

# **Fleet and Marine Corps HRA Sexual Health Supplement, January 1, 2014 – December 31, 2014**

## **Executive Summary**

The Fleet and Marine Corps Health Risk Appraisal (HRA) is a 22-question anonymous self-assessment of many 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 individualized, 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 and other settings that have poor Internet connectivity. Completion of the assessment takes about three minutes and provides personalized reports to each individual. A total of 221,052 completed assessments were analyzed during 1 January to 31 December 2014 and included both active and reserve (R) 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 is limited to HRAs completed from 1 January to 31 December 2014 by 112,129 active duty and reserve Sailors' and 39,923 active duty and reserve Marines' responses to the two sexual health questions on the HRA (questions #13 and #22), which read:

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. Not applicable. I am in a long-term relationship where we only have sex with each other / I am not sexually active
- b. Always
- c. Most of the time
- d. Sometimes
- e. Rarely
- f. Never

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 -OR- my partner or I are not fertile
- b. My partner and I are pregnant -OR- are trying to have a baby now
- c. My partner or I are correctly and consistently using birth control ALL the time
- d. My partner or I are correctly using birth control MOST of the time
- e. My partner or I are correctly using birth control SOME of the time
- f. My partner and I are not using birth control

## Results

Overall, the percentage of change in healthy HRA responses for the sexual health questions slightly increased.



**Table I. Percent Change in Healthy HRA Responses, Total<sup>a</sup>**

	2013 (N = 233,281)	2014 (N = 221,052)	% Change
Condom Use	83.9	84.3	0.5
Pregnancy Planning	84.5	85.0	0.6

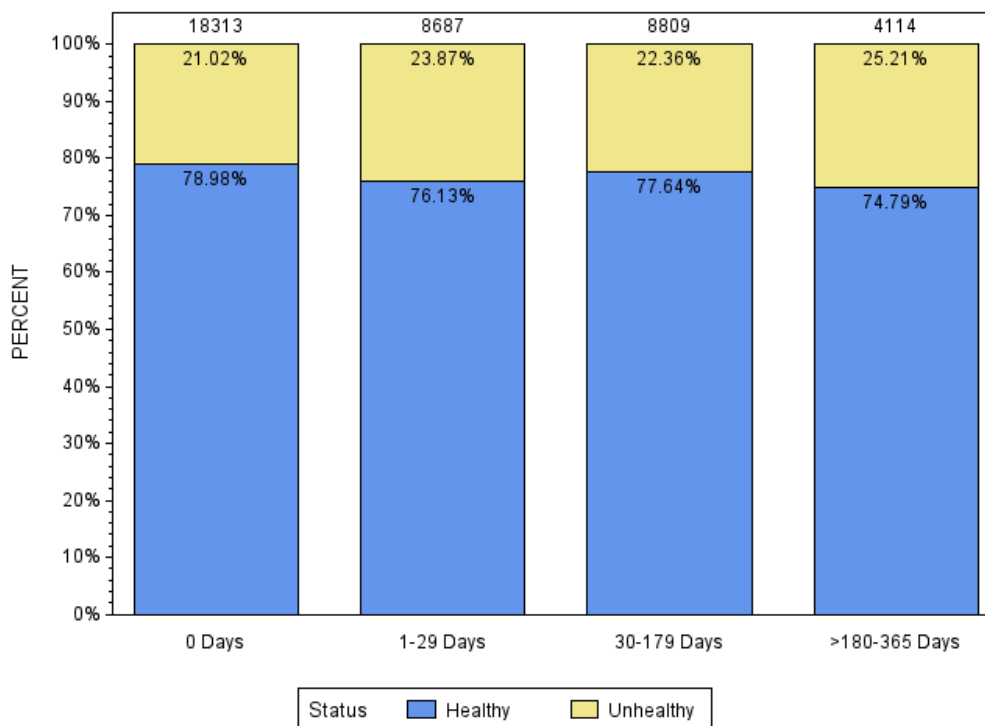
<sup>a</sup> May not exactly total 100 due to rounding error.

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*Condom Use*

The results for USMC and USN are presented in Figures A and B. Condom use profiles across all services are presented in Figures C and D and Table 2.

