Reproductive and Sexual Health

Webinar – Promoting Sexual Health

(2 April 2014)
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MCCS-Semper Fit
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Good Morning and thank you for joining us!
To listen to the presentation, use the dial in: (877) 885-1087 Code: 704 516 0523#
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The slides and audio will be archived on the NMCPHC webpage at: http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/webinars.aspx
The views expressed in this briefing are those of the author and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the U. S. Government
Objectives

- Describe the impact of sexually transmitted infections, including HIV, and unplanned pregnancies on military populations
- Identify indicators of sexual health behavior in populations and indicators of supportive policies and practices in communities
- List key components of a sexual health promotion campaign
- List sources of sexual health education materials and training and learn from Navy and Marine Corps educators about their sexual health promotion strategies and experiences
Overview

- Requirements for sexual health promotion
- Sexual Health Data
- Key Components of a Sexual Health Campaign
- Resources
- Ideas from the Field
Requirements

- DoDI 1010.10, Health Promotion
  - Achieve national objectives for prevention of STDs, HIV and family planning
  - "SECONAVINST 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.”
  - 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
Percent who said "My Last Pregnancy While in the Navy was Planned" Among Navy Enlisted Women


HP 2020 objective: not less than 56% planned

<table>
<thead>
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<th>Year</th>
<th>% planned</th>
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<td>1992</td>
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<td>1997</td>
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<td>2005</td>
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<td>2008</td>
<td>36</td>
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<tr>
<td>2010</td>
<td>37</td>
</tr>
<tr>
<td>2012</td>
<td>37</td>
</tr>
</tbody>
</table>
Experienced Unplanned Pregnancy in Previous 12 months, Enlisted Members, Navy, 2011

Data Source: 2011 DoD Survey of Health Related Behaviors
Experienced Unplanned Pregnancy in Previous 12 months, Enlisted Members, Marine Corps, 2011
Source: 2011 DoD Survey of Health Related Behaviors

- USMC, Males, 26-34: 3.6%
- USMC, Males, Single: 3.6%
- USMC, Males, 17-20: 5.9%
- USMC, Males, White: 6.1%
- USMC, Males, Non-Hispanic Origin: 6.3%
- USMC, Males in the cohort: 6.5%
- USMC, Males, 21-25: 7.2%
- USMC, Males, Hispanic Origin: 7.3%
- USMC, Females, 26-34: 10.3%
- USMC, Males, Married: 11.1%
- USMC, Males, Black: 11.3%
- USMC, Females, Single: 12.2%
- USMC, Females, White: 13.4%
- USMC, Females, Hispanic Origin: 14.2%
- Total Females in the cohort: 15.9%
- USMC, Females, 17-20: 16.3%
- USMC, Females, Non-Hispanic Origin: 16.5%
- USMC, Females, 21-25: 16.8%
- USMC, Females, Married: 21.1%
- USMC, Females, Black: 25.5%
Failed Birth Control Methods (had unplanned pregnancy)  
Navy Enlisted Women; 2010

Navy Enlisted Women Had UPP While Using B/C; 2012
- used birth control: 29%
- did not use birth control: 71%

Reason no B/C; Navy Enlisted Women; 2012; among all non-users
- pregnant or trying
- do not want to
- other
- not comfortable getting
- religion/personal beliefs
- not fertile
- do not have sex

Series 1

Male Condom
- Pill
- Withdrawal
- IUD
- Ring
- Shot
- Patch
- Vasectomy
- Sterilization
- Implant
- Rhythm method
- Spermicide
- Female condom
- breast-feeding
- Sponge
- Diaphragm/shield/cap

