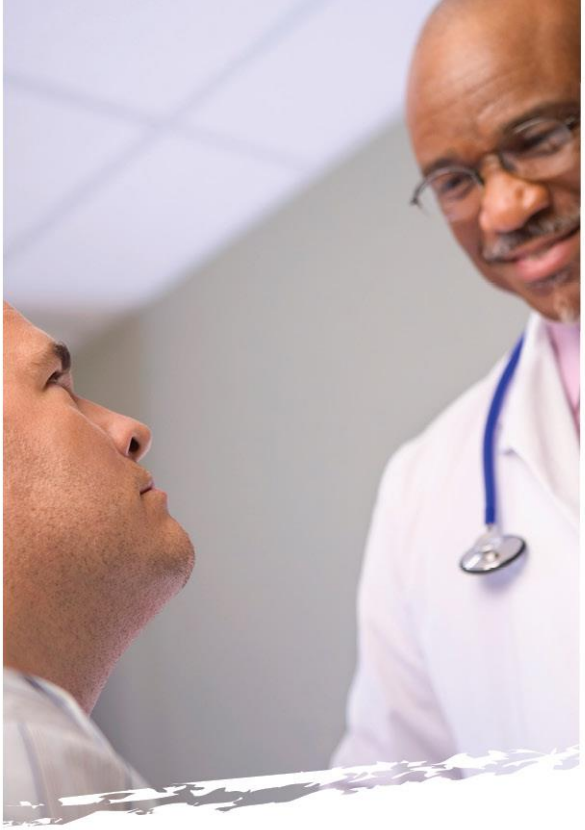

YOUR LOVE. YOUR HEALTH. OUR HELP.

Reproductive and Sexual Health

Targeted Condom Access for Disease and Pregnancy Prevention

revised 7 June 2018

NAVY AND MARINE CORPS PUBLIC HEALTH CENTER

PREVENTION AND PROTECTION START HERE

This document does not establish Department of Navy policy.
It is intended to help leaders and medical professionals understand and apply targeted condom access as a disease and unplanned pregnancy strategy.

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EXECUTIVE SUMMARY

Targeted condom access is one important component of a comprehensive sexual health promotion effort. Navy Medicine has promoted sexual responsibility and condom access for many decades, with the goal of reducing the incidence of sexually transmitted infections and unplanned pregnancies among Sailors and Marines.

STIs, including HIV – the virus that causes AIDS - are a major public health threat. Military members are at risk of exposure to STIs. Each year, 80-100 active duty Sailors and Marines are diagnosed with HIV, and thousands more are infected with other STIs. In 2016, only 4 of 10 (41%) of Navy enlisted women reported that her last pregnancy while in the Navy was planned.

Abstinence from sex and long-term mutual monogamy are the most effective means of preventing STIs. For people who decide to have sex outside a monogamous relationship, proper use of latex condoms reduces the risk of acquiring or spreading many STIs, and reduces the chance of unplanned pregnancies.

Barriers to consistent condom use may include limited access or limited experience. Condom access efforts may enable some Sailors and Marines to overcome these barriers. Among American in general the rates of condom use are significantly lower among young adults than among adolescents. This suggests that sexual health promotion efforts should focus on the maintenance of condom use as individuals transition to adulthood and as they enter into a range of both short- and long-term relationships.

Condom distribution programs do not hasten the onset of sexual intercourse, nor increase the frequency of sexual activity. Interventions which increased condom availability, accessibility and acceptability improved condom use, condom acquisition/condom carrying, delayed sexual initiation among youth and reduced STIs. Condom access efforts conducted by military commands should not be interpreted as encouraging sexual activity. Rather, condom distribution efforts encourage and enable safer behavior.

Although Sailors and Marines can and should buy condoms if they want to use them, making condoms easy to get, at strategic times and places, may increase the likelihood that people who choose to have sex will do so with a condom, rather than without a condom. A study of the sexual behavior of deployed enlisted male sailors who had multiple sex partners suggests that Navy prevention efforts can positively influence condom use in foreign ports.