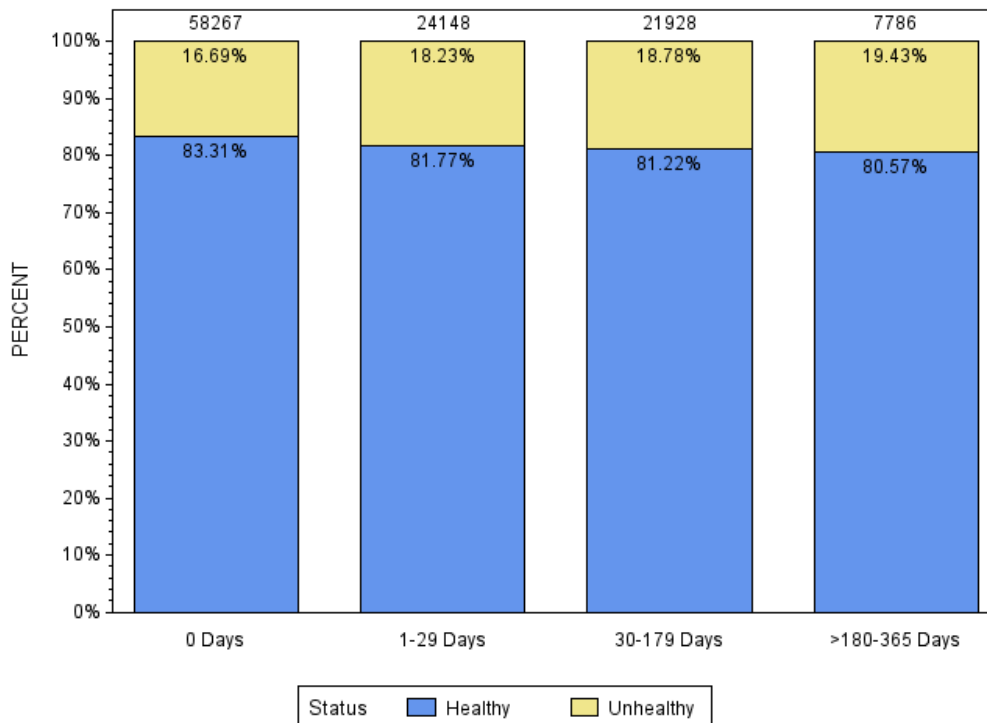
**Figure A:  
 Self-Reported Health Risk Assessment Data, 1 Jan 2014 - 31 Dec 2014  
 USMC Condom Usage Response Profile  
 39,923 records**



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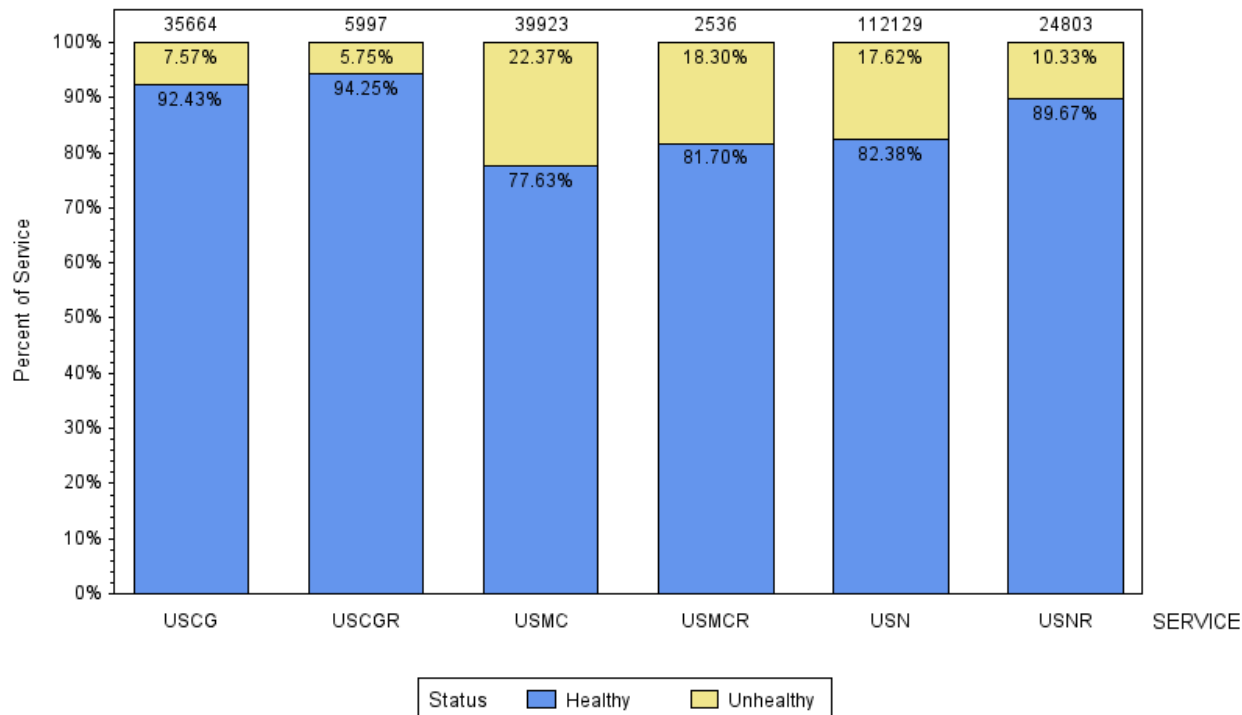
Figure B:  
**Self-Reported Health Risk Assessment Data, 1 Jan 2014 - 31 Dec 2014**  
**USN Condom Usage Response Profile**  
 112,129 records



