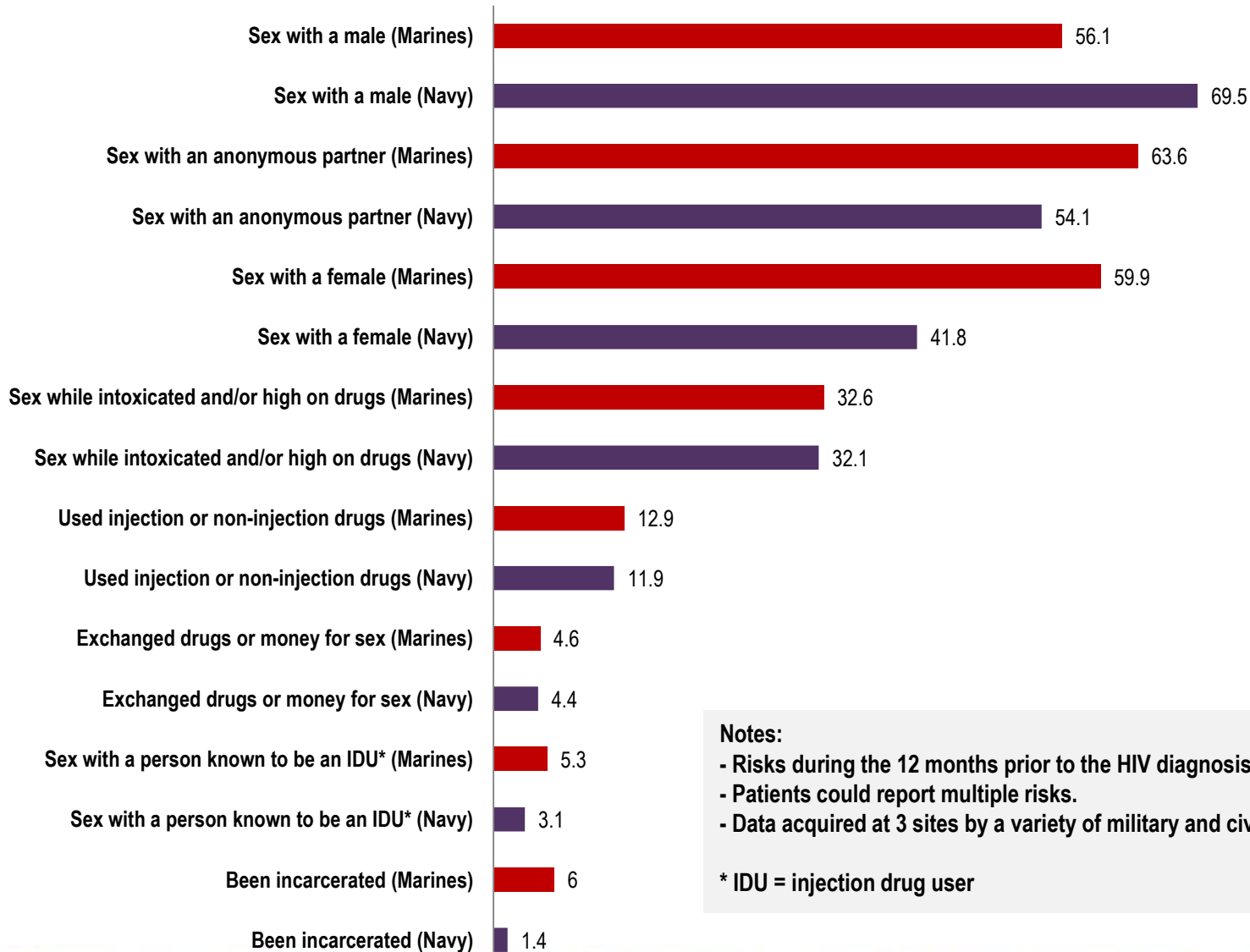


Note. Data have been statistically adjusted to account for missing transmission category. "Other" transmission category not displayed as it comprises 1% or less of cases.

^a Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.



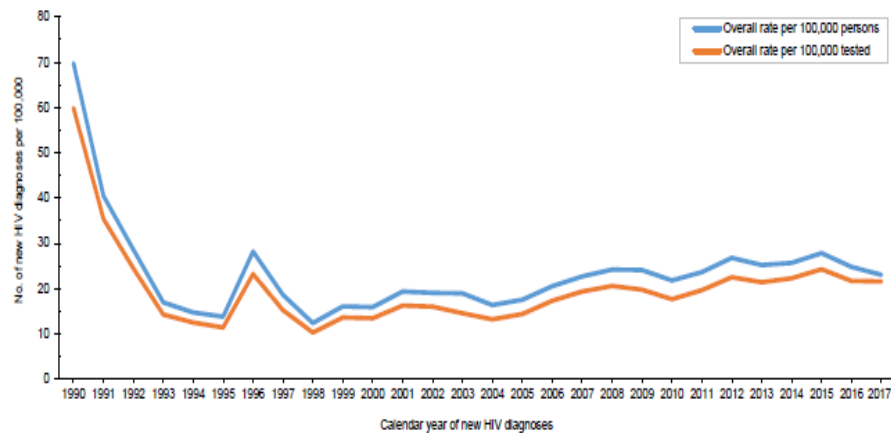
Self-reported HIV Transmission Risks; HIV-diagnosed Active Duty Sailors and Marines 2010-2018 (n= 587) Source: Assessment of Risk Behaviors and Sex-Seeking Practices among Male Active Duty Sailors and Marines Infected with HIV, 2010-2018 (NMCPHC-EDC; Apri



Notes:
 - Risks during the 12 months prior to the HIV diagnosis.
 - Patients could report multiple risks.
 - Data acquired at 3 sites by a variety of military and civilian interviewers.
 * IDU = injection drug user



FIGURE. Rates of new human immunodeficiency virus (HIV) diagnoses among service members, active and reserve components, U.S. Armed Forces, 1990–2017



Source: Defense Medical Surveillance System (DMSS). Data provided by Armed Forces Health Surveillance Branch.
*Through 30 June 2017

FIGURE 4. New diagnoses of human immunodeficiency virus (HIV) infections, by sex, active component, U.S. Navy, January 2012–June 2017