Navy medical guidance regarding condom access is cited in BUMEDINST 6222.10, Prevention and Management of Sexually Transmitted Diseases: *"...Educational programs and materials; (e.g., condoms and pamphlets), should also be made discretely available in community sites such as barracks, clubs, individual commands, medical facilities, and health and wellness enters....Condoms...can also be made available without charge in clinics, sick bays and aid stations.*"

Often an emotionally-charged issue, targeted condom distribution efforts require thoughtful planning and leadership courage. Access strategies should be sensitive to community concerns and perceptions. Specific examples are discussed herein.

Leadership support is essential.

Frequently Asked Questions
about
Targeted Condom Access for Disease and Pregnancy Prevention

What does the scientific literature tell us about structural-level condom distribution interventions?

A recent meta-analysis (Charania et al, 2010) of structural level condom distribution programs and studies found that interventions which increased condom availability, accessibility and acceptability improved condom use, condom acquisition/condom carrying, delayed sexual initiation among youth and reduced sexually transmitted infections (STI). Interventions were efficacious for many groups including youth, adult males, commercial sex workers, clinic populations and populations in areas with high STI incidence. The authors concluded:

"Given the urgency of the HIV epidemic, making condoms more universally available, accessible and acceptable, particularly in communities or venues reaching high-risk individuals, should be considered in any comprehensive HIV/STD prevention program"

Do the Navy and Marine Corps promote access to condoms?

Yes, in a thoughtful, targeted fashion. The objective is to reduce unprotected sex and thereby, reduce the incidence of sexually transmitted infections (STIs) and unplanned pregnancies. Navy medical guidance regarding condom access is cited in BUMEDINST 6222.10, Prevention and Management of Sexually Transmitted Diseases: "*Educational programs and materials (e.g. condoms and pamphlets) should also be appropriately available in community sites such as barracks, clubs, individual commands, medical facilities and health and wellness centers".*

Examples of targeted access efforts include, but are not limited to, stocking condoms in some authorized minimum medical allowance lists (AMMALS) for Navy ships, and free condom access in some clinical settings and health fairs. Other opportunities include condom access in conjunction with the mandatory all-hands GMT/NMT-type and command-orientation-type sexual health lectures for Sailors, and the mandatory annual *Semper Fit* HIV-STI prevention lectures for Marines.

A study of the sexual behavior of deployed enlisted male sailors who had multiple sex partners suggests that Navy prevention efforts can positively influence condom use in foreign ports. (Norris E, Phillips R, Statton M, Pearson T, 2005).

Are sexually transmitted infections (STIs) a problem?

Yes.

Sexually Transmitted Infections (STIs), including HIV are a major public health threat. The American Social Health Association (1998) estimated that there are 15.3 million new cases of sexually transmitted disease in the United States each year, at an annual direct medical cost of $8.4 billion.

Military members are at risk of exposure to STIs. Since 1999, about 100 active duty Sailors and Marines became infected with HIV each year. From 1985 through 2016, at least 6,000 active duty Sailors and Marines have been infected with HIV, most of whom have been lost to the service (NMCPHC 2017). In 2016, at least 7500 active duty members were infected with Chlamydia, gonorrhea or syphilis (NMCPHC 2017). Although the incidence of Human Papillomavirus Virus (HPV) is unknown, 205 active duty female Sailors and Marines were diagnosed with cervical cancer from 2001-2005 (HPV is believed to cause 90% of cervical cancer). The estimated healthcare cost of these cases was $5.4 million (NEHC 2007). From 2004-2009, there were 16,923 STI-related medical encounters with sailors and marines (AFHSC 2010).

Where do Sailors and Marines become infected with STIs?

Military members are infected with STIs, including HIV within the continental U.S. (CONUS) and abroad. Navy surveillance data indicate a high percentage of reported STIs are acquired in the CONUS. For example, the Atlantic fleet reported 97% of STIs were acquired CONUS (Schibly, 1998). Based on HIV subtypes, it seems a significant proportion of HIV infections among service members are probably acquired in CONUS (Brown, Newby, Ray, Jackson, & Burke, 1996; Brodine et al, 1995). STI frequency may be higher CONUS due to the fact that most military personnel spend most of their time in CONUS.

