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Research Report

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The Women's Reproductive Health Survey (WRHS) of Active-Duty Service Members

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About This Report

Maintaining readiness and lethality of the U.S. armed forces requires attention to the health and health care needs of all who serve. The 2016 National Defense Authorization Act (NDAA), Section 718, required the U.S. Department of Defense (DoD) to provide active-duty service women (ADSW) access to comprehensive family planning and counseling services on the full range of contraceptive methods dictated by newly adopted guidelines—and to do so at health care visits predeployment, during deployment, and during annual physical exams. Relatedly, the 2017 NDAA, Section 747, required DoD to conduct a survey of service members' experiences with family-planning services and counseling—specifically, their counseling and family-planning-method access, experiences with use of contraceptives, and preferred method. In 2018, the Defense Health Agency asked the RAND National Defense Research Institute to conduct a survey about select aspects of the reproductive health of DoD ADSW to provide data to determine whether these requirements were being met and to identify reproductive health issues that DoD ADSW may face. The U.S. Coast Guard requested that RAND also field the survey among women in that service.

The Women's Reproductive Health Survey (WRHS), conducted between early August and early November 2020, included a stratified, random sample of ADSW, below flag rank and excluding trainees in the U.S. Air Force, Army, Marine Corps, and Navy, as well as a census of all ADSW below flag rank in the Coast Guard (also excluding trainees and flag officers). Survey content covered several areas, including birth control and contraceptive counseling, preferences, use, and availability; birth control and contraceptives in terms of deployment; fertility and pregnancy; and infertility. This report details the methodology, analysis, results, and recommendations associated with the WRHS.

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Finally, we thank the many ADSW around the globe who took the time to complete the survey and provide insights into their experiences with reproductive health. Their service, both to this survey and the United States, is much appreciated.

Summary

Maintaining readiness and lethality of the U.S. armed forces requires attention to the health and health care needs of all who serve. Currently, women make up approximately 17 percent of the active-duty force. With the rescission in 2016 of the 1994 Direct Ground Combat Exclusion Rule, women became eligible to serve in every military occupation. Like their civilian women counterparts, service women face decisions regarding their reproductive health, including contraceptive use and timing of pregnancies (if desired). In the military context, service women's reproductive health and fertility patterns may potentially affect physical capabilities, assignments, and ability to deploy. Women in the military should expect to receive the same high level of medical care and treatment that their male counterparts receive—care and treatment that are intended to support the health and readiness of the force.

With respect to reproductive health, Congress passed two pieces of legislation targeted at the U.S. Department of Defense (DoD). First, the 2016 National Defense Authorization Act (NDAA), Section 718, required DoD to "establish clinical practice guidelines for health care providers employed by the Department of Defense on standards of care with respect to methods of contraception and counseling on methods of contraception for members of the Armed Forces" and to provide service women "access to comprehensive counseling on the full range of methods of contraception provided by health care providers [in accordance to established clinical practice guidelines] during health care visits, including pre-deployment health care visits, . . . health care visits during deployment, and . . . annual physical examinations." Second, the 2017 NDAA, Section 747, required DoD to conduct a survey of service members' experiences with "family planning services and counseling"—specifically, access to counseling and family-planning methods, experiences with use of contraceptives, and availability of preferred methods. The Defense Health Agency asked the RAND Corporation to develop a survey of DoD active-duty service women (ADSW) to address these two pieces of congressional legislation. The Coast Guard requested that RAND also field the survey among ADSW in the Coast Guard. The resulting Women's Reproductive Health Survey (WRHS) represents the first time in more than 30 years that women have been the specific focus of a DoD-wide survey.

Method

Sample and Response Rates

The WRHS was conducted between early August and early November 2020 among ADSW below the flag rank in the U.S. Air Force, Army, Marine Corps, Navy, and Coast Guard. Trainees and service women at military academies were excluded from the WRHS. From the sampling frame of 249,128 eligible ADSW, the WRHS utilized a stratified random sample (with stratification based on service branch and pay grade) of DoD ADSW from the Air Force, Army, Marine Corps, and Navy, as well as a census of all Coast Guard ADSW below flag rank (n = 6,113). Per this sampling design, 131,113 ADSW were selected to be contacted for WRHS participation. The final analytic sample consisted of surveys from 23,950 ADSW.

Table S.1 shows the WRHS sampling frame, sample size, and response rates by service branch and pay grade. Response rates were calculated as

$$(\text{number of usable surveys} / [\text{total sample} - \text{ineligibles}]) \times 100.$$

In this case, *ineligibles* are sample members who were no longer in the military at the time of the survey or were ineligible for an unspecified reason (n = 6). This response-rate calculation corresponds to the American Association for Public Opinion Research's Response Rate 1 (American Association for Public Opinion

TABLE S.1
Sampling Frame, Sample Size, and Response Rates

	Sampling Frame	Total Sample Size	Noncontacts[a]	Analytic Sample Size	Weighted Response Rate[b] (%)
Service branch					
Air Force	73,235	37,670	16	9,516	25.3
Army	83,804	43,106	16	6,371	14.8
Marine Corps	16,845	8,665	180	1,288	14.9
Navy	69,131	35,559	6	4,453	12.5
Coast Guard	6,113	6,113	4	2,322	38.0
Pay grade					
E1–E4	105,275	55,070	189	5,320	9.4
E5–E6	71,995	38,044	13	6,603	16.8
E7–W5	26,493	13,888	5	3,664	26.0
O1–O3	29,595	15,742	9	4,951	30.8
O4–O6	15,770	8,369	6	3,412	40.2
Total	249,128	131,113	222	23,950	17.8

[a] *Noncontacts* includes sample members for whom we did not have either a mailing or email address in the Defense Manpower Data Center sample data file.

[b] Response rates were calculated with the following equation: (number of usable surveys/[total sample – ineligibles]) × 100. *Ineligibles* are individuals who were no longer in the military at the time of the survey or were ineligible for an unspecified reason.

Research, 2016).[1] We also present weighted response rates, using the design weights (which are described in the next section). The overall weighted response rate was 17.8 percent.

Weights

The WRHS analytic sample does not identically match the population of ADSW from which it was drawn for two reasons: survey design and nonresponse. First, the sampling frame utilized stratification based on service branch and pay grade, such that the probability of being selected for WRHS participation varied across different combinations of service branch and pay grade. In accordance with standard survey practices, survey design weights were used to adjust for these differing sampling probabilities because of stratification. A service member's design weight is the inverse of her probability of being selected for sampling.[2] Specifically, the design weight is equal to the number of eligible individuals in the service member's respective stratum divided by the number selected for sampling from that stratum.

Additionally, nonresponse weights were used to account for differences between ADSW selected for participation in the WRHS who did and did not complete the survey. Specific types of sampled service members were more likely to respond to the survey than others (e.g., higher versus lower pay grades); nonresponse weights were used to make the respondents representative of all individuals selected for sampling.

[1] The American Association for Public Opinion Research is an association of public opinion and survey research professionals.

[2] The design weight for members of the Coast Guard was 1 because the sample was a census.

Nonresponse weights were computed as inverse probability weights, in which the probability of being a respondent was estimated using a statistical model.

Final analytic weights were calculated as the product of the design and nonresponse weights. These weights were used in all analyses presented in this report to make the analytic sample representative of the overall population of ADSW eligible for WRHS inclusion.

Imputation of Missing Data

The nonresponse weighting described above accounts for differences between those who responded to our survey and those who did not. These weights do not, however, account for drop-off (i.e., stopping the survey before reaching the end) or intermittent missing data for a respondent. To account for these types of missing data, we used a single imputation to fill in missing values. On the basis of the comprehensive comparison of imputation approaches in the 2018 Health Related Behaviors Survey (see Meadows et al., 2021), we used a sequential imputation model with predictive mean matching for all variable types (Little and Rubin, 2019; van Buuren, 2018; White, Royston, and Wood, 2011). We implemented this using the *mice* package in R version 3.6.0 (R Foundation, undated; van Buuren and Groothuis-Oudshoorn, 2011). Imputation allows for the inclusion of all available data when performing analyses and avoids problems associated with case-wise deletion of observations with missing data.

Analysis Approach

All analyses, unless otherwise noted, used the final analytic weights and imputations previously described. Variance inflation due to weighting was handled by using the survey procedures of SAS 9.4 when producing our summary statistics. Confidence intervals for estimates were computed using the Wald method.

In some cases, point estimates or confidence intervals are not shown in results tables. We do this for two reasons. First, to protect respondent confidentiality, both point estimates and confidence intervals are suppressed when fewer than 15 service members are included in the denominator of any given cell. That is, when the eligible population is fewer than 15. Second, when estimates are deemed too unstable to be considered reliable, confidence intervals, but not point estimates, are provided. This occurs when the half width of a confidence interval is 15 percent or greater (i.e., greater than the point estimate itself).

Limitations

First, although the response rate is higher than in many recent DoD-wide surveys (e.g., the 2015 and 2018 Health Related Behaviors Surveys), it is still considered low by absolute standards. This, however, does not mean the results are not valid or trustworthy or are biased. The response rate for the WRHS is in line with other DoD surveys. For example, the 2018 Workplace and Gender Relations Survey of Active Duty Members also had an 18 percent unweighted response rate and a 17 percent weighted response rate (Breslin et al., 2019). Second, for some groups (e.g., recently deployed female Marines), sample and cell sizes are small. This means that the precision of some estimates may be low and confidence intervals may be large. Third, there are possible limitations related to the interpretation of survey items that refer to services obtained through the Military Health System (MHS). For example, the survey language does not specify whether care provided "within the MHS" or "by MHS providers" refers to only direct care (i.e., generally provided at military treatment facilities [MTFs]) or includes both direct and purchased care (i.e., care covered by TRICARE but generally not provided within the context of an MTF or by a military provider). Similarly, when the survey refers

to "the MHS," it does not explicitly specify that this includes Coast Guard clinics.[3] Individual respondents might have interpreted these MHS survey items differently. Fourth, it is important to keep in mind that the survey was fielded during the COVID-19 pandemic, although its impact on the study is not obvious. On the one hand, junior enlisted ADSW might have had a difficult time accessing their DoD emails if they worked remotely during the survey period. ADSW in general might not have sought out needed or wanted care because they believed that it was unavailable given COVID-related restrictions, when, in reality, that might not have been the case. On the other hand, ADSW might have had more flexibility in their schedules, which could have positively affected their ability both to take the survey and to get needed or wanted care.

Sociodemographic and Military Characteristics

Table S.2 presents sociodemographic and military characteristics of the weighted sample. Results are presented by service branch, as well as for the DoD total (i.e., the Air Force, Army, Marine Corps, and Navy, excluding the Coast Guard). Superscripts denote statistically significant differences across all five service branches.

TABLE S.2
Demographic and Military Characteristics, by Service Branch

	Percentage of Total Sample					
	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Pay grade						
E1–E4	42.5% (41.5–43.6)	39.6%[c, d, e] (38.4–40.7)	40.4%[c, e] (38.3–42.5)	60.7%[a, b, d, e] (57.6–63.8)	43.8%[a, c, e] (41.6–46.0)	31.0%[a, b, c, d] (28.6–33.3)
E5–E6	28.8% (28.0–29.6)	27.9%[c, d, e] (26.9–28.9)	26.1%[d, e] (24.7–27.6)	23.6%[a, d, e] (21.0–26.2)	34.2%[a, b, c] (32.4–36.0)	34.1%[a, b, c] (32.0–36.2)
E7–E9	9.8% (9.4–10.2)	12.7%[b, c, d, e] (12.1–13.4)	11.1%[a, c, d, e] (10.3–11.9)	5.3%[a, b] (4.3–6.3)	6.2%[a, b] (5.6–6.8)	6.5%[a, b] (5.5–7.5)
W1–W5	0.9% (0.8–1.0)	NA	2.3%[c, d] (2.0–2.6)	0.6%[b, d. e] (0.3–0.9)	0.2%[b, c, e] (0.1–0.2)	2.3%[c, d] (1.8–2.8)
O1–O3	11.7% (11.3–12.1)	12.3%[c, d, e] (11.7–12.9)	12.9%[c, d, e] (12.2–13.7)	7.5%[a, b, d, e] (6.3–8.6)	10.7%[a, b, c, e] (9.9–11.5)	17.5%[a, b, c, d] (16.0–18.9)
O4–O6	6.3% (6.0–6.5)	7.5%[c, d] (7.1–8.0)	7.1%[c, d, e] (6.6–7.6)	2.4%[a, b, d, e] (1.9–2.9)	4.9%[a, b, c, e] (4.5–5.3)	8.7%[b, c, d] (7.7–9.6)
Age						
8–24 years	33.9% (32.8–34.9)	29.7%[c, d, e] (28.6–30.9)	30.6%[c, d, e] (28.4–32.8)	61.7%[a, b, d, e] (58.7–64.8)	35.4%[a, b, c, e] (33.1–37.7)	21.5%[a, b, c, d] (19.3–23.7)
25–34 years	42.5% (41.5–43.4)	44.0%[c] (42.9–45.1)	41.2%[c, d, e] (39.4–43.0)	29.5%[a, b, d, e] (26.7–32.4)	45.5%[b, c] (43.4–47.5)	47.3%[b, c] (45.1–49.5)
35–44 years	19.1% (18.6–19.7)	21.8%[c, d, e] (20.9–22.6)	21.7%[c, d, e] (20.5–22.8)	7.9%[a, b, d, e] (6.7–9.0)	16.1%[a, b, c, e] (15.0–17.1)	27.4%[a, b, c, d] (25.6–29.2)
45+ years	4.5% (4.3–4.8)	4.5%[b, c, d] (4.1–4.9)	6.5%[a, c, d, e] (6.0–7.1)	0.8%[a, b, d, e] (0.5–1.2)	3.0%[a, b, c] (2.7–3.4)	3.8%[b, c] (3.1–4.5)

[3] All active-duty members, retirees, and family members of the Coast Guard are eligible for the benefits offered by the TRICARE program, including care in DOD MTFs, per Chapter 55 of Title 10, U.S. Code.

Table S.2—Continued

	Percentage of Total Sample					
	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Education level						
High school or less	55.1% (54.2–56.0)	46.2%[c, d, e] (45.0–47.3)	47.2%[c, d, e] (45.3–49.2)	83.3%[a, b, d, e] (81.3–85.2)	67.3%[a, b, c, e] (65.6–69.0)	61.1%[a, b, c, d] (58.9–63.2)
Some college	17.1% (16.4–17.7)	22.7%[b, c, d, e] (21.8–23.6)	19.4%[a, c, d, e] (18.1–20.7)	4.4%[a, b, d, e] (3.1–5.6)	11.3%[a, b, c, e] (10.3–12.3)	15.9%[a, b, c, d] (14.3–17.5)
Bachelor's degree or more	27.9% (27.2–28.5)	31.1%[c, d, e] (30.2–32.1)	33.4%[c, d, e] (31.9–34.8)	12.4%[a, b, d, e] (10.9–13.9)	21.4%[a, b, c] (20.1–22.7)	23.0%[a, b, c] (21.3–24.8)
Race/ethnicity						
Non-Hispanic white	44.3% (43.3–45.2)	52.3%[b, c, d, e] (51.1–53.4)	39.4%[a, c, e] (37.7–41.2)	45.5%[a, b, e] (42.1–48.8)	41.3%[a, e] (39.3–43.3)	66.8%[a, b, c, d] (64.6–69.1)
Non-Hispanic black	25.0% (24.1–26.0)	19.7%[b, d, e] (18.7–20.7)	32.0%[a, c, d, e] (30.1–33.9)	16.4%[b, d, e] (13.5–19.3)	24.2%[a, b, c, e] (22.3–26.1)	7.4%[a, b, c, d] (5.9–8.8)
Hispanic	19.6% (18.7–20.4)	17.3%[c] (16.4–18.2)	19.7%[c, e] (18.1–21.3)	30.4%[a, b, d, e] (27.2–33.6)	19.1%[c, e] (17.3–20.9)	14.8%[b, c, d] (13.2–16.5)
Non-Hispanic Asian	6.5% (6.0–7.0)	5.1%[b, d] (4.6–5.6)	7.7%[a, c, e] (6.7–8.8)	4.9%[b] (3.4–6.3)	7.0%[a, e] (5.9–8.1)	4.1%[b, d] (3.1–5.1)
Other race/ethnicity	4.6% (4.3–5.0)	5.6%[b, c, d] (5.1–6.1)	1.1%[a, c, d, e] (0.9–1.4)	2.9%[a, b, d, e] (1.9–3.8)	8.4%[a, b, c] (7.3–9.4)	6.8%[b, c] (5.8–7.9)
Marital status						
Married	48.4% (47.4–49.3)	51.7%[c, d] (50.6–52.9)	52.0%[c, d] (50.1–54.0)	42.0%[a, b, e] (38.7–45.3)	41.8%[a, b, e] (39.8–43.8)	53.0%[c, d] (50.7–55.2)
Cohabiting	11.1% (10.5–11.7)	10.8%[b, d] (10.1–11.6)	8.6%[a, d, e] (7.6–9.6)	11.0% (9.0–13.1)	14.6%[a, b, e] (13.1–16.1)	11.3%[b, d] (9.8–12.8)
Separated, divorced, or widowed	28.6% (27.6–29.6)	26.2%[b, c, e] (25.2–27.3)	25.3%[a, c, d, e] (23.3–27.3)	38.8%[a, b] (35.3–42.3)	32.7%[b, e] (30.6–34.7)	27.2%[a, b, d] (25.1–29.4)
Never married	11.9% (11.3–12.5)	11.2%[c, d] (10.5–11.9)	14.1%[c, d] (12.9–15.2)	8.1%[a, b, d, e] (6.6–9.7)	10.9%[a, b, c, e] (9.8–12.1)	8.5%[c, d] (7.2–9.7)
Parental status						
Dependent in household[f]	37.7% (36.8–38.7)	39.1%[b, c, d] (38.0–40.2)	42.7%[a, c, d, e] (40.9–44.5)	25.3%[a, b, d, e] (22.6–27.9)	33.4%[a, b, c, e] (31.5–35.2)	38.2%[b, c, d] (36.1–40.3)
Sexual orientation						
Heterosexual or straight	82.6% (81.8–83.4)	84.5%[c, d] (83.6–85.3)	83.3%[c] (81.7–84.9)	76.4%[a, b, d, e] (73.4–79.5)	81.3%[a, c] (79.7–82.9)	82.6%[c] (80.9–84.4)
Gay or lesbian	5.5% (5.1–6.0)	4.5%[c, d, e] (4.0–4.9)	5.9% (4.9–6.9)	6.9%[a] (5.3–8.5)	5.9%[a] (5.0–6.9)	7.9%[a] (6.7–9.1)
Bisexual	11.8% (11.2–12.5)	11.1%[c] (10.3–11.8)	10.8%[c] (9.4–12.2)	16.7%[a, b, e] (13.9–19.5)	12.8%[e] (11.3–14.2)	9.4%[c, d] (8.0–10.9)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. The Air Force does not use warrant officers. NA = not applicable.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[f] Includes both biological and nonbiological children.

ADSW are predominately enlisted, junior ranking, and under the age of 35. With respect to education level, 55 percent of ADSW have a high school degree, and the remaining 45 percent have some college experience or a college degree. Approximately 44 percent of ADSW identify as non-Hispanic white, a quarter identify as non-Hispanic black, and approximately one-fifth identify as Hispanic. Nearly half of ADSW are currently married; approximately a third are responsible for a coresident child under the age of 18. Regarding sexual orientation, 17 percent of ADSW identify as gay or lesbian or bisexual.

Key Findings

In this section, we highlight key findings, organized by substantive area. This summary does not include results for any subgroup analysis or confidence intervals around point estimates, both of which can be found in the main chapters in the report itself.

Health Care Utilization

Within this domain, we examined ease of getting an appointment, sponsorship, appointment wait time, women's health clinics (WHCs), and human papillomavirus (HPV) vaccine uptake. Key findings include the following:

- Just over half of DoD ADSW indicated that it was usually or always easy to get an appointment with an MHS provider (58.3 percent). Results were similar for the Coast Guard (54.6 percent).
  - The percentage of ADSW in DoD who said that it was never easy to schedule an appointment with a specialist (29.2 percent) or obstetrics-gynecology physician (OBGYN) (27.9 percent) was larger than it was for a generic appointment (12.3 percent).
  - Roughly half of DoD ADSW indicated that it was usually or always easy to get any care, tests, or treatment needed through the MHS (44.2 percent), whereas about a quarter said that it was never easy to get these services (23.4 percent). Results were similar for the Coast Guard (43.6 percent said usually or always easy, and 22.3 percent said never easy).
- A sponsor is a service member who is TRICARE-eligible. Half of DoD ADSW indicated that a scheduler asked whether they were the sponsor (50.8 percent), less than a third (roughly 30 percent) said that they were not asked, and about a fifth (18.3 percent) could not remember whether they had been asked. The pattern of responses was similar for the Coast Guard.
- Overall, across the DoD services, about one-third of ADSW (31.9 percent) indicated that they waited between a week and a month (8 to 28 days) for their most recent health care appointment. The same was true for the Coast Guard (36.8 percent). Roughly one-tenth experienced a wait time of less than 24 hours (10.5 percent for DoD and 6.1 percent for the Coast Guard) or more than one month (9.0 percent for DoD and 13.3 percent for the Coast Guard). Similarly, about one-tenth of ADSW indicated that they were unable to get an appointment (9.4 percent for DoD and 8.4 percent for the Coast Guard).
  - TRICARE guidelines say that routine care appointments, such as those provided by a primary care physician, must happen within a week (or seven calendar days) of a request. Almost two-thirds (61 percent) of ADSW in DoD indicated that they were able to get an appointment within a week. Half (50.5 percent) of ADSW in the Coast Guard were also able to get an appointment with a primary care physician within a week.
  - TRICARE guidelines also say that well-woman visits (e.g., for pap smears) and appointments with specialty providers occur within four weeks (or 28 days) of a request. Among ADSW in the DoD services, 72.6 percent indicated that they were able to get an appointment with an OBGYN within 28

days, and 70.2 percent indicated that they were able to get an appointment with a specialist within 28 days. Among ADSW in the Coast Guard, the comparable percentages were 72.7 and 69.7.

- Roughly one-third (35.4 percent) of all DoD ADSW indicated that their installation had a WHC. It is worth noting that roughly the same percentage of ADSW (31.5 percent) indicated that they were unsure of whether their installation had a WHC. In contrast to the DoD services, only 4 percent of Coast Guard ADSW indicated that their installation had a WHC and roughly one-fifth (17.9 percent) did not know whether their installation housed a WHC.
  - Among only ADSW who reported that they did have access to a WHC on their installation, just over half of DoD ADSW reported using a WHC in the past year (56.7 percent). Although few ADSW in the Coast Guard had access, among those who did, two-thirds used a center (66.8 percent).
  - Among ADSW who used a WHC in the past year, a larger percentage said that it was usually or always easy to get an appointment with an OBGYN than the percentage for the entire sample (54.8 percent versus 44.0 percent). The same was true for ADSW in the Coast Guard (59.3 percent versus 42.7 percent). Self-reports about wait times were similar: Among DoD ADSW, 82.5 percent who used a WHC were able to get an appointment within 28 days, whereas the overall total was 72.6 percent.
- One-third of DoD ADSW indicated that they had received three doses of an HPV vaccine (32.6 percent). An additional one-third were unsure of how many doses they had received (34.7 percent). Roughly one-fourth had not received any doses at all (23.1 percent). Findings were similar for the Coast Guard—33.7 percent had received three doses, 29.3 percent were unsure, and 24.1 percent had not received the vaccine.

Birth Control and Contraceptive Use

Within this domain, we examined current contraceptive use, contraception counseling from MHS providers during the annual periodic health assessment (PHA), contraception sources (both through and outside the MHS), access to preferred contraceptive methods, and contraception use for menstrual regulation or suppression. Key findings include the following:

- Overall, roughly 60 percent of ADSW reported any current contraceptive use. Approximately three in ten were currently using a highly effective form of contraception (i.e., intrauterine device [IUD], implant, or sterilization), representing half of all ADSW currently using any form of contraception.
- Approximately three in ten of both DoD and Coast Guard ADSW had ever used an IUD since joining the military.
- Less than 15 percent of DoD and Coast Guard ADSW reported use of emergency contraceptives in the past year.
- Regarding contraceptive counseling, approximately a quarter of DoD ADSW and a fifth of Coast Guard ADSW had discussed the benefits, side effects, and risks of different types of birth control with an MHS provider during a PHA in the past year. The PHA is one of several settings in which ADSW could receive contraception counseling (Defense Health Agency Procedural Instruction 6200.02, 2019). Counseling could also have been offered during a PHA but declined by the respondent.
- Since joining the military, the majority of ADSW have tried to access birth control through the MHS (75 percent of DoD ADSW and 70 percent of Coast Guard ADSW). Among DoD ADSW, 51 percent had experiences that did not involve a delay, 22 percent had experienced a delay at least once, and 6 percent were unable to ever obtain the birth control they needed through the MHS.
- Approximately one in five DoD and Coast Guard ADSW reported being unable to access their preferred form of birth control through the MHS at some point since joining the military.

- Top reasons for being unable to access a preferred birth control method included the following: not available at the duty location, not covered by TRICARE or insurance (particularly for Coast Guard ADSW), and not available at deployment location (particularly for Navy ADSW).
- During the past year, approximately half of DoD and Coast Guard ADSW obtained birth control; the most common source was MHS providers. Approximately half of DoD and Coast Guard ADSW either agreed or strongly agreed that they felt comfortable getting birth control from an MHS provider. However, one-third of ADSW in DoD and one-fourth of ADSW in the Coast Guard indicated that they would be more comfortable getting birth control from a provider outside the MHS.
- Approximately one in five DoD and Coast Guard ADSW reported that they had felt pressured by an MHS provider to use a specific type of birth control.
- ADSW were most likely to report perceived pressure regarding birth control pills, IUDs, or birth control implants.
- Across service branches, 97 percent of DoD ADSW and 99 percent of Coast Guard ADSW reported that they had *not* heard of the Decide + Be Ready app.
- Overall, 17 percent of DoD ADSW and 10 percent of Coast Guard ADSW reported that their menstrual cycles typically interfered with their jobs for a week or more.
- Across service branches, about 60 percent of ADSW reported that they had at some point needed or wanted to regulate or suppress their menstrual cycles since joining the military.
- The most common forms of birth control used for menstrual regulation or suppression were birth control pills (ever used by 38 percent of DoD ADSW and 41 percent of Coast Guard ADSW) and IUDs (ever used by 17 percent of DoD ADSW and 16 percent of Coast Guard ADSW).

Reproductive Health During Training, Predeployment, and Deployment

Within this domain, we examined predeployment contraception counseling and access, contraception access during deployment, contraception use for menstrual regulation or suppression during deployment, urinary tract or vaginal infections, and access to feminine hygiene products. Key findings include the following:

- Among ADSW who had deployed within the past 24 months, a minority reported receiving any contraceptive counseling from an MHS provider prior to deployment: 18 percent of DoD ADSW and 9 percent of Coast Guard ADSW. This is one of several settings in which ADSW could receive contraception counseling (Defense Health Agency Procedural Instruction 6200.02, 2019). The survey did not ask women who did not receive predeployment contraceptive counseling why they did not receive it.
- Among those who received contraceptive counseling prior to deployment, it was typically provided within one month of deployment (41 percent of DoD) or between one and three months prior to deployment (43 percent of DoD).
- Of DoD ADSW deployed in the past 24 months who sought contraception prior to deployment, more than half (57 percent) received their preferred birth control method through the MHS, roughly a third (37 percent) did not receive any form of birth control through the MHS, and less than a tenth (6 percent) received a nonpreferred method.
- The majority (three-quarters of DoD ADSW and 88 percent of Coast Guard ADSW) received an adequate supply for the deployment length.
- Roughly two-thirds (64 percent) of DoD ADSW and about half (54 percent) of Coast Guard ADSW had ongoing access to contraception during deployment, most commonly through an MHS provider.
- Fewer than one in ten ADSW had discussed use of contraceptive methods for menstrual regulation or suppression with an MHS provider prior to deployment.

- The most common contraceptive used for menstrual regulation or suppression during deployment was birth control pills (used by approximately one in five ADSW), followed by an IUD (used by approximately 12 percent of ADSW), and an implant (used by less than 10 percent of ADSW).
- Approximately one in three ADSW reported having a urinary tract or vaginal infection during training since joining the military.
- During training, 44 percent of DoD ADSW and 32 percent of Coast Guard ADSW often or sometimes lacked access to needed feminine hygiene products. Nearly half of DoD ADSW often or sometimes lacked access to privacy or bathing facilities to address feminine hygiene needs during training.
- Overall, approximately one in five DoD ADSW and one in ten Coast Guard ADSW reported a urinary tract or vaginal infection during their most recent deployment.
- During their most recent deployment, approximately one in three of DoD and Coast Guard ADSW lacked access to needed feminine hygiene products, privacy to address feminine hygiene needs, or bathing facilities to address feminine hygiene needs.

Fertility and Pregnancy

Within this domain, we focused on a few key areas: understanding how commonly and frequently ADSW experience pregnancy during their military careers, the outcome of these pregnancies, the frequency with which pregnancies are unintended, the impacts of pregnancy on service (i.e., duty restrictions and leave) and of military service on family formation, and rates of maternal depression. Key findings include the following:

- Across DoD ADSW, 43 percent have at some point been pregnant while serving, and about 20 percent have been pregnant multiple times. Pregnancy rates during service were similar in the Coast Guard.
- Just over 16 percent of DoD ADSW and 13 percent of Coast Guard ADSW were pregnant in the one-year period covered by the survey. The DoD rate is 65 percent higher than the rate in the United States among 15–44-year-olds (9.8 percent).
- Among DoD ADSW with a past-year pregnancy, more than one in three (37 percent) had an unintended pregnancy. Combining this with the percentage of DoD ADSW with a past-year pregnancy, we estimate that approximately 6 percent of DoD ADSW overall experience an unintended pregnancy each year. The rate was similar in the Coast Guard. This is consistent with the 2018 Health Related Behaviors Survey (Meadows et al., 2021), which reported a rate of 5.5 percent. The unintended pregnancy rate in the United States is 4.5 percent (Finer and Zolna, 2016).
- Unintended pregnancy is more often attributable to failure to use birth control rather than inconsistent or improper use or to contraceptive failure. Among DoD ADSW who had an unintended pregnancy in the past year, more than half (56.2 percent) reported that they did not use birth control at the time of conception. This rate was similar for the Coast Guard.
- Approximately 65 percent of pregnancies among DoD ADSW result in a live birth, 25 percent in miscarriage, and the remaining 10 percent in another outcome. This was similar in the Coast Guard.
- Among DoD ADSW who were pregnant in the past year, 52 percent reported that they felt depressed during the pregnancy or after they gave birth. Rates of maternal depression were lower in the Coast Guard (42.5 percent).
- About 1.2 percent of DoD ADSW have experienced a pregnancy during deployment; half that number, 0.6 percent, experienced a pregnancy during combat deployment.
- Half of DoD ADSW (49.7 percent) reported that they had "delayed getting pregnant or starting a family" during their service.
- Three-quarters (76 percent) of ADSW take 12 weeks of leave after giving birth; 7.1 percent take more.

- One in three DoD ADSW reported having duty restrictions during pregnancy (33.6 percent). Coast Guard ADSW were more likely than those in DoD to have duty restrictions (51 percent).
- Most typically (among 48.0 percent of ADSW), restricted duty lasted less than four weeks.

Infertility

In this domain, we examined overall rates of infertility among ADSW, as well as use of, and barriers to use of, fertility assistance. Key findings include the following:

- Overall, 15.2 percent of DoD and 10.7 percent of Coast Guard ADSW reported having tried unsuccessfully to conceive for 12 or more months. In the U.S. general population, 12.5 percent of women ages 20–44 self-reported unsuccessfully trying to conceive for 12 months or more or were told by a doctor that they were unable to become pregnant (Kelley et al., 2019). On the basis of only self-reported inability to conceive, the Centers for Disease Control and Prevention (CDC) has reported that the infertility rate among married U.S. women between the ages of 15 and 49 is 6 percent among those who had ever given birth and 19.4 percent among those who had never given birth (CDC, 2021a). When calculated only among married women between the ages of 18 and 49 (there are no women under the age of 18 in the WRHS data), the infertility rate among DoD ADSW is 21.8 percent, and among Coast Guard ADSW it is 16.5 percent. The WRHS data do not allow us to identify whether a respondent had ever given birth.
- Twelve percent of all DoD ADSW and 8.2 percent of Coast Guard ADSW reported an unmet need for fertility services since joining the military.
- The fertility service most commonly received was medical advice, received by nearly nine in ten ADSW (87.3 percent) seeking fertility assistance, followed by infertility testing (40.8 percent), drugs to increase ovulation (25.5 percent), and artificial insemination (10.2 percent). Coast Guard patterns were similar to those for DoD ADSW.
- Overall, 82.7 percent of DoD ADSW receiving infertility services from any source reported that TRICARE paid for the service; 31.1 percent reported paying out-of-pocket. Rates in the Coast Guard were similar.
- There are substantial barriers to infertility treatment for a minority of ADSW. In DoD, 6.6 percent of ADSW receiving fertility assistance had to travel more than 100 miles for infertility testing, and 7.3 percent had to do so to obtain drugs to improve ovulation.
  - ADSW in the Coast Guard had to travel farther than those in any other service to obtain infertility advice and were less likely to receive infertility testing and drugs to improve ovulation at their home installation than ADSW serving in all DoD branches except the Marine Corps.
- Among DoD ADSW who discontinued treatment before a successful pregnancy, the most commonly reported reasons for doing so were long wait times for services, making a permanent change of station to one where the service was not available, or deciding to try to get pregnant without medical assistance. Each was cited by about one in four ADSW. Responses were similar for the Coast Guard.
- Among DoD ADSW overall, 1.1 percent have used cryopreservation ("frozen their eggs") during their service; 43.5 percent said that they would consider doing so if the cost was completely covered by TRICARE.
  - ADSW in the Coast Guard were less likely than ADSW serving in DoD to say that they would consider cryopreservation if the cost was covered (36.9 percent).

Policy Implications

Maintaining readiness and lethality of the U.S. armed forces requires attention to the health and health care needs of all who serve. The WRHS was, in part, designed to help DoD identify reproductive health issues that ADSW may face and ways to address these issues. Therefore, in this section we highlight policy areas that DoD and the Coast Guard should consider to not only support force readiness but also to ensure that ADSW's needs with respect to reproductive health are adequately addressed.

Health Care Utilization

- **Explore options for expanding the prevalence and availability of care through WHCs.** Results from the WRHS suggest that certain types of care (for example, from an OBGYN) was easier for ADSW to get through a WHC. Although we cannot be certain of whether this is a causal relationship, given that the MHS has specific goals with respect to the ease and timeliness of making appointments with specialty providers, the availability of WHCs may present an opportunity to improve access and wait times.

Birth Control and Contraceptive Use

- **Provide training for MHS providers regarding the full range of contraceptive methods.** Delivering additional training on contraceptives to MHS providers who provide routine physical exams, virtual health care visits, predeployment health care visits, or health care during deployment would ensure that providers are prepared to discuss the full range of available contraceptive methods. Such training could cover standard guidelines for presenting contraceptive options to mitigate ADSW's perceptions that MHS providers may be pressuring them to choose a particular contraceptive method, as well as to inform providers of appropriate referral options as necessary (e.g., if providers are not credentialed to write prescriptions or insert long-acting reversible contraceptives, such as IUDs).
- **Consider expanding use of full-service contraceptive clinics,** such as those established under Operation PINC (Process Improvement for Non-Delayed Contraception) at the Naval Medical Center San Diego (Adams, 2017). This same-day contraceptive clinic is staffed by a physician and a medical assistant, ensuring that ADSW can see an MHS provider with comprehensive training regarding contraception. Under this model, ADSW can obtain long-acting reversible contraceptives without delay.
- **Incorporate alerts into the electronic health record system to remind providers to address contraception, including for menstrual suppression, during routine physical exams.** Although physical exams are not explicitly required as part of the annual PHA, the PHA is one source of physical exams for ADSW. Additionally, TRICARE provides coverage for an annual, in-person "well-woman" physical exam. Automated alerts to providers at these clinical encounters may help improve fidelity to the requirement of providing comprehensive contraceptive counseling during "annual physical exams" established under the 2016 NDAA. Alerts might also ask providers to indicate whether (1) they offered counseling and (2) ADSW were offered counseling but declined it so that the reasons behind apparently low rates of counseling receipt can be better understood.
- **Expand opportunities for ADSW to access contraceptive counseling through the MHS.** In keeping with the intent of the NDAA to ensure the accessibility of contraceptive counseling, counseling could be offered at a variety of touch points throughout the MHS to ensure uptake among ADSW, including (but not limited to) PHAs and well-woman visits. Furthermore, the MHS could consider additional delivery modalities for contraceptive counseling, including online modules or during telehealth visits.

Reproductive Health During Training, Predeployment, and Deployment

- **Schedule predeployment appointments at least 90 days before deployment for ADSW.** For ADSW who are initiating contraception (including for menstrual suppression or regulation), modifications to the dose or method may be necessary to minimize side effects or to achieve satisfactory regulation. Currently, nearly one-third of ADSW seeking contraception prior to deployment are not able to access it through the MHS; a longer interval between predeployment appointment and deployment may also allow ADSW more time to obtain their preferred contraceptive method.
- **When ADSW are being deployed, ensure that they receive an adequate supply of their contraceptive to last the entire deployment.** Although the majority of ADSW received an adequate supply for the length of deployment, nearly one-quarter of DoD respondents received an inadequate supply. Consider standardizing contraceptive dispensing prior to deployment to ensure that ADSW receive sufficient contraceptive supplies for the entire deployment.
- **Consider strategies for improved access to feminine hygiene supplies, facilities, and treatment for urinary or vaginal infections during training and deployment, particularly for ADSW in the Army and Marine Corps.** Urinary tract or vaginal infections affect nearly one in three ADSW during training, and more than 40 percent of DoD ADSW experienced limited access to feminine hygiene supplies and facilities during training. One potential strategy may include furnishing ADSW with self-test and self-treatment kits for urinary tract infections and other urogenital health issues; a recent qualitative study of female soldiers showed acceptance of and willingness to use self-test and self-treatment kits (Kostas-Polston, Braun, and Miedema, 2020). However, ADSW must additionally have access to a health care professional to ensure that infections are appropriately treated and resolve completely.

Fertility and Pregnancy

- **Improve ADSW's comfort in seeking contraception from the MHS and increase contraceptive counseling and access to highly effective contraception.** Failure to use any contraceptive method was cited by ADSW in about half of unintended pregnancies and improper or inconsistent use in another quarter of them. Thus, education and encouragement of contraceptive use are vital. It is important that ADSW discuss contraceptive methods with a provider, feel comfortable obtaining contraception, and make a well-educated choice that aligns with their preference.
- **Devote resources to understanding and addressing rates of miscarriage among ADSW.** Evidence is mixed regarding the role of deployment in ADSW's miscarriages (Ippolito et al., 2017). Risk factors for miscarriage in the U.S. general population, such as heavy alcohol consumption and smoking, should be considered for targeting by DoD and the Coast Guard.
- **Develop a comprehensive strategy to address maternal depression.** This strategy should include routinely screening for maternal depression at pre- and postnatal MHS visits and referral of positive screens for mental health treatment. DoD and the Coast Guard should also track rates of both maternal depression and screening for maternal depression outside of medical records to better understand the scope of the problem. As part of screening and tracking, consider setting DoD- and Coast Guard–specific goals and milestones for reducing maternal depression and increasing screening for it. DoD and the Coast Guard should also implement evidence-based programs to prevent maternal depression (O'Hara and McCabe, 2013).

Infertility

- **Implement policies and programs to improve the balance between career and family formation among ADSW.** Half of all ADSW reported that they had delayed getting pregnant or starting a family during their service. Fertility decreases gradually with age and quickly after age 35, as does the effective-

ness of medical intervention to improve the probability of conception (Seshadri et al., 2021). If ADSW are choosing to postpone parenthood for career reasons (mirroring civilian trends; see Mathews and Hamilton, 2016), this may contribute to the observed levels of infertility. Making it easier for ADSW to parent without putting off career advancement may reduce delays in parenting that ultimately impair ADSW's ability to conceive (Schmidt et al., 2012).

- **Improve access to medical fertility assistance.** Locating fertility services closer to more ADSW, providing assistance with infertility service transitions for ADSW undergoing a permanent change of station, and shortening wait times would address some issues, as would expanding the services covered by TRICARE. In vitro fertilization (IVF) and cryopreservation are not currently covered, unless the need for them is associated with specific duty exposures, and nearly one in three ADSW receiving treatment reported out-of-pocket fertility-related medical expenses. Moreover, a high percentage of ADSW would consider cryopreservation if it were covered. Counseling regarding the efficacy of IVF and cryopreservation for producing a successful pregnancy and birth should be provided if coverage is expanded, so ADSW have an accurate understanding of the benefits and limitations of these procedures.

Future Research

Although a survey can be an efficient mechanism to collect data from a large population and provide an overview of associations between variables, it does not always allow for the type of analysis that would uncover the reasons behind those associations. Thus, future research efforts should consider using qualitative data collection methods (e.g., focus groups, interviews) to supplement quantitative survey data to better understand the experiences of ADSW and their reproductive health.

Contents

About This Report iii
Summary v
Figure and Tables xxi

CHAPTER ONE
Introduction 1
Context for the Women's Reproductive Health Survey 1
Organization of the Report 2

CHAPTER TWO
Method 5
Survey Development 5
Survey Administration 6
Population and Sample 7
Weights 10
Imputation of Missing Data 15
Analysis Approach 15
Limitations 17

CHAPTER THREE
Sociodemographic and Military Characteristics 19
Service Branch 21
Pay Grade 21
Age 22
Education Level 22
Race/Ethnicity 22
Marital Status 22
Parental Status 23
Sexual Orientation 23
Comparison with the DoD Active-Duty Population 23
Summary 23

CHAPTER FOUR
Health Care Utilization 25
Interaction with the MHS 25
HPV Vaccine Uptake 36
Summary 37

CHAPTER FIVE
Birth Control and Contraceptive Use 41
Current Sexual Activity and Contraceptive Use 41
Discussions About Birth Control with MHS Providers During PHAs 46
Attitudes Toward Discussions About Birth Control 53
Experiences with IUD and Birth Control Implant 58

Menstruation Interference and Suppression 60
Use of Decide + Be Ready Birth Control App 61
Summary 65

CHAPTER SIX
Reproductive Health During Training, Predeployment, and Deployment 67
Contraceptive Counseling and Access Prior to Deployment 67
Contraceptive Access and Use During Deployment 73
Urinary Tract or Vaginal Infections During Training and Deployment 77
Access to Feminine Hygiene Products and Facilities During Training and Deployment 82
Summary 84

CHAPTER SEVEN
Fertility and Pregnancy 89
Pregnancies, Births, and Parenting Plans 89
Unwanted, Mistimed, and Unintended Pregnancies 97
Pregnancy-Associated Leave and Duty Restriction 102
Maternal Depression 106
Summary 107

CHAPTER EIGHT
Infertility 109
Prevalence of Infertility 109
Use of and Unmet Need for Infertility Services 111
Barriers to Use of Infertility Services 115
Cryopreservation (Egg Freezing) 121
Summary 123

CHAPTER NINE
Summary and Policy Implications 127
Method 127
Sociodemographic and Military Characteristics of the Weighted Sample 129
Key Findings 129
Policy Implications 134
Future Research 137

APPENDIXES
A. Survey 139
B. Description of Measures 167
C. Tables by Demographics (Age Group, Race/Ethnicity, Marital Status, Sexual Orientation) 173
D. Imputation Details 313

Abbreviations 315
References 317

Figure and Tables

Figure

D.1. Distribution of Observed and Imputed Data for Q81 ... 314

Tables

S.1. Sampling Frame, Sample Size, and Response Rates ... vi
S.2. Demographic and Military Characteristics, by Service Branch ... viii
2.1. WRHS Sampling Frame ... 8
2.2. Sampling Frame, Sample Size, and Response Rates ... 10
2.3. Sample and Response Rates, by Service Branch ... 11
2.4. Balance for Nonresponse Weights ... 13
3.1. Demographic and Military Characteristics, Percentage of Total Sample, by Service Branch ... 19
3.2. Comparison Between the WRHS Weighted Respondent Sample and the 2019 DoD ADSW Population, by Service Branch and Pay Grade ... 21
4.1a. Ease of Access to MHS Care (If Needed), by Provider Type and Service Branch, Past 12 Months ... 27
4.1b. Ease of Access to MHS Care (If Needed), by Pay Grade, Past 12 Months ... 28
4.2a. Asked Whether Respondent Was the Sponsor, by Provider Type and Service Branch ... 29
4.2b. Asked Whether Respondent Was the Sponsor, by Pay Grade ... 29
4.3a. Appointment Wait Time at Last Appointment, by Provider and Service Branch ... 31
4.3b. Appointment Wait Time at Last Appointment, by Pay Grade ... 33
4.4a. Use of WHCs, by Service Branch ... 34
4.4b. Use of WHCs, by Pay Grade ... 36
4.5a. HPV Vaccine Uptake, by Service Branch and WHC ... 38
4.5b. HPV Vaccine Uptake, by Pay Grade ... 39
5.1a. Recency of Vaginal Sexual Intercourse with Male Partner and Current Forms of Birth Control, by Service Branch ... 43
5.1b. Recency of Vaginal Sexual Intercourse with Male Partner and Current Forms of Birth Control, by Pay Grade ... 44
5.2a. Sources of Birth Control in Past 12 Months, by Service Branch ... 45
5.2b. Sources of Birth Control in Past 12 Months, by Pay Grade ... 46
5.3a. Timing of Last PHA, by Service Branch ... 47
5.3b. Timing of Last PHA, by Pay Grade ... 48
5.4a. Birth Control Discussions with MHS Provider During Past-Year PHA, by Service Branch ... 49
5.4b. Birth Control Discussions with MHS Provider During Past-Year PHA, by Pay Grade ... 50
5.5a. Difficulty Accessing Birth Control Through the MHS Since Joining the Military, by Service Branch ... 51
5.5b. Difficulty Accessing Birth Control Through the MHS Since Joining the Military, by Pay Grade ... 51
5.6a. Difficulty Accessing Preferred Birth Control Through the MHS Since Joining the Military, by Service Branch ... 52
5.6b. Difficulty Accessing Preferred Birth Control Through the MHS Since Joining the Military, by Pay Grade ... 54
5.7a. Comfort with Discussing Birth Control with Providers, by Service Branch ... 55
5.7b. Comfort with Discussing Birth Control with Providers, by Pay Grade ... 56
5.8a. Pressure to Use Specific Type of Birth Control, by Service Branch ... 57

5.8b. Pressure to Use Specific Type of Birth Control, by Pay Grade 58
5.9a. Use of IUD and Birth Control Implant, by Service Branch 59
5.9b. Use of IUD and Birth Control Implant, by Pay Grade 60
5.10a. Menstrual Cycle Regulation or Suppression, by Service Branch 62
5.10b. Menstrual Cycle Regulation or Suppression, by Pay Grade 63
5.11a. Use of Decide + Be Ready Birth Control App, by Service Branch 64
5.11b. Use of Decide + Be Ready Birth Control App, by Pay Grade 64
6.1a. Timing of Most Recent Deployment, by Service Branch 68
6.1b. Timing of Most Recent Deployment, by Pay Grade 68
6.2a. Contraceptive Counseling Prior to Deployment, by Service Branch 69
6.2b. Contraceptive Counseling Prior to Deployment, by Pay Grade 70
6.3a. Timing of Predeployment Contraceptive Counseling, by Service Branch 71
6.3b. Timing of Predeployment Contraceptive Counseling, by Pay Grade 71
6.4a. Contraceptive Access Through the MHS Prior to Deployment, by Service Branch 72
6.4b. Contraceptive Access Through the MHS Prior to Deployment, by Pay Grade 73
6.5a. Contraceptive Access Through the MHS During Deployment, by Service Branch 74
6.5b. Contraceptive Access Through the MHS During Deployment, by Pay Grade 75
6.6a. Menstrual Suppression and Regulation During Deployment, by Service Branch 76
6.6b. Menstrual Suppression and Regulation During Deployment, by Pay Grade 77
6.7a. Urinary Tract or Vaginal Infections During Training, by Service Branch 78
6.7b. Urinary Tract or Vaginal Infections During Training, by Pay Grade 79
6.8a. Urinary Tract or Vaginal Infections During Deployment, by Service Branch 80
6.8b. Urinary Tract or Vaginal Infections During Deployment, by Pay Grade 81
6.9a. Access to Feminine Hygiene Products and Facilities During Training, by Service Branch 82
6.9b. Access to Feminine Hygiene Products and Facilities During Training, by Pay Grade 83
6.10a. Access to Feminine Hygiene Products and Facilities During Deployment, by Service Branch 85
6.10b. Access to Feminine Hygiene Products and Facilities During Deployment, by Pay Grade 86
7.1a. Number of Pregnancies Since Joining the Military, by Service Branch 90
7.1b. Number of Pregnancies Since Joining the Military, by Pay Grade 91
7.2a. Timing of Family Formation, by Service Branch 92
7.2b. Timing of Family Formation, by Pay Grade 92
7.3a. Pregnancy in Past 12 Months, by Service Branch 93
7.3b. Pregnancy in Past 12 Months, by Pay Grade 93
7.4a. Outcome of Pregnancies in Past 12 Months, by Service Branch 94
7.4b. Outcome of Pregnancies in Past 12 Months, by Pay Grade 94
7.5a. Currently Pregnant, by Service Branch 95
7.5b. Currently Pregnant, by Pay Grade 95
7.6a. Notified Supervisor of Pregnancy, by Service Branch 96
7.6b. Notified Supervisor of Pregnancy, by Pay Grade 96
7.7a. Unwanted Pregnancy Status Among Those with Past-Year Pregnancy, by Service Branch 97
7.7b. Unwanted Pregnancy Status Among Those with Past-Year Pregnancy, by Pay Grade 98
7.8a. Mistimed and Unintended Pregnancy, by Service Branch 98
7.8b. Mistimed and Unintended Pregnancy, by Pay Grade 99
7.9a. Birth Control Method One Month Prior to Pregnancy Among Those with Unintended Pregnancy, by Service Branch 100
7.9b. Birth Control Method One Month Prior to Pregnancy Among Those with Unintended Pregnancy, by Pay Grade 100
7.10a. Birth Control Use Just Before Pregnancy Among Those with Unintended Pregnancy, by Service Branch 101
7.10b. Birth Control Use Just Before Pregnancy Among Those with Unintended Pregnancy, by Pay Grade 101

7.11. Reason ADSW Did Not Use Birth Control Before Pregnancy Among Those with Unintended Pregnancy 102
7.12a. Length of Maternity Leave, by Service Branch 103
7.12b. Length of Maternity Leave, by Pay Grade 103
7.13a. Duty Restriction During Pregnancy, by Service Branch 103
7.13b. Duty Restriction During Pregnancy, by Service Branch 104
7.14a. Length of Duty Restriction During Pregnancy (Among Those with a Restriction), by Service Branch 104
7.14b. Length of Duty Restriction During Pregnancy (Among Those with a Restriction), by Pay Grade 104
7.15a. How Closely Commander Followed Pregnancy Profile, by Service Branch. 105
7.15b. How Closely Commander Followed Pregnancy Profile, by Pay Grade. 106
7.16a. Maternal Depression, by Service Branch 107
7.16b. Maternal Depression, by Pay Grade 108
8.1a. Lifetime Infertility, by Service Branch 110
8.1b. Lifetime Infertility, by Pay Grade 111
8.2a. Saw Doctor Regarding Fertility Since Joining Military, by Service Branch 112
8.2b. Saw Doctor Regarding Fertility Since Joining Military, by Pay Grade 112
8.3a. Unmet Need for Fertility Services Since Joining Military, by Service Branch 113
8.3b. Unmet Need for Fertility Services Since Joining Military, by Pay Grade 113
8.4a. Infertility Services or Treatments Received Within the MHS, by Service Branch. 114
8.4b. Infertility Services or Treatments Received Within the MHS, by Pay Grade 115
8.5a. Infertility Services or Treatments Received Outside the MHS, by Service Branch 116
8.5b. Infertility Services or Treatments Received Outside the MHS, by Pay Grade. 117
8.6a. Location of Fertility Services Provided Within the MHS, by Service Branch. 117
8.6b. Location of Fertility Services Provided Within the MHS, by Pay Grade 119
8.7a. Payment Source for Fertility Treatment, by Service Branch 120
8.7b. Payment Source for Fertility Treatment, by Pay Grade. 120
8.8a. Private Insurance Coverage for Fertility Treatment, by Service Branch 121
8.8b. Private Insurance Coverage for Fertility Treatment, by Pay Grade 122
8.9a. Termination of Infertility Treatment Prior to Becoming Pregnant, by Service Branch 123
8.9b. Termination of Infertility Treatment Prior to Becoming Pregnant, by Pay Grade. 124
8.10a. Cryopreservation, by Service Branch 125
8.10b. Cryopreservation, by Pay Grade 125
C.1a. Ease of Access to MHS Care (If Needed), by Age Group, Past 12 Months 174
C.1b. Ease of Access to MHS Care (If Needed), by Race/Ethnicity, Past 12 Months 175
C.1c. Ease of Access to MHS Care (If Needed), by Marital Status, Past 12 Months 176
C.1d. Ease of Access to MHS Care (If Needed) by Sexual Orientation, Past 12 Months 177
C.2a. Asked Whether Respondent Was the Sponsor, by Age Group 178
C.2b. Asked Whether Respondent Was the Sponsor, by Race/Ethnicity 178
C.2c. Asked Whether Respondent Was the Sponsor, by Marital Status. 179
C.2d. Asked Whether Respondent Was the Sponsor, by Sexual Orientation 179
C.3a. Appointment Wait Time at Last Appointment, by Age Group 180
C.3b. Appointment Wait Time at Last Appointment, by Race/Ethnicity 180
C.3c. Appointment Wait Time at Last Appointment, by Marital Status 181
C.3d. Appointment Wait Time at Last Appointment, by Sexual Orientation 181
C.4a. Use of WHCs, by Age Group 182
C.4b. Use of WHCs, by Race/Ethnicity 182
C.4c. Use of WHCs, by Marital Status 183
C.4d. Use of WHCs, by Sexual Orientation 183

C.5a. HPV Vaccine Uptake, by Age Group....184
C.5b. HPV Vaccine Uptake, by Race/Ethnicity....184
C.5c. HPV Vaccine Uptake, by Marital Status....185
C.5d. HPV Vaccine Uptake, by Sexual Orientation....185
C.6a. Recency of Vaginal Sexual Intercourse with Male Partner and Current Forms of Birth Control, by Age Group....186
C.6b. Recency of Vaginal Sexual Intercourse with Male Partner and Current Forms of Birth Control, by Race/Ethnicity....187
C.6c. Recency of Vaginal Sexual Intercourse with Male Partner and Current Forms of Birth Control, by Marital Status....188
C.6d. Recency of Vaginal Sexual Intercourse with Male Partner and Current Forms of Birth Control, by Sexual Orientation....189
C.7a. Sources of Birth Control (Past 12 Months), by Age Group....190
C.7b. Sources of Birth Control (Past 12 Months), by Race/Ethnicity....191
C.7c. Sources of Birth Control (Past 12 Months), by Marital Status....192
C.7d. Sources of Birth Control (Past 12 Months), by Sexual Orientation....193
C.8a. Timing of Last PHA, by Age Group....194
C.8b. Timing of Last PHA, by Race/Ethnicity....194
C.8c. Timing of Last PHA, by Marital Status....195
C.8d. Timing of Last PHA, by Sexual Orientation....195
C.9a. Birth Control Discussions with MHS Provider During Past-Year PHA, by Age Group....196
C.9b. Birth Control Discussions with MHS Provider During Past-Year PHA, by Race/Ethnicity....197
C.9c. Birth Control Discussions with MHS Provider During Past-Year PHA, by Marital Status....198
C.9d. Birth Control Discussions with MHS Provider During Past-Year PHA, by Sexual Orientation....199
C.10a. Difficulty Accessing Birth Control Through the MHS Since Joining Military, by Age Group....200
C.10b. Difficulty Accessing Birth Control Through the MHS Since Joining Military, by Race/Ethnicity....200
C.10c. Difficulty Accessing Birth Control Through the MHS Since Joining Military, by Marital Status....201
C.10d. Difficulty Accessing Birth Control Through the MHS Since Joining Military, by Sexual Orientation....201
C.11a. Difficulty Accessing Preferred Birth Control Through the MHS Since Joining Military, by Age Group....202
C.11b. Difficulty Accessing Preferred Birth Control Through the MHS Since Joining Military, by Race/Ethnicity....203
C.11c. Difficulty Accessing Preferred Birth Control Through the MHS Since Joining Military, by Marital Status....204
C.11d. Difficulty Accessing Preferred Birth Control Through the MHS Since Joining Military, by Sexual Orientation....205
C.12a. Comfort with Discussing Birth Control with Providers, by Age Group....207
C.12b. Comfort with Discussing Birth Control with Providers, by Race/Ethnicity....208
C.12c. Comfort with Discussing Birth Control with Providers, by Marital Status....209
C.12d. Comfort with Discussing Birth Control with Providers, by Sexual Orientation....210
C.13a. Pressure to Use Specific Type of Birth Control, by Age Group....211
C.13b. Pressure to Use Specific Type of Birth Control, by Race/Ethnicity....212
C.13c. Pressure to Use Specific Type of Birth Control, by Marital Status....213
C.13d. Pressure to Use Specific Type of Birth Control, by Sexual Orientation....214
C.14a. Use of IUD and Birth Control Implant, by Age Group....215
C.14b. Use of IUD and Birth Control Implant, by Race/Ethnicity....216

C.14c. Use of IUD and Birth Control Implant, by Marital Status 217
C.14d. Use of IUD and Birth Control Implant, by Sexual Orientation 218
C.15a. Menstrual Cycle Regulation or Suppression, by Age Group 219
C.15b. Menstrual Cycle Regulation or Suppression, by Race/Ethnicity 220
C.15c. Menstrual Cycle Regulation or Suppression, by Marital Status 221
C.15d. Menstrual Cycle Regulation or Suppression, by Sexual Orientation 222
C.16a. Use of Decide + Be Ready Birth Control App, by Age Group 223
C.16b. Use of Decide + Be Ready Birth Control App, by Race/Ethnicity 223
C.16c. Use of Decide + Be Ready Birth Control App, by Marital Status 224
C.16d. Use of Decide + Be Ready Birth Control App, by Sexual Orientation 224
C.17a. Timing of Most Recent Deployment, by Age Group 225
C.17b. Timing of Most Recent Deployment, by Race/Ethnicity 225
C.17c. Timing of Most Recent Deployment, by Marital Status 226
C.17d. Timing of Most Recent Deployment, by Sexual Orientation 226
C.18a. Contraceptive Counseling Prior to Deployment, by Age Group 227
C.18b. Contraceptive Counseling Prior to Deployment, by Race/Ethnicity 227
C.18c. Contraceptive Counseling Prior to Deployment, by Marital Status 228
C.18d. Contraceptive Counseling Prior to Deployment, by Sexual Orientation 228
C.19a. Timing of Predeployment Counseling, by Age Group 229
C.19b. Timing of Predeployment Counseling, by Race/Ethnicity 229
C.19c. Timing of Predeployment Counseling, by Marital Status 230
C.19d. Timing of Predeployment Counseling, by Sexual Orientation 230
C.20a. Contraceptive Access Through the MHS Prior to Deployment, by Age Group 231
C.20b. Contraceptive Access Through the MHS Prior to Deployment, by Race/Ethnicity 232
C.20c. Contraceptive Access Through the MHS Prior to Deployment, by Marital Status 233
C.20d. Contraceptive Access Through the MHS Prior to Deployment, by Sexual Orientation 234
C.21a. Contraceptive Access Through the MHS During Deployment, by Age Group 235
C.21b. Contraceptive Access Through the MHS During Deployment, by Race/Ethnicity 236
C.21c. Contraceptive Access Through the MHS During Deployment, by Marital Status 237
C.21d. Contraceptive Access Through the MHS During Deployment, by Sexual Orientation 238
C.22a. Menstrual Suppression and Regulation During Deployment, by Age Group 239
C.22b. Menstrual Suppression and Regulation During Deployment, by Race/Ethnicity 240
C.22c. Menstrual Suppression and Regulation During Deployment, by Marital Status 241
C.22d. Menstrual Suppression and Regulation During Deployment, by Sexual Orientation 242
C.23a. Urinary Tract or Vaginal Infections During Training, by Age Group 243
C.23b. Urinary Tract or Vaginal Infections During Training, by Race/Ethnicity 244
C.23c. Urinary Tract or Vaginal Infections During Training, by Marital Status 245
C.23d. Urinary Tract or Vaginal Infections During Training, by Sexual Orientation 246
C.24a. Urinary Tract or Vaginal Infections During Deployment, by Age Group 247
C.24b. Urinary Tract or Vaginal Infections During Deployment, by Race/Ethnicity 248
C.24c. Urinary Tract or Vaginal Infections During Deployment, by Marital Status 249
C.24d. Urinary Tract or Vaginal Infections During Deployment, by Sexual Orientation 250
C.25a. Access to Feminine Hygiene Products and Facilities During Training, by Age Group 251
C.25b. Access to Feminine Hygiene Products and Facilities During Training, by Race/Ethnicity 252
C.25c. Access to Feminine Hygiene Products and Facilities During Training, by Marital Status 253
C.25d. Access to Feminine Hygiene Products and Facilities During Training, by Sexual Orientation 254
C.26a. Access to Feminine Hygiene Products and Facilities During Deployment, by Age Group 255
C.26b. Access to Feminine Hygiene Products and Facilities During Deployment, by Race/Ethnicity 256

C.26c. Access to Feminine Hygiene Products and Facilities During Deployment, by Marital Status.... 257
C.26d. Access to Feminine Hygiene Products and Facilities During Deployment, by Sexual Orientation 258
C.27a. Number of Pregnancies Since Joining the Military, by Age Group..... 259
C.27b. Number of Pregnancies Since Joining the Military, by Race/Ethnicity..... 260
C.27c. Number of Pregnancies Since Joining the Military, by Marital Status.....261
C.27d. Number of Pregnancies Since Joining the Military, by Sexual Orientation 262
C.28a. Timing of Family Formation, by Age Group..... 262
C.28b. Timing of Family Formation, by Race/Ethnicity..... 263
C.28c. Timing of Family Formation, by Marital Status..... 263
C.28d. Timing of Family Formation, by Sexual Orientation..... 264
C.29a. Pregnancy in Past 12 Months, by Age Group..... 264
C.29b. Pregnancy in Past 12 Months, by Race/Ethnicity..... 264
C.29c. Pregnancy in Past 12 Months, by Marital Status..... 265
C.29d. Pregnancy in Past 12 Months, by Sexual Orientation 265
C.30a. Outcome of Pregnancies in Past 12 Months, by Age Group 265
C.30b. Outcome of Pregnancies in Past 12 Months, by Race/Ethnicity 266
C.30c. Outcome of Pregnancies in Past 12 Months, by Marital Status 266
C.30d. Outcome of Pregnancies in Past 12 Months, by Sexual Orientation 266
C.31a. Currently Pregnant, by Age Group..... 267
C.31b. Currently Pregnant, by Race/Ethnicity..... 267
C.31c. Currently Pregnant, by Marital Status..... 267
C.31d. Currently Pregnant, by Sexual Orientation..... 267
C.32a. Notified Supervisor of Pregnancy, by Age Group..... 268
C.32b. Notified Supervisor of Pregnancy, by Race/Ethnicity..... 268
C.32c. Notified Supervisor of Pregnancy, by Marital Status..... 269
C.32d. Notified Supervisor of Pregnancy, by Sexual Orientation 269
C.33a. Unwanted Pregnancy Status Among Those with Past-Year Pregnancy, by Age Group.....270
C.33b. Unwanted Pregnancy Status Among Those with Past-Year Pregnancy, by Race/Ethnicity.....270
C.33c. Unwanted Pregnancy Status Among Those with Past-Year Pregnancy, by Marital Status.....270
C.33d. Unwanted Pregnancy Status Among Those with Past-Year Pregnancy, by Sexual Orientation ...271
C.34a. Mistimed and Unintended Pregnancy, by Age Group.....271
C.34b. Mistimed and Unintended Pregnancy, by Race/Ethnicity.....271
C.34c. Mistimed and Unintended Pregnancy, by Marital Status..... 272
C.34d. Mistimed and Unintended Pregnancy, by Sexual Orientation..... 272
C.35a. Birth Control Method One Month Prior to Pregnancy Among Those with Unintended Pregnancy, by Age Group..... 272
C.35b. Birth Control Method One Month Prior to Pregnancy Among Those with Unintended Pregnancy, by Race/Ethnicity.....273
C.35c. Birth Control Method One Month Prior to Pregnancy Among Those with Unintended Pregnancy, by Marital Status.....273
C.35d. Birth Control Method One Month Prior to Pregnancy Among Those with Unintended Pregnancy, by Sexual Orientation.....273
C.36a. Birth Control Use Just Before Pregnancy Among Those with Unintended Pregnancy, by Age Group.....274
C.36b. Birth Control Use Just Before Pregnancy Among Those with Unintended Pregnancy, by Race/Ethnicity 274
C.36c. Birth Control Use Just Before Pregnancy Among Those with Unintended Pregnancy, by Marital Status 275

C.36d. Birth Control Use Just Before Pregnancy Among Those with Unintended Pregnancy, by Sexual Orientation 275
C.37a. Length of Maternity Leave, by Age Group 276
C.37b. Length of Maternity Leave, by Race/Ethnicity 276
C.37c. Length of Maternity Leave, by Marital Status 277
C.37d. Length of Maternity Leave, by Sexual Orientation 277
C.38a. Duty Restriction During Pregnancy, by Age Group 277
C.38b. Duty Restriction During Pregnancy, by Race/Ethnicity 278
C.38c. Duty Restriction During Pregnancy, by Marital Status 278
C.38d. Duty Restriction During Pregnancy, by Sexual Orientation 278
C.39a. Length of Duty Restriction During Pregnancy (Among Those with a Restriction), by Age Group 279
C.39b. Length of Duty Restriction During Pregnancy (Among Those with a Restriction), by Race/Ethnicity 279
C.39c. Length of Duty Restriction During Pregnancy (Among Those with a Restriction), by Marital Status 279
C.39d. Length of Duty Restriction During Pregnancy (Among Those with a Restriction), by Sexual Orientation 280
C.40a. How Closely Commander Followed Pregnancy Profile, by Age Group 280
C.40b. How Closely Commander Followed Pregnancy Profile, by Race/Ethnicity 281
C.40c. How Closely Commander Followed Pregnancy Profile, by Marital Status 281
C.40d. How Closely Commander Followed Pregnancy Profile, by Sexual Orientation 282
C.41a. Maternal Depression, by Age Group 282
C.41b. Maternal Depression, by Race/Ethnicity 283
C.41c. Maternal Depression, by Marital Status 283
C.41d. Maternal Depression, by Sexual Orientation 283
C.42a. Lifetime Infertility, by Age Group 284
C.42b. Lifetime Infertility, by Race/Ethnicity 284
C.42c. Lifetime Infertility, by Marital Status 285
C.42d. Lifetime Infertility, by Sexual Orientation 285
C.43a. Saw Doctor Regarding Fertility Since Joining Military, by Age Group 286
C.43b. Saw Doctor Regarding Fertility Since Joining Military, by Race/Ethnicity 286
C.43c. Saw Doctor Regarding Fertility Since Joining Military, by Marital Status 287
C.43d. Saw Doctor Regarding Fertility Since Joining Military, by Sexual Orientation 287
C.44a. Unmet Need for Fertility Services Since Joining Military, by Age Group 287
C.44b. Unmet Need for Fertility Services Since Joining Military, by Race/Ethnicity 288
C.44c. Unmet Need for Fertility Services Since Joining Military, by Marital Status 288
C.44d. Unmet Need for Fertility Services Since Joining Military, by Sexual Orientation 288
C.45a. Infertility Services or Treatments Received Within the MHS, by Age Group 289
C.45b. Infertility Services or Treatments Received Within the MHS, by Race/Ethnicity 290
C.45c. Infertility Services or Treatments Received Within the MHS, by Marital Status 291
C.45d. Infertility Services or Treatments Received Within the MHS, by Sexual Orientation 292
C.46a. Infertility Services or Treatments Received Outside the MHS, by Age Group 293
C.46b. Infertility Services or Treatments Received Outside the MHS, by Race/Ethnicity 294
C.46c. Infertility Services or Treatments Received Outside the MHS, by Marital Status 295
C.46d. Infertility Services or Treatments Received Outside the MHS, by Sexual Orientation 296
C.47a. Location of Fertility Services Provided Within the MHS, by Age Group 297
C.47b. Location of Fertility Services Provided Within the MHS, by Race/Ethnicity 298
C.47c. Location of Fertility Services Provided Within the MHS, by Marital Status 299
C.47d. Location of Fertility Services Provided Within the MHS, by Sexual Orientation 300

C.48a. Payment Source for Fertility Treatment, by Age Group 301
C.48b. Payment Source for Fertility Treatment, by Race/Ethnicity 301
C.48c. Payment Source for Fertility Treatment, by Marital Status 302
C.48d. Payment Source for Fertility Treatment, by Sexual Orientation 302
C.49a. Private Insurance Coverage for Fertility Treatment, by Age Group 303
C.49b. Private Insurance Coverage for Fertility Treatment, by Race/Ethnicity 304
C.49c. Private Insurance Coverage for Fertility Treatment, by Marital Status 305
C.49d. Private Insurance Coverage for Fertility Treatment, by Sexual Orientation 305
C.50a. Termination of Infertility Treatment Prior to Becoming Pregnant, by Age Group 306
C.50b. Termination of Infertility Treatment Prior to Becoming Pregnant, by Race/Ethnicity 307
C.50c. Termination of Infertility Treatment Prior to Becoming Pregnant, by Marital Status 308
C.50d. Termination of Infertility Treatment Prior to Becoming Pregnant, by Sexual Orientation 309
C.51a. Cryopreservation, by Age Group 310
C.51b. Cryopreservation, by Race/Ethnicity 311
C.51c. Cryopreservation, by Marital Status 311
C.51d. Cryopreservation, by Sexual Orientation 312

CHAPTER ONE

Introduction

In 2019, women made up 16.5 percent of the active-duty force (U.S. Department of Defense [DoD], Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy, 2020) and, with the rescission in 2016 of the 1994 Direct Ground Combat Definition and Assignment Rule, are allowed to serve in all military occupations (Dempsey and Panetta, 2013). Therefore, women's health and well-being are critical to the readiness of the overall force. Like their civilian counterparts, service women face decisions regarding their reproductive health, including contraceptive use and timing of pregnancies (if desired). In the military context, reproductive health and fertility patterns, of both men and women, may potentially limit physical capabilities, assignments, and ability to deploy. Like their male counterparts, service women should expect to receive the same high-quality medical care and services that their male counterparts receive, all of which are intended to support the heath and readiness of the force. Furthermore, satisfaction with such care and services may have implications for the retention of female service members. Thus, it is important to understand the experiences that female service members have with respect to their reproductive health while serving in the military.[1]

Context for the Women's Reproductive Health Survey

The 2016 National Defense Authorization Act (NDAA), Section 718, required DoD to provide service women access to comprehensive family planning and counseling services on the full range of contraceptive methods dictated by newly adopted guidelines—and to do so at health care visits predeployment, during deployment, and during annual physical exams (Pub. L. 114-92, 2015). The following year, the 2017 NDAA, Section 747, required DoD to conduct a survey of service members' experiences with family planning services and counseling and specifically access to counseling and family-planning-method, experiences with use, and availability of preferred methods (Pub. L. 114-328, 2016). As a result of these mandates, in 2018, the Defense Health Agency (DHA) asked the RAND Corporation to conduct a survey on select aspects of the reproductive health of active-duty service women (ADSW) to provide the data needed to determine whether these requirements were being met and to identify reproductive health issues that service women may face and ways to address them. As a result of this request, RAND developed the Women's Reproductive Health Survey (WRHS).

[1] *Reproductive health* can be defined both very broadly and very narrowly. As an example, the World Health Organization defines *reproductive health* as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes" (World Health Organization, undated). However, the National Institutes of Health defines the term as "the condition of male and female reproductive systems during all life stages" (National Institute of Environmental Health Sciences, 2021). We do not attempt to define *reproductive health* here, as the Women's Reproductive Health Survey (WRHS) does not cover every possible topic that could be considered part of women's reproductive health. Rather, survey content was guided by the study's sponsor and subject-matter experts (see the discussion in Chapter Two).

The WRHS represents the first DoD-wide survey of service women since 1998.[2] Content was guided by the 2016 and 2017 NDAAs, as well as other DoD and DHA policy documents. These include Department of Defense Instruction 1010.10 (2018), which mandates that DoD should assess the health and well-being of service members against civilian benchmarks defined by Healthy People 2020 (HP2020) objectives.[3] These benchmarks, established in ten-year cycles by the U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, contain objectives across several domains; most relevant for the WRHS are those within the domain of reproductive and sexual health.

In addition, DHA Procedural Instruction 6200.02 (2019) addresses mandated contraceptive counseling and accessibility to contraceptives. The memo lays out a requirement to establish process and outcome metrics that specifically address Healthy People family planning and counseling objectives, contraceptive use, and pregnancy intentions.[4] The WRHS includes measures specifically designed to address family planning objectives and is designed to help DHA facilitate comparisons between service women and their civilian peers based on the relevant Healthy People objectives.

The WRHS, conducted between early August and early November 2020, included a stratified, random sample of ADSW below flag rank in the U.S. Air Force, Army, Marine Corps, and Navy and a census of all ADSW below flag rank in the Coast Guard.[5] Survey content covered several areas, including birth control and contraceptive preferences, use, and availability; birth control and contraceptives in terms of deployment; fertility and pregnancy; and infertility. This report details the methodology, analysis, results, and recommendations associated with the WRHS.

Organization of the Report

Chapter Two briefly summarizes the methodology of the survey, including questionnaire development, survey administration, sampling design, imputation of missing data, weights, and the general analytic plan. Chapter Three provides a summary of the weighted final sample in terms of sociodemographic and military characteristics. The remaining chapters each focus on a key substantive issue addressed in the survey, as follows: Chapter Four is about health care utilization, Chapter Five is about birth control and contraceptive use, Chapter Six is about reproductive health during training and deployment, Chapter Seven is about fertility and pregnancy, and Chapter Eight is about infertility. Finally, Chapter Nine provides a brief, high-level summary of the results and outlines policy implications for DoD, the services, the Coast Guard, and DHA to consider.

The report also contains four appendixes. Appendix A reproduces the web-based WRHS. Appendix B contains a description of key measures (organized by each substantive chapter), including how values were recoded, transformed, or combined for analysis and reporting. It also includes information about how we calculated scales and composite measures. Appendix C contains additional results that are not discussed in

[2] Some of the individual military departments have conducted their own service-wide surveys of women during this period. For example, the Navy has conducted the biennial Pregnancy and Parenthood Survey since 1998, although it is not limited to women respondents.