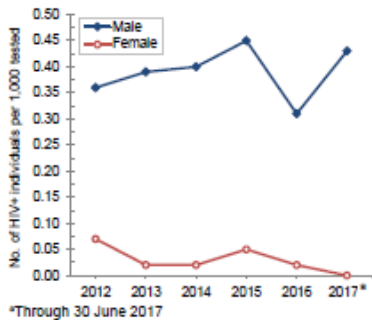


FIGURE 5. New diagnoses of human immunodeficiency virus (HIV) infections, by sex, active component, U.S. Marine Corps, January 2012–June 2017

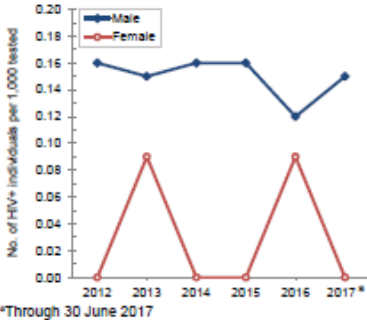


FIGURE 6. New diagnoses of human immunodeficiency virus (HIV) infections, by sex, active component, U.S. Air Force, January 2012–June 2017

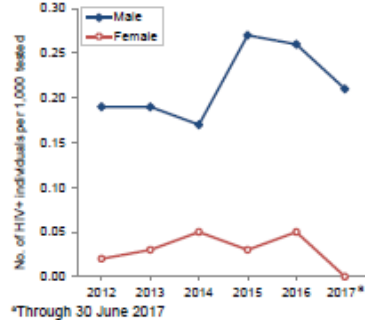
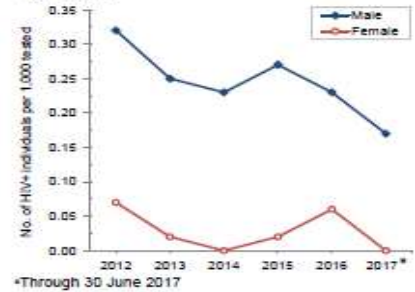


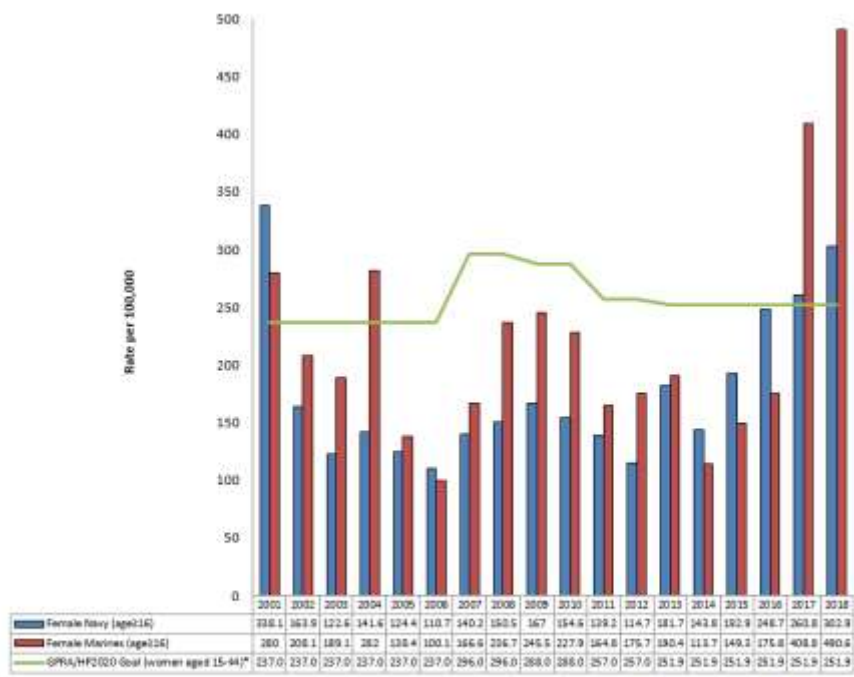
FIGURE 3. New diagnoses of human immunodeficiency virus (HIV) infections, by sex, active component, U.S. Army, January 2012–June 2017



*Through 30 June 2017

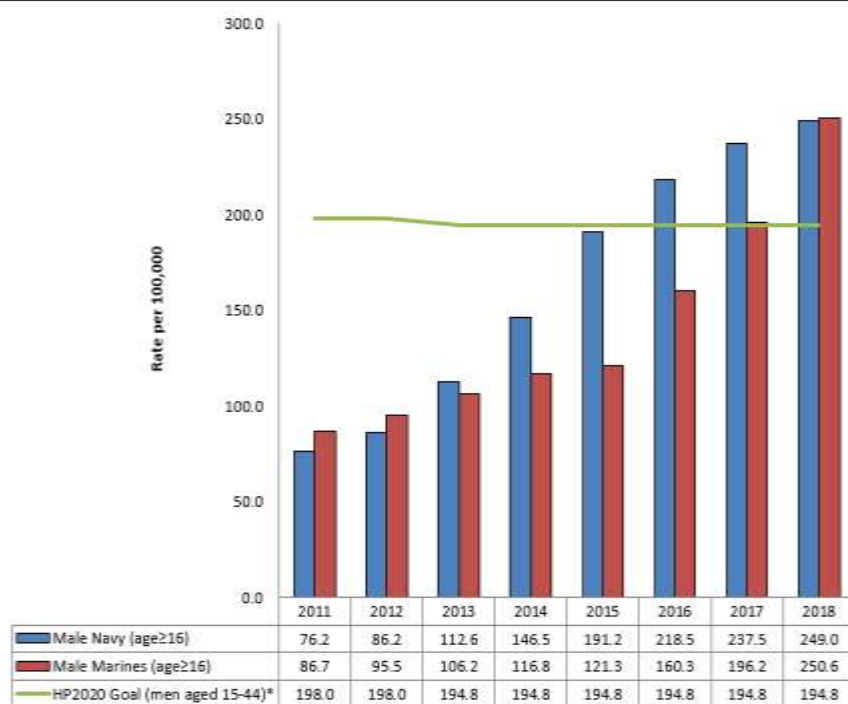


Figure 5. Gonorrhea Rates among Female Active Duty Sailors and Marines Compared to Healthy People 2020 Goals, 2001 - 2018



Data Source: Disease Reporting System - Internet (DRSi) and Defense Medical Epidemiology Database (DMED).
 *Note that the goal line is based on Government Performance and Results Act (GPRA) goals from 2001 - 2010 and Healthy People 2020 goals from 2011 - 2018. HP2020 goal line was adjusted in 2013.
 Healthy People 2020 Goal (Table B1)¹⁰
 Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 25 February 2019.

