Ibis Reproductive Health

Sexual and reproductive health of women in the US military

Issue brief 4: The impact of unintended pregnancy on servicewomen and the military

Introduction

Women play an integral role in the US military, comprising 15% of the active-duty force and 19% of the Reserve and Guard.[1] Servicewomen face unique challenges when it comes to accessing contraception and abortion services, especially during deployment when these services may be limited. Furthermore, policies prohibiting or discouraging sexual activity may prevent women from seeking the care to which they are entitled. Unintended pregnancy and access to reproductive health services are not only public health and reproductive justice concerns, but also impact troop readiness, deployment, and military health care costs.

Ibis Reproductive Health launched a program of work in 2010 to fill the gaps in knowledge about servicewomen's sexual and reproductive health needs and experiences. In this brief, we explore the impact of unintended pregnancy on servicewomen and military troop readiness. We analyzed unintended pregnancy data among active-duty women, examined the roles of women in the military, and reviewed existing literature describing the consequences of unintended pregnancy for servicewomen and military operations. The results of our review and analyses are presented below.

Trends in unintended pregnancy in the military

An unintended pregnancy is a pregnancy that is mistimed, unplanned, or unwanted. We analyzed data from the 2011 Survey of Health Related Behaviors (HRB) to estimate unintended pregnancy rates among a representative sample of active-duty women. Because active-duty personnel have access to high-quality health care at no cost, one might expect unintended pregnancy rates to be lower in the military compared to the general US population; however, the opposite appears to be true. Overall, 7% of active-duty women aged 18-44 reported an unintended pregnancy in the prior year,[2] compared to 4.5% of women of reproductive age in the general US population.[3] Analyses from the 2008 HRB survey found that although women in the military are younger on average than the general US population, and younger women are more likely to have an unintended pregnancy, after adjusting for differences in age, the unintended pregnancy rate in the military was still significantly higher.[4]

Women who were married (versus unmarried), enlisted pay grade (versus officer), and serving in the Navy or Marine Corps (versus Air Force) had higher unintended pregnancy rates. Data on age, race/ethnicity, and education level were not included in the 2011 Health Related Behaviors Survey public use data file and could not be explored.[2]

If the overall unintended pregnancy rate in the military is applied to the 198,000 active-duty women of reproductive age,[5] there are an estimated 13,860 unintended pregnancies in the military each year. We also found that 10% of women who were deployed for 11-12 months in 2011 reported an unintended pregnancy in the prior year, suggesting that their pregnancies occurred during deployment.[2] If this proportion is applied to the estimated 53,374 women who deployed in 2011 (22% of active-duty women reporting they were deployed in the 2011 survey, applied to the 242,613 active-duty women that year[6]), there were approximately 5,337 women who experienced an unintended pregnancy during deployment in 2011 alone.

More than 1 in 15 active-duty women aged 18-44 reported an unintended pregnancy in the past year.

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The impact of unintended pregnancy on women

Unintended pregnancy that results in birth can lead to numerous negative maternal and child health outcomes, including low birth weight and preterm birth,[7] lower rates of breastfeeding,[8,9] and postpartum depression.[9] Military women may face other unique challenges in addition to these general health consequences.

Although both planned and unplanned pregnancy can be compatible with a successful military career, each has the potential to lead to a host of negative career impacts, including a woman's voluntary separation from military service or involuntary separation. In particular, single parents and dual military couples who do not have an approved Family Care Plan that states who will take care of dependents under 18 years of age in the event of deployment can be subject to involuntary separation and prevented from reenlisting.[10]

Unintended pregnancy may compromise a woman's career trajectory in a number of other ways: she may be removed from training exercises during pregnancy and postpartum or may be reassigned to a new unit or position outside of her primary occupation during and after pregnancy.[10,11] Unintended pregnancy may also force a woman to leave her military tour early, making career advancement more difficult.[5] Some servicewomen indicate that pregnancy during deployment is stigmatized and can result in negative treatment from military peers or superiors.[5] Additionally, since military regulations prohibit servicemembers from engaging in sexual relationships in certain circumstances, a pregnancy could result in criminal charges.[4,12]

