

Fleet and Marine Corps HRA Sexual Health Supplement, 02 January – 31 December 2015

Executive Summary

The Fleet and Marine Corps Health Risk Appraisal (HRA) is a 22-question anonymous self-assessment of the most common health risk behaviors. It supports preventive health screening and counseling by healthcare providers during the annual Periodic Health Assessment (PHA), provides individual members with credible sources of health information on the Web, provides data to health educators to plan and implement community interventions, and provides commanding officers at all levels with snapshots of their unit profiles.

The tool is web-based, but there is also a stand-alone Excel version that can be used on ships that have poor Internet connectivity. Completion of the assessment takes about three minutes and provides personalized reports to each individual. A total of 238,431 completed assessments were analyzed during 02 January to 31 December 2015 and included both active and reserve component (Rc) members from the Navy (USN), Marine Corps (USMC), and Coast Guard (USCG).

This report utilizes both descriptive and analytic methods to report the results on the total responses, as well as by service component and specific demographic characteristics. Demographic variables that were examined included age, gender, race, rank, and service component. Analyses utilized one of two measures: 1) ‘healthy’ or ‘unhealthy’ risk ratings or 2) “days away from home station”.



This analysis consisted of HRAs completed from 02 January to 31 December 2015 by 152,973 active duty and reserve Sailors, 45,405 active duty and reserve Marines, and 40,053 active duty and reserve Coast Guard members who responded to the following sexual health questions on the HRA:

Question #13. In the past 12 months, how often did you or your partner(s) use a condom when you had sex (Read all choices below carefully before responding)?

- a. Does not apply to me because I am in a long-term relationship where we only have sex with each other - OR - does not apply to me and my partner(s) for other reasons.
- b. Currently I am not sexually active
- c. Always
- d. Most of the time
- e. Sometimes
- f. Rarely or Never

Answer choices a-c for Question 13 (condom use) were categorized as healthy. Answer choices d-f were considered unhealthy.

Question #22. For both men and women, regarding your actions related to possible pregnancy:

- a. I am not having sexual intercourse at this time in my life
- b. My partner or I are not fertile
- c. My partner and I are pregnant -OR- are trying to have a baby now
- d. My partner or I are correctly and consistently using birth control ALL the time
- e. My partner or I are correctly using birth control MOST of the time
- f. My partner or I are correctly using birth control SOME of the time
- g. My partner and I are not using birth control

For question 22 (pregnancy planning), the answer choices a-d are considered healthy. Unhealthy answer choices were e-g.



Results

Overall, the percentage of change in healthy HRA responses for the sexual health questions remained fairly constant from 2014 to 2015.

Table I. Percent Change in Healthy HRA Responses, 2015 HRA^a

	2014 (N = 221,052)	2015 (N=238,431)	Percent (%) Change
Condom Use	84.3	84.0	-0.4
Pregnancy Planning	85.0	84.9	-0.1

^a May not exactly total 100 due to rounding error.

^aPercent Change calculation = [(2015 Value - 2014 Value)/2014 Value]*100

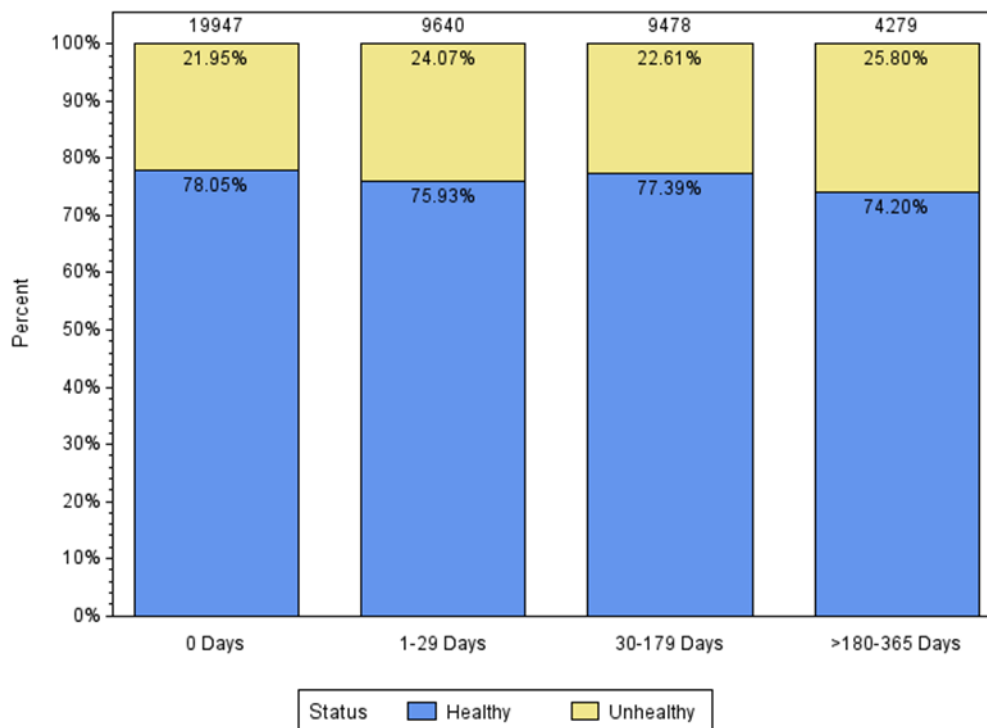
Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 08 April 2016.