Sailors and Marines are also at risk for STIs while deployed overseas. For example, four of five servicemen infected with non-B HIV subtypes reported sex with prostitutes in overseas ports (Brodine et al., 1995). A 1991 study of self-reported behavior among 1744 shipboard male Sailors and Marines during a six-month deployment found “high levels of risk behavior for the transmission of STIs” including an overall prostitute contact rate of 42%, and a “new STI” infection rate of 10% (Malone et. al., 1993). Another 1992 study of 2072 male shipboard Sailors and Marines found an overall prostitute contact rate of 42% during all previous overseas deployments. This study also reported an increased risk of infection with hepatitis B among members with a history of short deployments to the South Pacific region (9.8% positive for anti-HBc) and among members with a history of longer duty in the Mediterranean and South Pacific (19.4% and 17.3% positive, respectively) (Hawkins et al, 1992).

Are unplanned pregnancies a problem?

Yes. Unplanned pregnancies among active duty Sailors continue to be of concern. In 2016, only about 4 of 10 (41%) Navy enlisted women reported that her last pregnancy while in the Navy was planned. The national *Healthy People 2010* objective is to increase the proportion of pregnancies that are intended to 56% (DHHS 2012).

How can STIs and unplanned pregnancies be prevented?

Abstinence from sex, or long-term mutual monogamy, are the most effective means of avoiding STIs. For people who decide to have sex outside a monogamous relationship, proper use of latex condoms reduces the risk of acquiring or spreading many STIs, and reduces the chance of unplanned pregnancies. People may further reduce risk by having sex with fewer people, and by not trading money for sex.

Do condoms work?

STIs. Yes – male latex condoms reduce risk, but do not eliminate risk (Holmes K, Levine R, Weaver M, 2004). According to the CDC (2003):

"Latex condoms when used consistently and correctly, are highly effective in preventing transmission of HIV, the virus that causes AIDS. In addition, correct and consistent use of latex condoms can reduce the risk of other sexually transmitted diseases. While the effect of condoms in preventing Human Papillomavirus (HPV) infection is unknown, condom use has been associated with a lower rate of cervical cancer, an HPV-associated disease."

"Condoms can be expected to provide varying levels of protection from different STDs. There is no one definitive study about condom effectiveness for all STDs. Several studies have demonstrated that condoms can reduce the risk for HIV, chlamydia, gonorrhea, and trichomoniasis, and may protect against herpes and syphilis. However, because not all studies have demonstrated protective effects, the body of evidence is considered inconclusive. Data are lacking regarding the degree of risk reduction for chancroid and genital Human Papillomavirus. The lack of data about condom effectiveness indicates that more research is needed – not that latex condoms don't work."

Regarding female condoms, there is very little data available about the female condom's effectiveness against STIs. However, a recent study (Thamban et al, 2004) of male and female condom use among 869 women over a 6-month period concluded that

"Overall, failure rates were low enough to conclude that the 2 devices, when used correctly and consistently, should provide equivalent protection against STDs."

Pregnancy. Yes. According to Hatcher et al (2011), the percentage of women experiencing an unplanned pregnancy during the first year, using only "chance" as their form of contraception, is 85%. With condoms, this percentage is reduced to:

Pregnancy Prevention Failure Rates for Male and Female Condoms

	With typical use	With perfect use
Male condoms	**18%**	**2%**
Female condoms	**21%**	**5%**

How are condoms used "correctly"

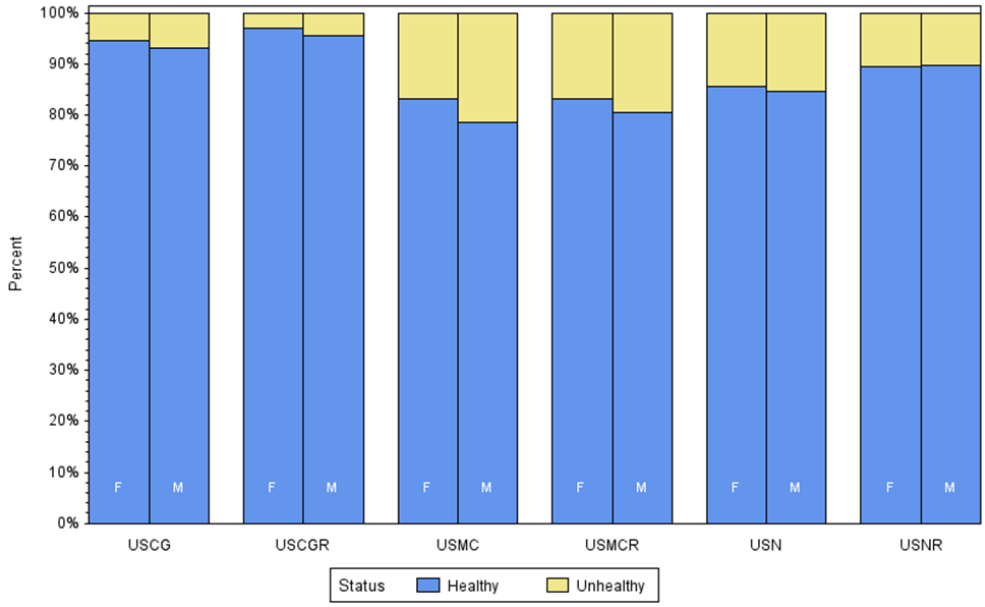
Studies indicate that a significant proportion of sexually active young Americans do not use condoms correctly. Mistakes include putting the condom on after some penetration has occurred, using petroleum-based lubricants with latex condoms, and failure to leave a reservoir at the tip of the condom.