Intertwined with these challenges are restrictions to abortion care for military personnel and dependents. Federal law does not permit the US military to provide or pay for abortion care unless continuing the pregnancy would threaten the woman's life or if the pregnancy is a result of rape or incest.[4] Due to this policy, servicewomen must invest time and resources to obtain abortion care, which may result in delays that increase the cost and complexity of the procedure.[13] For deployed women, these challenges are particularly acute. Abortion is legally restricted in the countries where most US troops are deployed, making locating abortion services in theater challenging.[5] Even if a local provider is available, it may be unsafe and/or unfeasible to travel off-base to obtain abortion care. If a servicewoman is unable to access care locally, she must request leave and be evacuated, which may compromise her confidentiality and ability to receive timely access to care.[5]

The impact of unintended pregnancy on the military

Unintended pregnancy is not only a public health and reproductive justice concern, but also impacts troop readiness, deployment, and military health care costs. Preventing unintended pregnancy is highly cost effective because it reduces non-combat-related medical evacuations. Medical evacuation for disease and non-battle injury (DNBI) is not uncommon among men or women in deployed settings. Studies have shown that roughly 5% of soldiers from Operation Enduring Freedom/Operation Iraqi Freedom were medically evacuated for non-battle-related issues.[14,15] In a study of a US Army Brigade Combat Team deployed to Iraq over 15 months, musculoskeletal injuries (such as fractures and sprains) and psychiatric disorders comprised 43.3% of all DNBI casualties that were medically evacuated. (**See Table 1.**) The study found that 10.8% of women were medically evacuated for pregnancy-related reasons.[14] Each evacuation from military theater due to pregnancy has been estimated to cost $10,000.[16]

In addition to evacuation and travel costs incurred by the military, unintended pregnancy also results in lost service time and an increased likelihood of the servicewoman being transferred from her unit or regular occupation.[11] The large number of unintended pregnancies among servicewomen each year likely has a significant impact on military operations and troop readiness; however, there are limited public data on this topic.

A 1992 report by the Presidential Commission on the Assignment of Women in the Armed Forces, a group established to assess laws and policies restricting the assignment of female servicemembers, stated that pregnancy at the onset of the Persian Gulf War significantly affected the deployability of some units. The report found that women had a non-deployability rate three times greater than men, largely due to pregnancy.[17] Given the high unintended pregnancy rate in the military and the documented large proportion of active-duty women unable to deploy as a result (11% in 2008),[4] it is likely that similar deployment-related impacts are felt today.

Additionally, demographic and health behavior data from the Department of Defense indicate that women are vastly overrepresented in medical and administration occupations among active-duty members of the US military.[18] While only 15.1% of all active-duty enlisted members are women, 30.1% in medical specialties and 29.7% administration specialties are women. In the Air Force, nearly half (48.4%) of enlisted medical personnel are women, while only 18.8% of enlisted Air Force members are women.[18] (**See Table 2.**) Given the disproportionate number of servicewomen represented in these divisions, the consequences of unintended pregnancy may more acutely impact military operations, particularly general administration and health services, than other fields.

Discussion

Unintended pregnancy is a critical issue for the US military: 97% of women in the US military are of reproductive age[5] and women make up an increasing proportion of active-duty personnel.[1] Evidence shows that unintended pregnancy is more prevalent among servicemembers than the civilian population, and may negatively affect both servicewomen and military operations. Consequences of unintended pregnancy include physical and mental stress for servicewomen, as well as evacuation costs, logistical challenges, and lost service time for the military. These burdens are exacerbated by restrictions to abortion care at military facilities.

Together, improved access to contraception and abortion services would likely reduce operational costs and logistical problems associated with managing unintended pregnancy. If servicewomen were extended the full range of contraception and abortion care options at home and during deployment, it would not only enhance their reproductive health and decision-making, but also promote maintenance of troop readiness and conserve military resources.