Diaphragm/shield/cap

0 10 20 30 40 50 60

<table>
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<tr>
<th>Method</th>
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<tr>
<td>Diaphragm/shield/cap</td>
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<tr>
<td>Sponge</td>
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<tr>
<td>Breast-feeding</td>
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<tr>
<td>Female condom</td>
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<tr>
<td>Spermicide</td>
<td>2</td>
</tr>
<tr>
<td>Rhythm method</td>
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<td>Implant</td>
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<tr>
<td>Sterilization</td>
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<tr>
<td>Vasectomy</td>
<td>6</td>
</tr>
<tr>
<td>Patch</td>
<td>7</td>
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<tr>
<td>Shot</td>
<td>9</td>
</tr>
<tr>
<td>IUD</td>
<td>15</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>18</td>
</tr>
<tr>
<td>Pill</td>
<td>43</td>
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<tr>
<td>Male Condom</td>
<td>51</td>
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## “Typical” Contraception Effectiveness Rates

<table>
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<tr>
<th>Extremely effective</th>
<th>Very effective</th>
<th>Moderately effective</th>
<th>Effective</th>
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<tbody>
<tr>
<td>Prevents pregnancy &gt;99% of the time</td>
<td>Prevents pregnancy ~91-99% of the time</td>
<td>Prevents pregnancy ~81-90% of the time</td>
<td>Prevents pregnancy up to 80% of the time</td>
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<tr>
<td>Male/Female Sterilization</td>
<td>Pills</td>
<td>Male/Female Condom</td>
<td>Fertility awareness</td>
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<tr>
<td>IUD/IUS Implants</td>
<td>Injectable</td>
<td>Sponge</td>
<td>Cervical cap</td>
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<tr>
<td></td>
<td>Patch</td>
<td>Diaphragm</td>
<td>Spermicide</td>
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<table>
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<th>Year</th>
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<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/Hysterectomy**</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>Spermicidal foam or jelly**</th>
<th>Diaphragm/shield/cap**</th>
<th>Sponge</th>
<th>Other</th>
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# 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                                                        |
Navy and Marine Corps Public Health Center

HIV Seroconversion Rates per 100,000 Active Duty Sailors and Marines Tested

source: Navy Bloodborne Infections Management Center, unpublished data

USMC

Navy

<table>
<thead>
<tr>
<th>Year</th>
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<td>29</td>
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<tr>
<td>2013</td>
<td>16</td>
<td>30</td>
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</tbody>
</table>
Diagnoses of HIV Infection among Adults and Adolescents, by Transmission Category, 2008–2011—United States and 6 Dependent Areas

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays and missing transmission category, but not for incomplete reporting.

a Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.
b Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified.
HIV (DoN) - 2013

• HIV sero-conversion rates among all sailors increased from 29 to 30 per 100K
  • 71 total cases
  • 1 female
  • 3 officers
  • Sero-conversion rates; enlisted male sailors, per 100K tested:
    • Black MALE = 130
    • Hispanic MALE = 21
    • White MALE = 29
    • Other MALE = 40
• HIV sero-conversion rates among all marines decreased from 16 to 13 per 100K
  • 18 total cases
  • 1 female
  • 1 officer

• HIV Home Testing Kit (OraQuick) now FDA approved – may help more at-risk people learn about their infection sooner. Confirmatory test needed.
## Condom Use at Last Sexual Encounter by Unmarried Marines, 2008


<table>
<thead>
<tr>
<th>% Used Condoms</th>
<th>35 and older</th>
<th>female</th>
<th>26-54</th>
<th>officer</th>
<th>5 or more partners</th>
<th>21-25</th>
<th>enlisted</th>
<th>1 partner</th>
<th>male</th>
<th>2-4 partners</th>
<th>17-20</th>
</tr>
</thead>
<tbody>
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<td>Series1</td>
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<td>26</td>
<td>35</td>
<td>36.9</td>
<td>39.1</td>
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<td>41.4</td>
<td>42.2</td>
<td>42.5</td>
<td>45.3</td>
</tr>
</tbody>
</table>

Goal:
- Men = 60.7%
- Women = 38%
Navy and Marine Corps Public Health Center
Condom Use at Last Sexual Encounter by Unmarried Active Duty SAILORS, 2008