[3] Technically, Department of Defense Instruction 1010.10 references HP2020, but because these goals are updated every decade, the most current goals are for 2030. For more information on the Healthy People 2030 (HP2030) objectives, see U.S. Department of Health and Human Services, undated.

[4] The memo references HP2020, but the most current goals are for 2030.

[5] Throughout the report, mentions of the Air Force refer to the service, not the department. However, 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.

the main substantive chapters but may be of interest to some readers. Specifically, the tables in this appendix provide key outcomes broken down by age, race/ethnicity, marital status, and sexual orientation. Appendix D provides more detail about missing data and the imputation approach used in the study.

Finally, readers should always keep in mind that survey results in this report can offer only statistical estimates of true population characteristics. Given the scope of the WRHS, and the amount of material presented in this report, we often opt for less precise terminology in the interest of readability. For example, although each table represents estimates rather than known values for the population of interest, we do not label each table or figure as an "estimate of" a specific outcome, but this phrase is implicit in all the results presented.

CHAPTER TWO

Method

This chapter reviews the methodology used to conduct the WRHS.[1] At the onset of the study, the research team reviewed prior surveys, both DoD and civilian, that addressed aspects of women's health and well-being. The remainder of this chapter provides a detailed description of the process used to develop survey content, the administration of the survey, the population and sampling plan, the imputation of missing data, the creation of survey weights, the analytic plan for the final data set, and, finally, the limitations of the approach.

Survey Development

The only required survey content was related to the 2016 and 2017 NDAAs. Given the minimal required content, the team reviewed other existing surveys that covered other issues related to women's health and, specifically, their reproductive health, to identify candidate survey topics and items. These included both DoD surveys (e.g., the Health Related Behaviors Survey [HRBS], the 1989 DoD Women's Health Survey, the Navy Pregnancy and Parenthood Survey) and civilian surveys (e.g., the National Survey of Family Growth, the Behavioral Risk Factor Surveillance Survey) (see Meadows et al., 2021; Uriell, 2016; Centers for Disease Control and Prevention [CDC], 2021b, 2021d). On the basis of the content of the surveys, the research team developed a list of possible survey topics and associated survey items. This initial draft survey was shared with study sponsor (DHA and the U.S. Coast Guard) and the advisory group (described below) for their review. Using this feedback, the research team dropped topics and items that the advisory group recommended be removed and added those that were suggested to be included.

Advisory Group

At the outset of the study, the sponsor selected a group of roughly one dozen military and civilian subject-matter experts to serve as an advisory group for the survey. These individuals were asked to provide feedback on survey content. Individuals in the group represented each of the DoD services, as well as the Coast Guard. In addition, the group included members from the Office of the Assistant Secretary of Defense for Health Affairs, the Uniformed Services University of the Health Sciences, and the Eunice Kennedy Shriver National Institute of Child Health and Human Development.

Pilot Testing

Once the final survey draft was prepared, we tested it with two groups of individuals: female RAND military fellows from the Army and Air Force and women in the RAND Pardee Graduate School. These groups were

[1] Much of this chapter is based on the methodology description in RAND's report about the Health Related Behaviors Survey (HRBS) (Meadows et al., 2021).

able to provide feedback on both content (e.g., item wording, clarity of language) and survey programming (e.g., skip logic).

Survey Approval

The final survey, the sampling plan, all communication with potential respondents, and the data security plan were reviewed by RAND's Institutional Review Board (known as the Human Subjects Protection Committee), the Westat Institutional Review Board, the Coast Guard's Institutional Review Board, the Office of People Analytics, the Office of the Under Secretary of Defense for Personnel and Readiness's Research Regulatory Oversight Office, the Office of the Assistant Secretary of Defense for Health Affairs and the DHA's Human Research Protection Office, and the DoD Security Office. All survey materials included the survey report control system license number: DD-HA2713 (expires March 31, 2025). See Appendix A for the final WRHS.

Survey Administration

RAND partnered with Westat, which implemented the web-based survey as a subcontractor. The survey opened with a soft rollout (i.e., the first 5,000 sample members) on August 3, 2020. This allowed Westat to make sure that the data collection system was operating properly. The rest of the sample was released one week later, on August 10. The survey closed on November 2, 2020. It is important to keep in mind that the data collection period occurred during the COVID-19 pandemic.

Sample Contact

The initial contact with sample members included a mailed invitation from RAND and Westat, a letter from the Assistant Deputy Secretary of Defense for Health Affairs, and a set of frequently asked questions (see Appendix A). All sample members with a valid .mil DoD email address also received an introductory email. After that initial contact, sample members who had not completed the survey or who had not requested to be opted out of future communication received reminders via email and postal letter. Sample members who had a valid email address received up to five email reminders; members with a valid mailing address received one additional reminder letter. The final email and letter reminded potential respondents of the last day to complete the survey. The Defense Manpower Data Center (DMDC) provided all contact information (e.g., email and mailing addresses).

In addition to the formal email and postal mail invitations, ADSW could check whether they were eligible to take the survey via a website hosted by Westat. The eligibility page could be accessed from the main survey website or via QR code, a poster that listed the web address, or Facebook advertisement. A potential respondent could input her unique DoD email address on the website. If that email matched an email in the sample file, an invitation email was sent to that address. If there was no email match, an email was sent to the entered address indicating that the individual was not eligible to take the survey. Roughly 1,000 women used the eligibility lookup website.

Survey Support and Help Desk

Service members who experienced technical difficulties could contact Westat via a 1-800 number or dedicated email address. Additional help information was provided via a "Help" button programmed on each web-survey screen. The Westat help desk was staffed from 9 a.m. to 5 p.m. (ET) Monday through Friday, with

voice mail and email available 24 hours a day. The majority of helpdesk contacts were related to technical difficulties, providing feedback about the survey, and requests to be added to the sample.

A list of frequently asked questions and answers was also available to potential respondents on the WRHS website (see Appendix A). The list contained an email address to direct questions about the overall study, as well as contact information for RAND's Human Subjects Protection Committee in case respondents had questions about their rights as participants.

Finally, RAND also monitored a study email address. Most emails received to this account were related to questions about eligibility, feedback about survey content, and personal stories about women's experiences with their reproductive health while in the military.

Ensuring Confidentiality

All confidentiality procedures were outlined in the survey consent and start screens. First, only RAND and Westat had access to information that could potentially identify respondents (e.g., email addresses). Second, a scrambled identification number linked respondents' contact information to their survey data, and only a select group of researchers at RAND and Westat had access to the linkage file. Third, any transfer of data—either contact data or survey data—used a secure encryption program. Fourth, both RAND and Westat had physical security procedures in place to protect confidential information and survey data (e.g., locked file cabinets, use of a cold room). Finally, data are reported only in the aggregate. That is, identifiable, individual ADSW data are not reported in this final report, nor will they be provided to anyone in DoD. To ensure that individuals cannot be identified by inference, this report presents estimates only if there are more than 15 possible individuals eligible to experience the outcome in question.[2]

One final step taken to protect the privacy of respondents was receipt of a certificate of confidentiality from the National Institutes of Health. This certificate provides researchers with the right to legally refuse to disclose information that may identify specific respondents in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings (e.g., court subpoena). The certificate was received on November 7, 2019 (CC-OD-20-058; expiration date: May 1, 2021).

Population and Sample

Population

The sampling frame of the WRHS included all ADSW in the Air Force, Army, Marine Corps, Navy, and Coast Guard as of September 2019 who were not enrolled as cadets in service academies, senior military colleges, and other Reserve Officers' Training Corps programs.[3] Flag officers (those at or above the pay grade of O7) were also excluded. Personnel in an active national guard or reserve program and full-time National Guard members and reservists were eligible only if they were activated (i.e., on active duty). We used data provided by DMDC to construct the sampling frame. The total sampling frame was 249,128 ADSW.

Sampling Design

To guarantee representation from all members of the sampling frame, we constructed a stratified random sample by branch of service and pay grade, which is a simple random sample without replacement within

[2] Note that results may be reported for estimates based on fewer than 15 *actual* cases in the numerator. *Possible cases* refers to the exposed population (i.e., the denominator), those who are eligible to experience the outcome in question.

[3] Survey eligibility was identified by service members' gender as listed in their DMDC data.

each stratum. The sample was proportional to size from strata, with a total sample size of 125,000 for the Air Force, Army, Marine Corps, and Navy. For the Coast Guard, we used a census of all eligible ADSW (N = 6,113). Combined, this yielded a total sample of 131,113 service women across all service branches. Table 2.1 provides detailed information about the sampling frame, number of ADSW sampled in each stratum, and the expected number of respondents.

TABLE 2.1
WRHS Sampling Frame

	Population Size	Number Sampled	Sampling Rate (%)	Expected Number of Respondents[a]
Total				
All ADSW	249,128	131,113	52.6	15,025
Service branch				
Air Force	73,235	37,670	51.4	6,899
Army	83,804	43,106	51.4	3,126
Marine Corps	16,845	8,665	51.4	641
Navy	69,131	35,559	51.4	2,870
Coast Guard	6,113	6,113	100.0	1,489
Pay grade				
E1–E4	105,275	55,070	52.3	3,997
E5–E6	71,995	38,044	52.8	4,002
E7–E9 and W1–W5c	26,493	13,888	52.4	2,366
O1–O3	29,595	15,742	53.2	2,490
O4–O6	15,770	8,369	53.1	2,170
Service × pay grade				
Air Force				
E1–E4	28,980	14,906	51.4	2,400
E5–E6	20,421	10,504	51.4	1,691
E7–E9d	9,321	4,794	51.4	1,040
O1–O3	9,016	4,638	51.4	951
O4–O6	5,497	2,828	51.4	817
Army				
E1–E4	33,870	17,422	51.4	523
E5–E6	21,883	11,256	51.4	698
E7–E9/W1–W5	11,230	5,776	51.4	664
O1–O3	10,845	5,578	51.4	602
O4–O6	5,976	3,074	51.4	639

Table 2.1—Continued

	Population Size	Number Sampled	Sampling Rate (%)	Expected Number of Respondents[a]
Marine Corps				
E1–E4	10,229	5,262	51.4	295
E5–E6	3,968	2,041	51.4	118
E7–E9/W1–W5	992	510	51.4	83
O1–O3	1,257	647	51.4	91
O4–O6	399	205	51.4	54
Navy				
E1–E4	30,304	15,588	51.4	452
E5–E6	23,639	12,159	51.4	924
E7–E9/W1–W5	4,411	2,269	51.4	411
O1–O3	7,408	3,810	51.4	591
O4–O6	3,369	1,733	51.4	492
Coast Guard				
E1–E4	1,892	1,892	100.0	327
E5–E6	2,084	2,084	100.0	571
E7–E9/W1–W5	539	539	100.0	168
O1–O3	1,069	1,069	100.0	255
O4–O6	529	529	100.0	168

[a] This is based on response rates observed in the 2018 HRBS (Meadows et al., 2021).

[b] This is based on design effects calculated using the Kish approximation and hypothetical poststratification weights.

[c] Senior enlisted and warrant officers were combined for the sampling procedure.

[d] The Air Force does not use warrant officers.

Final Analytic Sample

The final analytic sample consisted of 23,950 surveys. Before getting to the final number, 1,012 cases were dropped because they were not considered a *usable survey*, which we defined as one in which the respondent provided at least 50 percent of the responses up to and including question 25 in the survey. This cutoff meant that we had some information about receipt of contraceptive counseling (as mandated by the 2016 NDAA) from every respondent.

Among those who were included in the final analytic sample, the average completion time was 15.0 minutes (standard deviation = 9.7 minutes). The majority of respondents accessed the survey via a laptop or desktop computer (92.5 percent), with 7.0 percent using a mobile device (such as a smart phone) and 0.5 percent using a tablet.

Response Rates

Response rates were calculated as

$$(\text{number of usable surveys} / [\text{total sample} - \text{ineligibles}]) \times 100.$$

In this case, *ineligibles* refers to sample members who were no longer in the military at the time of the survey or were ineligible for an unspecified reason ($n = 6$). This response rate calculation corresponds to the American Association for Public Opinion Research Response Rate 1 (American Association for Public Opinion Research, 2016).[4] We also present weighted response rates, using the final analytic weights (weights are described in the next section).

Table 2.2 breaks down the sampling frame, total sample size, and response rate by service branch and pay grade. The table also shows *noncontacts*, defined as sample members for whom we did not have either a mailing or email address in the DMDC sample data file. The total sample size was 130,891 ADSW (total sample size minus the noncontacts). The overall weighted response rate was 17.8 percent (18.3 percent unweighted). The response rate was highest among the Coast Guard (38.0 percent) and lowest among the Navy (12.5 percent). Midgrade officers (O4–O6) were the most likely to complete the survey (40.2 percent), and junior enlisted (E1–E4) were the least likely to complete the survey (9.4 percent).

Table 2.3 provides a summary of the total sample and weighted response rates for each service branch, broken down by pay grade.

Weights

The WRHS analytic sample differs in composition from the eligible DoD service member population from which it was drawn for two primary reasons: (1) sample design (i.e., we selected specific types of service

TABLE 2.2
Sampling Frame, Sample Size, and Response Rates

	Sampling Frame	Total Sample Size	Noncontacts[a]	Analytic Sample Size	Weighted Response Rate (%)[b]
Service branch					
Air Force	73,235	37,670	16	9,516	25.3
Army	83,804	43,106	16	6,371	14.8
Marine Corps	16,845	8,665	180	1,288	14.9
Navy	69,131	35,559	6	4,453	12.5
Coast Guard	6,113	6,113	4	2,322	38.0
Pay grade					
E1–E4	105,275	55,070	189	5,320	9.4
E5–E6	71,995	38,044	13	6,603	16.8
E7–W5	26,493	13,888	5	3,664	26.0
O1–O3	29,595	15,742	9	4,951	30.8
O4–O6	15,770	8,369	6	3,412	40.2
Total	249,128	131,113	222	23,950	17.8

[a] *Noncontacts* includes sample members for whom we did not have either a mailing or an email address in the DMDC sample data file.

[b] Response rates were calculated as: (number of usable surveys / [total sample – ineligibles]) × 100. *Ineligibles* are individuals who were no longer in the military at the time of the survey or were ineligible for an unspecified reason.

[4] The American Association for Public Opinion Research (undated) is an association of public opinion and survey research professionals.

TABLE 2.3

Sample and Response Rates, by Service Branch

	Sampling Frame	Total Sample Size	Noncontacts[a]	Analytic Sample Size	Weighted Response Rate (%)[b]
Air Force					
E1–E4	28,980	14,906	7	2,576	17.3
E5–E6	20,421	10,504	4	2,623	25.0
E7–E9[c]	9,321	4,794	1	1,463	30.5
O1–O3	9,016	4,638	2	1,685	36.3
O4–O6	5,497	2,828	2	1,169	41.3
Army					
E1–E4	33,870	17,422	7	883	5.1
E5–E6	21,883	11,256	2	1,517	13.5
E7–E9/W1–W5	11,230	5,776	1	1,293	22.4
O1–O3	10,845	5,578	2	1,584	28.4
O4–O6	5,976	3,074	4	1,094	35.6
Marine Corps					
E1–E4	10,229	5,262	174	533	10.1
E5–E6	3,968	2,041	3	315	15.4
E7–E9/W1–W5	992	510	0	142	27.8
O1–O3	1,257	647	3	197	30.4
O4–O6	399	205	0	101	49.3
Navy					
E1–E4	30,304	15,588	0	856	5.5
E5–E6	23,639	12,159	3	1,384	11.4
E7–E9/W1–W5	4,411	2,269	2	518	22.8
O1–O3	7,408	3,810	1	953	25.0
O4–O6	3,369	1,733	0	742	42.8
Coast Guard					
E1–E4	1,892	1,892	1	472	25.0
E5–E6	2,084	2,084	1	764	36.7
E7–E9/W1–W5	539	539	1	248	46.0
O1–O3	1,069	1,069	1	532	49.8
O4–O6	529	529	0	306	57.8
Total	249,128	131,113	222	23,950	17.8

[a] *Noncontacts* are sample members for whom we did not have either a mailing or email address in the DMDC sample data file.

[b] Response rates were calculated as: (number of usable surveys / [total sample – ineligibles]) × 100. *Ineligibles* are defined as individuals who were no longer in the military at the time of the survey or were ineligible for an unspecified reason.

[c] The Air Force does not use warrant officers.

members for inclusion in the sample based on certain demographic and military characteristics) and (2) nonresponse (i.e., specific types of sampled service members were more likely to respond to the survey). Such differences in composition have the potential to jeopardize the generalizability of results collected from the survey to the greater population of survey-eligible service members. For estimates based on the respondents to be generalizable to the respective population, the sample must be weighted so that the types of service members who are underrepresented in the sample are given more emphasis than those who are overrepresented. Therefore, weighting hinges on the ability of the analyst to quantify differences between the set of respondents and the greater population from which they were collected.

Because the WRHS was confidential rather than anonymous (i.e., RAND had information regarding the identities of those invited to the study), we were able to link both respondents and nonrespondents to DMDC administrative files containing demographic information (e.g., service branch, age, education, race/ethnicity). This information was used to quantify the ways in which our respondents differed from the broader population of survey-eligible service members. We calculated analytic weights in two stages. First, we calculated design weights that account for the survey design, which proportionately sampled pay grade by service branch groups. Second, we calculated nonresponse weights, which were used to make the respondents representative of those who were selected for sampling. The final analytic weights were calculated as the product of the design and nonresponse weights and were used to make the analytic sample representative of the eligible service member population. All results presented in this report use the analytic weights.

Design Weights

As outlined above, the sample design for the WRHS sample involved segmentation of the eligible population into strata based on service branch and pay grade (excluding the Coast Guard, which was a census of the eligible population).[5] Service members in the same stratum were randomly sampled with the same probability, and these probabilities were consistent across strata. A service member's design weight is the inverse of her probability of being selected for sampling. Specifically, the design weight is equal to the number of eligible individuals in the service member's respective stratum divided by the number of service members who were selected for sampling from that stratum.

Nonresponse Weights

Nonresponse weights were also computed as inverse probability weights, where the probability of being a respondent was estimated using a statistical model. This process gives greater weight to those respondents who look most similar to the nonrespondents across a large set of demographic and military characteristics. The process results in a set of analytic weights that yield an analytic sample that closely matches the full survey-eligible military population on a wide range of characteristics, as shown in Table 2.4.

The nonresponse weights were derived using the TWANG package (Ridgeway et al., 2014) in the R statistical programming language. This package uses a machine-learning regression model, generalized boosted models (GBMs), to estimate each sampled individual's probability of being a respondent. GBM (Ridgeway, 2005) is a general, automated, data adaptive modeling algorithm that can estimate the relationship between a variable of interest and a large number of covariates of mixed type, while also allowing for flexible nonlinear relationships between the covariates and the response propensity (Ridgeway, 2001; Friedman, 2001). This approach allows for flexible modeling and has been shown to improve on the performance of logistic regression (McCaffrey, Ridgeway, and Morral, 2004; Ridgeway and McCaffrey, 2007). Specifically, the model

[5] Because of the census approach, survey respondents in the Coast Guard have a design weight of 1.

TABLE 2.4
Balance Table for Nonresponse Weights

	Sample Frame (%)	Weighted Respondents (%)
Service branch		
Air Force	29.40	29.40
Army	33.64	33.64
Marine Corps	6.76	6.76
Navy	27.75	27.75
Coast Guard	2.45	2.45
Pay grade		
E1–E4	42.26	42.26
E5–E6	28.90	28.90
E7–E9/W1–W5	10.63	10.63
O1–O3	11.88	11.88
O4–O6	6.33	6.33
Race/ethnicity		
Non-Hispanic white	44.62	44.81
Non-Hispanic black	24.99	24.57
Hispanic	19.10	19.44
Non-Hispanic Asian	6.49	6.48
Other	4.81	4.69
Marital status		
Married	49.79	49.43
Separated, divorced, or widowed	11.58	11.57
Never married	38.63	38.99
Education		
High school or less	55.62	55.24
Some college	16.64	17.03
College degree	27.75	27.73
Number of dependent children		
0	66.34	66.13
1	16.86	17.29
2	11.29	11.20
3+	5.51	5.38
DoD occupation code		
10 (Infantry, Gun Crews, and Seamanship Specialists)	9.91	10.29

Table 2.4—Continued

	Sample Frame (%)	Weighted Respondents (%)
11 (Electronic Equipment Repairers)	4.93	4.94
12 (Communications and Intelligence Specialists)	7.18	7.03
13 (Health Care Specialists)	10.36	10.85
14 (Other Technical and Allied Specialists)	1.75	1.77
15 (Functional Support and Administration)	21.39	21.26
16 (Electrical/Mechanical Equipment Repairers)	10.35	9.73
17 (Craftsworkers)	1.79	1.65
18 (Service and Supply Handlers)	9.96	10.19
19 (Non-Occupational)	3.25	3.17
20 (Unknown, Officer)	1.57	1.58
21 (General Officers and Executives, N.E.C.)[a]	0.22	0.21
22 (Tactical Operations Officers)	2.42	2.43
23 (Intelligence Officers)	1.37	1.37
24 (Engineering and Maintenance Officers)	1.42	1.42
25 (Scientists and Professionals)	1.21	1.22
26 (Health Care Officers)	5.73	5.74
27 (Administrators)	2.14	2.11
28 (Supply, Procurement and Allied Officers)	1.57	1.56
29 (Non-Occupational)	1.46	1.47
Deployed in past two years	16.70	16.58
	Mean (Standard Error)	**Mean (Standard Error)**
Age in years	29.35 (0.02)	29.36 (0.07)
Armed Forces Qualification Test percentile	59.89 (0.05)	60.12 (0.22)
Years of service	8.22 (0.02)	8.18 (0.06)

[a] It is possible that a small number of respondents were promoted to flag rank between the time the sample was pulled from DMDC and the time the survey was administered. N.E.C. = not elsewhere classified.

attempted to balance the design-weighted respondents to the full sample frame on all the variables included in Table 2.4 and automatically considered all two- and three-way interactions among those variables. The model iteration used for our weights was selected based on the GBM iteration that minimized the mean of the absolute standardized differences between the distribution of respondents and nonrespondents. The resulting weights create a highly representative sample on many important characteristics, which reduces the threat of serious nonresponse biases in the data, but the weights do slightly decrease the precision of estimates based on the respondents. Specifically, the overall design effect (Kish, 1968) of the final analytic weight was 2.28. This implies that our sample of 23,950 respondents offers the statistical precision that would be achieved by a simple random sample of a population of 10,504 (23,950/2.28) when used to estimate characteristics of the entire active-duty force.

All estimates that are presented in this report account for the effect of the weights discussed in this section on both the means and the variances of the estimates (i.e., confidence intervals). Note that the generalizability of weighted WRHS findings to the population of survey-eligible ADSW is based on a handful of assumptions. These assumptions are (1) the likelihood that a sampled service member responds to the survey is dependent only on observed characteristics (i.e., the missing-at-random assumption), (2) all members of the sampling frame have a nonzero probability of responding to the survey, and (3) the model used to quantify response propensities is of the correct form. Weighted analyses of survey data may be biased if these assumptions are not satisfied. In practice, it is difficult to assess whether these assumptions have been met.

Imputation of Missing Data

The nonresponse weighting described above accounts for differences between those who responded to our survey and those who did not. These weights do not, however, account for drop-off (i.e., stopping the survey before reaching the end) or intermittent missing data for a respondent. To account for these types of missing data, we used a single imputation to fill in missing values. Multiple imputation was considered, but we chose a single imputation to simplify the analyses because the overall percentage of missing survey items among respondents was low (3.6 percent after accounting for valid skips). Among these, 86.9 percent of nonresponses were due to drop-off. On the basis of the comprehensive comparison of imputation approaches in the 2018 Health Related Behaviors Survey (see Meadows et al., 2021), we used a sequential imputation model with predictive mean matching for all variable types (Little and Rubin, 2019; van Buuren, 2018; White, Royston, and Wood, 2011). We implemented this using the *mice* package in R version 3.6.0 (R Foundation, undated; van Buuren and Groothuis-Oudshoorn, 2011). Prior to implementing the missing data imputation, a logical imputation was performed that accounted for skip logic and known logical relationships among the items. All missing data were imputed, including valid skips, and the imputation process applied the skip logic in a post-hoc data-processing step. Imputation allows for the inclusion of all available data when performing analyses and avoids problems associated with case-wise deletion of observations with missing data—e.g., needing to derive missing data weights that are unique to each item. For more information on the imputation technique, see Appendix D.

Analysis Approach

All analyses, unless otherwise noted, used the analytic weights and imputations previously described. Variance inflation due to weighting was handled by using the survey procedures of SAS 9.4 software when producing our summary statistics. Confidence intervals for estimates were computed using the Wald method.

Comparisons Across Military Subpopulations

In most circumstances, differences in each outcome were tested across various subgroups, including service branch, pay grade, age group, race/ethnicity, marital status, and sexual orientation. This was done in a two-step procedure that was designed to ensure that significance testing maintains a 0.05 probability of any false positive (type 1) error across all of the pairwise comparisons on a single outcome implied by the categories of each subgroup. This correction for family-wise error, or multiple testing, was done separately for each outcome and for each subgroup factor that defines separate military subpopulations. For example, there are ten possible pairwise comparisons of the five military service branches. When analyzing a single outcome, we wished to conduct significance testing in a manner than ensured a 0.05 probability of any false positive

across those ten comparisons. To do this, we first used the Rao-Scott chi-square test as an overall test of the relationship between the outcome and the subgroup factor as a whole (Rao and Scott, 1984). This tests the hypothesis that there is any difference in the outcome across all categories within the subgroup (e.g., each service branch). If this test concluded that there was a $p < 0.05$ significant relationship between the outcome and the subgroup factor, then we attempted to identify the specific categories of the subgroup for which the outcome differed by constructing all possible pairwise comparisons of the outcome between all categories in the subgroup. We used a Wald test for the equality of proportions and adjusted the *p*-values for multiple comparisons using the Tukey-Kramer adjustment (Tukey, 1994), which is designed to account for the multiple testing associated with all possible pairwise comparisons of the categories within a subgroup. When there were no differences between the categories of the subgroup, the first step in our procedure (the Rao-Scott test) controlled the probability of any false positive error across all of the pairwise comparisons on a single outcome by requiring a statistically significant result ($p < 0.05$) prior to constructing the pairwise comparisons, thus controlling the error rate. When there were differences between the categories of the subgroup, the second step of our procedure (the Wald test with a Tukey-Kramer adjustment) controlled the probability of any false positive at 0.05 across all pairwise comparisons within the outcome.

In cases in which one subgroup, or more, had a zero on a particular outcome, that subgroup was omitted from the computation of the Rao-Scott chi-square test and was not included in pairwise comparisons. In cases in which estimates were suppressed (see below), we omitted subgroups that had suppressed estimates in pairwise comparisons.

Comparisons with Healthy People 2030 Objectives

Since the early 1990s, the Office of Disease Prevention and Health Promotion has developed a set of evidence-based objectives aimed at improving the health of American citizens. Benchmarks are established for ten-year cycles, and the current set of goals is outlined in HP2030. Department of Defense Instruction 1010.10 (2018) states that it is department policy to "[s]upport the achievement of the Department of Health and Human Services' vision for improving the health of all Americans as outlined in Healthy People 2020."[6] Therefore, where possible, this report will compare results from the WRHS with the most-recent Healthy People objectives. In some cases, which are identified in subsequent chapters of the report, the comparability of measures between the WRHS and HP2030 objectives are not exact because of differences between WRHS data and those used in the construction of HP2030 objectives. Further, we caution readers that making direct comparisons between the military and civilian populations ignores the fact that the two groups are very different on some sociodemographic characteristics (e.g., age) related to the health outcomes and health behaviors of interest.

Suppression of Results

In some cases, point estimates or confidence intervals are not shown in the results tables. We do this for two reasons. First, and as noted earlier, we suppress estimates to protect the confidentiality of respondents. Second, we want to identify when estimates may be so unstable as to not be considered reliable. In the first case of suppression, both point estimates and confidence intervals are suppressed when fewer than 15 service members are included in the denominator of any given cell—that is, when the eligible population is fewer than 15. In the second case of suppression, confidence intervals, but not point estimates, are provided. This occurs when the half width of a confidence interval is 15 percent or greater (i.e., greater than the point esti-

[6] HP2030 goals were not available at the time the Department of Defense instruction was enacted.

mate itself). In cases in which estimates are suppressed, we omit subgroups that have suppressed estimates in pairwise comparisons.

Limitations

A few limitations of the WRHS and the results presented here are important to note. First, although the response rate is higher than in many recent DoD-wide surveys (e.g., the 2015 and 2018 HRBSs; see Meadows et al., 2018, 2021), it is still considered low by absolute standards. In particular, response rates for junior enlisted ADSW in the Army and Navy were quite low. This, however, does not mean the results are not valid or trustworthy, or are biased. The response rate for the WRHS is in line with other DoD surveys. For example, the 2018 Workplace and Gender Relations Survey of Active Duty Members also had an 18 percent unweighted response rate and a 17 percent weighted response rate (Breslin et al., 2019). Second, for some groups (e.g., recently deployed female Marines), sample and cell sizes are small. This means that the precision of some estimates may be low and confidence intervals may be large. Third, it is important to keep in mind that the survey was fielded during the COVID-19 pandemic. However, we cannot be certain of what, if any, effect COVID-19 had on the respondents or the data we collected. On the one hand, junior enlisted ADSW might have had a difficult time accessing their DoD emails if they worked remotely during the survey period. It is also possible that some ADSW who wanted or needed an appointment or medical service did not believe that it was available given COVID-related restrictions, when, in reality, that might not have been the case. On the other hand, ADSW might have had more flexibility in their schedules, which could have positively affected both their ability to take the survey and to get needed or wanted care.

CHAPTER THREE

Sociodemographic and Military Characteristics

This chapter presents key demographics of the WRHS weighted respondent sample and is designed to provide context for the substantive chapters that follow. Table 3.1 contains several sociodemographic and military characteristics of the sample. Results are presented by service branch, as well as for the DoD total (i.e., the Air Force, Army, Marine Corps, and Navy, excluding the Coast Guard). Notes, with superscript letters, denote statistically significant differences across all five services. Unless otherwise noted, the tables in this chapter present weighted results.

TABLE 3.1
Demographic and Military Characteristics, Percentage of Total Sample, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Pay grade						
E1–E4	42.5% (41.5–43.6)	39.6%[c, d, e] (38.4–40.7)	40.4%[c, e] (38.3–42.5)	60.7%[a, b, d, e] (57.6–63.8)	43.8%[a, c, e] (41.6–46.0)	31.0%[a, b, c, d] (28.6–33.3)
E5–E6	28.8% (28.0–29.6)	27.9%[c, d, e] (26.9–28.9)	26.1%[d, e] (24.7–27.6)	23.6%[a, d, e] (21.0–26.2)	34.2%[a, b, c] (32.4–36.0)	34.1%[a, b, c] (32.0–36.2)
E7–E9	9.8% (9.4–10.2)	12.7%[b, c, d, e] (12.1–13.4)	11.1%[a, c, d, e] (10.3–11.9)	5.3%[a, b] (4.3–6.3)	6.2%[a, b] (5.6–6.8)	6.5%[a, b] (5.5–7.5)
W1–W5	0.9% (0.8–1.0)	NA	2.3%[c, d] (2.0–2.6)	0.6%[b, d, e] (0.3–0.9)	0.2%[b, c, e] (0.1–0.2)	2.3%[c, d] (1.8–2.8)
O1–O3	11.7% (11.3–12.1)	12.3%[c, d, e] (11.7–12.9)	12.9%[c, d, e] (12.2–13.7)	7.5%[a, b, d, e] (6.3–8.6)	10.7%[a, b, c, e] (9.9–11.5)	17.5%[a, b, c, d] (16.0–18.9)
O4–O6	6.3% (6.0–6.5)	7.5%[c, d] (7.1–8.0)	7.1%[c, d, e] (6.6–7.6)	2.4%[a, b, d, e] (1.9–2.9)	4.9%[a, b, c, e] (4.5–5.3)	8.7%[b, c, d] (7.7–9.6)
Age						
18–24	33.9% (32.8–34.9)	29.7%[c, d, e] (28.6–30.9)	30.6%[c, d, e] (28.4–32.8)	61.7%[a, b, d, e] (58.7–64.8)	35.4%[a, b, c, e] (33.1–37.7)	21.5%[a, b, c, d] (19.3–23.7)
25–34	42.5% (41.5–43.4)	44.0%[c] (42.9–45.1)	41.2%[c, d, e] (39.4–43.0)	29.5%[a, b, d, e] (26.7–32.4)	45.5%[b, c] (43.4–47.5)	47.3%[b, c] (45.1–49.5)
35–44	19.1% (18.6–19.7)	21.8%[c, d, e] (20.9–22.6)	21.7%[c, d, e] (20.5–22.8)	7.9%[a, b, d, e] (6.7–9.0)	16.1%[a, b, c, e] (15.0–17.1)	27.4%[a, b, c, d] (25.6–29.2)
45+	4.5% (4.3–4.8)	4.5%[b, c, d] (4.1–4.9)	6.5%[a,c, d, e] (6.0–7.1)	0.8%[a, b, d, e] (0.5–1.2)	3.0%[a, b, c] (2.7–3.4)	3.8%[b, c] (3.1–4.5)
Education level						
High school or less	55.1% (54.2–56.0)	46.2%[c, d, e] (45.0–47.3)	47.2%[c, d, e] (45.3–49.2)	83.3%[a, b, d, e] (81.3–85.2)	67.3%[a, b, c, e] (65.6–69.0)	61.1%[a, b, c, d] (58.9–63.2)
Some college	17.1% (16.4–17.7)	22.7%[b, c, d, e] (21.8–23.6)	19.4%[a, c, d, e] (18.1–20.7)	4.4%[a, b, d, e] (3.1–5.6)	11.3%[a, b, c, e] (10.3–12.3)	15.9%[a, b, c, d] (14.3–17.5)

Table 3.1—Continued

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Bachelor's degree or more	27.9% (27.2–28.5)	31.1%[c, d, e] (30.2–32.1)	33.4%[c, d, e] (31.9–34.8)	12.4%[a, b, d, e] (10.9–13.9)	21.4%[a, b, c] (20.1–22.7)	23.0%[a, b, c] (21.3–24.8)
Race/ethnicity						
Non-Hispanic white	44.3% (43.3–45.2)	52.3%[b, c, d, e] (51.1–53.4)	39.4%[a, c, e] (37.7–41.2)	45.5%[a, b, e] (42.1–48.8)	41.3%[a, e] (39.3–43.3)	66.8%[a, b, c, d] (64.6–69.1)
Non-Hispanic black	25.0% (24.1–26.0)	19.7%[b, d, e] (18.7–20.7)	32.0%[a, c, d, e] (30.1–33.9)	16.4%[b, d, e] (13.5–19.3)	24.2%[a, b, c, e] (22.3–26.1)	7.4%[a, b, c, d] (5.9–8.8)
Hispanic	19.6% (18.7–20.4)	17.3%[c] (16.4–18.2)	19.7%[c, e] (18.1–21.3)	30.4%[a, b, d, e] (27.2–33.6)	19.1%[c, e] (17.3–20.9)	14.8%[b, c, d] (13.2–16.5)
Non-Hispanic Asian	6.5% (6.0–7.0)	5.1%[b, d] (4.6–5.6)	7.7%[a, c, e] (6.7–8.8)	4.9%[b] (3.4–6.3)	7.0%[a, e] (5.9–8.1)	4.1%[b, d] (3.1–5.1)
Other	4.6% (4.3–5.0)	5.6%[b, c, d] (5.1–6.1)	1.1%[a, c, d, e] (0.9–1.4)	2.9%[a, b, d, e] (1.9–3.8)	8.4%[a, b, c] (7.3–9.4)	6.8%[b, c] (5.8–7.9)
Marital status						
Married	48.4% (47.4–49.3)	51.7%[c, d] (50.6–52.9)	52.0%[c, d] (50.1–54.0)	42.0%[a, b, e] (38.7–45.3)	41.8%[a, b, e] (39.8–43.8)	53.0%[c, d] (50.7–55.2)
Cohabiting	11.1% (10.5–11.7)	10.8%[b, d] (10.1–11.6)	8.6%[a, d, e] (7.6–9.6)	11.0% (9.0–13.1)	14.6%[a, b, e] (13.1–16.1)	11.3%[b, d] (9.8–12.8)
Separated, divorced, or widowed	28.6% (27.6–29.6)	26.2%[b, c, e] (25.2–27.3)	25.3%[a, c, d, e] (23.3–27.3)	38.8%[a, b] (35.3–42.3)	32.7%[b, e] (30.6–34.7)	27.2%[a, b, d] (25.1–29.4)
Never married	11.9% (11.3–12.5)	11.2%[c, d] (10.5–11.9)	14.1%[c, d] (12.9–15.2)	8.1%[a, b, d, e] (6.6–9.7)	10.9%[a, b, c, e] (9.8–12.1)	8.5%[c, d] (7.2–9.7)
Parental status						
Dependent in household[f]	37.7% (36.8–38.7)	39.1%[b, c, d] (38.0–40.2)	42.7%[a, c, d, e] (40.9–44.5)	25.3%[a, b, d, e] (22.6–27.9)	33.4%[a, b, c, e] (31.5–35.2)	38.2%[b, c, d] (36.1–40.3)
Sexual orientation						
Heterosexual or straight	82.6% (81.8–83.4)	84.5%[c, d] (83.6–85.3)	83.3%[c] (81.7–84.9)	76.4%[a, b, d, e] (73.4–79.5)	81.3%[a, c] (79.7–82.9)	82.6%[c] (80.9–84.4)
Gay or lesbian	5.5% (5.1–6.0)	4.5%[c, d, e] (4.0–4.9)	5.9% (4.9–6.9)	6.9%[a] (5.3–8.5)	5.9%[a] (5.0–6.9)	7.9%[a] (6.7–9.1)
Bisexual	11.8% (11.2–12.5)	11.1%[c] (10.3–11.8)	10.8%[c] (9.4–12.2)	16.7%[a, b, e] (13.9–19.5)	12.8%[e] (11.3–14.2)	9.4%[c, d] (8.0–10.9)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NA = not applicable. The Air Force does not use warrant officers.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[f] Includes both biological and nonbiological children.

Service Branch

The largest service branch in terms of its female population is the Army (33.6 percent), followed by the Air Force (29.4 percent), the Navy (27.7 percent), the Marine Corps (6.8 percent), and the Coast Guard (2.5 percent). Note that these percentages are not shown in Table 3.1 but are in Table 3.2.

Pay Grade

The largest group of ADSW consists of junior enlisted in pay grades E1–E4, with just more than 40 percent falling into this category. Just more than 30 percent fall into the next enlisted pay grades, E5–E6. E5s and

TABLE 3.2
Comparison Between the WRHS Weighted Respondent Sample and the 2019 DoD ADSW Population, by Service Branch and Pay Grade

	WRHS Weighted Respondent Sample with Coast Guard (%)	WRHS Weighted Respondent Sample Without Coast Guard (%)	2019 DoD ADSW Population (%)
Service branch			
Air Force	29.4 (28.7–30.1)	30.1 (29.4–30.9)	30.3
Army	33.6 (32.7–34.6)	34.5 (33.5–35.5)	32.6
Marine Corps	6.8 (6.3–7.2)	6.9 (6.5–7.4)	7.4
Navy	27.7 (26.8–28.7)	28.4 (27.5–29.4)	29.6
Coast Guard	2.5 (2.3–2.6)	Excluded[a]	NA[b]
Pay grade			
E1–E4	42.3 (41.2–43.3)	42.5 (41.5–43.6)	45.5
E5–E6	28.9 (28.1–29.7)	28.8 (28.0–29.6)	27.5
E7–E9	9.7 (9.3–10.1)	9.8 (9.4–10.2)	7.9
W1–W5	0.9 (0.8–1.0)	0.9 (0.8–1.0)	0.7
O1–O3	11.9 (11.5–12.3)	11.7 (11.3–12.1)	12.4
O4–O6[c]	6.3 (6.1–6.6)	6.3 (6.0–6.5)	6.0

SOURCE: Information in the first two columns comes from the WRHS; the third column is from the DMDC Active Duty Military Personnel Master File (updated as of September 2019); see DoD, Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy, 2019. This column is not weighted, as it presents the entire population.

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NA = not applicable.

[a] Coast Guard data were not included in this calculation.

[b] DoD does not maintain demographic information about the Coast Guard.

[c] Officers above the rank of O6 are excluded from the WRHS sample. They make up less than one-half of 1 percent of the DoD total for all ADSW.

E6s are often referred to as *noncommissioned officers* (NCOs). About 10 percent of ADSW fall into the most-senior enlisted ranks, E7–E9. Warrant officers make up a much smaller group, at just under 1 percent of the DoD total. Note that the Air Force does not use this rank. In further analyses, we combine all warrant officers with the most senior NCO group (E7–E9). Turning to officers, roughly 12 percent are in the O1–O3 pay grades (i.e., junior officers), and approximately 7 percent are in the O4–O6 pay grades (i.e., field or midgrade officers). The WRHS excludes the most-senior officer group, whose members are at the rank of O7 and above (i.e., flag officers).

This pattern largely holds across the service branches; however, the Marine Corps has a significantly larger portion of junior enlisted female members than the other branches and significantly fewer female officers at both the junior and the midgrade levels. The Coast Guard rank distribution structure is somewhat more even, with fewer female enlisted members and more female officers.

Age

The majority of ADSW, over three-quarters, are under the age of 35. This is true across all service branches. As we saw with pay grade, however, the Marine Corps does have a significantly higher percentage of 18–24-year-old ADSW than the other service branches.

Education Level

Just more than half of ADSW have a high school degree or less, although the vast majority have at least a high school degree or equivalent. Just more than one-quarter hold a bachelor's degree or higher, and around 17 percent have some college experience. This pattern holds across the service branches, although the Marine Corps, Navy, and Coast Guard have significantly larger percentages of high-school-educated ADSW than the other service branches. The Army and Air Force have a significantly larger percentage of ADSW with at least a bachelor's degree.

Race/Ethnicity

Roughly 44 percent of ADSW are non-Hispanic white. The largest female racial/ethnic minority group is non-Hispanic black at 25 percent, followed by Hispanic at 20 percent, Asian at 7 percent, and other race/ethnic groups at less than 5 percent. The Air Force and Coast Guard have significantly larger percentages of non-Hispanic white ADSW, the Army has the largest percentage of non-Hispanic black ADSW, and the Navy has the largest percentage of Hispanic ADSW.

Marital Status

Roughly half of ADSW are married, more than one-quarter have never married and are currently single (29 percent), and roughly equal percentages are cohabiting or currently separated, divorced, or widowed (11 percent each). This pattern largely holds across service branches. The Marine Corps, Navy, and Coast Guard have significantly smaller percentages of single, never-married ADSW than the other branches, and the Army has the smallest percentage of currently separated, divorced, or widowed ADSW.

Parental Status

Roughly one-third of ADSW have at least one dependent under the age of 18 in their households. The largest percentage of parents are found in the Army and the fewest in the Marine Corps.

Sexual Orientation

The majority of ADSW identify as heterosexual or straight (83 percent). Just more than 5 percent identify as gay or lesbian, and roughly 12 percent identify as bisexual. The Marine Corps has the highest percentage of sexual-minority ADSW of all the service branches.

Comparison with the DoD Active-Duty Population

Finally, Table 3.2 compares the weighted WRHS sample with the DoD population of ADSW by service branch and pay grade. By design, the weights are intended to replicate the percentages of the DoD ADSW population. Thus, it is not surprising that the weighted WRHS sample (excluding the Coast Guard, which is part of the U.S. Department of Homeland Security, with some rare exceptions) looks almost identical to the DoD population.

Summary

ADSW in the WRHS sample population are predominately enlisted, junior ranking, and under the age of 35. They are roughly equally split between having a high school degree or some college experience, including a degree. A majority of ADSW are a minority race/ethnicity and not currently partnered (i.e., cohabiting; separated, divorced, or widowed; or never married). Roughly one-third are responsible for a coresident child under the age of 18. And although most identify as heterosexual, just under one-fifth identify as gay or lesbian or bisexual.

The subsequent chapters present results for five survey domains, respectively: health care utilization, birth control and contraceptive use, reproductive health during training and deployment, fertility and pregnancy, and infertility.

CHAPTER FOUR

Health Care Utilization

The WRHS asks respondents a series of questions about their recent interactions with the Military Health System (MHS). These experiences can provide some insight into the quality of care that women in the military receive, as well as their satisfaction with their interactions with the MHS. The WRHS was not designed to be a formal assessment of quality of care, however, and the items included are not an exhaustive set of items related to quality or receipt of care. Instead, the WRHS provides a brief overview of ADSW's perceptions about their experiences with different types of providers and different locations for care. This chapter presents results related to ease of getting an appointment, sponsorship, appointment wait time, and use of women's health clinics (WHCs). Finally, the chapter discusses uptake of the human papillomavirus (HPV) vaccine, specifically in the context of access to and use of a WHC.

Note that in this chapter, and in all subsequent chapters, there are two possible limitations related to the interpretation of survey items that refer to the MHS. First, the survey language does not specify whether care provided within the MHS or by MHS providers refers only to direct care (i.e., generally provided at military treatment facilities [MTFs]) or includes both direct and purchased care (i.e., care covered by TRICARE but generally not provided within the context of an MTF or by a military provider). Respondents might have interpreted these MHS survey items differently. We assumed that respondents would include purchased care as part of MHS care, if that care was covered by TRICARE.

Second, when the survey refers to the MHS, the survey does not explicitly include Coast Guard clinics that may be staffed by officers or enlisted members of the Coast Guard or U.S. Public Health Service, civilian, or contract providers. Thus, survey items that refer to the MHS or MHS providers might have been interpreted differently by Coast Guard respondents (i.e., some of them might have included Coast Guard clinics, whereas others might not have).[1] All active-duty service members, retirees, and family members of the Coast Guard are eligible for the benefits offered by the TRICARE program, including care in DoD MTFs, per U.S. Code, Title 10, Chapter 55.

Interaction with the MHS

The ease with which one can get an appointment with a health care provider is one key predictor of patient satisfaction (Jatulis, Bundek, and Legorreta, 1997; Moore et al., 2016; Richter et al., 2017). The WRHS asked respondents to indicate how easy it was to get an appointment with a general MHS provider, an MHS specialist, and an MHS obstetrics-gynecology physician (OBGYN) or any MHS care, tests, or treatment the respondent thought she needed. The reference period was the past 12 months.

[1] For a brief overview of Coast Guard health services, see Mendez, 2020.

Ease of Getting an Appointment

Just over half of DoD ADSW indicated that it was usually or always easy to get an appointment with an MHS provider (58.3 percent; see Table 4.1a). Results were similar for the Coast Guard (54.6 percent). Twelve percent of DoD ADSW said that it was never easy to do so, and significantly more ADSW in the Navy (15.1 percent) and Coast Guard (15.6 percent) indicated that it was never easy to get an appointment, compared with ADSW in the other service branches. Results for making appointments with MHS specialists and OBGYNs were similar, although a smaller percentage of ADSW indicated that it was usually or always easy to get such appointments (38.7 percent for specialists and 44 percent for OBGYNs). Consequently, the percentage of DoD ADSW who said that it was never easy to schedule an appointment with a specialist (29.2 percent) or OBGYN (27.9 percent) was larger than it was for scheduling a generic appointment. Significantly more ADSW in the Navy (35.6 percent) said that it was always difficult to get an appointment with a specialist. Finally, about half of DoD ADSW indicated that it was usually or always easy to get any care, tests, or treatment they thought they needed through the MHS (44.2 percent), whereas about a quarter said that it was never easy to get these services (23.4 percent). Results were similar for the Coast Guard (43.6 percent said that it was usually or always easy, and 22.3 percent said never easy).

Table 4.1b presents the results by pay grade group. Generally, as pay grade increases among both enlisted and officers, more ADSW indicated that getting an appointment or needed care was usually or always easy. This may reflect additional flexibility in scheduling that comes with seniority.

Tables C.1a through C.1d present results by age group, race/ethnicity, marital status, and sexual orientation, respectively.

Sponsorship

The survey had a question regarding, when receiving care in the MHS, the scheduler of that appointment asked whether the respondent was the sponsor. A sponsor is the service member who is TRICARE-eligible. Half of DoD ADSW indicated that a scheduler asked whether they were the sponsor (50.8 percent), roughly 30 percent said that they were not asked, and about one-fifth (18.3 percent) could not remember whether they had been asked (see Table 4.2a). The pattern was similar for the Coast Guard (47.2 percent were asked about sponsorship, 29.7 percent were not, and 23.0 percent could not remember). Significantly fewer ADSW in the Marine Corps indicated that they were asked whether they were the sponsor than ADSW in the other branches. The pattern was similar when examining visits to primary care providers and OBGYNs; however, there were no differences in being asked about sponsorship during scheduling across the service branches for visits to specialists or other types of providers.

Table 4.2b presents the results by pay grade. More senior enlisted members and officers indicated that they were asked whether they were the sponsor than junior service women.

Tables C.2a through C.2d present results by age group, race/ethnicity, marital status, and sexual orientation, respectively.

TABLE 4.1A

Ease of Access to MHS Care (If Needed), by Provider Type and Service Branch, Past 12 Months

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
An appointment with an MHS provider						
Never easy	12.3% (11.6–12.9)	11.1%[d, e] (10.3–11.9)	11.2%[d, e] (10.0–12.4)	10.4%[d, e] (8.4–12.5)	15.1%[a, b, c] (13.5–16.7)	15.6%[a, b, c] (13.8–17.3)
Sometimes easy	29.4% (28.5–30.4)	29.3% (28.2–30.4)	27.6%[d] (25.8–29.4)	28.9% (25.6–32.1)	31.9%[b] (29.9–34.0)	29.8% (27.6–31.9)
Usually easy	40.0% (39.0–41.0)	40.9%[d] (39.8–42.1)	40.3% (38.3–42.2)	45.4%[d, e] (41.7–49.1)	37.6%[a, c] (35.5–39.6)	38.7%[c] (36.4–41.0)
Always easy	18.3% (17.5–19.1)	18.7%[d] (17.7–19.6)	20.9%[c, d, e] (19.3–22.6)	15.3%[b] (12.7–18.0)	15.4%[a, b] (13.9–16.9)	15.9%[b] (14.2–17.7)
An appointment with an MHS specialist						
Never easy	29.2% (28.2–30.2)	26.9%[d] (25.7–28.0)	25.8%[d] (24.1–27.6)	29.2%[d] (25.8–32.6)	35.6%[a, b, c, e] (33.4–37.9)	29.7%[d] (27.4–32.0)
Sometimes easy[z]	32.1% (31.1–33.1)	33.1% (31.8–34.3)	31.2% (29.2–33.1)	31.0% (27.4–34.5)	32.5% (30.3–34.6)	32.5% (30.1–34.9)
Usually easy	27.1% (26.1–28.1)	28.3%[d] (27.1–29.5)	29.2%[d] (27.2–31.2)	30.5%[d] (26.5–34.4)	22.6%[a, b, c, e] (20.7–24.6)	28.0%[d] (25.7–30.3)
Always easy	11.6% (10.9–12.3)	11.8%[d] (10.9–12.6)	13.8%[c, d, e] (12.3–15.4)	9.4%[b] (7.1–11.7)	9.3%[a, b] (7.9–10.7)	9.8%[b] (8.2–11.4)
An appointment with an MHS OBGYN						
Never easy	27.9% (26.9–28.9)	23.6%[b, d, e] (22.5–24.7)	29.0%[a] (27.1–31.0)	25.5%[d] (22.2–28.8)	31.5%[a, c] (29.3–33.7)	29.3%[a] (26.9–31.7)
Sometimes easy[y]	28.2% (27.2–29.2)	28.9% (27.7–30.1)	26.2% (24.3–28.2)	27.8% (24.2–31.4)	29.9% (27.7–32.1)	28.0% (25.7–30.4)
Usually easy	28.2% (27.1–29.2)	30.7%[d] (29.4–31.9)	28.2% (26.1–30.2)	29.2% (25.6–32.8)	25.3%[a] (23.3–27.4)	28.8% (26.4–31.1)
Always easy	15.8% (14.9–16.6)	16.9%[d] (15.9–17.9)	16.5%[d] (14.9–18.1)	17.5% (14.2–20.7)	13.3%[a, b] (11.6–14.9)	13.9% (12.0–15.7)
Any care, tests, or treatment you thought you needed through the MHS						
Never easy	23.4% (22.5–24.3)	20.7%[d] (19.7–21.7)	22.6%[d] (21.0–24.3)	22.4% (19.6–25.3)	27.3%[a, b, e] (25.3–29.3)	22.3%[d] (20.3–24.3)
Sometimes easy[z]	32.4% (31.4–33.4)	32.7% (31.6–33.8)	31.2% (29.3–33.1)	34.3% (30.7–37.8)	33.0% (31.0–35.1)	34.1% (31.8–36.4)
Usually easy	29.3% (28.3–30.2)	31.3%[d] (30.1–32.4)	29.3% (27.4–31.1)	29.9% (26.4–33.3)	27.1%[a] (25.2–29.1)	30.8% (28.6–33.0)
Always easy	14.9% (14.2–15.7)	15.3%[d] (14.4–16.2)	16.9%[d, e] (15.3–18.5)	13.5% (10.4–16.5)	12.6%[a, b] (11.1–14.1)	12.8%[b] (11.2–14.5)

NOTES: The Coast Guard is part of the Department of Homeland Security and not part of the DoD total. All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 4.1B

Ease of Access to MHS Care (If Needed), by Pay Grade, Past 12 Months

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
How often was it easy to get an appointment with an MHS provider?					
Never easy	12.1% (10.7–13.4)	13.7%[e] (12.7–14.8)	11.9% (10.7–13.2)	11.7% (10.7–12.7)	9.7%[b] (8.6–10.8)
Sometimes easy	30.0%[e] (28.1–31.9)	31.0%[c, e] (29.5–32.4)	26.8%[b] (25.1–28.5)	28.4% (27.0–29.8)	25.6%[a, b] (24.0–27.2)
Usually easy[z]	40.1% (38.1–42.1)	38.6% (37.1–40.1)	40.2% (38.3–42.0)	41.4% (39.8–42.9)	42.8% (40.9–44.6)
Always easy	17.9%[c, e] (16.3–19.5)	16.7%[c, e] (15.5–17.8)	21.1%[a, b] (19.5–22.7)	18.5%[e] (17.3–19.7)	21.9%[a, b, d] (20.4–23.5)
How often was it easy to get an appointment with a specialist in the MHS?					
Never easy	28.1%[b] (26.1–30.1)	31.7%[a, c, e] (30.1–33.2)	26.9%[b, d] (25.2–28.6)	31.4%[c, e] (29.7–33.0)	25.6%[b, d] (23.8–27.3)
Sometimes easy[z]	31.9% (29.8–33.9)	32.2% (30.6–33.7)	30.1% (28.3–31.9)	33.8% (32.1–35.4)	33.5% (31.6–35.4)
Usually easy	28.1% (26.0–30.2)	25.2%[c, e] (23.8–26.7)	29.2%[b, d] (27.4–31.0)	25.0%[c. e] (23.5–26.5)	29.5%[b, d] (27.7–31.4)
Always easy	11.9% (10.4–13.4)	10.9%[c] (9.9–12.0)	13.7%[b, d] (12.4–15.1)	9.8%[c] (8.7–10.9)	11.4% (10.1–12.7)
How often was it easy to get an appointment with an MHS OBGYN?					
Never easy	29.3%[c, e] (27.3–31.3)	27.8%[c, e] (26.3–29.4)	24.2%[a, b, d] (22.4–26.0)	28.8%[c. e] (27.2–30.4)	23.8%[a, b, d] (22.0–25.7)
Sometimes easy	26.5%[b] (24.5–28.5)	30.3%[a] (28.7–31.8)	28.5% (26.6–30.4)	28.3% (26.7–29.9)	28.9% (26.9–30.8)
Usually easy	28.0%[e] (26.0–30.0)	26.8%[e] (25.4–28.3)	29.6% (27.7–31.6)	28.9% (27.3–30.5)	32.0%[a, b] (30.0–34.0)
Always easy	16.2% (14.6–17.8)	15.1% (13.9–16.3)	17.6%[d] (16.0–19.3)	14.0%[c] (12.8–15.3)	15.3% (13.7–16.9)
How often was it easy to get an any care, tests, or treatment you thought you needed through the MHS?					
Never easy	23.5%[e] (21.7–25.2)	26.5%[c, d, e] (25.1–27.9)	21.7%[b, e] (20.1–23.2)	21.0%[b, e] (19.7–22.3)	16.4%[a, b, c, d] (15.0–17.8)
Sometimes easy[z]	32.1% (30.1–34.0)	33.2% (31.8–34.7)	32.1% (30.4–33.9)	31.6% (30.1–33.1)	32.8% (31.1–34.6)
Usually easy	28.5%[d, e] (26.6–30.4)	27.4%[d, e] (26.0–28.8)	29.8%[e] (28.0–31.5)	33.0%[a, b] (31.5–34.5)	35.6%[a, b, c] (33.8–37.4)
Always easy	16.0%[b] (14.4–17.6)	12.9%[a, c] (11.9–14.0)	16.4%[b] (14.9–17.9)	14.4% (13.3–15.6)	15.2% (13.8–16.5)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 4.2A

Asked Whether Respondent Was the Sponsor, by Provider Type and Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Asked whether sponsor, overall						
Yes	50.8% (49.7–51.9)	50.9%[c] (49.7–52.2)	52.7%[c, e] (50.6–54.8)	35.9%[a, b, d, e] (32.4–39.5)	51.7%[c] (49.4–53.9)	47.2%[b, c] (44.7–49.7)
No	30.9% (29.9–31.9)	31.3%[c] (30.1–32.4)	30.3%[c] (28.3–32.3)	37.4%[a, b, d, e] (33.7–41.2)	29.8%[c] (27.8–31.9)	29.7%[c] (27.4–32.0)
Don't remember	18.3% (17.4–19.2)	17.8%[c, e] (16.8–18.8)	17.0%[c, e] (15.3–18.7)	26.7%[a, b, d] (22.9–30.4)	18.5%[c, e] (16.6–20.3)	23.0%[a, b, d] (20.9–25.2)
Asked whether sponsor, by provider type						
Primary care provider	51.2% (49.8–52.7)	52.1%[c, e] (50.4–53.8)	53.3%[c, e] (50.4–56.2)	33.1%[a, b, d, e] (27.9–38.3)	51.2%[c, e] (48.1–54.3)	43.7%[a, b, c, d] (40.3–47.1)
OBGYN	50.6% (48.5–52.7)	50.9%[c] (48.5–53.3)	52.3%[c] (48.1–56.4)	39.3%[a, b, d, e] (33.0–45.5)	51.5%[c] (46.8–56.2)	53.9%[c] (49.0–58.8)
Specialist[z]	52.4% (50.1–54.8)	50.3% (47.1–53.5)	53.6% (49.2–58.0)	42.9% (34.3–51.5)	54.9% (50.2–59.6)	50.8% (44.6–57.0)
Other[z]	39.8% (34.5–45.0)	37.5% (31.6–43.5)	43.0% (30.4–55.6)	18.7% (6.1–31.4)	45.0% (34.5–55.6)	34.6% (20.3–49.0)

NOTES: The Coast Guard is part of the Department of Homeland Security and not part of the DoD total. All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 4.2B

Asked Whether Respondent Was the Sponsor, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Asked whether sponsor, overall					
Yes	43.8%[b, c, d, e] (41.7–46.0)	56.8%[a, d, e] (55.2–58.5)	59.5%[a, d, e] (57.6–61.5)	49.4%[a, b, c] (47.8–51.0)	52.3%[a. b, c] (50.4–54.2)
No	33.6%[b, c] (31.5–35.6)	28.2%[a, e] (26.7–29.7)	28.2%[a, e] (26.4–30.0)	30.1% (28.6–31.6)	32.7%[b, c] (30.9–34.5)
Don't remember	22.6%[b, c, e] (20.7–24.5)	15.0%[a, c, d] (13.8–16.2)	12.3%[a, b, d, e] (11.0–13.6)	20.5%[b, c, e] (19.2–21.8)	15.0%[a, c, d] (13.7–16.4)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

Appointment Wait Time

DoD has established maximum appointment wait times for beneficiaries who are seeking care through the department. *Wait time* here refers not to waiting time in a provider's office but rather the time from making an appointment to actually seeing the provider. Health Affairs Policy 11-005, *TRICARE Policy for Access to Care*, indicates that beneficiaries who are seeking urgent (acute) care must see an appropriately trained provider within 24 hours (Office of the Assistant Secretary of Defense for Health Affairs, 2011). Routine care appointments must occur within seven calendar days of a request. Well-woman visits (e.g., immunizations, pap smears, cancer screenings) and referral to specialty care appointments must occur within four weeks (or 28 days) of the request. Beneficiaries are asked to seek both urgent and routine care from their primary care providers first. If any needed care cannot be provided by the appropriate MTF or within the TRICARE network of civilian providers, then patients may be allowed to go outside the MHS. Active-duty service members receive top priority with respect to care provided by the MHS within MTFs. Same-day appointment availability within the MHS has been associated with increased patient satisfaction (Richter et al., 2017).

Table 4.3a shows the percentage of ADSW's appointment wait times by type of provider (primary care provider, OBGYN, specialist, and other type of provider) and service branch. Overall, across the DoD services, about one-third of ADSW (31.9 percent) indicated that they waited between a week and a month (8 to 28 days) for their most recent appointment. The same was true for the Coast Guard (36.8 percent). Roughly one-tenth experienced a wait time of less than 24 hours (10.5 percent for DoD and 6.1 percent for the Coast Guard) or more than one month (9.0 percent for DoD and 13.3 percent for the Coast Guard). Similarly, about one-tenth of ADSW indicated that they were unable to get an appointment (9.4 percent for DoD and 8.4 percent for the Coast Guard). We do not have any information about why this was the case. There were few statistically significant differences across the service branches in terms of wait time.

TRICARE guidelines say that routine care appointments, such as those with a primary care provider, must happen within a week (or seven calendar days) of a request. According to Table 4.3a, 61.0 percent of ADSW in DoD indicated that they were able to get an appointment with a primary care provider within a week. Half (50.5 percent) of ADSW in the Coast Guard were also able to get an appointment with a primary care provider within a week. No substantively meaningful differences were found across the service branches. TRICARE guidelines also say that well-woman visits (e.g., routine pap smears) and appointments with specialty providers occur within four weeks (or 28 days) of a request. Among ADSW in the DoD services, 72.6 percent indicated that they were able to get an appointment with an OBGYN within 28 days, and 70.2 percent indicated that they were able to get an appointment with a specialist within 28 days. Among ADSW in the Coast Guard, the comparable percentages were 72.7 and 69.7. No substantively meaningful differences were found across the service branches. It is important to note that we do not know why women sought an appointment with an OBGYN, and the reasons might not have been related to a well-woman visit.

Table 4.3b presents results by pay grade. More-junior enlisted ADSW, in the pay grades of E1–E4, indicated that they were able to see a provider within 24 hours of their request, and significantly fewer indicated that they got an appointment between a week and a month of requesting one.

Tables C.3a through C.3d present results by age group, race/ethnicity, marital status, and sexual orientation, respectively.

TABLE 4.3A

Appointment Wait Time at Last Appointment, by Provider and Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Wait time, overall						
Less than 24 hours[Z]	10.5% (9.7–11.3)	9.6% (8.8–10.4)	11.1% (9.5–12.7)	11.3% (8.6–13.9)	10.6% (9.0–12.2)	6.1% (4.8–7.3)
2–3 days[Z]	16.8% (16.0–17.6)	17.7% (16.8–18.7)	16.5% (15.0–18.0)	18.7% (15.4–22.0)	15.8% (14.2–17.4)	14.4% (12.5–16.2)
4–7 days	22.3% (21.5–23.2)	22.3% (21.3–23.3)	24.4%[d] (22.5–26.2)	21.5% (18.3–24.7)	20.3%[b] (18.5–22.0)	21.0% (19.0–23.0)
8–28 days	31.9% (31.0–32.9)	33.9% (32.7–35.1)	30.9%[e] (29.1–32.8)	29.4%[e] (26.1–32.8)	31.5%[e] (29.5–33.5)	36.8%[b, c, d] (34.4–39.2)
More than 28 days	9.0% (8.4–9.6)	8.1%[d, e] (7.5–8.8)	8.2%[d, e] (7.2–9.1)	9.9% (7.8–12.0)	10.8%[a, b] (9.3–12.2)	13.3%[a, b] (11.6–15.1)
Unable to get appointment	9.4% (8.7–10.1)	8.3%[d] (7.6–9.1)	8.9% (7.7–10.2)	9.2% (6.9–11.5)	11.1%[a] (9.5–12.6)	8.4% (6.9–10.0)
Wait time for primary care provider						
Less than 24 hours[Z]	12.8% (11.6–14.0)	11.4% (10.3–12.6)	13.7% (11.3–16.0)	15.8% (11.2–20.4)	12.6% (10.3–15.0)	8.1% (6.1–10.2)
2–3 days[Z]	21.9% (20.7–23.1)	22.6% (21.2–24.0)	20.5% (18.3–22.8)	27.1% (21.6–32.5)	21.8% (19.3–24.4)	18.9% (16.1–21.6)
4–7 days[Z]	26.3% (25.0–27.6)	25.3% (23.8–26.7)	28.3% (25.7–30.9)	25.2% (19.9–30.4)	25.1% (22.5–27.8)	23.5% (20.7–26.4)
8–28 days	28.4% (27.2–29.7)	30.4%[b] (28.8–31.9)	26.5%[a, e] (24.2–28.7)	25.2%[e] (20.3–30.0)	29.4% (26.7–32.2)	34.1%[b, c] (30.9–37.2)
More than 28 days	4.3% (3.8–4.8)	4.3%[e] (3.7–5.0)	4.6%[e] (3.7–5.5)	3.5%[e] (1.4–5.6)	4.1%[e] (3.0–5.2)	9.3%[a, b, c, d] (7.2–11.3)
Unable to get appointment[Z]	6.3% (5.4–7.1)	6.0% (5.2–6.8)	6.5% (4.8–8.1)	3.3% (1.5–5.1)	6.9% (5.1–8.6)	6.1% (4.5–7.7)
Wait time for OBGYN						
Less than 24 hours[Z]	8.0% (6.7–9.4)	7.3% (6.0–8.7)	7.6% (5.1–10.0)	8.2% (4.3–12.2)	9.2% (5.8–12.5)	3.2% (1.6–4.8)
2–3 days[Z]	11.0% (9.6–12.4)	12.5% (10.9–14.1)	10.8% (7.8–13.7)	9.9% (6.1–13.7)	9.9% (7.0–12.7)	9.9% (6.9–12.9)
4–7 days	18.3% (16.8–19.9)	19.0% (17.1–20.8)	21.3%[d] (17.9–24.7)	18.0% (13.1–23.0)	14.6%[b] (11.5–17.6)	19.0% (15.1–22.9)
8–28 days	35.3% (33.4–37.2)	38.1% (35.8–40.5)	36.3% (32.4–40.2)	33.3% (27.3–39.2)	31.7%[e] (27.7–35.7)	40.6%[d] (35.8–45.4)
More than 28 days	12.7% (11.2–14.2)	10.9%[d, e] (9.4–12.3)	10.5%[d, e] (7.9–13.1)	12.7% (8.8–16.7)	16.9%[a, b] (13.0–20.8)	16.6%[a, b] (13.1–20.1)
Unable to get appointment	14.7% (13.2–16.2)	12.1%[d] (10.5–13.7)	13.5% (10.9–16.1)	17.8% (12.2–23.4)	17.8%[a, e] (14.2–21.5)	10.7%[d] (7.6–13.9)
Wait time for specialist						
Less than 24 hours[Z]	5.1% (4.0–6.3)	6.0% (4.3–7.6)	6.3% (3.7–8.9)	5.0% (1.1–8.8)	3.5% (2.0–4.9)	3.8% (1.4–6.2)
2–3 days[Z]	10.3% (8.8–11.8)	9.2% (7.4–11.1)	12.4% (9.3–15.5)	11.2% (4.6–17.9)	8.9% (6.3–11.4)	7.6% (4.1–11.1)

Table 4.3a—Continued

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
4–7 days[z]	16.1% (14.2–17.9)	17.7% (15.2–20.2)	13.9% (10.7–17.1)	17.1% (10.6–23.6)	16.6% (12.8–20.4)	15.7% (11.2–20.1)
8–28 days	38.7% (36.4–41.0)	39.8%[e] (36.7–42.9)	39.5% (35.2–43.8)	36.0% (27.9–44.1)	37.5% (33.1–42.0)	42.6%[a] (36.5–48.6)
More than 28 days	19.0% (17.2–20.8)	17.9%[d] (15.5–20.4)	17.9% (14.9–21.0)	23.2% (16.0–30.4)	20.1%[a] (16.5–23.6)	21.8% (16.3–27.4)
Unable to get appointment	10.9% (9.3–12.4)	9.4%[d] (7.5–11.2)	10.0% (7.5–12.5)	7.5%[d] (3.4–11.5)	13.5%[a, c] (10.1–16.9)	8.6% (5.2–12.0)
Wait time for other type of provider						
Less than 24 hours	17.6% (13.3–22.0)	12.7%[d] (8.3–17.2)	16.5% (7.1–26.0)	8.2% (0.0–17.4)	26.8%[a, e] (17.0–36.6)	6.5%[d] (0.1–12.8)
2–3 days[z]	13.5% (10.0–17.0)	17.3% (12.6–22.1)	11.1% (4.7–17.6)	NR (0.3–44.5)	8.9% (3.7–14.0)	10.7% (1.2–20.2)
4–7 days[z]	21.2% (16.0–26.5)	21.0% (16.2–25.9)	28.7% (13.9–43.5)	23.8% (9.3–38.3)	13.8% (7.6–20.1)	21.3% (8.9–33.6)
8–28 days[z]	29.3% (24.6–34.1)	32.2% (26.4–38.0)	26.7% (17.5–35.8)	23.5% (9.4–37.7)	30.2% (19.7–40.8)	24.3% (12.5–36.1)
More than 28 days[z]	9.2% (6.4–12.0)	7.4% (4.4–10.3)	6.7% (2.3–11.1)	9.8% (0.0–19.9)	13.3% (6.2–20.4)	11.7% (3.9–19.5)
Unable to get appointment[z]	9.1% (5.7–12.6)	9.4% (5.9–12.9)	10.2% (0.8–19.7)	12.3% (1.5–23.1)	7.0% (1.8–12.2)	NR (6.9–44.2)

NOTES: The Coast Guard is part of the Department of Homeland Security and not part of the DoD total. All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

WHCs

In November 2018, Naval Medical Center San Diego opened DoD's first comprehensive WHC.[2] The WHC was designed to focus on the unique needs of ADSW in the Navy and Marine Corps and address both gender-neutral health issues (e.g., pain, musculoskeletal injuries) and traditionally "female" areas of health care, including family planning, contraception, and pregnancy. It also includes a walk-up contraceptive clinic where no appointments are needed. As of January 2020, the Navy had a total of 24 clinics that offered walk-up contraceptive services (although not all of these occurred within WHCs) (Lamb, 2020). Not all military installations have a specialized WHC, however. Therefore, we were interested in how many ADSW have access to a WHC and whether access to a WHC is associated with increased access to providers who usually focus on a specific gender—particularly, OBGYNs.

Table 4.4a shows that roughly one-third (35.4 percent) of all DoD ADSW indicated that their installation had a WHC. It is worth noting that roughly the same percentage of ADSW (31.5 percent) indicated that they

[2] See Beaufort, 2018. Note that, in 2016, Naval Center San Diego opened its first walk-in contraceptive clinic (Adams, 2017).

TABLE 4.3B
Appointment Wait Time at Last Appointment, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Wait time, overall					
Less than 24 hours	14.1%[b, c, d, e] (12.5–15.8)	8.9%[a, e] (7.9–9.8)	7.1%[a] (6.0–8.2)	7.5%[a] (6.6–8.4)	6.8%[a, b] (5.7–7.8)
2–3 days	17.3% (15.7–18.9)	15.6%[c] (14.4–16.8)	19.1%[b, d] (17.5–20.7)	15.8%[c] (14.6–17.0)	16.6% (15.1–18.0)
4–7 days[z]	21.8% (20.0–23.7)	22.7% (21.3–24.1)	22.6% (21.0–24.3)	23.2% (21.8–24.6)	21.0% (19.5–22.6)
8–28 days	28.7%[b, c, d, e] (26.8–30.6)	32.8%[a, e] (31.3–34.4)	33.3%[a, e] (31.4–35.1)	35.7%[a] (34.2–37.3)	38.3%[a, b, c] (36.5–40.2)
More than 28 days	8.0%[e] (6.8–9.2)	9.8% (8.8–10.7)	9.9% (8.7–11.0)	9.8% (8.9–10.8)	10.4%[a] (9.3–11.5)
Unable to get appointment	10.0%[e] (8.7–11.4)	10.2%[d, e] (9.2–11.3)	8.1% (7.0–9.2)	8.0%[b] (7.0–8.9)	6.9%[a, b] (5.9–7.9)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

were unsure of whether their installation had a WHC. Significantly more ADSW in the Air Force indicated that their installation had a WHC (56.8 percent) than the other DoD services. In contrast to DoD ADSW, only 4 percent of Coast Guard ADSW indicated that their installation had a WHC, and roughly one-fifth (17.9 percent) did not know whether their installation housed a WHC.

Compared with the results presented in Table 4.1a, results in Table 4.4a suggest that getting an appointment with an OBGYN is easier if ADSW's installations have a WHC. A larger percentage of DoD ADSW indicated that it was usually or always easy to get an appointment when a WHC was present (50.3 percent) than when it was not (44.0 percent). The same was true for ADSW in the Coast Guard (57.8 percent versus 42.7 percent). Wait time, however, was not substantively different. Among DoD ADSW, 77.3 percent with access to an on-installation WHC were able to get an appointment within 28 days, whereas the overall total shown in Table 4.3a was 72.6 percent. We could not compare results for the Coast Guard because of suppressed cells in Table 4.4a.

Table 4.4a also shows how many ADSW actually used a WHC in the 12 months prior to the survey. Among all DoD ADSW, one-fifth (20.1 percent) said that they used a WHC, while only 2.6 percent of Coast Guard ADSW said the same. This is not surprising, given that the majority of ADSW in the Coast Guard said that their installation did not have a WHC. Significantly more ADSW in the Air Force used a WHC than ADSW in the other services. Among only ADSW who reported that they did have access to a WHC on their installation, just over half DoD ADSW reported using it in the past year (56.7 percent). And although few ADSW in the Coast Guard had access, among those who did, two-thirds used WHCs (66.8 percent).