For facts about correct condom use, please see the **attached** *SHARPFact* fact sheet Condoms and their use in preventing STIs.

Do Sailors and Marines Use condoms?

In 2017, about 1 of 7 male Sailors and female Sailors and Marines and about 1 in 4 male Marines self-reported condom use less than "always" during sex outside a monogamous relationship:

Figure 8. Condom Use Response Profile by Service Component and Gender
201,968 Records



Data source: 2017 HRA
Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 7 March 2018.

The low level of condom use among unmarried males is concerning, but the low level among female Sailors and Marines also deserves attention. HIV and syphilis in female active duty members are very low. But, we do see about 5,000 chlamydia and gonorrhea infections in these women each year. What is it that prevents unmarried active duty women from insisting on condom use? How can we help our women have condoms where are when needed, help them feel confident and comfortable bringing up the subject of condom use with a partner, and help them insisting on condom use?

What prevents people from using condoms to protect themselves?

Barriers to consistent condom use may include limited access, experience, comfort or skills in condom use.

Some adults are embarrassed about buying condoms (Bracket K., 2004). Researcher Dr. Kimberly P. Brackett asked students at the University of Florida to purchase condoms and then write a paper about their experience. Embarrassment was prevalent among the 78 men and 176 women; many reported this was the first time they had purchased condoms. While the men reported less embarrassment than the women, the study found that both groups often used like strategies when making their purchase. For example, almost one-fifth said they sought out a clerk of the same sex.

Both men and women reported trying to conceal the condoms or buying additional items to distract attention. Men and women alike said they scanned the store for other customers while purchasing the condoms; women were more likely to wait for other customers to leave.

Some people feel condoms ruin the mood or reduce sensitivity. Condom access efforts may enable some Sailors and Marines to overcome these barriers by demonstrating that there are many types of condoms. Condoms can be "fun", rather than ruining the mood while other condoms may actually increase sensitivity. By informing people about the variety of condoms available, condom access efforts may help people overcome their dislikes about condoms.

People may not know how to bring up the subject of condom use with a partner. They may not be certain how to use a condom correctly. Although no studies have been conducted, anecdotal information suggests Sailors and Marines may use an "access" opportunity to ask questions about how to correctly use condoms and how to negotiate condom use with their partner.

Getting condoms they can try may also help some people overcome anxiety about using condoms for the first time.

Alcohol intake may serve as a barrier to correct and consistent condom use.

Is cost a barrier to condom use?

Data are sparse. However, studies in civilian populations in the U.S. have shown that increased condom access results in increased condom use. People who had access to free condoms were more likely to use condoms that were people who paid as little as 25 cents for a condom (Cohen et al 1999a; Cohen et al 1999b; Cohen and Farley 2004).

Why should the Navy and Marine Corps give away condoms – can't people buy them?

Sailors and Marines can and should buy condoms if they want to use them. Condoms are sold in every NEX and Marine Corps Exchange, not to mention many commercial establishments. Condoms can also be purchased over the internet.

But, in some foreign deployment locations, purchasing condoms may be inconvenient or impossible. Making condoms easy to get, at strategic times and places, may increase the likelihood that people who choose to have sex will do so with a condom, rather than without a condom.

Some people may be too embarrassed to be seen buying condoms. These people may be more likely to accept and use free condoms they can get inconspicuously in a clinic or on a ship, for example.