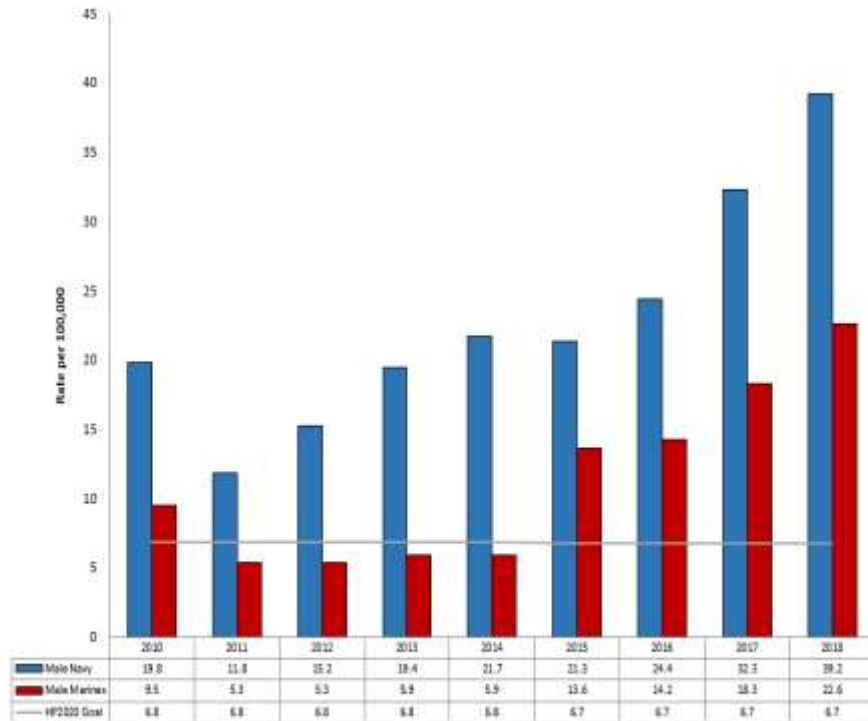
Figure 6. Gonorrhea Rates among Male Active Duty Sailors and Marines Compared to Healthy People 2020 Goals, 2011-2018



Data Source: Disease Reporting System - Internet (DRSi) and Defense Medical Epidemiology Database (DMED).
 *Note that the goal line is based on Healthy People 2020 goals. HP2020 goal line was adjusted in 2013.
 Healthy People 2020 Goal (Table B1)¹⁰
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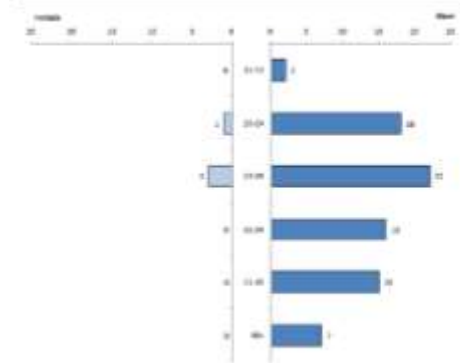
143 PnS Syphilis cases in CY2018 among active duty Sailors and Marines (139=male)

Figure 1. Primary and Secondary Syphilis Rates among Male Active Duty Sailors and Marines Compared to Healthy People 2020 Goal, 2010-2018



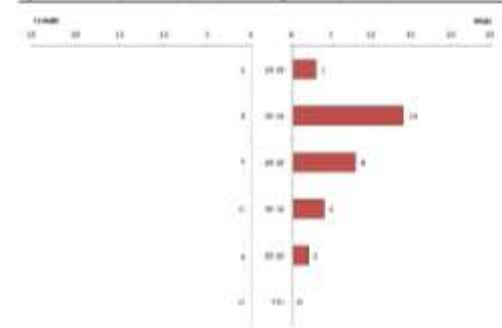
Data Source: Disease Reporting System - Internet (DRSI) and Defense Medical Epidemiology Database (DMED).
 Healthy People 2020 Goal (STD-7.2): <https://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases/objectives>
 Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 11 April 2019.

Figure 2. Count of Primary and Secondary Syphilis by Gender and Age, Active Duty Navy Service Members, 2017



Data Source: Disease Reporting System - Internet (DRSI).
 Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 16 April 2019.

Figure 3. Count of Primary and Secondary Syphilis by Gender and Age, Active Duty Marine Corps Service Members, 2017