Condom Use

Healthy behaviors related to condom use decreased slightly as time away from the home station increased from 0 days to 180-365 days (78% to 74% respectively) for the USMC (Figure A).

Figure A:
Self-Reported Health Risk Assessment Data, 2 Jan 2015 - 31 Dec 2015
USMC Condom Usage Response Profile
43,344 records

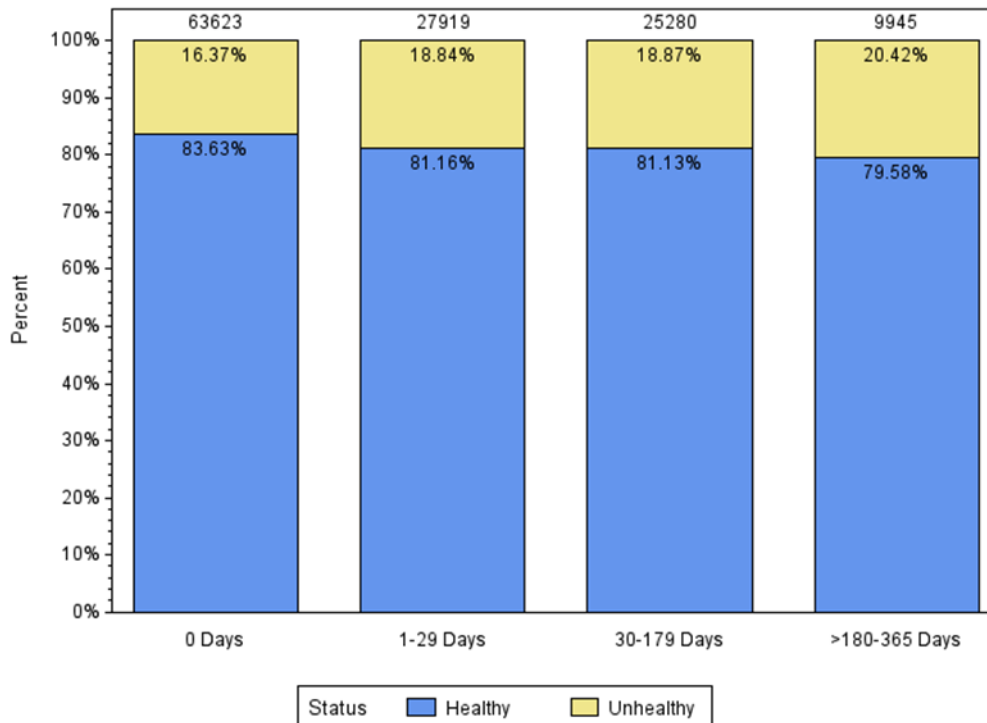


Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 08 April 2016



Healthy behaviors related to condom use also decreased slightly for the USN as time increased away from the home station (84% to 80% respectively) (Figure B).

Figure B:
Self-Reported Health Risk Assessment Data, 2 Jan 2015 - 31 Dec 2015
USN Condom Usage Response Profile
 126,767 records