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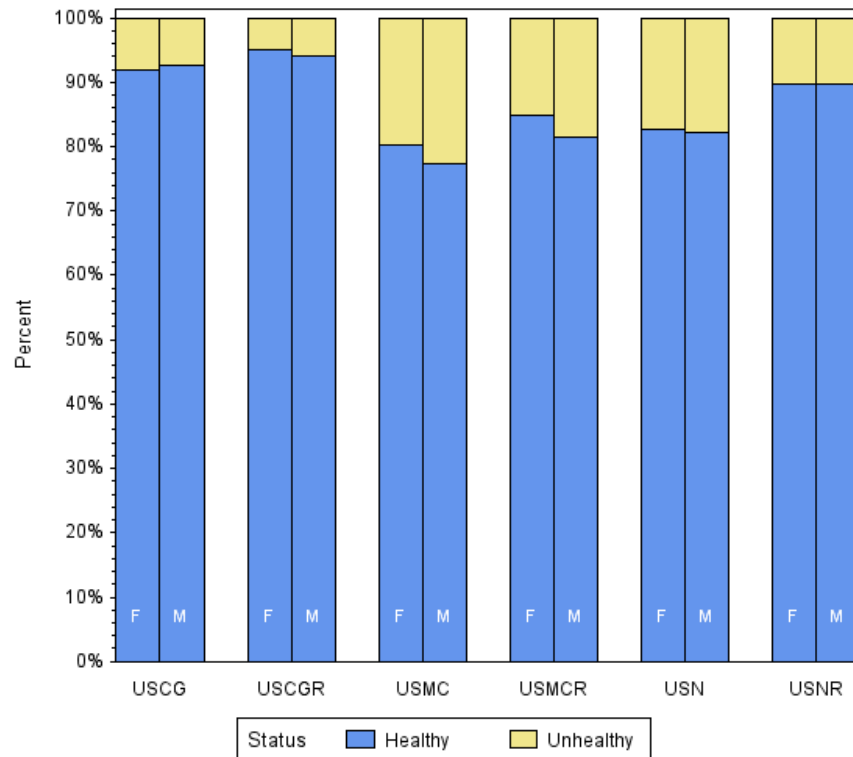
Figure C:  
**Self-Reported Health Risk Assessment Data, 1 Jan 2014 - 31 Dec 2014**  
**Condom Usage Response Profile by Service Component**  
 221,052 records



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Figure D:  
**Condom Use Response Profile by Service Component and Gender**  
 221,052 records



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**Table II.** Condom Use Healthy Responses by Service Component and Gender

Service	Gender	%	n
USCG	Female	91.8	4,991
	Male	92.5	27,973
USCGR	Female	95.1	910
	Male	94.1	4,742
USMC	Female	80.4	2,703
	Male	77.4	28,290
USMCR	Female	84.9	141
	Male	81.5	1,931
USN	Female	82.8	20,260
	Male	82.3	72,113
USNR	Female	89.8	4,662
	Male	86.6	17,579