Among ADSW who used a WHC in the past year, a larger percentage said that it was usually or always easy to get an appointment with an OBGYN than the overall percentage reported in Table 4.1a (54.8 percent versus 44.0 percent). The same was true for ADSW in the Coast Guard (59.3 percent versus 42.7 percent). The results for self-reported wait times were similar: Among DoD ADSW, 82.5 percent who used a WHC were

TABLE 4.4A

Use of WHCs, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Current installation or duty station has a WHC						
Yes	35.4% (34.5–36.3)	56.8%[b, c, d, e] (55.6–57.9)	27.0%[a, e] (25.4–28.7)	23.8%[a, e] (20.8–26.8)	25.7%[a, e] (23.9–27.5)	3.9%[a, b, c, d] (3.1–4.8)
No	33.1% (32.2–34.0)	21.2%[b, c, d, e] (20.3–22.1)	35.6%[a, d, e] (33.8–37.4)	35.6%[a, d, e] (32.5–38.8)	42.0%[a, b, c, e] (40.0–44.1)	78.2%[a, b, c, d] (76.3–80.2)
Not sure	31.5% (30.6–32.5)	22.1%[b, c, d, e] (21.2–23.0)	37.3%[a, d, e] (35.4–39.3)	40.5%[a, d, e] (37.1–44.0)	32.3%[a, b, c, e] (30.3–34.3)	17.9%[a, b, c, d] (16.0–19.7)
Among those with an on-installation WHC						
Ease of getting appointment with MHS OBGYN						
Never easy	22.6% (21.2–24.0)	20.4%[b] (19.0–21.7)	25.3%[a] (21.9–28.6)	19.0% (13.2–24.9)	24.9% (21.2–28.6)	17.3% (8.6–25.9)
Sometimes easy[y]	27.1% (25.7–28.6)	29.0% (27.4–30.5)	24.3% (20.9–27.6)	21.1% (15.5–26.6)	28.1% (24.2–31.9)	25.0% (14.9–35.0)
Usually easy	30.3% (28.8–31.8)	31.6%[d] (30.1–33.2)	30.8% (27.1–34.5)	34.7% (27.1–42.3)	25.6%[a] (22.0–29.3)	35.9% (24.3–47.4)
Always easy[z]	20.0% (18.6–21.4)	19.0% (17.7–20.4)	19.7% (16.4–23.0)	25.2% (17.5–32.9)	21.4% (17.6–25.1)	21.9% (11.4–32.4)
Wait time for MHS OBGYN						
Less than 24 hours[z]	8.5% (6.7–10.4)	7.5% (5.8–9.1)	9.7% (5.0–14.3)	9.3% (2.6–16.0)	9.5% (3.9–15.0)	0.0% (0.0–10.9)
2–3 days[z]	12.7% (10.9–14.5)	13.6% (11.5–15.6)	9.4% (5.3–13.5)	16.7% (7.7–25.7)	13.9% (8.9–18.9)	10.3% (0.3–20.3)
4–7 days	18.6% (16.5–20.7)	19.5%[d] (17.2–21.9)	22.8%[d] (17.1–28.5)	20.2% (10.7–29.7)	10.1%[a, b] (5.9–14.2)	NR (10.3–45.7)
8–28 days[z]	37.5% (34.8–40.1)	38.7% (35.8–41.6)	40.4% (33.9–46.8)	29.1% (19.3–38.9)	32.8% (26.0–39.5)	NR (24.0–60.3)
More than 28 days	11.4% (9.7–13.1)	10.3%[d] (8.5–12.1)	7.2%[d] (4.7–9.7)	13.2% (5.9–20.6)	19.3%[a, b] (13.3–25.4)	14.0% (0.1–28.0)
Unable to get appointment[z]	11.3% (9.6–13.0)	10.4% (8.6–12.3)	10.5% (6.9–14.2)	11.4% (4.3–18.5)	14.5% (9.2–19.7)	5.5% (0.0–13.0)
Used WHC in past 12 months						
Total population	20.1% (19.3–20.8)	33.3%[b, c, d, e] (32.2–34.4)	14.6%[a, e] (13.3–15.9)	13.5%[a, e] (11.3–15.7)	14.3%[a, e] (12.8–15.7)	2.6%[a, b, c, d] (1.9–3.3)
Among those with access to on-installation WHC[z]	56.7% (55.2–58.2)	58.7% (57.2–60.2)	54.0% (50.4–57.6)	56.5% (49.2–63.9)	55.5% (51.6–59.3)	66.8% (56.4–77.1)

Tables 4.4a—Continued

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Among those who used an on-installation WHC in the past 12 months						
Ease of getting appointment with MHS OBGYN						
Never easy[y]	18.5% (16.9–20.1)	16.2% (14.6–17.7)	21.5% (17.5–25.5)	14.6% (8.6–20.6)	21.0% (16.7–25.3)	14.2% (4.7–23.8)
Sometimes easy	26.7% (25.0–28.4)	28.9%[b] (27.0–30.7)	22.2%[a] (18.6–25.8)	22.8% (15.9–29.8)	28.2% (23.3–33.2)	26.4% (14.4–38.5)
Usually easy	31.2% (29.4–33.0)	33.2%[d] (31.2–35.1)	31.7% (27.3–36.1)	33.5% (24.9–42.0)	25.3%[a] (20.7–29.9)	35.4% (22.4–48.4)
Always easy[z]	23.6% (21.8–25.4)	21.8% (20.0–23.5)	24.6% (20.0–29.2)	29.1% (20.6–37.6)	25.5% (20.6–30.4)	23.9% (11.1–36.8)
Wait time for MHS OBGYN						
Less than 24 hours[z]	9.7% (7.4–11.9)	7.8% (5.9–9.6)	12.8% (6.6–19.0)	10.8% (2.5–19.1)	10.3% (3.7–16.9)	0.0% (0.0–14.6)
2–3 days[z]	14.5% (12.3–16.7)	15.3% (12.9–17.7)	11.6% (6.3–16.9)	16.5% (6.2–26.8)	15.7% (9.6–21.7)	14.1% (0.7–27.6)
4–7 days	19.4% (17.1–21.6)	20.9%[d] (18.2–23.6)	22.1%[d] (16.3–27.9)	24.0% (12.3–35.7)	10.6%[a, b] (6.1–15.0)	NR (9.7–50.2)
8–28 days[z]	38.9% (35.9–41.8)	39.6% (36.3–42.8)	40.7% (33.4–48.1)	30.6% (19.3–41.8)	36.9% (28.9–44.9)	NR (18.9–60.4)
More than 28 days	11.6% (9.7–13.5)	10.9% (8.9–13.0)	8.1%[d] (4.9–11.3)	10.8% (3.7–17.8)	17.9%[b] (11.4–24.5)	NR (0.0–34.2)
Unable to get appointment[z]	6.0% (4.6–7.4)	5.5% (3.9–7.1)	4.7% (1.9–7.6)	7.4% (0.5–14.3)	8.6% (4.3–12.9)	0.0% (0.0–14.6)

NOTES: The Coast Guard is part of the Department of Homeland Security and not part of the DoD total. All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

able to get an appointment within 28 days, whereas the overall total shown in Table 4.3a was 72.6 percent. We could not compare results for the Coast Guard because of suppressed cells in Table 4.4a.

Table 4.4b presents results by pay grade. Significantly fewer senior enlisted ADSW and midgrade officers indicated that they were unsure of whether their installation had a WHC than more-junior ADSW. Similarly, significantly more senior enlisted ADSW and officers indicated that there was a WHC on their installation, and more-junior members said that there was not. It could be that WHCs are, in fact, more likely to be located at installations where more-senior members of the military are assigned. However, another plausible explanation is that there may be an awareness gap across pay-grade groups. There were few significant differences in terms of who used a WHC across pay-grade groups. However, it does appear that, among ADSW who had access to an on-site WHC, significantly more junior enlisted used them (59.5 percent) than senior enlisted (51.9 percent) or midgrade officers (51.0 percent).

Tables C.4a through C.4d present results by age group, race/ethnicity, marital status, and sexual orientation, respectively. Two findings shown in these tables are noteworthy. First, younger ADSW do appear more likely to use WHCs when they are available to them. This finding parallels the results in Table 4.4b. Second, among ADSW who had access to an on-site WHC, significantly fewer gay or lesbian ADSW (35.7 percent) reported using them versus both heterosexual (57.9 percent) and bisexual (56.0) ADSW. Because the survey did not include questions about why ADSW used a WHC, it is not immediately clear why such a large difference in use patterns exists across sexual orientations. If WHCs are largely perceived of as contraceptive clinics by ADSW, then some gay or lesbian women might not immediately identify them as useful for other health care needs. Contraceptive needs and use are further discussed in Chapter Five.

HPV Vaccine Uptake

HPV is the most common sexually transmitted infection in the United States (CDC, 2022). Although most cases resolve on their own, HPV can lead to genital warts and cancer. In 2006, the CDC recommended that all women between the ages of 11 and 26 receive the HPV vaccine.[3] Girls as young as nine years old can begin a two-dose vaccine regimen, whereas those who begin the vaccine treatment after age 15 should complete a three-dose regimen. Between 2013 and 2018, the percentage of 18- to 26-year-old women who received the recommended number of vaccine doses increased from 25.7 percent to 35.3 percent (Boersma and Black, 2020). The percentage of 18- to 26-year-old women who received at least one dose increased from 36.8 percent to 53.6 percent during the same period.

TABLE 4.4B
Use of WHCs, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Current installation or duty station has a WHC					
Yes	34.3%[d, e] (32.6–36.1)	33.1%[d, e] (31.8–34.5)	33.0%[d, e] (31.3–34.6)	38.1%[a, b, c] (36.7–39.6)	39.5%[a, b, c] (37.7–41.2)
No	31.3%[b, c, e] (29.5–33.1)	36.9%[a, c, d] (35.5–38.3)	40.5%[a, b, d, e] (38.7–42.2)	31.7%[b, c, e] (30.3–33.1)	35.2%[a, c, d] (33.5–36.9)
Not sure	34.4%[b, c, d, e] (32.5–36.2)	30.0%[a, c, e] (28.6–31.3)	26.6%[a, b, d] (24.9–28.2)	30.2%[a, c, e] (28.8–31.6)	25.4%[a, b, d] (23.8–26.9)
Used WHC in past 12 months					
Total population	20.4%[c] (19.1–21.8)	18.8% (17.7–19.9)	17.1%[a, d, e] (15.8–18.5)	20.7%[c] (19.5–21.9)	20.1%[c] (18.7–21.6)
Among those with access to on-installation WHC	59.5%[c, e] (56.6–62.4)	56.9%[e] (54.5–59.2)	51.9%[a] (48.9–55.0)	54.3% (51.9–56.7)	51.0%[a, b] (48.1–53.9)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[3] In 2011, the CDC recommended that boys also get the HPV vaccine.

The majority of DoD ADSW indicated that they had received three doses of the HPV vaccine (32.6 percent), were unsure of how many doses they had received (34.7 percent), or had not received any doses (23.1 percent). Just over 40 percent (42.1) had received at least one dose. Findings were similar for the Coast Guard: 37.7 percent had received all three doses, 29.3 percent were unsure, and 24.1 percent had not received the vaccine. Just over 45 percent (46.6) had received at least one dose. Across the service branches, significantly more Marine Corps ADSW were unsure about how many doses they had received (51.3 percent), and significantly fewer reported not having received the vaccine at all (14.3 percent). The Army had the largest percentage of ADSW who had not received the vaccine (27.4 percent).

We were curious as to whether ADSW with access to a WHC, or had used a WHC, would be more likely to have received the HPV vaccine. Although Table 4.5a cannot answer that exact question, it does not appear that the availability of a WHC, or the use of a WHC in the past year, had a large impact on HPV vaccine uptake. The percentages of these ADSW who received all three doses of the vaccine fall roughly within the same range as the overall percentage of ADSW who received the full dosage.

Table 4.5b shows results by pay grade, which is highly correlated with age. Not surprisingly, given the recent history of the HPV vaccine and the age requirements associated with it, junior enlisted, NCOs, and junior officers had the highest rates of uptake, whereas senior NCOs and midgrade officers had significantly larger percentages of ADSW who had not received any doses. Junior enlisted members had the largest percentage of ADSW who were unsure how many doses they had received, which could represent a risk of them never being fully vaccinated. Note also that for some of the youngest ADSW in our sample, two doses would constitute complete vaccination if they began the process before age 15.

Tables C.5a through C.5d present results by age group, race/ethnicity, marital status, and sexual orientation, respectively.

Summary

This chapter provided results for survey items related to ADSW's use of the MHS. Specifically, the chapter covered ADSW's views on the ease of getting an appointment, whether they were asked about sponsorship during scheduling, appointment wait time, and use of WHCs. In addition, the chapter presented results for uptake of the HPV vaccine. Roughly 60 percent of ADSW across all service branches said that it was usually or always easy to get an appointment with an MHS provider. Similarly, about half said they were asked whether they were the sponsor at the time of scheduling that appointment. Less than two-thirds of DoD ADSW and roughly half of Coast Guard ADSW were able to get an appointment with a primary care provider within one week of a request, which is the TRICARE policy guideline. Just under three-quarters of ADSW in DoD and the Coast Guard were able to get an appointment with an OBGYN or specialist within four weeks of seeking an appointment, consistent with TRICARE standards. Roughly one-third of DoD ADSW said that their installation had a WHC, and a similar percentage of DoD ADSW were unsure. Only 4 percent of ADSW in the Coast Guard reported the presence of a WHC at their installation. Among all DoD ADSW, one-fifth said that they had used a WHC in the past 12 months, while less than 5 percent of Coast Guard ADSW said the same. Finally, about one-third of ADSW across all services branches said that they had received all three doses of the HPV vaccine.

TABLE 4.5A

HPV Vaccine Uptake, by Service Branch and WHC

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Overall						
Received three doses	32.6% (31.7–33.5)	36.0%[b, c] (34.9–37.1)	26.9%[a, d, e] (25.2–28.5)	26.4%[a, d, e] (23.5–29.4)	37.6%[b, c] (35.6–39.6)	37.7%[b, c] (35.5–39.9)
Received two doses	5.4% (5.0–5.9)	6.3%[b] (5.7–6.9)	4.4%[a, e] (3.7–5.2)	5.3% (3.8–6.8)	5.8% (4.8–6.9)	6.6%[b] (5.5–7.8)
Received one dose	4.1% (3.7–4.5)	4.7%[c, e] (4.2–5.2)	4.1%[e] (3.4–4.8)	2.6%[a] (1.7–3.6)	3.8% (3.0–4.6)	2.3%[a, b] (1.5–3.0)
Uncertain or unsure	34.7% (33.7–35.7)	29.7%[b, c, d] (28.7–30.8)	37.3%[a, c, d, e] (35.3–39.2)	51.3%[a, b, d, e] (47.9–54.7)	33.0%[a, b, c] (30.9–35.1)	29.3%[b, c] (27.2–31.4)
Has not received the vaccine	23.1% (22.4–23.8)	23.3%[b, c, d] (22.4–24.2)	27.4%[a, c, d, e] (25.9–28.8)	14.3%[a, b, d, e] (12.3–16.4)	19.8%[a, b, c, e] (18.3–21.3)	24.1%[b, c, d] (22.3–25.9)
Among those with an on-installation WHC						
Received three doses	38.3% (36.8–39.7)	39.2%[c] (37.8–40.7)	34.2%[d] (30.7–37.6)	28.9%[a, d] (22.8–35.0)	43.3%[b, c] (39.5–47.2)	32.3% (22.1–42.5)
Received two doses[z]	6.0% (5.3–6.7)	6.7% (5.8–7.5)	4.9% (3.6–6.3)	7.3% (3.8–10.7)	5.6% (3.4–7.7)	6.3% (0.7–11.8)
Received one dose[z]	4.4% (3.8–5.0)	4.6% (4.0–5.2)	4.7% (3.3–6.1)	5.0% (2.2–7.7)	3.4% (1.9–5.0)	9.2% (2.6–15.8)
Uncertain or unsure	29.4% (27.9–30.8)	27.1%[c] (25.7–28.5)	31.0%[c] (27.3–34.6)	45.4%[a, b, d] (38.0–52.8)	29.1%[c] (25.4–32.8)	29.3% (18.7–39.9)
Has not received the vaccine	22.0% (20.9–23.0)	22.5%[c] (21.3–23.6)	25.2%[c, d] (22.6–27.8)	13.4%[a, b] (9.1–17.7)	18.6%[b] (16.1–21.1)	22.8% (14.3–31.3)
Among those who used an on-installation WHC in the past 12 months						
Received three doses[y]	39.8% (37.9–41.7)	40.7% (38.7–42.6)	37.6% (33.0–42.2)	29.8% (22.1–37.6)	42.6% (37.4–47.9)	32.5% (19.9–45.0)
Received two doses[z]	6.3% (5.4–7.3)	6.8% (5.7–7.8)	6.0% (3.9–8.1)	8.0% (3.1–12.8)	5.2% (2.6–7.7)	5.6% (0.0–12.1)
Received one dose[z]	5.0% (4.2–5.8)	5.2% (4.4–6.1)	5.7% (3.5–7.8)	5.2% (1.3–9.1)	3.6% (1.7–5.5)	8.7% (0.1–17.3)
Uncertain or unsure	28.9% (27.1–30.8)	26.7%[c] (24.9–28.6)	27.8%[c] (23.1–32.5)	45.4%[a, b] (36.6–54.2)	32.0% (26.8–37.1)	28.1% (15.0–41.1)
Has not received the vaccine	20.0% (18.7–21.3)	20.6%[c] (19.1–22.1)	23.0%[c] (19.6–26.3)	11.6%[a, b] (6.9–16.3)	16.6% (13.5–19.8)	25.2% (14.6–35.9)

NOTES: The Coast Guard is part of the Department of Homeland Security and not part of the DoD total. All data are weighted. 95 percent confidence intervals are presented in parentheses. *Uncertain* refers to respondents who do not know whether they have received any doses of the HPV vaccine. *Unsure* refers to respondents who do not know how many doses of the HPV vaccine they have received.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 4.5B

HPV Vaccine Uptake, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Received three doses	31.7%[b, c, d, e] (30.0–33.4)	38.0%[a, c, d, e] (36.6–39.5)	15.8%[a, b, d] (14.5–17.1)	47.1%[a, b, c, e] (45.6–48.6)	17.2%[a, b, d] (15.9–18.5)
Received two doses	6.4%[c, e] (5.5–7.2)	5.8%[c, e] (5.1–6.4)	2.9%[a, b, d] (2.3–3.5)	5.4%[c, e] (4.7–6.0)	2.6%[a, b, d] (2.1–3.2)
Received one dose	4.7%[c, d, e] (3.9–5.4)	4.4%[c, d, e] (3.8–5.1)	2.8%[a, b, e] (2.2–3.4)	3.1%[a, b, e] (2.6–3.7)	1.8%[a, b, c, d] (1.3–2.2)
Uncertain or unsure	44.7%[b, c, d, e] (42.8–46.6)	31.0%[a, c, d, e] (29.6–32.4)	26.7%[a, b, d, e] (25.1–28.3)	23.9%[a, b, c, e] (22.6–25.2)	17.2%[a, b, c, d] (15.8–18.5)
Has not received the vaccine	12.5%[b, c, d, e] (11.3–13.7)	20.8%[a, c, e] (19.6–21.9)	51.7%[a, b, d, e] (49.9–53.5)	20.6%[a, c, e] (19.4–21.8)	61.2%[a, b, c, d] (59.5–62.9)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. *Uncertain* refers to respondents who do not know whether they have received any doses of the HPV vaccine. *Unsure* refers to respondents who do not know how many doses of the HPV vaccine they have received.

[a] Statistically significantly different from E1–E4 estimate.

[b] Statistically significantly different from E5–E6 estimate.

[c] Statistically significantly different from E7–W5 estimate.

[d] Statistically significantly different from O1–O3 estimate.

[e] Statistically significantly different from O4–O6 estimate.

CHAPTER FIVE

Birth Control and Contraceptive Use

The WRHS asks respondents a series of questions about their current sexual behavior and contraceptive use, as well as experiences related to accessing contraceptives through the MHS. In light of 2016 NDAA requirements that women receive comprehensive family planning and counseling services on the full range of contraceptive methods at annual physical exams (Pub. L. 114-92, 2015), women were queried about birth control or contraceptive discussions at their most recent periodic health assessment (PHA), as well as sources through which ADSW obtained birth control. Levels of comfort discussing birth control with MHS providers, as well as providers outside the MHS, were assessed. We discuss findings regarding delays in accessing birth control (in general and ADSW's preferred types) through the MHS since joining the military, as well as perceived pressure from MHS providers regarding use of specific types of birth control. Finally, we discuss ADSW's use of contraceptives for regulation or suppression of their menstrual cycle since joining the military.

As in previous chapters, there are two possible limitations related to the interpretation of survey items that refer to the MHS. First, the survey language does not specify whether care provided within the MHS or by MHS providers refers only to direct care (i.e., generally provided at MTFs) or whether it includes both direct and purchased care (i.e., care covered by TRICARE but generally not provided within the context of an MTF or by a military provider). Respondents might have interpreted these MHS survey items differently. We assumed that respondents would have included purchased care as part of MHS care, if it was covered by TRICARE.

Second, when the survey refers to the MHS, it does not explicitly include Coast Guard clinics that may be staffed by officers or enlisted members of the Coast Guard or U.S. Public Health Service, civilian, or contract providers. Thus, survey items that refer to the MHS or MHS providers might have been interpreted differently by Coast Guard respondents (i.e., some of them might have included Coast Guard clinics, while others might not have).[1] All Coast Guard active-duty members, retirees, and family members are eligible for the benefits offered by the TRICARE program, including care in DoD MTFs, per Chapter 55 of Title 10, U.S. Code.

Current Sexual Activity and Contraceptive Use

Women face many personal decisions regarding sexual activity, reproductive health, family formation, and parenthood. Contraception has been recognized as a key factor in providing women the ability to control if, and when, they have children, which has broad implications in a woman's life and career (United Nations Population Fund and the Center for Reproductive Rights, 2011). In the United States, approximately 65 percent of women ages 15–49 reported current use of contraception—the most common forms of birth control are sterilization, birth control pills, long-acting reversible contraceptives (LARCs), and condoms (Daniels

[1] For a brief overview of Coast Guard Health Services, see Mendez, 2020.

and Abma, 2018). The rate of LARC use has increased notably over the past two decades, as multiple new intrauterine devices (IUDs), implants, and injectable forms have been introduced (Guttmacher Institute, 2020). In addition, approximately one in five sexually active women in the United States reported ever having used emergency contraception (i.e., methods of contraception that can be used to prevent pregnancy after sexual intercourse) between 2013 and 2015 (Kaiser Family Foundation, 2018).

Both the CDC and the American College of Obstetricians and Gynecologists underscore that comprehensive contraceptive counseling plays a central role in women's health and that reducing barriers to contraception is a key public health objective. Current recommendations emphasize that LARCs are an appropriate first-line contraceptive method for all women of reproductive age, reflecting the HP2030 goal to increase use of highly effective birth control among women who are at risk for unintended pregnancy (U.S. Department of Health and Human Services, undated). In addition to preventing pregnancy, hormonal contraception may be used for noncontraceptive purposes, including as treatment for various medical conditions (e.g., endometriosis, menstrual migraines, menorrhagia, dysmenorrhea, acne), as well as to regulate irregular menstrual cycles (American College of Obstetricians and Gynecologists Committee, 2018).

In the military context, inadequate access to contraception may affect service women's readiness, as well as physical health and family formation. Section 718 of the 2016 NDAA (Pub. L. 114-92, 2015) requires that all ADSW receive "access to comprehensive counseling on the full range of methods of contraception" during MHS health care visits, including during (1) predeployment appointments, (2) appointments during deployment, and (3) annual physical examinations. Additionally, Section 718 required the establishment of clinical practice guidelines regarding contraceptive counseling and contraceptive methods available to service members; clinical guidelines were addressed in the DHA Procedural Instruction 6200.02 (2019). Comprehensive contraceptive counseling has been shown to significantly reduce the rate of pregnancy among women who do not wish to become pregnant, compared with either standard contraceptive counseling or no counseling (Harper et al., 2015).

Type of contraceptive use or the choice not to use contraception represent important, and personal, health care decisions for service women; ideally, these choices align with their desires regarding reproductive health and family planning. It is important to recognize that not every service woman wants or needs to use contraception. Under TRICARE, service women have access to a wide range of no-cost contraceptive options. However, prior work has identified multiple barriers that may affect service women's ability to access contraception, including limited access to care, lack of training regarding contraception methods among MHS providers, lack of information regarding available contraception methods among service women, interruptions in access due to deployment, and concerns regarding privacy and confidentiality (Adams, 2017).

Our findings indicate that approximately 60 percent of all ADSW (58.5 percent of DoD; 59.7 percent of Coast Guard) reported any current contraceptive use (Table 5.1a). Nearly three in ten ADSW (27.0 percent of DoD; 28.5 percent of Coast Guard) reported using no contraception, and less than 15 percent (14.6 percent of DoD; 11.7 percent of Coast Guard) reported that contraceptive use was not applicable (e.g., pregnant or trying to get pregnant, menopausal). The majority of DoD ADSW (61.1 percent) and Coast Guard ADSW (60.8 percent) indicated that they had vaginal intercourse with a male partner in the past 30 days. Across service branches, significantly fewer ADSW in the Navy (58.5 percent) reported past-month vaginal intercourse than those in the Air Force (63.4 percent).

Approximately three in ten ADSW (28.2 percent of DoD; 27.3 percent of Coast Guard) were currently using a highly effective form of contraception (i.e., IUD, implant, or sterilization), representing approximately half of all ADSW currently using any form of contraception. The remaining three in ten ADSW (30.3 percent of DoD; 32.4 percent of Coast Guard) reported current use of other contraception, primarily birth control pills. Comparing across service branches, the Marine Corps had the highest rate of highly effective contraception use (32.8 percent), which was significantly higher than the rates for the Army and Coast

Guard. The rate of no contraception use was significantly lower in the Air Force, compared with the Army, Navy, and Coast Guard. Current condom use was reported by both a minority of DoD ADSW (14.4 percent) and Coast Guard ADSW (15.6 percent); rates did not differ across service branches.

Use of emergency contraceptives in the past year was reported by 14.9 percent of DoD ADSW and 11.4 percent of Coast Guard ADSW. Emergency contraceptive use was significantly higher among Marine Corps ADSW (20.4 percent) than in all other service branches and lowest among Coast Guard ADSW.

Table 5.1b presents results by pay grade. Across pay grades, junior enlisted ADSW (pay grades E1–E4) reported the highest rate of past-month vaginal intercourse with a male partner. Current use of any con-

TABLE 5.1A

Recency of Vaginal Sexual Intercourse with Male Partner and Current Forms of Birth Control, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Recency of vaginal sexual intercourse with a male partner						
In the past 30 days	61.1% (60.1–62.0)	63.4%[d] (62.3–64.5)	60.8% (58.9–62.7)	62.7% (59.3–66.0)	58.5%[a] (56.5–60.6)	60.8% (58.6–63.0)
31 days to 3 months ago[z]	11.1% (10.5–11.7)	10.6% (9.9–11.3)	11.8% (10.5–13.1)	11.3% (9.1–13.6)	10.8% (9.4–12.2)	10.5% (9.0–11.9)
More than 3 months to 1 year ago	12.0% (11.4–12.7)	11.0%[d] (10.3–11.7)	11.1%[d] (10.0–12.2)	12.2% (9.7–14.7)	14.2%[a, b, e] (12.8–15.7)	10.2%[d] (8.8–11.5)
More than 1 year ago	10.2% (9.6–10.7)	9.8% (9.1–10.4)	10.7%[c] (9.6–11.7)	7.3%[b, d, e] (5.6–9.1)	10.7%[c] (9.5–11.8)	11.4%[c] (10.0–12.9)
Never[z]	5.6% (5.1–6.1)	5.2% (4.7–5.8)	5.7% (4.5–6.8)	6.5% (4.7–8.2)	5.8% (4.7–6.9)	7.1% (5.9–8.3)
Current form of birth control						
No contraception	27.0% (26.1–27.9)	24.3%[b, d, e] (23.3–25.3)	28.9%[a] (27.1–30.7)	27.7% (24.5–30.8)	27.3%[a] (25.5–29.2)	28.5%[a] (26.5–30.6)
Highly effective contraception	28.2% (27.4–29.1)	29.0%[b] (28.0–30.0)	25.9%[a, c] (24.3–27.4)	32.8%[b, e] (29.7–36.0)	29.1% (27.2–31.0)	27.3%[c] (25.4–29.2)
Other contraception	30.3% (29.3–31.2)	31.9%[b] (30.9–33.0)	28.4%[a, e] (26.7–30.2)	27.4% (24.3–30.4)	31.4% (29.4–33.4)	32.4%[b] (30.3–34.6)
Not applicable	14.6% (13.9–15.2)	14.8%[d, e] (14.0–15.6)	16.8%[c, d, e] (15.5–18.2)	12.1%[b] (9.9–14.3)	12.1%[a, b] (10.9–13.3)	11.7%[a, b] (10.4–13.1)
Any current condom use[z]	14.4% (13.7–15.1)	14.0% (13.2–14.9)	13.9% (12.5–15.3)	15.1% (12.6–17.6)	15.2% (13.6–16.9)	15.6% (13.8–17.3)
Past-year use of emergency contraception	14.9% (14.0–15.7)	12.5%[b, c] (11.6–13.3)	15.7%[a, c, e] (14.0–17.4)	20.4%[a, b, d, e] (17.5–23.3)	15.0%[c, e] (13.3–16.7)	11.4%[b, c, d] (9.7–13.0)

NOTES: The Coast Guard is part of the Department of Homeland Security and not part of the DoD total. All data are weighted. 95 percent confidence intervals are presented in parentheses. *Highly effective contraception* means male sterilization, female sterilization, an IUD, and an implant. *Other contraception* means condoms, birth control pills, the shot, the patch, the ring, and other methods. *No contraception* means not currently using any form of birth control. *Not applicable* means already pregnant, trying to become pregnant, had a hysterectomy, or is menopausal or postmenopausal.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

traception ranged from 54.7 percent of senior enlisted ADSW (pay grades E7–W5) to 66.7 percent of junior officers (pay grades O1–O3). ADSW in pay grades E7–W5 and O4–O6 were the most likely to report that contraception was not applicable (20.2 percent and 22.3 percent, respectively). Prevalence of highly effective contraception use was lowest among junior enlisted ADSW (24.6 percent). Senior enlisted ADSW and officers were significantly more likely to use highly effective contraceptive use and were significantly less likely to report no contraceptive use, relative to ADSW in pay grades E1–E6. Rates of condom use were significantly higher among junior enlisted (17.7 percent) and junior officer (17.2 percent) ADSW, compared with other pay grades. Rates of emergency contraceptive use significantly differed across pay grades and was highest for pay grades E1–E4 (22.7 percent) and lowest for pay grades O4–O6 (2.3 percent).

TABLE 5.1B

Recency of Vaginal Sexual Intercourse with Male Partner and Current Forms of Birth Control, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Recency of vaginal sexual intercourse with a male partner					
In the past 30 days	62.8%[c] (61.0–64.7)	59.6% (58.2–61.1)	59.1%[a] (57.3–60.8)	60.8% (59.3–62.2)	59.9% (58.1–61.6)
31 days to 3 months ago[z]	11.3% (10.0–12.5)	11.7% (10.7–12.7)	10.5% (9.4–11.6)	10.4% (9.4–11.3)	9.6% (8.5–10.7)
More than 3 months to 1 year ago[z]	11.3% (10.1–12.5)	12.8% (11.8–13.8)	12.5% (11.3–13.8)	12.3% (11.3–13.3)	11.1% (10.0–12.3)
More than 1 year ago	7.0%[b, c, d, e] (6.0–7.9)	11.7%[a, c, d, e] (10.8–12.7)	15.8%[a, b, d] (14.4–17.1)	9.6%[a, b, c, e] (8.7–10.5)	16.7%[a, b, d] (15.3–18.1)
Never	7.6%[b, c, e] (6.5–8.7)	4.2%[a, c, d, e] (3.6–4.8)	2.1%[a, b, d] (1.6–2.7)	7.0%[b, c, e] (6.2–7.8)	2.7%[a, b, d] (2.1–3.3)
Current form of birth control					
No contraception	28.8%[c, d, e] (27.0–30.6)	28.8%[c, d, e] (27.5–30.2)	25.2%[a, b, d, e] (23.6–26.8)	20.4%[a, b, c] (19.1–21.6)	22.0%[a, b, c] (20.5–23.5)
Highly effective contraception	24.6%[b, c, d, e] (23.0–26.2)	27.8%[a, c, d, e] (26.5–29.0)	35.0%[a, b] (33.3–36.6)	32.8%[a, b] (31.4–34.2)	34.3%[a, b] (32.6–36.0)
Other contraception	34.8%[b, c, e] (33.0–36.6)	28.2%[a, c, d, e] (26.9–29.6)	19.7%[a, b, d] (18.2–21.1)	33.9%[b, c, e] (32.5–35.3)	21.4%[a, b, d] (19.9–22.8)
Not applicable	11.8%[b, c, e] (10.6–13.0)	15.2%[a, c, d, e] (14.2–16.2)	20.2%[a, b, d] (18.7–21.6)	13.0%[b, c, e] (12.0–13.9)	22.3%[a, b, d] (20.7–23.8)
Any current condom use	17.7%[b, c, e] (16.2–19.2)	12.5%[a, c, d, e] (11.5–13.5)	6.8%[a, b, d, e] (5.9–7.7)	17.2%[b, c, e] (16.0–18.3)	9.1%[a, b, c, d] (8.1–10.2)
Past-year use of emergency contraception	22.7%[b, c, d, e] (21.0–24.4)	12.6%[a, c, d, e] (11.6–13.7)	4.2%[a, b, d, e] (3.4–5.0)	7.9%[a, b, c, e] (7.1–8.8)	2.3%[a, b, c, d] (1.7–2.9)

NOTES: The Coast Guard is part of the Department of Homeland Security and not part of the DoD total. All data are weighted. 95 percent confidence intervals are presented in parentheses. *Highly effective contraception* means male sterilization, female sterilization, an IUD, and an implant. *Other contraception* means condoms, birth control pills, the shot, the patch, the ring, and other methods. *No contraception* means not currently using any form of birth control. *Not applicable* means already pregnant, trying to become pregnant, had a hysterectomy, or is menopausal or postmenopausal.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Tables C.6a through C.6d present results by age group, race/ethnicity, marital status, and sexual orientation, respectively.

During the past year, approximately half of ADSW (53.4 percent of DoD; 49.6 percent of Coast Guard) obtained birth control (Table 5.2a). The most common source was MHS providers, reported by 44.4 percent of DoD ADSW and 28.5 percent of Coast Guard ADSW. Notably, Coast Guard ADSW were significantly more likely to have obtained birth control from a provider outside the MHS (21.5 percent) than ADSW from DoD (6.2 percent). Among ADSW who used emergency contraception in the past year, 18.3 percent of DoD ADSW obtained it through an MHS provider. Coast Guard ADSW were significantly less likely (3.4 percent) to obtain emergency contraception through an MHS provider.

Table 5.2b presents results by pay grade. Compared with ADSW in other pay grades, those in pay grades E1–E4 were significantly more likely to obtain birth control within the past year (61.5 percent); ADSW in pay grades O4–O6 were the least likely (36.1 percent). Junior enlisted ADSW were also more likely to have obtained birth control through an MHS provider (52.1 percent) than ADSW in other pay grades. Among ADSW who used emergency contraception, no differences in source were observed across pay grades.

TABLE 5.2A

Sources of Birth Control in Past 12 Months, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Source of birth control (select all that apply)						
MHS provider	44.4% (43.5–45.4)	44.4%[e] (43.3–45.5)	41.6%[c, d, e] (39.7–43.5)	47.7%[b, e] (44.2–51.1)	47.1%[b, e] (45.0–49.2)	28.5%[a, b, c, d] (26.5–30.6)
A provider outside the MHS	6.2% (5.8–6.6)	7.5%[d, e] (6.9–8.1)	6.7%[d, e] (5.8–7.5)	6.0%[e] (4.4–7.6)	4.2%[a, b, e] (3.4–5.0)	21.5%[a, b, c, d] (19.6–23.3)
Purchased over the counter[z]	16.0% (15.3–16.8)	16.1% (15.3–16.9)	15.8% (14.3–17.3)	17.3% (14.7–19.9)	16.0% (14.5–17.5)	15.7% (14.0–17.4)
Did not obtain birth control in past 12 months	46.6% (45.6–47.5)	46.1%[e] (45.0–47.2)	48.4% (46.5–50.3)	43.1%[e] (39.7–46.5)	45.7%[e] (43.6–47.8)	50.4%[a, c, d] (48.2–52.6)
Source of emergency contraception (among those who used emergency contraception)						
MHS provider	18.3% (15.9–20.6)	17.6%[e] (14.8–20.3)	16.4%[e] (12.1–20.8)	20.0%[e] (13.5–26.5)	20.6%[e] (15.5–25.8)	3.4%[a, b, c, d] (0.7–6.0)
A provider outside the MHS[z]	7.4% (5.7–9.2)	7.5% (5.4–9.5)	6.1% (2.8–9.4)	7.6% (3.8–11.4)	9.1% (5.1–13.1)	5.7% (2.5–8.9)
Purchased over the counter[z]	84.7% (82.5–86.9)	83.7% (81.0–86.5)	87.3% (83.3–91.3)	82.5% (76.3–88.7)	83.1% (78.4–87.8)	94.0% (90.5–97.4)
Internet[z]	2.1% (1.3–2.9)	2.3% (1.2–3.3)	1.9% (0.6–3.2)	1.1% (0.0–2.3)	2.5% (0.6–4.4)	2.0% (0.1–3.9)
Other source (e.g., friend)[z]	2.7% (1.7–3.8)	2.4% (1.3–3.5)	3.1% (0.8–5.4)	2.0% (0.0–4.2)	2.8% (0.8–4.8)	1.7% (0.0–3.7)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 5.2B
Sources of Birth Control in Past 12 Months, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Source of birth control (select all that apply)					
MHS provider	52.1%[b, c, d, e] (50.2–54.0)	39.9%[a, c, d, e] (38.4–41.3)	27.8%[a, b, d] (26.2–29.4)	48.0%[a, b, c, e] (46.5–49.6)	29.3%[a, b, d] (27.6–30.9)
A provider outside the MHS	5.9% (5.2–6.7)	7.2%[e] (6.5–7.9)	7.4%[e] (6.4–8.3)	6.9% (6.2–7.7)	5.5%[b, c] (4.7–6.3)
Purchased over the counter	19.9%[b, c, e] (18.4–21.3)	14.3%[a, c, d, e] (13.2–15.3)	7.1%[a, b, d] (6.2–8.0)	18.9%[b, c, e] (17.7–20.1)	8.0%[a, b, d] (7.1–9.0)
Did not obtain birth control in past 12 months	38.5%[b, c, d, e] (36.6–40.4)	50.2%[a, c, d, e] (48.8–51.7)	64.1%[a, b, d] (62.3–65.8)	42.4%[a, b, c, e] (40.9–43.9)	63.9%[a, b, d] (62.2–65.6)
Source of emergency contraception (among those who used emergency contraception)					
MHS provider[Z]	18.4% (15.1–21.7)	18.8% (15.2–22.4)	16.2% (9.2–23.2)	12.7% (8.8–16.5)	10.6% (3.0–18.2)
A provider outside the MHS[Z]	7.9% (5.4–10.4)	7.0% (4.4–9.7)	4.7% (0.7–8.6)	4.1% (2.1–6.2)	13.8% (4.7–22.8)
Purchased over the counter[Z]	83.9% (80.9–87.0)	86.0% (82.9–89.1)	88.0% (81.8–94.3)	89.1% (85.6–92.6)	84.5% (75.8–93.2)
Internet[Z]	2.1% (1.1–3.2)	2.2% (1.0–3.5)	0.6% (0.0–1.6)	1.8% (0.4–3.1)	1.9% (0.0–4.8)
Other source (e.g., friend)[Z]	2.8% (1.3–4.3)	2.9% (1.2–4.6)	0.6% (0.0–1.8)	2.2% (0.3–4.0)	3.3% (0.0–7.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Tables C.7a through C.7d present results by age group, race/ethnicity, marital status, and sexual orientation, respectively.

Discussions About Birth Control with MHS Providers During PHAs

Section 718 of the 2016 NDAA requires that all ADSW receive "access to comprehensive counseling on the full range of methods of contraception" during annual physical exams, as well as predeployment health care visits and health care visits during deployment (Pub. L. 114-92, 2015). Per the DHA Procedural Instruction 6200.02 (2019), "comprehensive contraceptive counseling" is defined as "counseling on the full range of contraceptive methods, including its use for menstrual suppression when medically appropriate." Additionally, this document defines the "full range of contraceptive methods" to include short- and long-acting methods—specifically "copper containing IUD; levonorgestrel IUD; implant; injectable; combined hormonal birth control pills; progestin-only pills; Standard Days [fertility awareness-based method]; emergency contraception; female/male sterilization."

The WRHS assessed discussions regarding birth control during ADSW's most recent PHA. Required annually for all ADSW, the PHA is a screening tool designed to assess the medical readiness of service members. PHAs are generally conducted by a primary care practitioner, often a midlevel provider or an unlicensed practitioner (e.g., medic or independent duty corpsmen) (Adams, 2017). Depending on screening results and current medical needs, the PHA may, but does not necessarily, include a physical exam. We note that TRICARE additionally provides coverage for an annual, in-person "well-woman" exam for service members. One study found that up to two-thirds of ADSW had a medic or corpsman as their primary care provider (Eagan, 2019). Primary care practitioners are a key source of contraceptives for service women, yet unlicensed practitioners typically do not receive training regarding comprehensive contraceptive counseling and are not credentialed to insert LARCs (Adams, 2017).

As shown in Table 5.3a, the majority of DoD ADSW (78.4 percent) and Coast Guard ADSW (62.7 percent) reported receiving a PHA within the past year. Relative to all other service branches, ADSW in the Army were significantly more likely (83.1 percent) to have received a past-year PHA, and ADSW in the Coast Guard were significantly less likely (62.7 percent). Approximately 30 percent of Coast Guard ADSW reported that their last PHA was between 12 and 24 months ago, compared with 15.2 percent of DoD ADSW.

Table 5.3b presents results by pay grade. Across pay grades, between 77 and 80 percent of ADSW had a PHA within the past year. Across pay grades, junior enlisted ADSW (pay grades E1–E4) were significantly more likely to have never received a PHA (6.6 percent) than ADSW in other pay grades, reflecting recency of enlistment.

Tables C.8a through C.8d present results by age group, race/ethnicity, marital status, and sexual orientation, respectively.

Approximately a quarter of DoD ADSW and 20 percent of Coast Guard ADSW had discussed benefits, side effects, and risks of different types of birth control with an MHS provider during a PHA in the past 12 months (Table 5.4a). Additionally, 21.2 percent of DoD ADSW discussed the use of birth control to reduce or suppress menstruation with an MHS provider, 23.5 percent discussed LARC methods, 30.4 percent discussed protection against sexually transmitted infections, and 14.4 percent discussed emergency contraception. Among Coast Guard ADSW, 18.0 percent discussed use of birth control to reduce or suppress menstruation with an MHS provider, 19.7 percent discussed LARC methods, 29.1 percent discussed protection against

TABLE 5.3A
Timing of Last PHA, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
In the past 12 months	78.4% (77.6–79.2)	73.1%[b, d, e] (72.1–74.1)	83.1%[a, c, d, e] (81.5–84.6)	77.6%[b, e] (74.4–80.7)	78.5%[a, b, e] (76.6–80.3)	62.7%[a, b, c, d] (60.6–64.9)
Between 12 and 24 months ago	15.2% (14.5–15.9)	17.5%[b, e] (16.6–18.3)	11.9%[a, c, d, e] (10.8–13.1)	16.4%[b, e] (13.7–19.1)	16.4%[b, e] (14.9–18.0)	29.4%[a, b, c, d] (27.4–31.5)
More than 2 years ago	2.6% (2.3–2.8)	5.2%[b, c, d] (4.8–5.7)	1.4%[a, e] (1.0–1.9)	2.2%[a] (1.1–3.3)	1.3%[a, e] (0.8–1.7)	4.2%[b, d] (3.4–4.9)
Has not had a PHA in the MHS[z]	3.8% (3.3–4.4)	4.2% (3.7–4.7)	3.5% (2.4–4.7)	3.9% (2.2–5.5)	3.8% (2.6–5.0)	3.7% (2.7–4.6)

NOTES: The Coast Guard is part of the Department of Homeland Security and not part of the DoD total. All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 5.3B
Timing of Last PHA, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
In the past 12 months	77.2%[d] (75.6–78.9)	78.2% (77.0–79.4)	77.2%[d] (75.7–78.7)	80.1%[a, c] (78.9–81.3)	79.5% (78.1–80.9)
Between 12 and 24 months ago	14.5%[c] (13.2–15.7)	16.9%[d] (15.7–18.0)	17.1%[a, d] (15.8–18.5)	14.4%[b, c] (13.4–15.5)	16.0% (14.7–17.3)
More than 2 years ago	1.6%[b, c, d, e] (1.2–2.1)	3.2%[a] (2.8–3.7)	3.4%[a] (2.8–4.0)	3.2%[a] (2.7–3.7)	4.0%[a] (3.3–4.7)
Has not had a PHA in the MHS	6.6%[b, c, d, e] (5.4–7.8)	1.7%[a, e] (1.4–2.1)	2.2%[a, e] (1.7–2.8)	2.2%[a, e] (1.7–2.7)	0.5%[a, b, c, d] (0.2–0.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

sexually transmitted infections, and 9.8 percent discussed emergency contraception. Across all topic categories, ADSW in the Marine Corps and Navy were significantly more likely to report receiving contraceptive information from an MHS provider than ADSW in other service branches.

Among ADSW who received information regarding LARCs from an MHS provider, the majority (65.4 percent of DoD ADSW and 66.0 percent of Coast Guard ADSW) reported that the provider discussed the relative advantages and disadvantages of LARCs; no significant differences were observed across service branches. Among DoD ADSW, 29.3 percent reported that they wanted information about use of birth control to reduce or suppress menstruation from an MHS provider during the past year; ADSW in the Marine Corps were most likely (38.9 percent), and ADSW in the Coast Guard were least likely (21.4 percent) to want this information from an MHS provider.

For all of these different types of discussions with providers about contraception, it is important to note that the survey did not ask ADSW who did not receive counseling why they did not do so. One obvious reason is because providers might not have offered it. However, other ADSW might have been offered such discussions but declined them because they either did not perceive a need for them or simply did not want to have them. Future research should explore the exact reasons for why some ADSW indicated that they did not receive contraceptive counseling.

Table 5.4b presents results by pay grade. In general, junior enlisted ADSW were significantly more likely to report receiving birth control information from an MHS provider, including benefits, side effects, and risks of different types of birth control (31.7 percent); use of birth control to reduce or suppress menstruation (29.6 percent); LARC methods (32.2 percent); protection against sexually transmitted infections (40.9 percent); and emergency contraception (22.5 percent). Among ADSW who received information regarding LARCs from an MHS provider, the majority (ranging from 62.1 to 73.9 percent across pay grades) reported that the provider discussed the relative advantages and disadvantages of LARCs. ADSW in lower enlisted pay grades (i.e., E1–E4 and E5–E6) were less likely than junior officers to receive information about the advantages and disadvantages of LARCs in discussions with MHS providers. Junior enlisted ADSW were significantly more likely than ADSW in other pay grades to want information about the use of birth control to reduce or suppress menstruation from an MHS provider during the past year.

When interpreting findings regarding contraceptive counseling during ADSW's last PHA, it is possible that some ADSW who reported that they did not receive contraceptive counseling during their last PHA did

TABLE 5.4A

Birth Control Discussions with MHS Provider During Past-Year PHA, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
During PHA in the past 12 months, MHS provider discussed						
Benefits, side effects, and risks of different types of birth control	23.2% (22.2–24.3)	22.0%[c, d] (20.9–23.2)	20.6%[c, d] (18.7–22.5)	27.4%[a, b, e] (23.8–30.9)	26.8%[a, b, e] (24.5–29.1)	20.2%[c, d] (17.7–22.7)
Using birth control methods to reduce or suppress menstruation	21.2% (20.2–22.3)	19.3%[c, d] (18.2–20.4)	18.8%[c, d] (16.9–20.7)	25.4%[a, b, e] (21.9–28.9)	25.2%[a, b, e] (22.9–27.5)	18.0%[c, d] (15.7–20.4)
LARC methods	23.5% (22.5–24.6)	21.5%[c, d] (20.3–22.6)	20.6%[c, d] (18.7–22.6)	28.5%[a, b, e] (25.0–32.0)	28.0%[a, b, e] (25.7–30.4)	19.7%[c, d] (17.2–22.1)
Protection against sexually transmitted infections, including condom use	30.4% (29.3–31.5)	29.5%[c, d] (28.3–30.8)	26.3%[c, d] (24.2–28.3)	37.4%[a, b, e] (33.6–41.1)	35.0%[a, b, e] (32.6–37.3)	29.1%[c, d] (26.4–31.8)
Emergency contraception	14.4% (13.4–15.4)	12.0%[c, d] (11.1–13.0)	12.4%[c, d] (10.7–14.2)	20.0%[a, b, e] (16.6–23.4)	17.9%[a, b, e] (15.8–20.1)	9.8%[c, d] (7.8–11.8)
Whether MHS provider talked about LARCs during PHA in the past 12 months						
Provider talked about advantages and disadvantages[z]	65.4% (62.8–68.0)	66.8% (63.9–69.7)	65.1% (59.7–70.6)	64.1% (56.9–71.2)	64.9% (59.9–69.9)	66.0% (59.3–72.6)
Provider did not talk about advantages and disadvantages[z]	18.6% (16.6–20.6)	17.3% (15.0–19.5)	18.0% (14.0–21.9)	17.0% (11.4–22.5)	20.6% (16.5–24.7)	19.8% (14.2–25.4)
Not sure[z]	16.0% (13.8–18.2)	15.9% (13.7–18.2)	16.9% (12.0–21.8)	19.0% (13.0–24.9)	14.5% (10.6–18.4)	14.2% (9.5–18.9)
In the past 12 months, wanted information about using birth control methods to reduce or suppress menstruation from MHS provider	29.3% (28.2–30.4)	25.8%[b, c, d, e] (24.6–26.9)	29.9%[a, c, e] (27.9–32.0)	38.9%[a, b, d, e] (35.1–42.6)	29.7%[a, c, e] (27.4–32.0)	21.4%[a, b, c, d] (19.0–23.8)

NOTES: The Coast Guard is part of the Department of Homeland Security and not part of the DoD total. All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

not receive a physical exam as part of their last PHA; in this context, lack of contraceptive counseling would not be in violation of the 2016 NDAA requirement because the legislation specifically refers to annual physical exams (which are assumed to be in person). Furthermore, some ADSW might have received contraceptive counseling during an annual in-person "well-woman" physical exam (which is covered by TRICARE but not required annually). This counseling would be in compliance with the NDAA but not captured by our WRHS items.

Tables C.9a through C.9d present results by age group, race/ethnicity, marital status, and sexual orientation, respectively.

TABLE 5.4B

Birth Control Discussions with MHS Provider During Past-Year PHA, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
During PHA in the past 12 months, MHS provider discussed					
Benefits, side effects, and risks of different types of birth control	31.7%[b, c, d, e] (29.6–33.9)	20.0%[a, c, d, e] (18.7–21.4)	13.8%[a, b, e] (12.4–15.3)	15.6%[a, b, e] (14.4–16.9)	11.0%[a, b, c, d] (9.7–12.3)
Using birth control methods to reduce or suppress menstruation	29.6%[b, c, d, e] (27.5–31.7)	17.8%[a, c, d, e] (16.4–19.1)	13.5%[a, b, e] (12.0–14.9)	13.6%[a, b, e] (12.5–14.8)	8.7%[a, b, c, d] (7.6–9.9)
LARC methods	32.2%[b, c, d, e] (30.1–34.4)	20.5%[a, c, d, e] (19.1–21.9)	13.8%[a, b, e] (12.4–15.3)	15.5%[a, b, e] (14.2–16.7)	10.5%[a, b, c, d] (9.2–11.7)
Protection against sexually transmitted infections, including condom use	40.9%[b, c, d, e] (38.8–43.1)	27.4%[a, c, d, e] (25.9–28.9)	19.7%[a, b, e] (18.1–21.4)	20.4%[a, b, e] (19.0–21.8)	11.8%[a, b, c, d] (10.5–13.2)
Emergency contraception	22.5%[b, c, d, e] (20.5–24.5)	11.2%[a, c, d, e] (10.1–12.4)	6.7%[a, b, e] (5.7–7.8)	6.0%[a, b, e] (5.1–6.8)	3.0%[a, b, c, d] (2.3–3.7)
Whether MHS provider talked about LARCs during PHA in the past 12 months					
Provider talked about advantages and disadvantages	65.3%[d] (61.3–69.4)	62.1%[d] (58.3–65.9)	65.6% (60.2–70.9)	73.9%[a, b] (70.1–77.8)	71.9% (66.3–77.5)
Provider did not talk about advantages and disadvantages[y]	16.8% (13.8–19.9)	22.2% (18.9–25.4)	24.0% (19.2–28.9)	16.2% (13.0–19.4)	18.1% (13.1–23.0)
Not sure	17.8%[c, d, e] (14.4–21.3)	15.7%[d] (12.8–18.6)	10.4%[a] (7.0–13.8)	9.9%[a, b] (7.3–12.4)	10.0%[a] (6.5–13.5)
In the past 12 months, wanted information about using birth control methods to reduce or suppress menstruation from MHS provider	39.6%[b, c, d, e] (37.5–41.8)	24.3%[a, c, e] (22.8–25.7)	17.4%[a, b, d, e] (15.8–18.9)	23.3%[a, c, e] (21.8–24.7)	13.5%[a, b, c, d] (12.1–14.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

The majority of ADSW had tried to access birth control through the MHS since joining the military, including 75.8 percent of DoD ADSW and 69.5 percent of Coast Guard ADSW (see Table 5.5a). Overall, 50.5 percent of DoD ADSW reported accessing birth control without a delay. Relative to other service branches, Coast Guard ADSW were significantly less likely to access birth control without a delay. Experiencing a delay when accessing birth control was reported by 22.3 percent of DoD ADSW and 23.7 percent of Coast Guard ADSW. ADSW in the Navy were more likely to report a delay (27.1 percent), relative to ADSW in the Air Force, Army, and Marine Corps. Among DoD ADSW, 5.7 percent reported being unable to ever obtain the birth control they needed through the MHS (representing 8 percent of those who sought birth control), as did 8.4 percent of Coast Guard ADSW (12 percent of those who sought birth control).

Table 5.5b reports results by pay grade. Rates of accessing birth control without a delay through the MHS were highest for pay grades O4–O6 (60.5 percent) and E7–W5 (58.5 percent) and lowest for junior enlisted (45.9 percent) ADSW.

Tables C.10a through C.10d present results by age group, race/ethnicity, marital status, and sexual orientation, respectively.

TABLE 5.5A

Difficulty Accessing Birth Control Through the MHS Since Joining the Military, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Experiences accessing birth control through the MHS since joining the military (select all that apply)						
Accessed birth control without a delay	50.5% (49.5–51.5)	53.5%[b, e] (52.4–54.6)	47.6%[a, e] (45.7–49.5)	51.8%[e] (48.4–55.2)	50.6%[e] (48.5–52.7)	41.9%[a, b, c, d] (39.8–44.1)
Accessed birth control with a delay	22.3% (21.6–23.1)	22.1%[b, d] (21.2–23.0)	18.9%[a, d, e] (17.5–20.2)	21.2%[d] (18.5–23.8)	27.1%[a, b, c] (25.3–28.9)	23.7%[b] (21.8–25.6)
Could not get needed birth control[z]	5.7% (5.3–6.1)	5.4% (4.9–5.8)	5.7% (4.8–6.5)	5.2% (3.9–6.4)	6.1% (5.2–7.1)	8.4% (7.1–9.8)
Never sought birth control through the MHS	24.2% (23.3–25.1)	21.6%[b, e] (20.7–22.6)	30.4%[a, c, d] (28.6–32.3)	24.1%[b, e] (20.9–27.3)	19.4%[b, e] (17.6–21.2)	30.5%[a, c, d] (28.4–32.7)

NOTES: The Coast Guard is part of the Department of Homeland Security and not part of the DoD total. All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from Air Force estimate.

[b] Statistically significantly different from Army estimate.

[c] Statistically significantly different from Marine Corps estimate.

[d] Statistically significantly different from Navy estimate.

[e] Statistically significantly different from Coast Guard estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 5.5B

Difficulty Accessing Birth Control Through the MHS Since Joining the Military, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Experiences accessing birth control through the MHS since joining the military (select all that apply)					
Accessed birth control without a delay	45.9%[b, c, e] (44.0–47.8)	52.0%[a, c, d, e] (50.6–53.5)	58.5%[a, b, d] (56.7–60.2)	49.0%[b, c, e] (47.5–50.5)	60.5%[a, b, d] (58.8–62.3)
Accessed birth control with a delay	20.9%[b, d] (19.5–22.4)	24.0%[a, c, e] (22.8–25.3)	20.5%[b, d] (19.0–21.9)	25.9%[a, c, e] (24.6–27.2)	21.1%[b, d] (19.7–22.5)
Could not get needed birth control	5.1%[d] (4.2–5.9)	6.3% (5.7–7.0)	5.5% (4.7–6.3)	6.9%[a] (6.1–7.6)	5.9% (5.1–6.7)
Never sought birth control through the MHS	30.4%[b, c, d, e] (28.5–32.2)	20.7%[a, e] (19.5–21.9)	18.2%[a, d, e] (16.9–19.6)	22.2%[a, c, e] (20.9–23.5)	15.4%[a, b, c, d] (14.1–16.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

Since joining the military, 18.3 percent of DoD ADSW and 21.0 percent of Coast Guard ADSW reported ever being unable to access their preferred form of birth control (see Table 5.6a). This was significantly more common for ADSW in the Navy (20.4 percent) and Coast Guard (21.0 percent) relative to the Air Force (17.7 percent) and Marine Corps (15.3 percent). The most common preferred birth control method that ADSW were unable to obtain was birth control pills (41.6 percent of DoD ADSW and 50.7 percent of Coast Guard ADSW), followed by the birth control shot, patch, or ring (16.9 percent of DoD and 11.7 percent of Coast Guard ADSW) and IUD (15.5 percent of DoD and 20.4 percent of Coast Guard ADSW). ADSW in

TABLE 5.6A

Difficulty Accessing Preferred Birth Control Through the MHS Since Joining the Military, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Ever unable to get preferred birth control through the MHS	18.3% (17.5–19.0)	17.7%[d, e] (16.9–18.5)	17.6%[e] (16.2–19.0)	15.3%[d, e] (13.1–17.5)	20.4%[a, c] (18.8–22.0)	21.0%[a, b, c] (19.2–22.8)
Preferred method of birth control unable to obtain						
Birth control pills	41.6% (39.4–43.7)	43.2%[c] (40.7–45.8)	40.6%[e] (36.4–44.9)	31.6%[a, e] (24.4–38.7)	42.9% (38.6–47.1)	50.7%[b, c] (45.9–55.5)
Condoms[z]	0.7% (0.4–1.0)	0.8% (0.4–1.3)	0.4% (0.1–0.7)	1.0% (0.0–2.6)	0.7% (0.1–1.4)	0.7% (0.0–1.4)
IUD[z]	15.5% (14.0–16.9)	15.6% (13.8–17.4)	15.1% (12.4–17.7)	16.7% (11.6–21.9)	15.5% (12.5–18.6)	20.4% (16.7–24.0)
Birth control implant[z]	6.1% (5.1–7.1)	5.2% (4.0–6.4)	6.8% (4.6–9.0)	9.1% (5.0–13.2)	5.7% (4.0–7.5)	5.2% (2.5–8.0)
Birth control shot, patch, or ring[z]	16.9% (15.2–18.6)	15.5% (13.6–17.4)	17.9% (14.5–21.2)	18.4% (12.6–24.2)	16.8% (13.2–20.4)	11.7% (8.5–14.9)
Hysterectomy[z]	4.4% (3.5–5.3)	4.8% (3.7–5.8)	5.2% (3.0–7.3)	3.2% (0.8–5.6)	3.6% (2.2–4.9)	3.5% (1.8–5.1)
Emergency contraceptive[z]	4.8% (3.7–5.8)	4.0% (3.0–5.1)	4.6% (2.5–6.6)	8.9% (4.2–13.6)	5.0% (2.8–7.1)	2.9% (1.4–4.3)
Other[z]	10.1% (8.7–11.4)	10.8% (9.2–12.4)	9.5% (6.8–12.2)	11.2% (5.9–16.4)	9.8% (7.3–12.2)	5.1% (2.8–7.3)
Reason could not obtain preferred birth control						
Not medically appropriate[z]	6.6% (5.4–7.7)	6.6% (5.3–8.0)	7.7% (5.2–10.2)	5.9% (2.1–9.7)	5.4% (3.3–7.5)	4.4% (2.6–6.3)
Not old enough[y]	4.3% (3.5–5.1)	4.7% (3.7–5.7)	5.4% (3.5–7.2)	2.1% (0.4–3.8)	3.2% (2.0–4.4)	2.4% (1.1–3.7)
Not done having children[z]	4.8% (4.0–5.7)	5.0% (4.0–6.0)	5.7% (3.9–7.5)	3.3% (0.7–5.8)	4.1% (2.7–5.5)	2.4% (1.0–3.8)
Not covered by TRICARE or insurance	6.4% (5.6–7.2)	8.8%[b, d, e] (7.5–10.2)	5.5%[a, e] (4.1–7.0)	6.1%[e] (2.2–10.0)	5.1%[a, e] (3.6–6.7)	17.0%[a, b, c, d] (13.6–20.4)
Not available at duty location	16.4% (15.0–17.8)	19.5%[b] (17.5–21.5)	11.0%[a, c, d, e] (9.0–13.0)	20.8%[b] (14.7–26.9)	18.3%[b] (15.1–21.4)	22.0%[b] (18.0–26.0)
Not available at deployment location	8.3% (7.2–9.5)	6.5%[d] (5.3–7.7)	7.4%[e] (5.6–9.2)	5.4% (1.6–9.3)	11.5%[a, e] (8.8–14.3)	3.3%[b, d] (1.7–4.9)
Provider had moral, ethical, or religious objection	2.9% (2.3–3.4)	4.4%[d] (3.4–5.4)	2.4% (1.3–3.6)	3.4% (0.5–6.3)	1.8%[a, e] (0.9–2.6)	5.0%[d] (2.9–7.0)
Other reason[z]	13.9% (12.6–15.3)	16.6% (14.7–18.5)	12.3% (9.7–14.8)	12.8% (8.3–17.4)	13.4% (10.7–16.2)	13.6% (10.4–16.8)
Not sure/did not understand the reason[z]	1.2% (0.7–1.7)	1.3% (0.6–1.9)	1.2% (0.2–2.2)	1.1% (0.0–2.3)	1.1% (0.0–2.2)	1.5% (0.2–2.8)
No reason given	53.7% (51.6–55.9)	46.8%[b, c, d] (44.2–49.4)	58.8%[a, e] (54.7–62.9)	58.3%[a, e] (50.9–65.7)	53.9%[a, e] (49.6–58.2)	44.8%[b, c, d] (40.0–49.6)

Table 5.6a—Continued

NOTES: The Coast Guard is part of the Department of Homeland Security and not part of the DoD total. All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

the Coast Guard were significantly more likely to report being unable to obtain birth control pills compared with ADSW in both the Army and Marine Corps. When ADSW were unable to obtain their preferred birth control method, the MHS provider frequently did not provide a reason (53.7 percent of DoD and 44.8 percent of Coast Guard ADSW). When a reason was provided, the most frequent was that the preferred method was not available at the duty location (16.4 percent of DoD and 22.0 percent of Coast Guard ADSW). Additionally, Coast Guard ADSW were significantly more likely to report that their preferred method was not covered by TRICARE or insurance, relative to ADSW in other branches (17.0 percent of Coast Guard versus 6.4 percent of DoD ADSW). ADSW in the Navy were the most likely to report that their preferred method was not available at their deployment location (11.5 percent).

Table 5.6b reports results by pay grade. Rates of being unable to ever obtain the preferred method of birth control were similar across pay grades, ranging from 16.3 percent among ADSW in pay grades E1–E4 to 21.0 percent among pay grades E7–W5. Officers were significantly more likely to report being unable to obtain birth control pills relative to ADSW in other pay grades. When unable to obtain their preferred birth control method, junior enlisted ADSW were significantly more likely to report that the MHS provider did not give a reason (63.0 percent) than ADSW in other pay grades. Officers in pay grades O4–O6 were significantly more likely than junior enlisted ADSW to report that they could not access their preferred method because it was not available at their duty location (22.3 versus 12.5 percent), was not available at their deployment location (11.2 versus 6.0 percent), or not covered by TRICARE or insurance (9.9 versus 3.8 percent).

Tables C.11a through C.11d present results by age group, race/ethnicity, marital status, and sexual orientation, respectively.

Attitudes Toward Discussions About Birth Control

Overall, the majority of DoD ADSW (58.4 percent) and Coast Guard ADSW (52.4 percent) either agreed or strongly agreed that they feel comfortable getting birth control from an MHS provider (Table 5.7a). ADSW in the Coast Guard were significantly more likely to disagree (15.7 percent) relative to ADSW in the Air Force (9.3 percent), Army (10.2 percent), and Navy (12.3 percent). In comparison, 73.1 percent of DoD and 83.6 percent of Coast Guard ADSW either agreed or strongly agreed that they feel comfortable getting birth control from a provider outside the MHS. Coast Guard ADSW were significantly more likely (44.2 percent) to report that they were more comfortable getting birth control from a provider outside the MHS, compared with ADSW in the Air Force (31.4 percent), Army (30.1 percent), Marine Corps (38.2 percent), and Navy (36.1 percent).

Table 5.7b presents results by pay grade. Comfort obtaining birth control through the MHS varied with pay grade, ranging from 53.0 percent of ADSW in pay grades E1–E4 to 77.8 percent in pay grades O4–O6 either agreeing or strongly agreeing. Comfort obtaining birth control outside the MHS also generally varied by pay grade, ranging from 71.3 percent of ADSW in pay grades E1–E4 to 76.4 percent in pay grades O4–O6

TABLE 5.6B

Difficulty Accessing Preferred Birth Control Through the MHS Since Joining the Military, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Unable to ever get preferred birth control through the MHS	16.3%[b, c, e] (14.9–17.7)	20.1%[a] (18.9–21.2)	21.0%[a, d] (19.5–22.4)	18.4%[c] (17.2–19.5)	19.4%[a] (18.0–20.8)
Preferred method of birth control unable to obtain					
Birth control pills	40.1%[d, e] (35.5–44.6)	38.6%[d, e] (35.5–41.7)	40.0%[d, e] (36.1–43.8)	51.7%[a, b, c] (48.3–55.2)	52.8%[a, b, c] (48.8–56.8)
Condoms[z]	0.5% (0.0–1.0)	0.9% (0.3–1.4)	0.8% (0.2–1.4)	0.6% (0.0–1.2)	0.4% (0.0–1.0)
IUD	13.2%[d] (10.4–16.0)	17.2% (14.8–19.6)	16.1% (13.2–18.9)	19.0%[a] (16.4–21.7)	14.3% (11.4–17.2)
Birth control implant	7.1%[c, e] (5.0–9.2)	7.6%[c, e] (5.9–9.3)	2.9%[a, b] (1.5–4.2)	4.6% (3.1–6.1)	2.1%[a, b] (1.0–3.2)
Birth control shot, patch, or ring	18.2%[d] (14.4–22.0)	15.8% (13.5–18.1)	20.0%[d] (16.9–23.1)	12.1%[a, c] (9.8–14.3)	15.3% (12.4–18.3)
Hysterectomy	3.9% (1.9–5.9)	5.1%[d] (3.9–6.4)	6.5%[d] (4.7–8.3)	2.4%[b, c] (1.3–3.6)	3.5% (2.0–5.0)
Emergency contraceptive[z]	5.7% (3.4–8.1)	5.0% (3.6–6.4)	2.8% (1.5–4.0)	3.4% (2.2–4.7)	3.9% (2.2–5.5)
Other	11.2%[d] (8.4–14.1)	9.8%[d] (8.0–11.6)	11.1%[d] (8.6–13.5)	6.1%[a, b, c] (4.4–7.8)	7.7% (5.6–9.8)
Reason could not obtain preferred birth control					
Not medically appropriate[z]	7.2% (4.7–9.8)	6.3% (4.8–7.8)	7.5% (5.4–9.5)	4.5% (3.0–5.9)	5.2% (3.4–7.0)
Not old enough	3.4% (1.8–5.0)	5.5%[d] (4.2–6.8)	6.6%[d, e] (4.8–8.5)	1.8%[b, c] (0.9–2.7)	2.7%[c] (1.4–4.1)
Not done having children[y]	3.4% (1.8–4.9)	6.3% (4.9–7.7)	5.8% (4.1–7.5)	3.8% (2.4–5.1)	5.3% (3.4–7.1)
Not covered by TRICARE or insurance	3.8%[c, d, e] (2.4–5.1)	6.8%[d] (5.3–8.2)	9.0%[a] (6.9–11.1)	11.7%[a, b] (9.5–13.9)	9.9%[a] (7.6–12.1)
Not available at duty location	12.5%[d, e] (9.8–15.2)	17.0%[d] (14.7–19.3)	17.7% (14.8–20.6)	23.4%[a, b] (20.5–26.4)	22.3%[a] (19.0–25.6)
Not available at deployment location	6.0%[e] (3.8–8.2)	8.6% (6.8–10.5)	10.8% (8.4–13.1)	9.6% (7.6–11.5)	11.2%[a] (8.7–13.6)
Provider had moral, ethical, or religious objection[y]	2.0% (0.9–3.1)	3.4% (2.4–4.3)	4.0% (2.5–5.4)	2.6% (1.6–3.6)	4.7% (3.1–6.3)
Other reason[y]	11.2% (8.6–13.8)	15.5% (13.2–17.8)	15.1% (12.5–17.8)	16.2% (13.7–18.7)	15.8% (12.9–18.7)
Not sure/did not understand the reason[z]	1.7% (0.5–3.0)	0.7% (0.3–1.1)	1.0% (0.2–1.7)	1.1% (0.4–1.9)	1.0% (0.2–1.8)
No reason given	63.0%[b, c, d, e] (58.7–67.3)	49.8%[a] (46.6–53.0)	47.3%[a] (43.4–51.2)	44.5%[a] (41.1–47.9)	44.8%[a] (40.8–48.8)

Table 5.6b—Continued

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from O4–O6 estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 5.7A

Comfort with Discussing Birth Control with Providers, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Would feel very comfortable getting birth control from an MHS provider						
Strongly disagree[z]	9.7% (9.1–10.3)	9.0% (8.3–9.7)	9.7% (8.5–10.8)	10.8% (8.8–12.7)	10.2% (8.9–11.5)	11.6% (10.2–13.0)
Disagree	10.7% (10.0–11.3)	9.3%[d, e] (8.7–10.0)	10.2%[e] (8.8–11.5)	12.0% (9.9–14.1)	12.3%[a, e] (10.8–13.8)	15.7%[a, b, d] (14.1–17.4)
Neither agree nor disagree	21.3% (20.5–22.1)	20.0%[b] (19.1–20.9)	23.0%[a] (21.4–24.6)	22.6% (19.7–25.6)	20.2% (18.4–21.9)	20.3% (18.5–22.2)
Agree	31.4% (30.5–32.3)	33.2%[b, e] (32.2–34.3)	29.1%[a] (27.4–30.9)	32.3% (29.0–35.5)	32.0% (30.0–33.9)	29.4%[a] (27.4–31.4)
Strongly agree	27.0% (26.2–27.8)	28.4%[c, d, e] (27.4–29.4)	28.0%[c, e] (26.4–29.6)	22.4%[a, b] (19.5–25.2)	25.4%[a] (23.7–27.0)	23.0%[a, b] (21.1–24.8)
Would feel very comfortable getting birth control from a provider outside the MHS						
Strongly disagree[z]	3.1% (2.7–3.4)	2.6% (2.2–2.9)	3.1% (2.5–3.7)	3.0% (1.7–4.3)	3.5% (2.8–4.3)	1.8% (1.3–2.4)
Disagree	3.3% (2.9–3.7)	2.8%[e] (2.4–3.2)	3.0%[e] (2.2–3.7)	4.4%[e] (2.4–6.3)	4.0%[e] (3.0–5.0)	1.6%[a, b, c, d] (1.0–2.1)
Neither agree nor disagree	20.6% (19.8–21.4)	19.1%[b, e] (18.2–20.0)	23.0%[a, d, e] (21.4–24.7)	19.9%[e] (17.0–22.8)	19.4%[b, e] (17.8–21.1)	12.9%[a, b, c, d] (11.4–14.4)
Agree[z]	30.7% (29.8–31.6)	31.9% (30.9–33.0)	29.6% (27.8–31.4)	33.0% (29.9–36.2)	30.1% (28.2–32.0)	31.5% (29.5–33.6)
Strongly agree	42.4% (41.4–43.3)	43.6%[e] (42.5–44.7)	41.3%[e] (39.4–43.1)	39.7%[e] (36.4–43.0)	43.0%[e] (40.9–45.0)	52.1%[a, b, c, d] (49.9–54.4)
More comfortable getting birth control from providers outside the MHS	32.8% (31.8–33.7)	31.4%[c, d, e] (30.4–32.5)	30.1%[c, d, e] (28.3–31.8)	38.2%[a, b, e] (35.0–41.5)	36.1%[a, b, e] (34.0–38.1)	44.2%[a, b, c, d] (42.0–46.4)

NOTES: The Coast Guard is part of the Department of Homeland Security and not part of the DoD total. All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 5.7B

Comfort with Discussing Birth Control with Providers, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Would feel very comfortable getting birth control from an MHS provider					
Strongly disagree	11.5%[c, d, e] (10.3–12.7)	11.4%[c, d, e] (10.5–12.4)	6.0%[a, b, e] (5.1–6.8)	6.3%[a, b, e] (5.6–7.0)	3.3%[a, b, c, d] (2.6–3.9)
Disagree	13.3%[b, c, d, e] (11.9–14.6)	10.4%[a, c, e] (9.5–11.3)	8.0%[a, b, e] (7.1–9.0)	8.7%[a, e] (7.8–9.6)	4.5%[a, b, c, d] (3.7–5.2)
Neither agree nor disagree	22.2%[d, e] (20.6–23.8)	23.7%[d, e] (22.4–24.9)	21.7%[d, e] (20.2–23.2)	15.3%[a, b, c] (14.2–16.4)	14.5%[a, b, c] (13.2–15.7)
Agree[z]	31.9% (30.1–33.7)	30.4% (29.0–31.7)	30.6% (29.0–32.2)	33.1% (31.7–34.6)	29.8% (28.2–31.4)
Strongly agree	21.1%[b, c, d, e] (19.6–22.6)	24.2%[a, c, d, e] (23.0–25.4)	33.7%[a, b, e] (32.0–35.4)	36.6%[a, b, e] (35.1–38.0)	48.0%[a, b, c, d] (46.2–49.8)
Would feel very comfortable getting birth control from a provider outside the MHS					
Strongly disagree	3.1%[e] (2.5–3.7)	3.6%[c, d, e] (3.0–4.3)	2.3%[b] (1.7–2.9)	2.5%[b] (2.1–3.0)	1.8%[a, b] (1.3–2.3)
Disagree	4.0%[c, e] (3.1–4.9)	2.9% (2.4–3.4)	2.1%[a] (1.6–2.7)	3.2% (2.7–3.7)	2.3%[a] (1.8–2.9)
Neither agree nor disagree	21.6%[d] (20.0–23.2)	20.7%[d] (19.5–21.9)	21.1%[d] (19.6–22.6)	15.5%[a, b, c, e] (14.4–16.6)	19.4%[d] (18.0–20.9)
Agree	31.7%[e] (29.9–33.5)	29.9% (28.6–31.3)	30.3% (28.7–31.9)	30.8%[e] (29.4–32.2)	27.7%[a, d] (26.1–29.3)
Strongly agree	39.6%[c, d, e] (37.7–41.4)	42.8%[d, e] (41.4–44.3)	44.2%[a, d, e] (42.4–45.9)	48.0%[a, b, c] (46.5–49.5)	48.7%[a, b, c] (46.9–50.5)
More comfortable getting birth control from providers outside the MHS	37.7%[c, d, e] (35.9–39.6)	35.4%[c, d, e] (34.0–36.8)	24.2%[a, b, d, e] (22.6–25.7)	27.9%[a, b, c, e] (26.6–29.3)	15.3%[a, b, c, d] (14.0–16.5)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from E1–E4 estimate.