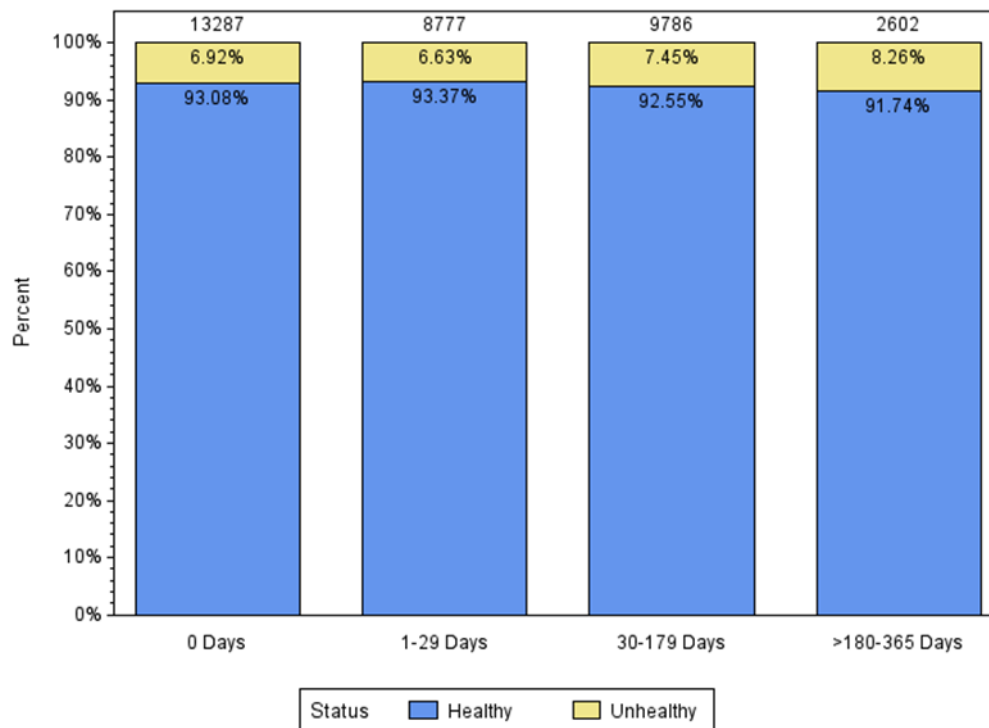


Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 08 April 2016



Healthy behaviors related to condom use for the USCG remained fairly constant as time away from the home station increased from 0 days to greater than 180 days (93% to 92% respectively) (Figure C).

Figure C:
Self-Reported Health Risk Assessment Data, 2 Jan 2015 - 31 Dec 2015
USCG Condom Usage Response Profile
 34,452 records

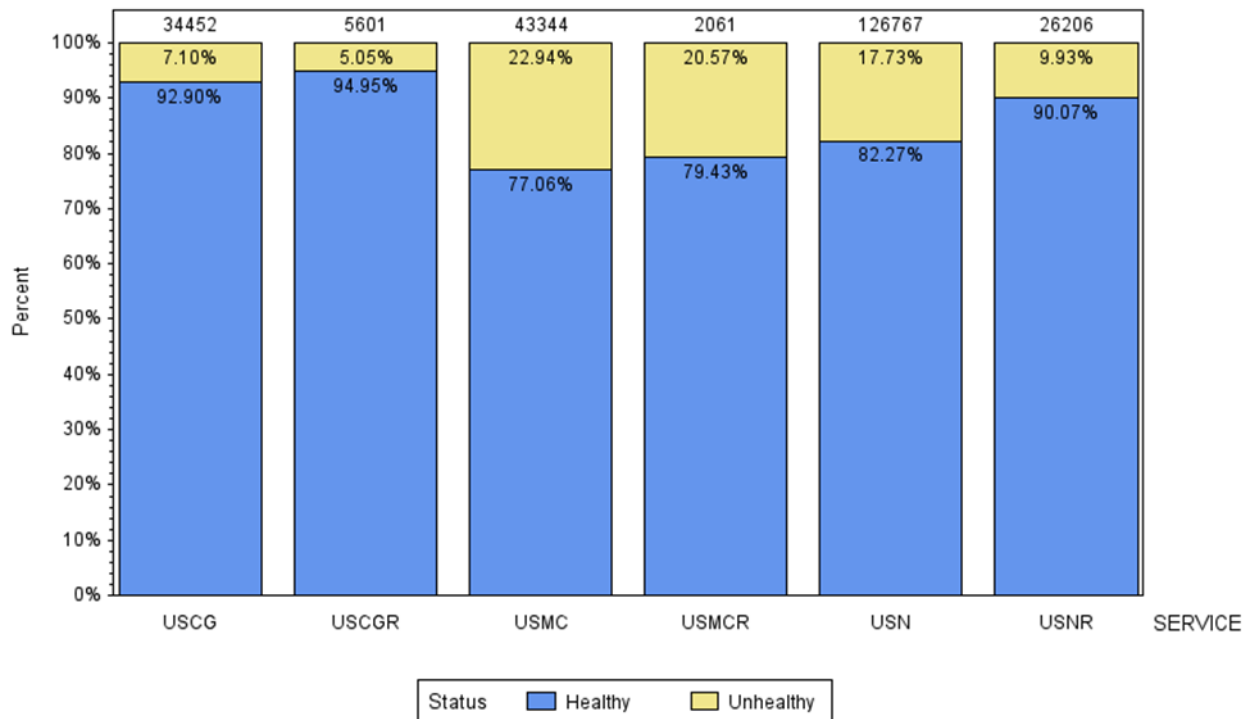


Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 08 April 2016



Healthy behaviors related to condom use was highest for the USCGR and USCG at 95% and 93% respectively. Healthy behaviors reported for the USNR and USN were at 90% and 82% respectively. The USMCR and USMC reported the lowest number of healthy behaviors at 79% and 77% respectively (Figure D).