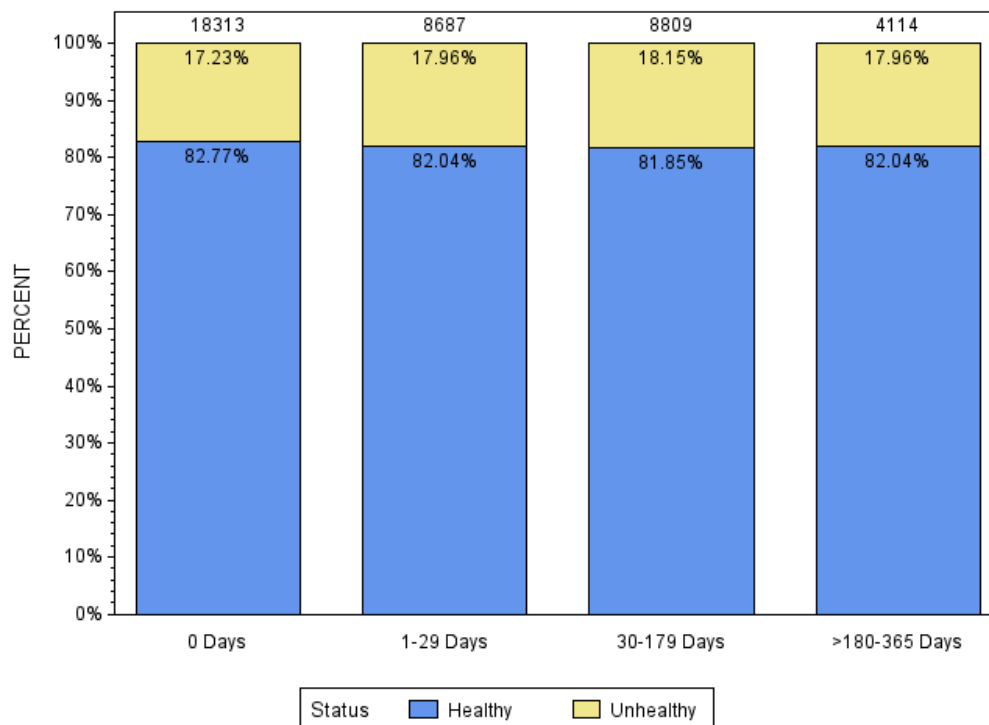
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*Pregnancy Planning*

Figures E and F display results for the pregnancy planning question on the HRA for USMC and USN. Responses across services are presented in Figures G and H and Table 3.

**Figure E:**  
**Self-Reported Health Risk Assessment Data, 1 Jan 2014 - 31 Dec 2014**  
**USMC Pregnancy Planning Response Profile**  
 39,923 records