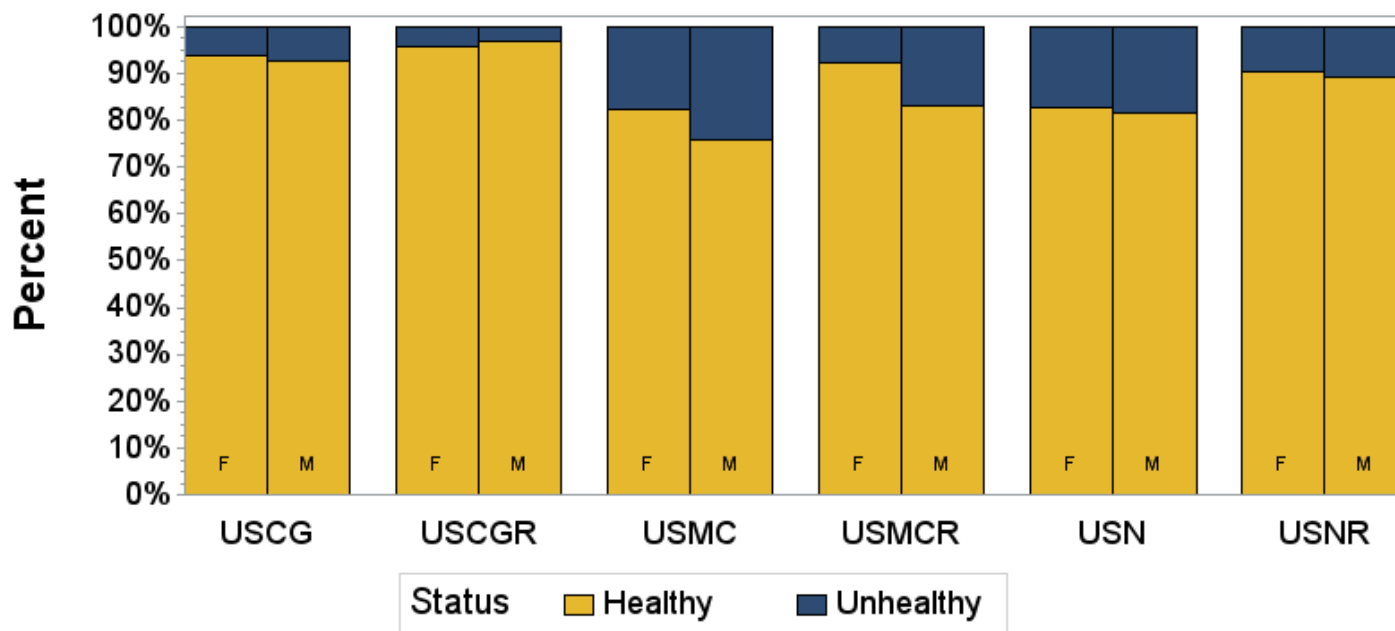


Data Source: Disease Reporting System - Internet (DRSI).
 Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 16 January 2019.



Figure 8:

Condom Usage by Service Component and Gender 101,565 Records



Over 1 in 7 male Sailors and female Sailors and female Marines and about 1 of 4 male Marines self-reported condom use less than “always” during sex outside a monogamous relationship



Data Source: 2018 HRA

Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 15 March 2019



Hot Issues

- HPV vaccine
- PrEP and PEP
- Syphilis = sentinel event
- HIV: assignments to large ships / OCONUS
- HIV Home Test Kit now available
- LARC for unplanned pregnancy prevention
- HPV vaccine: offer & ensure all 3 doses
- ECP Policy
- Chlamydia screening for women aged 16-24
- Retest all Ct, GC and Trich cases in 3 months
- GC Treatment: 1/3 undertreated. 250mg Ceftraxione plus 1g Azith
- Zika and sex (next slide)



Zika

- More people infected are unaffected.
- Can cause birth defects (microcephaly) and Guillain-Barre syndrome in some.
- Primary transmission via mosquitos.
- Some people infected have mild for about a week or no symptoms.
- A blood or urine test can confirm Zika infection.
- No specific treatment for Zika.
- Zika can be transmitted via vaginal, anal, oral sex, and the sharing of sex toys; with or without symptoms and before or after symptoms.

Sexual Transmission Prevention:

- Condoms and other barriers can reduce risk. To be effective, condoms should be used from start to finish, every time during vaginal, anal, and oral sex.
- Not sharing sex toys can also reduce the risk of spreading Zika to sex partners.
- Not having sex eliminates the risk of getting Zika from sex.

For People Who Have Traveled to an Area with Zika	
If you are pregnant	Pregnant women should not travel to areas with Zika. If you must travel to an area with Zika, talk to your healthcare provider. Learn more .
If your partner is pregnant	Use condoms correctly, every time you have vaginal, anal, or oral sex or do not have sex for the entire pregnancy.
If you and your partner are planning a pregnancy	Discuss your plans for pregnancy with a healthcare provider to determine your risk and the options available. See suggested timeframes for waiting to get pregnant after possible exposure to Zika.
If you or your partner are not pregnant and are not planning a pregnancy	Men - consider using condoms or not having sex for at least 6 months after travel (if you don't have symptoms) or for at least 6 months from the start of symptoms (or Zika diagnosis) if you develop Zika. Women- consider using condoms or not having sex for at least 8 weeks after travel (if you don't have symptoms) or for at least 8 weeks from the start of symptoms (or Zika diagnosis) if you develop Zika.

For People Living in an Area with Zika	
If you or your partner are pregnant	Use condoms from start to finish, every time you have vaginal, anal, or oral sex or do not have sex for the entire pregnancy. It is also very important to see a healthcare provider to discuss your options during pregnancy. Learn more .
If you and your partner are planning a pregnancy	Discuss your plans for pregnancy with a healthcare provider to determine your risk and the options available. See suggested timeframes for waiting to get pregnant after possible exposure to Zika.
If you or your partner are not pregnant and are not planning a pregnancy	Consider using condoms or not having sex as long as there is Zika in the area. If either you or your partner develop symptoms of Zika or have concerns, talk to a healthcare provider and follow the guidelines on the left.

Key Components of a Sexual Health Promotion Campaign

- Form a core team
- Define the problem
 - (global data / local data)
- Draft a few key outcome objectives and metrics
- Expand the team
- Get buy-in
- Select / test materials and strategies
- Communicate your plan
- Launch your plan
- Respond positively to “concerns” (more in a moment...)
- Evaluate effectiveness and revise your strategy
 - (with local data)



About confrontations...

Be S H A R P

- S = seek to understand
- H = help them see your public health point of view and objectives
- A = acknowledge and respect their values
- R = reach a new understanding
- P = put your new insight to work



What Can Leaders and Medical Do?

- Communicate the Command's policy of responsible sexual behavior as the norm.
 - Lead by example, and expect the same of other leaders.
 - Female leaders – actively mentor juniors.
- Conduct quality all-hands training.
- Conduct quality individual prevention counseling
 - Do not miss “conscious check” opportunities
- Ensure members have convenient and inconspicuous access to condoms and contraceptives
 - Screen upon assignment – at Indoc
 - Access while deployed and underway.
- Advise leadership to NOT threaten discipline when people become infected or when they seek health-care.
- Protect and respect the medical privacy of members.



Resources:

Training for the Health Promoter

- Self-study courses
 - *Sexual Partner Referral (SHARP)*
 - *STI 101 for Non-Clinicians (NNPTC)*
- Classroom courses (SHARP)
 - *HIV-STD Prevention Counseling*
 - *Sexual Partner Referral*
 - *Sexual Risk Assessment*
 - *Promoting Sexual Health*
 - *STI 101 for Non-Clinicians*



Resources

- Brief Sexual Health Screening Guide
- Brochure “Take Charge of Your Sexual Health”
- Useful during the PHA and other routine encounters

Brief Guide for Sexual Risk Assessment and Intervention
— For military service members during their annual Periodic Health Assessment (PHA) or any routine encounter —

Part I — Assess Risk

1. OPENING STATEMENT

“I want to ask some direct questions about your sexual health so I can help you stay healthy. I ask these questions of all of my patients, regardless of age or marital status.”

