Assessing Reproductive Health Among Active-Duty Service Women in the U.S. Coast Guard

Results from Respondents to the Women's Reproductive Health Survey

The **Women's Reproductive Health Survey** (WRHS) of active-duty service members represents the first U.S. Department of Defense–wide survey of only active-duty service women (ADSW) since 1998. The survey focused on several domains: health care utilization; use of birth control and receipt of contraceptive counseling; reproductive health during training, predeployment, and deployment; fertility and pregnancy; and infertility.

Methodology

The WRHS was a web-based confidential survey, fielded between August 2020 and November 2020. The representative sample consisted of randomly selected ADSW in the U.S. Air Force, Army, Marine Corps, and Navy, excluding trainees and those above flag rank, and a census of Coast Guard ADSW below flag rank.[1]

The final analytic sample consisted of 23,950 ADSW who responded to the survey and completed at least 50% of questions on contraceptive access. The overall weighted response rate was 17.8%; the response rate in the Coast Guard was 38.0%.

A single imputation process with a sequential imputation model and predictive mean matching was used to account for missing data. Less than 4% of data were missing, mostly owing to survey drop-off.

All analyses use analytic weights, which are the product of design weights (that account for the sampling approach) and nonresponse weights (that account for differential propensity for response based on respondent characteristics). Use of the weights results in a representative sample on many important demographic and military characteristics (e.g., age, race/ethnicity, marital status, education level, number of dependents, service branch, pay grade, years of service, occupation code, recent deployment, and Armed Forces Qualification Test score).

[1] Note that the Space Force is not included in the survey as a separate branch and is treated as part of the Air Force in the analysis. At the time of the survey, the female Space Force population was too small to sample on its own.

Limitations

There are several limitations to this research. First, WRHS response rates are low, although higher than in many recent U.S. Department of Defense–wide surveys. Second, for some subgroups, sample sizes are small; in these instances, estimates are suppressed for confidentiality. Third, the survey language did not specify whether care provided within the Military Health System (MHS) refers only to direct care at military treatment facilities or also includes care elsewhere through TRICARE. Fourth, the survey was fielded during the COVID-19 pandemic, although the impact of the pandemic on the study, if any, is not known.

Health Care Utilization

54.6%

said it was **usually or always easy to get an appointment** with an MHS provider

50.5%

were able to get an **appointment with a primary care physician within 7 days** (the TRICARE guideline for a general health care visit is 7 days)

72.7%

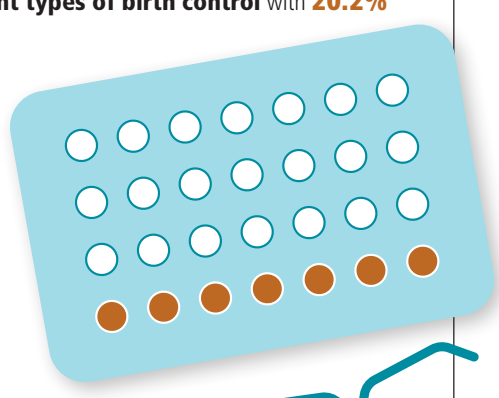
were able to get an **appointment with an OBGYN within 28 days** (the TRICARE guideline for a specialty care visit is 4 weeks)

Birth Control and Contraception Use

28.5% obtained **birth control from the MHS** in the past 12 months

During the most recent **periodic health assessment** (PHA), an MHS provider

- discussed **benefits, side effects, and risks of different types of birth control** with **20.2%**
- discussed using **birth control methods to reduce or suppress menstruation** with **18.0%**
- discussed **protection against sexually transmitted infections,** including condom use, with **29.1%**

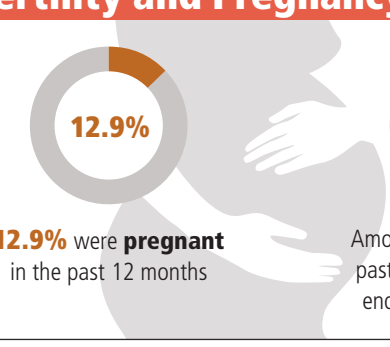


21.0% were **ever unable to get their preferred birth control method** from the MHS

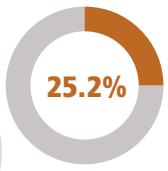
44.2% were **more comfortable getting birth control from providers outside the MHS**

60.3% ever **needed or wanted to regulate or suppress menstruation** since joining the military