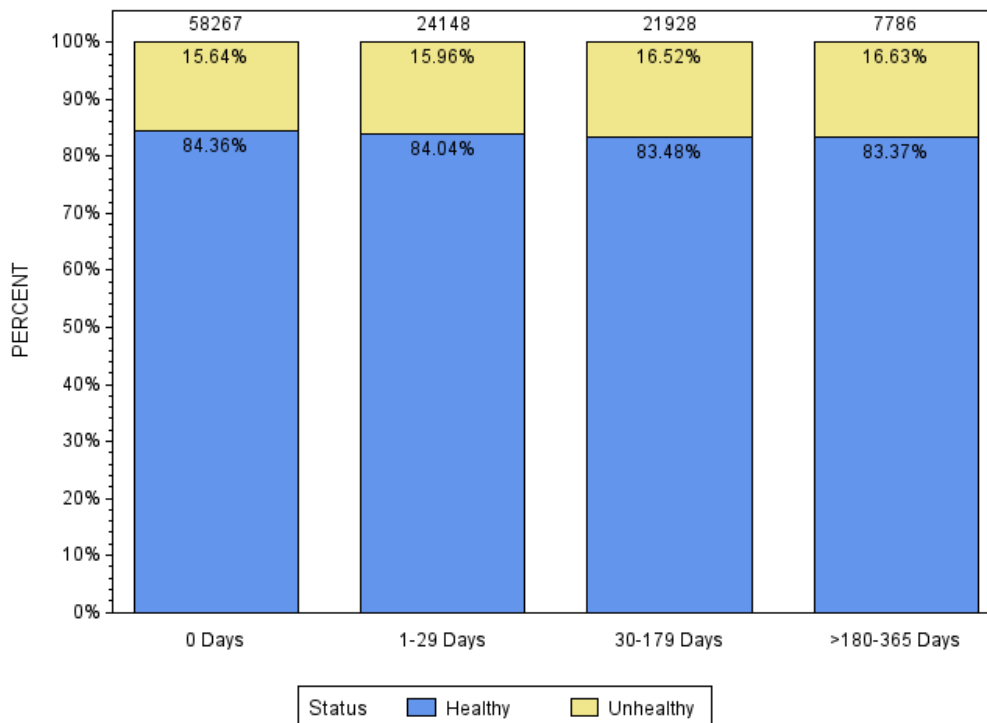


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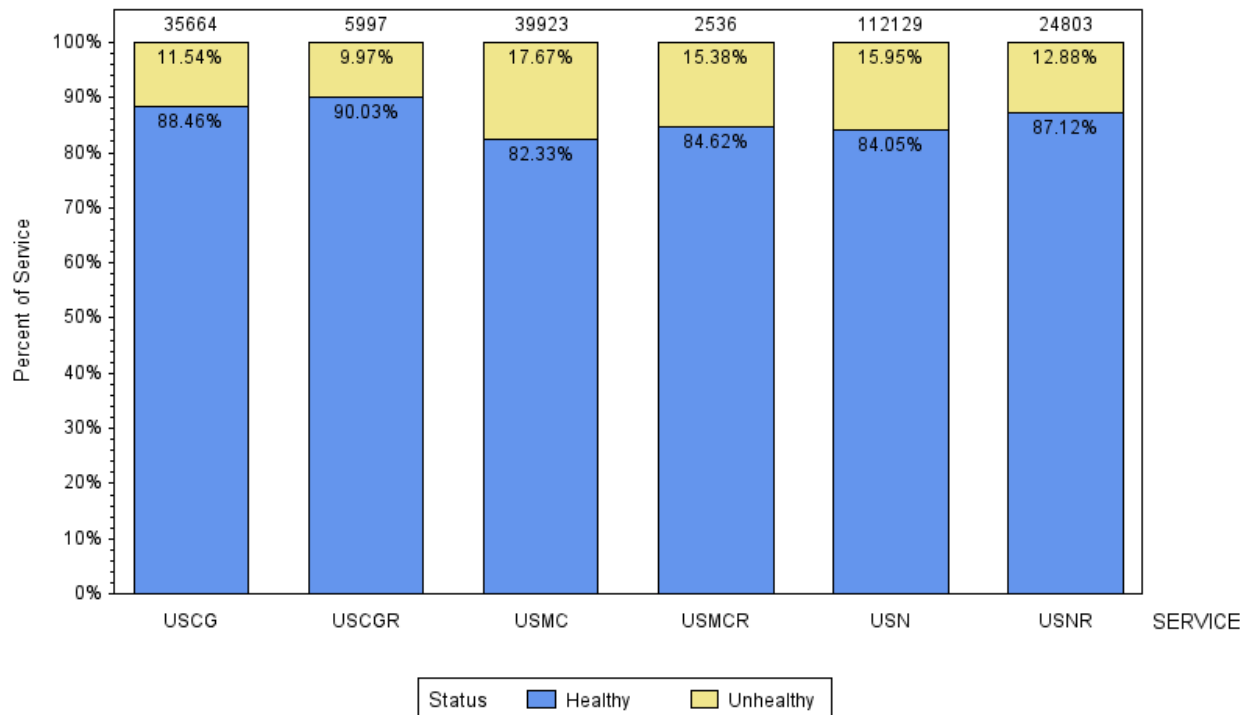
Figure F:  
**Self-Reported Health Risk Assessment Data, 1 Jan 2014 - 31 Dec 2014**  
**USN Pregnancy Planning Response Profile**  
 112,129 records