[b] Statistically significantly different from E5–E6 estimate.

[c] Statistically significantly different from E7–W5 estimate.

[d] Statistically significantly different from O1–O3 estimate.

[e] Statistically significantly different from O4–O6 estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

either agreeing or strongly agreeing. Junior enlisted ADSW were the most likely (37.7 percent) to report feeling more comfortable getting birth control from a provider outside the MHS, whereas ADSW in pay grades O4–O6 were significantly less likely (15.3 percent) to do so than ADSW in lower pay grades.

Tables C.12a through C.12d present results by age group, race/ethnicity, marital status, and sexual orientation, respectively.

Approximately one in five DoD and Coast Guard ADSW reported that they had ever felt pressured by an MHS provider to use a specific type of birth control (Table 5.8a), with Navy ADSW significantly more likely to experience such pressure (28.7 percent). Across service branches, ADSW were most likely to report perceived pressure regarding birth control pills, an IUD, or a birth control implant. Perceived pressure regarding birth control pills was significantly more common among Coast Guard ADSW (reported by 73.0 percent of those who felt pressured), and pressure regarding an IUD was significantly more common among Navy ADSW (54.9 percent). ADSW in the Navy and Marine Corps were also significantly more likely to report

TABLE 5.8A

Pressure to Use Specific Type of Birth Control, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Ever felt pressured by MHS provider to use a specific type of birth control						
Yes	20.5% (19.7–21.3)	18.0%[d] (17.2–18.8)	16.1%[c, d, e] (14.8–17.5)	20.0%[b, d] (17.4–22.6)	28.7%[a, b, c, e] (26.7–30.6)	20.2%[b, d] (18.4–22.0)
Among those who felt pressured, birth control method(s) provider pressured them to use						
Birth control pills	57.3% (55.2–59.5)	60.8%[d, e] (58.3–63.3)	60.8%[e] (56.4–65.2)	52.2%[e] (45.1–59.3)	53.5%[a, e] (49.5–57.6)	73.0%[a, b, c, d] (68.4–77.6)
IUD	45.7% (43.5–47.8)	40.6%[d, e] (38.1–43.1)	38.4%[d, e] (34.1–42.7)	39.6%[d] (32.8–46.5)	54.9%[a, b, c, e] (50.9–58.9)	28.3%[a, b, d] (23.7–33.0)
Birth control implant	37.3% (35.1–39.5)	26.0%[c, d, e] (23.7–28.3)	29.3%[c, d, e] (24.9–33.7)	52.6%[a, b, e] (45.6–59.6)	47.5%[a, b, e] (43.5–51.6)	17.7%[a, b, c, d] (13.5–21.8)
Birth control shot	21.0% (19.1–22.9)	15.9%[d] (13.9–17.8)	20.1%[e] (16.5–23.6)	23.9%[e] (17.7–30.2)	24.5%[a, e] (20.8–28.2)	11.6%[b, c, d] (8.6–14.7)
Birth control patch[y]	7.2% (6.1–8.3)	6.4% (5.0–7.7)	5.3% (3.2–7.3)	6.9% (2.8–11.0)	9.0% (6.9–11.2)	5.3% (3.1–7.6)
Contraceptive ring	13.3% (11.7–14.9)	11.6%[d] (9.9–13.3)	9.9%[d] (7.2–12.7)	10.8% (6.5–15.1)	17.2%[a, b, e] (13.9–20.4)	10.2%[d] (7.2–13.3)
Hysterectomy[y]	1.8% (1.3–2.3)	1.5% (1.0–2.1)	3.0% (1.8–4.2)	0.6% (0.0–1.4)	1.4% (0.7–2.2)	1.8% (0.6–3.0)
Condoms[y]	15.1% (13.4–16.7)	13.1% (11.3–14.9)	12.5% (9.2–15.8)	17.3% (11.8–22.7)	17.7% (14.6–20.9)	15.8% (12.2–19.3)
Some other method[z]	5.0% (4.1–5.9)	5.4% (4.3–6.4)	4.5% (2.8–6.2)	7.3% (2.9–11.8)	4.8% (3.2–6.5)	4.1% (2.3–5.9)

NOTES: The Coast Guard is part of the Department of Homeland Security and not part of the DoD total. All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

perceived pressure regarding a birth control implant, relative to all other service branches. Perceived pressure regarding the birth control shot was also significantly higher among ADSW in the Navy and Marine Corps, relative to the Coast Guard.

Enlisted ADSW in pay grades E1–E4 and E5–E6 were significantly more likely to have reported ever feeling pressured by an MHS provider to use a specific type of birth control, relative to ADSW in other pay grades (Table 5.8b). Junior enlisted ADSW were significantly more likely (46.5 percent) to report perceived pressure regarding a birth control implant relative to ADSW in all other pay grades. Officers in pay grades O4–O6 were significantly less likely (33.5 percent) to report perceived pressure regarding an IUD relative to enlisted ADSW.

Tables C.13a through C.13d present results by age group, race/ethnicity, marital status, and sexual orientation, respectively.

TABLE 5.8B
Pressure to Use Specific Type of Birth Control, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Ever felt pressured by MHS provider to use a specific type of birth control	21.5%[c, d, e] (19.9–23.0)	23.5%[c, d, e] (22.2–24.7)	15.2%[a, b, d] (14.0–16.5)	18.0%[a, b, c, e] (16.9–19.2)	14.0%[a, b, d] (12.8–15.2)
Among those who felt pressured, birth control method(s) provider pressured them to use					
Birth control pills	54.2%[e] (50.2–58.3)	60.3% (57.3–63.3)	57.6%[e] (53.1–62.0)	60.7% (57.3–64.1)	67.0%[a, c] (62.5–71.4)
IUD	46.6%[e] (42.6–50.6)	47.3%[d, e] (44.2–50.4)	42.8%[e] (38.4–47.2)	39.6%[b] (36.3–43.0)	33.5%[a, b, c] (29.1–37.9)
Birth control implant	46.5%[b, c, d, e] (42.4–50.5)	37.2%[a, c, d, e] (34.2–40.2)	14.8%[a, b, d] (11.7–17.8)	21.7%[a, b, c, e] (18.8–24.6)	10.9%[a, b, d] (8.0–13.7)
Birth control shot	21.1%[d, e] (17.5–24.6)	22.8%[d, e] (20.1–25.4)	25.1%[d, e] (21.1–29.0)	13.1%[a, b, c] (10.7–15.4)	13.0%[a, b, c] (9.9–16.1)
Birth control patch	6.9% (4.9–8.9)	8.8%[d, e] (7.0–10.6)	5.6% (3.6–7.6)	4.7%[b] (3.1–6.3)	4.7%[b] (2.7–6.6)
Contraceptive ring	13.5% (10.5–16.5)	15.0%[e] (12.7–17.2)	10.3% (7.4–13.1)	10.6% (8.4–12.7)	8.7%[b] (6.2–11.2)
Hysterectomy	0.8%[c, e] (0.2–1.4)	2.1%[c] (1.2–3.0)	5.8%[a, b, d] (3.6–7.9)	1.2%[c, e] (0.5–1.9)	4.5%[a, d] (2.1–7.0)
Condoms	18.2%[c, d, e] (15.1–21.3)	14.8%[c, e] (12.5–17.1)	7.8%[a, b] (5.5–10.1)	10.7%[a] (8.5–12.9)	9.0%[a, b] (6.3–11.7)
Some other method	4.2%[e] (2.6–5.8)	4.7%[e] (3.5–6.0)	8.2% (5.7–10.7)	5.5% (3.9–7.0)	8.9%[a, b] (6.1–11.7)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

Experiences with IUD and Birth Control Implant

Approximately three in ten of both DoD and Coast Guard ADSW had ever used an IUD since joining the military (Table 5.9a). ADSW in the Navy and Air Force were both significantly more likely to have ever used an IUD, relative to ADSW in the Army. The most common reason ADSW had their IUD removed was that they experienced pain; the reason for IUD removal did not statistically differ across service branches.

Birth control implant use varied significantly across services branches—ADSW in the Marine Corps and Navy had the highest rates (36.9 and 33.3 percent, respectively), followed by ADSW in the Air Force and Army (25.0 and 24.8 percent, respectively). The rate of birth control implant use among Coast Guard ADSW (15.5 percent) was significantly lower than all other service branches. The most common reason ADSW had their birth control implant removed was that they experienced side effects from the hormones; the reason for implant removal did not statistically differ across service branches.

Table 5.9b presents results by pay grade. Junior enlisted ADSW were significantly more likely than senior enlisted and officers at all ranks to have ever used a birth control implant since joining the military—but significantly less likely to have ever used an IUD. Reasons for IUD removal varied by pay grade: Junior enlisted ADSW were significantly more likely to have their IUD removed due to pain (42.4 percent), whereas officers

TABLE 5.9A

Use of IUD and Birth Control Implant, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Ever used IUD since joining the military	28.0% (27.2–28.8)	30.0%[b] (29.0–31.0)	24.8%[a, d] (23.4–26.3)	26.8% (24.0–29.5)	30.1%[b] (28.3–31.9)	27.2% (25.2–29.1)
Ever used birth control implant since joining military	28.1% (27.2–29.0)	25.0%[c, d, e] (24.0–26.0)	24.8%[c, d, e] (23.2–26.5)	36.9%[a, b, e] (33.7–40.2)	33.3%[a, b, e] (31.3–35.3)	15.5%[a, b, c, d] (13.9–17.1)
For those who had IUD removed, main removal reason						
Was experiencing pain[Z]	31.5% (29.4–33.6)	29.1% (26.6–31.6)	31.1% (27.1–35.1)	35.8% (27.1–44.5)	33.7% (29.0–38.4)	28.3% (23.1–33.4)
Wanted to get pregnant[Z]	18.9% (17.4–20.4)	20.6% (18.5–22.7)	19.3% (16.3–22.2)	18.9% (12.7–25.1)	16.6% (13.7–19.5)	23.1% (18.5–27.8)
Experienced side effects from hormones[Z]	19.4% (17.6–21.3)	21.0% (18.7–23.2)	17.8% (14.0–21.7)	19.1% (12.8–25.4)	19.5% (15.9–23.1)	16.7% (12.6–20.9)
Came out (partially or fully) on its own[Z]	6.7% (5.7–7.8)	5.7% (4.5–6.9)	7.1% (5.3–9.0)	4.9% (1.6–8.1)	7.8% (5.4–10.2)	7.0% (4.2–9.8)
Another reason[Z]	22.3% (20.6–24.1)	23.1% (20.8–25.4)	23.1% (19.9–26.2)	20.7% (13.8–27.6)	21.0% (17.0–25.0)	24.2% (19.4–29.0)
Still have IUD but not for birth control[Z]	1.2% (0.5–1.9)	0.6% (0.2–1.0)	1.6% (0.0–3.4)	0.6% (0.0–1.8)	1.4% (0.1–2.7)	0.6% (0.0–1.4)
For those who had birth control implant removed, main removal reason						
Was experiencing pain[Z]	9.9% (8.5–11.2)	8.9% (7.5–10.3)	11.6% (8.5–14.7)	9.0% (5.4–12.6)	9.3% (6.8–11.8)	9.0% (5.5–12.5)
Wanted to get pregnant[Z]	12.8% (11.6–14.1)	13.5% (11.8–15.2)	13.5% (11.1–15.9)	7.8% (4.8–10.9)	12.7% (10.1–15.4)	16.6% (12.3–20.8)
Experienced side effects from hormones[Z]	44.6% (42.5–46.7)	44.8% (42.3–47.3)	41.1% (37.0–45.2)	48.1% (41.6–54.6)	46.9% (42.7–51.0)	37.7% (31.8–43.6)
Medical reason for removal[Z]	3.1% (2.5–3.7)	2.9% (2.0–3.7)	3.7% (2.4–5.0)	2.8% (1.0–4.6)	2.8% (1.7–3.9)	3.1% (1.0–5.1)
Another reason[Z]	18.9% (17.4–20.5)	18.9% (16.9–20.8)	18.2% (15.3–21.1)	20.0% (15.0–25.1)	19.4% (16.0–22.8)	19.2% (14.4–23.9)
Still have implant but not for birth control[Z]	10.7% (9.5–11.9)	11.0% (9.5–12.6)	11.9% (9.3–14.5)	12.3% (7.9–16.6)	8.9% (6.7–11.1)	14.5% (10.2–18.8)

NOTES: The Coast Guard is part of the Department of Homeland Security and not part of the DoD total. All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

were significantly more likely to have their IUD removed because they wanted to get pregnant. Across pay grades, the most common reason for implant removal was side effects from hormones, although this was significantly more common among enlisted service ADSW in pay grades E1–E4 and E5–E6 (51.6 percent and 45.5 percent, respectively) than ADSW in all other pay grades.

Tables C.14a through C.14d present results by age group, race/ethnicity, marital status, and sexual orientation, respectively.

TABLE 5.9B
Use of IUD and Birth Control Implant, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Ever used IUD since joining the military	19.3%[b, c, d, e] (17.9–20.7)	32.2%[a, c, d] (30.9–33.6)	38.6%[a, b, e] (36.9–40.3)	35.5%[a, b] (34.1–37.0)	34.9%[a, c] (33.2–36.6)
Ever used birth control implant since joining military	29.2%[b, c, d, e] (27.5–31.0)	33.1%[a, c, d, e] (31.7–34.4)	22.5%[a, b, e] (21.0–24.0)	21.6%[a, b, e] (20.4–22.9)	15.0%[a, b, c, d] (13.7–16.3)
For those who had IUD removed, removal reason					
Was experiencing pain	42.4%[b, c, d, e] (36.1–48.7)	30.3%[a, e] (27.3–33.3)	30.2%[a, e] (26.9–33.5)	24.3%[a, e] (20.9–27.8)	17.3%[a, b, c, d] (14.0–20.5)
Wanted to get pregnant	10.3%[b, d, e] (7.1–13.5)	20.2%[a, d, e] (17.6–22.8)	16.0%[d, e] (13.5–18.4)	32.3%[a, b, c] (28.5–36.1)	27.0%[a, b, c] (23.3–30.6)
Experienced side effects from hormones	20.4% (14.9–25.9)	21.7%[c, e] (19.0–24.4)	15.9%[b] (13.4–18.5)	18.6% (15.4–21.8)	14.3%[b] (11.4–17.2)
Came out (partially or fully) on its own[z]	6.8% (4.1–9.6)	7.0% (5.3–8.6)	7.9% (5.9–10.0)	3.4% (1.9–4.9)	7.1% (5.0–9.3)
Another reason	17.5%[c, e] (12.6–22.4)	20.1%[c, e] (17.6–22.7)	29.2%[a, b, d] (25.8–32.5)	20.7%[c, e] (17.3–24.1)	33.2%[a, b, d] (29.1–37.3)
Still have IUD but not for birth control[y]	2.5% (0.0–5.1)	0.7% (0.0–1.3)	0.8% (0.2–1.4)	0.6% (0.0–1.2)	1.1% (0.3–1.9)
For those who had birth control implant removed, removal reason					
Was experiencing pain	10.0% (6.9–13.0)	9.9% (8.2–11.6)	13.5%[d, e] (10.9–16.2)	6.5%[c] (4.8–8.3)	7.0%[c] (4.4–9.5)
Wanted to get pregnant	9.5%[b, d, e] (7.1–12.0)	14.5%[a] (12.6–16.4)	12.9% (10.4–15.4)	16.5%[a] (13.8–19.1)	18.5%[a] (14.8–22.1)
Experienced side effects from hormones	51.6%[c, d, e] (47.2–56.0)	45.5%[c, d, e] (42.7–48.3)	30.0%[a, b, d] (26.4–33.5)	37.7%[a, b, c, e] (34.1–41.3)	26.6%[a, b, d] (22.4–30.8)
Medical reason for removal	1.8%[c, e] (0.8–2.8)	3.6% (2.6–4.7)	4.5%[a] (2.8–6.2)	3.7% (2.1–5.3)	5.0%[a] (2.8–7.1)
Another reason	16.0%[c, e] (12.8–19.3)	18.7%[c] (16.5–21.0)	28.2%[a, b, d] (24.6–31.8)	17.7%[c, e] (14.9–20.6)	24.7%[a, d] (20.5–28.9)
Still have implant but not for birth control	11.1%[d, e] (8.4–13.7)	7.8%[d, e] (6.3–9.3)	10.9%[d, e] (8.5–13.3)	17.9%[a, b, c] (15.0–20.7)	18.3%[a, b, c] (14.5–22.1)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons were.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Menstruation Interference and Suppression

Irregular menstrual bleeding and insufficient access to contraception have previously been cited as key reproductive health issues for ADSW (Braun et al., 2016). Menstruation, as well as barriers regarding menstrual hygiene, may impede ADSW's readiness, particularly during deployment (Braun et al., 2016; Stahlman, Williams, and Taubman, 2017). In the civilian population, painful menstruation, menstrual irregulari-

ties, and heavy menstrual bleeding result in absenteeism for up to 15 percent of women (American College of Obstetricians and Gynecologists Committee, 2018). Contraception can be used to treat menstrual disorders and pain, as well as to regulate or sometimes completely suppress menstruation (American College of Obstetricians and Gynecologists Committee, 2018). Prior studies have found that the majority of service women desire education regarding menstrual suppression (Doherty and Scannell-Desch, 2012; Trego, 2007). DHA Procedural Instruction 6200.02 (2019) specifies that the "comprehensive contraceptive counseling" mandated by the 2016 NDAA does include discussion of menstrual suppression (Pub. L. 114-92, 2015). Therefore, MHS providers should be providing ADSW with information regarding menstrual suppression during their annual PHA, as well as during their predeployment appointment and any appointments during deployment.

Our results indicate that the degree to which menstruation interfered with ADSW's job duties varied by service branch (Table 5.10a). Overall, 16.8 percent of DoD and 10.3 percent of Coast Guard ADSW reported that their menstrual cycles interfered with their jobs for a week or more. ADSW in the Coast Guard were most likely to report that their cycle never interfered (51.5 percent), followed by the Air Force (46.7 percent). ADSW in the Army, Marine Corps, and Navy were significantly less likely to report that their cycle never interfered.

Across service branches, the majority of ADSW (63.9 percent in DoD and 60.3 percent in the Coast Guard) reported that they ever needed or wanted to regulate or suppress their menstrual cycle since joining the military. The most common form of birth control used for menstrual regulation or suppression was birth control pills, used by 38.2 percent of DoD and 40.9 percent of Coast Guard ADSW. Use of birth control pills for menstrual regulation or suppression was significantly more common among Air Force and Coast Guard ADSW relative to Army and Marine Corps ADSW. Use of an IUD for menstrual regulation or suppression was reported by 17.0 percent of DoD and 16.2 percent of Coast Guard ADSW. IUD use for menstrual regulation or suppression was significantly more common among Air Force and Navy ADSW relative to Army ADSW. Use of a birth control implant for menstrual regulation or suppression was reported by 12.7 percent of DoD ADSW yet was significantly less common among Coast Guard ADSW (6.0 percent). Additionally, implant use for menstrual regulation or suppression was significantly more common among Marine Corps and Navy ADSW relative to either Air Force or Army ADSW.

Table 5.10b presents results by pay grade. The degree to which menstruation interfered with ADSW's job duties varied by pay grade—23.2 percent of ADSW in pay grades E1–E4 reported that their menstrual cycle interfered with their job for a week or more, compared with 5.2 percent of those in pay grades O4–O6. Similarly, ADSW in pay grades O4–O6 were significantly more likely than ADSW in all other pay grades to report that their menstrual cycle never interferes with their job (70.9 percent).

Across pay grades, 61–70 percent of ADSW reported that they had ever needed or wanted to regulate or suppress their menstrual cycle since joining the military. Compared with ADSW in other pay grades, enlisted ADSW in pay grades E1–E4 were significantly less likely to use birth control pills or an IUD for menstrual regulation or suppression, whereas enlisted ADSW in pay grades E1–E4 and E5–E6 were significantly more likely to report using an implant. Senior enlisted ADSW (E7–W5) and officers in pay grades O4–O6 were significantly more likely to use hysterectomy for menstrual regulation or suppression (7.3 percent and 4.2 percent, respectively), compared with ADSW in other pay grades.

Tables C.15a through C.15d present results by age group, race/ethnicity, marital status, and sexual orientation, respectively.

Use of Decide + Be Ready Birth Control App

The Decide + Be Ready app is an evidence-based mobile app developed via a collaborative effort between DHA, Uniformed Services University of Health Sciences, and the University of California, San Francisco

TABLE 5.10A

Menstrual Cycle Regulation or Suppression, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Days per month menstrual cycle interferes with job						
Never	40.5% (39.6–41.4)	46.7%[b, c, d, e] (45.6–47.8)	38.1%[a, e] (36.4–39.9)	34.4%[a, e] (31.3–37.5)	38.3%[a, e] (36.3–40.2)	51.5%[a, b, c, d] (49.2–53.7)
A few days	42.7% (41.7–43.6)	41.2%[d] (40.1–42.3)	42.2% (40.3–44.0)	43.7% (40.3–47.2)	44.6%[a, e] (42.5–46.7)	38.2%[d] (35.9–40.4)
A week	12.8% (12.0–13.6)	9.3%[b, c, d] (8.6–10.1)	15.1%[a, e] (13.4–16.7)	15.2%[a, e] (12.6–17.8)	13.1%[a, e] (11.4–14.9)	8.4%[b, c, d] (7.1–9.8)
More than a week	4.0% (3.6–4.5)	2.8%[b, c, d] (2.4–3.2)	4.7%[a, e] (3.8–5.6)	6.7%[a, d, e] (4.7–8.6)	4.0%[a, c, e] (3.1–4.9)	1.9%[b, c, d] (1.3–2.5)
Ever needed or wanted to regulate or suppress menstruation since joining military						
Yes[z]	63.9% (62.9–64.8)	63.2% (62.1–64.3)	64.7% (62.8–66.5)	65.0% (61.7–68.3)	63.3% (61.3–65.4)	60.3% (58.1–62.5)
Methods used to regulate or suppress menstruation since joining military (select all that apply)						
Birth control pills	38.2% (37.3–39.1)	42.0%[b, c, d] (40.9–43.1)	36.1%[a, e] (34.4–37.9)	33.3%[a, e] (30.2–36.5)	37.8%[a] (35.8–39.7)	40.9%[b, c] (38.7–43.1)
IUD	17.0% (16.4–17.6)	17.9%[b] (17.0–18.7)	14.8%[a, d] (13.8–15.9)	17.2% (14.8–19.5)	18.6%[b] (17.2–20.1)	16.2% (14.7–17.8)
Birth control implant	12.7% (12.0–13.3)	10.7%[c, d, e] (9.9–11.4)	10.6%[c, d, e] (9.4–11.8)	18.5%[a, b, e] (16.0–21.1)	15.9%[a, b, e] (14.3–17.5)	6.0%[a, b, c, d] (4.9–7.1)
Birth control shot	10.3% (9.7–10.8)	9.9% (9.2–10.5)	11.2%[e] (10.1–12.3)	9.5% (7.7–11.3)	9.7% (8.6–10.9)	8.3%[b] (7.1–9.5)
Birth control patch	4.5% (4.1–4.8)	4.8%[e] (4.3–5.3)	4.1% (3.5–4.7)	3.3% (2.2–4.3)	4.8%[e] (4.0–5.5)	3.0%[a, d] (2.2–3.8)
Contraceptive ring	6.4% (6.1–6.8)	8.0%[b, c, d] (7.4–8.6)	5.4%[a, e] (4.8–6.1)	4.5%[a, e] (3.4–5.7)	6.4%[a] (5.6–7.3)	7.3%[b, c] (6.2–8.4)
Endometrial ablation or dilation and curettage	0.9% (0.7–1.0)	1.1%[c, d] (0.9–1.3)	1.1%[c, d] (0.8–1.4)	0.2%[a, b, e] (0.0–0.5)	0.5%[a, b, e] (0.3–0.8)	1.5%[c, d] (1.0–1.9)
Sterilization[y]	1.0% (0.9–1.2)	1.2% (1.0–1.4)	1.2% (0.9–1.5)	0.6% (0.2–0.9)	0.7% (0.5–0.9)	0.9% (0.5–1.2)
Hysterectomy	1.6% (1.5–1.8)	1.9%[c, d] (1.7–2.2)	2.1%[c, d] (1.8–2.5)	0.2%[a, b, d, e] (0.0–0.3)	1.0%[a, b, c, e] (0.8–1.3)	2.0%[c, d] (1.5–2.6)
Natural methods[z]	3.0% (2.7–3.4)	3.0% (2.6–3.4)	3.1% (2.4–3.8)	3.8% (2.4–5.1)	2.9% (2.1–3.6)	3.5% (2.6–4.4)
None	8.5% (7.9–9.2)	6.5%[b, c] (5.9–7.1)	12.0%[a, d, e] (10.5–13.6)	10.2%[a, d] (7.8–12.7)	6.1%[b, c] (5.0–7.2)	7.5%[b] (6.2–8.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 5.10B

Menstrual Cycle Regulation or Suppression, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Days per month menstrual cycle interferes with job					
Never	28.7%[b, c, d, e] (27.1–30.4)	40.4%[a, c, d, e] (39.0–41.8)	50.5%[a, b, d, e] (48.7–52.3)	59.6%[a, b, c, e] (58.1–61.1)	70.9%[a, b, c, d] (69.2–72.5)
A few days	48.0%[b, c, d, e] (46.1–49.9)	44.2%[a, c, d, e] (42.8–45.7)	36.8%[a, b, e] (35.1–38.6)	34.1%[a, b, e] (32.7–35.6)	23.9%[a, b, c, d] (22.3–25.5)
A week	18.0%[b. c, d, e] (16.4–19.6)	11.3%[a, c, d, e] (10.3–12.3)	9.2%[a, b, d, e] (8.1–10.2)	5.0%[a, b, c] (4.3–5.6)	3.7%[a, b, c] (3.0–4.4)
More than a week	5.2%[c, d, e] (4.4–6.1)	4.0%[d, e] (3.4–4.6)	3.5%[a, d, e] (2.8–4.2)	1.3%[a, b, c] (0.9–1.6)	1.5%[a, b, c] (1.1–2.0)
Ever needed or wanted to regulate or suppress menstruation since joining military					
Yes	61.2%[b, c, e] (59.3–63.1)	64.6%[a, c] (63.2–66.0)	69.5%[a, b, d] (67.8–71.1)	64.2%[c] (62.8–65.7)	67.0%[a] (65.3–68.7)
Methods used to regulate or suppress menstruation since joining military (select all that apply)					
Birth control pills	30.0%[b, c, d, e] (28.3–31.6)	42.0%[a, c, e] (40.5–43.4)	50.7%[a, b, d] (48.9–52.5)	41.1%[a, c, e] (39.6–42.6)	50.1%[a, b, d] (48.3–51.9)
IUD	11.0%[b, c, d, e] (10.0–12.1)	19.8%[a, c, d] (18.7–20.9)	23.4%[a, b] (22.0–24.9)	22.7%[a, b] (21.4–24.0)	22.0%[a] (20.6–23.5)
Birth control implant	14.6%[c, d, e] (13.3–16.0)	15.1%[c, d, e] (14.0–16.2)	5.7%[a, b, d, e] (4.9–6.5)	9.1%[a, b, c, e] (8.2–10.0)	4.0%[a, b, c, d] (3.3–4.7)
Birth control shot	7.8%[b, c] (6.8–8.8)	12.5%[a, c, d, e] (11.5–13.5)	18.3%[a, b, d, e] (16.9–19.7)	6.3%[b, c, e] (5.5–7.0)	9.6%[b, c, d] (8.5–10.7)
Birth control patch	2.8%[b, c] (2.2–3.3)	5.8%[a, c, d, e] (5.2–6.5)	9.3%[a, b, d, e] (8.2–10.3)	2.7%[b, c, e] (2.2–3.2)	3.9%[b, c, d] (3.2–4.6)
Contraceptive ring	3.4%[b, c, d, e] (2.8–3.9)	8.3%[a, c] (7.5–9.0)	10.3%[a, b, d] (9.3–11.4)	8.3%[a, c] (7.5–9.1)	8.9%[a] (7.9–9.9)
Endometrial ablation or dilation and curettage	0.2%[b, c, e] (0.0–0.4)	1.0%[a, c, d, e] (0.7–1.2)	2.9%[a, b, d] (2.3–3.5)	0.4%[b, c, e] (0.3–0.6)	2.1%[a, b, d] (1.6–2.6)
Sterilization	0.2%[b, c, e] (0.1–0.4)	1.4%[a, c, d] (1.1–1.8)	3.2%[a, b, d, e] (2.6–3.9)	0.4%[b, c, e] (0.2–0.6)	1.3%[a, c, d] (0.9–1.8)
Hysterectomy	0.2%[b, c, d, e] (0.0–0.3)	1.6%[a, c, d, e] (1.2–1.9)	7.3%[a, b, d, e] (6.3–8.2)	0.6%[a, b, c, e] (0.4–0.9)	4.2%[a, b, c, d] (3.4–4.9)
Natural methods	3.5%[d, e] (2.8–4.2)	3.4%[d, e] (2.9–3.9)	2.4% (1.8–2.9)	2.0%[a, b] (1.6–2.4)	1.5%[a, b] (1.1–2.0)
None	12.4%[b, c, d, e] (10.9–13.8)	6.3%[a, e] (5.5–7.0)	5.1%[a] (4.3–5.9)	5.8%[a, e] (5.1–6.6)	4.1%[a, b, d] (3.4–4.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

(MHS, 2021). The app includes educational modules on different types of birth control methods, information regarding emergency contraception and fertility awareness, and specific considerations for ADSW, including deployments and menstruation management. The app is intended to provide decisionmaking support for ADSW regarding use of birth control methods for contraception or for menstrual regulation or suppression.

Across service branches, 97.0 percent of DoD ADSW and 99.0 percent of Coast Guard ADSW reported that they had *not* heard of the Decide + Be Ready app (see Table 5.11a). Knowledge of the app was similar across pay grades, with 96–98 percent of enlisted ADSW and 96–97 percent of officers reporting that they had *not* heard of the Decide + Be Ready app (see Table 5.11b).

Tables C.16a through C.16d present results by age group, race/ethnicity, marital status, and sexual orientation, respectively.

TABLE 5.11A

Use of Decide + Be Ready Birth Control App, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Yes, went through the entire app in detail[Z]	0.2% (0.2–0.3)	0.1% (0.1–0.2)	0.3% (0.1–0.4)	0.3% (0.0–0.7)	0.3% (0.1–0.5)	0.1% (0.0–0.2)
Yes, used some parts of it[Z]	0.3% (0.2–0.4)	0.2% (0.1–0.4)	0.2% (0.1–0.4)	0.5% (0.0–1.0)	0.3% (0.1–0.6)	0.1% (0.0–0.2)
No, but have heard of it	2.5% (2.1–2.9)	1.5%[b, c, d] (1.2–1.8)	2.7%[a, e] (1.9–3.4)	3.9%[a, e] (2.4–5.5)	3.0%[a, e] (2.2–3.7)	0.9%[b, c, d] (0.4–1.3)
No, never heard of it	97.0% (96.6–97.4)	98.1%[b, c, d] (97.8–98.4)	96.8%[a, e] (96.0–97.6)	95.3%[a, e] (93.6–96.9)	96.4%[a, e] (95.6–97.2)	99.0%[b, c, d] (98.5–99.5)

NOTES: The Coast Guard is part of the Department of Homeland Security and not part of the DoD total. All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 5.11B

Use of Decide + Be Ready Birth Control App, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Yes, went through the entire app in detail	0.2%[c] (0.1–0.4)	0.1%[c, d] (0.0–0.2)	0.0%[a, b, d, e] (0.0–0.1)	0.6%[b, c] (0.4–0.9)	0.4%[c] (0.2–0.6)
Yes, used some parts of it[Z]	0.2% (0.1–0.4)	0.3% (0.1–0.5)	0.2% (0.0–0.3)	0.4% (0.2–0.6)	0.6% (0.3–0.8)
No, but have heard of it	3.2%[b, c, d] (2.4–4.0)	1.6%[a, e] (1.2–2.0)	1.9%[a, e] (1.3–2.4)	2.0%[a] (1.6–2.5)	3.1%[b, c] (2.4–3.7)
No, never heard of it	96.3%[b, c] (95.5–97.1)	98.0%[a, d, e] (97.5–98.4)	98.0%[a, e] (97.4–98.5)	97.0%[b] (96.4–97.5)	96.0%[b, c] (95.3–96.7)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Summary

This chapter presented results regarding ADSW's contraceptive use, as well as experiences related to accessing contraceptives through the MHS. Overall, approximately 60 percent of all DoD and Coast Guard ADSW reported any current contraceptive use—similar to the rate of contraceptive use among civilian women ages 15–49 (Daniels and Abma, 2018). Approximately three in ten ADSW were currently using a highly effective form of contraception (i.e., IUD, implant, or sterilization), representing approximately half of all ADSW currently using any form of contraception. Some differences were observed in contraceptive methods across service branches (e.g., implant use was highest in the Marine Corps and Navy and lowest in the Coast Guard).

Section 718 of the 2016 NDAA requires that all service women receive "access to comprehensive counseling on the full range of methods of contraception" during annual physical exams, which may be conducted as part of the required annual PHA (Pub. L. 114-92, 2015). However, only approximately one in four DoD ADSW and one in five of Coast Guard ADSW had discussed benefits, side effects, and risks of different types of birth control with an MHS provider during a PHA in the past year. When discussing contraception with ADSW, MHS providers were most likely to discuss birth control use for protection against sexually transmitted infections and least likely to discuss emergency contraception. These findings should be interpreted in the context of a recent study among MHS family medicine providers that identified several barriers to discussing contraception during MHS appointments (de Kanter et al., 2019). First, PHA visits are often brief, and nearly 20 percent of providers said they did not discuss contraception during PHAs due to competing priorities (de Kanter et al., 2019). Additionally, MHS providers' beliefs and attitudes may influence their discussions regarding contraception with ADSW, as well as the types of contraceptives offered. Specifically, survey results indicated that 5–10 percent of providers will not provide either a prescription or a referral for an IUD or a birth control implant, 27 percent will not provide emergency contraception, and 1.5 percent will not discuss contraceptives during PHAs due to religious or ethical concerns or limited training (de Kanter et al., 2019).

Since joining the military, the majority of ADSW had tried to access birth control through the MHS (75 percent of DoD ADSW and 70 percent of Coast Guard ADSW). Approximately half of ADSW obtained birth control within the past year; the most common source was MHS providers. Approximately half of DoD and Coast Guard ADSW either agreed or strongly agreed that they felt comfortable getting birth control from an MHS provider. Comfort obtaining birth control through the MHS increased with pay grade. Coast Guard ADSW were significantly more likely to report that they were more comfortable getting birth control from a provider outside the MHS. However, survey results did not assess reasons ADSW would prefer obtaining contraception from a provider outside MHS over an MHS provider.

A notable percentage of ADSW seeking contraception through the MHS experienced a delay or were unable to access their preferred contraception methods. Among all ADSW, almost one-quarter (22.3 percent) experienced a delay in obtaining birth control, and roughly 6 percent never received it. Coast Guard ADSW were significantly less likely than ADSW in other service branches to access birth control without a delay. Approximately one in five ADSW reported being unable to ever access their preferred form of birth control through the MHS since joining the military; this was significantly more common for ADSW in the Navy and Coast Guard. Top reasons for being unable to access preferred birth control method were that it was not available at the duty location, not covered by TRICARE or insurance (particularly for Coast Guard ADSW), and not available at the deployment location (particularly for Navy ADSW).

Approximately one in five DoD and Coast Guard ADSW reported that they had ever felt pressured by an MHS provider to use a specific type of birth control, with Navy ADSW significantly more likely to experience such pressure. ADSW were most likely to report perceived pressure regarding birth control pills, an IUD, or a birth control implant (particularly among Navy and Marine Corps ADSW).

Across service branches, about 60 percent of ADSW reported that they ever needed or wanted to regulate or suppress their menstrual cycle since joining the military. The most common forms of birth control used for menstrual regulation or suppression were birth control pills (ever used by 38 percent of DoD ADSW and 41 percent of Coast Guard ADSW) and IUDs (ever used by 17 percent of DoD ADSW and 16 percent of Coast Guard ADSW). The DHA Procedural Instruction 6200.02 (2019) specifies that comprehensive contraceptive counseling includes discussion of contraception use for menstrual regulation or suppression.

CHAPTER SIX

Reproductive Health During Training, Predeployment, and Deployment

The WRHS assesses ADSW's experiences regarding accessing birth control during training and deployment. Requirements in the 2016 NDAA specify that ADSW have access to comprehensive contraceptive counseling at a predeployment health care visit and health care visits during deployment (Pub. L. 114-92, 2015). We present results regarding ADSW's experiences receiving contraceptive counseling prior to deployment, as well as access to their preferred birth control during deployment. Additionally, we discuss findings regarding access to and sources of birth control during deployment, as well as use of birth control for menstrual regulation or suppression during deployment. Findings regarding urinary tract or vaginal infections during training and deployment are also presented. Finally, we discuss ADSW's access to feminine hygiene products and facilities during training and deployment. We note that for all deployment analyses, we examined results among ADSW deployed in the past 24 months (from the time of the survey), as well as among ADSW who had ever deployed; as these results were very similar, we present results only for deployment in the past 24 months.

As in previous chapters, there are two possible limitations related to the interpretation of survey items that refer to the MHS. First, the survey language does not specify whether care provided within the MHS or by MHS providers refers only to direct care (i.e., generally provided at MTFs) or includes both direct and purchased care (i.e., care covered by TRICARE but generally not provided within the context of an MTF or by a military provider). Respondents might have interpreted these MHS survey items differently. We assumed that respondents would include purchased care as part of MHS care, if it was covered by TRICARE.

Second, when the survey refers to the MHS, it does not explicitly include Coast Guard clinics that may be staffed by officers or enlisted members of the Coast Guard, U.S. Public Health Service, civilian, or contract providers. Thus, survey items that refer to the MHS or MHS providers might have been interpreted differently by Coast Guard respondents (i.e., some of them might have included Coast Guard clinics, while other might not have).[1] All active-duty members, retirees, and family members of the Coast Guard are eligible for the benefits offered by the TRICARE program, including care in DoD MTFs, per Chapter 55 of Title 10, U.S. Code.

Contraceptive Counseling and Access Prior to Deployment

Section 718 of the 2016 NDAA requires that all female service members receive "access to comprehensive counseling on the full range of methods of contraception" during annual physical exams, as well as during predeployment health care visits and health care visits during deployment (Pub. L. 114-92, 2015). Per the DHA Procedural Instruction 6200.02 (2019), "comprehensive contraceptive counseling" is defined as "counseling on the full range of contraceptive methods, including its use for menstrual suppression when medi-

[1] For a brief overview of Coast Guard Health Services, see Mendez, 2020.

cally appropriate." Additionally, this document defines the "full range of contraceptive methods" to include short- and long-acting methods—specifically, "copper containing IUD; levonorgestrel IUD; implant; injectable; combined hormonal birth control pills; progestin-only pills; Standard Days [fertility awareness-based method]; emergency contraception; female/male sterilization."

Overall, 13.5 percent of DoD ADSW and 17.9 percent of Coast Guard ADSW had been deployed within the past 12 months (Table 6.1a). Navy and Coast Guard ADSW were significantly more likely to have been deployed within the past 12 months, compared with other service branches. Across service branches, ADSW in the Air Force (52.2 percent), Army (51.3 percent), and Marine Corps (62.6 percent) were more likely to have never been deployed, compared with Navy and Coast Guard ADSW.

The timing of the most recent deployment significantly differed across pay grades (Table 6.1b). Specifically, junior enlisted ADSW were the most likely to have never been deployed (71.3 percent), followed by junior officers (pay grades O1–O3) (51.2 percent). ADSW in pay grades E7–W5 and O4–O6 were significantly less likely to have been deployed within the past 12 months, compared with ADSW in other pay grades.

TABLE 6.1A

Timing of Most Recent Deployment, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
In the past 12 months	13.5% (12.8–14.2)	10.2%[d, e] (9.5–10.9)	11.3%[d, e] (10.1–12.6)	9.9%[d, e] (7.9–11.9)	20.4%[a, b, c] (18.6–22.3)	17.9%[a, b, c] (16.1–19.7)
Between 12 and 24 months ago	8.4% (7.9–8.9)	7.8%[d, e] (7.3–8.4)	6.9%[d, e] (6.0–7.8)	8.3% (6.6–10.1)	10.9%[a, b] (9.7–12.2)	10.5%[a, b] (9.2–11.8)
More than two years (24 months) ago	29.9% (29.1–30.7)	29.8%[c] (28.8–30.7)	30.5%[c] (29.0–31.9)	19.2%[a, b, d, e] (16.9–21.4)	32.1%[c] (30.3–33.9)	29.8%[c] (27.9–31.7)
I have never been deployed	48.2% (47.2–49.1)	52.2%[c, d, e] (51.1–53.3)	51.3%[c, d, e] (49.4–53.2)	62.6%[a, b, d, e] (59.5–65.7)	36.5%[a, b, c, e] (34.4–38.6)	41.8%[a, b, c, d] (39.5–44.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

TABLE 6.1B

Timing of Most Recent Deployment, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
In the past 12 months	15.5%[c, e] (14.1–17.0)	13.4%[c, e] (12.4–14.5)	8.7%[a, b, d] (7.7–9.8)	14.6%[c, e] (13.6–15.7)	7.5%[a, b, d] (6.6–8.4)
Between 12 and 24 months ago	6.3%[b, c, d] (5.4–7.2)	12.0%[a, c, d, e] (11.0–12.9)	8.5%[a, b, e] (7.5–9.5)	8.9%[a, b, e] (8.0–9.7)	6.5%[b, c, d] (5.6–7.4)
More than two years (24 months) ago	6.9%[b, c, d, e] (5.8–7.9)	42.5%[a, c, d, e] (41.1–43.9)	70.1%[a, b, d] (68.5–71.7)	25.2%[a, b, c, e] (23.9–26.5)	67.7%[a, b, d] (66.1–69.4)
I have never been deployed	71.3%[b, c, d, e] (69.5–73.1)	32.1%[a, c, d, e] (30.8–33.5)	12.7%[a, b, d, e] (11.5–13.9)	51.2%[a, b, c, e] (49.7–52.8)	18.2%[a, b, c, d] (16.8–19.6)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

Tables C.17a through C.17d present results by age group, race/ethnicity, marital status, and sexual orientation, respectively.

Among ADSW who deployed within the past 24 months, a minority reported receiving any contraceptive counseling from an MHS provider prior to deployment—21.8 percent of Air Force, 14.4 percent of Army, 19.2 percent of Marine Corps, 18.3 percent of Navy, and 9.1 percent of Coast Guard ADSW (Table 6.2a). Among those who received any contraceptive counseling prior to deployment, 69.5 percent of DoD and 72.6 percent of Coast Guard ADSW perceived counseling as "adequate," and 65.3 percent of DoD and 66.7 percent of Coast Guard ADSW perceived counseling as "timely." Note that the survey did not define criteria for assessing the adequacy or timeliness of counseling; rather, respondents answered with respect to their own perceptions of adequate and timely. No significant differences were observed across service branches with regard to adequate and timely counseling. Among those who received any contraceptive counseling prior to deployment, less than half (46.7 percent) of DoD ADSW had discussed use of contraception methods for menstrual regulation or suppression; no significant differences were observed across service branches.

The survey did not ask ADSW who did not receive predeployment contraceptive counseling why they did not receive it. Several reasons for this are possible, including that the respondent had received the counseling in another setting, providers did not offer it, or respondents declined offered counseling, because either they did not perceive a need for it or they simply did not want it. Future research should explore the exact reasons why some ADSW indicated that they did not receive contraceptive counseling before deployment.

Among ADSW deployed in the past 24 months, less than 20 percent across all pay grades received any contraceptive counseling prior to deployment; no significant differences were observed by pay grade (Table 6.2b). Among those who received any contraceptive counseling prior to deployment, differences were observed across pay grades regarding perceptions of counseling as adequate. Midgrade officers (pay grades O4–O6) were significantly more likely to perceive counseling as adequate (86.9 percent) than enlisted ADSW in pay grades E1–E4 (63.6 percent) and E7–W5 (64.9 percent). Similarly, midgrade officers were significantly more likely to perceive counseling as timely (84.4 percent) than enlisted ADSW in pay grades E1–E4 (59.1 percent)

TABLE 6.2A

Contraceptive Counseling Prior to Deployment, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Among those deployed within past 24 months						
Received any contraceptive counseling from MHS provider	18.1% (16.5–19.7)	21.8%[b, e] (19.6–23.9)	14.4%[a] (11.4–17.3)	19.2%[e] (13.5–25.0)	18.3%[e] (15.4–21.3)	9.1%[a, c, d] (6.3–11.9)
Among those deployed within past 24 months who received any contraceptive counseling						
Received adequate counseling from MHS provider[Z]	69.5% (64.7–74.4)	72.6% (67.5–77.7)	65.4% (54.1–76.7)	72.8% (58.4–87.2)	69.1% (60.3–77.9)	72.6% (59.2–86.0)
Received timely counseling from MHS provider[Z]	65.3% (60.4–70.2)	71.4% (66.2–76.6)	63.8% (52.7–75.0)	NR (51.3–84.5)	61.2% (52.3–70.2)	66.7% (52.3–81.2)
MHS provider discussed methods to suppress menstruation[Z]	46.7% (41.8–51.6)	40.7% (35.2–46.3)	50.7% (39.8–61.5)	NR (26.5–58.5)	49.5% (40.4–58.5)	NR (38.5–70.4)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 6.2B
Contraceptive Counseling Prior to Deployment, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Among those deployed within past 24 months					
Received any contraceptive counseling from MHS provider[z]	17.6% (14.6–20.7)	18.5% (16.2–20.9)	19.9% (16.5–23.4)	16.2% (14.0–18.4)	14.6% (11.1–18.0)
Among those deployed within past 24 months who received any contraceptive counseling					
Received adequate counseling from MHS provider	63.6%[e] (54.1–73.2)	73.9% (67.5–80.4)	64.9%[e] (55.2–74.5)	76.8% (70.5–83.1)	86.9%[a, c] (78.6–95.1)
Received timely counseling from MHS provider	59.1%[e] (49.5–68.8)	70.8% (64.4–77.3)	59.4%[e] (49.6–69.1)	70.2% (63.2–77.2)	84.4%[a, c] (75.6–93.2)
MHS provider discussed methods to suppress menstruation[y]	53.9% (44.5–63.3)	43.0% (36.1–50.0)	38.4% (28.9–47.8)	39.8% (32.5–47.1)	46.0% (33.3–58.7)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

and E7–W5 (59.4 percent). Among those who received any contraceptive counseling prior to deployment, the percentage who had discussed use of contraception methods for menstrual regulation or suppression ranged from 38.4 percent of ADSW in pay grades E7–W5 to 53.9 percent of ADSW in pay grades E1–E4.

Tables C.18a through C.18d present results by age group, race/ethnicity, marital status, and sexual orientation, respectively.

Among those who received contraceptive counseling prior to deployment, it was typically provided within one month of deployment (41.1 percent of DoD ADSW) or between one and three months prior to deployment (42.6 percent of DoD and 34.6 percent of Coast Guard ADSW) (Table 6.3a). The primary difference in timing of predeployment counseling was that Navy ADSW were significantly more likely to receive counseling between three and six months prior to deployment (17.6 percent), compared with either Air Force (6.4 percent) or Army (5.5 percent) ADSW.

Among those who received contraceptive counseling prior to deployment, no significant differences in counseling timing were observed by pay grade (Table 6.3b).

Tables C.19a through C.19d present results by age group, race/ethnicity, marital status, and sexual orientation, respectively.

As shown in Table 6.4a, of DoD ADSW who were deployed in the past 24 months, 42.7 percent did not seek birth control prior to deployment; additionally, 32.8 percent received their preferred birth control method (representing over half of those seeking birth control prior to deployment—i.e., 32.8/[32.8 + 3.2 + 21.3]), 3.2 percent received a nonpreferred method (representing less than 10 percent of those seeking birth control prior to deployment— i.e., 3.2/[32.8 + 3.2 + 21.3]), and 21.3 percent did not receive any form of birth control (representing just over a third of those seeking birth control prior to deployment— i.e., 21.3/[32.8 + 3.2 + 21.3]). Of Coast Guard ADSW who were deployed in the past 24 months, 55.0 percent did not seek birth control prior deployment; additionally, 23.4 percent received their preferred birth control method (representing half of those seeking birth control prior to deployment— i.e., 23.4/[23.4 + 3.3 + 18.3]), 3.3 percent received a nonpreferred method (representing less than 10 percent of those seeking birth control prior to deployment— i.e., 3.3/[23.4 + 3.3 + 18.3]), and 18.3 percent did not receive any form of birth control (repre-

TABLE 6.3A

Timing of Predeployment Contraceptive Counseling, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Among those deployed within past 24 months						
Timing of counseling, relative to most recent deployment (among those who received counseling)						
Less than one month[y]	41.1% (36.4–45.9)	47.2% (41.6–52.9)	46.7% (35.8–57.6)	NR (23.6–55.3)	33.9% (25.4–42.4)	NR (31.2–64.3)
Between one and three months[z]	42.6% (37.8–47.4)	43.8% (38.2–49.4)	43.2% (32.4–53.9)	NR (36.7–69.5)	39.8% (31.2–48.5)	34.6% (20.2–49.0)
Between three and six months	10.9% (7.5–14.3)	6.4%[d] (3.1–9.8)	5.5%[d] (1.9–9.1)	7.5% (0.0–16.4)	17.6%[a, b] (10.3–24.8)	8.2% (0.9–15.5)
More than six months[y]	5.4% (2.7–8.1)	2.5% (0.7–4.4)	4.6% (0.2–9.0)	0.0% (0.0–8.5)	8.7% (2.8–14.6)	9.5% (1.2–17.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 6.3B

Timing of Predeployment Contraceptive Counseling, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Among those deployed within past 24 months					
Timing of counseling, relative to most recent deployment (among those who received counseling)					
Less than one month[z]	39.4% (30.1–48.6)	40.4% (33.5–47.3)	50.4% (40.6–60.2)	41.5% (34.1–48.9)	46.4% (33.8–59.1)
Between one and three months[z]	40.2% (30.9–49.4)	44.9% (38.0–51.8)	32.6% (23.6–41.6)	48.9% (41.4–56.4)	51.3% (38.6–64.0)
Between three and six months[z]	12.5% (5.8–19.3)	10.5% (5.9–15.1)	13.5% (6.1–21.0)	6.5% (2.7–10.3)	1.1% (0.0–3.2)
More than six months[z]	7.9% (1.9–13.9)	4.2% (1.6–6.8)	3.5% (0.4–6.6)	3.2% (0.6–5.8)	1.2% (0.0–3.5)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 6.4A

Contraceptive Access Through the MHS Prior to Deployment, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Among those deployed within past 24 months						
Did you receive birth control or contraceptives through the MHS before your most recent deployment?						
Yes, received preferred method of birth control	32.8% (30.8–34.8)	35.8%[e] (33.4–38.3)	32.8%[e] (28.6–37.0)	35.2%[e] (28.0–42.4)	30.6%[e] (27.1–34.1)	23.4%[a, b, c, d] (19.7–27.0)
Yes, received birth control; not preferred method[z]	3.2% (2.5–3.9)	3.8% (2.8–4.7)	2.8% (1.5–4.1)	1.8% (0.2–3.5)	3.3% (2.0–4.6)	3.3% (1.9–4.7)
No, didn't receive any form of birth control	21.3% (19.4–23.2)	16.9%[b] (15.0–18.9)	25.0%[a] (21.1–29.0)	21.9% (15.1–28.7)	21.3% (17.9–24.7)	18.3% (15.0–21.7)
Didn't want or need birth control predeployment	42.7% (40.6–44.8)	43.4%[e] (40.9–46.0)	39.4%[e] (35.1–43.6)	41.1%[e] (33.9–48.2)	44.8%[e] (41.0–48.7)	55.0%[a, b, c, d] (50.7–59.3)
Received adequate supply of birth control through the MHS prior to deployment (among those who received birth control through the MHS)						
Yes, received adequate supply	75.9% (72.8–79.0)	80.5% (77.3–83.7)	70.7%[e] (63.5–77.9)	79.4% (69.0–89.7)	76.0%[e] (70.6–81.4)	88.4%[b, d] (83.2–93.6)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

senting roughly 40 percent of those seeking birth control prior to deployment— i.e., 18.3/[23.4 + 3.3 + 18.3]). Across service branches, Coast Guard ADSW were significantly less likely to receive their preferred method, compared with all other service branches. Coast Guard ADSW were also significantly more likely to report that they did not want or need birth control prior to deployment than ADSW in all other service branches. Among deployed ADSW who received birth control through the MHS prior to deployment, the majority (75.9 percent of DoD and 88.4 percent of Coast Guard ADSW) received an adequate supply for the length of their deployment.

Differences in contraceptive access prior to deployment were observed across pay grades (Table 6.4b). Specifically, among ADSW deployed within the past 24 months, junior officers (pay grades O1–O3) were significantly more likely to receive their preferred birth control method (41.3 percent) relative to ADSW in all other pay grades. Enlisted ADSW in pay grades E1–E4 and E5–E6 were the most likely to have been unable to obtain needed birth control prior to their deployment (25.7 percent and 20.3 percent, respectively). ADSW in pay grades E7–W5 and O4–O6 were the most likely to report that they did not want or need birth control prior to deployment, compared with other pay grades, likely a reflection of age. Among deployed ADSW who received birth control through the MHS prior to deployment, junior enlisted ADSW were the least likely (71.9 percent) to have received an adequate supply for the length of their deployment, whereas officers in pay grades O4–O6 were the most likely (84.2 percent).

TABLE 6.4B
Contraceptive Access Through the MHS Prior to Deployment, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Among those deployed within past 24 months					
Did you receive birth control or contraceptives through the MHS before your most recent deployment?					
Yes, received preferred method of birth control	33.9%[d] (30.0–37.8)	29.2%[d] (26.4–31.9)	26.9%[d] (23.0–30.7)	41.3%[a, b, c, e] (38.2–44.4)	29.2%[d] (24.9–33.4)
Yes, received birth control; not preferred method[z]	2.8% (1.6–4.0)	3.9% (2.7–5.2)	3.7% (2.1–5.2)	2.9% (1.9–4.0)	1.1% (0.2–2.0)
No, didn't receive any form of birth control	25.7%[c, d, e] (21.9–29.5)	20.3%[c, e] (17.9–22.7)	13.9%[a, b] (10.9–16.8)	16.6%[a] (14.3–18.9)	12.4%[a, b] (9.2–15.6)
Didn't want or need birth control predeployment	37.6%[b, c, e] (33.5–41.7)	46.6%[a, c, d, e] (43.6–49.6)	55.6%[a, b, d] (51.2–59.9)	39.2%[b, c, e] (36.2–42.3)	57.4%[a, b, d] (52.7–62.0)
Received adequate supply of birth control through the MHS prior to deployment (among those who received birth control through the MHS)					
Yes, received adequate supply[y]	71.9% (65.8–78.1)	79.9% (75.7–84.0)	77.2% (70.7–83.8)	78.5% (74.6–82.5)	84.2% (78.1–90.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Tables C.20a through C.20d present results by age group, race/ethnicity, marital status, and sexual orientation, respectively.

Contraceptive Access and Use During Deployment

Of DoD ADSW who were deployed in the past 24 months, 59.4 percent did not seek birth control during deployment; additionally, 25.8 percent had ongoing access to birth control during deployment (representing just under two-thirds of those seeking birth control during deployment—i.e., 25.8/[25.8 + 14.8]), and 14.8 percent did not have ongoing access (representing just over one-third of those seeking birth control during deployment—i.e., 14.8/[14.8 + 25.8]) (Table 6.5a). Of Coast Guard ADSW who were deployed in the past 24 months, 63.6 percent did not seek birth control during deployment; additionally, 19.7 percent had ongoing access to birth control during deployment (representing just over half of those seeking birth control during deployment—i.e., 19.7/[19.7 + 16.7]), and 16.7 percent did not have ongoing access (representing just under half of those seeking birth control during deployment—i.e., 16.7/[16.7 + 19.7]). Rates of ongoing access to birth control during deployment did not significantly differ across service branches.

TABLE 6.5A

Contraceptive Access Through the MHS During Deployment, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Among those deployed within past 24 months						
During your most recent deployment, did you have ongoing access to birth control or contraceptives that you needed or wanted through the MHS?						
Yes[z]	25.8% (23.9–27.8)	26.5% (24.2–28.7)	25.3% (21.3–29.2)	26.4% (19.5–33.3)	25.7% (22.2–29.3)	19.7% (16.2–23.2)
No[z]	14.8% (13.2–16.3)	13.0% (11.3–14.8)	16.0% (12.7–19.3)	14.4% (8.8–20.0)	15.0% (12.3–17.8)	16.7% (13.4–20.0)
Didn't seek birth control through the MHS[z]	59.4% (57.2–61.6)	60.5% (58.0–63.0)	58.7% (54.4–63.1)	59.2% (51.7–66.8)	59.2% (55.4–63.1)	63.6% (59.3–67.8)
During deployment, where did you get your birth control (select all that apply)?						
MHS provider[z]	31.4% (29.3–33.4)	31.1% (28.7–33.5)	30.0% (25.9–34.0)	30.9% (23.9–37.9)	32.7% (28.9–36.4)	22.0% (18.3–25.6)
Provider outside the MHS	2.5% (1.8–3.2)	2.6%[e] (1.9–3.4)	2.5%[e] (0.9–4.0)	3.8% (0.0–7.7)	2.2%[e] (1.2–3.2)	8.5%[a, b, d] (6.2–10.8)
Mail order	2.4% (1.7–3.0)	2.3% (1.5–3.0)	4.1%[d, e] (2.4–5.8)	1.7% (0.0–3.5)	1.4%[b] (0.5–2.2)	1.2%[b] (0.3–2.1)
Someone else[z]	1.6% (1.1–2.1)	1.4% (0.8–1.9)	1.4% (0.6–2.3)	0.6% (0.0–1.5)	2.1% (1.0–3.1)	0.8% (0.1–1.5)
Did not seek birth control[z]	64.1% (62.0–66.2)	64.6% (62.1–67.0)	65.0% (60.8–69.2)	64.3% (57.0–71.6)	63.2% (59.4–67.0)	69.4% (65.4–73.4)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

The majority of DoD and Coast Guard ADSW seeking birth control during deployment obtained birth control from an MHS provider. Coast Guard ADSW were significantly more likely to obtain birth control during deployment from a provider outside the MHS than Air Force, Army, and Navy ADSW. Additionally, Army ADSW were significantly more likely to obtain birth control during deployment through mail order than Navy and Coast Guard ADSW.

Table 6.5b presents results by pay grade. Among ADSW deployed in the past 24 months, the percentage of ADSW who reported ongoing access to needed contraceptives during deployment did not differ by pay grade. ADSW in pay grades E7–W5 and O4–O6 were most likely to report not seeking birth control through the MHS during deployment. Junior enlisted ADSW were most likely to report that they did not have ongoing access to birth control during deployment, at 16.3 percent (representing 38 percent of junior enlisted ADSW seeking birth control during deployment).

Tables C.21a through C.21d present results by age group, race/ethnicity, marital status, and sexual orientation, respectively.

TABLE 6.5B

Contraceptive Access Through the MHS During Deployment, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Among those deployed within past 24 months					
During your most recent deployment, did you have ongoing access to birth control or contraceptives that you needed or wanted through the MHS?					
Yes[z]	26.3% (22.4–30.2)	25.6% (23.0–28.3)	22.1% (18.5–25.6)	26.2% (23.5–28.9)	24.2% (20.2–28.3)
No	16.3%[c, e] (13.3–19.4)	14.7% (12.6–16.8)	10.3%[a] (7.8–12.8)	14.9% (12.7–17.1)	9.7%[a] (6.9–12.6)
Didn't seek birth control through the MHS	57.4%[c] (53.2–61.6)	59.7%[c] (56.7–62.7)	67.6%[a, b, d] (63.6–71.6)	58.9%[c] (55.9–62.0)	66.0% (61.5–70.5)
During deployment, where did you get your birth control (select all that apply)?					
MHS provider	33.3%[c, e] (29.3–37.3)	30.4% (27.5–33.2)	24.2%[a, d] (20.5–27.9)	32.2%[c, e] (29.2–35.1)	24.8%[a, d] (20.7–28.8)
Provider outside the MHS[z]	2.6% (1.3–3.9)	2.9% (1.9–3.8)	1.9% (0.8–3.0)	2.9% (1.9–3.9)	2.3% (0.9–3.8)
Mail order[z]	2.4% (1.1–3.7)	1.9% (1.2–2.6)	2.8% (1.3–4.4)	3.0% (1.9–4.1)	2.6% (1.1–4.1)
Someone else[y]	2.2% (1.1–3.3)	1.1% (0.6–1.7)	1.2% (0.3–2.1)	1.6% (0.8–2.4)	0.4% (0.0–0.9)
Did not seek birth control	61.6%[c, e] (57.5–65.7)	65.5% (62.6–68.4)	72.1%[a, d] (68.2–76.0)	62.6%[c, e] (59.6–65.7)	71.6%[a, d] (67.3–75.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

As shown in Table 6.6a, the most common form of contraception used for menstrual regulation or suppression during deployment was birth control pills, reported by 19.4 percent of DoD ADSW and 18.0 percent of Coast Guard ADSW, followed by use of an IUD, reported by 11.9 percent of DoD ADSW and 12.5 percent of Coast Guard ADSW. No significant differences were observed across service branches regarding use of birth control pills or an IUD for menstrual regulation or suppression during deployment. Third most common was the use of a birth control implant, reported by 8.2 percent of DoD ADSW and 3.6 percent of Coast Guard ADSW. Use of an implant for menstrual regulation or suppression during deployment was significantly higher among ADSW in the Marine Corps (11.3 percent) and Navy (10.8 percent), relative to the Coast Guard. Overall, 47.6 percent of DoD and 51.2 percent of Coast Guard ADSW reported that they had not used birth control for menstrual regulation or suppression during deployment; rates did not significantly differ across service branches.

TABLE 6.6A

Menstrual Suppression and Regulation During Deployment, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Among those deployed within past 24 months						
Used any birth control to suppress or regulate menstruation during deployment						
Birth control pills[z]	19.4% (17.8–21.1)	21.5% (19.4–23.6)	19.8% (16.5–23.2)	19.5% (12.9–26.1)	17.9% (15.0–20.8)	18.0% (14.8–21.2)
IUD[z]	11.9% (10.7–13.2)	13.5% (11.8–15.2)	9.4% (7.0–11.9)	12.7% (8.5–16.9)	12.6% (10.3–14.9)	12.5% (9.7–15.2)
Birth control implant	8.2% (6.9–9.6)	6.2%[d] (4.9–7.4)	5.8% (3.4–8.2)	11.3%[e] (6.3–16.4)	10.8%[a, e] (8.2–13.4)	3.6%[c, d] (2.0–5.2)
Birth control shot	2.9% (2.0–3.9)	1.6%[c] (0.9–2.3)	3.7% (1.5–5.9)	7.3%[a, e] (2.7–11.9)	2.6% (1.1–4.1)	1.6%[c] (0.5–2.7)
Birth control patch[z]	1.3% (0.9–1.7)	1.6% (0.9–2.2)	0.9% (0.3–1.6)	0.6% (0.0–1.3)	1.5% (0.7–2.3)	0.3% (0.0–0.8)
Contraceptive ring[z]	1.3% (0.9–1.7)	1.8% (1.0–2.5)	0.8% (0.2–1.4)	1.2% (0.0–2.6)	1.3% (0.6–2.1)	2.3% (1.0–3.5)
Endometrial ablation[z]	0.3% (0.1–0.4)	0.3% (0.1–0.6)	0.5% (0.1–0.8)	0.0% (0.0–1.7)	0.1% (0.0–0.4)	0.5% (0.0–1.0)
Sterilization	0.6% (0.3–1.0)	0.7% (0.3–1.1)	1.3%[d] (0.1–2.5)	0.4% (0.0–1.1)	0.2%[b] (0.0–0.3)	0.6% (0.1–1.1)
Hysterectomy	0.9% (0.7–1.2)	1.5%[d] (0.9–2.1)	1.3% (0.6–1.9)	0.2% (0.0–0.7)	0.5%[a, e] (0.1–0.8)	1.7%[d] (0.7–2.7)
I did not use any of these[z]	47.6% (45.4–49.7)	47.0% (44.4–49.5)	46.9% (42.4–51.3)	44.0% (36.7–51.3)	48.9% (45.0–52.8)	51.2% (46.8–55.5)
Have never used to suppress	7.6% (6.4–8.8)	6.0%[b] (4.7–7.3)	12.0%[a, d] (8.8–15.1)	6.3% (2.8–9.7)	5.7%[b] (4.0–7.3)	8.5% (5.8–11.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Contraceptive methods used for menstrual regulation or suppression during deployment differed significantly by pay grade, as shown in Table 6.6b. The two most common methods for regulation or suppression were birth control pills and IUDs for ADSW in all pay grades, with the exception of junior enlisted ADSW, who were most likely to use birth control pills (20.1 percent) or implants (10.8 percent). Use of an IUD was significantly more common among officers in pay grades O1–O3 (20.2 percent) than among enlisted ADSW (rates ranged from 8.6–13.6 percent). Additionally, use of the birth control shot was significantly more common among junior enlisted ADSW (4.9 percent) than among ADSW in all other pay grades (rates ranged from 0.9–1.8 percent). Rates of hysterectomy were significantly higher among ADSW in pay grades E7–W5 (4.6 percent) and O4–O6 (4.1 percent), relative to ADSW in all other pay grades.

TABLE 6.6B
Menstrual Suppression and Regulation During Deployment, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Among those deployed within past 24 months					
Used any birth control to suppress or regulate menstruation during deployment					
Birth control pills	20.1% (16.9–23.3)	18.2% (15.9–20.6)	16.1%[d] (12.9–19.2)	23.1%[c] (20.5–25.7)	16.9% (13.4–20.4)
IUD	8.6%[d, e] (6.3–11.0)	12.2%[d] (10.3–14.0)	13.6%[d] (10.8–16.5)	20.2%[a, b, c] (17.7–22.7)	14.6%[a] (11.3–17.8)
Birth control implant	10.8%[c, e] (8.0–13.5)	7.3%[c, e] (5.6–8.9)	3.1%[a, b, d] (1.7–4.5)	6.7%[c, e] (5.0–8.3)	1.7%[a, b, d] (0.5–3.0)
Birth control shot	4.9%[b, c, d, e] (2.9–6.9)	1.8%[a] (1.1–2.4)	1.3%[a] (0.4–2.3)	0.9%[a] (0.3–1.5)	0.9%[a] (0.1–1.8)
Birth control patch[z]	1.3% (0.5–2.0)	1.3% (0.6–2.1)	0.8% (0.0–1.6)	1.6% (0.7–2.5)	0.5% (0.0–1.1)
Contraceptive ring[z]	1.3% (0.6–2.0)	1.3% (0.6–1.9)	1.0% (0.2–1.9)	1.7% (0.9–2.6)	1.1% (0.3–2.0)
Endometrial ablation	0.1% (0.0–0.3)	0.3% (0.0–0.5)	1.1%[d] (0.1–2.2)	0.0%[c, e] (0.0–0.1)	1.1%[d] (0.1–2.0)
Sterilization	0.7%[d] (0.0–1.5)	0.4%[c, d] (0.2–0.7)	1.7%[b, d] (0.7–2.8)	0.0%[a, b, c, e] (0.0–0.1)	1.1%[d] (0.0–2.5)
Hysterectomy	0.2%[c, e] (0.0–0.5)	0.9%[c, e] (0.4–1.3)	4.6%[a, b, d] (2.8–6.4)	0.4%[c, e] (0.0–0.7)	4.1%[a, b, d] (2.0–6.1)
I did not use any of these	46.1% (41.8–50.3)	50.2%[d] (47.2–53.3)	54.2%[d] (49.9–58.5)	40.1%[b, c, e] (37.0–43.1)	53.9%[d] (49.1–58.6)
Have never used to suppress[z]	8.6% (6.3–11.0)	7.9% (6.2–9.6)	4.6% (2.8–6.3)	6.3% (4.7–7.8)	5.4% (3.2–7.7)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Tables C.22a through C.22d present results by age group, race/ethnicity, marital status, and sexual orientation, respectively.

Urinary Tract or Vaginal Infections During Training and Deployment

Overall, 36.1 percent of DoD and 34.7 percent of Coast Guard ADSW reported having a urinary tract or vaginal infection during training since joining the military (Table 6.7a). Infection rates during training were significantly lower in the Air Force (26.0 percent), compared with all other service branches, and were significantly higher in the Army (43.1 percent), compared with the Air Force, Navy, and Coast Guard. For ADSW who experienced infections, access to care during training differed across service branches. Rates of "always" having access to care were significantly higher in the Navy (33.6 percent) and Coast Guard (38.5 per-

TABLE 6.7A

Urinary Tract or Vaginal Infections During Training, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Ever had a urinary tract or vaginal infection during training						
Yes	36.1% (35.1–37.0)	26.0%[b, c, d, e] (25.0–27.0)	43.1%[a, d, e] (41.2–45.0)	38.2%[a] (34.8–41.5)	37.7%[a, b] (35.7–39.8)	34.7%[a, b] (32.6–36.8)
Able to get the care or treatment for urinary tract or vaginal infections during field exercises or extended training (among those with urinary tract or vaginal infections)						
Always	23.5% (22.0–24.9)	26.9%[b, c, d, e] (24.9–28.9)	15.9%[a, d, e] (13.8–18.0)	14.7%[a, d, e] (10.9–18.4)	33.6%[a, b, c] (30.2–37.0)	38.5%[a. b, c] (34.7–42.3)
Sometimes	35.2% (33.6–36.8)	41.3%[b, c] (39.1–43.5)	28.1%[a, d, e] (25.6–30.6)	29.4%[a, d, e] (24.4–34.4)	42.1%[b, c] (38.6–45.5)	42.9%[b, c] (39.1–46.8)
Rarely	20.0% (18.7–21.4)	16.7%[b, c, e] (15.1–18.4)	25.0%[a, d, e] (22.4–27.5)	25.1%[a, d, e] (20.3–30.0)	14.3%[b, c] (12.0–16.6)	12.0%[a, b, c] (9.5–14.5)
Never	21.3% (19.8–22.7)	15.0%[b, c, d, e] (13.4–16.7)	31.0%[a, d, e] (28.3–33.7)	30.8%[a, d, e] (25.5–36.2)	10.0%[a, b, c] (8.1–12.0)	6.6%[a, b, c] (4.8–8.4)
Frequency of urinary tract or vaginal infections interfering with military job performance or duties (among those with urinary tract or vaginal infections)						
Always	14.5% (13.2–15.8)	11.0%[b, d] (9.6–12.5)	14.6%[a, e] (12.5–16.8)	16.7%[e] (12.3–21.2)	16.3%[a, e] (13.4–19.3)	9.1%[b, c, d] (6.8–11.4)
Sometimes	49.4% (47.7–51.1)	48.5% (46.2–50.7)	52.1%[e] (49.2–55.0)	49.8% (44.2–55.4)	46.2% (42.7–49.6)	42.8%[b] (38.9–46.6)
Rarely	26.9% (25.5–28.4)	29.0% (27.0–31.1)	25.6%[e] (23.2–28.0)	23.5%[e] (18.9–28.0)	28.1% (25.0–31.2)	34.0%[b, c] (30.4–37.7)
Never	9.2% (8.2–10.1)	11.5%[b] (10.0–12.9)	7.6%[a, e] (6.1–9.2)	10.0% (6.7–13.3)	9.4%[e] (7.4–11.4)	14.1%[b, d] (11.5–16.7)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

cent), compared with those in the Air Force, Army, and Marine Corps, and were significantly lower in the Army (15.9 percent) and Marine Corps (14.7 percent). Additionally, ADSW in the Army and Marine Corps were significantly more likely to report that they could "never" access care for urinary tract or vaginal infections during training (31.0 percent and 30.8 percent, respectively), compared with ADSW in other service branches. More than half of ADSW who experienced urinary tract or vaginal infections during training reported that they "sometimes" or "always" interfered with their job duties; ADSW in the Army and Marine Corps were the most likely to report interference with job duties.

Table 6.7b reports results by pay grade. Enlisted ADSW were significantly more likely to report ever experiencing a urinary tract or vaginal infection during training (rates ranged from 36.2 to 42.4 percent) compared with officers (27.0 to 27.5 percent). For ADSW with urinary tract or vaginal infections, access to care during training differed across pay grades, with officers in pay grades O4–O6 significantly more likely to report that they could always access care during training (32.1 percent), compared with ADSW in all other pay grades. Junior enlisted ADSW were significantly more likely to report that urinary tract or vaginal infections always interfered with their job duties (18.4 percent), compared with ADSW in all other pay grades.