2. PREVENTION OF PREGNANCY (MEN AND WOMEN). Determine family planning intentions and use of contraception.

“Are you or your partner trying to get pregnant?” If no - “What are you doing to prevent a pregnancy?”

3. PARTNERS. Make no assumptions of partner gender in the initial history taking.

“In the past six months, about how many people have you had sex with?”
“Tell me more about these people. Are they people you know well or people you just met?”

4. PRACTICES. If the patient has **risk** (see inset), explore sexual behavior and circumstances.

“With your recent sex partner(s), did you engage in vaginal, oral or anal sex?”
“Regarding pregnancy and STDs, what is the riskiest thing you’ve done in the past 3 months?”
“How does your use of alcohol or other drugs influence your sexual decisions?”

5. PROTECTION FROM STDs. If the patient has **risk** (see inset), explore types of risk reduction the patient has used in the recent past, such as condom use.

“What do you do to protect yourself from STD and HIV?”
“What have you done in the past to protect yourself?”

6. PAST HISTORY OF STDs. A history of STDs increases the risk of repeated infection. Follow up with questions about the type of infection and dates of treatment. Consider the following questions:

“Have you ever had an STD?”
“Have any of your partners had an STD?”
“Do you have any symptoms/problems now?”

Continued on reverse

Navy and Marine Corps Public Health Center — Sexual Health and Responsibility Program (SHARP)
www.mhsa.org/mhsa.org version 02/14/2008

TAKE CHARGE OF YOUR SEXUAL HEALTH
What you need to know about preventive services

The brochure features a collage of diverse individuals, including a young woman, a man and woman, a man with curly hair, a woman, a man and woman, and a man and woman, all smiling and looking towards the camera.



Resources

- SHARPFact fact sheets



NAVY AND MARINE CORPS PUBLIC HEALTH CENTER
CONTRACEPTION AND REPRODUCTIVE HEALTH

FACT SHEET FOR CLINICIANS – 12 JULY 2012

LONG ACTING REVERSIBLE CONTRACEPTIVES (LARC)

What is Long Acting Reversible Contraception (LARC)?
LARCs available in the U.S. include contraceptive implants and intrauterine contraceptives.

In general, LARCs are:

- extremely effective in preventing pregnancy (>99% effective)
- low maintenance for clinicians and users
- discreet
- provide continuous contraception for 3-12 years
- safe for most women, including teens and HIV positive women
- safe for women who have had a cesarean section, STIs, PID, ectopic pregnancy and for non-monogamous women
- well tolerated by adolescents and most nulliparas
- enjoy very high user satisfaction
- enjoy very high user continuation rates
- cost-saving when compared to oral contraceptive pills
- enjoy easy placement and removal by an insertion-certified clinician
- enable rapid return to fertility after removal

Copper T 380A (TCu380A) (Paragard)
First year pregnancy probability is 0.5 - 0.6%. First year user continuation rate is 85-90%. Use is associated with a reduction in risk for endometrial cancer. Effective up to 10 years after placement. Can be placed at any point in the menstrual cycle and immediately after delivery of the placenta. Chlamydia testing can be performed at the time of placement. Common but benign side effects include menstrual disturbances, cramping and pain, expulsion of the device, and Actinomyces-like organisms on Pap smear. Spontaneous expulsion rate in the first year is 2-10% (increased chance with nulliparity, age under 20, menorrhagia, or severe dysmenorrhea). Rare but serious health risks include infection, pregnancy complications, and uterine perforation (for skilled providers, rate is 1 per 1000 or less; perforation risk may be elevated during lactation). Absolute contraindications include current pregnancy, active pelvic infection, unexplained vaginal bleeding or severe uterine distortion. Use is NOT contraindicated by prior STI, PID, ectopic pregnancy or current non-monogamy. NO evidence suggests that the IUD should be removed for treatment of Chlamydia or gonorrhea. Most women, including nulliparas, experience rapid return to fertility after IUD removal. Litigation related to IUDs has virtually disappeared.

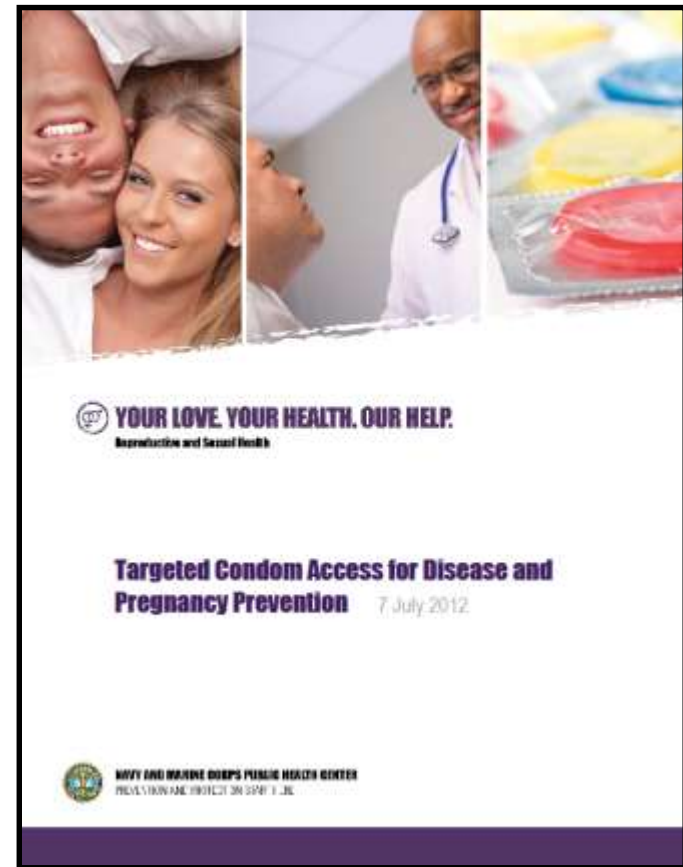
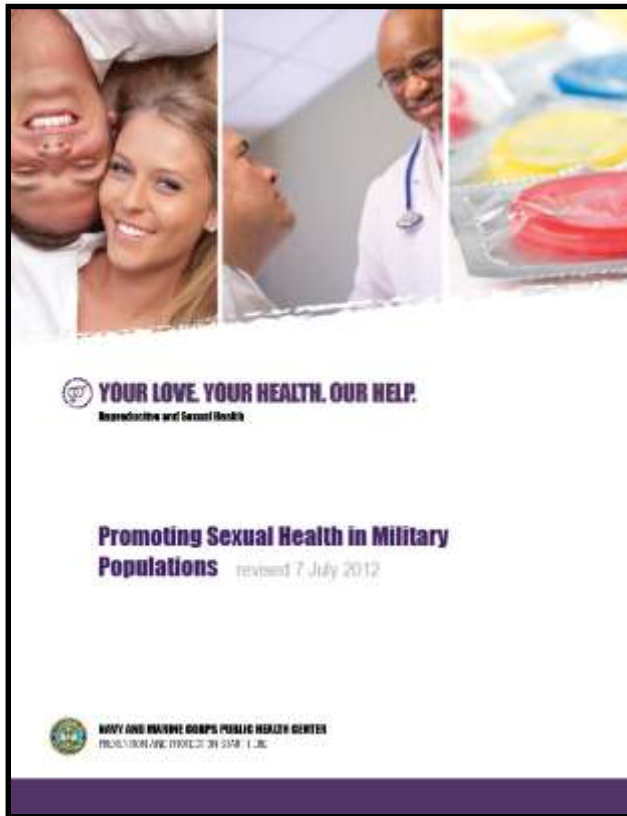


