



Health Promotion Toolbox - April – Sexual Health - Message for Commanding Officers

Active duty sailors and marines acquire preventable sexually transmitted infections, including 75- 100 new HIV infections each year, and surveyed enlisted male and female sailors report high rates of unintended pregnancy. These outcomes occur among members in both garrison and operational settings. The negative consequences of sexual risk taking for the individual sailor and marine may include pain and suffering, embarrassment, lifelong health / career / family / relationship / financial consequences. For the Department of the Navy, negative consequences may include lost duty days, early separations from service, direct medical care costs, and an erosion of DoN image.

Leaders Can:

- (1) Establish and communicate a policy of responsible sexual behavior as the norm. Promote the value of healthy shipmates. Discourage sex-seeking activity during port calls; expect condom use for crew members who engage in sex outside of a long-term, mutually-monogamous relationship; expect use of a buddy system during port calls to prevent alcohol and sex related incidents. Expect leadership by example throughout chain of command - including senior white hats who may be uniquely influential over younger sailors. Consistently communicate command policy and help members understand the rationale.
- (2) Do not threaten discipline when members become infected, suspect pregnancy or when they seek health care, because this only delays medical evaluation. If members do not feel they have access to confidential, compassionate and competent health care, they may avoid much needed treatment and counseling. This may extend the period of infectivity and increase or complicate the medical condition of the member. Members must know and believe it is safe to seek care.
- (3) Protect and respect the medical privacy of members. Sailors and Marines won't seek care if they perceive their privacy is not protected. Ensure all hands know how their medical confidentiality is protected. Do not require medical to send "sick-call" logs containing patient names and diagnoses to leaders. Crew members who believe such a policy is in place may avoid medical care. Instead, leaders should rely on the medical department to appropriately keep leadership informed of crew health and real unit health threats.
- (4) Conduct quality all-hands training. Provide a positive learning environment (time, place, and command emphasis), and insist on full attendance. Also support on-going sexual health awareness activities. In addition to medical trainers, invite chaplains to participate in sexual health promotion. They can deliver value-based messages and provide individual counseling which supports responsible behavior. These services, which typically focus on risk elimination through abstinence and fidelity, compliment the comprehensive medical message that includes abstinence and monogamy plus additional options for risk reduction. Together, Chaplains and medical professionals may reach the most people and do the most good. Free resources are accessible from the NMCPHC Health Promotion Toolbox at <https://www.med.navy.mil/Navy-Marine-Corps-Public-Health-Center/Population-Health/Health-Promotion-and-Wellness/Health-Promotion-Toolbox/April-Sexual-Health/>.
- (5) Ensure members have convenient and inconspicuous access to condoms at all times – even while deployed and underway. Also ensure unrestricted access to sufficient contraception options and family planning counseling for female members. Scientific evidence clearly suggests that condom distribution programs do not lead to earlier or more frequent sexual behavior. Condom distribution programs are an evidence-based structural intervention that can reduce diseases and unplanned pregnancies.
- (6) Actively educate members about Human Papillomavirus (HPV) vaccination and make vaccine access easy.
- (7) Remind women (up to age 24) to ask for annual chlamydia test.
- (8) Remind men who have sex with men to ask for annual testing for HIV and syphilis.

Navy medicine can: ensure easy access to HIV Pre-Exposure Prophylaxis (PrEP) as required by DHA policy and can consider establishing easy access to a full range of contraception, such as through "walk-in" contraception clinic hours.



Background.

In 2018, 50 active duty Sailors and 25 active duty Marines became infected with HIV. Another active duty Sailor or Marine is diagnosed with HIV about every 5 days. From 1985 through 2018, at least 6,200 active duty Sailors and Marines have been infected with HIV, most of whom have been lost to the service (Navy Bloodborne Infection Management Center, 2018). About 500 HIV positive members remain on active duty. Health care costs and lost duty days for periodic evaluations and care for military members infected with HIV have not been calculated.

In 2018, over 9900 cases of Chlamydia, gonorrhea or syphilis were diagnosed among active duty sailors and marines. (NMCPHC 2019) From 2002-2011, over 4500 sailors and marines were diagnosed with Pelvic Inflammatory Disease, most of which are believed to be associated with Chlamydia or gonorrhea infection. (AFHSC 2012a) Genital HPV is the second most frequently reported STI (after chlamydia) among active duty members with 72,454 active duty DoD cases (rate 60.1 /100k py) during 2007-2016 and 87 deaths due to cervical cancer during (4.2/100,000 py) during 2005-2014 (AFHSC 2017). HPV is associated with 90% of cervical cancers and 90% of genital warts. The incidence of other sexually transmitted infections, including genital herpes and trichomoniasis are not tracked and costs are not known.

Unplanned pregnancies among active duty Sailors continue to be of concern. In 2017, 45% of pregnancies among surveyed enlisted female Sailors were unplanned. (NPRST, 2018) In other words, only 43% were intended. The national *Healthy People 2020* objective is to increase the proportion of pregnancies that are intended to at least 56%. An age-adjusted analysis of 2008 data indicated that unplanned pregnancies among military women (78/1000) may be 50% higher than their civilian counterparts (52/1000) (Grindlay and Grossman, 2013). Lost duty days for unintended pregnancy health care, post-delivery convalescence and separations due to pregnancy have not been calculated. The presumably stressful impact of single parenthood on active duty members, families and Navy and Marine Corps commands has not been quantified.

DHA IPM 18-020: Guidance for the Provision of Human Immunodeficiency Virus (HIV) Pre-Exposure Prophylaxis (PrEP) for Persons at High Risk of Acquiring HIV Infection <https://health.mil/Reference-Center/Policies/2018/11/08/DHA-IPM-18-020-Guidance-for-the-Provision-of-HIV-PrEP-for-Persons-at-High-Risk>

AFHSC (2017) Sexually Transmitted Infections, Active Component, U.S. Armed Forces, 2010-2018; AFHSC September 2017 Vol. 24 No. 9 MSMR <https://health.mil/Reference-Center/Reports/2019/03/01/Medical-Surveillance-Monthly-Report-Volume-26-Number-3>

Routine screening for antibodies to human immunodeficiency virus, civilian applicants for U.S. military service and U.S. Armed Forces, active and reserve components, January 2014–June 2019; AFHSC; MSMR Vol. 26 No. 8 September 2019) <https://health.mil/Reference-Center/Reports/2019/08/01/Medical-Surveillance-Monthly-Report-Volume-26-Number-8>

NPSTR (2018) Navy Personal and Professional Choices Survey. OPNAV N1D. Unpublished communications with NMCPHC 7 July 2018.

NMCPHC (2019). 2018 STI Report. Navy and Marine Corps Public Health Center, Portsmouth VA, Mar 2019 https://es.med.navy.mil/sites/nmcphc/Documents/downloads/healthy_living/sexual_health/STI-Annual-Report-2018.pdf

Navy Bloodborne Infection Management Center, NMCPHC (2019). DoN HIV Seroconversion – 2018 (unpublished data; March 2019)