TABLE 6.7B

Urinary Tract or Vaginal Infections During Training, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Ever had a urinary tract or vaginal infection during training					
Yes	36.2%[c, d, e] (34.3–38.1)	39.1%[c, d, e] (37.7–40.6)	42.4%[a, b, d, e] (40.6–44.2)	27.0%[a, b, c] (25.7–28.4)	27.5%[a, b, c] (25.8–29.1)
Able to get the care or treatment for urinary tract or vaginal infections during field exercises or extended training (among those with urinary tract or vaginal infections)					
Always	24.7%[e] (21.8–27.7)	21.5%[e] (19.5–23.4)	24.5%[e] (22.2–26.9)	22.3%[e] (19.9–24.7)	32.1%[a, b, c, d] (28.9–35.3)
Sometimes[z]	34.5% (31.4–37.6)	35.9% (33.6–38.2)	36.6% (33.9–39.3)	34.9% (32.1–37.7)	38.2% (34.9–41.6)
Rarely[z]	19.1% (16.5–21.8)	21.0% (19.0–22.9)	20.9% (18.6–23.2)	20.4% (18.0–22.8)	15.1% (12.6–17.5)
Never	21.6%[e] (18.9–24.4)	21.7%[e] (19.6–23.8)	18.0% (15.8–20.1)	22.4%[e] (19.9–24.8)	14.6%[a, b, d] (12.0–17.2)
Frequency of urinary tract or vaginal infections interfering with military job performance or duties (among those with urinary tract or vaginal infections)					
Always	18.4%[b, c, d, e] (15.7–21.1)	13.1%[a, c, e] (11.4–14.9)	9.0%[a, b] (7.4–10.7)	11.8%[a, e] (9.9–13.7)	5.8%[a, b, d] (4.2–7.4)
Sometimes	50.0%[d, e] (46.6–53.3)	51.1%[d, e] (48.6–53.5)	49.5%[d, e] (46.7–52.3)	43.3%[a, b, c] (40.4–46.2)	41.1%[a, b, c] (37.7–44.6)
Rarely	24.2%[c, d, e] (21.4–27.0)	26.8%[d, e] (24.7–28.9)	30.2%[a, e] (27.6–32.7)	32.5%[a, b] (29.8–35.3)	36.6%[a, b, c] (33.2–40.0)
Never	7.4%[c, d, e] (5.5–9.3)	9.0%[d, e] (7.7–10.3)	11.3%[a, e] (9.6–13.0)	12.4%[a, b] (10.5–14.4)	16.5%[a, b, c] (14.0–19.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Tables C.23a through C.23d present results by age group, race/ethnicity, marital status, and sexual orientation, respectively.

Overall, 21.1 percent of DoD and 11.7 percent of Coast Guard ADSW deployed within the past 24 months had a urinary tract or vaginal infection during their most recent deployment (Table 6.8a). Infection rates during deployment were highest among ADSW in the Army (23.3 percent), Marine Corps (22.0 percent), and Navy (22.2 percent) and lowest in the Coast Guard. Of ADSW who experienced urinary tract or vaginal infections during deployment, 42.3 percent of DoD and 24.8 percent of Coast Guard ADSW reported always having access to care while deployed, whereas 11.4 percent of DoD and 13.4 percent of Coast Guard ADSW reported never having access to care. Significant differences in access to care were not observed across service branches. More than half of ADSW who experienced urinary tract or vaginal infections during deployment reported that they sometimes or always interfered with their job duties; rates of job interference did not differ across service branches.

Table 6.8b reports results by pay grade. Rates of urinary tract and vaginal infections during the most recent deployment were highest among enlisted ADSW in pay grades E1–E4 (24.3 percent) and E5–E6 (21.8 percent). Rates of always having access to care during deployment ranged from 39.0 percent among

TABLE 6.8A

Urinary Tract or Vaginal Infections During Deployment, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Among those deployed within past 24 months						
Urinary tract or vaginal infection during most recent deployment						
Yes	21.1% (19.3–23.0)	16.7%[b, d] (14.7–18.7)	23.3%[a, e] (19.1–27.4)	22.0%[e] (15.5–28.6)	22.2%[a, e] (19.0–25.4)	11.7%[b, c, d] (8.5–14.8)
Able to get the care or treatment for urinary tract or vaginal infections during most recent deployment (among those with urinary tract or vaginal infections)						
Always[z]	42.3% (37.3–47.3)	49.5% (42.9–56.1)	44.6% (34.1–55.1)	32.8% (17.9–47.7)	38.5% (30.7–46.4)	24.8% (11.1–38.4)
Sometimes[z]	32.1% (27.2–37.1)	29.1% (22.9–35.2)	30.1% (19.8–40.3)	NR (23.5–59.4)	33.7% (25.9–41.5)	49.4% (34.8–63.9)
Rarely[z]	14.3% (11.0–17.6)	9.4% (5.7–13.1)	11.3% (5.4–17.2)	22.0% (9.3–34.7)	17.6% (11.8–23.5)	12.4% (4.9–20.0)
Never[z]	11.4% (8.3–14.4)	12.1% (7.8–16.4)	14.0% (7.2–20.7)	3.7% (0.0–8.2)	10.2% (5.5–14.8)	13.4% (4.8–22.1)
Frequency of urinary tract or vaginal infections interfering with performance or duties during most recent deployment (among those with urinary tract or vaginal infections)						
Always[z]	16.7% (12.3–21.2)	13.4% (9.0–17.7)	20.8% (10.3–31.3)	7.2% (0.1–14.4)	16.6% (10.3–22.9)	20.2% (9.9–30.5)
Sometimes[z]	47.7% (42.6–52.8)	43.6% (37.0–50.2)	46.8% (36.5–57.2)	NR (37.0–70.9)	49.3% (41.3–57.4)	56.5% (42.6–70.4)
Rarely[z]	23.2% (18.9–27.6)	24.4% (18.9–29.9)	20.0% (11.0–29.0)	25.5% (11.6–39.4)	24.8% (17.7–32.0)	17.3% (7.7–27.0)
Never[z]	12.3% (9.6–15.1)	18.6% (13.7–23.6)	12.4% (6.8–17.9)	13.3% (1.3–25.3)	9.3% (5.3–13.2)	5.9% (0.5–11.4)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 6.8B

Urinary Tract or Vaginal Infections During Deployment, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Among those deployed within past 24 months					
Urinary tract or vaginal infection during most recent deployment					
Yes	24.3%[c, d, e] (20.6–28.0)	21.8%[d, e] (19.2–24.4)	17.3%[a, e] (14.0–20.5)	12.3%[a, b] (10.2–14.4)	10.7%[a, b, c] (7.6–13.7)
Able to get the care or treatment for urinary tract or vaginal infections during most recent deployment (among those with urinary tract or vaginal infections)					
Always[z]	39.0% (30.4–47.6)	42.6% (36.0–49.2)	54.3% (43.9–64.6)	42.9% (33.8–52.1)	56.6% (41.7–71.4)
Sometimes[z]	35.0% (26.3–43.7)	31.8% (25.7–38.0)	28.1% (18.7–37.5)	25.7% (18.0–33.4)	19.9% (7.8–31.9)
Rarely[z]	14.2% (8.8–19.5)	15.8% (10.5–21.0)	8.7% (3.0–14.4)	13.2% (7.1–19.3)	11.8% (3.1–20.6)
Never[z]	11.8% (6.6–17.1)	9.8% (5.8–13.7)	8.9% (3.1–14.6)	18.1% (11.0–25.3)	11.7% (2.3–21.2)
Frequency of urinary tract or vaginal infections interfering with performance or duties during most recent deployment (among those with urinary tract or vaginal infections)					
Always[y]	21.6% (13.5–29.7)	11.8% (7.6–16.0)	10.7% (4.1–17.4)	16.0% (9.5–22.5)	9.9% (1.5–18.3)
Sometimes[z]	47.6% (38.9–56.3)	51.4% (44.7–58.1)	45.3% (34.9–55.6)	37.9% (29.0–46.8)	39.0% (24.5–53.5)
Rarely[z]	21.3% (13.7–28.8)	24.1% (18.2–30.0)	28.9% (19.6–38.3)	25.5% (17.3–33.8)	24.7% (12.0–37.3)
Never[y]	9.6% (5.3–13.8)	12.8% (8.7–16.8)	15.1% (7.4–22.8)	20.5% (13.4–27.7)	26.5% (12.0–41.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from E1–E4 estimate.

[b] Statistically significantly different from E5–E6 estimate.

[c] Statistically significantly different from E7–W5 estimate.

[d] Statistically significantly different from O1–O3 estimate.

[e] Statistically significantly different from O4–O6 estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

junior enlisted ADSW to 56.6 percent among officers in pay grades O4–O6; pairwise differences across pay grades were not statistically significant. Junior enlisted ADSW were most likely to report that urinary tract or vaginal infections always interfered with their job duties during deployment (21.6 percent).

Tables C.24a through C.24d present results by age group, race/ethnicity, marital status, and sexual orientation, respectively.

TABLE 6.9A

Access to Feminine Hygiene Products and Facilities During Training, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Frequency of lacking access to needed feminine hygiene products (e.g., tampons, sanitary napkins, pads)						
Often	14.9% (14.1–15.7)	9.4%[b, c, d, e] (8.7–10.1)	18.8%[a, d, e] (17.1–20.5)	19.6%[a, d, e] (16.6–22.5)	14.9%[a, b, c, e] (13.2–16.6)	6.9%[a, b, c, d] (5.7–8.0)
Sometimes	29.3% (28.4–30.2)	27.0%[b, c] (26.0–28.0)	31.4%[a, e] (29.6–33.3)	32.1%[a, e] (28.9–35.2)	28.5%[e] (26.6–30.5)	24.7%[b, c, d] (22.8–26.6)
Rarely[z]	22.6% (21.8–23.4)	23.1% (22.2–24.1)	23.0% (21.4–24.5)	23.0% (20.1–25.9)	21.6% (19.9–23.2)	25.8% (23.8–27.8)
Never	33.2% (32.3–34.0)	40.5%[b, c, d] (39.4–41.6)	26.8%[a, d, e] (25.3–28.3)	25.4%[a, d, e] (22.5–28.3)	35.0%[a, b, c, e] (33.1–36.9)	42.6%[b, c, d] (40.4–44.8)
Frequency of lacking access to a private place to address feminine hygiene needs						
Often	21.6% (20.7–22.5)	12.1%[b, c, d, e] (11.3–12.8)	32.6%[a, d, e] (30.7–34.5)	27.7%[a, d, e] (24.6–30.9)	16.8%[a, b, c, e] (15.1–18.6)	8.9%[a, b, c, d] (7.6–10.3)
Sometimes	26.8% (26.0–27.7)	25.6%[b] (24.6–26.6)	29.5%[a, d, e] (27.8–31.2)	27.1% (24.1–30.1)	24.8%[b] (23.1–26.5)	23.1%[b] (21.3–25.0)
Rarely	20.2% (19.4–21.0)	21.4%[b] (20.5–22.4)	17.9%[a, d, e] (16.4–19.3)	21.8% (19.0–24.7)	21.3%[b] (19.6–23.0)	23.4%[b] (21.4–25.3)
Never	31.4% (30.5–32.3)	40.9%[b, c, d, e] (39.8–42.0)	20.0%[a, d, e] (18.6–21.5)	23.3%[a, d, e] (20.5–26.1)	37.1%[a, b, c, e] (35.1–39.1)	44.6%[a, b, c, d] (42.3–46.8)
Frequency of lacking access to bathing facilities to address feminine hygiene needs						
Often	23.1% (22.2–24.0)	11.5%[b, c, d, e] (10.7–12.2)	38.5%[a, c, d, e] (36.6–40.4)	26.9%[a, b, d, e] (23.8–30.0)	15.8%[a, b, c, e] (14.1–17.5)	7.5%[a, b, c, d] (6.2–8.7)
Sometimes	25.1% (24.3–26.0)	23.2%[b, c, e] (22.2–24.1)	27.9%[a, d, e] (26.1–29.6)	28.0%[a, d, e] (25.0–31.1)	23.2%[b, c, e] (21.5–24.9)	18.8%[a, b, c, d] (17.1–20.6)
Rarely	19.3% (18.6–20.1)	21.4%[b] (20.5–22.3)	15.9%[a, c, d, e] (14.6–17.2)	21.0%[b] (18.2–23.9)	20.9%[b] (19.2–22.6)	22.4%[b] (20.5–24.3)
Never	32.4% (31.5–33.3)	43.9%[b, c, d, e] (42.8–45.0)	17.7%[a, c, d, e] (16.4–19.1)	24.0%[a, b, d, e] (21.1–26.8)	40.0%[a, b, c, e] (38.0–42.1)	51.3%[a, b, c, d] (49.1–53.5)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Access to Feminine Hygiene Products and Facilities During Training and Deployment

Across service branches, the percentage of ADSW who reported that they often or sometimes lacked access to needed feminine hygiene products (e.g., tampons, sanitary napkins, pads) during training ranged from 31.6 percent of Coast Guard ADSW to 51.7 percent of Marine Corps ADSW (Table 6.9a). Army and Marine Corps ADSW were significantly more likely to report that they often lacked access to feminine hygiene products (18.8 percent and 19.6 percent, respectively) compared with other service branches, whereas Air Force and Coast Guard ADSW were significantly more likely to report that they never lacked access (40.5 percent and 42.6 percent, respectively).

The percentage of ADSW who reported that they often or sometimes lacked privacy to address feminine hygiene needs ranged from 32.0 percent of Coast Guard ADSW to 62.1 percent of Army ADSW. Army and Marine Corps ADSW were significantly more likely to report that they often lacked privacy (32.6 percent and 27.7 percent, respectively) compared with other service branches, whereas Coast Guard ADSW were significantly more likely to report that they never lacked privacy (44.6 percent).

The percentage of ADSW who reported that they often or sometimes lacked access to bathing facilities to address feminine hygiene needs ranged from 26.3 percent of Coast Guard ADSW to 66.4 percent of Army ADSW. Army ADSW were significantly more likely to report that they often lacked access to bathing facilities (38.5 percent) compared with other service branches, whereas Coast Guard ADSW were significantly more likely to report that they never lacked access (51.3 percent).

TABLE 6.9B

Access to Feminine Hygiene Products and Facilities During Training, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Frequency of lacking access to needed feminine hygiene products (e.g., tampons, sanitary napkins, pads)					
Often	19.8%[b, c, d, e] (18.2–21.4)	13.9%[a, c, d, e] (12.8–15.0)	9.3%[a, b, e] (8.3–10.4)	8.1%[a, b, e] (7.3–9.0)	5.8%[a, b, c, d] (4.9–6.6)
Sometimes	32.6%[b, c, d, e] (30.8–34.4)	28.7%[a, c, e] (27.4–30.1)	24.8%[a, b, e] (23.2–26.3)	26.8%[a, e] (25.5–28.2)	20.7%[a, b, c, d] (19.3–22.2)
Rarely	21.3%[d, e] (19.7–22.8)	22.0%[d] (20.8–23.2)	23.3%[d] (21.8–24.8)	27.8%[a, b, c, e] (26.5–29.2)	24.6%[a, d] (23.0–26.1)
Never	26.4%[b, c, d, e] (24.8–28.0)	35.3%[a, c, e] (34.0–36.7)	42.6%[a, b, d, e] (40.8–44.4)	37.2%[a, c, e] (35.7–38.6)	48.9%[a, b, c, d] (47.1–50.7)
Frequency of lacking access to a private place to address feminine hygiene needs					
Often	25.6%[b, c, d, e] (23.8–27.4)	21.2%[a, c, d, e] (19.9–22.4)	16.5%[a, b, e] (15.1–17.8)	15.7%[a, b, e] (14.6–16.9)	11.0%[a, b, c, d] (9.8–12.1)
Sometimes	26.4%[d] (24.8–28.1)	25.7%[d] (24.4–27.0)	27.3% (25.7–28.9)	29.6%[a, b] (28.2–31.0)	27.0% (25.4–28.6)
Rarely	19.3%[d, e] (17.8–20.8)	19.9%[d, e] (18.7–21.0)	20.3%[d] (18.9–21.8)	23.3%[a, b, c] (22.0–24.6)	22.9%[a, b] (21.4–24.4)
Never	28.6%[b, c, e] (27.0–30.3)	33.2%[a, e] (31.9–34.6)	35.9%[a, d] (34.2–37.6)	31.4%[c, e] (30.0–32.7)	39.2%[a, b, d] (37.4–40.9)
Frequency of lacking access to bathing facilities to address feminine hygiene needs					
Often	26.7%[b, c, d, e] (24.9–28.5)	23.1%[a, c, d, e] (21.8–24.4)	18.5%[a, b, e] (17.1–20.0)	17.1%[a, b, e] (16.0–18.3)	12.0%[a, b, c, d] (10.8–13.2)
Sometimes[z]	24.6% (23.0–26.3)	24.2% (22.9–25.4)	26.5% (24.9–28.1)	26.6% (25.2–27.9)	25.5% (23.9–27.1)
Rarely	18.5%[d] (17.1–20.0)	19.1%[d] (18.0–20.3)	19.8% (18.4–21.3)	21.8%[a, b] (20.5–23.0)	21.4% (19.9–22.9)
Never	30.1%[b, c, d, e] (28.5–31.8)	33.5%[a, e] (32.2–34.9)	35.2%[a, e] (33.5–36.9)	34.5%[a, e] (33.1–35.9)	41.2%[a, b, c, d] (39.4–42.9)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Access to feminine hygiene products and facilities during training varied significantly by pay grade (Table 6.9b). The percentage of ADSW who reported that they often or sometimes lacked access to needed feminine hygiene products during training ranged from 52.4 percent of junior enlisted ADSW (E1–E4) to 26.5 percent of midgrade officer ADSW (O4–O6). Similarly, the percentage of ADSW who reported that they often or sometimes lacked privacy to address feminine hygiene needs ranged from 52.0 percent of junior enlisted ADSW to 38.0 percent of midgrade officer ADSW. The percentage of ADSW who reported that they often or sometimes lacked access to bathing facilities to address feminine hygiene needs ranged from 51.3 percent of junior enlisted ADSW to 37.5 percent of midgrade officer ADSW.

Tables C.25a through C.25d present results by age group, race/ethnicity, marital status, and sexual orientation, respectively.

As shown in Table 6.10a, access to feminine hygiene products and facilities during deployment did not differ by service branch to the same degree that access differed during training. Generally, ADSW in the Air Force had somewhat better access, as they were significantly more likely to report that they never lacked access to feminine hygiene products during deployment (57.8 percent) than ADSW in the Army, Marine Corps, and Navy. Similarly, ADSW in the Air Force were significantly more likely to report that they never lacked privacy during deployment (56.1 percent) than ADSW in the Marine Corps and Navy. ADSW in the Army were significantly more likely to report that they often lacked access to bathing facilities during deployment (20.3 percent) than ADSW in the Air Force and Navy.

Table 6.10b presents results by pay grade. The percentage of ADSW who reported that they often or sometimes lacked access to needed feminine hygiene products during deployment ranged from 39.7 percent of junior enlisted ADSW to 16.6 percent of midgrade officer ADSW. Similarly, the percentage of ADSW who reported that they often or sometimes lacked privacy to address feminine hygiene needs during deployment ranged from 38.5 percent of junior enlisted ADSW to 20.7 percent of midgrade officers. The percentage of ADSW who reported that they often or sometimes lacked access to bathing facility to address feminine hygiene needs during deployment ranged from 36.2 percent of junior enlisted ADSW to 18.0 percent of midgrade officers.

Tables C.26a through C.26d present results by age group, race/ethnicity, marital status, and sexual orientation, respectively.

Summary

Overall, this chapter presented WRHS findings regarding predeployment contraception counseling and access, contraception access during deployment, contraception use for menstrual regulation or suppression during deployment, urinary tract or vaginal infections, and access to feminine hygiene products.

Despite Section 718 of the 2016 NDAA requiring that all service women receive "access to comprehensive counseling on the full range of methods of contraception" during their predeployment MHS appointment (Pub. L. 114-92, 2015), a minority of ADSW who deployed within the past 24 months reported receiving any contraceptive counseling prior to deployment (22 percent of Air Force ADSW, 14 percent of Army ADSW, 19 percent of Marine Corps ADSW, 18 percent of Navy ADSW, and 9 percent of Coast Guard ADSW). Comprehensive contraceptive counseling includes discussion of contraception use for menstrual regulation or suppression; however, fewer than one in ten ADSW had discussed use of birth control methods for menstrual regulation or suppression with an MHS provider prior to deployment. As discussed in Chapter Five, factors related to omission of predeployment contraceptive counseling include limited time during the appointment to address multiple health care needs, as well as provider beliefs and attitudes regarding contraception.

Prior to deployment, a significant percentage of ADSW seeking contraception through the MHS experienced a delay or were unable to access their preferred contraception methods. Of DoD ADSW who were

TABLE 6.10A

Access to Feminine Hygiene Products and Facilities During Deployment, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Among those deployed within past 24 months						
Frequency of lacking access to feminine hygiene products (e.g., tampons, sanitary napkins, pads)						
Often[y]	13.5% (11.9–15.1)	11.5% (9.8–13.2)	16.6% (13.0–20.2)	15.4% (9.7–21.0)	12.2% (9.7–14.8)	10.6% (7.9–13.3)
Sometimes	19.2% (17.4–21.0)	15.3%[c, d] (13.3–17.2)	19.0% (15.0–23.0)	24.7%[a] (18.3–31.2)	20.9%[a] (17.8–24.1)	19.5% (16.0–23.1)
Rarely	17.9% (16.2–19.5)	15.4%[d] (13.5–17.3)	14.9%[d] (12.1–17.6)	17.2% (11.4–23.1)	21.5%[a, b] (18.4–24.7)	16.7% (13.2–20.1)
Never	49.4% (47.3–51.6)	57.8%[b, c, d] (55.2–60.3)	49.5%[a] (45.1–53.9)	42.7%[a] (35.4–50.0)	45.3%[a] (41.4–49.2)	53.2% (48.8–57.5)
Frequency of lacking access to a private place to address feminine hygiene needs						
Often[z]	15.6% (13.9–17.3)	12.6% (10.9–14.4)	17.8% (14.1–21.5)	18.3% (12.2–24.4)	15.4% (12.6–18.3)	13.8% (10.8–16.8)
Sometimes[z]	16.7% (15.1–18.4)	14.9% (13.0–16.8)	16.2% (12.8–19.6)	17.6% (12.0–23.2)	18.1% (15.1–21.1)	16.0% (12.9–19.1)
Rarely[z]	17.2% (15.5–18.8)	16.4% (14.4–18.3)	16.1% (12.6–19.6)	19.8% (13.6–26.1)	18.1% (15.2–21.0)	16.1% (12.5–19.7)
Never	50.5% (48.3–52.7)	56.1%[c, d] (53.5–58.7)	49.9% (45.5–54.3)	44.3%[a] (37.0–51.6)	48.4%[a] (44.5–52.3)	54.2% (49.8–58.5)
Frequency of lacking access to bathing facilities to address feminine hygiene needs						
Often	15.4% (13.7–17.1)	12.3%[b] (10.6–14.1)	20.3%[a, d] (16.1–24.4)	17.0% (11.2–22.9)	13.6%[b] (11.0–16.3)	13.8% (10.8–16.9)
Sometimes[z]	14.3% (12.8–15.8)	12.9% (11.1–14.7)	13.1% (10.3–16.0)	17.9% (12.3–23.5)	15.4% (12.6–18.2)	12.9% (10.1–15.7)
Rarely[z]	16.2% (14.6–17.7)	16.1% (14.2–18.1)	14.7% (11.7–17.6)	16.0% (10.3–21.6)	17.3% (14.4–20.2)	15.2% (11.8–18.6)
Never[y]	54.1% (52.0–56.3)	58.7% (56.1–61.2)	51.9% (47.5–56.4)	49.1% (41.7–56.6)	53.7% (49.8–57.5)	58.1% (53.8–62.4)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 6.10B

Access to Feminine Hygiene Products and Facilities During Deployment, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Among those deployed within past 24 months					
Frequency of lacking access to feminine hygiene products (e.g., tampons, sanitary napkins, pads)					
Often	16.6%[c, d, e] (13.4–19.7)	13.3%[d, e] (11.1–15.4)	8.6%[a] (6.1–11.0)	8.9%[a, b] (7.1–10.6)	6.2%[a, b] (4.0–8.4)
Sometimes	23.1%[c, d, e] (19.5–26.7)	18.7%[d, e] (16.3–21.2)	14.0%[a] (11.1–16.9)	13.8%[a, b] (11.7–15.9)	10.4%[a, b] (7.7–13.2)
Rarely[Z]	19.1% (16.0–22.3)	16.3% (14.0–18.5)	15.6% (12.5–18.8)	20.0% (17.4–22.7)	14.6% (11.2–18.0)
Never	41.2%[b, c, d, e] (37.0–45.3)	51.7%[a, c, e] (48.7–54.8)	61.8%[a, b] (57.6–66.0)	57.3%[a, e] (54.2–60.4)	68.7%[a, b, d] (64.4–73.1)
Frequency of lacking access to a private place to address feminine hygiene needs					
Often	18.7%[c, d, e] (15.4–22.1)	15.5%[d, e] (13.2–17.7)	11.0%[a] (8.2–13.8)	10.5%[a, b] (8.6–12.3)	8.0%[a, b] (5.4–10.5)
Sometimes	19.8%[c, e] (16.5–23.1)	15.4% (13.3–17.6)	11.3%[a] (8.8–13.9)	14.5% (12.2–16.7)	12.7%[a] (9.6–15.8)
Rarely[Z]	18.5% (15.3–21.8)	16.2% (14.0–18.5)	15.4% (12.3–18.5)	17.4% (15.0–19.8)	13.2% (10.0–16.4)
Never	42.9%[b, c, d, e] (38.8–47.1)	52.9%[a, c, e] (49.8–55.9)	62.3%[a, b] (58.1–66.5)	57.7%[a, e] (54.6–60.8)	66.1%[a, b, d] (61.7–70.6)
Frequency of lacking access to bathing facilities to address feminine hygiene needs					
Often	19.0%[c, d, e] (15.6–22.5)	14.0% (11.9–16.2)	10.7%[a] (8.0–13.5)	11.8%[a] (9.8–13.8)	8.8%[a] (6.2–11.5)
Sometimes	17.2%[c, d, e] (14.2–20.2)	13.6% (11.5–15.7)	10.5%[a] (7.9–13.0)	10.1%[a] (8.2–11.9)	9.2%[a] (6.6–11.9)
Rarely[Z]	16.7% (13.7–19.7)	15.7% (13.5–17.9)	14.3% (11.3–17.2)	17.6% (15.2–20.1)	13.3% (10.0–16.5)
Never	47.0%[b, c, d, e] (42.8–51.3)	56.7%[a, c, e] (53.7–59.7)	64.6%[a, b] (60.4–68.7)	60.5%[a, e] (57.4–63.5)	68.6%[a, b, d] (64.2–73.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

deployed in the past 24 months, just over 40 percent did not want or need contraceptives, about one-fifth did not receive any contraceptives through the MHS, roughly one-third received their preferred method, and 3 percent received a nonpreferred method. Across service branches, Coast Guard ADSW were significantly less likely to receive their preferred method through the MHS compared with all other service branches. Among those who received birth control through the MHS prior to deployment, the majority (three-quarters of DoD and 88 percent of Coast Guard ADSW) received an adequate supply for the length of their deployment. Among ADSW who deployed in the past 24 months, 60 percent did not seek birth control from the MHS during the deployment, one-quarter had ongoing access during the deployment, and 15 percent did not have ongoing access. The most common source of birth control during deployment for both DoD and Coast Guard ADSW was an MHS provider.

The most common form of birth control used for menstrual regulation or suppression during deployment was birth control pills (used by approximately one in five ADSW), followed by an IUD (used by approximately 12 percent of ADSW) and an implant (used by less than 10 percent of ADSW). Implant use was significantly higher in the Marine Corps and Navy. Differences were observed by pay grade, as junior enlisted ADSW were more likely to use an implant for menstrual regulation or suppression, whereas ADSW in other pay grades were more likely to use an IUD. Survey results do not provide information regarding factors that influence the type of contraceptive used for menstrual regulation or suppression.

Urinary tract and vaginal infections affected a significant percentage of ADSW. Approximately one in three ADSW reported having a urinary tract or vaginal infection during training since joining the military. Infection rates during training were the lowest in the Air Force and highest in the Army. Access to care during training differed across service branches: ADSW in the Army and Marine Corps were most likely to report that they could never access care for urinary tract or vaginal infections during training. Additionally, approximately one in five DoD ADSW and one in ten Coast Guard ADSW reported a urinary tract or vaginal infection during their most recent deployment; infection rates during deployment were highest among those in the Army, Marine Corps, and Navy.

Finally, ADSW reported challenges regarding access to feminine hygiene products and facilities, particularly during training. Specifically, 44 percent of DoD ADSW and 32 percent of Coast Guard ADSW often or sometimes lacked access to needed feminine hygiene products during training. Nearly half of DoD ADSW often or sometimes lacked access to privacy or bathing facilities to address feminine hygiene needs during training. In particular, Army and Marine Corps ADSW were significantly more likely to often lack access to feminine hygiene products and privacy to address feminine hygiene needs during training. Access to feminine hygiene products and facilities during training also varied significantly by pay grade: Nearly half of junior enlisted ADSW reported that they often or sometimes lacked access to needed feminine hygiene products, compared with approximately a quarter of midgrade officers.

CHAPTER SEVEN

Fertility and Pregnancy

The WRHS assesses a number of constructs in the domain of fertility and pregnancy among ADSW. In this chapter, we examine the number of pregnancies ADSW experience during their military careers, whether they have ever delayed pregnancy during their careers, and their parenting plans for the future. We also look at the percentage of ADSW who experienced a pregnancy in a one-year period, the percentage of those pregnancies that were intended, and the contraceptive context for pregnancies that were unintended. In addition, the WRHS assesses the outcome of past-year pregnancies: live births, miscarriages, and other outcomes. We assess the percentage of ADSW who were pregnant at the time of the survey and the timeline for reporting any past-year pregnancies to a supervisor. Finally, we assess the prevalence of maternal depression and whether it was addressed with MHS providers.

As in previous chapters of this report, we note that there are two possible limitations related to the interpretation of survey items that refer to the MHS. First, the survey language does not specify whether care provided by MHS providers refers only to direct care (i.e., generally provided at MTFs) or includes both direct and purchased care (i.e., care covered by TRICARE but generally not provided within the context of an MTF or by a military provider). Different respondents might have interpreted these MHS survey items differently. We assumed that respondents would include purchased care as part of MHS care, if it was covered by TRICARE.

Second, when the survey refers to the MHS, it does not explicitly include Coast Guard clinics that may be staffed by officers or enlisted members of the Coast Guard or U.S. Public Health Service or civilian or contract providers. Thus, survey items that refer to the MHS or MHS providers might have been interpreted differently by Coast Guard respondents (i.e., some of them might have included Coast Guard clinics while other may not have). All active-duty members, retirees, and family members of the Coast Guard are eligible for the benefits offered by the TRICARE program, including care in DoD MTFs, per Chapter 55 of Title 10, U.S. Code.

Pregnancies, Births, and Parenting Plans

The vast majority of ADSW who serve in the military do so during their years of potential childbearing. Pregnancy among ADSW can result in duty restrictions (e.g., hours, certain physical tasks, exposure to environmental hazards), limitations regarding travel and deployments, and evacuation from theater (e.g., Office of the Chief of Naval Operations Instruction 6000.1C, 2007; U.S. Army Public Health Command, 2010; Air Force Instruction 36-2619, 2014).

Policy changes that have resulted in a wider range of duties for ADSW, including combat roles, have raised concerns that ADSW may experience higher rates of miscarriage than women in the U.S. general population (Armed Forces Health Surveillance Center, 2012). Findings in this area are presented for DoD and the Coast Guard overall, as well as by service branch and pay grade. Tables C.27a to C.32d provide results by age group, race/ethnicity, marital status, and sexual orientation.

As Table 7.1a indicates, 42.6 percent of ADSW currently serving in DoD have ever experienced a pregnancy since they joined the military. Overall, 21.7 percent have experienced one pregnancy, 11.4 percent have experienced two, and 9.5 percent have experienced three or more. Pregnancy during deployment was rare, at 1.2 percent, and was half as common (0.6 percent) during combat deployment. Pregnancy is most common among ADSW in the Army, Navy, and Coast Guard (higher than the Air Force and Marine Corps). ADSW in the Marine Corps also experienced fewer pregnancies than those in the Air Force, Army, or Coast Guard, with Navy ADSW falling in between. Pregnancy during deployment was more likely for those in the Army and Marine Corps than those in the Air Force, Navy, and Coast Guard. Pregnancy during combat deployment was more likely for ADSW in the Army, Navy, and Coast Guard than those in the Air Force and Marine Corps; however, in all cases, the percentage is 1.0 or less.

As Table 7.1b indicates, E7–W5 pay grades were the most likely to have had a military pregnancy, at 75.4 percent, exceeding all other pay grades. Pregnancy was least likely to have been experienced by junior enlisted (E1–E4) and junior officers (O1–O3), with 27.3 percent and 30.1 percent, respectively, reporting one or more since joining the services. Although these two groups were equivalent in their chances of having *any* pregnancy, junior officers were more likely to have two pregnancies or to have three or more, compared with junior enlisted. NCOs (E5–E6) were most likely to have had just one pregnancy among the pay grades (24.4 percent). As with pregnancy overall, pregnancy during deployment (3.2 percent) and pregnancy during combat deployment (2.2 percent) were more likely for E7–W5 than any other pay grade and least likely for junior enlisted (0.6 percent and 0.1 percent) and junior officers (0.3 percent and 0.2 percent). To some extent,

TABLE 7.1A

Number of Pregnancies Since Joining the Military, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Ever pregnant while in the military	42.6% (41.6–43.5)	43.0%[b, c, d] (41.9–44.1)	46.9%[a, c, d] (45.0–48.7)	34.7%[a, b, e] (31.6–37.9)	38.9%[a, b, e] (36.9–40.9)	43.7%[c, d] (41.5–45.9)
Number of pregnancies since joining the military (total sample)						
No pregnancy	57.4% (56.5–58.4)	57.0%[b, c, d] (55.9–58.1)	53.1%[a, c, d] (51.3–55.0)	65.3%[a, b, e] (62.1–68.4)	61.1%[a, b, e] (59.1–63.1)	56.3%[c, d] (54.1–58.5)
One pregnancy	21.7% (20.9–22.6)	19.5%[b] (18.6–20.4)	24.6%[a, d, e] (22.9–26.2)	20.4% (17.6–23.2)	20.9%[b] (19.2–22.7)	18.8%[b] (17.1–20.5)
Two pregnancies	11.4% (10.9–11.9)	12.7%[c, d] (12.1–13.4)	12.7%[c, d] (11.7–13.7)	8.0%[a, b, e] (6.4–9.6)	9.3%[a, b, e] (8.3–10.3)	13.9%[c, d] (12.5–15.3)
Three or more pregnancies	9.5% (9.0–9.9)	10.7%[c, d] (10.1–11.4)	9.6%[c] (8.8–10.4)	6.4%[a, b, d, e] (5.1–7.6)	8.7%[a, c, e] (7.8–9.6)	11.0%[c, d] (9.7–12.2)
Pregnancies during deployment						
Ever became pregnant while deployed (total sample)	1.2% (1.0–1.4)	0.5%[b, d, e] (0.4–0.7)	1.2%[a, c] (0.9–1.5)	0.2%[b, d, e] (0.0–0.4)	2.0%[a, c] (1.4–2.7)	1.3%[a, c] (0.8–1.8)
Ever became pregnant while on a combat deployment (total sample)	0.6% (0.5–0.7)	0.3%[b] (0.2–0.5)	0.9%[a, e] (0.7–1.1)	0.0% (0.0–0.4)	0.7%[e] (0.4–0.9)	0.1%[b, d] (0.0–0.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

TABLE 7.1B

Number of Pregnancies Since Joining the Military, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Ever pregnant while in the military	27.3%[b, c, e] (25.5–29.0)	53.1%[a, c, d, e] (51.6–54.6)	75.4%[a, b, d, e] (73.9–77.0)	30.1%[b, c, e] (28.7–31.4)	65.6%[a, b, c, d] (63.9–67.3)
Number of pregnancies since joining the military (total sample)					
No pregnancy	72.7%[b, c, e] (71.0–74.5)	46.9%[a, c, d, e] (45.4–48.4)	24.6%[a, b, d, e] (23.0–26.1)	69.9%[b, c, e] (68.6–71.3)	34.4%[a, b, c, d] (32.7–36.1)
One pregnancy	22.0%[d] (20.3–23.6)	24.4%[c, d, e] (23.2–25.7)	20.8%[b, d] (19.4–22.2)	15.7%[a, b, c, e] (14.6–16.8)	19.6%[b, d] (18.2–21.0)
Two pregnancies	4.1%[b, c, d, e] (3.3–4.8)	15.7%[a, c, d, e] (14.7–16.7)	25.5%[a, b, d] (24.0–27.1)	8.7%[a, b, c, e] (7.9–9.5)	23.3%[a, b, d] (21.8–24.8)
Three or more pregnancies	1.3%[b, c, d, e] (0.9–1.6)	13.0%[a, c, d, e] (12.1–13.9)	29.1%[a, b, d, e] (27.4–30.7)	5.7%[a, b, c, e] (5.0–6.3)	22.7%[a, b, c, d] (21.2–24.2)
Pregnancies during deployment (total sample)					
Ever became pregnant while deployed	0.6%[b, c] (0.2–0.9)	1.7%[a, c, d] (1.3–2.1)	3.2%[a, b, d, e] (2.5–3.8)	0.3%[b, c, e] (0.1–0.5)	1.0%[c, d] (0.6–1.3)
Ever became pregnant while on a combat deployment	0.1%[b, c, e] (0.0–0.1)	0.9%[a, c, d] (0.6–1.2)	2.2%[a, b, d, e] (1.6–2.7)	0.2%[b, c, e] (0.0–0.3)	0.7%[a, c, d] (0.4–1.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

these differences may be due to length of service at the time of the survey (and thus opportunity to experience pregnancy).

Half of all DoD ADSW (49.7 percent) reported that they had delayed getting pregnant or starting a family since joining the military (see Table 7.2a). ADSW in the Army (53.2 percent) were more likely to delay parenting than those in the Air Force (43.5 percent—the lowest rate), Marine Corps (47.7 percent), or Coast Guard (48.9 percent). Navy ADSW (52.6 percent) were similar to all groups except the Air Force. Fourteen percent of ADSW planned to get pregnant (or adopt a child) in the 12 months following the survey, while twice as many (30.9 percent) planned to delay for another one to three years and even more (34.0 percent) for three to five years. More than one in four ADSW (27.5 percent) planned to wait five or more years to get pregnant or adopt. For some ADSW, this would mean delaying family formation until after they have completed their military service. These longer delays were most likely to be reported by ADSW serving in the Marine Corps (35.9 percent) or Navy (32.9 percent) than in other services. Plans to parent in the next 12 months were most common among Army ADSW (15.6 percent), followed by Navy (14.0 percent) and Air Force (13.5 percent) ADSW, and least common for Marine Corps and Coast Guard ADSW.

As shown in Table 7.2b, delayed parenting was most commonly reported by midgrade officers (O4–O6). Almost two-thirds of these ADSW (64.6 percent) reported that they had done so. Fewer junior enlisted ADSW reported doing so (E1–E4; 38.5 percent), and other pay grades fell in between. O4–O6 and E7–W5 ADSW were the least likely of the pay grades to plan to parent within any of the future time frames assessed, suggesting that they might have already completed (or abandoned) any parenting plans. NCOs (E5–E6; 16.8 percent)

TABLE 7.2A

Timing of Family Formation, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Since joining military, delayed getting pregnant or starting a family	49.7% (48.7–50.7)	43.5%[b, d, e] (42.4–44.6)	53.2%[a, c, e] (51.2–55.1)	47.7%[b] (44.3–51.1)	52.6%[a] (50.5–54.7)	48.9%[a, b] (46.7–51.2)
Future parenting plans						
Plan to get pregnant or adopt a child in next 12 months	14.2% (13.6–14.9)	13.5%[b, e] (12.7–14.2)	15.6%[a, c, e] (14.3–16.9)	11.8%[b] (9.8–13.8)	14.0%[e] (12.6–15.4)	10.7%[a, b, d] (9.4–12.0)
Plan to get pregnant or adopt a child 1–3 years from now	30.9% (30.0–31.9)	28.7%[d, e] (27.7–29.7)	31.0%[e] (29.2–32.7)	31.7%[e] (28.5–34.9)	33.1%[a, e] (31.1–35.1)	24.5%[a, b, c, d] (22.6–26.5)
Plan to get pregnant or adopt a child 3–5 years from now	34.0% (33.0–35.0)	30.5%[c, d, e] (29.5–31.6)	30.8%[c, d, e] (29.0–32.6)	40.9%[a, b, e] (37.5–44.3)	39.9%[a, b, e] (37.8–42.0)	26.1%[a, b, c, d] (24.0–28.1)
Plan to get pregnant or adopt a child 5+ years from now	27.5% (26.6–28.5)	24.2%[c, d] (23.2–25.2)	24.3%[c, d] (22.4–26.2)	35.9%[a, b, e] (32.6–39.3)	32.9%[a, b, e] (30.8–35.0)	23.1%[c, d] (21.0–25.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

TABLE 7.2B

Timing of Family Formation, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Since joining military, delayed getting pregnant or starting a family	38.5%[b, c, d, e] (36.7–40.4)	57.2%[a, e] (55.7–58.6)	57.0%[a, e] (55.2–58.8)	56.7%[a, e] (55.2–58.2)	64.6%[a, b, c, d] (62.9–66.4)
Future parenting plans					
Plan to get pregnant or adopt a child in next 12 months	12.7%[b, d] (11.4–14.0)	16.8%[a, c, e] (15.8–17.9)	11.9%[b, d] (10.8–13.1)	16.1%[a, c, e] (15.1–17.2)	11.9%[b, d] (10.8–13.0)
Plan to get pregnant or adopt a child 1–3 years from now	33.6%[c, e] (31.8–35.4)	33.3%[c, e] (31.9–34.7)	16.4%[a, b, d] (15.1–17.8)	35.6%[c, e] (34.2–37.1)	15.7%[a, b, d] (14.4–17.0)
Plan to get pregnant or adopt a child 3–5 years from now	44.4%[b, c, d, e] (42.5–46.3)	30.4%[a, c, d, e] (29.0–31.8)	9.3%[a, b, d] (8.3–10.4)	39.7%[a, b, c, e] (38.2–41.2)	9.0%[a, b, d] (7.9–10.0)
Plan to get pregnant or adopt a child 5+ years from now	40.5%[b, c, d, e] (38.6–42.4)	19.8%[a, c, d, e] (18.6–21.1)	5.7%[a, b, d] (4.9–6.6)	31.1%[a, b, c, e] (29.6–32.5)	4.6%[a, b, d] (3.8–5.3)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

and junior officers (O1–O3; 16.1 percent) were most likely to plan to parent in the 12 months following the survey. These differences in the expected timing of parenting according to ADSW's pay grade may be due to age differences among ADSW or career timelines and milestones.

Just over 16 percent (16.2 percent) of DoD ADSW were pregnant in the past 12 months (see Table 7.3a). The highest percentages were among ADSW in the Marine Corps (17.9 percent) and Army (17.8 percent), with rates in these services exceeding the rate in the Coast Guard (12.9 percent), which had the lowest percentage of ADSW with past-year pregnancies. Among 15- to 44-year-old women in the United States, the one-year pregnancy rate is 9.8 percent (Finer and Zolna, 2016). Overall, 59.3 percent of past-year pregnancies were carried to term (lasted from 37 to 42 weeks) among DoD ADSW. There were no significant differences across the services in the likelihood of carrying a past-year pregnancy to term.

There were differences in the percentage of ADSW experiencing a pregnancy in the past 12 months depending on pay grade (see Table 7.3b): 18.3 percent of junior enlisted and 17.3 percent of NCOs reported a past-year pregnancy, while only 8.8 percent (E7–W5) to 14.5 percent (O1–O3) of ADSW in other pay grades reported this experience. Differences in the likelihood of carrying a pregnancy to term also emerged by pay grade. About 70 percent of past-year pregnancies among officers were carried to term (70.7 percent among O4–O6 ADSW and 71.7 percent among O1–O3 ADSW). Among junior enlisted, the percentage was statistically significantly lower, at 54.8 percent, with full-term pregnancies among NCOs and E7–W5 ADSW falling in between (60.9 percent and 59.6 percent, respectively).

TABLE 7.3A

Pregnancy in Past 12 Months, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Pregnancy in past 12 months	16.2% (15.4–16.9)	14.6%[b] (13.8–15.3)	17.8%[a, e] (16.2–19.3)	17.9%[e] (15.3–20.6)	15.5% (13.9–17.1)	12.9%[b, c] (11.5–14.4)
Length of past-year pregnancy was 37–42 weeks (not currently pregnant)[z]	59.3% (56.0–62.7)	62.0% (58.4–65.6)	60.1% (53.9–66.4)	59.6% (49.2–70.1)	55.9% (49.1–62.8)	62.9% (55.1–70.7)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 7.3B

Pregnancy in Past 12 Months, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Pregnancy in past 12 months	18.3%[c, d, e] (16.7–19.8)	17.3%[c, d, e] (16.2–18.4)	8.8%[a, b, d, e] (7.8–9.8)	14.5%[a, b, c, e] (13.5–15.5)	11.4%[a, b, c, d] (10.4–12.5)
Length of past 12-month pregnancy was 37–42 weeks (not currently pregnant)	54.8%[d, e] (48.9–60.8)	60.9%[d] (56.5–65.2)	59.6%[d] (53.0–66.3)	71.7%[a, b, c] (67.2–76.1)	70.7%[a] (65.2–76.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

Among DoD ADSW, the majority of pregnancies occurring during the 12 months prior to the survey, 65.1 percent, resulted in a live birth, 24.6 percent resulted in miscarriage, and 10.3 percent had some other outcome (Table 7.4a). No statistically significant differences in these outcomes were observed across the services.

As indicated in Table 7.4b, there were differences in pregnancy outcomes by pay grade. Junior officers were more likely than enlisted ADSW to have a live-birth pregnancy outcome, with 77.4 percent of ADSW in O1–O3 reporting a past-year pregnancy ending this way, compared with 60.9 and 66.6 percent in the enlisted groups. Midgrade officers in O4–O6 fell in between (75.7 percent). Enlisted ADSW in pay grades E1–E4 and E5–E6 were statistically more likely to have a past-year pregnancy with an outcome other than live birth or miscarriage; percentages were 12.7 and 10.1, respectively, compared with 3.5 among junior officers (O1–O3). Other outcomes were the lowest among junior officers but statistically similar to rates among midgrade officers (4.1 percent) and the E7–W5 pay grades (7.1 percent). There were no significant differences by pay grade in the probability of miscarriage.

TABLE 7.4A

Outcome of Pregnancies in Past 12 Months, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Live birth[z]	65.1% (61.8–68.3)	68.1% (64.6–71.7)	65.6% (59.4–71.8)	66.0% (55.5–76.5)	61.5% (54.9–68.2)	67.9% (60.2–75.5)
Miscarriage[z]	24.6% (21.8–27.4)	23.9% (20.8–27.1)	25.5% (20.0–31.1)	26.9% (16.4–37.3)	23.6% (18.4–28.8)	25.2% (17.9–32.6)
Other[z]	10.3% (7.9–12.7)	7.9% (5.6–10.3)	8.9% (4.3–13.4)	7.2% (2.5–11.8)	14.8% (9.5–20.2)	6.9% (2.8–11.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 7.4B

Outcome of Pregnancies in Past 12 Months, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Live birth	60.9%[d, e] (55.0–66.7)	66.6%[d] (62.3–70.9)	63.9%[d] (57.4–70.5)	77.4%[a, b, c] (73.3–81.6)	75.7%[a] (70.4–80.9)
Miscarriage[z]	26.5% (21.4–31.6)	23.3% (19.4–27.1)	29.0% (22.8–35.2)	19.1% (15.2–23.0)	20.2% (15.4–25.1)
Other	12.7%[d, e] (8.1–17.2)	10.1%[d] (7.2–13.1)	7.1% (3.4–10.8)	3.5%[a, b] (1.6–5.4)	4.1%[a] (1.5–6.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

As indicated in Table 7.5a, at the time that our survey took place, 5.5 percent of DoD ADSW were pregnant. ADSW serving in the Army were more likely to be pregnant (6.3 percent) than those in the Navy (4.5 percent). Other service branches did not differ from these two groups or from one another.

Differences were observed in the likelihood of a current pregnancy by pay grade (Table 7.5b). At 2.1 percent, senior enlisted and warrant officers (E7–W5) were less likely than ADSW in any other pay grade to be pregnant. Junior enlisted, NCOs, and junior officers were statistically equivalent and most likely to be pregnant (6.3 percent, 5.9 percent, and 5.9 percent, respectively). Midgrade officers (O4–O6) fell in between.

ADSW are instructed to report any pregnancy within two weeks of determining that they are pregnant. Almost half of DoD ADSW (47.0 percent) reported their pregnancy to their supervisor within one week, and an additional 17.6 percent did so within two weeks. About one in ten (10.3 percent) did not inform their supervisor or had not yet done so at the time of the survey (see Table 7.6a). ADSW in the Marine Corps (4.3 percent) were less likely than those in the Army (10.9 percent) and Coast Guard (12.7 percent) to notify their supervisors between three and four weeks after learning they were pregnant. ADSW in the Navy (14.3 percent) were more likely than those in the Army (8.1 percent) to have not informed their supervisor.

Table 7.6b displays the percentages of ADSW reporting a pregnancy to their supervisor at various times according to pay grade. Enlisted ADSW in pay grades E1–E4 (54.5 percent) and E5–E6 (47.6 percent) were more likely to report a pregnancy within one week of learning they were pregnant than ADSW in all other pay grades. Midgrade officers (O4–O6) were least likely to do so (16.0 percent), and E7–W5 and O1–O3 ADSW fell in between (29.3 and 32.8 percent, respectively). Differences across other reporting periods are consistent with this. That is, midgrade officers were more likely to report a pregnancy to their supervisor at three to four weeks, five to eight weeks, and eight or more weeks than those in either E1–E4 or E5–E6. There were no differences across pay grades in the likelihood of not informing a supervisor of a pregnancy.

TABLE 7.5A
Currently Pregnant, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Currently pregnant (total sample)	5.5% (5.1–6.0)	5.4% (4.9–5.9)	6.3%[d] (5.4–7.3)	6.8% (5.0–8.7)	4.5%[b] (3.6–5.3)	4.9% (4.0–5.9)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from Air Force estimate.

[b] Statistically significantly different from Army estimate.

[c] Statistically significantly different from Marine Corps estimate.

[d] Statistically significantly different from Navy estimate.

[e] Statistically significantly different from Coast Guard estimate.

TABLE 7.5B
Currently Pregnant, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Currently pregnant (total sample)	6.3%[c, e] (5.4–7.2)	5.9%[c, e] (5.2–6.5)	2.1%[a, b, d, e] (1.6–2.6)	5.9%[c, e] (5.2–6.6)	3.8%[a, b, c, d] (3.1–4.4)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

TABLE 7.6A

Notified Supervisor of Pregnancy, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Within a week after learning I was pregnant[Z]	47.0% (44.4–49.6)	46.7% (43.8–49.6)	46.0% (41.1–50.9)	51.4% (43.2–59.7)	47.5% (41.8–53.3)	36.5% (30.7–42.4)
Between 1 and 2 weeks after learning I was pregnant[Z]	17.6% (15.6–19.5)	15.6% (13.5–17.7)	18.3% (14.5–22.1)	19.6% (12.6–26.6)	17.9% (13.9–21.9)	25.9% (20.8–30.9)
Between 3 and 4 weeks after learning I was pregnant	9.2% (7.8–10.5)	9.4% (7.8–11.0)	10.9%[c] (8.2–13.5)	4.3%[b, e] (1.8–6.8)	7.9% (5.0–10.8)	12.7%[c] (8.8–16.6)
Between 5 and 8 weeks after learning I was pregnant[Z]	7.0% (5.7–8.4)	7.1% (5.7–8.5)	8.4% (5.3–11.5)	5.5% (2.1–8.9)	5.5% (3.7–7.3)	7.0% (4.1–10.0)
8 or more weeks after learning I was pregnant[Z]	8.9% (7.6–10.3)	11.2% (9.4–13.1)	8.4% (6.2–10.6)	10.9% (4.4–17.4)	6.8% (4.1–9.5)	8.9% (5.8–11.9)
I did not inform or have not informed my supervisor	10.3% (8.8–11.8)	9.9% (8.2–11.7)	8.1%[d] (5.9–10.2)	8.3% (4.4–12.2)	14.3%[b] (10.1–18.5)	9.1% (5.3–12.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 7.6B

Notified Supervisor of Pregnancy, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Within a week after learning I was pregnant	54.5%[c, d, e] (49.8–59.1)	47.6%[c, d, e] (44.1–51.1)	29.3%[a, b, e] (24.1–34.6)	32.8%[a, b, e] (29.3–36.3)	16.0%[a, b, c, d] (12.4–19.6)
Between 1 and 2 weeks after learning I was pregnant[Z]	16.9% (13.4–20.4)	17.3% (14.6–19.9)	18.8% (14.0–23.7)	21.9% (18.8–25.0)	18.0% (14.3–21.7)
Between 3 and 4 weeks after learning I was pregnant	6.5%[d, e] (4.3–8.8)	10.4%[e] (8.3–12.5)	11.1% (7.3–15.0)	13.3%[a] (10.8–15.8)	17.4%[a, b] (13.6–21.1)
Between 5 and 8 weeks after learning I was pregnant	6.4%[e] (3.9–8.9)	5.5%[d, e] (4.1–7.0)	8.6% (5.3–11.8)	10.6%[b] (8.3–12.8)	13.4%[a, b] (10.2–16.7)
8 or more weeks after learning I was pregnant	6.2%[c, d, e] (3.9–8.5)	8.8%[c, e] (7.0–10.6)	17.3%[a, b] (12.9–21.7)	11.2%[a, e] (8.9–13.6)	23.1%[a, b, d] (18.9–27.3)
I did not inform or have not informed my supervisor[Z]	9.5% (6.8–12.2)	10.4% (8.1–12.6)	14.8% (10.5–19.1)	10.2% (7.9–12.4)	12.1% (8.8–15.4)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Unwanted, Mistimed, and Unintended Pregnancies

Unintended pregnancies are those that are unwanted (i.e., not desired by the woman at any time) or mistimed (occurring sooner than wanted). Reducing the proportion of pregnancies that are unintended is among the goals for the United States outlined in HP2030. When unintended pregnancies occur in theater or while ADSW are assigned to some duties, evacuation or reassignment may be required. And some ADSW might not wish to become parents or might feel that they have completed their families. Thus, in addition to supporting ADSW's intended pregnancies, limiting the occurrence of unintended pregnancies is important. Some prior reports have suggested that unintended pregnancy rates are much higher among ADSW than women in the U.S. general population (Lindberg, 2011; Grindlay and Grossman, 2013). However, the more recent 2018 HRBS of active personnel (Meadows et al., 2021) suggests that unintended pregnancy rates in the Coast Guard and the DoD services have declined substantially, although they remain somewhat higher than rates in the general population. Rates of unwanted and mistimed pregnancies have not, to our knowledge, been studied in representative samples of ADSW.

WRHS findings in these areas are presented immediately below for DoD ADSW overall, as well as for Coast Guard ADSW and by DoD service branch and pay grade. Tables C.33a to C.36d provide results by age group, race/ethnicity, marital status, and sexual orientation.

As defined in the research and public health literature (Finer and Zolna, 2016), *unwanted pregnancies* are those that occur when a woman does not want a child at the time of conception and does not want one at any time in the future. Overall, 11.4 percent of DoD ADSW who were pregnant in the past year did not want the pregnancy, and 6.6 percent were unsure (see Table 7.7a). The remaining 82 percent wanted to have a child at some point. In the United States, an estimated 180 in 1,000 pregnancies are unwanted each year, translating into roughly 18 percent of women with an unwanted pregnancy (Finer and Zolna, 2016). It should be noted that our methods are not identical to those used to derive national estimates. National estimates combine survey data similar to ours with national birth records and surveys of abortion providers and patients. This difference may explain the lower number of unwanted pregnancies, as might the number of "unsure" responses among ADSW ("unsure" responses are not reported in national estimates). Alternatively, differences might be due to differing demographics or to differences based on military service. There were no statistically significant differences in unwanted pregnancy percentages by service branch.

TABLE 7.7A

Unwanted Pregnancy Status Among Those with Past-Year Pregnancy, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Unwanted[y]	11.4% (9.6–13.3)	9.4% (7.5–11.2)	13.8% (10.1–17.5)	7.1% (3.6–10.7)	11.5% (7.6–15.3)	7.4% (4.0–10.8)
Wanted	82.0% (79.8–84.2)	85.6%[b] (83.4–87.7)	78.2%[a, c, e] (73.8–82.5)	87.7%[b] (83.2–92.3)	82.1% (77.5–86.6)	90.1%[b] (86.4–93.9)
Unsure[z]	6.6% (5.1–8.0)	5.0% (3.8–6.3)	8.1% (5.1–11.0)	5.1% (2.1–8.1)	6.5% (3.5–9.4)	2.4% (0.6–4.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

As indicated in Table 7.7b, unwanted pregnancies were more likely among senior enlisted ADSW and warrant officers than among ADSW in pay grades O1–O3 and O4–O6. Among E1–E4 pay grades, ADSW were more than five times as likely as those in O1–O3 (14.9 versus 2.9 percent) to experience an unwanted pregnancy and about four times more likely to do so than midgrade officers (3.4 percent). Patterns of wanted pregnancy by pay grade were the converse of those for unwanted pregnancy, and no statistically significant differences in reports of being unsure were observed across pay grades.

As noted, reducing the proportion of pregnancies that were unintended is an HP2030 objective. The HP2030 goal is to reduce their level to 36.5 percent by 2030. Table 7.8a reports the percentages of ADSW with mistimed and unintended pregnancies among those who had a pregnancy in the past year. Also noted above, mistimed pregnancies are those that occur among women who would like to have a child at some time in the future but for whom the pregnancy happened too soon. In the United States, 27 of 100 pregnancies each year are mistimed (Finer and Zolna, 2016). Overall, 18.5 percent of DoD ADSW who were pregnant in the past year reported that the pregnancy was mistimed. This percentage was similar in the Coast Guard and did not differ significantly by service branch. Unintended pregnancies are the combination of pregnancies that were unwanted (ever) and those that were mistimed (occurred too soon). Among DoD ADSW who were pregnant

TABLE 7.7B

Unwanted Pregnancy Status Among Those with Past-Year Pregnancy, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Unwanted	14.9%[d, e] (11.5–18.2)	10.5%[d, e] (8.1–12.8)	9.3%[d, e] (5.7–12.9)	2.9%[a, b, c] (1.5–4.3)	3.4%[a, b, c] (1.6–5.2)
Wanted	78.2%[d, e] (74.1–82.2)	82.2%[d, e] (79.3–85.0)	84.2%[d, e] (79.7–88.7)	94.2%[a, b, c] (92.3–96.1)	92.7%[a, b, c] (90.1–95.4)
Unsure[z]	7.0% (4.3–9.6)	7.4% (5.5–9.2)	6.5% (3.4–9.7)	2.9% (1.5–4.3)	3.9% (1.8–5.9)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 7.8A

Mistimed and Unintended Pregnancy, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Mistimed past-year pregnancy[z]	18.5% (16.2–20.7)	16.2% (14.0–18.5)	17.9% (13.8–22.0)	22.9% (16.3–29.4)	20.2% (14.9–25.5)	19.3% (14.3–24.3)
Unintended past-year pregnancy (coded yes when unsure if wanted)	36.5% (33.8–39.2)	30.7%[b] (27.9–33.4)	39.7%[a] (34.8–44.7)	35.1% (27.7–42.6)	38.2% (32.3–44.0)	29.2% (23.5–34.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

in the past year, 36.5 percent reported that the pregnancy was unintended, meeting the HP2030 goal. However, because pregnancy is more common among DoD ADSW than the general population of U.S. women, the proportion of ADSW who experience unintended pregnancy is relatively high.

When the DoD ADSW unintended pregnancy rate of 36.5 percent is combined with a past-year DoD pregnancy rate of 16.2 percent, it indicates that 5.9 percent of ADSW have an unintended pregnancy each year. This is consistent with the 2018 HRBS, which reported a rate of 5.5 percent (Meadows et al., 2021). In the United States, the rate is 4.5 percent (Finer and Zolna, 2016). Thus, the percentage of DoD ADSW who experience an unintended pregnancy each year is approximately 30 percent higher than the percentage in the general population of U.S. women ages 15 to 44. Differences in survey methods, demographics, or aspects of military service may explain differences in mistimed and unintended pregnancy among ADSW compared with the general population in the United States and may also belie apparent similarities. There were no differences in the rates of unintended pregnancy by service branch, and the rate in the Coast Guard was similar to DoD rates.

Table 7.8b reports the percentages of ADSW with mistimed and unintended pregnancies by pay grade. As indicated there, mistimed pregnancies were most common among ADSW in pay grades E1–E4 (23.0 percent). Mistimed pregnancies were least common among midgrade officers (O4–O6, 8.3 percent), who were similar to senior enlisted and warrant officers (E7–W5, 9.5 percent). Rates among ADSW in O1–O3 and E5–E6 fell in between (14.1 percent and 16.1 percent). Patterns of unintended pregnancy were also different across pay grades. Unintended pregnancies were most common among pay grades E1–E4; rates were nearly three times as high in this group as they were among midgrade officers (O4–O6), the pay grade with the lowest percentage of unintended pregnancies (44.9 percent versus 15.6 percent). Junior officers (O1–O3) were statistically similar to midgrade officers in the percentage with unintended pregnancy (19.9 percent for O1–O3), and NCOs and senior enlisted and warrant officers fell in between junior enlisted and officers in their likelihood of experiencing an unplanned pregnancy (33.9 percent and 25.7 percent, respectively).

The method of birth control that DoD ADSW used in the month prior to an unintended pregnancy is reported in Table 7.9a. The most common response for DoD ADSW overall was "no contraception," at 48.7 percent; 4.9 percent used a method considered highly effective, and 46.4 percent used another method (i.e., one that is less than highly effective at preventing conception). There were no statistically significant differences by service branch in the method used just prior to experiencing an unintended pregnancy.

There were also no statistically significant differences by pay grade observed in the birth control method used just prior to unintended pregnancy (Table 7.9b).

In addition to method of birth control used at the time of pregnancy, the survey asked ADSW to report whether, and how consistently, they were using *any* method at the time their pregnancy occurred. As

TABLE 7.8B

Mistimed and Unintended Pregnancy, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Mistimed past-year pregnancy	23.0%[b, c, d, e] (18.8–27.3)	16.1%[a, e] (13.6–18.6)	9.9%[a] (6.3–13.6)	14.1%[a, e] (11.5–16.6)	8.3%[a, b, d] (5.6–11.0)
Unintended past-year pregnancy (coded yes where unsure if wanted)	44.9%[b, c, d, e] (40.1–49.6)	33.9%[a, d, e] (30.5–37.3)	25.7%[a, e] (20.4–31.1)	19.9%[a, b] (16.9–22.9)	15.6%[a, b, c] (12.0–19.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

TABLE 7.9A

Birth Control Method One Month Prior to Pregnancy Among Those with Unintended Pregnancy, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
No contraception[Z]	48.7% (43.7–53.6)	50.7% (45.1–56.3)	53.2% (44.5–61.8)	47.9% (35.5–60.2)	40.8% (30.8–50.9)	57.1% (45.2–69.0)
Highly effective contraception[Z]	4.9% (2.6–7.3)	4.7% (2.5–6.8)	2.4% (0.8–4.1)	2.6% (0.0–6.2)	9.4% (2.2–16.7)	4.6% (0.1–9.2)
Other contraception[Z]	46.4% (41.4–51.3)	44.6% (39.1–50.2)	44.4% (35.8–53.0)	49.5% (37.1–61.9)	49.7% (39.2–60.3)	38.3% (26.5–50.1)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 7.9B

Birth Control Method One Month Prior to Pregnancy Among Those with Unintended Pregnancy, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
No contraception[Z]	47.3% (39.7–54.8)	49.5% (43.2–55.7)	56.8% (44.6–69.0)	54.5% (45.9–63.2)	52.2% (39.6–64.8)
Highly effective contraception[Z]	4.9% (1.3–8.5)	4.2% (2.0–6.4)	9.5% (1.2–17.8)	6.8% (2.2–11.4)	2.8% (0.0–6.6)
Other contraception[Z]	47.8% (40.3–55.4)	46.3% (40.1–52.6)	33.7% (22.2–45.1)	38.6% (30.1–47.2)	45.0% (32.5–57.6)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Table 7.10a indicates, just over half (56.2 percent) of unintended pregnancies among DoD ADSW occurred when ADSW reported that they were not using any method of birth control, about a quarter of unintended pregnancies occurred when birth control was used inconsistently or improperly (24.2 percent), and about a quarter were believed to have occurred because the method in use failed (28.8 percent; these sum to more than 100 percent because ADSW could endorse more than one of these situations). There were no statistically significant differences among the service branches in these percentages.

We did not observe any statistically significant differences in whether or how birth control was being used at the time of unintended pregnancies according to ADSW's pay grade (Table 7.10b).

As noted, 56.2 percent of DoD ADSW experiencing an unintended pregnancy reported that they were not using birth control when they got pregnant. The survey asked ADSW why they were not using birth control when the pregnancy occurred (these sum to more than 100 percent because ADSW could endorse more than one reason). These data are displayed in Table 7.11. The most commonly cited reason among DoD ADSW was

TABLE 7.10A

Birth Control Use Just Before Pregnancy Among Those with Unintended Pregnancy, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Among respondents reporting "yes" or "unsure" to unintended pregnancy						
Your birth control method failed[z]	28.8% (24.3–33.3)	26.3% (21.5–31.1)	25.5% (18.2–32.8)	40.5% (28.2–52.8)	32.7% (22.2–43.1)	38.8% (27.2–50.3)
You did not use your birth control method properly or consistently[z]	24.2% (19.9–28.4)	22.2% (17.7–26.7)	28.6% (20.5–36.7)	16.4% (8.2–24.5)	21.3% (13.4–29.3)	20.0% (10.4–29.6)
You were not using birth control[z]	56.2% (51.2–61.2)	61.7% (56.3–67.1)	54.3% (45.6–63.0)	56.9% (44.6–69.3)	54.4% (43.8–65.0)	58.4% (46.6–70.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 7.10B

Birth Control Use Just Before Pregnancy Among Those with Unintended Pregnancy, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Among respondents reporting "yes" or "unsure" to unintended pregnancy					
Your birth control method failed[z]	30.9% (23.9–37.9)	26.7% (21.4–31.9)	26.6% (16.0–37.3)	24.5% (16.8–32.2)	23.1% (12.0–34.3)
You did not use your birth control method properly or consistently[z]	24.8% (18.2–31.3)	23.5% (18.2–28.7)	21.3% (11.6–31.1)	22.5% (15.5–29.6)	23.7% (12.9–34.4)
You were not using birth control[z]	52.6% (45.1–60.2)	61.4% (55.4–67.3)	61.2% (49.3–73.1)	61.1% (52.6–69.5)	65.7% (53.5–77.9)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

"you were worried about side effects of birth control" (47.6 percent), followed by "you did not think you could get pregnant" (36.3 percent), "you did not expect to have sex" (26.2 percent), and "you didn't really mind if you got pregnant" (21.7 percent). "You could not get birth control," which might indicate that problems with access to contraception are a factor in unintended pregnancies among ADSW, was cited by 10.0 percent of DoD ADSW.

TABLE 7.11
Reason ADSW Did Not Use Birth Control Before Pregnancy Among Those with Unintended Pregnancy

	DoD Total	Total, Including Coast Guard
You did not expect to have sex	26.2% (17.5–34.8)	26.1% (17.5–34.7)
You did not think you could get pregnant	36.3% (27.2–45.4)	36.1% (27.1–45.2)
You didn't really mind if you got pregnant	21.7% (15.1–28.3)	21.7% (15.2–28.3)
You were worried about side effects of birth control	47.6% (38.4–56.8)	47.7% (38.6–56.9)
Your male partner did not want you (or him) to use a birth control method	8.8% (1.7–15.8)	8.7% (1.8–15.7)
You could not get birth control	10.0% (3.5–16.5)	9.9% (3.5–16.4)
You were not taking, or using, your birth control consistently	17.8% (10.8–24.9)	17.9% (10.9–24.9)
You did not consent to the sexual activity	0.8% (0.0–1.8)	0.8% (0.0–1.7)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

Pregnancy-Associated Leave and Duty Restriction

Pregnancy among ADSW can result in duty restrictions (e.g., hours, certain physical tasks, exposure to environmental hazards). When pregnancies are carried to term, ADSW may take maternity leave. DoD has offered 12 weeks of paid maternity leave across the joint forces since 2016 (Office of the Chief of Naval Operations Instruction 6000.1C; U.S. Army Public Health Command, 2010; Air Force Instruction 36-2619, 2014). WRHS findings in these areas are presented in this section for DoD ADSW and the Coast Guard overall, as well as by service branch and pay grade. Tables C.37a to C.40d provide results by age group, race/ethnicity, marital status, and sexual orientation.

Table 7.12a shows that a strong majority of DoD ADSW, roughly three-quarters (76.0 percent), took 12 weeks of maternity leave following a pregnancy, while 16.9 percent took less than 12 weeks and 7.1 percent took more than 12 weeks. ADSW in the Marine Corps were more likely than those in the Air Force and Coast Guard to take less than 12 weeks. ADSW serving in the Navy were also more likely to take less than 12 weeks of leave than ADSW in the Air Force and conversely were less likely to take *more* than 12 weeks than ADSW in the Air Force.

No statistically significant differences in the length of maternity leave were observed by pay grade (Table 7.12b).

One in three DoD ADSW reported having duty restrictions during pregnancy (33.6 percent). As indicated in Table 7.13a, Coast Guard ADSW were more likely than ADSW in all other services to have such restrictions, with just over half (51.3 percent) reporting them. Air Force ADSW were also more likely than Army ADSW to have duty restrictions during pregnancy (41.6 versus 28.1 percent).

No statistically significant differences in the likelihood of duty restrictions during pregnancy were observed by pay grade (Table 7.13b).

As Table 7.14a indicates, among DoD ADSW with a duty restriction during pregnancy, almost half (48.0 percent) were restricted for less than four weeks, 28.5 percent were restricted for five to 12 weeks, and

TABLE 7.12A

Length of Maternity Leave, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Less than 12 weeks	16.9% (13.6–20.2)	8.8%[c, d] (6.4–11.1)	16.5% (10.5–22.6)	26.6%[a, e] (16.3–36.9)	22.7%[a] (15.1–30.3)	10.2%[c] (4.7–15.7)
12 weeks[z]	76.0% (72.5–79.6)	82.1% (78.8–85.4)	74.4% (67.6–81.2)	68.5% (57.8–79.1)	74.3% (66.5–82.0)	73.5% (65.7–81.3)
More than 12 weeks	7.1% (5.1–9.0)	9.1%[d] (6.5–11.6)	9.1% (4.7–13.5)	4.9% (0.6–9.2)	3.0%[a, e] (1.0–5.0)	16.3%[d] (9.7–22.9)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 7.12B

Length of Maternity Leave, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Less than 12 weeks[z]	18.4% (12.0–24.8)	17.3% (13.1–21.4)	11.5% (6.4–16.7)	11.6% (8.3–15.0)	17.0% (11.9–22.2)
12 weeks[z]	74.6% (67.7–81.5)	74.0% (69.4–78.6)	81.7% (75.3–88.1)	82.8% (78.8–86.8)	78.1% (72.4–83.7)
More than 12 weeks[z]	7.0% (3.4–10.6)	8.7% (5.9–11.6)	6.7% (2.4–11.1)	5.5% (3.0–8.0)	4.9% (2.0–7.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 7.13A

Duty Restriction During Pregnancy, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
There was any time during pregnancy that required restricted duties at work	33.6% (31.2–35.9)	41.6%[b, e] (38.7–44.5)	28.1%[a, e] (23.9–32.3)	32.3%[e] (25.0–39.6)	33.6%[e] (28.3–38.8)	51.3%[a, b, c, d] (45.3–57.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

TABLE 7.13B

Duty Restriction During Pregnancy, by Service Branch

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
There was any time during pregnancy that required restricted duties at work[Z]	34.4% (30.2–38.6)	35.8% (32.5–39.1)	33.5% (28.0–39.1)	29.9% (26.5–33.2)	26.0% (21.7–30.3)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 7.14A

Length of Duty Restriction During Pregnancy (Among Those with a Restriction), by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
0–4 weeks[Z]	48.0% (43.9–52.1)	47.0% (42.4–51.7)	44.7% (36.2–53.2)	63.1% (50.9–75.3)	48.9% (39.5–58.2)	55.3% (46.9–63.7)
5–12 weeks[Z]	28.5% (24.7–32.3)	29.3% (25.0–33.7)	27.9% (20.0–35.7)	20.1% (9.9–30.3)	30.4% (21.9–38.9)	20.7% (13.7–27.6)
More than 12 weeks[Z]	23.5% (20.1–26.9)	23.6% (19.9–27.4)	27.4% (20.4–34.5)	16.8% (8.1–25.6)	20.7% (12.8–28.6)	24.1% (17.0–31.1)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 7.14B

Length of Duty Restriction During Pregnancy (Among Those with a Restriction), by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
0–4 weeks[Z]	47.6% (40.5–54.7)	48.7% (43.0–54.4)	42.7% (32.9–52.6)	50.7% (44.0–57.4)	54.0% (44.5–63.6)
5–12 weeks[Z]	28.6% (22.1–35.2)	27.1% (22.1–32.2)	33.2% (23.6–42.7)	27.3% (21.4–33.2)	27.6% (18.9–36.2)
More than 12 weeks[Z]	23.8% (18.0–29.5)	24.1% (19.2–29.0)	24.1% (15.5–32.7)	22.0% (16.6–27.3)	18.4% (11.1–25.7)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

nearly a quarter (23.5 percent) were under duty restrictions for more than 12 weeks. There were no differences in length of restrictions by service branch (Table 7.14a) or pay grade (Table 7.14b).

Each service branch uses various forms of documentation to detail any accommodations that must be made for women during pregnancy, such as restricting the duty assignments that can be made and physical training. The WRHS used the term *pregnancy profile* to refer broadly to these methods of documentation. Table 7.15a provides information about the extent to which ADSW reported that their profiles were followed by commanders. About half of DoD ADSW who had a past-year pregnancy reported that their commander followed their pregnancy profile exactly (52.5 percent). ADSW in the Air Force were more likely than those in any other service branch to have reported that their pregnancy profile was followed exactly; those in the Coast Guard and the Navy were the least likely to do so. Nearly one in four ADSW (22.7 percent) said that fewer restrictions were imposed than outlined in the profile, and this was most common among Army ADSW (29.6 percent) and least common in the Coast Guard (8.7 percent). A small percentage of ADSW overall (7.5 percent) said that more restrictions were imposed than in their profile; this did not differ significantly by service branch. Overall, 17.2 percent of DoD ADSW with a past-year pregnancy reported that they did not have a pregnancy profile. About half (50.6 percent) of those serving in the Coast Guard indicated this was the case, while 4.7 percent of ADSW in the Air Force and 10.5 percent of those in the Army said that they did not have a pregnancy profile. The low rate of pregnancy profiles in the Coast Guard may reflect differential methods of addressing pregnancy restrictions. The Coast Guard requires that commanders work with pregnant ADSW and their medical providers to identify any issues, without formal documentation requirements (Commandant Instruction 1000.9, 2011). It should be noted that individual ADSW may differ in their understanding of the term *pregnancy profile*, and this understanding may also differ across other services, which could affect the patterns observed.

Pregnancy profiles were less likely to be followed exactly for junior enlisted ADSW than for officers and senior enlisted and warrant officers (see Table 7.15b). Junior enlisted ADSW also reported that fewer restrictions on duty were imposed than outlined in their profiles more often than did ADSW in any other pay grade.