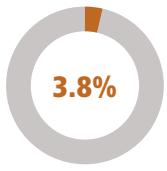
Fertility and Pregnancy



12.9% were **pregnant** in the past 12 months

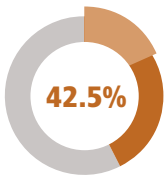


Among pregnancies in the past 12 months, **25.2%** ended in **miscarriage**

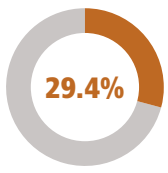


The unintended pregnancy rate in the past 12 months was **3.8%**

57.1% used no contraception at the time of unintended pregnancy



42.5% of those who had a past-year pregnancy **reported depression during or after pregnancy;** of those, **43.3% sought care from a health care provider**



29.4% of those who had a past-year pregnancy **talked to an MHS provider about postpartum depression**

Infertility

10.7% ever tried to conceive for 12 months or more and were not successful

12.1% were told by a doctor that they had **fertility problems not related to age**

7.1% saw an **MHS provider** and **11.1%** saw a **non-MHS provider** to **discuss ways to help get pregnant**

Advice, infertility testing, and **drugs to improve ovulation** were the three **most common infertility treatments** received both inside and outside the MHS

Among ADSW who received infertility treatment through the MHS, **35.1% stopped the service or treatment before getting pregnant**

- **Deciding to see whether pregnancy would occur without medical services or procedures** was the **most common reason for stopping** treatment

Since joining the military, **8.2% wanted help to get pregnant but did not receive it**

Reproductive Health During Training, Predeployment, and Deployment

Among those deployed in the past 24 months, **9.1%** received any **predeployment contraceptive counseling** from an MHS provider

23.4% received their preferred method of birth control prior to deployment, if deployed in the past 24 months

19.7% had **ongoing access to birth control or contraceptives** through the MHS **during the most recent deployment** in the past 24 months

34.7% ever had a **urinary tract infection (UTI) or vaginal infection during field exercises or extended training**

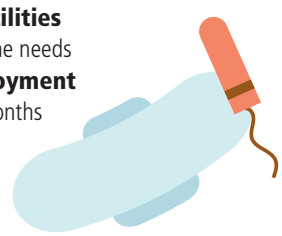
- Among those with a UTI or vaginal infection, **81.4%** were **sometimes or always able to get care**
- Among those with a UTI or vaginal infection, **51.9%** indicated that such **infections sometimes or always interfered with military job duties or performance**

11.7% ever had a **UTI or vaginal infection during deployment**

- Among those with a UTI or vaginal infection during deployment, **74.7%** were **sometimes or always able to get care**
- Among those with a UTI or vaginal infection during deployment, **76.7%** indicated that such **infections sometimes or always interfered with military job duties or performance**

31.6% sometimes or often **lacked access to personal hygiene products,** and **26.3%** sometimes or often **lacked access to bathing facilities** to address hygiene needs **during training**

30.1% sometimes or often **lacked access to personal hygiene products,** and **26.7%** sometimes or often **lacked access to bathing facilities** to address hygiene needs **during a deployment** in the past 24 months



This infographic depicts work done in the RAND National Security Research Division and documented in *The Women's Reproductive Health Survey (WRHS) of Active-Duty Service Members*, by Sarah O. Meadows, Rebecca L. Collins, Megan S. Schuler, Robin L. Beckman, and Matthew Cefalu, RR-A1031-1, 2022 (available at www.rand.org/t/RRA1031-1). To view this infographic online, visit www.rand.org/t/IGA1031-2. The RAND Corporation is a research organization that develops solutions to public policy challenges to help make communities throughout the world safer and more secure, healthier and more prosperous. RAND is nonprofit, nonpartisan, and committed to the public interest. RAND's publications do not necessarily reflect the opinions of its research clients and sponsors. RAND® is a registered trademark.

Limited Print and Electronic Distribution Rights: This document and trademark(s) contained herein are protected by law. This representation of RAND intellectual property is provided for noncommercial use only. Unauthorized posting of this publication online is prohibited; linking directly to this product page is encouraged. Permission is required from RAND to reproduce, or reuse in another form, any of its research documents for commercial purposes. For information on reprint and reuse permissions, please visit www.rand.org/pubs/permissions.

© 2022 RAND Corporation

To view this infographic online, visit www.rand.org/t/IGA1031-2.

www.rand.org

IG-A1031-2