Levonorgestrel (LNg) IUC (Mirena)
First year pregnancy probability is 0.1 - 0.2%. First year user continuation rate is 85-90%. Use is associated with a reduction in risk for endometrial cancer. Effective up to 5 years after placement. Can be placed at any point in the menstrual cycle but should be delayed until 6-8 weeks post-partum. Chlamydia testing can be performed at the time of placement. Common but benign side effects, spontaneous expulsion rates, rare but serious health risks and absolute contraindications are the same as for Paragard. Unlike hormonal contraception containing estrogen, Mirena is NOT associated with an increased risk of venous thrombosis. Use is NOT contraindicated by prior STI, PID, ectopic pregnancy or current non-monogamy. NO evidence suggests that the IUD should be removed for treatment of Chlamydia or gonorrhea. Multiple noncontraceptive benefits. Most women, including nulliparas, experience rapid return to fertility after LNg IUC removal. Litigation related to IUDs has virtually disappeared.

 www.nmcpd.org/health/Contraception_Health.aspx 757-453-0974 sharp@nmc.mil

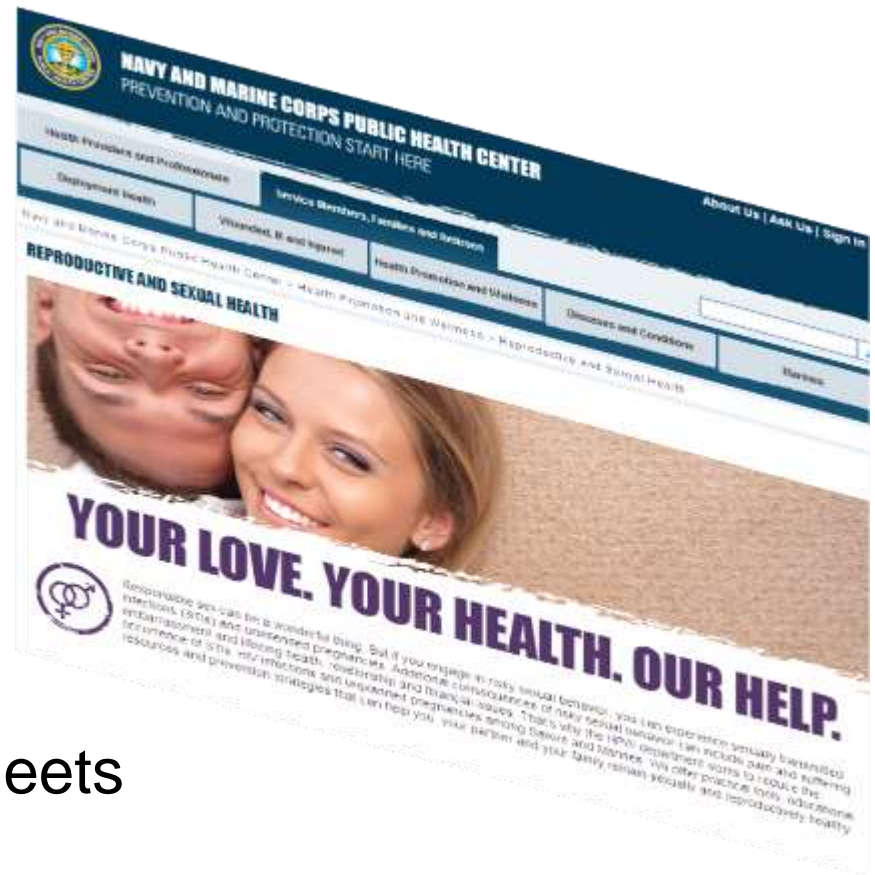
Resources - Guidelines

- *Promoting Sexual Health* guide
- *Condom Access* guide



Resources

- *SHARP*News newsletter
- [SHARP](#) website
- [HP Toolbox](#) website
 - Message for CO's
 - POD notes
 - Activities
 - Posters / videos / fact sheets
- *SHARP Toolbox* DVD



Resources - Lectures



Resources - Posters

- NMCPHC-SHARP – about 20...
- CDC – a few...
- Commercial – hard to find...



FOR ADULT-ONLY CLINICAL SETTINGS IN NAVY MEDICINE

Ask Navy Medical

...about your sexual health

Not planning on a pregnancy in the next 12 months?

Want the most reliable and reversible birth control?

Ask about the IUD or implant



Do you know when your next Pap test is due?

Ask your doc!

Learn More



NM/PMC



NCSH



HPV vaccine can help protect men and women up to age 26 from genital warts and cervical cancer. Three shots are needed. Have you started? Have you finished?



Ask for an **HIV** test at least every year if you are a man who has sex with men, or if you have sex without a condom with casual partners

January 2011



NAVY AND MARINE CORPS PUBLIC HEALTH CENTER

PREVENTION AND PROTECTION START HERE

Sexually active women up to age 25 should ask for a

Chlamydia test every year



It's NOT-2-LATE

The Emergency Contraceptive Pill is available without a prescription at every military pharmacy, ship and medical emergency dept.

Plan B

Birth control pills

Don't always do the job...