TABLE 7.15A

How Closely Commander Followed Pregnancy Profile, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Follows or followed it exactly	52.5% (49.7–55.3)	70.0%[b, c, d, e] (67.0–72.9)	51.0%[a, d, e] (45.8–56.2)	42.1%[a] (33.5–50.7)	39.8%[a, b] (33.9–45.8)	36.5%[a, b] (30.5–42.5)
Imposes or imposed more restrictions than in profile[z]	7.5% (5.7–9.3)	6.8% (5.3–8.3)	8.8% (5.4–12.2)	9.7% (2.6–16.8)	5.7% (2.0–9.5)	4.2% (1.4–7.0)
Imposes or imposed fewer restrictions than in profile	22.7% (20.3–25.2)	18.5%[b, e] (16.0–21.0)	29.6%[a, c, d, e] (24.7–34.5)	15.3%[b] (9.5–21.1)	19.2%[b, e] (14.5–23.9)	8.7%[a, b, d] (5.1–12.4)
I did or do not have a pregnancy profile	17.2% (15.0–19.3)	4.7%[b, c, d, e] (3.2–6.3)	10.5%[a, c, d, e] (7.2–13.9)	32.9%[a, b, e] (25.2–40.5)	35.3%[a, b, e] (29.6–41.0)	50.6%[a, b, c, d] (44.4–56.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 7.15B
How Closely Commander Followed Pregnancy Profile, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Follows or followed it exactly	46.8%[c, d, e] (41.9–51.7)	55.2% (51.5–58.9)	64.0%[a] (57.8–70.1)	59.6%[a] (55.7–63.4)	58.3%[a] (53.2–63.5)
Imposes or imposed more restrictions than in profile[y]	9.0% (5.6–12.4)	6.3% (4.7–7.9)	6.9% (3.8–9.9)	5.4% (3.5–7.3)	4.3% (2.2–6.4)
Imposes or imposed fewer restrictions than in profile	28.0%[b, c, d, e] (23.6–32.5)	19.4%[a, c, e] (16.4–22.4)	10.2%[a, b] (6.5–14.0)	16.7%[a] (13.7–19.8)	12.3%[a, b] (8.8–15.9)
I did or do not have a pregnancy profile[z]	16.2% (12.4–20.0)	19.1% (16.0–22.2)	18.9% (13.8–24.1)	18.3% (15.3–21.3)	25.0% (20.6–29.4)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Maternal Depression

Perinatal depression is depression that occurs during and after pregnancy. It is a common complication of pregnancy and can affect the health of both pregnant women and children resulting from the pregnancy. As shown in Table 7.16a, among DoD ADSW who were pregnant in the past year, 52 percent reported that they felt depressed during the pregnancy or after they gave birth. Nationally, 13 to 19 percent of women report symptoms consistent with a diagnosis of postpartum depression in the two to six months following a birth (Bauman et al., 2020; O'Hara and McCabe, 2013). Our survey has some of the first representative data available regarding maternal depression (at any point in a pregnancy or after birth) among military women. Higher rates of maternal depression among ADSW than women in the U.S. general population may reflect differences in research methods and demographics between general-population studies, or maternal depression may be associated with military service. More ADSW serving in the Marine Corps (64.7 percent), Navy (56.3 percent), and Army (54.5 percent) reported maternal depression than those in the Air Force (40.7 percent) and Coast Guard (42.5 percent).

Depression screening is recommended by the American College of Obstetrics and Gynecology and is, itself, a beneficial intervention for maternal depression, although referral to or initiation of treatment is preferable (American College of Obstetricians and Gynecologists Committee, 2018). Increasing screening for postpartum depression is an HP2030 objective. Inadequate data regarding the occurrence of this screening is currently available for the U.S. general population, and thus no target for the prevalence of screening among women has yet been set. However, a recent study found that, nationally, 79.1 percent of women were asked about prenatal depression by a health care provider during the pregnancy, and 87.4 percent were asked about it following delivery (Bauman et al., 2020).

WRHS findings in these areas are presented in this section for DoD ADSW and the Coast Guard overall, as well as by service branch and pay grade. Tables C.41a to C.41d provide results by age group, race/ethnicity, marital status, and sexual orientation.

Among DoD ADSW who were pregnant in the 12 months prior to the survey, 39.3 percent of those who experienced symptoms of maternal depression reported that they sought help for maternal depression from a health care provider; 43.3 percent of Coast Guard ADSW with symptoms did so. Among DoD ADSW

TABLE 7.16A
Maternal Depression, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Depression during pregnancy or following delivery	52.0% (49.4–54.6)	40.7%[b, c, d] (37.8–43.6)	54.5%[a, e] (49.7–59.3)	64.7%[a, e] (57.4–72.1)	56.3%[a, e] (50.8–61.8)	42.5%[b, c, d] (36.6–48.5)
Sought help for maternal depression from health care provider (among depressed)[z]	39.3% (35.4–43.2)	36.6% (32.0–41.2)	38.4% (31.3–45.5)	38.5% (27.8–49.3)	42.7% (34.6–50.7)	43.3% (33.9–52.7)
MHS provider talked about postpartum depression during pregnancy or after delivery[z]	41.6% (39.0–44.1)	38.6% (35.8–41.3)	43.9% (39.0–48.7)	45.8% (37.6–54.0)	40.2% (34.7–45.7)	29.4% (24.2–34.7)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

who were pregnant in the year prior to the survey (regardless of depression status), 41.6 percent talked about maternal depression with an MHS provider, compared with 29.4 percent of Coast Guard ADSW. Rates of help seeking and discussions of maternal depression with providers did not differ significantly by service branch.

As shown in Table 7.16b, maternal depression was more common among junior enlisted ADSW (E1–E4) than any other pay grade (60.3 percent), followed by NCOs (E5–E6, 50.1 percent) and senior enlisted and warrant officers (E7–W5, 45.8 percent), and was least common among officers (O1–O3, 32.6 percent; O4–O6, 26.9 percent). Differences in MHS provider discussions according to pay grade showed the opposite pattern. Officers were the most likely to have discussed maternal depression with a provider, while enlisted ADSW and warrant officers were the least likely to have done so. There were no significant differences by pay grade in the likelihood of ADSW with maternal depression seeking help from a health care provider.

Summary

In the DoD services, 42.6 percent of ADSW have ever been pregnant while serving, 16.2 percent of ADSW are pregnant each year, and two-thirds of pregnancies result in a live birth. The rate of miscarriage among ADSW is 24.6 percent. After analyzing data from the 2010 National Survey of Family Growth, Curtin, Abma, and Kost (2015) found that the fetal loss rate among women ages 15–44 in the United States overall is 16.9 percent. This consists of both miscarriages and stillbirths. According to our own calculations using 2018 National Survey of Family Growth data, the miscarriage rate among ADSW ages 18–44 (note that the WRHS does not contain ADSW below age 18) is 22.9 percent (95 percent confidence interval: 16.7–29.1) in a non-age-adjusted analysis and 22.8 percent (95 percent confidence interval: 16.8–28.9) in an age-adjusted analysis.[1] Confidence intervals for these estimates, as well as estimates for the WRHS, are wide because of the small absolute

[1] In the age-adjusted analysis, we matched the age composition of women in the National Survey of Family Growth data to the age composition of ADSW in the WRHS. In the non-age-adjusted analysis, this matching did not occur. Miscarriage rates in both the age-adjusted and non-age-adjusted models did not significantly differ by marital status.

TABLE 7.16B
Maternal Depression, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Depression during pregnancy or following delivery	60.3%[b, c, d, e] (55.9–64.8)	50.1%[a, d, e] (46.6–53.6)	45.8%[a, d, e] (39.8–51.7)	32.6%[a, b, c] (29.0–36.1)	26.9%[a, b, c] (22.5–31.3)
Sought help for maternal depression from health care provider (among depressed)[z]	39.1% (32.8–45.4)	40.2% (35.1–45.3)	41.4% (32.7–50.2)	39.7% (33.1–46.3)	29.0% (20.2–37.7)
MHS provider talked about postpartum depression during pregnancy or after delivery	40.4%[e] (35.8–45.1)	39.0%[d, e] (35.6–42.4)	40.8%[e] (35.0–46.6)	47.2%[b] (43.5–50.9)	53.4%[a, b, c] (48.5–58.4)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

number of pregnancies and miscarriages reported in one year of survey data. More research is needed to understand whether the miscarriage rate among ADSW is different from that of their civilian counterparts.

Just over a third (36.5 percent) of past-year pregnancies were unintended, indicating that DoD is already meeting an HP2030 goal. Nonetheless, this suggests an unintended pregnancy rate of 5.9 percent. This rate is higher than that among women of reproductive age in the U.S. population (4.5 percent) because of the higher prevalence of past-year pregnancy in DoD. Unintended pregnancies were most common among junior enlisted (pay grades E1–E4). Unintended pregnancies occurred among a small percentage (1.2 percent) of DoD ADSW while they were deployed, and pregnancies during combat deployments were half as common (occurring in 0.6 percent of ADSW) as deployment pregnancies overall. Most unintended pregnancies resulted when ADSW were not using birth control rather than not using birth control properly or consistently or using birth control that failed.

About a third of pregnant ADSW had duty restrictions associated with their pregnancies; of these, about half had restrictions that lasted more than four weeks. Pregnancy profiles were not well followed. Fewer restrictions were sometimes imposed than indicated; and restrictions were less likely to be followed for junior enlisted. Typically, ADSW took 12 weeks of leave following a birth.

Maternal depression occurred among about half of all pregnant ADSW and occurred particularly often among the Marine Corps, Army, and Navy and among junior enlisted ADSW. Approximately 42 percent of pregnant DoD ADSW spoke with MHS providers about postpartum depression, and 29 percent of Coast Guard ADSW did so. MHS providers more often discussed depression with midgrade officers who were pregnant than with those of other pay grades.

CHAPTER EIGHT

Infertility

The WRHS assessed the prevalence of both *general infertility*, commonly defined as trying to get pregnant for 12 months or more without success, and *doctor-diagnosed infertility* unrelated to age; these results are described in this chapter. We also describe the percentage of ADSW who sought fertility assistance from an MHS provider, the percentage who sought assistance from a provider outside the MHS, and the percentage with an unmet need for fertility assistance. Results concerning the use of specific fertility-related medical services and unmet need for fertility services are also presented. The WRHS provides information concerning several potential barriers to the use of fertility-related medical services, including location, wait times, and lack of insurance coverage. Finally, the survey assessed the use of and interest in using cryopreservation ("egg freezing").

As in previous chapters, we note that there are two possible limitations related to the interpretation of survey items that refer to the MHS. First, the survey language does not specify whether care provided by MHS providers refers only to direct care (i.e., generally provided at MTFs) or includes both direct and purchased care (i.e., care covered by TRICARE but generally not provided within the context of an MTF or by a military provider). Different respondents might have interpreted these MHS survey items differently. We assume that respondents would include purchased care as part of MHS care, assuming it was covered by TRICARE.

Second, when the survey refers to the MHS, it does not explicitly include Coast Guard clinics that may be staffed by officers or enlisted members of the Coast Guard or U.S. Public Health Service or civilian or contract providers. Thus, survey items that refer to the MHS or MHS providers might have been interpreted differently by Coast Guard respondents (i.e., some of them might have included Coast Guard clinics, while other may not have). All active-duty members, retirees, and family members of the Coast Guard are eligible for the benefits offered by the TRICARE program, including care in DoD MTFs, per Chapter 55 of Title 10, U.S. Code.

Prevalence of Infertility

It has been suggested that infertility might be higher among ADSW than among women in the general U.S. population (Armed Forces Health Surveillance Center, 2012). This could be true for a number of reasons, including the possibility that stress or environmental exposures associated with military service might reduce fertility. Alternatively, or in conjunction, delays in childbearing stemming from a desire to focus on career progress might increase the prevalence of infertility due to aging among ADSW. Greater attention to this issue is warranted, given the mixed data on this issue to date (Ippolito et al., 2017). Findings in this area are presented in this section for ADSW in DoD and the Coast Guard overall, as well as by service branch and pay grade. Tables C.42a to C.42d provide results by age group, race/ethnicity, marital status, and sexual orientation.

Table 8.1a presents several measures related to lifetime experiences of infertility by service branch. As mentioned, *general infertility* is commonly defined as trying to get pregnant for 12 months or more without success. Overall, 15.2 percent of DoD and 10.7 percent of Coast Guard ADSW reported ever unsuccessfully trying to conceive for 12 or more months. By way of comparison, in the U.S. general population, 12.5 percent of women ages 20–44 reported having this experience (Kelley et al., 2019). However, this percentage comes from the National Health and Nutrition Survey and includes both women who self-reported trying and failing to conceive for 12 or months or more ("Have you ever attempted to become pregnant over a period of at least a year without becoming pregnant?") and women who were told by a doctor that they were unable to become pregnant ("Have you ever been to a doctor or other medical provider because you were unable to become pregnant?"). The CDC (2021a), using data from the National Survey of Family Growth, reported a 6.0 percent infertility rate among married women ages 15–49 who had ever given birth and a 19.4 percent rate among those who had never given birth, using only the self-report measure (and excluding surgically sterile women). As shown in Table 8.1a, when calculated only among married women between the ages of 18 and 44 (there are no women under the age of 18 in the WRHS data), the infertility rate among DoD ADSW is 21.8 percent, and among Coast Guard ADSW it is 16.5 percent. The WRHS data do not allow us to identify whether a respondent had ever given birth.

Infertility was most common among Army ADSW (17.9 percent) and least common among Marine Corps (9.6 percent) and Coast Guard (10.7 percent) ADSW (see Table 8.1a). Another measure of infertility attempts to separate infertility because of aging from other sources and asks whether the respondent has ever been told by a doctor that she has fertility problems not related to age. This measure may elicit fewer positive

TABLE 8.1A

Lifetime Infertility, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Ever tried to conceive for 12 months or more and were not successful						
Yes	15.2% (14.6–15.9)	14.3%[b, c, e] (13.6–15.0)	17.9%[a, c, d, e] (16.6–19.2)	9.6%[a, b, d] (7.9–11.3)	14.3%[b, c, e] (13.0–15.6)	10.7%[a, b, d] (9.5–11.9)
Ever tried to conceive for 12 months or more and were not successful, married ADSW ages 18–44 (excluding those with hysterectomy or female sterilization)						
Yes	21.8% (20.7–22.9)	21.1%[c, e] (19.9–22.3)	23.3%[c, e] (21.2–25.4)	15.2%[a, b, d] (11.9–18.4)	22.2%[c, e] (19.8–24.6)	16.5%[a, b, d] (14.4–18.6)
Ever told by a doctor that you have fertility problems not related to age						
Yes[z]	12.4% (11.8–13.0)	12.4% (11.7–13.1)	13.2% (12.1–14.3)	10.0% (8.0–12.1)	12.1% (10.8–13.3)	12.1% (10.7–13.4)
Ever told by a doctor that your male partner has fertility problems						
Yes	2.5% (2.2–2.7)	2.8%[c, d] (2.5–3.2)	3.0%[c, d, e] (2.5–3.5)	1.1%[a, b] (0.5–1.7)	1.8%[a, b] (1.4–2.1)	1.9%[b] (1.3–2.4)
No[z]	88.3% (87.6–89.0)	89.0% (88.3–89.7)	87.4% (86.0–88.9)	89.0% (86.7–91.3)	88.3% (87.0–89.7)	87.6% (86.1–89.1)
I have never had a male partner since joining the military[z]	9.3% (8.6–9.9)	8.1% (7.5–8.8)	9.6% (8.2–11.0)	9.9% (7.7–12.1)	9.9% (8.6–11.2)	10.5% (9.0–11.9)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

responses than the previous item, as it requires that a woman consult with a physician regarding her fertility, in addition to restricting reports to problems not due to age. Overall, 12.4 percent of DoD and 12.1 percent of Coast Guard ADSW reported ever having a doctor tell them that they had fertility problems; no differences were observed across service branches. Very few ADSW (2.5 percent of DoD ADSW and 1.9 percent of Coast Guard ADSW) reported ever having a doctor tell them that their male partner had fertility problems. Rates of male-partner fertility problems were significantly higher among ADSW in the Air Force (2.8 percent) and Army (3.0 percent) than those in the Marine Corps (1.1 percent) and Navy (1.8 percent).

Differences in lifetime measures of infertility by pay grade were also observed (Table 8.1b). Generally, rates of infertility were lower for ADSW in pay grades E1–E4 and O1–O3 than pay grades E7–W5 and O4–O6, likely reflecting differences in age across pay grades. More than one in four ADSW in pay grades E7–W5 (26.5 percent) and O4–O6 (25.2 percent) were unsuccessful in conceiving after trying for a year or more, compared with approximately one in ten ADSW in pay grades E1–E4 (9.1 percent) and O1–O3 (10.6 percent). Nearly one in five ADSW in E7–W5 (18.5 percent) and O4–O6 (17.2 percent) had ever been told by a doctor that they had fertility problems, compared with approximately one in ten ADSW in pay grades E1–E4 (8.6 percent) and O1–O3 (10.8 percent). Male-partner fertility issues generally followed the same pattern observed for ADSW's own fertility issues, with senior enlisted (4.9 percent) and midgrade officers (6.1 percent) reporting the infertility of a male partner more often than did ADSW in the lower pay grades. The percentage of male-partner fertility issues was lowest among junior enlisted ADSW, at 1.0 percent.

Use of and Unmet Need for Infertility Services

Several effective approaches are available to assist women and their partners when they have trouble conceiving, though each has its limitations, and all are less effective as women age (Seshadri et al., 2021). In this section, findings are presented regarding the use of fertility assistance services among ADSW overall and for

TABLE 8.1B
Lifetime Infertility, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Ever tried to conceive for 12 months or more and were not successful					
Yes	9.1%[b, c, e] (8.0–10.1)	19.4%[a, c, d, e] (18.3–20.6)	26.5%[a, b, d] (24.9–28.0)	10.6%[b, c, e] (9.7–11.5)	25.2%[a, b, d] (23.7–26.8)
Ever told by a doctor that you have fertility problems not related to age					
Yes	8.6%[b, c, d, e] (7.6–9.6)	15.3%[a, c, d] (14.3–16.3)	18.5%[a, b, d] (17.1–19.9)	10.8%[a, b, c, e] (9.9–11.7)	17.2%[a, d] (15.9–18.6)
Ever told by a doctor your male partner has fertility problems					
Yes	1.0%[b, c, d, e] (0.7–1.4)	2.8%[a, c, e] (2.3–3.2)	4.9%[a, b, d] (4.2–5.6)	2.5%[a, c, e] (2.1–3.0)	6.1%[a, b, d] (5.2–7.0)
No	86.5%[b, c, e] (85.2–87.9)	89.6%[a, c, d] (88.7–90.5)	92.1%[a, b, d, e] (91.1–93.0)	86.9%[b, c, e] (85.9–88.0)	89.8%[a, c, d] (88.7–90.9)
I have never had a male partner since joining military	12.4%[b, c, e] (11.1–13.8)	7.6%[a, c, d, e] (6.8–8.4)	3.0%[a, b, d] (2.4–3.7)	10.5%[b, c, e] (9.6–11.5)	4.1%[a, b, d] (3.4–4.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

each of nine specific medical services. We also look at perceived unmet need for fertility assistance. We present results for DoD and the Coast Guard overall, as well as by service branch and pay grade. Tables C.43a to C.46d provide results by age group, race/ethnicity, marital status, and sexual orientation.

Since joining the military, 12.8 percent of DoD and 7.1 percent of Coast Guard ADSW saw an MHS provider to discuss fertility issues (Table 8.2a). ADSW in the Air Force (12.8 percent), Army (13.5 percent), and Navy (13.2 percent) were significantly more likely to see an MHS provider for fertility issues than Marine Corps (7.7 percent) and Coast Guard (7.1 percent) ADSW. Additionally, 7.2 percent of ADSW in DoD and 11.1 percent of Coast Guard ADSW saw a health care provider outside the MHS to discuss fertility issues since joining the military. Coast Guard ADSW were significantly more likely to see a provider outside the MHS compared with all other service branches; Marine Corps ADSW were the least likely (4.4 percent). Overall, 83.1 percent of DoD ADSW and 84.7 percent of Coast Guard ADSW did not seek fertility-related health care services since joining the military. Marine Corps ADSW were the most likely to have not sought fertility-related health care services (89.2 percent).

TABLE 8.2A

Saw Doctor Regarding Fertility Since Joining Military, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Ever been to a doctor to talk about ways to help you become pregnant (select all that apply)						
Yes, I saw a provider from within the MHS	12.8% (12.3–13.4)	12.8%[c, e] (12.2–13.5)	13.5%[c, e] (12.4–14.6)	7.7%[a, b, d] (6.3–9.1)	13.2%[c, e] (12.0–14.4)	7.1%[a, b, d] (6.1–8.1)
Yes, I saw a provider from outside the MHS	7.2% (6.8–7.6)	8.7%[c, d, e] (8.2–9.3)	8.1%[c, d, e] (7.4–8.9)	4.4%[a, b, e] (3.1–5.8)	5.3%[a, b, e] (4.5–6.1)	11.1%[a, b, c, d] (9.8–12.3)
No, I did not seek help to become pregnant	83.1% (82.5–83.7)	82.5%[c] (81.7–83.3)	81.6%[c, e] (80.4–82.9)	89.2%[a, b, d, e] (87.4–91.0)	84.1%[c] (82.7–85.4)	84.7%[b, c] (83.3–86.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

TABLE 8.2B

Saw Doctor Regarding Fertility Since Joining Military, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Ever been to a doctor to talk about ways to help you become pregnant (select all that apply)					
Yes, I saw a provider from within the MHS	6.6%[b, c, d, e] (5.7–7.5)	15.2%[a, c, d, e] (14.2–16.2)	22.0%[a, b, d, e] (20.6–23.5)	12.9%[a, b, c, e] (11.9–13.9)	25.6%[a, b, c, d] (24.0–27.1)
Yes, I saw a provider from outside the MHS	2.8%[b, c, d, e] (2.3–3.4)	9.8%[a, c, d, e] (9.0–10.6)	14.4%[a, b, d] (13.2–15.6)	7.0%[a, b, c, e] (6.3–7.8)	15.1%[a, b, d] (13.8–16.3)
No, I did not seek help to become pregnant	91.3%[b, c, d, e] (90.3–92.3)	79.1%[a, c, d, e] (77.9–80.2)	70.5%[a, b, d] (68.9–72.1)	83.5%[a, b, c, e] (82.4–84.6)	68.1%[a, b, d] (66.4–69.7)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

Table 8.2b presents results by pay grade. ADSW in pay grades O4–O6 (25.6 percent) and E7–W5 (22.0 percent) were most likely to have seen an MHS provider regarding fertility issues since joining the military, relative to ADSW in other pay grades. ADSW in pay grades E1–E4 (6.6 percent) were the least likely to have seen an MHS provider regarding fertility issues. Similarly, ADSW in pay grades O4–O6 (15.1 percent) and E7–W5 (14.4 percent) were more likely to have seen a health care provider outside the MHS for fertility issues since joining the military; junior enlisted ADSW were the least likely (E1–E4, 2.8 percent).

Among DoD ADSW, 12.0 percent reported experiencing an unmet need for fertility services since joining the military, and 8.2 percent of Coast Guard ADSW did so (the lowest percentage; see Table 8.3a). The percentage was significantly higher among Army ADSW than all other services (14.8 percent).

As shown in Table 8.3b, unmet need for fertility services was highest among senior enlisted ADSW (E7–W5, 17.4 percent) and midgrade officers (O4–O6, 17.0 percent) and lowest among those in both pay grades E1–E4 and O1–O3 (8.8 percent for both). Patterns in unmet need for fertility services across pay grades are similar to patterns observed in lifetime experiences of infertility (as shown in Table 8.1b).

As indicated in Table 8.4a, those who saw an MHS provider regarding their fertility issues reported receiving a variety of services (these percentages sum to more than 100 because ADSW could endorse more than one service). The most common service was advice, which was received by 87.3 percent of such ADSW, followed by infertility testing (40.8 percent), drugs to increase ovulation (25.5 percent), and artificial insemination (10.2 percent). Results were similar for ADSW in the Coast Guard. Other specified services were received by fewer than 10 percent of ADSW seeing an MHS provider for fertility issues. There were statistically significant differences between service branches in receipt of advice, with Army ADSW receiving it less commonly (84.6 percent) than those serving in the Air Force (89.4 percent). No other differences in specified fertility services were observed across the service branches, although Coast Guard ADSW were less likely to receive "other" (unspecified) services than Army and Navy ADSW.

TABLE 8.3A

Unmet Need for Fertility Services Since Joining Military, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Since joining the military, ever wanted medical help to become pregnant but did not get it	12.0% (11.4–12.6)	9.8%[b] (9.2–10.5)	14.8%[a, c, d, e] (13.5–16.1)	9.4%[b] (7.5–11.2)	11.5%[b, e] (10.3–12.8)	8.2%[b, d] (7.1–9.3)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

TABLE 8.3B

Unmet Need for Fertility Services Since Joining Military, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Since joining the military, ever wanted medical help to become pregnant but did not get it	8.8%[b, c, e] (7.6–9.9)	14.6%[a, c, d, e] (13.6–15.6)	17.4%[a, b, d] (16.0–18.8)	8.8%[b, c, e] (7.9–9.6)	17.0%[a, b, d] (15.7–18.4)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

TABLE 8.4A

Infertility Services or Treatments Received Within the MHS, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Advice	87.3% (85.7–88.9)	89.4%[b] (87.7–91.1)	84.6%[a] (81.6–87.6)	89.9% (84.7–95.1)	88.1% (84.8–91.4)	87.7% (82.9–92.5)
Infertility testing[y]	40.8% (38.7–43.0)	38.2% (35.4–40.9)	39.2% (35.4–43.1)	40.3% (31.5–49.0)	45.6% (41.0–50.2)	40.1% (33.0–47.1)
Drugs to improve ovulation[z]	25.5% (23.7–27.4)	24.9% (22.5–27.3)	24.4% (21.1–27.6)	28.2% (20.1–36.2)	27.2% (23.3–31.2)	26.6% (20.2–32.9)
Surgery to correct blocked tubes[z]	4.7% (3.8–5.6)	3.7% (2.7–4.8)	5.7% (4.0–7.4)	3.5% (0.6–6.4)	4.6% (2.9–6.4)	1.4% (0.0–3.1)
Artificial insemination[z]	10.2% (9.0–11.4)	8.3% (6.8–9.8)	11.2% (8.9–13.6)	8.1% (4.1–12.2)	11.1% (8.9–13.3)	15.4% (10.3–20.5)
Surgery or drug treatment for endometriosis[z]	5.4% (4.3–6.5)	4.7% (3.5–5.9)	5.6% (3.3–7.9)	2.6% (0.5–4.7)	6.1% (4.0–8.3)	3.1% (0.5–5.6)
IVF[y]	7.6% (6.6–8.5)	7.6% (6.1–9.1)	9.0% (7.2–10.8)	4.1% (1.6–6.6)	6.2% (4.7–7.7)	5.7% (2.6–8.7)
Surgery or drug treatment for uterine fibroids[z]	4.9% (4.1–5.7)	4.1% (3.0–5.3)	5.5% (4.0–7.0)	3.9% (1.0–6.8)	5.1% (3.6–6.7)	3.3% (0.8–5.7)
Some other female pelvic surgery[z]	5.6% (4.7–6.5)	4.5% (3.4–5.6)	6.0% (4.4–7.6)	4.3% (1.4–7.2)	6.4% (4.6–8.2)	2.8% (0.5–5.0)
Other types of medical help	17.6% (15.9–19.4)	15.0% (13.0–17.1)	19.4%[e] (16.0–22.9)	13.3% (6.5–20.0)	18.7%[e] (15.3–22.1)	9.5%[b, d] (5.4–13.5)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. IVF = in vitro fertilization.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

There were a number of differences by pay grade in infertility services received within the MHS (see Table 8.4b). Midgrade officers (O4–O6) were most likely to be tested for infertility, with junior enlisted ADSW (E1–E4) least likely to receive testing. A similar pattern was observed for drugs to improve ovulation and artificial insemination. In general, specific services were received most often by midgrade officers and least often by junior enlisted, although senior enlisted and warrant officers (E7–W5) had the highest rates of surgery to correct blocked tubes, surgery or drug treatment for fibroids, and some other female pelvic surgery.

As Table 8.5a shows, those who saw a provider outside the MHS for infertility issues reported receiving advice, infertility testing, and drugs to improve ovulation most commonly, just as did those receiving help within the MHS. However, among DoD ADSW, all specified fertility services except advice appeared to be more commonly received outside the MHS than within—for example, infertility testing (56.5 percent of DoD ADSW versus 40.8 percent), receipt of drugs to improve ovulation (42.3 percent versus 25.5 percent), and artificial insemination (20.8 percent versus 10.2 percent). There were statistically significant differences between service branches in receipt of infertility testing and drugs to improve ovulation, with Marine Corps ADSW receiving them less frequently than those serving in the Air Force. ADSW in the Air Force were more likely to receive surgery or drug treatment for endometriosis than ADSW in the Coast Guard. No other differences in specified fertility services were observed across the service branches.

TABLE 8.4B
Infertility Services or Treatments Received Within the MHS, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Advice[z]	87.1% (82.0–92.1)	87.1% (84.7–89.5)	85.8% (83.1–88.5)	87.5% (84.8–90.2)	90.2% (88.2–92.3)
Infertility testing	26.4%[b, c, d, e] (20.3–32.4)	38.9%[a, e] (35.4–42.3)	45.6%[a, e] (41.8–49.3)	46.1%[a, e] (42.1–50.1)	59.1%[a, b, c, d] (55.6–62.5)
Drugs to improve ovulation	18.3%[c, e] (13.0–23.7)	22.5%[c, e] (19.6–25.4)	29.1%[a, b, e] (25.7–32.5)	27.5%[e] (23.9–31.1)	39.1%[a, b, c, d] (35.7–42.5)
Surgery to correct blocked tubes	2.2%[c] (0.5–3.8)	5.8% (4.0–7.6)	7.6%[a, d, e] (5.7–9.6)	2.6%[c] (1.2–4.0)	3.5%[c] (2.2–4.8)
Artificial insemination	4.8%[c, e] (1.9–7.7)	9.3%[e] (7.3–11.3)	12.3%[a, e] (9.8–14.8)	10.9%[e] (8.3–13.4)	18.6%[a, b, c, d] (15.9–21.3)
Surgery or drug treatment for endometriosis[z]	4.7% (1.0–8.3)	5.8% (4.1–7.5)	7.1% (5.1–9.1)	3.0% (1.6–4.4)	4.9% (3.3–6.4)
IVF	1.8%[c, d, e] (0.2–3.3)	4.8%[c, d, e] (3.3–6.2)	11.9%[a, b] (9.4–14.4)	10.2%[a, b, e] (7.8–12.6)	16.0%[a, b, d] (13.5–18.6)
Surgery or drug treatment for uterine fibroids	0.6%[b, c, d, e] (0.0–1.3)	4.2%[a, c, e] (2.7–5.7)	8.9%[a, b, d] (6.6–11.2)	4.5%[a, c, e] (2.7–6.3)	8.7%[a, b, d] (6.6–10.8)
Some other female pelvic surgery	1.3%[b, c, d, e] (0.1–2.5)	6.5%[a] (4.7–8.3)	7.1%[a] (5.1–9.2)	6.9%[a] (4.8–8.9)	6.9%[a] (5.0–8.7)
Other types of medical help[z]	17.3% (11.8–22.7)	18.3% (15.4–21.2)	16.5% (13.7–19.3)	18.4% (15.2–21.6)	16.5% (13.9–19.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Differences in receipt of specific infertility services outside the MHS by pay grade followed a similar pattern to those observed within the MHS, with officers having the highest rates of receipt of treatment outside the MHS and junior enlisted having the lowest rates (where any differences were observed) (see Table 8.5b).

Barriers to Use of Infertility Services

Such factors as location, insurance coverage, and wait times can play strong roles in the use of medical services. The WRHS surveyed a variety of different barriers specifically in regard to use of fertility assistance. In this section, we present results for DoD and the Coast Guard overall, as well as by service branch and pay grade. Tables C.47a to C.50d provide results by age group, race/ethnicity, marital status, and sexual orientation.

Table 8.6a displays the location of MHS fertility services received for the three most common types of service: advice, infertility testing, and drugs to improve ovulation. All three were most often received at ADSW's home installation, but this was particularly true for advice (among DoD ADSW, 75.2 percent versus 56.5 percent for testing and 59.2 percent for drugs to improve ovulation). Among DoD ADSW, 6.6 percent had to travel more than 100 miles for infertility testing, and 7.3 percent had to do so to obtain drugs to improve ovu-

TABLE 8.5A

Infertility Services or Treatments Received Outside the MHS, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Advice[z]	79.7% (77.5–81.9)	78.2% (75.2–81.2)	81.0% (77.5–84.4)	NR (64.1–94.7)	79.9% (74.2–85.5)	89.9% (86.5–93.3)
Infertility testing	56.5% (53.7–59.2)	60.3%[c] (56.9–63.8)	58.6% (54.0–63.2)	38.9%[a] (25.0–52.7)	49.2% (41.8–56.7)	52.6% (46.6–58.5)
Drugs to improve ovulation	42.3% (39.7–45.0)	45.3%[c] (41.8–48.8)	42.3% (37.8–46.8)	23.6%[a] (12.5–34.8)	41.1% (34.0–48.2)	35.8% (30.1–41.5)
Surgery to correct blocked tubes[z]	8.8% (7.3–10.3)	9.6% (7.6–11.7)	10.2% (7.4–13.1)	7.1% (1.2–13.1)	5.2% (2.1–8.3)	5.7% (2.7–8.7)
Artificial insemination[z]	20.8% (18.6–22.9)	21.4% (18.6–24.2)	22.0% (18.0–26.1)	11.5% (4.1–18.8)	19.1% (14.1–24.1)	15.6% (11.4–19.7)
Surgery or drug treatment for endometriosis	11.7% (9.9–13.5)	13.6%[e] (11.2–16.0)	12.6% (9.2–16.0)	5.1% (0.7–9.4)	8.0% (3.9–12.0)	6.3%[a] (3.5–9.2)
IVF[z]	19.8% (17.9–21.8)	19.4% (16.8–22.0)	21.6% (18.2–25.0)	13.8% (5.1–22.4)	18.5% (13.6–23.4)	13.2% (9.4–17.1)
Surgery or drug treatment for uterine fibroids[z]	8.1% (6.7–9.5)	7.6% (5.8–9.5)	9.9% (7.3–12.6)	5.5% (0.0–11.7)	6.2% (3.1–9.3)	6.5% (3.7–9.4)
Some other female pelvic surgery[z]	9.5% (7.9–11.0)	10.5% (8.4–12.6)	10.5% (7.6–13.4)	2.6% (0.0–5.3)	7.2% (3.5–10.8)	10.3% (6.7–13.9)
Other types of medical help[z]	30.8% (28.2–33.4)	28.3% (25.1–31.5)	30.3% (25.9–34.6)	NR (26.0–57.6)	33.8% (26.8–40.8)	25.8% (20.6–30.9)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

lation. Coast Guard ADSW had to travel farther than those in any other service to obtain infertility advice and were less likely to receive infertility testing and drugs to improve ovulation at their home installation than all other services except the Marine Corps.

No statistically significant differences were observed in location of MHS-provided fertility services by pay grade (Table 8.6b).

Overall, 82.7 percent of DoD ADSW receiving fertility treatment from any source reported that TRICARE paid for the treatment, 31.1 percent reported paying out of pocket, and 2.1 percent reported coverage from a form of health insurance other than TRICARE. Air Force ADSW reported coverage from TRICARE (85.4 percent) more often than did Army ADSW (80.4 percent) (see Table 8.7a).

There were statistically significant differences in payment source for fertility treatment by pay grade (Table 8.7b). At 42.7 percent, midgrade officers (O4–O6) were most likely to pay out of pocket for services (with the rest ranging from 24.6 to 33.8 percent), and senior enlisted and warrant officers (E7–W5) were more likely than officers (O1–O3 and O4–O6) to pay with a source of insurance other than TRICARE.

As Table 8.8a indicates, few ADSW had private health insurance that covered fertility assistance. Among DoD ADSW, 4.4 percent reported this coverage, 6.7 percent were unsure, and nearly nine in ten (88.9 percent)

TABLE 8.5B

Infertility Services or Treatments Received Outside the MHS, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Advice[z]	82.0% (74.7–89.3)	81.3% (77.8–84.8)	76.2% (72.2–80.3)	81.1% (76.8–85.3)	79.2% (75.5–82.9)
Infertility testing	45.7%[e] (35.8–55.5)	55.0%[e] (50.6–59.4)	59.2% (54.7–63.8)	60.0% (54.7–65.3)	65.6%[a, b] (61.2–70.0)
Drugs to improve ovulation	29.7%[e] (21.1–38.3)	42.0%[e] (37.6–46.3)	43.2%[e] (38.6–47.8)	44.7% (39.3–50.1)	53.9%[a, b, c] (49.3–58.5)
Surgery to correct blocked tubes	5.8% (1.8–9.9)	9.7% (7.1–12.4)	12.4%[e] (9.2–15.6)	6.6% (3.8–9.4)	5.3%[c] (3.2–7.4)
Artificial insemination	12.5%[e] (5.0–19.9)	20.0%[e] (16.6–23.4)	22.3% (18.5–26.1)	22.5% (18.0–27.0)	28.0%[a, b] (24.0–32.0)
Surgery or drug treatment for endometriosis[z]	13.8% (7.1–20.4)	12.3% (9.4–15.1)	13.2% (9.9–16.4)	7.3% (4.6–9.9)	7.5% (5.1–9.8)
IVF	6.4%[b, c, d, e] (2.2–10.5)	16.2%[a, c, e] (13.0–19.3)	24.3%[a, b, e] (20.3–28.3)	22.2%[a, e] (17.7–26.7)	36.4%[a, b, c, d] (32.0–40.8)
Surgery or drug treatment for uterine fibroids	5.6% (1.2–10.0)	6.0%[c] (4.0–8.0)	15.0%[b, d, e] (11.6–18.4)	5.3%[c] (2.7–7.9)	8.7%[c] (6.0–11.3)
Some other female pelvic surgery[z]	8.7% (3.3–14.1)	9.1% (6.6–11.5)	11.2% (8.4–14.1)	8.8% (5.6–11.9)	9.6% (6.9–12.2)
Other types of medical help[z]	35.1% (25.7–44.5)	31.3% (27.1–35.5)	28.0% (23.8–32.2)	28.2% (23.3–33.0)	29.2% (25.1–33.3)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 8.6A

Location of Fertility Services Provided Within the MHS, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Advice						
My home installation	75.2% (73.2–77.3)	79.9%[c, d, e] (77.5–82.2)	76.7%[e] (72.9–80.6)	68.7%[a, e] (60.2–77.1)	69.5%[a, e] (65.0–73.9)	43.8%[a, b, c, d] (36.2–51.3)
Installation less than 25 miles from home installation	11.8% (10.2–13.3)	10.0%[d, e] (8.3–11.7)	7.5%[d, e] (5.4–9.6)	11.3%[e] (6.0–16.6)	18.8%[a, b, e] (14.8–22.8)	30.1%[a, b, c, d] (23.0–37.3)
Installation between 25 and 49 miles from home installation	6.1% (4.9–7.3)	4.7%[c, e] (3.5–5.9)	6.8%[e] (4.0–9.5)	11.2%[a] (5.2–17.2)	6.0%[e] (4.1–8.0)	17.4%[a, b, d] (11.4–23.4)
Installation between 50 and 99 miles from home installation	1.9% (1.3–2.4)	1.2%[e] (0.6–1.9)	2.5% (1.4–3.6)	4.1% (0.8–7.4)	1.4% (0.7–2.1)	4.6%[a] (1.3–7.9)
Installation more than 100 miles from home installation[y]	3.3% (2.4–4.1)	2.2% (1.3–3.1)	4.6% (2.8–6.4)	2.6% (0.3–4.9)	2.9% (1.4–4.4)	2.3% (0.0–4.5)
Somewhere else[z]	1.8% (1.2–2.4)	2.0% (1.1–2.9)	1.9% (0.7–3.1)	2.1% (0.0–5.1)	1.4% (0.3–2.4)	1.8% (0.0–3.9)

Table 8.6a—Continued

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Infertility testing						
My home installation	56.5% (53.4–59.5)	53.6%[e] (49.1–58.1)	61.7%[e] (56.2–67.2)	43.0% (29.3–56.7)	55.0%[e] (48.9–61.0)	24.9%[a, b, d] (15.1–34.7)
Installation less than 25 miles from home installation	20.2% (17.7–22.7)	21.1%[e] (17.6–24.7)	13.2%[d, e] (9.0–17.3)	26.5% (14.6–38.4)	26.1%[b] (21.0–31.3)	41.7%[a, b] (30.6–52.8)
Installation between 25 and 49 miles from home installation[z]	9.8% (7.9–11.7)	10.7% (7.9–13.5)	8.5% (5.4–11.7)	16.5% (5.8–27.3)	9.5% (5.6–13.3)	17.0% (9.2–24.9)
Installation between 50 and 99 miles from home installation[z]	3.2% (2.3–4.1)	2.7% (1.0–4.4)	3.2% (1.6–4.8)	7.6% (2.1–13.1)	3.1% (1.4–4.7)	8.8% (2.2–15.3)
Installation more than 100 miles from home installation[z]	6.6% (5.0–8.2)	5.9% (3.7–8.1)	9.1% (5.6–12.6)	4.3% (0.0–8.7)	4.8% (2.5–7.1)	6.0% (0.3–11.8)
Somewhere else	3.8% (2.8–4.7)	5.9%[d] (3.8–8.0)	4.3% (2.4–6.2)	2.0% (0.0–5.9)	1.5%[a] (0.4–2.7)	1.6% (0.0–4.6)
Drugs to improve ovulation						
My home installation	59.2% (55.2–63.1)	64.3%[e] (59.1–69.5)	62.1%[e] (54.8–69.4)	NR (32.5–66.0)	52.5%[e] (44.5–60.6)	28.4%[a, b, d] (15.3–41.4)
Installation less than 25 miles from home installation	19.4% (16.3–22.5)	19.0%[e] (14.8–23.2)	12.5%[d, e] (7.1–18.0)	17.3% (5.2–29.4)	27.7%[b] (21.0–34.3)	40.7%[a, b] (27.0–54.3)
Installation between 25 and 49 miles from home installation	7.8% (5.5–10.1)	4.4%[c, e] (2.3–6.4)	7.8%[e] (3.7–11.8)	16.7%[a] (6.6–26.9)	9.7% (4.3–15.1)	23.6%[a, b] (12.4–34.9)
Installation between 50 and 99 miles from home installation[z]	3.6% (2.1–5.1)	2.8% (0.8–4.8)	4.0% (0.8–7.3)	10.4% (0.0–22.8)	2.8% (1.1–4.6)	3.2% (0.0–7.6)
Installation more than 100 miles from home installation[z]	7.3% (5.2–9.4)	5.4% (2.9–7.9)	10.3% (5.4–15.1)	4.0% (0.0–8.6)	6.3% (3.2–9.5)	4.1% (0.0–9.8)
Somewhere else[z]	2.7% (1.7–3.7)	4.2% (2.1–6.2)	3.2% (1.2–5.2)	2.4% (0.0–5.9)	0.9% (0.0–1.9)	0.0% (0.0–6.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 8.6B

Location of Fertility Services Provided Within the MHS, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Advice					
My home installation[Z]	77.3% (70.8–83.8)	74.5% (71.2–77.9)	71.6% (68.0–75.2)	79.5% (76.1–82.8)	71.3% (68.0–74.7)
Installation less than 25 miles from home installation[Z]	11.8% (7.0–16.7)	12.4% (9.9–14.9)	11.6% (9.1–14.1)	9.8% (7.3–12.2)	13.9% (11.4–16.4)
Installation between 25 and 49 miles from home installation[Z]	5.4% (1.5–9.4)	6.2% (4.3–8.1)	8.6% (6.4–10.9)	4.9% (3.2–6.6)	5.9% (4.2–7.5)
Installation between 50 and 99 miles from home installation[Z]	0.8% (0.0–2.0)	1.9% (1.0–2.8)	3.0% (1.7–4.3)	1.7% (0.5–2.9)	2.3% (1.1–3.4)
Installation more than 100 miles from home installation[Z]	2.5% (0.1–4.8)	3.1% (1.7–4.6)	2.9% (1.5–4.3)	3.9% (2.2–5.5)	4.8% (3.2–6.5)
Somewhere else[Z]	2.1% (0.2–4.1)	1.8% (0.9–2.8)	2.3% (1.0–3.5)	0.3% (0.0–0.8)	1.8% (0.7–2.8)
Infertility testing					
My home installation[Z]	57.0% (44.4–69.6)	56.8% (51.2–62.4)	49.1% (43.5–54.6)	61.9% (56.1–67.6)	57.4% (52.9–61.9)
Installation less than 25 miles from home installation[Z]	21.8% (11.6–31.9)	20.5% (16.0–25.1)	21.9% (17.5–26.3)	20.1% (15.4–24.8)	18.1% (14.7–21.5)
Installation between 25 and 49 miles from home installation[Z]	10.9% (3.1–18.8)	9.3% (5.8–12.8)	12.8% (9.2–16.5)	7.5% (4.6–10.5)	8.6% (6.2–11.1)
Installation between 50 and 99 miles from home installation[Z]	1.2% (0.0–3.1)	3.3% (1.4–5.3)	4.5% (2.2–6.7)	2.4% (0.5–4.2)	4.0% (2.3–5.7)
Installation more than 100 miles from home installation[Z]	8.2% (0.8–15.6)	6.7% (4.2–9.3)	4.9% (2.4–7.3)	5.9% (3.0–8.7)	7.6% (5.1–10.1)
Somewhere else[Z]	1.0% (0.0–2.5)	3.3% (1.6–5.0)	6.8% (3.9–9.8)	2.3% (0.6–3.9)	4.2% (2.3–6.1)
Drugs to improve ovulation					
My home installation[Z]	NR (48.8–79.6)	58.6% (51.4–65.9)	52.2% (45.3–59.0)	64.4% (57.0–71.8)	57.8% (52.4–63.3)
Installation less than 25 miles from home installation[Z]	15.1% (4.5–25.8)	23.2% (16.9–29.4)	22.4% (16.8–28.0)	18.3% (12.2–24.4)	15.9% (12.0–19.8)
Installation between 25 and 49 miles from home installation[Z]	7.0% (0.0–16.6)	5.8% (1.8–9.8)	12.7% (8.1–17.2)	4.7% (1.7–7.6)	9.5% (6.3–12.7)
Installation between 50 and 99 miles from home installation[Z]	6.0% (0.0–13.0)	3.6% (1.1–6.2)	2.3% (0.5–4.0)	4.0% (0.8–7.2)	2.7% (1.0–4.4)
Installation more than 100 miles from home installation[Z]	7.0% (0.0–16.0)	6.7% (3.2–10.1)	5.8% (2.5–9.1)	7.3% (3.2–11.3)	10.1% (6.6–13.6)
Somewhere else[Z]	0.7% (0.0–2.1)	2.1% (0.4–3.9)	4.7% (1.7–7.6)	1.4% (0.0–2.9)	3.9% (1.8–6.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 8.7A

Payment Source for Fertility Treatment, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Among those who received fertility treatment since joining the military, payor for fertility treatment (select all that apply)						
TRICARE	82.7% (81.1–84.2)	85.4%[b] (83.7–87.1)	80.4%[a] (77.6–83.2)	79.2% (71.7–86.8)	83.2% (79.7–86.7)	86.3% (82.8–89.7)
Other health insurance[z]	2.1% (1.6–2.5)	1.8% (1.2–2.4)	2.7% (1.8–3.5)	3.5% (0.7–6.3)	1.3% (0.4–2.3)	0.9% (0.0–1.8)
Out-of-pocket (more than a small co-pay)[z]	31.1% (29.3–32.9)	28.5% (26.3–30.7)	34.1% (30.8–37.4)	31.1% (23.0–39.2)	29.8% (25.8–33.8)	29.2% (24.6–33.7)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 8.7B

Payment Source for Fertility Treatment, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Among those who received fertility treatment since joining the military, payor for fertility treatment (select all that apply)					
TRICARE[z]	84.1% (79.1–89.1)	83.5% (81.1–85.8)	81.6% (79.0–84.2)	83.0% (80.3–85.7)	79.8% (77.2–82.4)
Other health insurance	1.2% (0.1–2.3)	1.6%[c] (0.9–2.3)	4.2%[b, d] (2.9–5.5)	1.2%[c] (0.4–2.0)	2.4% (1.4–3.3)
Out-of-pocket (more than a small co-pay)	24.6%[e] (18.9–30.3)	29.0%[e] (26.2–31.8)	33.8%[e] (30.7–36.9)	32.5%[e] (29.2–35.8)	42.7%[a, b, c, d] (39.6–45.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

said that they did not have private insurance to cover the costs of medical help to become pregnant. Results are similar for the Coast Guard. Army ADSW were more likely than Air Force ADSW to report such coverage (5.3 versus 3.8 percent), and Air Force ADSW were more likely to have reported that they did *not* have such coverage than ADSW in all other DoD services.

Junior enlisted ADSW (E1–E4) were least likely of ADSW in all pay grades to report having no private insurance covering fertility assistance and most likely to report that they were unsure about having this insurance. Midgrade officers (O4–O6) were the most likely to report not having private insurance for fertility treatment (see Table 8.8b).

Termination of infertility treatment prior to becoming pregnant may reflect a variety of barriers to utilization. Overall, more than one in four (28.6 percent) of DoD ADSW who were receiving fertility treatment through the MHS stopped services before becoming pregnant (Table 8.9a). There were no differences

TABLE 8.8A
Private Insurance Coverage for Fertility Treatment, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Do either you or your partner have private health insurance to cover any of the costs of medical help for becoming pregnant?						
Yes	4.4% (4.0–4.8)	3.8%[b] (3.3–4.2)	5.3%[a] (4.5–6.2)	4.1% (2.8–5.3)	4.0% (3.1–4.8)	4.2% (3.3–5.2)
No	88.9% (88.1–89.6)	91.4%[b, c, d] (90.7–92.1)	87.4%[a] (85.9–88.9)	86.8%[a] (84.4–89.3)	88.5%[a] (87.0–90.1)	89.8% (88.3–91.3)
Not sure	6.7% (6.1–7.4)	4.9%[b, c, d] (4.3–5.4)	7.3%[a] (6.0–8.6)	9.1%[a] (6.9–11.3)	7.5%[a] (6.1–8.9)	5.9% (4.7–7.2)
Do either you or your partner have private health insurance to cover any of the costs of medical help for becoming pregnant (among those with infertility problem)?						
Yes[z]	4.7% (3.7–5.6)	4.3% (3.2–5.5)	5.9% (3.9–7.9)	5.0% (0.8–9.3)	3.0% (1.6–4.5)	6.0% (3.2–8.9)
No[z]	91.2% (89.7–92.8)	93.5% (92.1–94.9)	89.3% (86.3–92.2)	89.5% (83.6–95.4)	92.0% (88.9–95.1)	92.4% (89.3–95.5)
Not sure[z]	4.1% (2.9–5.4)	2.2% (1.3–3.0)	4.8% (2.5–7.2)	5.4% (1.0–9.8)	4.9% (2.1–7.8)	1.6% (0.3–2.9)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

by service branch. The most common reasons for termination of infertility treatment were the respondent experienced a permanent change of station (PCS) move and the service was unavailable at the new station (25.3 percent), the respondent experienced long wait times (25.1 percent), and the respondent decided to try and become pregnant without medical assistance (23.5 percent). Notably, about half of ADSW (51.0 percent) said that there was some other reason (not specified). Army ADSW were more likely to report PCSing as the reason for discontinuing infertility treatment than those in the Air Force and Navy; they were also more likely than ADSW in the Air Force to report long waits as the reason. ADSW in the Marine Corps were more likely than those in the Air Force and Army to say that the distance to services was too far.

As indicated in Table 8.9b, junior enlisted ADSW were less likely to discontinue infertility treatment before becoming pregnant (19.4 percent) than those in the E5–E6, E7–W5, and O5–O6 pay grades (ranging from 31.4 to 34.4 percent). Junior enlisted ADSW were more likely than their more-senior peers to indicate that they stopped infertility treatment before becoming pregnant because the distance to treatment was too far. Significantly more senior officers stopped infertility treatment because they decided to adopt, compared with their midgrade and senior enlisted peers.

Cryopreservation (Egg Freezing)

Cryopreservation (egg freezing) is a method that women might use to try to prolong fertility, allowing those serving in the military to maintain continuous service and the ability to deploy and postpone parenting until later in their careers. The method is not covered by TRICARE. In this section, we describe ADSW's use

TABLE 8.8B

Private Insurance Coverage for Fertility Treatment, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Do either you or your partner have private health insurance to cover any of the costs of medical help for becoming pregnant?					
Yes	4.6%[d, e] (3.8–5.4)	4.6%[d, e] (3.9–5.2)	5.3%[d, e] (4.5–6.2)	3.1%[a, b, c] (2.5–3.6)	2.9%[a, b, c] (2.2–3.5)
No	84.2%[b, c, d, e] (82.7–85.7)	91.5%[a, d, e] (90.6–92.4)	92.2%[a, e] (91.2–93.2)	93.3%[a, b] (92.5–94.1)	94.9%[a, b, c] (94.0–95.7)
Not sure	11.2%[b, c, d, e] (9.9–12.6)	4.0%[a, c, e] (3.3–4.6)	2.5%[a, b] (1.9–3.1)	3.6%[a, e] (3.1–4.2)	2.3%[a, b, d] (1.7–2.8)
Do either you or your partner have private health insurance to cover any of the costs of medical help for becoming pregnant (among those with infertility problem)?					
Yes[z]	3.9% (1.2–6.6)	5.4% (3.9–7.0)	5.5% (3.8–7.1)	3.4% (1.8–5.0)	3.4% (2.0–4.7)
No	86.7%[d, e] (81.7–91.6)	91.9% (90.1–93.8)	92.1% (90.1–94.0)	95.3%[a] (93.5–97.1)	95.0%[a] (93.4–96.6)
Not sure	9.4%[b, c, d, e] (5.1–13.8)	2.6%[a] (1.5–3.8)	2.5%[a] (1.3–3.7)	1.3%[a] (0.4–2.1)	1.6%[a] (0.7–2.5)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

of and interest in using cryopreservation. We present results for DoD overall and the Coast Guard in this section, as well as differences by service branch and pay grade. Tables C.51a to C.51d provide results by age group, race/ethnicity, marital status, and sexual orientation.

Overall, 1.1 percent of DoD ADSW reported that they have used cryopreservation since joining the military (see Table 8.10a), and the percentage did not significantly vary across service branches. When asked whether they would consider cryopreservation at this time, 46.0 percent of DoD ADSW reported that they would not; 43.5 percent said that they would, but only if the cost were completely covered by TRICARE; and smaller percentages said that they would do so if the cost were partially (7.8 percent) or not at all (2.1 percent) covered by TRICARE. ADSW in the Coast Guard were less likely than DoD ADSW to say that they would consider cryopreservation if it were completely covered by TRICARE (36.9 percent, with other branches ranging from 42.3 to 45.5 percent).

The percentage of ADSW who had already frozen their eggs differed by pay grade. As indicated in Table 8.10b, 4.1 percent of midgrade officers (O4–O6) and 2.5 percent of senior enlisted and warrant officers (E7–W5) had used cryopreservation; among the junior enlisted group (E1–E4), the rate was 0.2 percent. ADSW in pay grades E7–W5 and O4–O6 were more likely than those in other pay grades to say that they would not consider cryopreservation. Those in E5–E6 were more likely than ADSW in all other pay grades to report that they would consider it, but only if the cost were completely covered by TRICARE.

TABLE 8.9A

Termination of Infertility Treatment Prior to Becoming Pregnant, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Among those who received infertility treatment through the MHS						
Stopped the service or treatment before getting pregnant[z]	28.6% (26.7–30.5)	29.5% (26.8–32.1)	29.6% (26.0–33.2)	30.8% (22.6–39.1)	26.1% (22.3–29.8)	35.1% (28.1–42.1)
Reason stopped infertility treatment before becoming pregnant (select all that apply)						
Wait for services or treatment was too long	25.1% (21.7–28.5)	18.4%[b] (14.2–22.6)	29.9%[a] (23.3–36.4)	NR (33.3–64.8)	22.1% (15.8–28.4)	19.9% (10.2–29.5)
Distance to services or treatment was too far	9.6% (7.0–12.1)	6.6%[c] (3.9–9.3)	13.7%[d] (8.0–19.4)	27.9%[a, d] (13.3–42.4)	4.1%[b, c] (1.9–6.4)	9.8% (2.7–16.9)
PCSed and service or treatment was not available at my new duty station	25.3% (21.9–28.6)	19.0%[b] (14.9–23.1)	33.9%[a, d] (27.2–40.5)	26.8% (12.6–40.9)	20.3%[b] (14.3–26.2)	19.8% (9.8–29.7)
My partner was no longer interested in pursuing services or treatment[y]	10.4% (8.1–12.7)	9.0% (6.1–11.9)	7.5% (4.5–10.4)	11.5% (0.0–22.9)	15.9% (9.7–22.1)	10.1% (2.7–17.5)
I was no longer interested in pursuing services or treatment[z]	19.4% (16.5–22.3)	21.2% (16.8–25.6)	18.4% (13.4–23.5)	18.3% (4.9–31.7)	18.7% (12.7–24.7)	21.7% (11.9–31.5)
Decided to see whether I could get pregnant without medical services or procedures[z]	23.5% (20.2–26.8)	21.1% (16.6–25.7)	20.3% (14.7–25.9)	31.9% (17.0–46.9)	29.3% (21.8–36.9)	25.7% (14.7–36.7)
Decided to adopt[z]	2.5% (1.4–3.7)	2.6% (1.2–4.1)	3.6% (0.8–6.5)	3.3% (0.0–7.8)	0.8% (0.0–1.6)	0.0% (0.0–4.8)
Some other reason[z]	51.0% (47.2–54.7)	57.2% (51.9–62.5)	47.2% (40.6–53.9)	NR (31.6–63.0)	49.6% (41.7–57.4)	54.0% (41.7–66.3)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Summary

The percentage of DoD ADSW reporting fertility problems was generally higher than the percentage of women in the U.S. civilian population, although the magnitude of the difference varies depending on the definition of the comparison population and the measure of infertility used (i.e., self-report versus being told by a physician). The percentages of ADSW reporting a need for fertility-related medical services that they were unable to obtain were only slightly lower than the percentages reporting fertility problems, suggesting that DoD and the Coast Guard are not meeting ADSW's needs in this area. Barriers to utilization of fertility assistance include long wait times, distance from home installation, and no availability of services for ADSW going through a PCS; these barriers resulted in more than one in four ADSW stopping infertility

TABLE 8.9B

Termination of Infertility Treatment Prior to Becoming Pregnant, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Among those who received infertility treatment through the MHS					
Stopped the service or treatment before getting pregnant	19.4%[b, c, e] (14.4–24.4)	31.4%[a] (28.0–34.7)	34.4%[a, d] (30.8–38.1)	25.2%[c] (21.6–28.8)	32.0%[a] (28.7–35.3)
Reason stopped infertility treatment before becoming pregnant (select all that apply)					
Wait for service or treatment was too long[y]	36.1% (22.8–49.4)	24.3% (18.7–29.9)	23.8% (18.2–29.4)	20.9% (14.4–27.3)	20.3% (15.3–25.3)
Distance to services or treatment was too far	19.5%[b] (7.0–32.1)	5.7%[a] (2.9–8.5)	8.9% (5.3–12.4)	9.3% (4.4–14.1)	11.1% (7.1–15.1)
PCSed and service or treatment was not available at my new duty station[z]	19.7% (7.2–32.1)	28.0% (22.1–33.8)	24.8% (19.1–30.5)	21.5% (14.7–28.2)	26.7% (21.2–32.3)
My partner was no longer interested in pursuing services or treatment[z]	11.7% (4.0–19.3)	10.3% (6.2–14.4)	12.8% (8.3–17.3)	7.9% (3.4–12.4)	7.2% (4.1–10.3)
I was no longer interested in pursuing services or treatment[z]	20.8% (10.6–31.0)	20.2% (15.2–25.3)	23.8% (18.2–29.4)	15.9% (10.0–21.8)	11.4% (7.5–15.4)
Decided to see whether I could get pregnant without medical services or procedures[y]	28.5% (16.8–40.3)	27.3% (21.2–33.4)	16.6% (11.9–21.3)	18.7% (12.3–25.1)	22.7% (17.4–28.0)
Decided to adopt	3.1% (0.0–9.1)	1.1%[e] (0.0–2.2)	1.5%[e] (0.2–2.8)	3.0% (0.4–5.7)	6.7%[b, c] (3.4–10.0)
Some other reason[z]	44.5% (31.3–57.6)	51.2% (44.7–57.6)	51.1% (44.6–57.6)	56.6% (48.4–64.7)	53.2% (47.0–59.5)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

treatment. TRICARE coverage appears to also be a factor. Nearly one in three ADSW using fertility services reported paying more than a small co-pay in out-of-pocket expenses for fertility assistance. And although only about 1 percent of ADSW have used cryopreservation (egg freezing), just under one-half (44 percent) of DoD ADSW and over one-third (37 percent) of Coast Guard ADSW said they would consider using this service if it were entirely covered by TRICARE.

TABLE 8.10A

Cryopreservation, by Service Branch

	DoD Total	Air Force	Army	Marine Corps	Navy	Coast Guard
Since you joined the military, have you had your eggs frozen (also known as mature oocyte cryopreservation)?						
Yes[z]	1.1% (1.0–1.2)	1.3% (1.0–1.5)	1.2% (1.0–1.5)	1.2% (0.3–2.0)	0.8% (0.5–1.0)	0.9% (0.6–1.3)
Would you consider cryopreservation now?						
Yes, only if the cost were completely covered by TRICARE	43.5% (42.5–44.5)	42.6%[e] (41.5–43.7)	42.3%[e] (40.5–44.2)	44.9%[e] (41.5–48.2)	45.5%[e] (43.5–47.6)	36.9%[a, b, c, d] (34.7–39.0)
Yes, even if it were only partially covered by TRICARE[z]	7.8% (7.3–8.2)	8.0% (7.4–8.5)	7.9% (7.0–8.7)	7.6% (6.0–9.2)	7.5% (6.6–8.4)	8.4% (7.1–9.6)
Yes, even if it were not covered by TRICARE[z]	2.1% (1.9–2.3)	2.1% (1.8–2.4)	1.9% (1.6–2.3)	1.4% (0.8–2.0)	2.5% (1.9–3.0)	1.5% (1.0–2.0)
No, I would not consider freezing my eggs	46.0% (45.0–47.0)	46.8%[e] (45.6–47.9)	47.2%[e] (45.3–49.1)	45.6%[e] (42.2–49.1)	43.9%[e] (41.8–46.0)	52.6%[a, b, c, d] (50.4–54.9)
I have already frozen my eggs[z]	0.6% (0.5–0.8)	0.6% (0.4–0.7)	0.7% (0.5–0.8)	0.6% (0.0–1.4)	0.6% (0.1–1.1)	0.6% (0.4–0.9)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the Air Force estimate.

[b] Statistically significantly different from the Army estimate.

[c] Statistically significantly different from the Marine Corps estimate.

[d] Statistically significantly different from the Navy estimate.

[e] Statistically significantly different from the Coast Guard estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE 8.10B

Cryopreservation, by Pay Grade

	E1–E4	E5–E6	E7–W5	O1–O3	O4–O6
Since you joined the military, have you had your eggs frozen (also known as mature oocyte cryopreservation)?					
Yes	0.2%[b, c, d, e] (0.0–0.4)	1.1%[a, c, e] (0.8–1.3)	2.5%[a, b, d, e] (2.0–3.0)	1.6%[a, c, e] (1.2–1.9)	4.1%[a, b, c, d] (3.4–4.8)
Would you consider cryopreservation now?					
Yes, only if the cost were completely covered by TRICARE	44.5%[b, c, e] (42.6–46.3)	50.1%[a, c, d, e] (48.7–51.6)	32.1%[a, b, d, e] (30.5–33.8)	43.7%[b, c, e] (42.2–45.2)	22.9%[a, b, c, d] (21.4–24.4)
Yes, even if it were only partially covered by TRICARE	5.5%[b, d, e] (4.7–6.2)	7.5%[a, d, e] (6.8–8.3)	6.7%[d, e] (5.9–7.6)	16.1%[a, b, c, e] (14.9–17.2)	10.5%[a, b, c, d] (9.4–11.6)
Yes, even if it was not covered by TRICARE	1.5%[d, e] (1.2–1.9)	2.2%[d, e] (1.8–2.6)	1.6%[d, e] (1.2–2.0)	3.5%[a, b, c] (2.9–4.0)	3.4%[a, b, c] (2.7–4.1)
No, I would not consider freezing my eggs	48.2%[b, c, d, e] (46.3–50.1)	39.7%[a, c, d, e] (38.3–41.2)	58.4%[a, b, d] (56.6–60.1)	36.0%[a, b, c, e] (34.6–37.5)	60.7%[a, b, d] (58.9–62.4)
I have already frozen my eggs	0.3%[e] (0.0–0.6)	0.4%[c, e] (0.3–0.6)	1.1%[b, e] (0.8–1.5)	0.7%[e] (0.5–1.0)	2.5%[a, b, c, d] (2.0–3.1)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the E1–E4 estimate.

[b] Statistically significantly different from the E5–E6 estimate.

[c] Statistically significantly different from the E7–W5 estimate.

[d] Statistically significantly different from the O1–O3 estimate.

[e] Statistically significantly different from the O4–O6 estimate.

CHAPTER NINE

Summary and Policy Implications

Maintaining readiness and lethality of the U.S. armed forces requires attention to the health and health care needs of all who serve. Women currently make up just under one-fifth of the active-duty force and are eligible to serve in every military occupation. ADSW can be affected by some reproductive health issues that are not shared by male service members. Specifically, women's reproductive health and fertility patterns can potentially limit their physical capabilities, assignments, and ability to deploy. Women in the military should expect to receive the same high level of medical care and treatment that their male counterparts receive, all of which are intended to support the heath and readiness of the force.

Congress passed two pieces of legislation that aimed to better understand and address ADSW's experiences with the military health care system with respect to reproductive health. First, the 2016 NDAA, Section 718, required DoD to provide service women access to comprehensive family planning and counseling services on the full range of contraceptive methods dictated by newly adopted guidelines—and to do so at health care visits predeployment, during deployment, and during annual physical exams (Pub. L. 114-92, 2015). Second, the 2017 NDAA, Section 747, required DoD to conduct a survey of service members' experiences with family planning services and counseling—specifically, access to counseling and family-planning methods, experiences with use, and availability of preferred methods of contraception (Pub. L. 114-328, 2016). DHA asked RAND to develop a survey, the WRHS, to address these two pieces of congressional legislation. The Coast Guard later requested that RAND also field the survey among ADSW in the Coast Guard.

Method

Sample and Response Rates

The WRHS, conducted between early August and early November 2020, consisted of a stratified, random sample of 125,000 ADSW below the flag rank in the Air Force, Army, Marine Corps, and Navy. Trainees and ADSW at military academies were also excluded. Stratification was based on service branch and pay grade. For the Coast Guard, we used a census of all ADSW below flag rank (N = 6,113). The final analytic sample consisted of 23,950 surveys.

Response rates were calculated as

$$(\text{number of usable surveys} / [\text{total sample} - \text{ineligibles}]) \times 100.$$

In this case, *ineligibles* refers to sample members who were no longer in the military at the time of the survey or were ineligible for an unspecified reason (n = 6). This response rate calculation corresponds to the American Association for Public Opinion Research's Response Rate 1 (American Association for Public Opinion Research, 2016). We also present weighted response rates throughout the report, using design weights (weights are described in the next section). The overall weighted response rate was 17.8 percent.

Weights

The WRHS analytic sample does not match the population of ADSW from which it was drawn for two reasons. First, the sampling frame used a stratification based on service branch and pay grade such that not all combinations of branch and pay grade had the same probability of being included in the frame. To correct for these differing probabilities, we calculated design weights. A service woman's design weight is the inverse of her probability of being selected for sampling. Second, specific types of sampled ADSW were more likely to respond to the survey than others. Thus, we calculated nonresponse weights, which were used to make the respondents representative of those who were selected for sampling. Final analytic weights were calculated as the product of the design and nonresponse weights and are used to make the analytic sample representative of the eligible ADSW population.

Imputation of Missing Data

The nonresponse weighting described above accounts for differences between ADSW who responded to our survey and those who did not. These weights do not, however, account for drop-off (i.e., stopping the survey before reaching the end) or intermittent missing data for a respondent. To account for these types of missing data, we used a single imputation to fill in missing values. After conducting a comprehensive comparison of imputation approaches in the 2018 HRBS (see Meadows et al., 2021), we used a sequential imputation model with predictive mean matching for all variable types (Little and Rubin, 2019; van Buuren, 2018; White, Royston, and Wood, 2011).

Analysis Approach

All analyses, unless otherwise noted, used the final analytic weights and imputations previously described. Variance inflation due to weighting was handled by using the survey procedures of SAS 9.4 when producing our summary statistics. Confidence intervals for estimates were computed using the Wald method. In some cases, point estimates or confidence intervals are not shown in results tables either because the estimate was based on fewer than 15 ADSW or the estimate was deemed too unstable to be considered reliable. In the latter case, confidence intervals, but not point estimates, are provided.

Two types of data comparisons are presented in the results: comparisons across military subpopulations and comparisons to the HP2030 objectives. For the first set of comparisons, differences in each outcome were tested across various subgroups, including service branch, pay grade, age group, race/ethnicity, marital status, and sexual orientation. For the second set of comparisons, we contrasted results from the WRHS to the HP2030 objectives.[1] We caution readers that making direct comparisons between the military and civilian populations ignores the fact that the two groups are very different on some sociodemographic characteristics (e.g., age) related to the health outcomes and health behaviors of interest.

Limitations

First, although the response rate is higher than in many recent DoD-wide surveys (e.g., the 2015 and 2018 HRBSs; see Meadows et al., 2021), it is still considered low by absolute standards. This, however, does not mean the results are not valid or trustworthy or that they are biased. The response rate for the WRHS is in line with other DoD surveys. For example, the 2018 Workplace and Gender Relations Survey of Active Duty

[1] For roughly the past 30 years, the Office of Disease Prevention and Health Promotion has developed a set of evidence-based objectives aimed at improving the health of U.S. citizens. Benchmarks are established for ten-year cycles, and the current set of goals is outlined in HP2030 (U.S. Department of Health and Human Services, undated).

Members also had an 18 percent unweighted response rate and a 17 percent weighted response rate (Breslin et al., 2019). Second, for some groups (e.g., recently deployed Marine Corps ADSW), sample and cell sizes are small. This means that the precision of some estimates may be low and confidence intervals may be large. Third, there are possible limitations related to the interpretation of survey items that refer to the MHS. For example, the survey language does not specify whether care provided within the MHS or by MHS providers refers only to direct care (i.e., generally provided at MTFs) or includes both direct and purchased care (i.e., care covered by TRICARE but generally not provided within the context of an MTF or by a military provider). Similarly, when the survey refers to the MHS, it does not explicitly include Coast Guard clinics.[2] Individual respondents might have interpreted these MHS survey items differently. Fourth, it is important to keep in mind that the survey was fielded during the COVID-19 pandemic, although the impact of the pandemic on the study is not necessarily obvious. On the one hand, junior enlisted ADSW might have had a difficult time accessing their DoD emails if they worked remotely during the survey period. ADSW might not have sought out wanted or needed medical care because they did not believe that it was available given COVID-related restrictions. On the other hand, ADSW might have had more flexibility in their schedules, which could have positively affected their ability both to take the survey and to get needed or wanted care.

Sociodemographic and Military Characteristics of the Weighted Sample

ADSW in the WRHS sample are predominately enlisted, junior ranking, and under the age of 35. They are roughly equally split between having a high school degree or some college experience, including a degree. A slight majority are of minority race/ethnicity and are not currently partnered (i.e., cohabiting; separated, divorced, or widowed; or never married). Roughly one-third are responsible for a coresident child under the age of 18. And although most identify as heterosexual, a nontrivial portion, just under one-fifth, identify as gay or lesbian or bisexual.

Key Findings

In this section, we highlight key findings, organized by substantive area. This section does not include results for any subgroup analysis or confidence intervals around point estimates, both of which can be found in the main chapters and in Appendix C.

Health Care Utilization

Within this domain, we examined ease of getting an appointment, sponsorship, appointment wait time, WHCs, and HPV vaccine uptake. Key findings include the following:

- Just over half of DoD ADSW indicated that it was usually or always easy to get an appointment with an MHS provider (58.3 percent). Results were similar for the Coast Guard (54.6 percent).
  - The percentage of ADSW in DoD who said that it was never easy to schedule an appointment with a specialist (29.2 percent) or OBGYN (27.9 percent) was larger than it was for a generic appointment (12.3 percent).

[2] All Coast Guard active-duty members, retirees, and family members are eligible for the benefits offered by the TRICARE program, including care in DoD MTFs, per Chapter 55 of Title 10, U.S. Code.

  - Roughly half of DoD ADSW indicated that it was usually or always easy to get any care, tests, or treatment needed through the MHS (44.2 percent), whereas about a quarter said that it was never easy to get these services (23.4 percent). Results were similar for the Coast Guard (43.6 percent said it was usually or always easy, and 22.3 percent said never easy).
- A sponsor is the service member who is TRICARE-eligible. Half of DoD ADSW indicated that a scheduler asked whether she was the sponsor (50.8 percent), less than a third (roughly 30 percent) said that they were not asked, and about a fifth (18.3 percent) could not remember whether they had been asked. The pattern of responses was similar for the Coast Guard.
- Overall, across the DoD services, about one-third of ADSW (31.9 percent) indicated that they waited between a week and a month (8 to 28 days) for their most recent appointment. The same was true for the Coast Guard (36.8 percent). Roughly one-tenth experienced a wait time of less than 24 hours (10.5 percent for DoD and 6.1 percent for the Coast Guard) or more than one month (9.0 percent for DoD and 13.3 percent for the Coast Guard). Similarly, about one-tenth of ADSW indicated that they were unable to get an appointment (9.4 percent for DoD and 8.4 percent for the Coast Guard).
  - TRICARE guidelines say that routine care appointments, such as those provided by a primary care physician, must happen within a week (or seven calendar days) of a request. Almost two-thirds (61 percent) of ADSW in DoD indicated that they were able to get an appointment within a week. Half (50.5 percent) of ADSW in the Coast Guard were also able to get an appointment with a primary care provider within a week.
  - TRICARE guidelines also say that well-woman visits (e.g., for pap smears) and appointments with specialty providers occur within four weeks (or 28 days) of a request. Among ADSW in the DoD services, 72.6 percent indicated that they were able to get an appointment with an OBGYN within 28 days, and 70.2 percent indicated that they were able to get an appointment with a specialist within 28 days. Among ADSW in the Coast Guard, the comparable percentages were 72.7 and 69.7.
- Roughly one-third (35.4 percent) of all DoD ADSW indicated that their installation had a WHC. It is worth noting that roughly the same percentage of ADSW (31.5 percent) indicated that were unsure of whether their installation had a WHC. In contrast to the DoD services, only 4 percent of Coast Guard ADSW indicated that their installation had a WHC, and roughly one-fifth (17.9 percent) did not know whether their installation housed a WHC.
  - Among only ADSW who reported that they did have access to a WHC on their installation, just over half DoD ADSW reported using it in the past year (56.7 percent). Although few ADSW in the Coast Guard had access, among those who did, two-thirds used a center (66.8 percent).
  - Among ADSW who used a WHC in the past year, a larger percentage said that it was usually or always easy to get an appointment with an OBGYN than the percentage for the entire sample (54.8 percent versus 44.0 percent). The same was true for ADSW in the Coast Guard (59.3 percent versus 42.7 percent). Self-report about wait times were similar: Among DoD ADSW, 82.5 percent who used a WHC were able to get an appointment within 28 days, whereas the overall total was 72.6 percent.
- One-third of DoD ADSW indicated that they had received three doses of an HPV vaccine (32.6 percent). An additional one-third were unsure of how many doses they had received (34.7 percent). Roughly one-fourth had not received any doses at all (23.1 percent). Findings were similar for the Coast Guard—37.7 percent had received all three doses, 29.3 percent were unsure, and 24.1 percent had not received the vaccine.