Figure D:
Self-Reported Health Risk Assessment Data, 2 Jan 2015 - 31 Dec 2015
Condom Usage Response Profile by Service Component
 238,431 records

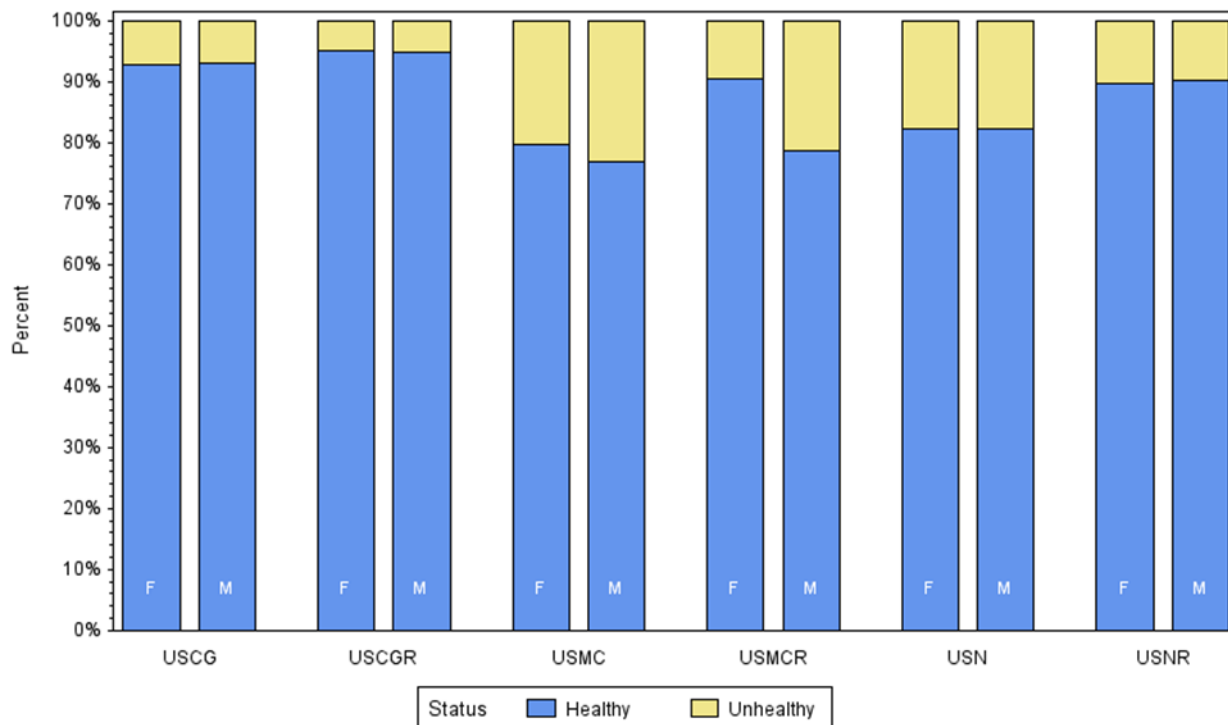


Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 08 April 2016



Healthy behaviors related to condom use was fairly consistent between men and women across all services, with the exception of the USMCR, where females reported roughly 12% higher healthy behaviors vs males (Figure E, Table II).

Figure E:
Self-Reported Health Risk Assessment Data, 2 Jan 2015 - 31 Dec 2015
Condom Use Response Profile by Service Component and Gender
 238,431 records



Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 08 April 2016



Table II. Condom Use Healthy Responses by Service Component and Gender, 2015 HRA

Service	Gender	Percent (%)	n
USCG	Female	92.7	5,408
	Male	93	29,044
USCGR	Female	95.1	899
	Male	94.9	4,702
USMC	Female	79.8	3,920
	Male	76.8	39,424
USMCR	Female	90.4	135
	Male	78.7	1,926
USN	Female	82.4	27,856
	Male	82.2	98,911
USNR	Female	89.8	5,544
	Male	90.2	20,662