Also, making condoms available in small quantities at health promotion events may increase the likelihood a person will ask about them (and learn how to use them correctly and consistently), and may increase the likelihood that some people who are presently having unprotected sex will try them, and adopt them into their lifestyle.

Another barrier to buying condoms may be the location of condoms in the store. For example, some stores lock condom displays or position them behind the counter (to prevent theft). Many studies have demonstrated that people are often embarrassed to purchase condoms. If the customer must also ask the store clerk for help, some will be less likely to purchase them. The best location is one which is inconspicuous. Let's make condom access easy for our people. Where are condoms displayed in your

exchange store? Can your local health promotion, preventive medicine or public health professional work with your exchange to increase accessibility of condoms to customers?

Who pays for "free" condoms?

Non-medical commands may purchase condoms for targeted issue, such as stocking of condoms in authorized minimal medical allowance lists.

Navy medical guidance regarding condom access is cited in BUMEDINST 6222.10, Prevention and Management of Sexually Transmitted Diseases: "*...Educational programs and materials; (e.g., condoms and pamphlets), should also be made discretely available in community sites such as barracks, clubs, individual commands, medical facilities, and health and wellness enters....Condoms...can also be made available without charge in clinics, sick bays and aid stations.*"

DoD policy prohibits distribution of over-the-counter contraceptives (including condoms) to individual beneficiaries for the purpose of family planning (Title 32: National Defense; PART 199—CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE UNIFORMED SERVICES (CHAMPUS);199.4; which states "Basic program benefits; (3) *Family planning.* The scope of the CHAMPUS family planning benefit is as follows: (B) *Exclusions.* The family planning benefit does not include the following: (1) Prophylactics (condoms)". See https://www.hnfs.net/common/benefits/benefits_limitations_exclusions.htm.)

Do condom access efforts increase sexual activity?

No. Scientific research on this question has been primarily focused on adolescents and young adults. The evidence clearly suggests that condom distribution programs do not lead to earlier or more frequent sexual behavior (Franklin et al 1997, Wellings et al 1995, Kirby 1994). Condom availability has been shown to reduce STIs and pregnancy among adolescents (Wolk and Rosenbaum, 1995) and in some case to even decrease sexual activity (Blake et al, 2003; Seller et al., 1994). The evidence also shows that condom access decreases the frequency of unprotected sex and contributes to decreases in disease and pregnancy (Jemmont et al 1998) (Shafii et al 2007).

Do condom access efforts in military commands imply that sexual activity is encouraged or condoned?

No. Just as easy access to earplugs does not imply that people should expose themselves to loud noise, condom access does not imply people should have sex. By making access to earplugs and condoms easy, it is implied that safety is desired and expected. Condom access made easy by military commands should not be interpreted as encouraging sexual activity. Rather, targeted condom access efforts acknowledge risk and encourage and enable safer behavior to reduce that risk.

Why should I order condoms without spermicide?

Condoms with spermicides have a much shorter shelf-life than do condoms without spermicides.

Condoms with spermicides are no more effective than condoms without spermicide in preventing STI transmission (CDC 2002, 2003) or pregnancy (Hatcher et al 1998). In fact, the use of spermicide is not

considered a reasonable choice of contraceptive when there is potential exposure to HIV, because frequent use of spremicides may theoretically irritate vaginal tissue and increase susceptibility to HIV infection (Hatcher et al 1998). The FDA warns that non-oxynol 9 (N9) spermicide should not be used for anal sex or by anyone infected with HIV (See the FDA labeling requirement for N9 at http://www.fda.gov/bbs/topics/NEWS/2007/NEW01758.html .

Is there a specific "Navy Issue" condom?

No. But SHARP recommends ordering directly from condom manufacturers or order through the federal supply system using NSN 6515-00-117-8416. This is a non-spermacidally lubricated male latex condom.