% used condoms

- 17-20
- 2-4 partners
- male
- 1 partner
- enlisted
- 21-25
- 26-54
- 5 or more partners
- officer
- female
- 35 and older

Goal: men = 60.7% women = 38%

<table>
<thead>
<tr>
<th>Series1</th>
<th>35 and older</th>
<th>female</th>
<th>officer</th>
<th>5 or more partners</th>
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<td>46.4</td>
<td>46.6</td>
<td>47.8</td>
<td>48</td>
<td>48.8</td>
<td>51.4</td>
</tr>
</tbody>
</table>
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)
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

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)
- less maintenance for doctors and users
- discreet
- provide continuous contraception for 5-10 years
- safe for most women, including teens and HIV positive women
- safer for women who have had a cesarian section, STIs, PID, ectopic pregnancy and for non-menopausal women
- well tolerated by adolescents and most nulliparas
- enjoy every high user satisfaction
- enjoy very high continuation rates
- cost-saving when compared to oral contraceptive pills
- enjoy easy placement and removal by an insertion-removed clinic
- enable rapid return to fertility after removal

**Copper T 380A (TCU380A) (Paragard)**

First year pregnancy probability is 0.8 – 0.9%. First year user continuation rate is 60-65%. Use is associated with a reduction in risk of 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 Adenoviruses like organisms on PAP smear. Spontaneous expulsion rate in the first year is 2-10%. (increased chance with nulliparity, age under 20, menstruation, or severe preeclampsia). Rare but serious health risks include infection, pregnancy complications, and sterilization failure (for sterilization, rate is 1 per 1000 or less per year). If infection may be elevated during lactation). Absolute contraindications include current pregnancy, active pelvic infection, unexplained vaginal bleeding or severe uterine bleeding. Use is NOT contraindicated by prior STI, PID, ectopic pregnancy or current non-menopausal. 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 IUC has virtually disappeared.

**Levonorgestrel (LNG) IUC (Mirena)**

First year pregnancy probability is 0.1 – 0.2%. First year user continuation rate is 67-70%. Use is associated with a reduction in risk of endometrial cancer. Effective up to 10 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-menopausal. 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 IUC has virtually disappeared.
Resources - Guidelines

- Promoting Sexual Health guide
- Condom Access guide
Resources

- **SHARPNess newsletter**
- **SHARP website**
- **HP Toolbox website**
  - Message for CO’s
  - POD notes
  - Activities
  - Posters / videos / fact sheets
- **SHARP Toolbox DVD**
Resources - Lectures

- For Ladies Only
- HIV in the Workplace
- HIV in the DoN
- Reproductive Health
SHARP Resources - Films

- RH: Types of Contraception (2012) (Best DoD Training Film for 2012)
- Chart a Safe Course for Sexual Health (2013)
- Sexual Risk Assessment (2013)
- HIV-STI Prevention Counseling and Sexual Partner Referral (2013)
This little thing?

Don’t want to worry about remembering birth control? This forgettable contraceptive method is 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.

...say their last pregnancy was planned.
Got a plan?

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

Learn more about your birth control options >

Photo via US Navy contract

1 of 3 female sailors who became pregnant while in the Navy...

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

Learn more about your birth control options:

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 another form of birth control if you are concerned about STIs.

Photo source: Bob MacDonald, MACPNC; May 2013

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

Learn more about your birth control options >

Photo via US Navy contract
**GOT YOUR VACCINATIONS?**

Most cervical cancer (70%) and genital warts (90%) are caused by 4 types of the Human Papillomavirus (HPV)

**HPV vaccine can help protect you. Ask your Navy Doc.**

For men and women aged 9–26

9-26

Available now in Navy medical facilities

Be sure to get all 3 doses.

Have you started?

Have you finished?

After your vaccinations...

HPV vaccine does not protect against all HPV types and does not prevent other sexually transmitted infections (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.

**Chlamydia...did you know?**

Can harm you...