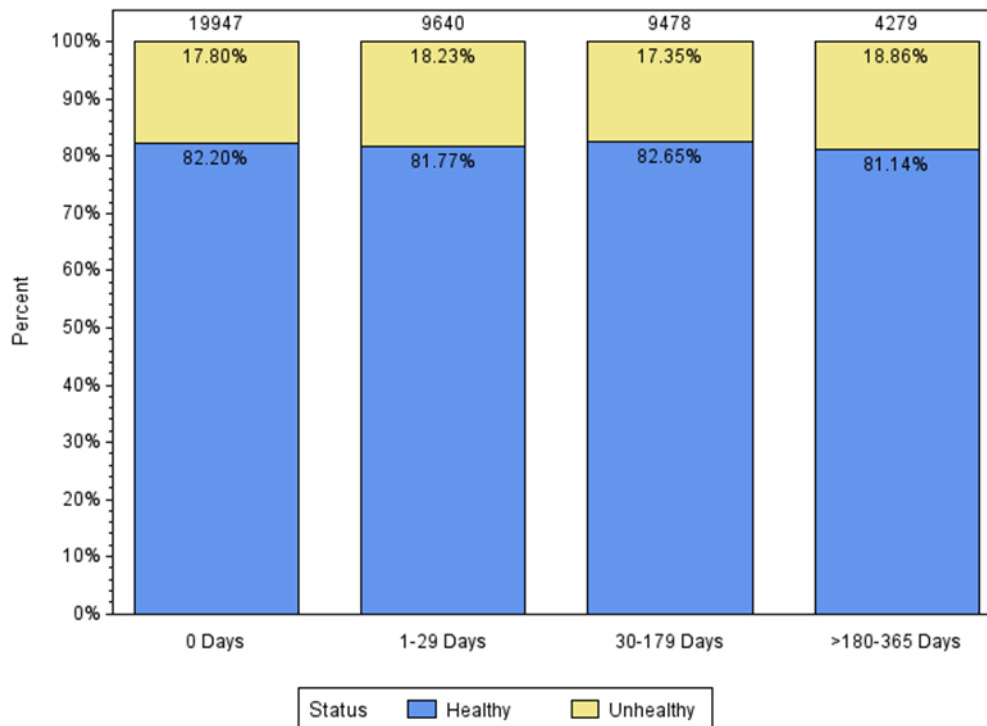
Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 08 April 2016.



Pregnancy Planning

Healthy behaviors related to pregnancy planning remained fairly constant as time away from the home station increased from 0 days to greater than 180 days (82% to 81% respectively) for the USMC (Figure F).

Figure F:
Self-Reported Health Risk Assessment Data, 2 Jan 2015 - 31 Dec 2015
USMC Pregnancy Planning Response Profile
 43,344 records

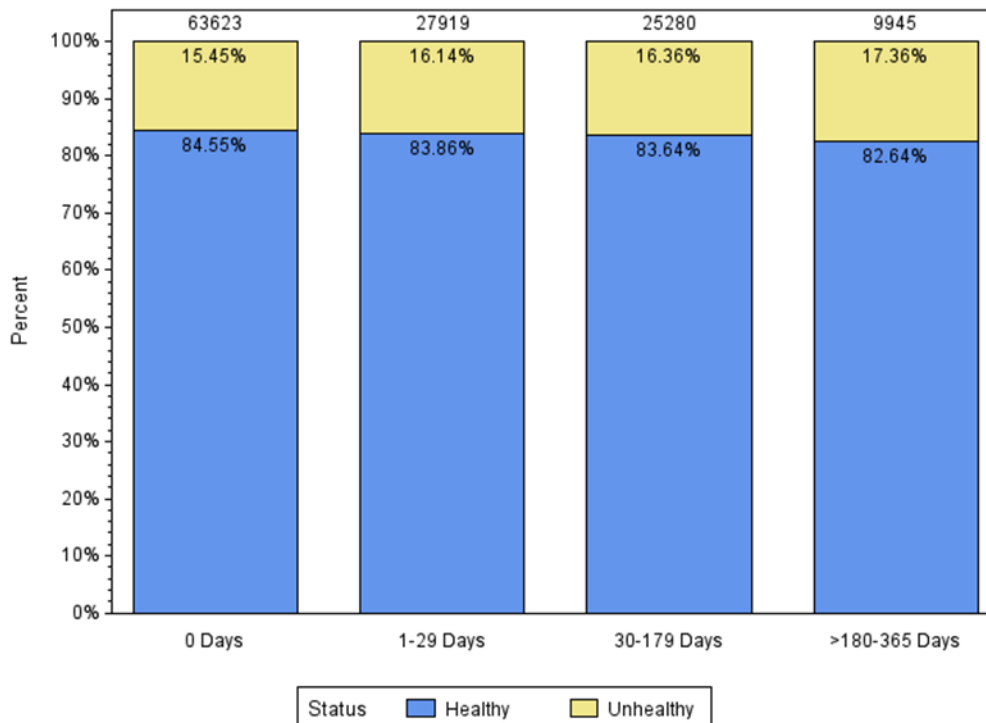


Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 08 April 2016



For the USN, healthy behaviors regarding pregnancy planning also remained fairly constant as time away from home station increased from 0 days to greater than 180 days (84% to 82% respectively) (Figure G).