Recommendations

1. **Ensure successful implementation of Section 718 of the 2016 National Defense Authorization Act**. In the fall of 2015, the 2016 National Defense Authorization Act (NDAA) was approved, which contained a provision that called for access to comprehensive contraceptive counseling for members of the Armed Forces and the establishment and dissemination of clinical practice guidelines for those services.[19] While operationalizing such procedures can be challenging, it is imperative that implementation move forward as planned to guarantee servicemembers have access to consistent and comprehensive contraceptive counseling.
2. **Ensure counseling on and availability of the full range of contraceptive options, including long-acting reversible contraception (LARC) methods, and that medical eligibility criteria for their use are evidence based**. These highly cost-effective methods could be particularly beneficial for women in deployed settings, where there can be challenges with user-dependent methods or accessing refills. Levonorgestrel IUDs may be especially valuable for deployed women because they are recommended for both pregnancy prevention and menstrual suppression.[20] The US Medical Eligibility Criteria for Contraceptive Use[21] should be widely disseminated among military health care providers.
3. **Provide a longer contraceptive supply for deployment, ideally one that lasts a woman's full military tour.** This would alleviate the burden associated with seeking refills during deployment and help with method continuation.

4. **Promote policies and education that aim to reduce unintended pregnancy and encourage sexual health.** Current regulations make sexual relationships a chargeable offence in a number of circumstances.[12] Confusion or concern about these laws puts some women at increased risk of unintended pregnancy, since some are led to believe they won't need contraception for deployment and because they may be fearful of asking for contraception. Information for servicemembers should emphasize the available services to prevent unintended pregnancy. Health services should be confidential, and women should be guaranteed that military providers will not report these services without their consent.

5. **Ensure all women who experience military sexual trauma (MST) have access to comprehensive, confidential treatment and care—including abortion.** The prevalence of MST is alarming; an estimated 20-43% of servicewomen experience rape or attempted rape during their military careers,[22] and 75% of incidents are never reported.[23] Enforcing military laws and policies related to MST must be an institutional priority. This includes promoting an environment that enables women who have been raped to access the confidential abortion services in military treatment facilities that are guaranteed by law.

6. **Provide and cover abortion care in all circumstances in military treatment facilities.** In the general US population, 42% of unintended pregnancies end in abortion.[3] However, women in the military have limited pregnancy options, especially when deployed. Servicewomen deserve the same access to care as civilian women in the US. Alternatively, women should be able to pay out of pocket to receive abortion care in military treatment facilities. One option to increase the accessibility and availability of abortion services is through the use of telemedicine for medication abortion, which has been shown to be safe, effective, and acceptable to women and providers.[24] For more information, see our brief, *Sexual and reproductive health of women in the US military: The potential of telemedicine to improve abortion access*.