Birth Control and Contraceptive Use

Within this domain, we examined current contraceptive use, contraception counseling from MHS providers during the annual PHA, contraception sources (both through the MHS and outside the MHS), access to pre-

ferred contraceptive methods, and contraception use for menstrual regulation or suppression. Key findings include the following:

- Overall, roughly 60 percent of ADSW reported any current contraceptive use. Approximately three in ten were currently using a highly effective form of contraception (i.e., IUD, implant, or sterilization), representing half of all ADSW currently using any form of contraception.
- Approximately three in ten of both DoD and Coast Guard ADSW had ever used an IUD since joining the military.
- Less than 15 percent of DoD and Coast Guard ADSW reported use of emergency contraceptives in the past year.
- Regarding contraceptive counseling, approximately a quarter of DoD ADSW and a fifth of Coast Guard ADSW had discussed the benefits, side effects, and risks of different types of birth control with an MHS provider during a PHA in the past year. The PHA is one of several settings in which ADSW could receive contraception counseling (DHA Procedural Instruction 6200.02, 2019). Counseling could also have been offered during a PHA but declined by the respondent.
- Since joining the military, the majority of ADSW have tried to access birth control through the MHS (75 percent of DoD ADSW and 70 percent of Coast Guard ADSW). Among all DoD ADSW, 51 percent had experiences that did not involve a delay, 22 percent had experienced a delay at least once, and 6 percent were unable to ever obtain the birth control they needed through the MHS.
- Approximately one in five DoD and Coast Guard ADSW reported being unable to access their preferred form of birth control through the MHS at some point since joining the military.
- Top reasons for being unable to access a preferred birth control method included the following: that it was not available at the duty location, was not covered by TRICARE or insurance (particularly for Coast Guard ADSW), and was not available at the deployment location (particularly for Navy ADSW).
- During the past year, approximately half of DoD and Coast Guard ADSW obtained birth control; the most common source was MHS providers. Approximately half of DoD and Coast Guard ADSW either agreed or strongly agreed that they felt comfortable getting birth control from an MHS provider. However, one-third of women in DoD and one-fourth of ADSW in the Coast Guard indicated that they would be more comfortable getting birth control from a provider outside the MHS.
- Approximately one in five DoD and Coast Guard ADSW reported that they had ever felt pressured by an MHS provider to use a specific type of birth control.
- ADSW were most likely to report perceived pressure regarding birth control pills, IUDs, or birth control implants.
- Across service branches, 97 percent of DoD ADSW and 99 percent of Coast Guard ADSW reported that they had *not* heard of the Decide + Be Ready app.
- Overall, 17 percent of DoD ADSW and 10 percent of Coast Guard ADSW reported that their menstrual cycles typically interfered with their jobs for a week or more.
- Across service branches, about 60 percent of ADSW reported that they ever needed or wanted to regulate or suppress their menstrual cycles since joining the military.
- The most common forms of birth control used for menstrual regulation or suppression were birth control pills (ever used by 38 percent of DoD ADSW and 41 percent of Coast Guard ADSW) and IUDs (ever used by 17 percent of DoD ADSW and 16 percent of Coast Guard ADSW).

Reproductive Health During Training, Predeployment, and Deployment

Within this domain, we examined predeployment contraception counseling and access, contraception access during deployment, contraception use for menstrual regulation or suppression during deployment, urinary tract or vaginal infections, and access to feminine hygiene products. Key findings include the following:

- Among ADSW who had deployed within the past 24 months, a minority reported receiving any contraceptive counseling from an MHS provider prior to deployment: 18 percent of DoD ADSW and 9 percent of Coast Guard ADSW. This is one of several settings in which ADSW could receive contraception counseling (DHA Procedural Instruction 6200.02, 2019). The survey did not ask women who did not receive predeployment contraceptive counseling why they did not receive it.
- Among those who received contraceptive counseling prior to deployment, it was typically provided within one month of deployment (41 percent of DoD) or between one and three months prior to deployment (43 percent of DoD).
- Of DoD ADSW deployed in the past 24 months who sought contraception prior to deployment, more than half (57 percent) received their preferred birth control method through the MHS, roughly a third (37 percent) did not receive any form of birth control through the MHS, and less than a tenth (6 percent) received a nonpreferred method.
- The majority (three-quarters of DoD ADSW and 88 percent of Coast Guard ADSW) received an adequate supply for the length of their deployment.
- Roughly two-thirds (64 percent) of DoD ADSW and about half (54 percent) of Coast Guard ADSW had ongoing access to contraception during deployment, most commonly through an MHS provider.
- Fewer than one in ten ADSW had discussed use of contraceptive methods for menstrual regulation or suppression with an MHS provider prior to deployment.
- The most common contraceptive used for menstrual regulation or suppression during deployment was birth control pills (used by approximately one in five ADSW), followed by an IUD (used by approximately 12 percent of ADSW), and an implant (used by less than 1 percent of ADSW).
- Approximately one in three ADSW reported having a urinary tract or vaginal infection during training since joining the military.
- During training, 44 percent of DoD ADSW and 32 percent of Coast Guard ADSW often or sometimes lacked access to needed feminine hygiene products. Nearly half of DoD women often or sometimes lacked access to privacy or bathing facilities to address feminine hygiene needs during training.
- Overall, approximately one in five DoD ADSW and one in ten Coast Guard ADSW reported a urinary tract or vaginal infection during their most recent deployment.
- During their most recent deployment, approximately one in three of DoD and Coast Guard ADSW lacked access to needed feminine hygiene products, privacy to address feminine hygiene needs, or bathing facilities to address feminine hygiene needs.

Fertility and Pregnancy

Within this domain, we focused on a few key areas: understanding how commonly and frequently women experience pregnancy during their military careers, the outcome of these pregnancies, the frequency with which pregnancies are unintended, the impacts of pregnancy on service (i.e., duty restrictions and leave) and of military service on family formation, and rates of maternal depression. Key findings include the following:

- Across DoD ADSW, 43 percent have at some point been pregnant while serving, and about 20 percent have been pregnant multiple times. Pregnancy rates during service were similar in the Coast Guard.

- Just over 16 percent (16.2 percent) of DoD ADSW and 13 percent (12.9) percent of Coast Guard ADSW were pregnant in the one-year period covered by the survey. The DoD rate is 65 percent higher than the rate in the United States among 15–44-year-olds (9.8 percent).
- Among DoD ADSW with a past-year pregnancy, more than one in three (37 percent) had an unintended pregnancy. Combining this with the percentage of DoD ADSW with a past-year pregnancy, we estimate that approximately 6 percent of ADSW overall experience an unintended pregnancy each year. The rate was similar in the Coast Guard. This is consistent with the 2018 HRBS (Meadows et al., 2021), which reported a rate of 5.5 percent. The unintended pregnancy rate in the United States is 4.5 percent (Finer and Zolna, 2016).
- Unintended pregnancy is more often attributable to failure to use birth control rather than inconsistent or improper use or to contraceptive failure. Among DoD ADSW who had an unintended pregnancy in the past year, more than half (56.2 percent) reported that they did not use birth control at the time of conception. This rate was similar for the Coast Guard.
- Approximately 65 percent of pregnancies among DoD ADSW resulted in a live birth, 25 percent in miscarriage, and the remaining 10 percent in another outcome. This was similar in the Coast Guard.
- Among DoD ADSW who were pregnant in the past year, 52 percent reported that they felt depressed during the pregnancy or after they gave birth. Rates of maternal depression were lower in the Coast Guard (42.5 percent).
- About 1.2 percent of DoD ADSW have experienced a pregnancy during deployment; half that number, 0.6 percent, experienced a pregnancy during combat deployment.
- Half of DoD ADSW (49.7 percent) reported that they had "delayed getting pregnant or starting a family" during their service.
- Three-quarters (76 percent) of ADSW take 12 weeks of leave after giving birth; 7.1 percent take more.
- One in three DoD ADSW reports having duty restrictions during pregnancy (33.6 percent). Coast Guard ADSW were more likely than those in DoD to have duty restrictions (51 percent).
- Most typically (among 48.0 percent of women), restricted duty lasted less than four weeks.

Infertility

In this domain, we examined overall rates of infertility among ADSW, as well as use of, and barriers to use of, fertility assistance. Key findings include the following:

- Overall, 15.2 percent of DoD ADSW and 10.7 percent of Coast Guard ADSW reported having ever tried unsuccessfully to conceive for 12 or more months. In the U.S. general population, 12.5 percent of women ages 20–44 years self-reported unsuccessfully trying to conceive for 12 months or more or were told by a doctor that they were unable to become pregnant (Kelley et al., 2019). On the basis of only self-reported inability to conceive, the CDC has reported that the infertility rate among married U.S. women between the ages of 15 and 49 is 6 percent among those who had ever given birth and 19.4 percent among those who had never given birth (CDC, 2021a). When calculated only among married women between the ages of 18 and 49 (there are no women under the age of 18 in the WRHS data), the infertility rate among DoD ADSW is 21.8 percent, and among Coast Guard ADSW it is 16.5 percent. The WRHS data do not allow us to identify whether a respondent had ever given birth.
- Twelve percent of all DoD ADSW and 8.2 percent of Coast Guard ADSW reported an unmet need for fertility services since joining the military.
- The fertility service most commonly received was advice, received by nearly nine in ten ADSW (87.3 percent) seeking fertility assistance, followed by infertility testing (40.8 percent), drugs to increase ovula-

tion (25.5 percent), and artificial insemination (10.2 percent). Coast Guard patterns were similar to those for DoD ADSW.

- Overall, 82.7 percent of DoD ADSW receiving infertility services from any source reported that TRICARE paid for the service; 31.1 percent reported paying out of pocket. Rates in the Coast Guard were similar.
- There are substantial barriers to infertility treatment for a minority of women. In DoD, 6.6 percent of ADSW receiving fertility assistance had to travel more than 100 miles for infertility testing, and 7.3 percent had to do so to obtain drugs to improve ovulation.
- ADSW in the Coast Guard had to travel farther than those in any other service to obtain infertility advice and were less likely to receive infertility testing and drugs to improve ovulation at their home installation than ADSW serving in all DoD branches except the Marine Corps.
- Among DoD ADSW who discontinued treatment before a successful pregnancy, the most commonly reported reasons for doing so were long wait times for services, PCSing to a station where the service was not available, or deciding to try to get pregnant without medical assistance. Each was cited by about one in four ADSW. Responses were similar for the Coast Guard.
- Among DoD ADSW overall, 1.1 percent have used cryopreservation (frozen their eggs) during their service; 43.5 percent said that they would consider doing so if the cost were completely covered by TRICARE.
  - ADSW in the Coast Guard were less likely than ADSW in DoD to say that they would consider cryopreservation if the cost was covered (36.9 percent).

Policy Implications

The WRHS was, in part, designed to help DoD identify reproductive health issues that may have the potential to affect readiness among ADSW and ways to address these issues. Therefore, in this section we highlight policy areas that DoD and the Coast Guard should consider to not only support force readiness but also to ensure that ADSW's needs with respect to reproductive health are adequately addressed.

Health Care Utilization

- **Explore options for expanding the prevalence and availability of care through WHCs.** Although health care provision is notably different among civilians, WHCs have been associated with somewhat higher-quality preventive care (Phelan et al., 2000), and recent evidence suggests that behavioral health care and screening can be incorporated into WHCs (Carroll et al., 2020). When WHCs exist but are closed, those closures have been associated with a decline in preventive care (i.e., clinical breast exams, mammograms, and pap smears; Lu and Slusky, 2016) and an increase in fertility rates (Lu and Slusky, 2019). Results from the WRHS suggest that certain types of care—for example, from an OBGYN—was easier for ADSW to get through a WHC. Although we cannot be certain of whether this is a causal relationship, given that the MHS has specific goals with respect to the ease and timeliness of making appointments with specialty providers, the availability of WHCs may present an opportunity to improve access and wait times.

Birth Control and Contraceptive Use

- **Provide training for MHS providers regarding the full range of contraceptive methods.** Delivering additional training on contraceptives to MHS providers who provide routine physical exams, virtual health care visits, predeployment health care visits, or health care during deployment would ensure that providers are prepared to discuss the full range of available contraceptive methods. Such training could cover standard guidelines for presenting contraceptive options to mitigate ADSW's perceptions that MHS providers may be pressuring them to choose a particular contraceptive method, as well as to inform providers of appropriate referral options as necessary (e.g., if providers are not credentialed to write prescriptions or insert LARCs, such as IUDs).
- **Consider expanding use of full-service contraceptive clinics,** such as those established under Operation PINC (Process Improvement for Non-Delayed Contraception) at the Naval Medical Center San Diego (Adams, 2017). This same-day contraceptive clinic is staffed by a physician and a medical assistant, ensuring that ADSW can see an MHS provider with comprehensive training regarding contraception. Under this model, ADSW can obtain LARCs without delay caused by referrals.
- **Incorporate alerts into the electronic health record system to remind providers to address contraception, including for menstrual suppression, during routine physical exams.** Although physical exams are not explicitly required as part of the annual PHA, the PHA is one source of physical exams for ADSW. Additionally, TRICARE provides coverage for an annual, in-person "well-woman" physical exam. Automated alerts to providers at these clinical encounters may help improve fidelity to the requirement of providing comprehensive contraceptive counseling during "annual physical exams" established under the 2016 NDAA (Pub. L. 114-92, 2015). Alerts might also ask providers to indicate whether (1) they offered counseling and (2) ADSW were offered counseling but declined it so that the reasons behind apparently low rates of counseling receipt can be better understood.
- **Expand opportunities for ADSW to access contraceptive counseling through the MHS**. In keeping with the intent of the 2016 NDAA to ensure accessibility of contraceptive counseling, counseling could be offered at a variety of touch points throughout the MHS to ensure uptake among ADSW, including (but not limited to) PHAs and well-woman visits. Furthermore, the MHS could consider additional delivery modalities for contraceptive counseling, including online modules or during telehealth visits.

Reproductive Health During Training, Predeployment, and Deployment

- **Schedule predeployment appointments at least 90 days before deployment for ADSW.** For ADSW who are initiating contraception (including for menstrual suppression or regulation), modifications to the dose or method may be necessary to minimize side effects or to achieve satisfactory regulation. Currently, nearly one-third of ADSW seeking contraception prior to deployment are not able to access it through the MHS; a longer interval between predeployment appointment and deployment may also allow ADSW more time to obtain their preferred contraceptive method.
- **When ADSW are being deployed, ensure that they receive an adequate supply of their contraceptive to last their entire deployment.** Although the majority of ADSW received an adequate supply for the length of their deployment, nearly one-quarter of DoD ADSW received an inadequate supply. Consider standardizing contraceptive dispensing prior to deployment to ensure that ADSW receive sufficient contraceptive supplies for their entire deployment.
- **Consider strategies for improved access to feminine hygiene supplies, facilities, and treatment for urinary or vaginal infections during training and deployment, particularly for ADSW in the Army and Marine Corps.** Urinary tract or vaginal infections affect nearly one in three ADSW during train-

ing, and more than 40 percent of DoD ADSW experienced limited access to feminine hygiene supplies and facilities during training. One potential strategy may include furnishing ADSW with self-test or self-treatment kits for UTIs and other urogenital health issues; a recent qualitative study of female soldiers showed acceptance of and willingness to use self-test or self-treatment kits (Kostas-Polston, Braun, and Miedema, 2020). However, ADSW must additionally have access to a health care professional to ensure that infections are appropriately treated and resolve completely.

Fertility and Pregnancy

- **Improve ADSW's comfort in seeking contraception from the MHS and increase contraceptive counseling and access to highly effective contraception.** Failure to use any contraceptive method was cited by ADSW in about half of unintended pregnancies and improper or inconsistent use in another quarter of them. Thus, education and encouragement of contraceptive use are vital. It is important that ADSW discuss contraceptive methods with a provider, feel comfortable obtaining contraception, and make a well-educated choice that aligns with their preference.
- **Devote resources to understanding and addressing rates of miscarriage among ADSW.** Evidence is mixed regarding the role of deployment in ADSW's miscarriage (Ippolito et al., 2017). Risk factors for miscarriage in the U.S. general population, such as heavy alcohol consumption and smoking, should be considered for targeting by DoD and the Coast Guard.
- **Develop a comprehensive strategy to address maternal depression.** This should include routinely screening for maternal depression at pre- and postnatal MHS visits and referral of positive screens for mental health treatment. DoD and the Coast Guard should also track rates of both maternal depression and screening for maternal depression outside medical records to better understand the scope of the problem. As part of screening and tracking, consider setting DoD- and Coast Guard–specific goals and milestones for reducing maternal depression and increasing screening for it. DoD and the Coast Guard should also implement evidence-based programs to prevent maternal depression (O'Hara and McCabe, 2013).

Infertility

- **Implement policies and programs to improve the balance between career and family formation among ADSW.** Fertility decreases gradually with age and quickly after age 35, as does the effectiveness of medical intervention to improve the probability of conception (Seshadri et al., 2021). Half of all ADSW reported that they had delayed getting pregnant or starting a family during their service. If ADSW are choosing to postpone parenthood for career reasons (mirroring civilian trends; see Mathews and Hamilton, 2016), this may contribute to the observed levels of infertility. Making it easier for ADSW to parent without putting off career advancement may reduce delays in parenting that ultimately impair ADSW's ability to conceive (Schmidt et al., 2012).
- **Improve access to medical fertility assistance.** Locating fertility services closer to more ADSW, providing assistance with infertility service transitions for ADSW undergoing a PCS, and shortening wait times would address some issues, as would expanding the services covered by TRICARE. IVF and cryopreservation are not currently covered unless the need for them is associated with specific duty exposures, and nearly one in three ADSW receiving treatment reported out-of-pocket fertility-related medical expenses. Moreover, large percentages of ADSW would consider cryopreservation if it were covered. Counseling regarding the efficacy of IVF and cryopreservation for producing a successful pregnancy and birth should be provided if coverage is expanded, so ADSW have an accurate understanding of the benefits and limitations of these procedures.

Future Research

Although a survey can be an efficient mechanism to collect data from a large population and provide an overview of associations between variables, it does not always allow for the type of analysis that would uncover the reasons behind those associations. Thus, future research efforts should consider using qualitative data collection methods (e.g., focus groups, interviews) to supplement quantitative survey data to better understand the experiences of ADSW and their reproductive health.

APPENDIX A

Survey

This appendix presents the survey as it was programmed for respondents to view on the internet. Text in brackets, italics, or different colors refers to instructions for the survey programmers and was not seen by respondents.

RCS # DD-HA-2713
Expires: 3/31/2025

Welcome to the DoD Women's Reproductive Health Survey (WRHS)!

This is the first time in almost 30 years that DoD has sponsored a survey of only female service member health. Your voice is important! By participating in this survey, you can tell DoD about your unique experience as a woman in the military. Because we respect your time and know that you are often asked to complete surveys, the survey does not ask about every issue that is relevant to women and their experiences as service members. Instead, this survey will focus on a few key areas of interest to the study's sponsor, the Defense Health Agency (DHA), including birth control and contraceptive use, fertility and pregnancy, and infertility. This does not mean, however, that DoD is not interested in other issues that female service members may have or their experiences outside of the health context.

Before we begin, keep in mind that:

- We recommend you take the survey in a setting where others will not be able to see your responses.
- If you need to stop before you finish, you may use the weblink and your unique identification code to restart the survey at the question where you stopped when it is convenient for you.
- You may skip any question(s) for any reason. Your participation is completely voluntary.

PRIVACY ADVISORY

This survey is **confidential**. Only RAND and our survey partner, Westat, will know who participated in the study or who did not. Study staff have been trained to protect your individual survey responses, have signed agreements to do so, and are subject to civil penalties for violating your confidentiality.

The Defense Manpower Data Center (DMDC) has provided limited information about you (e.g., name, contact information) to allow the RAND Corporation to conduct this survey. To reduce the length of the survey, RAND has also received demographic information about you such as your service branch, pay grade, age, and education level from DMDC and will link it to your survey responses. The data that RAND provides to DoD from the survey will be a reduced set of responses, designed so that you cannot be identified from the data you provide. DoD has agreed to these conditions to protect your privacy.

INFORMED CONSENT STATEMENT

Introduction: You are being asked to complete a confidential, voluntary DoD-approved survey.

Survey Contractors: DoD has contracted with the RAND Corporation to design and analyze the Women's Reproductive Health Survey (WRHS). RAND is a private, nonprofit, nonpartisan research organization. Westat, another research organization, is collecting the survey data for RAND.

Purpose: The purpose of this survey is to assess aspects of the reproductive health and well-being of active duty female military personnel, including the Coast Guard, that have the potential to impact readiness and retention. The results will be used in scientific research to inform DoD of potential issues that women in the military face and suggest ways to prevent and/or address them.

Selection: A random sample of active duty female service members below the level of flag officer (i.e., Admiral/General) in the Air Force, Army, Marine Corps, and Navy, and all active duty women (below the level of flag officer) in the Coast Guard have been invited to participate in this survey.

Length: The survey will take approximately 12–15 minutes to complete.

Voluntary Participation: Your participation in this survey is voluntary. You may skip questions you do not wish to answer and can stop participating at any point.

Confidentiality: The survey is confidential. DoD, the Services, and your command will not be told who did and did not complete the survey. Identifying information (e.g., names, military IDs) will not be linked to survey data. Information you provide will be combined with that from other military personnel to prepare statistical reports. At no time will your individual identifiable survey data be given to anyone outside the study team.

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. The researchers can use this Certificate to legally refuse to disclose information that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings, for example, if there is a court subpoena. The researchers will use the Certificate to resist any demands for information that would identify you.

Risks of Participation: Some of the questions asked are sensitive in nature. The survey asks about sexual practices, contraceptive use, and pregnancy. You may feel discomfort or distress in answering one or more of these items. Therefore, we encourage you to take the survey in private, where others will not see your computer screen.

RCS # DD-HA-2713
Expires: : 3/31/2025

FREQUENTLY ASKED QUESTIONS (FAQs)

What is the purpose of the DoD Women's Reproductive Health Survey (WRHS)? This survey assesses the reproductive health and well-being of female military personnel and examines behaviors and experiences that female service members have that may impact readiness. Results will be used to monitor female service members' needs, develop policies, and improve programs and services for service women.

How long is the survey? This survey takes about 12–15 minutes.

Who is doing this study? The Department of Defense (DoD) asked the RAND Corporation to conduct an independent, objective assessment of female service members' reproductive health, well-being, and experiences in the military.

Who is the RAND Corporation? RAND is a private, nonprofit organization that conducts research and analysis to help improve public policy and decision-making. For more information about RAND see: https://www.rand.org/

Who is Westat? Westat is an internationally known research and statistical survey organization and manages the technical aspects of the web survey operations. For more information about Westat see: https://www.westat.com/

Why did you pick me? A random sample of active duty female service members below the level of flag officer (i.e., Admiral/General) in the Army, Air Force, Marine Corps, and Navy, and all active duty women (below the level of flag officer) in the Coast Guard were invited to participate.

How did you get my name? We obtained your name and basic demographic information (e.g., service branch, pay grade, age, education level) from the Defense Manpower Data Center (DMDC), which maintains DoD personnel records. Because we are doing an official, approved DoD survey, DMDC was authorized to give us this information. Only study staff will be able to link your survey responses to your contact information, not DoD or anyone else.

How will the survey findings be used? Results will be used by DoD to improve policies and programs to better support service women. RAND will report survey findings to DoD and the public in a way that does not identify individuals.

Why should I participate? This is your chance to be heard on issues that directly affect the health, well-being, and experiences of women in the military. The survey results will help inform DoD of issues women in the military may face and help suggest ways to solve or prevent them and improve readiness.

Will my answers be kept private? Yes. The survey is confidential. This means that RAND will not give DoD information about who participated in the study or provide your responses to them in a way that can identify you. DoD has agreed to this condition to protect your privacy.

Can I complete the survey during duty hours/on a government computer? Yes, you can use a computer at work to do the survey.

Do I have to take the survey? The survey is entirely voluntary. If you choose to take the survey, you may skip any question or stop at any time.

Did I already answer these questions in earlier DoD surveys? This is the first time in nearly 30 years that a DoD-wide study of only female service members' experiences has been completed. Some service members may have seen some of these questions on other surveys in the past. But because those studies were of limited groups of women, and because of confidentiality protections, that information cannot be used to provide a complete picture of service women's experiences, reproductive health and well-being.

Who do I contact if I have questions or concerns about the survey?

- **Call the survey contractor, Westat for computer, technical, or survey questions:** by phone toll free at 1-855-954-3039 or by email at support@dodwomenshealth.com
- **Contact RAND for questions about the overall study:** Email: 2020WRHS@rand.org
- **Questions about your rights as a participant in this study:** Contact RAND's Human Subjects Protection Committee toll-free at (866) 697-5620 or by emailing hspcinfo@rand.org. Please reference Study #2018-0692.

What do I need to do to fill out the web survey? You should go to the following website link: https://dodwomenshealth.com and use your unique ID code to log in. If you have problems accessing the website, contact the Westat Survey Help Desk listed above.

Do I have to complete the web survey in one sitting? You may use the weblink above and your unique ID code to restart the survey wherever you stop at a time that is more convenient for you.

What do I do if I experience any discomfort or distress from filling out the survey? Some questions on the survey are sensitive in nature and it is possible that you may feel discomfort in answering one or more of these items. If you feel distressed, we encourage you to contact your unit's chaplain or a mental health professional. If you are having suicidal thoughts, please call 911 or 1-800-273-TALK (8255) immediately. Additional resources can be found in the "HELP" section [hyperlink to "HELP"].

RCS # DD-HA-2713
Expires: 3/31/2025

HELP

In the event that any of the questions in the survey may cause you discomfort, please remember that the following resources are available to you. You can also click on HELP at the bottom of each page of the survey for these resources.

Military OneSource (http://www.militaryonesource.com) is a free, 24-hour service that is available 7 days a week to provide a full range of services, across the deployment cycle, to military personnel and their families, at no cost. They can be reached at:

Stateside: CONUS: 1-800-342-9647
Overseas: OCONUS Universal Free Phone: 800-342-9647
Collect from Overseas: OCONUS Collect: 703-253-7599
En Español llame al: 800-342-9647
TTY/TDD: Dial 711 and give the toll-free number 800-342-9647

The **DoD Safe Helpline** (https://www.safehelpline.org/) provides worldwide live, confidential support, 24/7. You can initiate a report and search for your nearest Sexual Assault Response Coordinator (SARC). You can find links to Service-specific reporting resources and access information about the prevention of and response to sexual assault on their website or by calling the hotline at 1-877-995-5247.

The **Military Crisis Line** (http://veteranscrisisline.net/ActiveDuty.aspx) can also provide confidential support and consultation if you feel distressed. They can be reached at 1-800-273-8255 (then press 1) or send a text to 838255.

You may also contact the **National Suicide Hotline** at 1-800-273-TALK (8255) or https://suicidepreventionlifeline.org/.

RCS # DD-HA-2713
Expires: 3/31/2025

QUESTIONS CONTACT SCREEN

Who do you contact if you have questions or concerns about the survey?

- **Questions about computer, technical, or survey problems:** Contact the Westat Helpdesk's toll-free number at 1-855-954-3039 or by email at support@dodwomenshealth.org.
- **Questions about the overall study or RAND:** Contact the RAND study team by email at 2020WRHS@rand.org.
- **Questions about your rights as a participant in this study:** Contact the RAND Human Subjects Protection Committee at (310) 393-0411 x6369 or hspcinfo@rand.org. If possible, reference the study ID #2018-0692.
- **Questions about the licensing of the survey:** Information about DoD surveys can be found at http://www.dtic.mil/whs/directives/collections/index.html; this survey's RCS# is DD-HA-2713 and expiration date is 3/31/2025.

(FREQUENTLY ASKED QUESTIONS) [*hyperlink*]

You can print a copy of this Informed Consent Statement by clicking the following button:

INFORMED CONSENT [*hyperlink*]

Click the Next button if you agree to participate in the survey.

NEXT [*hyperlink*]

DEMOGRAPHICS IDENTIFIED THROUGH DMDC: Service branch, years of service (YOS) (both active and reserve or guard), accession date, birth date (age), pay grade, occupational code, ZIP for home of record, ZIP for duty location, marital status, education level, race, ethnicity, gender, number of dependent children, deployment history, type of deployment (combat vs. noncombat), and location of deployment (CONUS [continental United States] vs. OCONUS [outside the continental United States]).

TOPICAL AREAS IN GREEN AND ARE NOT DISPLAYED ON THE WEB SURVEY
SKIPS AND PROGRAMMING INFORMATION IN RED
VARIABLES IN BLUE
RESPONSE VALUES IN DARK GREEN
Items with a soft warning are noted with an asterisk * - The text for the soft warning is:
You did not provide a response to this question. Please select a response below. Note that skipped items may result in you being asked questions later in the survey that do not apply to you.

BACKGROUND

Q1. What is your current marital status? Select one response. Q1

- ☐ Married **1** **[SKIP to Q2]**
- ☐ Separated **2**
- ☐ Divorced **3**
- ☐ Widowed **4**
- ☐ Never married **5**

[IF Q1 = MISSING, CONTINUE TO Q1B]

Q1B. Are you currently living or cohabiting with a partner? Q1B

- ☐ Yes **1**
- ☐ No **2** **[SKIP to Q4]**

[IF Q1B = MISSING, GO TO Q4]

Q2. Is your current spouse or partner a man or a woman? Q2

- ☐ Man **1**
- ☐ Woman **2**

Q3. Is your current spouse or partner also currently a military service member? Please select one response. Q3

- ☐ No, my spouse/partner is not also a military service member **1**
- ☐ Yes, currently serving on active duty (not a member of the National Guard or Reserve) **2**
- ☐ Yes, currently serving as a member of the National Guard or Reserve in a full-time, active duty program (AGR/FTS/AR) **3**
- ☐ Yes, currently serving as a member of another type of National Guard or Reserve unit (e.g., drilling unit, Individual Mobilization Augmentee [IMA], Individual Ready Reserve [IRR]) **4**

Q4. Do you consider yourself to be . . . ? Select one response. Q4

- ☐ Heterosexual or straight **1**
- ☐ Gay or lesbian **2**
- ☐ Bisexual **3**

Q5A. How many children (biological and non-biological) do you have? Q5A

_____ children **(range 0 to 20)**

[If zero, SKIP TO Q6; if missing, CONTINUE to Q5B]

Q5B. Thinking about both your biological and non-biological children, how many of them live with you at least half the time? Q5B

_____ children **(range 0 to 20)**

PHYSICAL HEALTH

Q6. The HPV vaccine is given as a series of two or three doses. Have you ever received the HPV vaccine (e.g., Cervarix or Gardasil)? Please select one response. Q6

- ☐ Yes, I have received three doses **1**
- ☐ Yes, I have received two doses **2**
- ☐ Yes, I have received one dose **3**
- ☐ I have received the HPV vaccine but don't know how many doses I have had **4**
- ☐ I am uncertain whether I have ever received the HPV vaccine **5**
- ☐ No, I have not received the HPV vaccine **6**

Q7. On average, how many days per month does your menstrual cycle (i.e., period or flow) interfere with your military job performance or duties? Q7

- ☐ Never **1**
- ☐ A few days **2**
- ☐ A week **3**
- ☐ More than a week **4**

Q8. During field exercises or extended training, how often have you needed the following things but were unable to get them?

	Often **1**	Sometimes **2**	Rarely **3**	Never **4**
Feminine hygiene products, like sanitary napkins, pads, or tampons **Q8A**				
A private place to address feminine hygiene needs **Q8B**				
Bathing facilities to address feminine hygiene needs **Q8C**				

Q9. Have you ever had a urinary tract infection (UTI) or vaginal infection during field exercises or extended training? Q9

- ☐ Yes **1**
- ☐ No **2** **[SKIP to Q12]**

[IF Q9 = MISSING, SKIP TO Q12]

Q10. Were you able to get the care or treatment you needed for this/these UTIs or vaginal infections during field exercises or extended training? Q10

- ☐ Always **1**
- ☐ Sometimes **2**
- ☐ Rarely **3**
- ☐ Never **4**

Q11. How often did this/these UTIs or vaginal infections interfere with your military job performance or duties? Q11

- ☐ Always **1**
- ☐ Sometimes **2**
- ☐ Rarely **3**
- ☐ Never **4**

HEALTH CARE

These next few questions are about health care you have received *from the Military Health System (MHS)* in the PAST 12 MONTHS, including physical and/or mental health care. For these questions we are interested in non-emergency care.

Q12. In the PAST 12 MONTHS, how often was it easy to get . . .

	Never easy 1	Sometimes easy 2	Usually easy 3	Always easy 4	Did not need in the past 12 months 5
An appointment with a provider in the MHS? Q12A					
An appointment with a specialist in the MHS? Q12B					
An appointment with an OBGYN provider (e.g., gynecologist) in the MHS? Q12C					
The care, tests, or treatment you thought you needed through the MHS? Q12D					

Q13. In the PAST 12 MONTHS, did you try to schedule one or more health care appointments within the MHS for non-emergency care? Q13

- ☐ Yes **1**
- ☐ No **2 [SKIP to Q17]**

[IF Q13 = MISSING, SKIP TO Q17]

Q14. Think of the *last* time you tried to schedule an appointment within the MHS for non-emergency care. When you tried to make that health care appointment, did the scheduler ask if you were the sponsor? Q14

- ☐ Yes **1**
- ☐ No **2**
- ☐ I don't remember **3**

Q15. Still thinking of the last time you tried to schedule an appointment within the MHS for non-emergency care, what type of provider were you trying to make an appointment with? Select one response. Q15

- ☐ Primary care provider **1**
- ☐ OBGYN provider (e.g., gynecologist) **2**
- ☐ Specialist **3**
- ☐ Other **4**

Q16. Again thinking of that time, how long did you have to wait to get that appointment for non-emergency care? Select one response. Q16

- ☐ Less than 24 hours **1**
- ☐ 2–3 days **2**
- ☐ 4–7 days **3**
- ☐ 8–28 days **4**
- ☐ More than 28 days **5**
- ☐ I was unable to get an appointment **6**

Q17. Does your current installation or duty station have a Women's Health Clinic? That is, a DoD-run medical facility that is only for women. Q17

- ☐ Yes **1**
- ☐ No **2 [SKIP to Q19]**
- ☐ Not sure **3 [SKIP to Q19]**

[IF Q17 = MISSING, SKIP TO Q19]

Q18. In the past 12 months, have you used the Women's Health Clinic at your installation or duty-station? Q18

- ☐ Yes **1**
- ☐ No **2**

BIRTH CONTROL AND CONTRACEPTIVE USE

Q19. Have you used the Decide + Be Ready birth control app for service members? Q19

- ☐ Yes, and I went through the entire app in detail **1**
- ☐ Yes, I have used some parts of it **2**
- ☐ No, but I have heard of it **3**
- ☐ No, I have never heard of it **4**

Q20. The next set of questions asks about your use of birth control and contraceptives. How much do you agree or disagree with the following statements?

	Strongly agree 1	Agree 2	Neither agree nor disagree 3	Disagree 4	Strongly disagree 5
I would feel very comfortable getting birth control from a health care provider *within* the Military Health System. **Q20A**					
I would feel very comfortable getting birth control from a health care provider *outside* the Military Health System. **Q20B**					

***Q21. When was your last Physical Health Assessment (PHA) by a provider *in the Military Health System (MHS)*?** Q21

- ☐ In the past 12 months **1**
- ☐ Between 12 and 24 months ago **2**
- ☐ More than two years ago **3** **[SKIP to Q25]**
- ☐ I have not had a physical health assessment in the MHS **4** **[SKIP to Q25]**

[IF Q21 = MISSING, SKIP TO Q25]

Q22. During that PHA, did a provider *from the Military Health System* discuss . . . ?

	Yes 1	No 2
Benefits, side effects, and risks of different types of birth control? **Q22A**		
Using birth control methods to reduce or suppress your periods or menstruation? **Q22B**		
Long-acting reversible contraceptive methods (e.g., intrauterine devices (IUDs) such as Mirena, Skyla or Paragard, birth control implants, or birth control injections/shots)? **Q22C**		
Protection against sexually transmitted infections (STIs), including condom use? **Q22D**		
Emergency contraception (e.g., morning after pill or Plan B)? **Q22E**		

Q23. During your PHA, did you <u>want</u> the MHS Provider to give you information about using birth control methods to reduce or suppress your periods or menstruation? Q23

- ☐ Yes **1**
- ☐ No **2**

Q24. [Only if Q22C = Yes] When the Military Health System provider talked to you about long acting reversible contraceptives (e.g., hormonal implants such as Nexplanon, intrauterine devices (IUDs), such as Mirena or Paragard), did he or she talk to you about advantages and disadvantages? Q24

- ☐ Yes **1**
- ☐ No **2**
- ☐ Not sure **3**

Q25. Have you ever felt pressured by a Military Health Care Provider to use a specific type of birth control? Q25

- ☐ Yes **1**
- ☐ No **2 [SKIP to Q27]**

[IF Q25 = MISSING, SKIP TO Q27]

Q26. What type of birth control method did the provider pressure you to use? *Check all that apply.*

- ☐ Birth control pills Q26_1
- ☐ An intrauterine device (IUD) (e.g., Mirena, ParaGard, Skyla, Kyleena, Liletta) Q26_2
- ☐ Birth control implant (e.g., Nexplanon) Q26_3
- ☐ Birth control shot (e.g., Depo-Provera, Lunelle) Q26_4
- ☐ Birth control patch (e.g., Ortho Evra) Q26_5
- ☐ Contraceptive ring (e.g., NuvaRing) Q26_6
- ☐ Hysterectomy Q26_7
- ☐ Condoms Q26_7
- ☐ Some other method Q26_9

Q27. When was the last time you had vaginal sexual intercourse with a male partner? Q27

- ☐ In the past 30 days **1**
- ☐ 31 days to 3 months ago **2**
- ☐ More than 3 months to one year ago **3**
- ☐ More than one year ago **4**
- ☐ I have never had vaginal sex with a male partner **5**

***Q28. Currently, are you using any form of birth control? If you have any current partners who are men, please also include any forms of birth control that they are using.** *Check all that apply.* **[If 1 through 5 selected no other responses can be selected.]**

- ☐ No, I/my partner(s) are not currently using any form of birth control Q28_1
- ☐ No, I am already pregnant Q28_2
- ☐ No, I am trying to get pregnant Q28_3
- ☐ No, I have had a hysterectomy Q28_4
- ☐ No, I am menopausal or postmenopausal (i.e., no menses for 12 months or more) Q28_5
- ☐ Yes, female sterilization (e.g., tubal ligation) Q28_6

- ☐ Yes, male sterilization (vasectomy) **Q28_7**
- ☐ Yes, condoms **Q28_8**
- ☐ Yes, birth control pills **Q28_9**
- ☐ Yes, an intrauterine device (IUD) (e.g., Mirena, ParaGard, Skyla, Kyleena, Liletta) **Q28_10**
- ☐ Yes, birth control implant (e.g., Nexplanon) **Q28_11**
- ☐ Yes, birth control shot (e.g., Depo-Provera, Lunelle) **Q28_12**
- ☐ Yes, birth control patch (e.g., Ortho Evra) **Q28_13**
- ☐ Yes, contraceptive ring (e.g., NuvaRing) **Q28_14**
- ☐ Yes, some other method **Q28_15**

Q29. Since joining the military, have you ever needed or wanted to regulate or suppress menstruation (i.e., period)? **Q29**

- ☐ Yes **1**
- ☐ No **2** **[SKIP to Q31]**

[IF Q29 = MISSING, CONTINUE TO Q30]

Q30. Since joining the military, which of the following have you used to regulate or suppress menstruation (i.e., your period)? *Check all that apply.*

- ☐ Birth control pills **Q30_1**
- ☐ An intrauterine device (IUD) (e.g., Mirena, Skyla, Kyleena, Liletta) **Q30_2**
- ☐ Birth control implant (e.g., Nexplanon) **Q30_3**
- ☐ Birth control shot (e.g., Depo-Provera, Lunelle) **Q30_4**
- ☐ Birth control patch (e.g., Ortho Evra) **Q30_5**
- ☐ Contraceptive ring (e.g., NuvaRing) **Q30_6**
- ☐ Endometrial ablation or dilation and curettage (D&C) **Q30_7**
- ☐ Sterilization **Q30_8**
- ☐ Hysterectomy **Q30_9**
- ☐ Natural methods (e.g., non-hormonal homeopathic like herbs) **Q30_10**
- ☐ I have not used any of these to regulate or suppress menstruation since joining the military **Q30_11** **[Can only select if Q30 1–10 not selected.]**

IF Q28 = 10 OR Q30 = 2, SKIP OUT OF Q31

Q31. Since joining the military, have you ever used an intrauterine device (IUD) for any purpose? **Q31**

- ☐ Yes **1**
- ☐ No **2**

IF Q28 = 11 OR Q30 = 3, SKIP OUT OF Q32

Q32. Since joining the military, have you ever used a birth control implant for any purpose? **Q32**

- ☐ Yes **1**
- ☐ No **2**

Q33. [Ask only if (Q31 = 1 or Q30 = 2) AND Q28 ≠ 10] You said that you had at some point since joining the military used an IUD, but you are not currently using one for birth control. What is the *main* reason you had your IUD removed? Q33

- ☐ I was experiencing pain **1**
- ☐ I wanted to get pregnant **2**
- ☐ I had side effects from the hormones **3**
- ☐ It came out or started to come out on its own **4**
- ☐ Another reason **5**

[BOX] I still have an IUD but not for birth control. **6**

Q34. [Ask only if (Q32 = 1 or Q30 = 3) AND Q28 ≠ 11] You said that you had at some point since joining the military used a birth control implant, but you currently are not using one for birth control. What is the *main* reason you had your implant removed? Q34

- ☐ I was experiencing pain **1**
- ☐ I wanted to get pregnant **2**
- ☐ I had side effects from the hormones **3**
- ☐ A health care provider determined that the implant needed to be removed **4**
- ☐ Another reason **5**

[BOX] I still have an implant but not for birth control. **6**

Q35. In the past 12 months, did you get any birth control or contraceptives, or a prescription for them, from any of these sources? *Check all that apply.*

- ☐ A provider *within* the Military Health System **Q35_1**
- ☐ A provider *outside* the Military Health System **Q35_2**
- ☐ Purchased condoms, emergency contraception or other birth control over the counter **Q35_3**
- ☐ I did not get any birth control or contraceptives, or a prescription for them, in the past 12 months **Q35_4 [Cannot be selected if Q35 = 1, 2, or 3]**

Q36. Since joining the military, have you ever had trouble getting the birth control or contraceptives you needed *through the Military Health System (MHS)*? *Check all that apply.*

- ☐ I have experienced a delay in accessing birth control/contraceptives **Q36_1**
- ☐ I could not get the birth control/contraceptives I needed **Q36_2**
- ☐ I was able to get the birth control or contraceptives I needed through the MHS without delay **Q36_3 [Cannot be selected if Q36 = 1, 2, or 4]**
- ☐ I have never sought birth control or contraceptives through the MHS **Q36_4 [Cannot be selected if Q36 = 1, 2, or 3]**

Q37. Since joining the military, have you ever been unable to get your *preferred* method of birth control or contraceptives *through the Military Health System (MHS)*? Q37

- ☐ Yes **1**
- ☐ No **2 [Skip to Q41]**
- ☐ I have never sought birth control or contraceptives through the MHS **3 [Skip to Q41]**

[IF Q37 = MISSING, SKIP TO Q41]

Q38. What was your preferred method of birth control/contraceptives that you could not get? Q38

- ☐ Birth control pills **1**
- ☐ Condoms **2**
- ☐ An intrauterine device (IUD) (e.g., Mirena, Skyla, Kyleena, Liletta, Paragard) **3**
- ☐ Birth control implant (e.g., Nexplanon) **4**
- ☐ Birth control shot, patch, or ring **5**
- ☐ Hysterectomy **6**
- ☐ Emergency contraceptive (e.g., Plan B, Preven, Ella, Next Choice, or Morning After pills) **7**
- ☐ Other **8**

Q39. Did the provider offer a reason why you could not get your preferred method of birth control/contraceptives? Q39

- ☐ Yes **1**
- ☐ No **2 [SKIP to Q41]**
- ☐ Not sure **3 [SKIP to Q41]**

[IF Q39 = MISSING, SKIP TO Q41]

Q40. What reason(s) was offered? *Check all that apply.*

- ☐ Not medically appropriate for you and your situation **Q40_1**
- ☐ Not old enough **Q40_2**
- ☐ Not done having children/have not yet had children **Q40_3**
- ☐ Not covered by TRICARE or insurance **Q40_4**
- ☐ Not available at your permanent installation or duty location **Q40_5**
- ☐ Not available at your deployment location **Q40_6**
- ☐ Provider had a moral, ethical, or religious objection **Q40_7**
- ☐ Other reason **Q40_8**
- ☐ Not sure/I did not understand the reason **Q40_9 [CANNOT BE SELECTED IF Q40 = 1 through 8]**

Q41. In the past 12 months, have you used emergency contraception, also known as Plan B, Preven, Ella, Next Choice, or Morning After pills? Q41

- ☐ Yes **1**
- ☐ No **2 [SKIP to Q43]**
- ☐ Not sure **3 [SKIP to Q43]**

[IF Q41 = MISSING, SKIP TO Q43]

Q42. Where did you get the emergency contraception that you used in the past 12 months? *Check all that apply.* Q42

- ☐ From a provider *within* the Military Health System **Q42_1**
- ☐ A provider *outside* the Military Health System **Q42_2**
- ☐ Over the counter at a pharmacy or supermarket **Q42_3**
- ☐ Internet website **Q42_4**
- ☐ Another source (e.g., a friend) **Q42_5**

BIRTH CONTROL, CONTRACEPTIVE USE, AND DEPLOYMENT

***Q43. Now we would like to ask about your experiences before and during deployment. When was your most recent deployment? Q43**

- ☐ In the past 12 months **1**
- ☐ Between 12 and 24 months ago **2**
- ☐ More than two years (24 months) ago **3**
- ☐ I have never been deployed **4 [SKIP to Q57]**

[IF Q43 = MISSING, SKIP TO Q57]

Q44. *Before* your most recent deployment, did you receive counseling regarding access to and use of contraceptives in a deployed environment from a provider *in the Military Health System* (MHS)? Q44

- ☐ Yes **1**
- ☐ No **2 [SKIP TO Q48]**

[IF Q44 = MISSING, SKIP TO Q48]

Q45. How long before your most recent deployment did you receive that counseling regarding access to and use of contraceptives in a deployed environment? Q45

- ☐ Less than one month **1**
- ☐ Between one and three months **2**
- ☐ Between three and six months **3**
- ☐ More than six months **4**

Q46. How much do you agree with the following statements:
***Before* my most recent deployment, the contraceptive counseling I received from a provider *in the Military Health System* (MHS) was . . .**

	Strongly agree 1	Agree 2	Neither agree nor disagree 3	Disagree 4	Strongly disagree 5
Adequate. **Q46A**					
Timely. **Q46B**					

Q47. Did the MHS provider discuss options for using birth control methods to reduce or suppress your periods or menstruation while deployed? Q47

- ☐ Yes **1**
- ☐ No **2**

Q48. *Just before* your most recent deployment, did you receive birth control or contraceptives *through the Military Health System (MHS)*? Select one response. Q48

- ☐ Yes, I received my *preferred* method of birth control through the MHS **1**
- ☐ Yes, I received birth control through the MHS, but it was not my *preferred* method **2**
- ☐ No, I did not receive any form of birth control through the MHS **3 [SKIP to 50]**

[BOX] I did not want or need birth control *pre*-deployment. **4 [SKIP to 50]**
[IF Q48 = MISSING, SKIP TO Q50]

Q49. *Just before* your most recent deployment, did you receive *an adequate supply* of birth control or contraceptives *through the Military Health System*? By adequate we mean did you get enough to cover the entire length of your deployment. Q49

- ☐ Yes **1**
- ☐ No **2**

Q50. *During* your most recent deployment, did you have ongoing access to birth control or contraceptives that you needed or wanted *through the Military Health System*? Q50

- ☐ Yes **1**
- ☐ No **2**

[BOX] I did not seek birth control or contraceptives *during* my most recent deployment. **3**

Q51. *During* your most recent deployment, where did you get your birth control/contraceptives? *Check all that apply.*

- ☐ I got them from a provider *within* the MHS Q51_1
- ☐ I got them from a provider *outside* the MHS Q51_2
- ☐ I got them via mail order Q51_3
- ☐ I got them from someone else (e.g., friend, partner) Q51_4

[BOX] I did not seek birth control/contraceptives *during* my most recent deployment. Q51_5

IF Q30 = 11, SKIP TO Q53

Q52. *During* your most recent deployment, did you use any of the following <u>to regulate or suppress menstruation</u> (i.e., your period)? *Check all that apply.*

- ☐ Birth control pills Q52_1
- ☐ An intrauterine device (IUD) (e.g., Mirena, Skyla, Kyleena, Liletta) Q52_2
- ☐ Birth control implant (e.g., Nexplanon) Q52_3
- ☐ Birth control shot (e.g., Depo-Provera, Lunelle) Q52_4
- ☐ Birth control patch (e.g., Ortho Evra) Q52_5
- ☐ Contraceptive ring (e.g., NuvaRing) Q52_6
- ☐ Endometrial ablation Q52_7
- ☐ Sterilization Q52_8
- ☐ Hysterectomy Q52_9
- ☐ I did not use any of these to regulate or suppress menstruation during my last deployment Q52_10

Q53. *During* your most recent deployment, how often did need but were unable to get . . .

	Often 1	Sometimes 2	Rarely 3	Never 4
Feminine hygiene products, like sanitary napkins, pads, or tampons? **Q53A**				
A private place to address feminine hygiene needs? **Q53B**				
Bathing facilities to address feminine hygiene needs? **Q53C**				

Q54. *During* your most recent deployment, did you have a urinary tract infection (UTI) or vaginal infection? Q54

- ☐ Yes **1**
- ☐ No **2 [SKIP to Q57]**

[IF Q54 = MISSING, SKIP TO Q57]

Q55. Were you able to get the care or treatment you needed for this/these UTIs or vaginal infections? Q55

- ☐ Always **1**
- ☐ Sometimes **2**
- ☐ Rarely **3**
- ☐ Never **4**

Q56. How often did this/these UTIs or vaginal infections interfere with your military job performance or duties during your most recent deployment? Q56

- ☐ Always **1**
- ☐ Sometimes **2**
- ☐ Rarely **3**
- ☐ Never **4**

FERTILITY AND PREGNANCY

***Q57. Have you been pregnant at any time in the past 12 months? That is, since [FILL IN DATE 12 MONTHS BEFORE SURVEY]. If you are currently pregnant, please include it. Q57**

- ☐ Yes, once **1**
- ☐ Yes, more than once **2**
- ☐ No **3 [SKIP TO Q76]**

[IF Q57 = MISSING, CONTINUE TO Q58]

***Q58. Are you currently pregnant? Q58**

- ☐ Yes **1**
- ☐ No **2**

Q59. These next questions ask about [If Q58 = 1 FILL: your current pregnancy] [IF Q58 = MISSING, or if Q58 = 2 and Q57 = 2 OR MISSING, FILL: your most recent pregnancy] [If Q 58 = 2 and Q57 = 1 FILL: the pregnancy you had in the past 12 months].
How many weeks pregnant were you when you learned that you were pregnant? Q59
_____ weeks (2 digits; 0 to 42)

Q60. In the month before you became pregnant, had you used any method of birth control? *Check all that apply.*

- ☐ No, we didn't use any form of birth control **Q60_1**
- ☐ Yes, male sterilization (vasectomy) **Q60_2 [SKIP to Q63]**
- ☐ Yes, condoms **Q60_3 [SKIP to Q63]**
- ☐ Yes, birth control pills **Q60_4 [SKIP to Q63]**
- ☐ Yes, an intrauterine device (IUD) (e.g., Mirena, ParaGard, Skyla) **Q60_5 [SKIP to Q63]**
- ☐ Yes, birth control implant (e.g., Nexplanon) **Q60_6 [SKIP to Q63]**
- ☐ Yes, birth control shot (e.g., Depo-Provera, Lunelle) **Q60_7 [SKIP to Q63]**
- ☐ Yes, birth control patch (e.g., Ortho Evra) **Q60_8 [SKIP to Q63]**
- ☐ Yes, contraceptive ring (e.g., NuvaRing) **Q60_9 [SKIP to Q63]**
- ☐ Yes, diaphragm/cap/sponge **Q60_10 [SKIP to Q63]**
- ☐ Yes, withdrawal **Q60_11 [SKIP to Q63]**
- ☐ Yes, rhythm/natural family planning **Q60_12 [SKIP to Q63]**
- ☐ Yes, some other method **Q60_13 [SKIP to Q63]**

[IF Q60 = MISSING, SKIP TO Q63]

Q61. [ASK IF Q60_1 IS SELECTED] Was the reason you did not use any method of birth control because you, yourself, wanted to become pregnant? Q61

- ☐ Yes **1 [SKIP to Q64]**
- ☐ No **2**

[IF Q61 = MISSING, CONTINUE TO Q62]

Q62. Did you not use birth control because . . . *Check all that apply.*

- ☐ You did not expect to have sex **Q62_1**
- ☐ You did not think you could get pregnant **Q62_2**
- ☐ You didn't really mind if you got pregnant **Q62_3**
- ☐ You were worried about the side effects of birth control **Q62_4**
- ☐ Your male partner did not want you (or him) to use a birth control method **Q62_5**
- ☐ You could not get birth control **Q62_6**
- ☐ You were not taking, or using, your birth control method consistently **Q62_7**
- ☐ You did not consent to the sexual activity **Q62_8**

Q63. The next few questions are important. They are about how you felt right before you became pregnant. Just before you became pregnant, did you yourself want to have a/another baby at any time in the future? Q63

- ☐ Yes **1**
- ☐ No **2 [SKIP to Q65]**
- ☐ Not sure **3 [SKIP to Q65]**

[IF Q63 = MISSING, CONTINUE TO Q64]

Q64. Would you say that you became pregnant . . . Please select one response. Q64

- ☐ Too soon **1**
- ☐ At about the right time **2 [SKIP to Q66]**
- ☐ Later than you wanted **3 [SKIP to Q66]**
- ☐ Did not care **4 [SKIP to Q66]**

[IF Q64 = MISSING, SKIP TO Q66]

Q65. [ASK IF Q63 = 2 or 3 OR Q64 = 1] Which of the following applies to you just before you became pregnant? *Select all that apply.*

- ☐ Your birth control method failed Q65_1
- ☐ You did not use your birth control method properly/consistently Q65_2
- ☐ You were not using birth control Q65_3

Q66. [IF Q58 = 1 FILL: How far along are you in your pregnancy? ELSE:] How long were you pregnant? Q66

_____Weeks **(2 digits; 00 to 42)**

IF Q58 = 1, SKIP TO Q68

Q67. How did this pregnancy end? Q67

- ☐ Live birth **1**
- ☐ Miscarriage **2**
- ☐ Other **3**

Q68. When did you notify your supervisor that you were pregnant? Select one response. Q68

- ☐ Within a week after learning I was pregnant **1**
- ☐ Between 1 and 2 weeks after learning I was pregnant **2**
- ☐ Between 3 and 4 weeks after learning I was pregnant **3**
- ☐ Between 5 and 8 weeks after learning I was pregnant **4**
- ☐ 8 or more weeks after learning I was pregnant **5**
- ☐ **[IF Q58 = 2 OR MISSING FILL:]** I did not inform my supervisor / **[IF Q58 = 1 FILL:]** I have not informed my supervisor **6**

IF Q58 = 1, SKIP TO Q70
IF Q67 = 2 or 3, SKIP TO Q70

Q69. How long were you on maternity leave after you gave birth? Q69

_____ weeks (0 to 18)

Q70. [IF Q58 = 2 OR MISSING FILL: Was there]/ [IF Q58 = 1 FILL: Has there been] any time during this pregnancy that you had to restrict your duties at work, including having to take medical leave? Q70

- ☐ Yes **1**
- ☐ No **2 [SKIP to Q72]**

[IF Q70 = MISSING, SKIP TO Q72]

Q71. [IF Q58 = 2 OR MISSING FILL: How long did those restrictions last?] [IF Q58 = 1 FILL: How long have you been under those restrictions?] Q71

_____ weeks (0 to 42)

IF Q68 = 6, SKIP TO Q73

Q72. How closely did/does your commander or chain of command follow the guidelines in your pregnancy profile? Select one response. Q72

- ☐ Follows/followed it exactly **1**
- ☐ Imposes/imposed more restrictions than in the profile **2**
- ☐ Imposes/imposed fewer restrictions than in the profile **3**
- ☐ I did/do not have a pregnancy profile **4**

Q73. [FILL if Q58 = 1: During this pregnancy have you felt] [FILL if Q67 = 2 or 3 OR MISSING: During this pregnancy, did you feel] [FILL if Q67 = 1: During this pregnancy or within the first 6 months postpartum, did you feel] sad, miserable, or very anxious? By this, we mean a period of at least 2 weeks, when you were not yourself and which was worse than the normal ups and downs of life? Q73

- ☐ Yes **1**
- ☐ No **2 [SKIP to Q75]**

[IF Q73 = MISSING, CONTINUE TO Q74]

Q74. [If Q58 = 1: At any time during this pregnancy have you sought help for depression or anxiety] [FILL if Q67 =2 or 3 OR MISSING: Did you seek help for depression or anxiety during this pregnancy] [FILL if Q67 = 1: Did you seek help for depression or anxiety during this pregnancy or within the 6 months after birth] from a health care provider (e.g., physician, nurse practitioner, physician's assistant, or nurse midwife) or a mental health professional (e.g., psychiatrist, psychologist, social worker, mental health nurse)? Q74

- ☐ Yes **1**
- ☐ No **2**

Q75. [IF Q58 = 1 or Q67 = 2 or 3 OR MISSING: At any time during this pregnancy] [ELSE: At any time during this pregnancy or after delivery], did a provider from the MHS (e.g., physician, nurse practitioner, physician's assistant, or nurse midwife) or a mental health professional from the MHS (e.g., psychiatrist, psychologist, social worker, mental health nurse) talk with you about "baby blues" or postpartum depression? Q75

- ☐ Yes **1**
- ☐ No **2**

Q76. [FILL if Q57 = 1 or 2 or if Q58 = 1: Other than your current or past year pregnancies,] Have you *ever* been pregnant while in the military? Q76

- ☐ Yes **1**
- ☐ No **2 [SKIP TO Q80]**

[IF Q76 = MISSING, CONTINUE TO Q77]

Q77. Including any pregnancies you have described so far, how many times in total have you been pregnant since joining the military? Q77

_____ pregnancies **(2 digits; 00 to 99)**

Q78. Did you ever become pregnant while you were deployed? Q78

- ☐ Yes **1**
- ☐ No **2** **[SKIP TO Q80]**

[IF Q78 = MISSING, SKIP TO Q80]

Q79. Was that deployment a combat deployment? (A combat deployment refers to a deployment where you received imminent danger pay (IDP), hazardous duty pay, and/or combat zone tax exclusion benefits.) Q79

- ☐ Yes **1**
- ☐ No **2**
- ☐ Not sure **3**

INFERTILITY

Q80. Let's talk about your future parenting plans. Do you plan to get pregnant or adopt a child . . . Select one response per row.

	Yes 1	No 2	Not sure 3
In the next 12 months? **Q80A**			
Between 1 and 3 years from now? **Q80B**			
Between 3 and 5 years from now? **Q80C**			
More than 5 years from now? **Q80D**			

Q81. Have you ever tried for 12 months or more to get pregnant and were not successful? Q81

- ☐ Yes **1**
- ☐ No **2**
- ☐ Not sure **3**

Q82. Have you ever been told by a doctor or other health professional that you have fertility problems not related to age? Q82

- ☐ Yes **1**
- ☐ No **2**

Q83. Since joining the military, have you ever been told by a doctor or other health professional that your male partner has fertility problems? Q83

- ☐ Yes **1**
- ☐ No **2**
- ☐ I have never had a male partner since joining the military **3**

Q84. Since joining the military, has there ever been a time when you wanted medical help to become pregnant but did not get it? Q84

- ☐ Yes **1**
- ☐ No **2**

Q85. Since you joined the military, have you ever delayed getting pregnant or starting a family? Q85

- ☐ Yes **1**
- ☐ No **2**

Q86. Since you joined the military, have you had your eggs frozen (also known as mature oocyte cryopreservation)? Q86

- ☐ Yes **1**
- ☐ No **2**

Q87. Would you consider having your eggs frozen now? Select one response. Q87

- ☐ Yes, but only if the cost was *completely covered* by TRICARE **1**
- ☐ Yes, even if it was only *partially* covered by TRICARE **2**
- ☐ Yes, even if it was *not covered* by TRICARE **3**
- ☐ No, I would *not* consider freezing my eggs **4**
- ☐ I have *already* frozen my eggs **5**

Q88. Since you joined the military, have you ever been to a doctor or other medical care provider to talk about ways to help you become pregnant? *Select all that apply.*

- ☐ Yes, I saw a provider *from within* the Military Healthcare System Q88_1
- ☐ Yes, I saw a provider *outside* the Military Healthcare System Q88_2
- ☐ No, I did not seek help to become pregnant Q88_3 **[Cannot select if Q88 = 1 or 2] [SKIP to Q94]**

[IF Q88 = MISSING, SKIPTO Q94]

Q89. Which of these services or treatments did you get (to help you become pregnant)? *Select all that apply* **[IF TWO COLUMNS SHOWN**: *in each column.*] **[Show columns based on "yes" responses to Q88]**

	Yes, from a provider within the MHS	Yes, from a provider outside the MHS
Advice	Q89A_1	Q89A_2
Infertility testing	Q89B_1	Q89B_2
Drugs to improve your ovulation	Q89C_1	Q89C_2
Surgery to correct blocked tubes	Q89D_1	Q89D_2
Artificial insemination (IUI)	Q89E_1	Q89E_2
Surgery or drug treatment for endometriosis	Q89F_1	Q89F_2
In vitro fertilization (IVF)	Q89G_1	Q89G_2
Surgery or drug treatment for uterine fibroids	Q89H_1	Q89H_2
Some other female pelvic surgery	Q89I_1	Q89I_2
Other types of medical help	Q89J_1	Q89J_2

Q90. [IF ANY Q89A–J = YES] How did you pay for this/these services or treatments? *Select all that apply.*

- ☐ TRICARE Q90_1
- ☐ Other health insurance Q90_2
- ☐ Out-of-pocket (more than a small co-pay) Q90_3

Q91. [ONLY DISPLAY ITEMS IN Q89A–J = YES, from a *provider* within the MHS] For services or treatments received within the MHS, where was that service provided? Select one response for each service.

	My home installation 1	Another installation less than 25 miles from my home installation 2	Another installation between 25 and 49 miles from my home installation 3	Another installation between 50 and 99 miles from my home installation 4	Another installation more than 100 miles from my home installation 5	Somewhere else 6
Advice Q91A						
Infertility testing Q91B						
Drugs to improve your ovulation Q91C						
Surgery to correct blocked tubes Q91D						
Artificial insemination (IUI) Q91E						
Surgery or drug treatment for endometriosis Q91F						
In vitro fertilization (IVF) Q91G						
Surgery or drug treatment for uterine fibroids Q91H						
Some other female pelvic surgery Q91I						
Other types of medical help Q91J						

Q92. [IF ANY Q89A–J = YES, from a *provider* within the MHS] For services or treatments received within the MHS, did you ever stop the service or treatment before getting pregnant? Q92

- ☐ Yes 1
- ☐ No 2 [SKIP to Q94]

[IF Q92 = MISSING, SKIP TO Q94]

Q93. Why did you stop the service or treatment before getting pregnant? *Check all that apply.*

- ☐ Wait for services/treatment was too long **Q93_1**
- ☐ Distance to services/treatment was too far **Q93_2**
- ☐ PCSed and service/treatment was not available at my new duty station **Q93_3**
- ☐ My partner was no longer interested in pursuing services/treatment **Q93_4**
- ☐ I was no longer interested in pursuing services/treatment **Q93_5**
- ☐ Decided to see if I could get pregnant without medical services or procedures **Q93_6**
- ☐ I/my partner and I decided to adopt **Q93_7**
- ☐ Some other reason **Q93_8**

Q94. Do either you or your partner have private health insurance to cover any of the costs of medical help for becoming pregnant? **Q94**

- ☐ Yes **1**
- ☐ No **2**
- ☐ Not sure **3**

[SUBMIT SURVEY SCREEN]

Thank you for your participation. If you would like to review or change your answers, please click the Previous button. If you are finished with your survey, please click the Submit button below to submit your survey.

[CLOSING SCREEN]

You have finished the DoD Women's Reproductive Health Survey (WRHS)! Thank you for taking the time to complete this important survey. Your participation, and your Service to our country, is greatly appreciated.

In the event that any of the questions in the survey may have caused discomfort, we would like to remind you of several resources that are available.

Military OneSource (http://www.militaryonesource.com) is a free, 24-hour service that is available 7 days a week to provide a full range of services, across the deployment cycle, to military personnel and their families, at no cost. They can be reached at:

Stateside: CONUS: 1-800-342-9647
Overseas: OCONUS Universal Free Phone: 800-342-9647
Collect from Overseas: OCONUS Collect: 703-253-7599
En Español llame al: 800-342-9647
TTY/TDD: Dial 711 and give the toll-free number 800-342-9647

The **DoD Safe Helpline** (https://www.safehelpline.org/) provides worldwide live, confidential support, 24/7. You can initiate a report and search for your nearest Sexual Assault Response Coordinator (SARC). You can find links to Service-specific reporting resources and access information about the prevention of and response to sexual assault on their website or by calling the hotline at 1-877-995-5247.

The **Military Crisis Line** (http://veteranscrisisline.net/ActiveDuty.aspx) can also provide confidential support and consultation if you feel distressed. They can be reached at 1-800-273-8255 (then press 1), or send a text to 838255.

You may also contact the **National Suicide Hotline** at 1-800-273-TALK (8255) or https://suicidepreventionlifeline.org/.

APPENDIX B

Description of Measures

This appendix provides details for key measures used in each chapter. Only measures that did not come directly from survey data, that required significant recoding, or that are combinations of multiple survey items are shown. When applicable, we provide references for existing scales or indexes.

Chapter Three: Sociodemographic and Military Characteristics

Pay grade: Pay grade was derived from administrative data provided by DMDC during the sampling process. Pay grade consisted of the following six categories: E1–E3, E4–E5, E6–E7, W1–W5, O1–O3, and O4–O6.

Age: Age was derived from administrative data provided by DMDC during the sampling process. Age is included in the following four categories: 18–24, 25–34, 35–44, and 45+.

Marital status (Q1, Q1b): Marital status included the following four categories:

- married (Q21 = 1)
- cohabiting (Q1 = 2, 3, 4, or 5 and Q1b = 1)
- never married (Q1 = 5)
- separated, divorced, widowed (Q1 = 2, 3, or 4).

Education level: Education level was derived from administrative data provided by DMDC during the sampling process. Education consisted of the following three categories:

- high school or less: 12 years or less of schooling (no diploma); high school graduate, traditional diploma; and high school graduate, alternative diploma
- some college: (1) some college credit but no degree or (2) associate's degree
- bachelor's degree or more: bachelor's degree and graduate or professional degree.

Race/ethnicity: Race/ethnicity was derived from administrative data provided by DMDC during the sampling process. Racial/ethnic categories consisted of the following:

- Hispanic, including Mexican, Mexican American, Chicano, Puerto Rican, Cuban, or other Spanish, Hispanic, or Latino
- non-Hispanic white
- non-Hispanic black
- non-Hispanic Asian, including Indian, Chinese, Filipino, Japanese, Korean, Vietnamese
- other: not Spanish/Hispanic/Latino and American Indian or Alaska Native, Native Hawaiian or other Pacific Islander (e.g., Samoan, Guamanian, Chamorro), or more than one race.

Sexual orientation (Q4): This item was chosen based on recommendations by the Sexual Minority Assessment Research Team expert panel (Sexual Minority Assessment Research Team, 2009). Service members giving a response of "gay or lesbian" (Q4 = 2) or "bisexual" (Q4 = 3) were categorized as lesbian, gay, or bisexual.

Parental status (Q5a, Q5b): Parental status is defined as 1 if the respondent has at least one dependent under the age of 18, as indicated by a nonzero response to Q5a or Q5b. Total number of coresident children is the sum of Q5a and Q5b.

Chapter Four: Health Care Utilization

HPV vaccine (Q6): This item is based on two similar items from the Behavioral Risk Factor Surveillance System (CDC, 2021d). Response options for not knowing how many doses were received (Q6 = 4) and being uncertain of whether the respondent had ever received the vaccine (Q6 = 5) were combined into a single category.

Ease of getting an appointment (Q12): This item was based on similar items in the 1989 DoD Women's Health Survey, as well as the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey (Centers for Medicare and Medicaid Services, 2022).

Scheduled MHS appointment (Q13): This item was created for the WRHS at the sponsor's request.

Sponsorship (Q14): This item was created for the WRHS at the sponsor's request.

Type of provider (Q15): This item was created for the WRHS at the sponsor's request.

Appointment wait time (Q16): This item was created for the WRHS at the sponsor's request. Response options are consistent with Office of the Assistant Secretary of Defense for Health Affairs, 2011.

WHCs (Q17, Q18): This item was created for the WRHS at the sponsor's request.

Chapter Five: Birth Control and Contraceptive Use

Use of Decide + Be Ready App (Q19): This item was created for the WRHS at the sponsor's request.

Comfort discussing contraception with health care provider (Q20): This is based on items in the Navy's 2012–2013 Pregnancy and Parenthood Survey (Uriell, 2016).

Last PHA (Q21): This is based on an item from the 2018 HRBS (Meadows et al., 2021).

Comprehensive contraceptive counseling (Q22): This item was created for the WRHS at the sponsor's request to address requirements in the 2016 NDAA, Section 718 (Pub. L. 114-92, 2015), and the 2017 NDAA, Section 747 (Pub. L. 114-328, 2016).

Menstrual suppression information (Q23): This item was created for the WRHS at the sponsor's request to address requirements in the 2016 NDAA, Section 718 (Pub. L. 114-92, 2015), and the 2017 NDAA, Section 747 (Pub. L. 114-328, 2016).

Advantages and disadvantages of LARCs (Q24): This is based on an item in the 2012 Navy Pregnancy and Parenthood Survey (Uriell, 2016).

Provider pressure regarding birth control method (Q25, Q26): These items were created for the WRHS at the sponsor's request to address requirements in the 2016 NDAA, Section 718 (Pub. L. 114-92, 2015), and the 2017 NDAA, Section 747 (Pub. L. 114-328, 2016).

Timing of last male sexual partner (Q27): This is based on items in the National Survey of Family Growth (CDC, 2021b).

Current contraception (Q28): Response options were based on similar items in the 2018 HRBS (Meadows et al., 2021), Navy Pregnancy and Parenthood Survey (Uriell, 2016), and the National Survey of Family Growth (CDC, 2021b).

Use of contraception for menstrual regulation or suppression (Q29, Q30): These items were created for the WRHS at the sponsor's request and are based on related items in the Deployed Female Health Practice Questionnaire (Czerwinski et al., 2001).

IUD and implant use (Q31, Q32, Q33, Q34): This is based on items in the Navy's 2012–2013 Pregnancy and Parenthood Survey (Uriell, 2016).

Source of contraceptives (Q35): This is a simplified version of an item from the National Surveys of Sexual Attitudes and Lifestyles (undated).

Contraceptive access through MHS (Q36, Q37): These are based on items in the Navy's 2012–2013 Pregnancy and Parenthood Survey (Uriell, 2016).

Access to preferred method of contraceptives (Q38, Q39, Q40): These items were created for the WRHS at the sponsor's request to address requirements in the 2016 NDAA, Section 718 (Pub. L. 114-92, 2015), and the 2017 NDAA, Section 747 (Pub. L. 114-328, 2016).

Emergency contraception (Q41, Q42): These are based on items in the National Survey of Family Growth (CDC, 2021b).

Chapter Six: Reproductive Health During Training, Predeployment, and Deployment

Menstrual interference with job duties (Q7): These items were created for the WRHS at the sponsor's request, based on related items in the Deployed Female Health Practice Questionnaire (Czerwinski et al., 2001).

Most recent deployment (Q43): This is based on an item from the 2018 HRBS (Meadows et al., 2021).

Predeployment contraceptive counseling (Q44–Q47): These are based on items in the Navy's 2012–2013 Pregnancy and Parenthood Survey, as well as items created for the WRHS at the sponsor's request to address requirements in 2016 NDAA, Section 718 (Pub. L. 114-92, 2015), and the 2017 NDAA, Section 747 (Pub. L. 114-328, 2016).

Contraceptive access prior to and during deployment (Q48, Q50): These are based on items in the Navy's 2012–2013 Pregnancy and Parenthood Survey (Uriell, 2016).

Received adequate supply of contraception prior to deployment (Q49): This is based on items in the Navy's 2012–2013 Pregnancy and Parenthood Survey (Uriell, 2016).

Ongoing access and source of contraception during deployment (Q50, Q51): These are based on items in the Navy's 2012–2013 Pregnancy and Parenthood Survey (Uriell, 2016).

Menstruation suppression during deployment (Q52): This is based on items in the Navy's 2012–2013 Pregnancy and Parenthood Survey (Uriell, 2016).

Access to feminine hygiene supplies and facilities (Q8, Q53): These items were created for the WRHS at the sponsor's request and are based on related items in the Deployed Female Health Practice Questionnaire (Czerwinski et al., 2001).

Urogenital health during deployment (Q9, Q10, Q11, Q54, Q55, Q56): These are based on related items in the Deployed Female Health Practice Questionnaire (Czerwinski et al., 2001).

Chapter Seven: Fertility and Pregnancy

Pregnancy in past 12 months (Q57): Response categories 1 (yes, once) and 2 (yes, once, and yes, more than once) were combined. Measures were derived for the total sample and based on an item in the National Survey of Family Growth (CDC, 2021b).

Birth control in month before pregnancy (Q60, Q61, Q62, Q65): These are based on items in the National Survey of Family Growth (CDC, 2021b).