Figure G:
Self-Reported Health Risk Assessment Data, 2 Jan 2015 - 31 Dec 2015
USN Pregnancy Planning Response Profile
 126,767 records

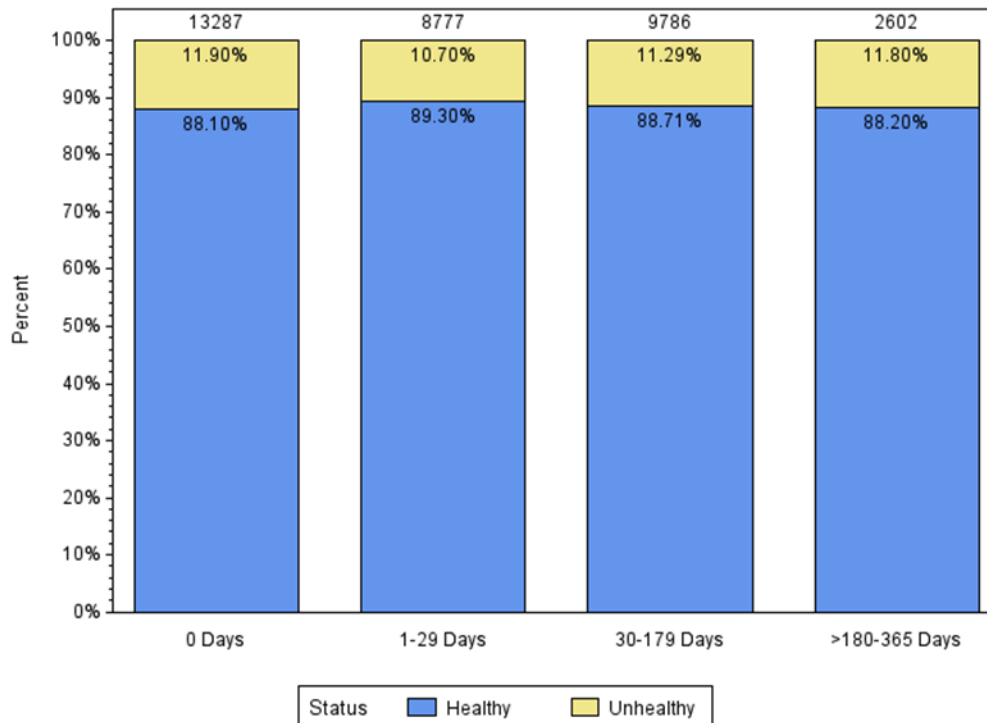


Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 08 April 2016



For the USCG, healthy behaviors regarding pregnancy planning also remained constant as time away from home station increased from 0 days to greater than 180 days (88%) (Figure H).

Figure H:
Self-Reported Health Risk Assessment Data, 2 Jan 2015 - 31 Dec 2015
USCG Pregnancy Planning Response Profile
 34,452 records