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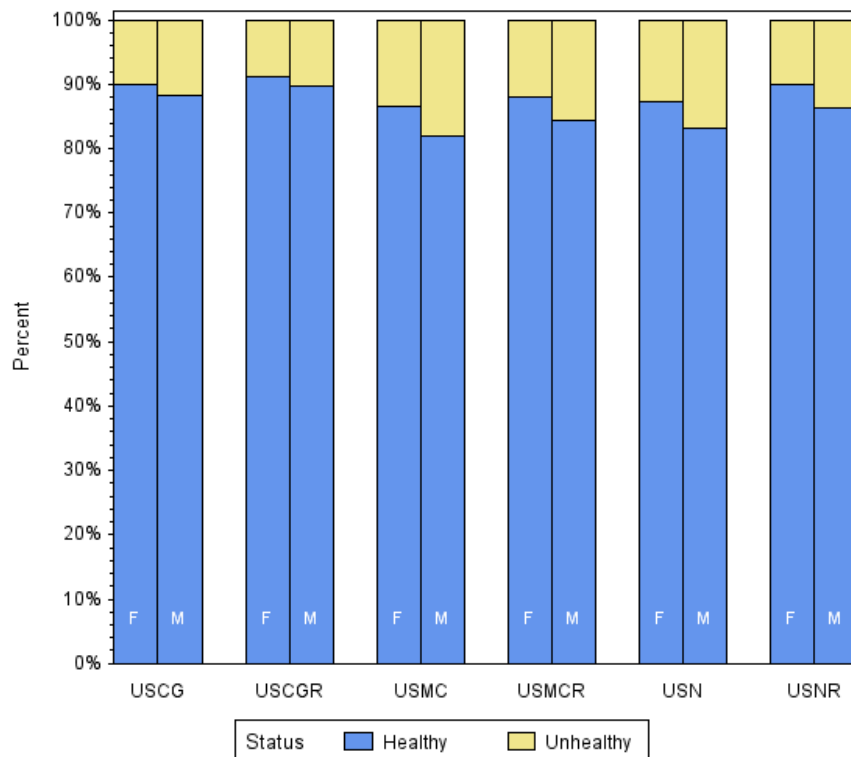
Figure G:  
**Self-Reported Health Risk Assessment Data, 1 Jan 2014 - 31 Dec 2014**  
**Pregnancy Planning Response Profile by Service Component**  
 221,052 records



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Figure H:  
**Pregnancy Planning Response Profile by Service Component and Gender**  
 221,052 records



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**Table III.** Pregnancy Planning Healthy Responses by Service Component and Gender

Service	Gender	%	n
USCG	Female	90.0	4,892
	Male	88.2	26,656
USCGR	Female	91.1	872
	Male	89.8	4,527
USMC	Female	86.5	2,909
	Male	82	29,961
USMCR	Female	88	146
	Male	84.4	2,000
USN	Female	87.4	21,387
	Male	83.1	72,857
USNR	Female	90.1	4,676
	Male	86.3	16,933

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## Discussion

### *Strengths and Limitations*

A key strength of the survey results is that the questionnaire does not ask for any personal identifiers, making it more likely that participants will answer honestly about risky behaviors in which they engage. In regards to sampling bias, taking the assessment is merely a matter of commands' implementation of the PHA process or use of the HRA as a component of a workplace wellness program; thus, these responses would not represent a convenience sample.

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. Although there is no reason to suspect that individuals complete the questionnaire multiple times, there is no way to block or detect duplicate entries. It is also difficult to directly compare service components because the demographic characteristics that influence health behavior, as described earlier, vary significantly. Records completed at locations using the stand-alone version may or may not have been sent to NMCPHC for inclusion in the master dataset.

### *Notes*

An active duty sailor or marine is diagnosed with HIV about every four days.<sup>1</sup> In 2014, over 6,000 active duty sailors and marines were diagnosed with syphilis, gonorrhea, or chlamydia.<sup>2</sup> 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 STI because transmission can occur with a single sexual encounter (vaginal, oral, or anal sex) with an infected partner.

Unplanned pregnancies are common among military members aged 18-24.<sup>3</sup> In 2012, two of three surveyed active duty enlisted Navy women said their last pregnancy while in the Navy was unplanned, with non-use of contraception accounting for over half of these unplanned pregnancies and contraception failure (inconsistent use of oral contraceptive pills or condoms) accounting for nearly all others.<sup>4</sup>



**References:**

1. NMCPHC, Navy Bloodborne Infection Management Center (NBIMC). HIV Seroconversion Data. 2014 (Unpublished).
2. NMCPHC EpiData Center. Sexually Transmitted Infections Annual Report 2014.
3. Navy Personnel Research, Studies, and Technology. 2012 Pregnancy and Parenthood Survey. Available at: [http://www.public.navy.mil/bupers-npc/organization/bupers/WomensPolicy/Documents/2012\\_Pregnancy\\_and\\_Parenthood\\_Executive\\_Summary.pdf](http://www.public.navy.mil/bupers-npc/organization/bupers/WomensPolicy/Documents/2012_Pregnancy_and_Parenthood_Executive_Summary.pdf). Published October 2014. Accessed April 28, 2015.
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.

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