**#1**

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

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

8 to 11% of women aged 15-24 seen in U.S. family planning clinics tested positive in 2011. Young men can have silent infections too.

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 25 should ASK for a test every year

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

June 2013

Navy and Marine Corps Public Health Center
Prevention and Protection Start Here

June 2013

Navy and Marine Corps Public Health Center
Prevention and Protection Start Here

Learn More
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 you pills. Always carry them with you.

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

Accidents happen...

The emergency contraceptive pill is birth control you can take shortly after sex to reduce the chance of a pregnancy

One type is available without a prescription or age-limit at retail pharmacies and stores or from any Navy medical facility or Navy pharmacy.

This type of pill can be taken up to 72 hours after sex. But don’t delay. The pill works better when taken sooner.

Other emergency contraception options are also available.

Learn more about your birth control options >>

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 form of birth control because they are not as effective as many other types of birth control.

DRAFT - NOT FOR DISTRIBUTION
Every 4 days...
another sailor gets HIV

...since 1985,
over 4,700
active duty sailors
have been infected
with HIV...

...enough to man
an aircraft carrier

The most common way HIV is spread is through sex.
You can’t tell for sure if a person has HIV just by looking or asking.
You can avoid HIV by having no sex, or delaying sex until later in life.
You can avoid HIV by having sex with only one, faithful, HIV-free partner.
You can greatly reduce risk by using a condom every time you have sex.

Protect yourself from HIV. We need you.

Learn more - http://www.nmcpnc.med.navy.mil/healthyliving/sexual_health

HIV happens...
don’t let it happen to you.

Each year, over 50,000 Americans get HIV,
including about 100 sailors and marines.
Abstinence and mutual monogamy can eliminate your risk.
Condoms - worn every time - can greatly reduce your risk.

Protect yourself.

To learn more, visit http://www.nmcpnc.med.navy.mil/healthyliving

HIV happens...

...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 correctly 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 with casual partners.
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
Ideas from the Field

- Navy - HN Derek Galvao
  Preventive Medicine Technician
  NEPMU 2 Norfolk

- USMC – Mrs. Heather Williams, BS
  Health Educator
  MCCS-Semper Fit
  MCB Camp Pendleton, CA
Please complete the Poll Question on your screen now.

Questions, Concerns, Ideas?
Speaker Contact Information

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**Navy Speaker - HN Derek Galvao**
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**Marine Corps Speaker – Heather Williams**
Health Educator
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Continuing Education

- NMCPHC is a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) to receive 1 Category 1 CECH but only when viewed during the live webinar. If you are a CHES and you viewed the live webinar, E-mail your name and CHES number to: Melissa.cazaux@med.navy.mil

- If you have viewed the recorded version of the webinar online and would like to request Cat. II CECH, download the certificate for this webinar from the NMCPHC Webinar website, complete it and send it to the NCHEC, Inc. for 1 Cat. II CECH
The slides and audio will be archived on the NMCPHC webpage at: http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/webinars.aspx

Thank you for joining us and if you have any questions, please email Bob MacDonald at michael.r.macdonald@med.navy.mil
Upcoming Webinars

- “How I Ask My Patient About Sexual Health”
  - Wednesday, 9 April 2014, 1200-1300 EST
  - [https://connect.dco.dod.mil/howiaskwebinar/](https://connect.dco.dod.mil/howiaskwebinar/)
  - Dial-in (877) 885-1087 Passcode: 704-516-0523

- “Navy Medicine and Unplanned Pregnancy Prevention”
  - Wednesday, 16 April 2014, 1200-1300 EST
  - Dial-in (877) 885-1087 Passcode: 704-516-0523

- To register for the webinars, email Melissa Cazaux at melissa.cazaux@med.navy.mil or visit [http://www.med.navy.mil/sites/nmcphtc/health-promotion/Pages/webinars.aspx](http://www.med.navy.mil/sites/nmcphtc/health-promotion/Pages/webinars.aspx)