Commands may order condoms using National Stock Numbers or they may order directly from condom manufacturers or distributors. All the major brands have websites which provide ordering information and prices. There are many stock numbers in the federal supply system. The actual brand one receives through the supply system may vary, depending on recent periodic purchases made by the Defense Supply System. Notice that some are lubricated with spermicide (and have a much shorter shelf-life than do condoms without spermicides):

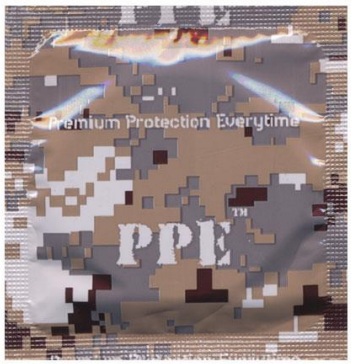
Some Navy authorized medical allowance lists (AMALS) include condoms. In February, 2005, an AMMAL change request was initiated to replace all male condom NSNs with 6515-00-117-8416 (lubricated male condom). While it appears this change has been made, as of January 2007 it seems that NSN 6515-01-260-6721 is being used by the Seabees, Specwar, Military Sealift Command, Naval Cargo Handling Command and EOD. SHARP has recommended NSN 6515-01-260-6721 (unit package quantity 36) be replaced by NSN 6515-00-117-8416 (unit package quantity 144). NSN 6515-01-260-6721 is non-lubricated. This is acceptable, but is inferior to the non-spermicidally lubricated NSN 6515-00-117-8416, because the user may add an inappropriate lubricant, like vaseline or baby oil, which will cause the condom to break. Additionally, the user may dislike the experience of a non-lubricated condom and therefore be less likely to use one in the future. While we can be encouraged that about 50% of unmarried male active duty sailors and marines report that they did use a condom the last time they had sex (2005 data), a large body of evidence informs us that a significant proportion of young American men do not use condoms correctly -- including inappropriate use of lubricants.

Anecdotal reports of condom breakage may have raised concerns among some Sailors and Marines about the quality of "Navy issue" condoms. A likely cause of quality degradation is improper storage (see Weiss, Olson and Brodine, 1992), such as leaving cases exposed to temperature extremes.

What is a "condom keychain"

SHARP purchases a condom keychain / compact as one mechanism to teach Navy medical professionals to teach their patients and populations about correct and consistent condom use. Each contains 2 male condoms and an information card. The front side of the card tells the reader how to get information from SHARP. The reverse side explains the advantage of abstinence or mutual monogamy for risk elimination, and explains that latex condoms reduce risk.

A condom container may promote correct and consistent condom use by people who choose to engage in sex outside a monogamous relationship because it (1) provides a discreet way to carry condoms and thus have them when needed, (2) protects the condoms from damage, (3) contains two condoms to facilitate replacement if the first tears or falls off, and (4) provides brief prevention information and the SHARP website address for those who want more information. Commands that are interested in purchasing this product may contact SHARP.



Another product which may appeal to our population is the "**PPE**" camouflage condom. This condom is available through commercial distributors and through the military supply system (NSN 6515-00-117-8416). Contact SHARP for more information. There is also a condom wrapper designed to appeal to military women.

What is the female condom?

The female condom is a polyurethane condom worn by a woman. The NSN is 6515-01-485-7192. You can through condom distributors. Please see the attached fact sheet Female Condoms.

How can a command conduct a successful condom access effort?

Condom access and education opportunities include:

- National Condom day (February 14th; Valentines Day)
- National STD Awareness Month (April)
- National Teen Pregnancy Prevention Day and Month (May 5th)
- World AIDS Day (December 1st)
- Men's Health Month (April)
- Women's National Health Week (May)
- Women's Health Month (Oct)
- General Military Training (GMT) on sexual health
- Semper Fit STD prevention training
- Navy Military Training (NMT) on sexual health
- Health fairs
- Safety stand-downs
- Liberty briefings
- Pre-deployment briefings
- Annual women's health examination
- Annual preventive health assessment (men and women)
- Health care provider offices, health promotion, preventive medicine, laboratory waiting area, pharmacy, sick call waiting areas
- Treatment for sexually transmitted disease
- Requests for a "conscience" check

Suggested rules of thumb:

- Keep your leaders informed of your condom access strategy – avoid surprises.
- Because it is often an emotionally-charged issue, targeted condom distribution efforts require thoughtful planning and leadership courage. Access strategies should be sensitive to community concerns and perceptions.
- Get buy-in from community stakeholders including chaplains, clinical department heads, women's health experts, health promotion, preventive medicine, local "A" school commanders, and enlisted leaders.

