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
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...
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

HP2020 Objective = 56%

Note: for "last pregnancy = FY2017 (only), planned = 55%"
Percent Reported an Unplanned Pregnancy Last 12 Months; DoD Active Duty by Age Group and Service; 2015 HRBS (unpublished data)

<table>
<thead>
<tr>
<th>Category</th>
<th>17-24</th>
<th>25-34</th>
<th>35-44</th>
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<tbody>
<tr>
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<td>USMC Total</td>
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<td>USMC Enlisted</td>
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<td>USA Total</td>
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<td>USAF Total</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>USCG Total</td>
<td>2.7</td>
<td></td>
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</tr>
</tbody>
</table>
2018 Planned vs. Unplanned Pregnancies
(2018 OPNAV Personal & Professional Choices Survey)

- 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

- **71%** used birth control
- **29%** did not use birth control

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

- **39%** do not want to
- **17%** thought I/we were not fertile
- **1%** religion/personal beliefs
- **5%** not comfortable getting
- **“other”** (19% ran out; 19% switching methods) 39%

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

- **Pill** 59
- **Male Condom** 31
- **Withdrawal** 22
- **Ring** 7
- **Shot** 7
- **IUD** 7
- **Patch** 9
- **Implant** 6
- **breast-feeding** 2
- **Vasectomy** 3
- **Sterilization** 4
- **Rhythm method** 4
- **Spermicide** 1
- **Diaphragm/shield/cap** 1
- **Female condom** 1
- **Sponge** 1

LARC in 2016 = 22+22=44%

<table>
<thead>
<tr>
<th></th>
<th>Condom</th>
<th>Birth control pill</th>
<th>Withdrawal</th>
<th>IUD</th>
<th>Birth control ring</th>
<th>Birth control shot</th>
<th>Tubal ligation/ Essure/ Hysterection*</th>
<th>Vasectomy**</th>
<th>Birth control patch</th>
<th>Birth control implant</th>
<th>Rhythm method</th>
<th>Continuous breast-feeding</th>
<th>Female condom</th>
<th>Spermicide</th>
<th>Diaphragm/shield/cap**</th>
<th>Sponge</th>
<th>Other</th>
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<td>18</td>
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<td>4</td>
<td>1</td>
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<td>1</td>
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<tr>
<td>2016</td>
<td>44</td>
<td>35</td>
<td>18</td>
<td>22</td>
<td>4</td>
<td>8</td>
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</tr>
</tbody>
</table>
### About LARC…

<table>
<thead>
<tr>
<th></th>
<th>Non-contraceptive benefits</th>
<th>Side effects</th>
<th>Complications (Rare)</th>
</tr>
</thead>
</table>
| **Copper UD - Paragard** | - Lactation not disturbed  
- Reduced risk of ectopic pregnancy                                                                | - Increased menstrual flow, blood loss and cramping                        | - PID following insertion  
- Uterine perforation  
- Bleeding with expulsion                                  |
| **Hormonal IUS - Mirena** | - Lactation not disturbed  
- Reduced risk of ectopic pregnancy  
- Decreased cramping and pain  
- Treats bleeding from dysfunctional uterine bleeding, menorrhagia & fibroids | - Increased irregular bleeding  
- Increased amenorrhea  
- Decreased menstrual flow                                      | - PID following insertion  
- Uterine perforation  
- Bleeding with expulsion                                  |
| **Hormonal Implant - Nexplanon** | - Lactation not disturbed  
- Less blood loss per cycle  
- Reduced risk of ectopic pregnancy                                                                | - Menstrual changes  
- Mood changes  
- Weigh gain or loss  
- Headaches  
- Hair loss                                                        | - Infection at implant site  
- Reaction to local anesthesia  
- Complicated removal  
- Depression                                                     |
<table>
<thead>
<tr>
<th>Myth</th>
<th>Fact*</th>
</tr>
</thead>
<tbody>
<tr>
<td>IUDs should not be used in women who have not had a child</td>
<td>IUDs are safe for nulliparous women and most have a rapid return of fertility after removal</td>
</tr>
<tr>
<td>IUDs expose the provider to medicolegal risk</td>
<td>Litigation related to IUDs has virtually disappeared</td>
</tr>
<tr>
<td>IUDs increase the risk of PID</td>
<td>The IUD itself appears to have no effect on risk. Rather, placement carries a small, transient risk of post-procedure infection.</td>
</tr>
<tr>
<td>IUDs increase the risk of ectopic pregnancy</td>
<td>IUDs significantly reduce the risk of ectopic pregnancy compared to not using contraception.</td>
</tr>
<tr>
<td>IUDs increase the risk of Sexually Transmitted Infections (STIs)</td>
<td>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</td>
</tr>
<tr>
<td>IUDs are too expensive</td>
<td>By 2-5 years of use, IUDs and the hormonal implant are the two most cost-effective methods of reversible contraception.</td>
</tr>
</tbody>
</table>
LARC-SARC Dashboard
All MTFs