...only 1 of 3 Navy enlisted women say her last pregnancy was planned

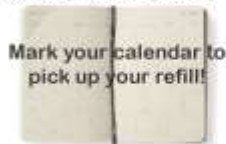
...and about 1 of 3 who had an unplanned pregnancy were using contraception at the time she became pregnant



...and most of these women were using birth control pills

But can be very reliable...

Take the pill at the same time every day!



Mark your calendar to pick up your refill!

Pack your pills. Always carry them with you

Learn More



October 2011

photos: bedsider.org

Missed 1 pill - make it up!

Missed 2 pills - back it up!



Call your doctor - there are different instructions for different pills



Use back-up birth control for the rest of that cycle

Want more reliable birth control?

Ask about the IUD or implant



NAVY AND MARINE CORPS PUBLIC HEALTH CENTER

PREVENTION AND PROTECTION START HERE

GOT YOUR VACCINATIONS?

HPV

Most cervical cancer (90%) and genital warts (90%) are caused by 9 types of the Human Papillomavirus (HPV)

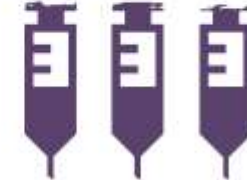
90%

HPV-9 can protect you from the HPV types associated with 90% of genital warts and cervical cancer

9-26



For males and females aged 9-26



Be sure to get all 3 doses*.

Have you started?
Have you finished?

Available now in military medical facilities

After your vaccinations...

- >> HPV vaccine does not protect against all HPV types and does not prevent other STIs.
- >> Women should continue getting screened for cervical cancer (regular Pap tests).
- >> Use condoms correctly and every time if you are concerned about other STIs.
- >> * Only 2 doses needed if series started and completed at ages 9-14.

Oct 2018



**NAVY AND MARINE CORPS
PUBLIC HEALTH CENTER**

PREVENTION AND PROTECTION START HERE



Chlamydia

Can harm you...

#1

Most common bacterial sexually transmitted infection in the U.S., the Navy and the Marine Corps

Many young people have a silent infection but don't know it



An untreated infection can lead to pelvic inflammatory disease, and even leave a woman unable to have a baby

but doesn't have to...



Sexually active women up to age 24 should **ASK** for a test every year

Condoms used correctly and every time reduce the risk



If you have chlamydia, tell your recent sexual partner(s) to get tested



November 2018



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PUBLIC HEALTH CENTER**

PREVENTION AND PROTECTION START HERE



Syphilis

What's the deal?

Every 4 days,
another male
Sailor is diagnosed
with syphilis

Some Signs:

Painless genital sore
Rash on palms & soles
General body rash
Sores in the mouth
Patchy hair loss



Men who have sex with men
are at highest risk
of getting syphilis.

Men and women who have
unprotected sex can also
get syphilis.

What can I do?

Rx

Get a quick blood test
right away if you think you
might have syphilis
- OR -
if a partner tells you they
had syphilis: even if you
feel well

Condoms used correctly
and every time
greatly reduce your risk.



Just pulling out,
or just asking your partner if
they have syphilis
are **NOT** safe strategies.



Ask for a syphilis test
every year if you are
a man who has sex with men,
or if you have
sex without a condom
with casual partners.

November 2018



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HIV happens...

don't let it happen to you.



NAVY AND MARINE CORPS PUBLIC HEALTH CENTER
PREVENTION AND PROTECTION START HERE

November 2018

Each year, over 40,000 Americans get HIV,
including about 70-100 sailors and marines.
Abstinence and mutual monogamy can eliminate your risk.
Condoms - worn every time - can greatly reduce your risk.
HIV PrEP - one pill once a day - can greatly reduce your risk.
Protect yourself.



HIV

...Sailors and Marines should know...

HIV happens...

5

...every 5 days,
another active duty
Sailor or Marine
is diagnosed with HIV.

...to women:
in the U.S., about 1 of 5 people
that got HIV last year is a
woman.



...to men: Men who have unprotected sex with men are at
highest risk of getting HIV.
Men who have unprotected sex with women can also get HIV.

But it doesn't have to...

Condoms

used right and every time
greatly reduce your risk.



Just pulling out,
or just asking your partner
if they have HIV
are NOT safe strategies.

Ask for an **HIV test**
every year if you are a
man who has sex with
men
or if you have
sex without a condom



HIV medicine

can greatly reduce your risk of getting HIV.
You can take one pill each day - it's called PrEP.

- or -

You can take HIV pills after an exposure - BUT you must
start within 72 hrs - it's called PEP.

Ask if PrEP or PEP are right for you.

Oct 2018



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PUBLIC HEALTH CENTER**

PREVENTION AND PROTECTION START HERE

Do you plan on having a baby in the next 12 months?

Don't want to worry about remembering birth control?

The hormonal implant contraceptive method is over 99% reliable.

- >> Once placed under the skin of your arm by your doctor, there's nothing else you need for birth control.
- >> Lasts for up to 3 years.
- >> Have it removed, and you're ready for a baby.
- >> Most women have fewer, lighter periods.
- >> Irregular bleeding is the most common side effect.



The hormonal implant does not protect against sexually transmitted infections. Use condoms with the implant if you are concerned about STIs.



NAVY AND MARINE CORPS PUBLIC HEALTH CENTER
PREVENTION AND PROTECTION START HERE

November 2013

**Some birth control methods,
like the hormonal implant,
are much more reliable than others.**

Learn more about your birth control options >



Photo source: Bob MacDonald; NMCPHC; May 2013

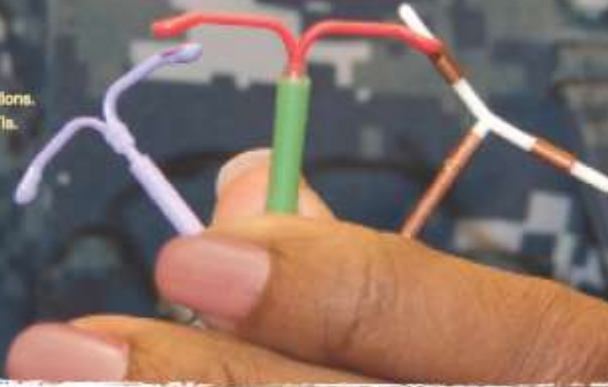


Hormones or no Hormones?