Note about chaplains:

Chaplains are essential partners in sexual health promotion. They 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 also include abstinence and monogamy plus additional options for risk reduction. Together, Chaplains and medical professionals may reach the most people and do the most good. For example, in the words of Reverend James Goebel, CHC, USN:

"It is often believed that safe sex practices such as the use of condoms should be regarded as taboo to those who advocate abstinence. Abstinence is always the best policy, because it is the only sure and safe way to prevent pregnancy and sexually transmitted infections. However, the reality is that many people do not choose the best method, because they either feel pressured or feel that they have lost the ability to choose. Perhaps then the only solution is to offer a package, which includes both the condom along with helpful literature outlining the benefits of abstaining from sex until marriage when they can share themselves with that person who can give the greatest sense of intimacy and pleasure." (note – the SHARPFact Sheet "Safer Options Reduce Risk" on the SHARP website discusses all of these options).

- Anticipate community sources of "complaints" or concerns, in coordination with stakeholders. Although pediatricians often have condoms for patient education, your general promotion activities may minimize potential complaints by avoiding waiting areas that may include children. Buy-in from building "owners" can help prevent conflicts later. Let people voluntarily choose to take or ask about condoms – don't "force" condoms on people by placing condoms onto trays in galleys, etc. People should feel they are free to engage or not.

- Thoughtfully devise a strategy, in coordination with stakeholders, which targets the segment of your population you believe to be at risk. Strategies for condom access may be:

universal access: for example, some commands may require every Sailor leaving a ship at every liberty port to take condoms from a bowl on the quarterdeck before disembarking. This strategy has the advantage of ensuring that every Sailor who will have sex has condoms available – even those that would not have taken condoms for fear of being seen taking them (fear of "discovery" or embarrassment). Another advantage is that all Sailors will have condoms to give to shipmates at risk. A disadvantage is that some Sailors may feel insulted. Issuing condoms and earplugs may help assuage concerns about the "message" being sent by leaders who adopt this universal access policy.

inconspicuous access: Customers may discreetly access condoms, i.e. without asking for permission and without being observed. For example, many preventive medicine offices, health promotion offices, shipboard medical spaces, and adult-patient clinical settings have condoms available in a place that patients may help themselves inconspicuously. Retail store make condom access "inconspicuous" by positioning condoms in a place where the customer does not need to ask for assistance to select them. Restroom dispensers are another example of "inconspicuous" access

educational opportunity access: for example, condoms offered to interested viewers of a sexual health display, at which a health professional or non-medical volunteer peer educator stands by to answer questions. Settings may be in a clinician's office, at a health fair, or at a health display in a barracks, galley, or "A" school break room. These can be important awareness and knowledge-building events.

- Sexual health promotion efforts should not be perceived as just "pushing condoms". Wherever you make condoms accessible, include a comprehensive prevention message that includes the fact that abstinence and monogamy can eliminate risk, and condoms reduce risk. Consider using the attached *SHARPFact* factsheet "Choosing Safer Options Reduces Risk".

- Every clinician, counselor or educator tasked to speak with patients or clients about sexual health, should have condoms available for people who say they want to try them. Stock these clinical settings with a variety of condoms for patient education. Just having samples visible may generate patient questions and productive risk reduction discussions.

- Teach health care providers to speak with their patients about correct and consistent condom use. Many clinicians are not comfortable or experienced in this skill. Consider making this an in-service training for providers.

- Be prepared for occasional misuse of "free" condoms. For example, a bowl of free condoms may disappear from a clinic and reappear as "balloons" taped to the ceiling of a barracks hallway. Help leaders understand that these occasional events are expected, and each may be used as another opportunity to educate. Rather than focusing on preventing a recurrence by limiting access and punishing perpetrators, consider maintaining the same level of inconspicuous access and engaging perpetrators as partners in promoting sexual health among their peers.

- Don't forget that many military members acquire their sexually transmitted infection while in the U.S. – condom access and sexual health education isn't just a "deployment" concern.

- For females who decide to have sex, help them know it is OK for females to get and carry condoms and insist on their use. It is their right and responsibility to protect their health.

- If you invite your local public health office or family planning partners to participate in health fairs, remember they may bring along condoms and messages appropriate for their populations. These messages may be focused to some extent on men who have sex with men and injecting drug users. Discuss these issues with your partners and stakeholders and decide which products and messages are appropriate for your Navy/Marine Corps health promotion effort.

For advice or support, contact NMCPHC SHARP

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