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
HIV...
Navy and Marine Corps Public Health Center

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


New highly active antiretroviral treatments

Start HIV Pre-Exposure Prophylaxis (PrEP) Uptake in DoN

Repeal of DoD "Don't Ask Don't Tell" Policy
Diagnoses of HIV Infection among Adults and Adolescents, by Transmission Category, 2010–2015—United States and 6 Dependent Areas

- Male-to-male sexual contact
- Heterosexual contact
- Injection drug use (IDU)
- Male-to-male sexual contact and IDU

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

Male
N = 750,921

- Male-to-male sexual contact: 71%
- Heterosexual contact: 11%
- Injection drug use (IDU): 11%
- Male-to-male sexual contact & IDU: 7%
- Perinatal: 1%

Female
N = 238,034

- Heterosexual contact: 75%
- Injection drug use (IDU): 22%
- Perinatal: 2%

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.

* 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

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

*Through 30 June 2017

Source: Defense Medical Surveillance System (DMSS). Data provided by Armed Forces Health Surveillance Branch.

*Through 30 June 2017
143 PnS Syphilis cases in CY2018 among active duty Sailors and Marines (139=male)
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.

Figure 8: Condom Usage by Service Component and Gender

101,565 Records

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.
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
Resources

- SHARPFact fact sheets
Resources - Guidelines

- Promoting Sexual Health guide
- Condom Access guide
Resources

- **SHARPNews** 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…
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

Sexually active women up to age 25 should ask for a Chlamydia test every year.

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?

It's NOT-2-LATE
The Emergency Contraceptive Pill is available without a prescription at every military pharmacy, ship and medical emergency dept.

Do you know when your next PAP test is due?
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

Plan B

But can be very reliable...
Take the pill at the same time every day!
Missed 1 pill - make it up!
Missed 2 pills - back it up!
Want more reliable birth control?
Ask about the IUD or implant

Birth control pills

Don’t always do the job...
...and about 1 of 3 who had an unplanned pregnancy were using contraception at the time she became pregnant
...only 1 of 3 Navy enlisted women say her last pregnancy was planned
...and most of these women were using birth control pills

Take the pill at the same time every day!
Missed 1 pill - make it up!
Missed 2 pills - back it up!
Want more reliable birth control?
Ask about the IUD or implant

Pack you pills. Always carry them with you
Call your doctor - there are different instructions for different pills
Use back-up birth control for the rest of that cycle
GOT YOUR VACCINATIONS?  HPV

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

90%

For males and females aged 9–26

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...

Condoms used correctly and every time reduce the risk

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

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

November 2018
# Syphilis

## What’s the deal?

<table>
<thead>
<tr>
<th>What</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every 4 days, another male sailor is diagnosed with syphilis</td>
<td><strong>Some Signs:</strong></td>
</tr>
<tr>
<td></td>
<td>Painless genital sore</td>
</tr>
<tr>
<td></td>
<td>Rash on palms &amp; soles</td>
</tr>
<tr>
<td></td>
<td>General body rash</td>
</tr>
<tr>
<td></td>
<td>Sores in the mouth</td>
</tr>
<tr>
<td></td>
<td>Patchy hair loss</td>
</tr>
<tr>
<td>Men who have sex with men are at highest risk of getting syphilis.</td>
<td></td>
</tr>
<tr>
<td>Men and women who have unprotected sex can also get syphilis.</td>
<td></td>
</tr>
</tbody>
</table>

## 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.

---

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.

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

NAVY AND MARINE CORPS 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.

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

Learn more about your birth control options >
Hormones or no Hormones?

You Decide

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

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

Learn more about your birth control options >

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

...say their last pregnancy was planned.

Got a plan?

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

Learn more about your birth control options


About half (55%) of enlisted female sailors...

...say their last pregnancy was planned.

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

Learn more about your birth control options
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)
- 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†

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>Relative risk for a person without HIV infection of acquiring HIV infection</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex act</strong></td>
<td></td>
</tr>
<tr>
<td>Insertive fellatio§</td>
<td>1</td>
</tr>
<tr>
<td>Receptive fellatio§</td>
<td>2</td>
</tr>
<tr>
<td>Insertive vaginal sex¶</td>
<td>10</td>
</tr>
<tr>
<td>Receptive vaginal sex¶</td>
<td>20</td>
</tr>
<tr>
<td>Insertive anal sex¶</td>
<td>13</td>
</tr>
<tr>
<td>Receptive anal sex¶</td>
<td>100</td>
</tr>
<tr>
<td><strong>Condom use</strong></td>
<td></td>
</tr>
<tr>
<td>Yes**</td>
<td>1</td>
</tr>
<tr>
<td>No**</td>
<td>20</td>
</tr>
</tbody>
</table>
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 // poser 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’

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