You Decide

- >> IUDs are very reliable as birth control - over 99%
- >> Quickly placed.
- >> Very Safe.
- >> Nothing to remember.
- >> Work for 3, 5 or 12 years.
- >> Quick removal and you're ready to have a baby.
- >> OK for women who have never had a baby and for those who have.

The IUD does not protect against sexually transmitted infections.
Use condoms with the IUD if you are concerned about STIs.



**NAVY AND MARINE CORPS
PUBLIC HEALTH CENTER**
HEALTH AND PROTECTION START HERE
November 2011

Some birth control methods,
like intrauterine devices (IUDs),
are much more reliable than others.

Learn more about your birth control options >



Accidents happen...but it's not too late...



Emergency contraception is birth control you can use shortly after sex to reduce the chance of a pregnancy

1. The Plan B pill can be taken up to 72 hours after sex.

Available without a prescription or age-limit. Get it free from any military pharmacy or buy at retail pharmacies. But don't delay. The pill works better when taken sooner.

2. The UPA pill works for up to 5 days after sex. You need a prescription for this.

3. The copper IUD works for up to 5 days after sex. You need an appointment to get this device.

Emergency contraceptive pills will NOT harm an existing pregnancy.

Emergency contraceptive pills do NOT protect against sexually transmitted infections.

Emergency contraceptive pills should NOT be used as your regular birth control because they are not as effective as many other types of birth control.

Photo: Navy CPPD; licensed from Shutterstock



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PREVENTION AND PROTECTION START HERE

Oct 2018





About half

(55%) of enlisted female sailors who became pregnant...

...say their last pregnancy was planned.

Got a plan?

Photo via US Navy contract



...some birth control methods are **much** more reliable than others

Learn more

about your birth control options

<http://www.med.navy.mil/sites/nmhcpr/health-promotion/reproductive-sexual-health/Pages/larc.aspx>

*Among surveyed enlisted female sailors who became pregnant during 2017. Navy Personnel Research, Studies and Technology 2018 Personnel and Professional Choices Survey, 2018.

Nov 2018



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...some birth control methods are **much** more reliable than others

Learn more

about your birth control options



Nov 2018



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PREVENTION AND PROTECTION START HERE



SHARP Resources - Films

- *Pregnancy and Parenting: Think Ahead* (2013)
- *Types of Contraception* (2012) (Best DoD Training Film for 2012)
- *Chart a Safe Course for Sexual Health* (2013)
- *HPV Vaccination* (2014)
- *Sexual Risk Assessment* (2013)
- *HIV-STI Prevention Counseling and Sexual Partner Referral* (2013)
- *Liberty Brief* (1996)
- *HIV Prevention in the Military* (2016)
- *Male Patient Sexual Risk Assessment* (2017)
- *Family Planning Counseling* (2017)
- *Sexual Health Quickie* (ecd 2017)



Strategies for Condom Access:

Facts about condoms

- Condom use levels in the DoD
- Condom effectiveness
 - Varies with STD / pregnancy
 - N-9
- Condom types and sources:
 - NSN / AMMALs
 - commercial (non-profit public health price list)



Strategies for Condom Access: Barriers

- Condom use barriers
 - Access: availability, cost
 - Skills: use and negotiation
 - Social barriers: gender, peer influence
- Condom access controversies
 - Access while “under-way”
 - “morality” / encourages sex? / DoN endorsement?
 - \$



Condom Access Strategies

- Key Point #1
 - Include comprehensive risk reduction messages in all condom access efforts

Avoid being perceived as “pushing condoms”



Relative Risk for HIV Transmission

TABLE. Estimated per-act relative risk for a person without human immunodeficiency virus (HIV) infection acquiring HIV infection, based on sex act^{*} and condom use[†]

Risk factor	Relative risk for a person without HIV infection of acquiring HIV infection
Sex act	
Insertive fellatio [§]	1
Receptive fellatio [§]	2
Insertive vaginal sex [¶]	10
Receptive vaginal sex [¶]	20
Insertive anal sex [¶]	13
Receptive anal sex [¶]	100
Condom use	
Yes ^{**}	1
No ^{**}	20



Risk Reduction Messages

A = Abstain or Delay (or Outer-course)

B = Be Faithful (monogamy)

C = Condoms / Contraception

D = Decrease number of partners

E = Evade high risk sexual **acts** and **partners**

- Unprotected Receptive anal sex = highest risk
- Unprotected Withdrawal = riskier than condom use
- Sero-sorting not a recommended strategy

P = PeP and PrEP

- Post-exposure prophylaxis with 72 hrs
- Pre Exposure Prophylaxis

V = Vaccination for HAV, HPV, HPV



Condom Access Strategies

- Key point #2
 - Collaborate.
 - Get partners.
 - Keep key leaders informed.
 - Get buy-in.



Condom Access Strategies

- Key point #3

- Know your population. Who has unprotected sex? Where and when?

- Time
- Person
- Place



Condom Access Strategies

- Thoughtful strategy
- Consider placement in retail settings...
- Stock-up clinical settings, PHA counselors, Prev Med Techs, HP
- Inconspicuous and/or universal access
- Agenda of non-DoD partners
- Each “challenge” = opportunity to educate



Condom Skills: must address when and how

- Use condoms every time
 - Access
- Use condoms correctly
 - Use
 - Negotiation



Local Evaluation

See “Promoting Sexual Health Among Mil. Populations”

- Blue H Award Criteria:
 - NMCPHC Workplace HRA
 - question #13 – condoms
 - question 22 – contraception / family planning
 - CO “conclusion re: condom access
 - CO “conclusion” re: sexual health awareness event
 - Film // poster campaign // lecture
 - Medical: Sexual Health Counseling Practice
 - Semper Fit: DRSi (STI) data
- DRSi (STI) data from your medical or Prev Med Dept or NMCPHC



Summary

- Requirements for sexual health promotion
- Vision and Objectives
- Data
- Key components
- Hot Issues
- What can leaders do?
- Resources
- Condom access strategy
- Condom skills
- Local Evaluation



Thank you for helping our people to 'chart a safe course'

Michael R. (*Bob*) MacDonald, MS, CHES
Navy and Marine Corps Public Health Center
Sexual Health and Responsibility Program (SHARP)
620 John Paul Jones Circle, Suite 1100
Portsmouth VA 23708

<http://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/Pages/reproductive-and-sexual-health.aspx>

Feedback about this lecture : <https://survey.max.gov/839194>

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