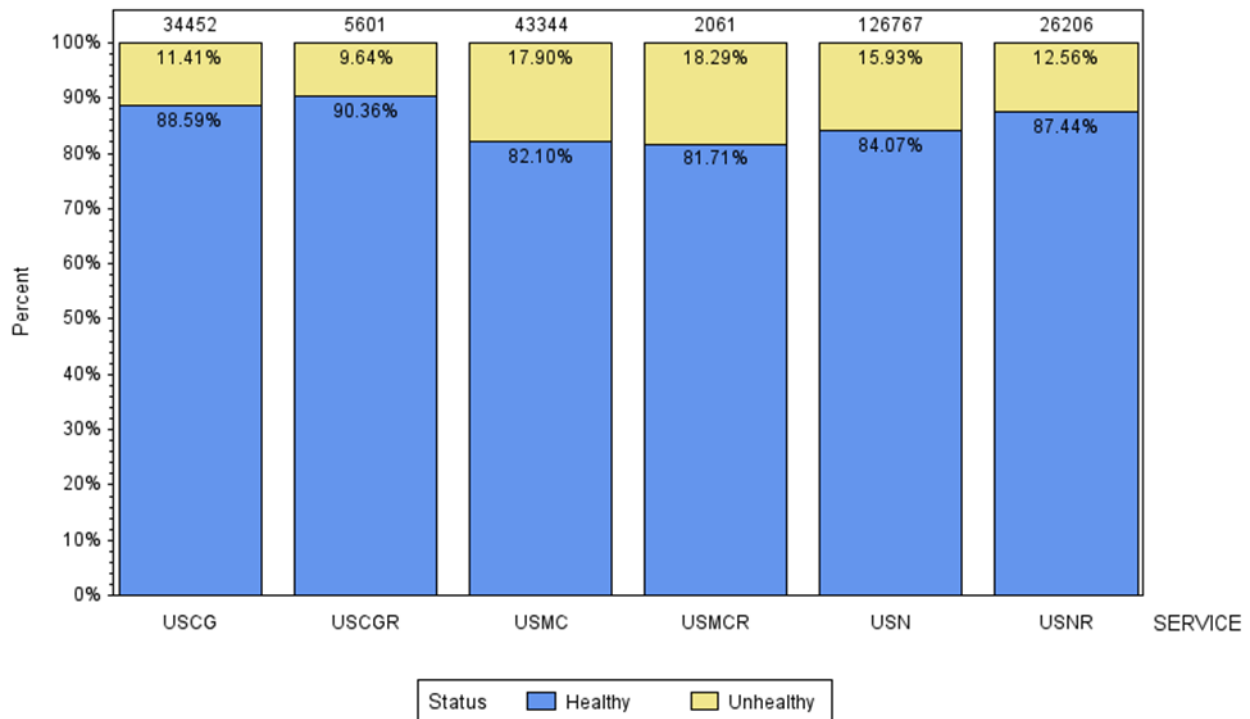


Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 08 April 2016



Healthy behaviors related to pregnancy planning was highest for the USCGR and USCG at 90% and 89% respectively. Healthy behaviors reported for the USNR and USN were at 87% and 84% respectively. The USMCR and USMC reported the lowest number of healthy behaviors at 81% and 82% respectively (Figure I).

Figure I:
Self-Reported Health Risk Assessment Data, 2 Jan 2015 - 31 Dec 2015
Pregnancy Planning Response Profile by Service Component
 238,431 records