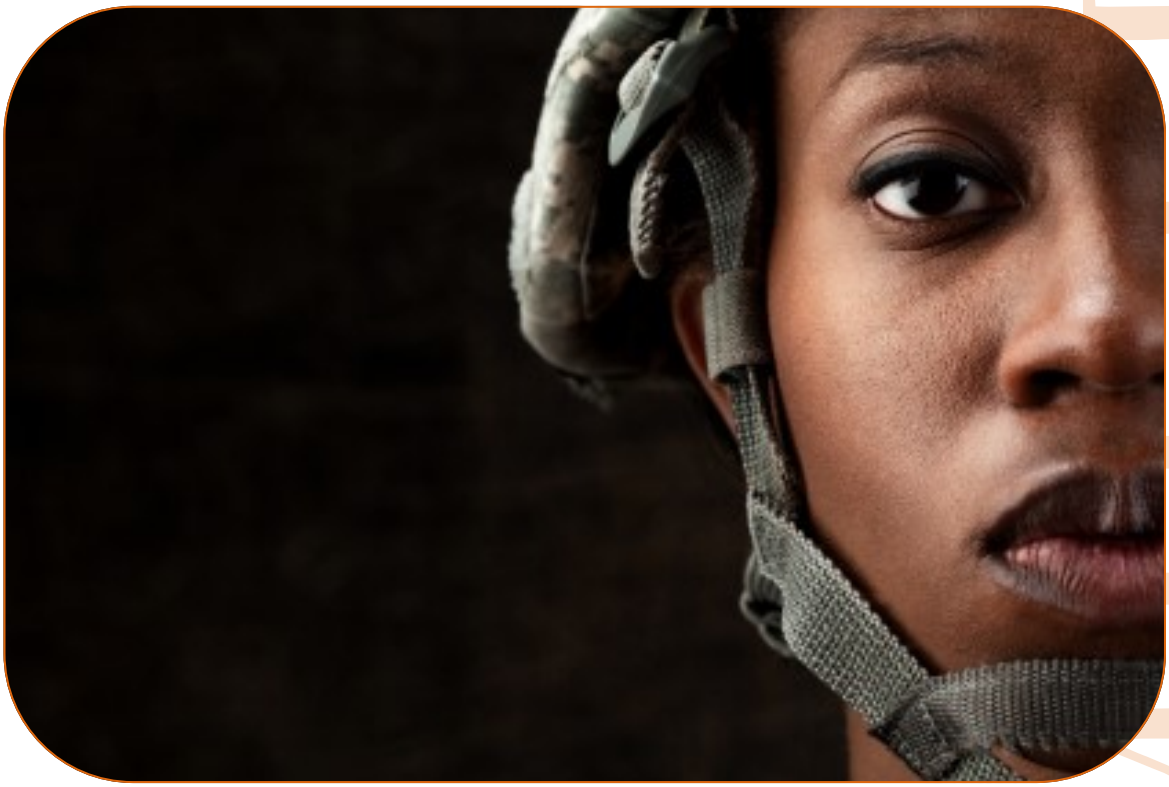

Table 1. Disease and non-battle injuries (DNBI) resulting in medical evacuation (MEDEVAC) in a US Army Brigade Combat Team in Iraq over 15 months, N=4,122

DNBI type	n	% MEDEVACs	% total population
Female reproductive	35	16.8%	10.8%*
Endocrine	3	1.4%	0.1%
Pulmonary	2	1.0%	0.0%
Cardiovascular	5	2.4%	0.1%
Dermatologic	7	3.4%	0.2%
Genitourinary	13	6.3%	0.3%
Gastrointestinal	17	8.2%	0.4%
Neurologic	18	8.7%	0.4%
Head, ears, eyes, nose, and throat	11	5.3%	0.3%
Hematologic/infectious disease	7	3.4%	0.2%
Psychiatric	33	15.9%	0.8%
Musculoskeletal	57	27.4%	1.4%
TOTAL	**208**	**100.0%**	**5.0%**

*Limited to females only (N=325); includes 26 pregnancies, 8 miscarriages, and 1 ectopic pregnancy
Source: Belmont et al. *Military Medicine* 2010

Table 2. Representation of women in enlisted member occupational areas (%) (*shaded text signifies specialties with an overrepresentation of women*)

	Army	Navy	Marine Corps	Air Force	Total DOD
Overall % female	**13.6**	**18.5**	**7.8**	**18.8**	**15.1**
Infantry, gun crews, and seamanship	1.4	16.0	1.0	6.9	3.6
Electronics	11.7	13.4	5.1	9.3	11.2
Communications	9.9	22.6	8.8	21.5	14.8
Medical	26.4	21.2	0	48.4	30.1
Other technical	17.2	9.4	8.9	13.0	13.9
Administrators	31.2	27.9	18.8	34.2	29.7
Electrical	8.8	16.1	5.5	6.2	10.3
Craftsmen	11.8	17.2	6.9	6.3	11.3
Supply	19.8	21.9	12.0	17.0	18.2
Non-occupational	1.6	26.9	8.6	20.4	15.7

Source: "Population Representation in the Military Services: Fiscal Year 2015 Summary Report; Table B-20," published by the Department of Defense

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Ibis Reproductive Health

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This research was supported by grants from
The Wallace Alexander Gerbode Foundation and The William and Flora Hewlett Foundation
Issued July 2013, updated February 2017