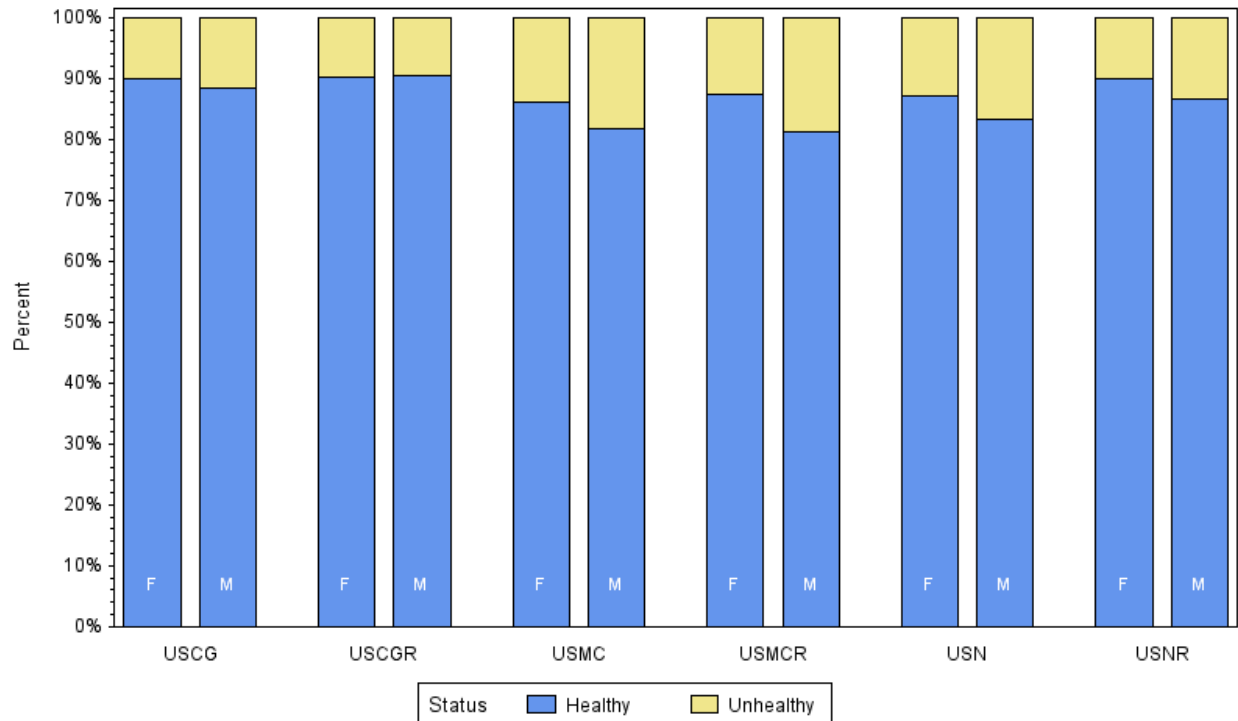


Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 08 April 2016



Healthy behaviors related to pregnancy planning was consistent between males and females within the USCG and the USCGR. For all Marine and Navy components, females reported more healthy behaviors compared to males (Figure J and Table III).

Figure J:
Self-Reported Health Risk Assessment Data, 2 Jan 2015 - 31 Dec 2015
Pregnancy Planning Response Profile by Service Component and Gender
 238,431 records



Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 08 April 2016



Table III. Pregnancy Planning Healthy Responses by Service Component and Gender, 2015 HRA

Service	Gender	Percent (%)	n
USCG	Female	90.1	5,408
	Male	88.3	29,044
USCGR	Female	90.2	899
	Male	90.4	4,702
USMC	Female	86.2	3,920
	Male	81.7	39,424
USMCR	Female	87.4	135
	Male	81.3	1,926
USN	Female	87.0	27,856
	Male	83.2	98,911
USNR	Female	90.0	5,544
	Male	86.7	20,662

Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 08 April 2016.



Discussion

Strengths and Limitations

Anonymity is a key strength of the survey, making it more likely that participants will answer honestly about risky behaviors in which they engage. Because this is a voluntary survey, administered when a command obtains a logon code, the results can be viewed as a sample of the persons that completed the survey. The more commands that participate, the more the results represent the service-specific healthy behaviors.

Limitations of this report can be attributed to the limitations of the data collection tool. As a self-reported survey, the results can be biased due to participant recall or by the tendency to report socially desirable responses. As such, some overestimation of positive behaviors and underestimation of negative behaviors may occur. It is possible for an individual to take the survey multiple times, as there is no way to block or detect duplicate entries, but there is little incentive to take the survey multiple times. It is also difficult to directly compare service components because the demographic characteristics that influence health behavior, as described earlier, vary significantly. Records collected by commands using the stand-alone version may not have all been sent to NMCPHC and, consequently, were not included in the master data set.

Notes

An active duty sailor or marine is diagnosed with HIV about every four days.¹ In 2015, over 7,500 active duty sailors and marines were diagnosed with syphilis, gonorrhea, or chlamydia.² The most reliable way to avoid sexually transmitted infections (STIs), including human immunodeficiency virus (HIV), is to abstain from sexual activity or to be in a long-term mutually monogamous relationship with an uninfected partner. For people who engage in sex outside of a long-term mutually monogamous relationship, male latex condoms, worn correctly and every time, reduce the risk of acquiring or transmitting HIV, syphilis, gonorrhea, chlamydia, chancroid, genital herpes, trichomoniasis, and human papillomavirus. Inconsistent use of condoms (i.e. not using them “always”) can lead to a STI because transmission can occur from a single sexual encounter (vaginal, oral, or anal sex) with an infected partner.

Unplanned pregnancies are common among military members aged 18-24.³ In 2010, two of three surveyed active duty enlisted Navy women who had become pregnant while enlisted in the Navy said their last pregnancy was unplanned. Non-use of contraception accounted for about half of these unplanned pregnancies and contraception failure (inconsistent use of oral contraceptive pills or condoms) accounted for nearly all others.⁴



References:

1. NMCPHC, Navy Bloodborne Infection Management Center (NBIMC). HIV Seroconversion Data. 2012 (Unpublished).
2. NMCPHC EpiData Center. Sexually Transmitted Infections Annual Report 2015.
3. Navy Personnel Research, Studies, and Technology. 2010 Pregnancy and Parenthood Survey. Available at: <http://www.nprst.navy.mil/SurveyResults/2010NavyPregnancyandParenthoodSurvey.pdf>. Published September 2011. Accessed March 4, 2013.
4. Bray, R., Pemberton, M., Hourani, L., et al. 2008 Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel. Available at: <http://www.tricare.mil/tma/2008HealthBehaviors.pdf> . Published September 2009. Accessed March 4, 2013.

POINT OF CONTACT

Navy and Marine Corps Public Health Center
Occupational-Environmental Epidemiology Division
EpiData Center Department
<http://go.usa.gov/7dHP>

Christopher P. Rennix, ScD, MS, CIH
757.953.0955
christopher.p.rennix.civ@mail.mil