Unwanted pregnancy (Q61, Q63): Unwanted pregnancy is defined as "did not want to have a/another baby at any time in the future" (Q63 = 2) or "not sure if wanted a/another baby at any time in the future" (Q63 = 3). *Not unwanted* is defined as "wanted a/another baby in the future or Q61 = 1 (wanted to become pregnant") (Q63 = 1). These are based on items in the National Survey of Family Growth (CDC, 2021b).

Mistimed pregnancy (Q63, Q64): Among those who said that a pregnancy was wanted (Q63 = 1), a mistimed pregnancy was a past-year pregnancy that occurred earlier than desired, defined by Q64 = 1 (became pregnant too soon). These questions are based on items in the National Survey of Family Growth (CDC, 2021b).

Unintended pregnancy (Q61, Q63, Q64): An unintended pregnancy is a past-year pregnancy that is unwanted (Q63 = 2), not sure if wanted (Q63 = 3), or mistimed (Q64 = 1).

Length of past-year pregnancy (Q66): Open-ended responses were categorized as greater than or equal to 37 weeks. This question is based on items in the National Survey of Family Growth (CDC, 2021b) and the National Surveys of Sexual Attitudes and Lifestyles (undated).

How pregnancy ended (Q67): This is based on an item in the National Survey of Family Growth (CDC, 2021b).

Informed commander of pregnancy (Q68): This is based on a related item in the Navy's 2012–2013 Navy Pregnancy and Parenthood Survey (Uriell, 2016).

Length of maternity leave (Q69): Open-ended responses were grouped as 0–11 weeks, 12 weeks, or more than 12 weeks. This item is based on the Navy's 2012–2013 Pregnancy and Parenthood Survey (Uriell, 2016).

Duty restriction during pregnancy (Q70, Q71): Open-ended responses were grouped as 0–4 weeks, 5–12 weeks, and 13 or more weeks. This measure was derived only for ADSW with a past-year pregnancy who indicated that they had to restrict duties at work or take medical leave (Q70 = 1). These items are based on the 1989 DoD Women's Health Survey.

Commander followed pregnancy profiles (Q72): This item was created for the WRHS at the sponsor's request.

Maternal depression (Q73, Q74, Q75): These are based on items from the CDC Pregnancy Risk Assessment Monitoring System (CDC, 2021c).

Fertility plans (Q80): Response categories 2 (no) and 3 (not sure) were combined. This item was created for the WRHS at the sponsor's request.

Delayed fertility (Q85): This item was created for the WRHS at the sponsor's request.

Chapter Eight: Infertility

Ever tried unsuccessfully for more than 12 months to become pregnant (Q81): This is based on items in the California Women's Health Survey (Sacramento State University, undated).

Ever told by doctor have fertility problems (Q82): This is based on items in the California Women's Health Survey (Sacramento State University, undated).

Ever told that male partner had fertility problems (Q83): This is based on items in the National Survey of Family Growth (CDC, 2021b).

Ever talked to doctor about assistance becoming pregnant (Q88): This is based on items in the National Survey of Family Growth (CDC, 2021b).

Wanted but did not receive fertility treatment (Q84): This item was created for the WRHS at the sponsor's request.

Cryopreservation (Q86, Q87): These items were created for the WRHS at the sponsor's request.

Fertility treatment, services received, payment, and location (Q89, Q90, Q91): These are based on items in the National Survey of Family Growth (CDC, 2021b).

Stoppage of fertility treatment (Q92, Q93): These are based on items from the National Survey of Family Growth (CDC, 2021b).

Private insurance coverage for fertility treatments (Q94): This is based on an item in the National Survey of Family Growth (CDC, 2021b).

APPENDIX C

Tables by Demographics (Age Group, Race/ Ethnicity, Marital Status, Sexual Orientation)

This appendix presents select results tables by other demographic characteristics—specifically, age group, race/ethnicity, marital status, and sexual orientation.

Chapter Four: Health Care Utilization

Ease of Getting an Appointment

TABLE C.1A

Ease of Access to MHS Care (If Needed), by Age Group, Past 12 Months

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
An appointment with an MHS provider				
Never easy[z]	12.3% (10.8–13.9)	12.9% (12.0–13.8)	11.5% (10.6–12.5)	10.5% (8.8–12.2)
Sometimes easy	30.0%[d] (27.9–32.1)	30.5%[c, d] (29.2–31.7)	27.5%[b] (26.3–28.8)	24.0%[a, b] (21.6–26.4)
Usually easy	41.2% (38.9–43.5)	38.5%[c] (37.2–39.8)	41.2%[b] (39.8–42.6)	40.6% (37.9–43.2)
Always easy	16.4%[c, d] (14.6–18.2)	18.1%[d] (17.1–19.2)	19.7%[a, d] (18.6–20.9)	24.9%[a, b, c] (22.5–27.3)
An appointment with an MHS specialist				
Never easy	28.5%[d] (26.2–30.8)	31.6%[c, d] (30.3–33.0)	26.7%[b] (25.3–28.0)	23.6%[a, b] (21.2–26.0)
Sometimes easy[z]	32.3% (30.0–34.7)	32.1% (30.7–33.5)	32.3% (30.9–33.7)	29.3% (26.6–32.0)
Usually easy	28.3% (25.9–30.7)	25.0%[c, d] (23.7–26.3)	28.7%[b] (27.3–30.0)	31.8%[b] (29.1–34.4)
Always easy	10.9%[d] (9.2–12.6)	11.2%[d] (10.2–12.2)	12.4%[d] (11.3–13.4)	15.3%[a, b, c] (13.2–17.5)
An appointment with an MHS OBGYN				
Never easy	29.2%[c] (26.9–31.5)	28.5%[c] (27.2–29.9)	24.9%[a, b] (23.5–26.3)	25.5% (22.8–28.3)
Sometimes easy	26.8% (24.5–29.1)	28.9%[d] (27.6–30.3)	29.8%[d] (28.3–31.2)	24.0%[b, c] (21.3–26.7)
Usually easy	28.7% (26.4–31.1)	26.8%[c] (25.6–28.1)	29.7%[b] (28.2–31.1)	31.0% (28.0–33.9)
Always easy[z]	15.3% (13.4–17.1)	15.7% (14.6–16.8)	15.7% (14.6–16.9)	19.5% (17.0–22.0)
Any care, tests, or treatment you thought you needed through the MHS				
Never easy	23.7%[d] (21.7–25.8)	24.5%[c, d] (23.3–25.7)	21.7%[b, d] (20.5–22.9)	17.5%[a, b, c] (15.4–19.6)
Sometimes easy[z]	31.8% (29.6–34.0)	33.2% (31.9–34.5)	32.6% (31.3–33.9)	28.5% (26.1–31.0)
Usually easy	29.3%[d] (27.1–31.5)	28.2%[c, d] (27.0–29.4)	30.6%[b] (29.3–31.9)	34.3%[a, b] (31.7–36.8)
Always easy	15.2%[d] (13.4–17.0)	14.0%[d] (13.0–15.0)	15.1%[d] (14.0–16.1)	19.7%[a, b, c] (17.4–22.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.1B

Ease of Access to MHS Care (If Needed), by Race/Ethnicity, Past 12 Months

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
An appointment with an MHS provider					
Never easy	13.1%[d] (12.2–14.0)	11.2% (9.7–12.8)	12.2% (10.6–13.7)	9.2%[a, e] (7.1–11.3)	15.3%[d] (12.1–18.6)
Sometimes easy	29.6% (28.4–30.8)	27.4%[e] (25.3–29.4)	31.5% (29.1–34.0)	26.1% (22.3–29.9)	33.4%[b] (29.6–37.3)
Usually easy	40.1%[d] (38.9–41.4)	39.8%[d] (37.5–42.1)	39.0%[d] (36.5–41.5)	46.6%[a, b, c, e] (42.4–50.7)	36.2%[d] (32.6–39.8)
Always easy	17.2%[b] (16.2–18.1)	21.6%[a, c, e] (19.6–23.6)	17.3%[b] (15.4–19.2)	18.1% (15.1–21.1)	15.0%[b] (12.6–17.5)
An appointment with an MHS specialist					
Never easy	32.2%[b, c, d] (30.9–33.5)	25.6%[a, e] (23.4–27.8)	28.2%[a] (25.9–30.6)	22.2%[a, e] (18.7–25.7)	34.8%[b, d] (30.6–39.0)
Sometimes easy[z]	32.7% (31.5–34.0)	30.9% (28.7–33.2)	32.3% (29.8–34.9)	31.0% (26.8–35.2)	31.8% (28.0–35.6)
Usually easy	24.8%[b, d] (23.6–26.0)	28.9%[a] (26.7–31.1)	28.6% (26.0–31.2)	34.1%[a, e] (29.6–38.6)	24.6%[d] (21.0–28.2)
Always easy	10.3%[b] (9.4–11.2)	14.5%[a, c, e] (12.8–16.3)	10.8%[b] (9.2–12.4)	12.7% (9.7–15.6)	8.8%[b] (6.7–10.9)
An appointment with an MHS OBGYN					
Never easy	29.4%[d] (28.1–30.7)	26.0% (23.8–28.3)	29.1%[d] (26.5–31.6)	20.5%[a, c, e] (16.9–24.0)	28.1%[d] (24.1–32.1)
Sometimes easy[z]	28.6% (27.3–29.9)	26.9% (24.8–29.1)	28.6% (26.0–31.1)	26.7% (22.3–31.0)	32.7% (28.4–37.0)
Usually easy	27.6%[d] (26.4–28.9)	28.9%[d] (26.6–31.2)	27.2%[d] (24.7–29.7)	36.7%[a, b, c, e] (31.9–41.5)	24.0%[d] (20.6–27.3)
Always easy	14.4%[b] (13.3–15.4)	18.2%[a] (16.2–20.1)	15.2% (13.4–17.0)	16.2% (12.9–19.5)	15.2% (11.9–18.5)
Any care, tests, or treatment you thought you needed through the MHS					
Never easy	24.8%[d] (23.6–25.9)	22.1% (20.2–24.1)	22.6% (20.5–24.8)	18.3%[a, e] (15.0–21.6)	27.8%[d] (24.0–31.6)
Sometimes easy	33.4%[b] (32.2–34.6)	29.8%[a] (27.7–31.9)	34.3% (31.8–36.9)	29.6% (25.6–33.6)	32.6% (28.9–36.3)
Usually easy	28.6%[d] (27.5–29.8)	30.0% (27.9–32.1)	28.5%[d] (26.2–30.8)	36.3%[a, c, e] (32.1–40.5)	26.0%[d] (22.8–29.2)
Always easy	13.2%[b] (12.3–14.1)	18.1%[a] (16.1–20.0)	14.6% (12.8–16.3)	15.8% (12.8–18.8)	13.6% (10.5–16.7)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.1C

Ease of Access to MHS Care (If Needed), by Marital Status, Past 12 Months

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
An appointment with an MHS provider				
Never easy	13.1%[d] (12.2–14.0)	13.3% (11.4–15.3)	12.8% (11.1–14.6)	10.3%a (8.9–11.7)
Sometimes easy	30.3% (29.1–31.5)	32.1%[d] (29.2–34.9)	28.6% (26.3–30.9)	27.2%[b] (25.2–29.2)
Usually easy	39.1%[d] (37.8–40.3)	39.2% (36.4–42.0)	37.5%[d] (35.1–39.8)	43.1%[a, c] (40.8–45.3)
Always easy	17.5%[c] (16.5–18.5)	15.4%[c, d] (13.3–17.4)	21.2%[a, b] (19.0–23.4)	19.4%[b] (17.5–21.2)
An appointment with an MHS specialist				
Never easy	31.3%[c, d] (30.0–32.6)	32.1%[d] (29.1–35.1)	27.4%[a] (25.1–29.8)	25.0%[a, b] (22.9–27.0)
Sometimes easy[z]	32.0% (30.7–33.3)	33.6% (30.6–36.7)	32.4% (29.9–34.9)	31.5% (29.2–33.8)
Usually easy	25.7%[d] (24.5–26.9)	26.1% (23.3–28.9)	26.1%[d] (23.8–28.4)	30.7%[a, c] (28.3–33.1)
Always easy	11.0%[b, c] (10.1–11.9)	8.2%[a, c, d] (6.6–9.8)	14.1%[a, b] (12.0–16.1)	12.8%[b] (11.0–14.6)
An appointment with an MHS OBGYN				
Never easy	27.7%[b] (26.4–29.0)	32.6%[a, d] (29.5–35.7)	28.7% (26.1–31.3)	25.8%[b] (23.5–28.0)
Sometimes easy[z]	29.1% (27.7–30.4)	26.8% (24.1–29.5)	28.7% (26.2–31.3)	26.9% (24.6–29.1)
Usually easy	27.4%[d] (26.2–28.7)	26.6%[d] (23.8–29.4)	25.2%[d] (22.8–27.5)	31.8%[a, b, c] (29.3–34.3)
Always easy[z]	15.8% (14.7–16.8)	14.0% (11.8–16.2)	17.4% (15.1–19.7)	15.6% (13.7–17.4)
Any care, tests, or treatment you thought you needed through the MHS				
Never easy	24.6%[d] (23.4–25.8)	27.7%[c, d] (25.0–30.4)	23.1%[b, d] (21.0–25.3)	19.4%[a, b, c] (17.6–21.3)
Sometimes easy[z]	33.0% (31.7–34.2)	34.2% (31.3–37.0)	31.5% (29.1–33.8)	31.1% (29.0–33.3)
Usually easy	28.9%[d] (27.7–30.0)	26.1%[d] (23.5–28.7)	27.6%[d] (25.4–29.8)	32.3%[a, b, c] (30.1–34.5)
Always easy	13.6%[c, d] (12.7–14.5)	12.1%[c, d] (10.2–13.9)	17.8%[a, b] (15.6–20.0)	17.1%[a, b] (15.3–19.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.1D

Ease of Access to MHS Care (If Needed), by Sexual Orientation, Past 12 Months

	Heterosexual	Gay or Lesbian	Bisexual
An appointment with an MHS provider			
Never easy[Z]	12.4% (11.7–13.2)	11.8% (8.7–14.9)	11.8% (9.9–13.7)
Sometimes easy[Z]	29.4% (28.4–30.4)	26.6% (23.1–30.2)	30.9% (28.0–33.8)
Usually easy[Z]	39.6% (38.5–40.6)	41.4% (36.7–46.1)	42.5% (39.4–45.6)
Always easy	18.6%[c] (17.7–19.4)	20.2%[c] (16.4–24.0)	14.8%[a, b] (12.6–16.9)
An appointment with an MHS specialist			
Never easy[Z]	29.2% (28.1–30.2)	28.4% (24.1–32.8)	30.2% (27.1–33.2)
Sometimes easy[Z]	32.2% (31.1–33.3)	28.8% (24.7–32.8)	32.7% (29.6–35.8)
Usually easy[Z]	26.8% (25.7–27.8)	32.1% (26.5–37.8)	27.4% (24.3–30.5)
Always easy[Z]	11.9% (11.1–12.7)	10.7% (8.1–13.2)	9.7% (7.7–11.7)
An appointment with an MHS OBGYN			
Never easy[Z]	27.6% (26.5–28.7)	27.5% (22.8–32.3)	30.5% (27.3–33.7)
Sometimes easy[Z]	28.1% (27.0–29.2)	24.4% (20.5–28.3)	30.4% (27.2–33.6)
Usually easy[Z]	28.2% (27.1–29.3)	31.6% (26.9–36.4)	26.6% (23.7–29.6)
Always easy	16.1%[c] (15.3–17.0)	16.4% (12.8–20.1)	12.4%[a] (10.1–14.8)
Any care, tests, or treatment you thought you needed through the MHS			
Never easy[Z]	23.2% (22.3–24.2)	23.2% (19.3–27.1)	24.6% (22.0–27.3)
Sometimes easy[Z]	32.3% (31.2–33.3)	31.9% (27.6–36.2)	33.8% (30.7–36.8)
Usually easy[Z]	29.4% (28.4–30.4)	30.9% (26.1–35.7)	27.8% (25.0–30.6)
Always easy[Z]	15.1% (14.3–15.9)	14.0% (11.1–16.9)	13.8% (11.5–16.1)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Sponsorship

TABLE C.2A

Asked Whether Respondent Was the Sponsor, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Asked whether sponsor (overall)				
Yes	41.9%[b, c, d] (39.5–44.3)	53.7%[a, c] (52.2–55.1)	56.8%[a, b] (55.3–58.2)	54.7%[a] (51.8–57.5)
No	34.0%[b, c] (31.7–36.4)	28.9%[a] (27.7–30.2)	30.1%[a] (28.7–31.4)	31.9% (29.2–34.6)
Don't remember	24.1%[b, c, d] (21.9–26.3)	17.4%[a, c, d] (16.3–18.5)	13.2%[a, b] (12.2–14.1)	13.4%[a, b] (11.5–15.4)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

TABLE C.2B

Asked Whether Respondent Was the Sponsor, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Asked whether sponsor (overall)					
Yes	48.6%[b] (47.3–49.9)	55.9%[a, c] (53.4–58.3)	49.6%[b] (46.9–52.3)	51.7% (47.3–56.1)	49.3% (45.2–53.5)
No	31.9%[b] (30.7–33.2)	27.9%[a] (25.6–30.2)	32.0% (29.5–34.5)	29.6% (25.7–33.5)	33.1% (29.2–37.1)
Don't remember[z]	19.4% (18.3–20.5)	16.2% (14.3–18.2)	18.4% (16.2–20.7)	18.7% (14.7–22.6)	17.5% (14.0–21.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.2C

Asked Whether Respondent Was the Sponsor, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Asked whether sponsor (overall)				
Yes	52.7%[c, d] (51.3–54.0)	52.3%[c, d] (49.2–55.3)	57.9%[a, b, d] (55.2–60.6)	42.8%[a, b, c] (40.5–45.1)
No[z]	32.0% (30.7–33.2)	28.9% (26.2–31.7)	29.3% (26.9–31.8)	30.4% (28.1–32.6)
Don't remember	15.3%[b, d] (14.3–16.4)	18.8%[a, c, d] (16.4–21.2)	12.8%[b, d] (10.9–14.7)	26.8%[a, b, c] (24.6–29.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.2D

Asked Whether Respondent Was the Sponsor, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Asked whether sponsor (overall)			
Yes[z]	51.2% (50.1–52.3)	47.4% (43.0–51.8)	48.6% (45.4–51.8)
No[z]	30.8% (29.7–31.8)	28.5% (24.7–32.4)	32.7% (29.6–35.8)
Don't remember	18.0%[b] (17.1–19.0)	24.1%[a] (20.0–28.2)	18.7% (16.1–21.3)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Appointment Time Wait

TABLE C.3A

Appointment Wait Time at Last Appointment, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Wait time (overall)				
Less than 24 hours	14.8%[b, c, d] (12.9–16.8)	8.8%[a] (8.0–9.7)	7.7%[a] (6.9–8.5)	7.8%[a] (6.0–9.6)
2–3 days[z]	16.7% (14.9–18.5)	16.2% (15.1–17.2)	17.6% (16.5–18.7)	18.5% (16.3–20.7)
4–7 days[z]	22.6% (20.5–24.7)	22.3% (21.2–23.5)	22.3% (21.1–23.5)	20.3% (18.0–22.5)
8–28 days	27.7%[b, c, d] (25.6–29.8)	33.6%[a] (32.2–34.9)	34.5%[a] (33.1–35.9)	35.4%[a] (32.6–38.1)
More than 28 days	7.6%[b, d] (6.3–8.9)	9.8%[a] (9.0–10.6)	9.7% (8.9–10.6)	10.4%[a] (8.7–12.1)
Unable to get appointment	10.6%[c] (9.0–12.1)	9.3% (8.4–10.2)	8.1%[a] (7.3–9.0)	7.7% (6.1–9.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.3B

Appointment Wait Time at Last Appointment, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Wait time (overall)					
Less than 24 hours	7.7%[b, c, d] (7.0–8.5)	12.2%[a] (10.3–14.0)	13.2%[a] (11.0–15.4)	14.3%[a] (11.1–17.5)	11.0% (7.8–14.2)
2–3 days[z]	16.5% (15.4–17.5)	17.8% (16.0–19.7)	17.2% (15.3–19.1)	14.6% (11.7–17.5)	14.6% (11.8–17.4)
4–7 days[y]	21.8% (20.7–22.8)	24.3% (22.2–26.3)	20.7% (18.4–23.0)	26.2% (22.0–30.4)	20.1% (17.0–23.2)
8–28 days	35.1%[b, c, d] (33.9–36.3)	29.2%[a] (27.0–31.3)	28.9%[a] (26.6–31.2)	28.2%[a] (24.5–31.8)	33.4% (29.5–37.3)
More than 28 days	9.9%[b] (9.2–10.6)	7.1%[a, c] (5.9–8.2)	10.0%[b] (8.2–11.8)	9.2% (6.9–11.5)	9.4% (7.1–11.6)
Unable to get appointment[z]	9.1% (8.2–9.9)	9.5% (7.9–11.1)	10.0% (8.4–11.5)	7.6% (4.9–10.2)	11.5% (8.6–14.4)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.3C

Appointment Wait Time at Last Appointment, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Wait time (overall)				
Less than 24 hours	8.9%[d] (8.1–9.8)	8.7%[d] (7.1–10.4)	9.3%[d] (7.6–10.9)	14.5%[a, b, c] (12.5–16.5)
2–3 days[Z]	16.2% (15.2–17.2)	16.2% (14.1–18.4)	18.4% (16.2–20.6)	17.3% (15.5–19.0)
4–7 days[Z]	22.5% (21.4–23.7)	21.0% (18.3–23.6)	20.5% (18.4–22.7)	23.4% (21.4–25.3)
8–28 days	34.0%[d] (32.7–35.2)	31.3% (28.5–34.1)	32.9%[d] (30.4–35.4)	28.2%[a, c] (26.3–30.2)
More than 28 days	9.5%[b, d] (8.7–10.2)	12.2%[a, c, d] (10.2–14.2)	9.0%[b] (7.6–10.4)	7.2%[a, b] (6.0–8.4)
Unable to get appointment[Z]	9.0% (8.1–9.8)	10.6% (8.6–12.6)	9.9% (8.1–11.7)	9.4% (7.9–10.9)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.3D

Appointment Wait Time at Last Appointment, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Wait time (overall)			
Less than 24 hours[Z]	10.2% (9.4–11.0)	9.8% (7.0–12.5)	12.1% (9.7–14.5)
2–3 days[Z]	17.0% (16.1–17.8)	17.4% (14.2–20.6)	14.9% (12.7–17.1)
4–7 days[Z]	22.1% (21.2–23.0)	22.6% (18.9–26.2)	23.8% (20.9–26.6)
8–28 days[Z]	32.4% (31.3–33.4)	30.5% (26.7–34.4)	30.5% (27.6–33.3)
More than 28 days[Z]	9.3% (8.7–10.0)	8.5% (6.2–10.8)	8.0% (6.3–9.7)
Unable to get appointment[Z]	9.1% (8.4–9.8)	11.2% (7.6–14.8)	10.8% (8.8–12.7)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Interaction with a WHC

TABLE C.4A

Use of WHCs, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Current installation or duty station has a WHC				
Yes[z]	33.8% (31.8–35.7)	35.2% (34.1–36.4)	35.5% (34.3–36.8)	31.1% (28.7–33.4)
No	31.9%[c, d] (29.8–33.9)	33.5%[c, d] (32.3–34.7)	37.2%[a, b, d] (35.9–38.5)	44.6%[a, b, c] (42.0–47.1)
Not sure	34.3%[c, d] (32.2–36.5)	31.2%[c, d] (30.0–32.5)	27.2%[a, b] (26.0–28.5)	24.4%[a, b] (22.2–26.6)
Used a WHC in past 12 months				
Total sample	20.0%[d] (18.4–21.5)	20.6%[c, d] (19.6–21.5)	18.1%[b] (17.0–19.1)	15.2%[a, b] (13.3–17.1)
Among those with access to on-installation WHC	59.1%[c, d] (55.8–62.5)	58.3%[c, d] (56.4–60.3)	50.8%[a, b] (48.6–53.0)	48.9%[a, b] (44.3–53.6)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.4B

Use of WHCs, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Current installation or duty station has a WHC					
Yes	36.0%[b] (34.9–37.2)	32.3%[a] (30.3–34.3)	34.3% (32.1–36.5)	33.7% (30.2–37.1)	35.9% (32.5–39.3)
No	35.0%[c, d] (33.9–36.2)	37.1%[c, d] (34.9–39.3)	31.2%[a, b] (29.0–33.5)	26.4%[a, b] (22.9–29.8)	32.9% (29.3–36.5)
Not sure	28.9%[c, d] (27.8–30.1)	30.6%[d] (28.4–32.8)	34.5%[a] (32.1–36.8)	40.0%[a, b, e] (35.9–44.0)	31.2%[d] (27.5–34.8)
Used a WHC in past 12 months					
Total sample[z]	20.7% (19.8–21.7)	18.4% (16.8–20.0)	19.5% (17.8–21.3)	18.0% (15.5–20.6)	18.6% (16.0–21.2)
Among those with access to on-installation WHC[z]	57.6% (55.8–59.4)	57.1% (53.4–60.7)	57.0% (53.2–60.8)	53.6% (47.9–59.3)	51.9% (46.5–57.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.4C

Use of WHCs, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Current installation or duty station has a WHC				
Yes	38.3%[b, c, d] (37.1–39.4)	34.2%[a, d] (31.7–36.8)	32.7%[a] (30.5–34.9)	29.4%[a, b] (27.5–31.2)
No	33.1%[b] (31.9–34.3)	38.1%[a, d] (35.3–40.8)	36.4% (34.0–38.7)	33.6%[b] (31.6–35.6)
Not sure	28.7%[d] (27.5–29.8)	27.7%[d] (25.1–30.3)	30.9%[d] (28.6–33.2)	37.0%[a, b, c] (34.8–39.1)
Used a WHC in past 12 months				
Total sample	21.9%[c, d] (21.0–22.9)	21.2%[d] (19.1–23.4)	17.9%[a] (16.2–19.7)	15.8%[a, b] (14.4–17.2)
Among those with access to on-installation WHC	57.3% (55.5–59.1)	62.0%[d] (57.6–66.3)	54.8% (50.9–58.7)	53.9%[b] (50.3–57.5)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

TABLE C.4D

Use of WHCs, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Current installation or duty station has a WHC			
Yes	35.5%[b] (34.6–36.5)	26.0%[a, c] (22.6–29.4)	32.5%[b] (29.7–35.2)
No[y]	34.7% (33.7–35.7)	30.3% (26.6–33.9)	32.5% (29.7–35.3)
Not sure	29.8%[b, c] (28.8–30.8)	43.7%[a, c] (39.4–48.0)	35.0%[a, b] (31.9–38.1)
Used a WHC in past 12 months			
Total sample	20.5%[b] (19.8–21.3)	9.3%[a, c] (7.4–11.2)	18.2%[b] (16.1–20.2)
Among those with access to on-installation WHC	57.9%[b] (56.3–59.4)	35.7%[a, c] (29.3–42.2)	56.0%[b] (51.1–60.9)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

HPV Vaccine Uptake

TABLE C.5A

HPV Vaccine Uptake, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Overall				
Received three doses	32.2%[b, c, d] (30.2–34.2)	43.2%[a, c, d] (41.9–44.4)	17.5%[a, b, d] (16.5–18.5)	4.0%[a, b, c] (2.9–5.0)
Received two doses	6.3%[c, d] (5.3–7.3)	6.2%[c, d] (5.6–6.8)	3.6%[a, b, d] (3.1–4.1)	0.7%[a, b, c] (0.2–1.1)
Received one dose	4.6%[c, d] (3.8–5.4)	4.4%[c, d] (3.8–4.9)	3.1%[a, b, d] (2.6–3.6)	0.7%[a, b, c] (0.3–1.0)
Uncertain or unsure	47.9%[b, c, d] (45.7–50.0)	30.1%[a, c, d] (28.9–31.4)	24.9%[a, b, d] (23.7–26.1)	20.3%[a, b, c] (18.2–22.5)
Not received the vaccine	9.1%[b, c, d] (7.8–10.3)	16.1%[a, c, d] (15.2–17.1)	50.9%[a, b, d] (49.5–52.2)	74.4%[a, b, c] (72.1–76.7)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. *Uncertain* refers to respondents who did not know whether they had received any doses of the HPV vaccine. *Unsure* refers to respondents who did not know how many doses of the HPV vaccine they had received.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

TABLE C.5B

HPV Vaccine Uptake, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Overall					
Received three doses	35.6%[b, c, d, e] (34.5–36.8)	28.3%[a, e] (26.2–30.4)	30.9%[a, e] (28.7–33.1)	29.0%[a, e] (25.5–32.5)	41.3%[a, b, c, d] (37.7–45.0)
Received two doses	5.2%[d] (4.7–5.7)	6.1%[d] (5.0–7.2)	6.0%[d] (4.9–7.1)	3.1%[a, b, c] (2.0–4.2)	5.8% (4.1–7.6)
Received one dose[z]	3.7% (3.3–4.2)	4.1% (3.2–5.1)	4.9% (3.9–5.8)	3.7% (2.2–5.1)	2.9% (1.7–4.2)
Uncertain or unsure	30.1%[b, c, d] (28.9–31.3)	35.9%[a, c, d] (33.7–38.2)	41.2%[a, b, e] (38.8–43.7)	43.0%[a, b, e] (39.0–47.0)	30.5%[c, d] (26.9–34.1)
Not received the vaccine	25.3%[c, e] (24.4–26.2)	25.5%[c, e] (23.8–27.3)	17.0%[a, b] (15.5–18.6)	21.2% (18.3–24.1)	19.4%[a, b] (16.6–22.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. *Uncertain* refers to respondents who did not know whether they had received any doses of the HPV vaccine. *Unsure* refers to respondents who did not know how many doses of the HPV vaccine they had received.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.5C

HPV Vaccine Uptake, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Overall				
Received three doses	31.6%[b] (30.5–32.8)	39.8%[a, c, d] (37.1–42.5)	30.1%[b] (27.9–32.4)	33.0%[b] (31.1–34.9)
Received two doses[z]	5.0% (4.4–5.5)	5.7% (4.5–7.0)	5.7% (4.6–6.9)	6.1% (5.1–7.0)
Received one dose[z]	4.0% (3.5–4.5)	4.3% (3.2–5.4)	4.6% (3.4–5.8)	3.8% (3.1–4.5)
Uncertain or unsure	32.6%[c, d] (31.3–33.8)	34.8%[c, d] (31.9–37.6)	28.8%[a, b, d] (26.4–31.1)	40.5%[a, b, c] (38.3–42.7)
Not received the vaccine	26.8%[b, c, d] (25.9–27.8)	15.4%[a, c] (13.7–17.2)	30.8%[a, b, d] (28.7–32.9)	16.6%[a, c] (15.2–18.1)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. *Uncertain* refers to respondents who did not know whether they had received any doses of the HPV vaccine. *Unsure* refers to respondents who did not know how many doses of the HPV vaccine they had received.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.5D

HPV Vaccine Uptake, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Overall			
Received three doses	32.6% (31.7–33.6)	29.2%[c] (25.7–32.8)	35.4%[b] (32.6–38.2)
Received two doses[z]	5.4% (4.9–5.8)	6.3% (4.1–8.6)	5.8% (4.4–7.2)
Received one dose[z]	4.0% (3.6–4.4)	3.2% (1.9–4.5)	5.0% (3.7–6.3)
Uncertain or unsure	33.2%[b, c] (32.2–34.3)	39.8%[a] (35.4–44.2)	41.7%[a] (38.6–44.9)
Not received the vaccine	24.8%[c] (24.0–25.6)	21.5%[c] (18.7–24.3)	12.1%[a, b] (10.4–13.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. *Uncertain* refers to respondents who did not know whether they had received any doses of the HPV vaccine. *Unsure* refers to respondents who did not know how many doses of the HPV vaccine they had received.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Chapter Five: Birth Control and Contraceptive Use

Current Sexual Activity and Contraceptive Use

TABLE C.6A

Recency of Vaginal Sexual Intercourse with Male Partner and Current Forms of Birth Control, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Recency of vaginal sexual intercourse with a male partner				
In the past 30 days	63.8%[b, c, d] (61.7–66.0)	60.5%[a, d] (59.2–61.7)	60.4%[a, d] (59.1–61.7)	48.9%[a, b, c] (46.3–51.5)
31 days to 3 months ago[Z]	11.6% (10.2–13.1)	11.3% (10.5–12.2)	9.8% (9.1–10.6)	10.1% (8.5–11.7)
More than 3 months to 1 year ago[Z]	11.4% (10.0–12.8)	12.0% (11.2–12.9)	12.6% (11.7–13.5)	12.8% (11.0–14.6)
More than 1 year ago	5.1%[b, c, d] (4.2–6.0)	10.6%[a, c, d] (9.8–11.5)	14.7%[a, b, d] (13.7–15.7)	25.3%[a, b, c] (23.0–27.6)
Never	8.0%[b, c, d] (6.7–9.3)	5.6%[a, c, d] (5.0–6.2)	2.5%[a, b] (2.0–2.9)	3.0%[a, b] (2.0–3.9)
Current form of birth control				
No contraception	27.5%[d] (25.5–29.5)	27.6%[d] (26.4–28.8)	26.2%[d] (25.0–27.4)	21.2%[a, b, c] (19.1–23.3)
Highly effective contraception	27.0%[c] (25.1–28.9)	25.7%[c] (24.7–26.8)	35.6%[a, b, d] (34.4–36.9)	28.5%[c] (26.2–30.7)
Other contraception	35.3%[b, c, d] (33.3–37.4)	31.9%[a, c, d] (30.7–33.1)	21.9%[a, b, d] (20.7–23.0)	14.2%[a, b, c] (12.3–16.1)
Not applicable	10.1%[b, c, d] (8.8–11.4)	14.8%[a, d] (13.9–15.7)	16.3%[a, d] (15.3–17.3)	36.1%[a, b, c] (33.6–38.6)
Any current condom use	18.4%[b, c, d] (16.7–20.0)	14.9%[a, c, d] (13.9–15.8)	8.8%[a, b, d] (8.0–9.6)	5.3%[a, b, c] (4.1–6.6)
Past-year use of emergency contraception	24.7%[b, c, d] (22.7–26.7)	13.0%[a, c, d] (12.1–14.0)	4.7%[a, b, d] (4.0–5.3)	0.7%[a, b, c] (0.2–1.1)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.6B

Recency of Vaginal Sexual Intercourse with Male Partner and Current Forms of Birth Control, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Recency of vaginal sexual intercourse with a male partner					
In the past 30 days	65.1%[b, d] (64.0–66.3)	53.1%[a, c, e] (50.9–55.4)	62.8%[b, d] (60.5–65.2)	55.0%[a, c, e] (51.1–59.0)	62.9%[b, d] (59.3–66.5)
31 days to 3 months ago	9.7%[b, c] (9.0–10.4)	13.4%[a, d] (11.8–15.0)	12.3%[a] (10.6–14.1)	9.4%[b] (7.4–11.4)	9.9% (7.8–12.1)
More than 3 months to 1 year ago	10.9%[b] (10.2–11.6)	13.9%[a] (12.4–15.4)	10.9% (9.4–12.5)	14.7% (11.7–17.7)	13.2% (10.7–15.6)
More than 1 year ago	8.6%[b, d] (8.0–9.2)	13.3%[a, c] (12.0–14.7)	9.5%[b] (8.2–10.9)	12.4%[a] (9.8–15.1)	10.0% (7.8–12.2)
Never	5.7% (5.0–6.3)	6.3% (4.8–7.7)	4.4%[d] (3.4–5.4)	8.5%[c, e] (6.2–10.8)	4.0%[d] (2.4–5.7)
Current form of birth control					
No contraception	22.5%[b, c, d] (21.5–23.6)	33.5%[a, c, e] (31.3–35.6)	27.8%[a, b] (25.5–30.0)	32.2%[a] (28.5–36.0)	25.6%[b] (22.2–29.0)
Highly effective contraception	31.9%[b, d] (30.8–33.0)	20.9%[a, c, e] (19.1–22.6)	29.4%[b] (27.3–31.6)	26.1%[a] (22.5–29.7)	30.8%[b] (27.4–34.3)
Other contraception[z]	30.6% (29.5–31.8)	30.8% (28.6–33.0)	28.5% (26.4–30.7)	29.9% (26.3–33.5)	30.8% (27.4–34.2)
Not applicable[a]	14.9% (14.1–15.8)	14.9% (13.4–16.3)	14.3% (12.7–15.9)	11.7% (9.6–13.9)	12.8% (10.6–15.0)
Any current condom use	14.3% (13.4–15.2)	16.4%[c] (14.6–18.2)	12.4%[b] (10.8–14.0)	13.3% (10.4–16.1)	14.3% (11.5–17.1)
Past-year use of emergency contraception	11.8%[b, c] (10.9–12.7)	17.4%[a] (15.4–19.3)	18.6%[a] (16.4–20.8)	14.1% (10.7–17.6)	15.3% (12.4–18.3)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.6C

Recency of Vaginal Sexual Intercourse with Male Partner and Current Forms of Birth Control, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Recency of vaginal sexual intercourse with a male partner				
In the past 30 days	74.0%[b, c, d] (72.9–75.2)	80.1%[a, c, d] (77.9–82.2)	41.2%[a, b] (38.7–43.6)	39.9%[a, b] (37.8–42.0)
31 days to 3 months ago	9.1%[b, c, d] (8.4–9.8)	6.4%[a, c, d] (5.1–7.6)	15.4%[a, b] (13.6–17.2)	14.6%[a, b] (13.0–16.1)
More than 3 months to 1 year ago	7.7%[b, c, d] (7.0–8.5)	5.1%[a, c, d] (3.8–6.3)	20.3%[a, b] (18.5–22.2)	18.4%[a, b] (16.9–19.9)
More than 1 year ago	6.3%[c, d] (5.7–7.0)	5.2%[c, d] (4.1–6.3)	20.1%[a, b, d] (18.4–21.8)	14.6%[a, b, c] (13.3–15.9)
Never	2.8%[d] (2.4–3.2)	3.3%[d] (2.4–4.2)	3.0%[d] (1.8–4.1)	12.5%[a, b, c] (11.1–14.0)
Current form of birth control				
No contraception	25.3%[d] (24.1–26.4)	23.0%[d] (20.5–25.4)	26.2%[d] (24.0–28.4)	31.8%[a, b, c] (29.8–33.8)
Highly effective contraception	29.8%[d] (28.7–30.9)	31.1%[d] (28.5–33.7)	30.0%[d] (27.9–32.2)	23.6%[a, b, c] (21.8–25.3)
Other contraception	23.5%[b, c, d] (22.4–24.5)	32.0%[a, d] (29.4–34.6)	31.5%[a, d] (29.2–33.8)	40.8%[a, b, c] (38.7–42.9)
Not applicable	21.4%[b, c, d] (20.4–22.4)	13.9%[a, d] (11.9–16.0)	12.2%[a, d] (10.8–13.7)	3.8%[a, b, c] (3.0–4.6)
Any current condom use	8.7%[b, c, d] (8.0–9.4)	12.3%[a, d] (10.5–14.1)	15.5%[a, d] (13.8–17.3)	24.6%[a, b, c] (22.7–26.5)
Past-year use of emergency contraception	9.1%[b, c, d] (8.2–10.0)	20.2%[a, c] (17.9–22.6)	15.5%[a, b, d] (13.5–17.4)	22.0%[a, c] (20.0–24.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

TABLE C.6D

Recency of Vaginal Sexual Intercourse with Male Partner and Current Forms of Birth Control, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Recency of vaginal sexual intercourse with a male partner			
In the past 30 days	65.6%[b, c] (64.6–66.6)	0.5%[a, c] (0.1–0.9)	58.3%[a, b] (55.2–61.3)
31 days to 3 months ago	11.8%[b] (11.1–12.5)	0.9%[a, c] (0.0–1.9)	11.0%[b] (9.1–13.0)
More than 3 months to 1 year ago	12.5%[b] (11.8–13.1)	3.1%[a, c] (1.3–4.9)	12.8%[b] (10.9–14.8)
More than 1 year ago	7.2%[b, c] (6.8–7.7)	50.4%[a, c] (46.2–54.6)	11.9%[a, b] (10.1–13.7)
Never	2.9%[b, c] (2.5–3.3)	45.1%[a, c] (40.9–49.3)	5.9%[a, b] (3.9–8.0)
Current form of birth control			
No contraception	23.1%[b, c] (22.2–24.0)	79.5%[a, c] (75.9–83.1)	29.6%[a, b] (26.6–32.7)
Highly effective contraception	29.6%[b] (28.6–30.5)	5.0%[a, c] (3.4–6.6)	29.6%[b] (27.0–32.2)
Other contraception	31.5%[b] (30.6–32.5)	10.3%[a, c] (7.1–13.5)	31.3%[b] (28.4–34.2)
Not applicable	15.8%[b, c] (15.1–16.5)	5.2%[a, c] (3.8–6.7)	9.5%[a, b] (7.8–11.1)
Any current condom use	14.8%[b, c] (14.0–15.6)	0.3%[a, c] (0.0–0.6)	18.6%[a, b] (16.1–21.1)
Past-year use of emergency contraception	14.7%[b, c] (13.8–15.6)	1.5%[a, c] (0.3–2.8)	21.7%[a, b] (19.1–24.3)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

TABLE C.7A

Sources of Birth Control (Past 12 Months), by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Source of birth control				
MHS provider	55.5%[b, c, d] (53.3–57.7)	44.3%[a, c, d] (43.0–45.6)	30.2%[a, b, d] (28.9–31.4)	15.9%[a, b, c] (14.0–17.8)
A provider outside the MHS	6.5% (5.6–7.4)	6.8% (6.2–7.4)	6.5% (5.8–7.1)	4.7% (3.5–5.8)
Purchased over-the-counter	21.6%[b, c, d] (19.8–23.3)	16.4%[a, c, d] (15.5–17.4)	8.4%[a, b, d] (7.7–9.2)	3.7%[a, b, c] (2.6–4.8)
Did not obtain birth control in past 12 months	34.6%[b, c, d] (32.5–36.7)	46.0%[a, c, d] (44.8–47.3)	61.6%[a, b, d] (60.3–62.9)	78.2%[a, b, c] (76.0–80.4)
Source of emergency contraception (among those who used emergency contraception)				
MHS provider[Z]	17.1% (13.7–20.5)	19.2% (15.8–22.6)	18.8% (13.1–24.6)	NR (NR)
A provider outside the MHS[Z]	8.7% (5.8–11.5)	5.7% (3.8–7.6)	6.5% (3.3–9.6)	NR (NR)
Purchased over-the-counter[Z]	85.0% (81.8–88.2)	85.1% (82.1–88.0)	83.5% (78.2–88.9)	NR (NR)
Internet[Z]	2.1% (0.9–3.2)	2.2% (1.2–3.2)	1.5% (0.0–3.1)	NR (NR)
Other source (e.g., friend)[Z]	3.2% (1.5–4.9)	2.2% (1.1–3.4)	1.0% (0.0–2.1)	NR (NR)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.7B

Sources of Birth Control (Past 12 Months), by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Source of birth control					
MHS provider	44.3%[b, c] (43.1–45.5)	39.7%[a, c] (37.5–42.0)	48.7%[a, b] (46.3–51.1)	43.2% (39.3–47.0)	43.7% (40.0–47.4)
A provider outside the MHS	7.7%[b, c, d] (7.1–8.3)	5.5%[a] (4.6–6.4)	5.8%[a] (4.9–6.8)	3.9%[a, e] (2.8–5.0)	7.8%[d] (5.7–9.8)
Purchased over-the-counter[z]	16.4% (15.5–17.4)	14.8% (13.1–16.5)	16.1% (14.4–17.8)	17.1% (13.6–20.6)	17.7% (14.8–20.6)
Did not obtain birth control in past 12 months	45.7%[b] (44.5–46.9)	51.3%[a, c] (49.0–53.6)	43.2%[b] (40.9–45.5)	48.6% (44.6–52.5)	46.0% (42.3–49.7)
Source of emergency contraception (among those who used emergency contraception)					
MHS provider	14.5%[b] (11.6–17.4)	23.1%[a] (17.9–28.4)	14.9% (10.4–19.5)	29.8% (16.8–42.9)	15.1% (8.4–21.9)
A provider outside the MHS[z]	7.5% (4.5–10.5)	6.6% (3.1–10.2)	6.1% (3.1–9.2)	12.6% (4.8–20.4)	11.1% (4.6–17.6)
Purchased over-the-counter[z]	86.4% (83.5–89.3)	82.5% (77.7–87.2)	87.3% (82.9–91.8)	81.2% (71.5–90.9)	80.8% (72.9–88.6)
Internet[z]	2.4% (1.2–3.6)	1.7% (0.3–3.0)	1.4% (0.4–2.5)	1.9% (0.0–5.6)	5.4% (0.0–12.7)
Other source (e.g., friend)[z]	2.4% (1.1–3.6)	3.3% (0.7–5.9)	2.4% (0.6–4.2)	1.3% (0.0–3.0)	4.1% (0.0–11.3)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.7C

Sources of Birth Control (Past 12 Months), by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Source of birth control				
MHS provider	41.1%[b, d] (39.9–42.4)	50.3%[a, c] (47.5–53.1)	44.1%[b] (41.6–46.5)	46.6%[a] (44.4–48.7)
A provider outside the MHS	6.7% (6.1–7.3)	8.4%[d] (7.0–9.8)	6.3% (5.3–7.3)	5.7%[b] (4.9–6.5)
Purchased over-the-counter	12.4%[b, c, d] (11.5–13.3)	21.2%[a] (18.8–23.5)	17.4%[a] (15.4–19.4)	19.6%[a] (18.0–21.3)
Did not obtain birth control in past 12 months	50.5%[b, c, d] (49.2–51.7)	37.4%[a, c, d] (34.7–40.1)	46.5%[a, b] (44.1–48.9)	43.9%[a, b] (41.7–46.0)
Source of emergency contraception (among those who used emergency contraception)				
MHS provider[z]	16.2% (12.0–20.4)	19.2% (13.5–24.9)	17.6% (11.3–23.9)	18.9% (15.2–22.6)
A provider outside the MHS[z]	5.2% (3.0–7.4)	8.4% (3.9–12.8)	7.3% (3.9–10.7)	8.7% (5.3–12.0)
Purchased over-the-counter[z]	86.8% (83.1–90.6)	85.0% (79.6–90.3)	89.4% (85.5–93.3)	82.2% (78.5–85.9)
Internet[y]	3.5% (1.5–5.5)	1.9% (0.6–3.3)	1.2% (0.2–2.3)	1.4% (0.4–2.3)
Other source (e.g., friend)[z]	2.0% (0.2–3.8)	2.1% (0.4–3.9)	2.7% (0.3–5.0)	3.4% (1.5–5.4)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.7D

Sources of Birth Control (Past 12 Months), by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Source of birth control			
MHS provider	45.3%[b] (44.3–46.4)	14.4%[a, c] (11.7–17.1)	49.0%[b] (46.0–52.1)
A provider outside the MHS	6.8%[b] (6.3–7.2)	2.9%[a, c] (1.9–3.9)	6.7%[b] (5.4–8.1)
Purchased over-the-counter	15.9%[b, c] (15.2–16.7)	1.1%[a, c] (0.3–2.0)	23.7%[a, b] (21.1–26.2)
Did not obtain birth control in past 12 months	45.0%[b, c] (44.0–46.0)	83.2%[a, c] (80.3–86.0)	40.8%[a, b] (37.8–43.9)
Source of emergency contraception (among those who used emergency contraception)			
MHS provider[Z]	17.9% (15.3–20.6)	NR (NR)	18.4% (13.4–23.3)
A provider outside the MHS[Z]	7.2% (5.3–9.1)	NR (NR)	8.5% (3.7–13.3)
Purchased over-the-counter[Z]	85.1% (82.7–87.5)	NR (NR)	84.1% (79.4–88.7)
Internet[Z]	2.0% (1.2–2.9)	NR (NR)	2.3% (0.4–4.1)
Other source (e.g., friend)[Z]	2.9% (1.6–4.1)	NR (NR)	1.9% (0.2–3.7)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.8A

Timing of Last PHA, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
In the past 12 months	76.4%[b] (74.5–78.3)	79.3%[a] (78.2–80.3)	77.9% (76.8–79.0)	78.4% (76.3–80.5)
Between 12 and 24 months ago[z]	15.0% (13.5–16.4)	15.4% (14.5–16.3)	16.6% (15.6–17.6)	16.3% (14.4–18.2)
More than 2 years ago	1.5%[b, c, d] (1.1–2.0)	3.0%[a] (2.7–3.4)	3.5%[a] (3.1–4.0)	3.2%[a] (2.3–4.0)
Has not had a PHA in the MHS	7.1%[b, c, d] (5.7–8.5)	2.3%[a] (1.9–2.7)	1.9%[a] (1.5–2.3)	2.2%[a] (1.4–3.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.8B

Timing of Last PHA, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
In the past 12 months[z]	78.0% (77.1–79.0)	78.0% (76.0–80.0)	78.0% (76.0–80.0)	78.9% (75.6–82.3)	78.2% (74.9–81.5)
Between 12 and 24 months ago[z]	15.7% (14.8–16.5)	16.1% (14.5–17.6)	14.9% (13.4–16.4)	13.8% (11.2–16.4)	15.8% (13.3–18.4)
More than 2 years ago[z]	3.0% (2.7–3.4)	2.0% (1.5–2.5)	2.5% (1.9–3.1)	2.7% (1.7–3.7)	2.8% (1.4–4.2)
Has not had a PHA in the MHS[z]	3.3% (2.8–3.8)	3.9% (2.5–5.3)	4.5% (3.1–6.0)	4.6% (2.3–6.9)	3.2% (1.1–5.3)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.8C

Timing of Last PHA, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
In the past 12 months[z]	78.5% (77.5–79.5)	77.0% (74.5–79.4)	78.8% (76.8–80.7)	77.2% (75.3–79.1)
Between 12 and 24 months ago	15.8% (14.9–16.7)	17.7%[d] (15.4–20.0)	15.8% (14.1–17.4)	14.2%[b] (12.9–15.5)
More than 2 years ago[z]	2.9% (2.6–3.2)	2.1% (1.5–2.7)	2.8% (2.1–3.5)	2.3% (1.8–2.9)
I haven't had a physical health assessment in the MHS	2.8%[d] (2.3–3.3)	3.3%[d] (2.1–4.4)	2.6%[d] (1.6–3.6)	6.3%[a, b, c] (4.8–7.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.8D

Timing of Last PHA, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
In the past 12 months[z]	78.2% (77.4–79.1)	79.0% (75.6–82.4)	76.0% (73.1–78.8)
Between 12 and 24 months ago[z]	15.7% (14.9–16.4)	13.9% (11.5–16.3)	15.6% (13.6–17.6)
More than 2 years ago	2.8%[b] (2.5–3.0)	1.6%[a] (1.0–2.2)	2.1% (1.5–2.8)
I haven't had a physical health assessment in the MHS	3.4%[c] (2.9–3.9)	5.5% (2.9–8.1)	6.3%[a] (3.8–8.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Discussions About Birth Control and Contraceptives with MHS Providers

TABLE C.9A

Birth Control Discussions with MHS Provider During Past-Year PHA, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
During PHA in the past 12 months, MHS provider discussed				
Benefits, side effects, and risks of different types of birth control	33.3%[b, c, d] (30.9–35.8)	20.7%[a, c, d] (19.5–21.9)	14.5%[a, b, d] (13.4–15.6)	10.1%[a, b, c] (8.3–11.9)
Using birth control methods to reduce or suppress menstruation	31.2%[b, c, d] (28.7–33.6)	18.2%[a, c, d] (17.0–19.4)	13.6%[a, b, d] (12.5–14.7)	9.1%[a, b, c] (7.4–10.8)
LARC methods	34.1%[b, c, d] (31.6–36.5)	20.8%[a, c, d] (19.5–22.0)	14.8%[a, b, d] (13.6–15.9)	8.9%[a, b, c] (7.2–10.6)
Protection against sexually transmitted infections, including condom use	43.1%[b, c, d] (40.6–45.6)	27.4%[a, c, d] (26.1–28.8)	18.9%[a, b] (17.7–20.2)	15.6%[a, b] (13.3–17.8)
Emergency contraception	23.4%[b, c, d] (21.1–25.8)	11.5%[a, c, d] (10.5–12.6)	7.6%[a, b, d] (6.7–8.5)	3.5%[a, b, c] (2.4–4.6)
If the MHS provider talked about LARCs during PHA in the past 12 months				
Provider talked about advantages and disadvantages[Z]	66.4% (61.9–70.9)	64.5% (61.2–67.9)	64.3% (60.1–68.5)	65.1% (55.2–74.9)
Provider did not talk about advantages and disadvantages[Z]	17.2% (13.8–20.6)	19.5% (16.8–22.3)	20.7% (17.1–24.2)	22.5% (13.9–31.0)
Not sure[Z]	16.4% (12.5–20.3)	16.0% (13.3–18.6)	15.0% (11.7–18.3)	12.5% (5.0–19.9)
In the past 12 months, wanted information about using birth control methods to reduce or suppress menstruation from MHS provider	43.0%[b, c, d] (40.5–45.4)	25.6%[a, c, d] (24.3–26.9)	17.9%[a, b, d] (16.7–19.1)	10.4%[a, b, c] (8.5–12.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.9B

Birth Control Discussions with MHS Provider During Past-Year PHA, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
During PHA in the past 12 months, MHS provider discussed					
Benefits, side effects, and risks of different types of birth control	18.9%[b, c, d, e] (17.6–20.1)	24.0%[a, d] (21.7–26.4)	28.0%[a] (25.3–30.6)	32.5%[a, b, e] (28.0–37.0)	23.9%[a, d] (20.3–27.5)
Using birth control methods to reduce or suppress menstruation	17.1%[b, c, d] (15.9–18.4)	23.0%[a] (20.6–25.3)	25.0%[a] (22.4–27.5)	29.7%[a, e] (25.3–34.1)	20.4%[d] (17.0–23.8)
LARC methods	19.7%[b, c, d] (18.4–20.9)	24.5%[a] (22.1–26.9)	28.4%[a] (25.7–31.1)	29.4%[a] (25.1–33.8)	22.8% (19.3–26.3)
Protection against sexually transmitted infections, including condom use	26.0%[b, c, d] (24.6–27.3)	32.5%[a] (30.0–35.0)	35.0%[a] (32.3–37.8)	36.9%[a] (32.4–41.5)	31.5% (27.6–35.4)
Emergency contraception	10.4%[b, c, d, e] (9.2–11.5)	16.3%[a] (14.0–18.5)	17.8%[a] (15.4–20.2)	22.1%[a, e] (17.7–26.4)	14.7%[a, d] (11.7–17.6)
If the MHS provider talked about LARCs during PHA in the past 12 months					
Provider talked about advantages and disadvantages	68.6%[b] (65.2–72.0)	58.6%[a] (52.7–64.6)	66.4% (60.6–72.1)	66.9% (57.9–75.9)	68.0% (60.0–76.1)
Provider did not talk about advantages and disadvantages[z]	19.2% (16.3–22.0)	20.1% (15.5–24.7)	18.4% (13.9–23.0)	13.7% (7.7–19.7)	18.5% (11.8–25.2)
Not sure	12.2%[b] (9.9–14.6)	21.3%[a] (15.9–26.7)	15.2% (10.3–20.0)	19.4% (11.2–27.5)	13.4% (7.7–19.1)
In the past 12 months, wanted information about using birth control methods to reduce or suppress menstruation from MHS provider	26.2%[c] (24.9–27.5)	27.8%[c] (25.4–30.2)	38.0%[a, b, e] (35.2–40.7)	32.1% (27.8–36.5)	25.6%[c] (21.8–29.4)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.9C

Birth Control Discussions with MHS Provider During Past-Year PHA, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
During PHA in the past 12 months, MHS provider discussed				
Benefits, side effects, and risks of different types of birth control	20.1%[d] (18.8–21.4)	23.5%[d] (20.6–26.3)	20.8%[d] (18.4–23.2)	29.3%[a, b, c] (27.0–31.7)
Using birth control methods to reduce or suppress menstruation	18.4%[d] (17.1–19.7)	22.4% (19.4–25.3)	19.0%[d] (16.7–21.3)	26.5%[a, c] (24.2–28.8)
LARC methods	20.8%[d] (19.4–22.1)	24.4% (21.5–27.3)	21.1%[d] (18.6–23.6)	28.6%[a, c] (26.3–31.0)
Protection against sexually transmitted infections, including condom use	25.3%[b, c, d] (23.9–26.7)	33.5%[a] (30.4–36.6)	29.5%[a, d] (26.9–32.0)	38.4%[a, c] (36.0–40.8)
Emergency contraception	11.6%[b, d] (10.4–12.7)	15.1%[a] (12.5–17.7)	12.0%[d] (10.1–14.0)	19.7%[a, c] (17.4–22.0)
If the MHS provider talked about LARCs during PHA in the past 12 months				
Provider talked about advantages and disadvantages[z]	65.1% (61.5–68.7)	65.6% (58.8–72.4)	64.9% (58.3–71.5)	65.9% (60.9–71.0)
Provider did not talk about advantages and disadvantages[z]	20.8% (17.7–23.9)	20.2% (14.2–26.1)	20.2% (15.0–25.3)	14.9% (11.5–18.2)
Not sure[z]	14.1% (11.5–16.8)	14.2% (9.4–19.0)	15.0% (9.4–20.5)	19.2% (14.5–23.9)
In the past 12 months, wanted information about using birth control methods to reduce or suppress menstruation from MHS provider	25.2%[b, d] (23.8–26.6)	36.4%[a, c] (33.2–39.5)	24.7%[b, d] (22.3–27.1)	35.0%[a, c] (32.7–37.4)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.9D

Birth Control Discussions with MHS Provider During Past-Year PHA, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
During PHA in the past 12 months, MHS provider discussed			
Benefits, side effects, and risks of different types of birth control	22.9%[c] (21.8–24.1)	17.9%[c] (13.3–22.4)	27.4%[a, b] (24.2–30.6)
Using birth control methods to reduce or suppress menstruation[Z]	20.9% (19.8–22.0)	18.7% (14.1–23.3)	24.6% (21.5–27.7)
LARC methods	23.5%[b] (22.4–24.7)	15.0%[a, c] (10.7–19.2)	26.9%[b] (23.8–30.0)
Protection against sexually transmitted infections, including condom use	30.0%[c] (28.9–31.2)	24.1%[c] (19.1–29.0)	36.3%[a, b] (32.9–39.7)
Emergency contraception[Z]	13.9% (12.9–15.0)	13.6% (9.2–18.0)	17.3% (14.4–20.2)
If MHS provider talked about long LARCs during PHA in the past 12 months			
Provider talked about advantages and disadvantages[Z]	64.5% (61.6–67.3)	56.8% (42.0–71.5)	73.8% (68.0–79.7)
Provider did not talk about advantages and disadvantages[Z]	19.3% (17.0–21.5)	24.0% (12.9–35.1)	13.0% (9.2–16.8)
Not sure[Z]	16.3% (13.8–18.7)	19.3% (10.0–28.5)	13.2% (8.1–18.2)
In the past 12 months, wanted information about using birth control methods to reduce or suppress menstruation from MHS provider	28.1%[b, c] (27.0–29.3)	22.8%[a, c] (19.1–26.6)	39.5%[a, b] (36.1–42.9)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.10A

Difficulty Accessing Birth Control Through the MHS Since Joining Military, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Experiences accessing birth control through the MHS since joining the military (select all that apply)				
Accessed birth control without a delay	47.3%[c, d] (45.1–49.5)	49.2%[c] (47.9–50.5)	57.3%[a, b, d] (56.0–58.6)	52.9%[a, c] (50.3–55.5)
Accessed birth control with a delay	22.4%[d] (20.8–24.1)	24.4%[c, d] (23.3–25.5)	20.3%[b, d] (19.2–21.3)	11.9%[a, b, c] (10.3–13.5)
Could not get needed birth control[z]	5.4% (4.5–6.4)	6.2% (5.7–6.8)	5.5% (5.0–6.1)	4.5% (3.4–5.6)
Never sought birth control through the MHS	27.3%[b, c, d] (25.3–29.4)	23.3%[a, c, d] (22.1–24.4)	19.8%[a, b, d] (18.6–20.9)	32.3%[a, b, c] (29.8–34.7)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.10B

Difficulty Accessing Birth Control Through the MHS Since Joining Military, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Experiences accessing birth control through the MHS since joining the military (select all that apply)					
Accessed birth control without a delay	47.2%[b, c] (46.1–48.4)	54.3%[a] (52.1–56.6)	53.0%[a] (50.6–55.4)	48.9% (45.0–52.9)	50.1% (46.3–53.8)
Accessed birth control with a delay	27.2%[b, c, d] (26.1–28.3)	15.6%[a, c, e] (14.1–17.1)	21.2%[a, b, d] (19.4–23.0)	14.5%[a, c, e] (11.8–17.2)	25.0%[b, d] (21.8–28.2)
Could not get needed birth control	7.0%[b, d] (6.4–7.6)	4.2%[a, d, e] (3.3–5.1)	5.6%[d] (4.6–6.7)	2.3%[a, b, c, e] (1.5–3.2)	7.7%[b, d] (5.6–9.7)
Never sought birth control through the MHS	22.4%[b, d] (21.3–23.4)	27.3%[a, c, d, e] (25.1–29.5)	22.6%[b, d] (20.5–24.7)	35.2%[a, b, c, e] (31.1–39.3)	21.3%[b, d] (18.0–24.6)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

TABLE C.10C

Difficulty Accessing Birth Control Through the MHS Since Joining Military, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Experiences accessing birth control through the MHS since joining the military (select all that apply)				
Accessed birth control without a delay	51.3% (50.1–52.5)	47.4%[c] (44.5–50.2)	52.8%[b] (50.4–55.2)	48.7% (46.6–50.8)
Accessed birth control with a delay	22.6%[b, d] (21.6–23.6)	29.7%[a, c, d] (27.1–32.4)	24.4%[b, d] (22.3–26.4)	18.3%[a, b, c] (16.9–19.8)
Could not get needed birth control	6.1%[d] (5.5–6.7)	6.9%[d] (5.4–8.4)	6.5%[d] (5.5–7.5)	4.4%[a, b, c] (3.7–5.0)
Never sought birth control through the MHS	23.0%[c, d] (21.9–24.0)	20.0%[d] (17.8–22.3)	19.4%[a, d] (17.3–21.5)	30.5%[a, b, c] (28.4–32.6)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

TABLE C.10D

Difficulty Accessing Birth Control Through the MHS Since Joining Military, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Experiences accessing birth control through the MHS since joining the military (select all that apply)			
Accessed birth control without a delay	52.5%[b, c] (51.5–53.5)	26.3%[a, c] (22.9–29.7)	46.4%[a, b] (43.4–49.4)
Accessed birth control with a delay	22.8%[b, c] (22.0–23.7)	7.6%[a, c] (5.8–9.4)	26.0%[a, b] (23.5–28.6)
Could not get needed birth control	5.7%[b] (5.3–6.2)	3.0%[a, c] (1.9–4.1)	7.1%[b] (5.6–8.7)
Never sought birth control through the MHS	21.8%[b] (20.8–22.7)	64.1%[a, c] (60.3–67.9)	23.7%[b] (20.8–26.7)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

TABLE C.11A

Difficulty Accessing Preferred Birth Control Through the MHS Since Joining Military, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Unable to ever get preferred birth control through the MHS	16.9%[c] (15.3–18.5)	19.0%[d] (18.0–19.9)	20.2%[a, d] (19.2–21.3)	14.7%[b, c] (12.9–16.5)
Preferred method of birth control unable to obtain				
Birth control pills[z]	39.5% (34.6–44.5)	43.4% (40.5–46.2)	41.8% (38.9–44.7)	43.3% (36.9–49.8)
Condoms[z]	0.5% (0.0–1.1)	0.5% (0.2–0.9)	1.2% (0.5–2.0)	0.8% (0.0–1.8)
IUD[z]	13.8% (10.6–16.9)	17.0% (15.0–19.0)	15.9% (13.8–18.1)	11.8% (7.4–16.3)
Birth control implant	7.6%[c, d] (5.2–9.9)	7.2%[c, d] (5.7–8.6)	2.5%[a, b] (1.5–3.4)	1.7%[a, b] (0.0–3.5)
Birth control shot, patch, or ring[z]	18.1% (13.8–22.4)	15.0% (12.9–17.0)	18.0% (15.7–20.2)	19.2% (14.1–24.4)
Hysterectomy[z]	3.4% (1.2–5.5)	4.3% (3.1–5.5)	5.5% (4.2–6.8)	7.8% (4.3–11.3)
Emergency contraceptive[z]	6.2% (3.5–8.9)	4.1% (3.0–5.2)	4.0% (2.9–5.2)	3.7% (1.2–6.2)
Other[z]	10.9% (7.8–14.1)	8.5% (7.0–10.1)	11.1% (9.1–13.1)	11.6% (7.4–15.8)
Reason could not obtain preferred birth control				
Not medically appropriate[z]	6.9% (4.1–9.7)	5.7% (4.2–7.1)	7.3% (5.8–8.8)	8.5% (4.8–12.2)
Not old enough[z]	3.0% (1.4–4.6)	4.5% (3.3–5.7)	5.4% (4.1–6.7)	4.7% (2.1–7.2)
Not done having children[z]	3.5% (1.8–5.2)	5.0% (3.8–6.1)	6.3% (4.9–7.7)	3.9% (1.6–6.2)
Not covered by TRICARE or insurance	3.7%[b, c, d] (2.3–5.1)	7.5%[a] (6.2–8.8)	8.9%[a] (7.3–10.4)	10.7%[a] (6.9–14.5)
Not available at duty location[y]	13.4% (10.5–16.4)	18.2% (16.2–20.2)	17.2% (15.1–19.4)	18.6% (13.7–23.5)
Not available at deployment location	5.6%[c] (3.3–8.0)	8.9% (7.2–10.5)	10.6%[a] (8.9–12.2)	8.1% (4.7–11.5)
Provider had moral, ethical, or religious objection	1.4%[b, c] (0.6–2.2)	3.5%[a] (2.5–4.5)	3.9%[a] (2.8–5.0)	3.4% (1.3–5.5)
Other reason[y]	11.2% (8.4–14.1)	15.0% (13.0–16.9)	16.1% (14.0–18.2)	11.7% (7.7–15.6)
Not sure/did not understand the reason[z]	1.4% (0.4–2.4)	1.3% (0.4–2.1)	0.7% (0.3–1.1)	1.3% (0.0–2.7)
No reason given	63.8%[b, c, d] (59.1–68.5)	49.6%[a] (46.8–52.5)	46.9%[a] (44.0–49.9)	50.7%[a] (44.2–57.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.11B

Difficulty Accessing Preferred Birth Control Through the MHS Since Joining Military, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Unable to ever get preferred birth control through the MHS	20.6%[b, c, d] (19.6–21.5)	16.2%[a] (14.6–17.9)	16.8%[a] (15.1–18.4)	13.4%[a, e] (11.0–15.9)	20.3%[d] (17.5–23.2)
Preferred method of birth control unable to obtain:					
Birth control pills[z]	44.5% (41.9–47.0)	38.0% (32.6–43.4)	39.6% (34.4–44.8)	36.4% (28.0–44.9)	43.2% (35.3–51.0)
Condoms[z]	0.5% (0.1–0.8)	1.1% (0.3–1.9)	0.5% (0.1–0.9)	1.9% (0.0–4.1)	0.3% (0.0–0.9)
IUD[z]	17.0% (15.2–18.9)	14.4% (11.1–17.8)	14.5% (10.9–18.1)	12.7% (6.2–19.3)	13.6% (8.9–18.4)
Birth control implant[z]	6.0% (4.6–7.3)	5.6% (3.4–7.8)	5.5% (3.5–7.6)	12.0% (5.1–18.9)	6.0% (2.5–9.6)
Birth control shot, patch, or ring	13.5%[b] (11.8–15.2)	22.2%[a] (17.2–27.1)	17.4% (13.6–21.3)	18.3% (9.3–27.3)	18.8% (12.8–24.7)
Hysterectomy[z]	4.8% (3.7–6.0)	4.7% (2.0–7.4)	4.0% (2.2–5.7)	1.1% (0.0–2.7)	4.3% (1.5–7.2)
Emergency contraceptive[y]	3.6% (2.4–4.8)	3.9% (2.3–5.6)	7.9% (4.2–11.7)	6.7% (2.3–11.0)	6.9% (2.2–11.5)
Other[z]	10.0% (8.2–11.9)	10.1% (7.0–13.1)	10.5% (7.7–13.3)	10.9% (5.8–16.0)	6.9% (3.4–10.3)
Reason could not obtain preferred birth control					
Not medically appropriate[z]	5.8% (4.5–7.0)	9.1% (5.9–12.4)	6.6% (3.4–9.8)	2.9% (0.5–5.4)	5.8% (2.6–9.1)
Not old enough[z]	4.9% (3.7–6.1)	3.3% (1.6–4.9)	4.2% (2.5–5.8)	1.1% (0.0–2.6)	5.5% (2.3–8.7)
Not done having children[z]	5.2% (4.0–6.3)	4.8% (2.7–6.8)	3.7% (2.2–5.2)	2.1% (0.0–4.2)	6.6% (3.3–10.0)
Not covered by TRICARE or insurance[z]	7.2% (6.2–8.3)	5.3% (3.4–7.3)	7.1% (4.8–9.5)	4.8% (1.7–7.9)	8.1% (4.7–11.5)
Not available at duty location[z]	17.8% (15.9–19.6)	14.6% (11.5–17.8)	14.8% (11.7–17.9)	17.6% (11.0–24.2)	19.8% (13.5–26.1)
Not available at deployment location[z]	8.8% (7.2–10.4)	7.0% (4.7–9.4)	8.0% (5.4–10.7)	5.8% (1.8–9.8)	11.1% (5.8–16.4)
Provider had moral, ethical, or religious objection[z]	3.4% (2.6–4.1)	2.5% (0.8–4.1)	2.6% (1.3–3.9)	0.0% (0.0–2.8)	3.6% (1.7–5.5)
Other reason[z]	15.3% (13.6–17.0)	11.6% (8.1–15.1)	12.5% (9.8–15.2)	18.4% (10.6–26.2)	13.9% (9.0–18.7)
Not sure/did not understand the reason[z]	1.4% (0.7–2.1)	1.6% (0.1–3.1)	0.6% (0.2–1.0)	0.5% (0.0–1.2)	0.2% (0.0–0.5)
No reason given[z]	51.5% (48.9–54.1)	56.7% (51.4–62.0)	54.4% (49.3–59.6)	56.4% (47.1–65.7)	47.7% (39.8–55.5)

Table C.11b—Continued

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.11C

Difficulty Accessing Preferred Birth Control Through the MHS Since Joining Military, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Unable to ever get preferred birth control through the MHS	18.8%[b, c, d] (17.8–19.8)	22.1%[a, d] (19.7–24.6)	21.9%[a, d] (19.8–23.9)	14.6%[a, b, c] (13.3–15.9)
Preferred method of birth control unable to obtain				
Birth control pills[y]	44.3% (41.4–47.1)	43.7% (37.5–49.9)	37.5% (32.3–42.7)	38.1% (33.6–42.6)
Condoms[z]	0.5% (0.2–0.8)	1.0% (0.0–2.1)	0.4% (0.0–0.8)	1.1% (0.3–1.8)
IUD[z]	16.2% (14.2–18.3)	12.5% (9.1–15.8)	16.1% (12.7–19.4)	15.7% (12.6–18.8)
Birth control implant[z]	5.8% (4.5–7.2)	6.2% (3.6–8.8)	5.4% (3.1–7.8)	7.1% (4.6–9.5)
Birth control shot, patch, or ring[z]	15.5% (13.3–17.6)	15.5% (10.4–20.5)	19.8% (15.3–24.4)	18.4% (14.4–22.4)
Hysterectomy[z]	4.2% (3.3–5.1)	5.9% (1.7–10.0)	5.0% (2.6–7.4)	3.6% (1.8–5.4)
Emergency contraceptive[z]	3.9% (2.6–5.2)	5.5% (2.2–8.8)	6.5% (4.1–9.0)	5.0% (2.6–7.5)
Other[z]	9.6% (7.8–11.3)	9.9% (6.3–13.4)	9.3% (6.7–11.9)	11.1% (7.9–14.3)
Reason could not obtain preferred birth control				
Not medically appropriate[z]	6.8% (5.0–8.5)	7.0% (3.8–10.2)	5.5% (3.4–7.6)	6.2% (4.1–8.3)
Not old enough[z]	3.9% (3.0–4.8)	3.1% (1.2–4.9)	5.7% (3.2–8.3)	4.7% (2.7–6.7)
Not done having children[z]	4.3% (3.4–5.2)	4.3% (1.9–6.8)	6.5% (3.9–9.2)	4.9% (2.9–6.9)
Not covered by TRICARE or insurance[z]	6.6% (5.5–7.6)	4.8% (2.9–6.8)	8.9% (6.4–11.4)	6.8% (4.9–8.6)
Not available at duty location[z]	16.1% (14.3–17.9)	15.3% (10.9–19.6)	17.5% (14.1–20.9)	17.5% (14.3–20.6)
Not available at deployment location[z]	7.1% (5.8–8.5)	9.5% (5.5–13.4)	8.8% (6.2–11.4)	9.4% (6.8–11.9)

Table C.11c—Continued

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Provider had moral, ethical, or religious objection[z]	2.9% (2.1–3.8)	2.4% (1.1–3.7)	3.6% (2.1–5.0)	2.8% (1.6–4.0)
Other reason[z]	14.8% (12.9–16.7)	11.0% (7.9–14.1)	15.2% (11.8–18.5)	13.0% (10.2–15.8)
Not sure/did not understand the reason[z]	1.1% (0.4–1.9)	0.9% (0.1–1.7)	1.5% (0.5–2.5)	1.3% (0.1–2.4)
No reason given[z]	52.5% (49.6–55.4)	57.3% (51.2–63.4)	50.4% (45.1–55.6)	55.3% (50.7–59.9)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.11D

Difficulty Accessing Preferred Birth Control Through the MHS Since Joining Military, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Unable to ever get preferred birth control through the MHS	18.9%[b] (18.1–19.7)	7.6%[a, c] (5.7–9.5)	19.3%[b] (17.1–21.5)
Preferred method of birth control unable to obtain			
Birth control pills	43.8%[c] (41.5–46.1)	43.0% (29.9–56.2)	28.1%[a] (23.0–33.3)
Condoms	0.7% (0.4–1.0)	2.5%[c] (0.0–6.1)	0.2%[b] (0.0–0.6)
IUD[y]	14.8% (13.4–16.3)	19.3% (9.6–28.9)	20.1% (15.3–25.0)
Birth control implant[z]	5.8% (4.8–6.9)	6.5% (0.2–12.8)	8.0% (5.2–10.9)
Birth control shot, patch, or ring[z]	17.0% (15.1–18.8)	8.0% (1.9–14.0)	16.7% (12.0–21.4)
Hysterectomy	3.6%[b, c] (2.8–4.5)	11.0%[a] (2.4–19.7)	8.5%[a] (5.0–12.0)
Emergency contraceptive[z]	4.5% (3.4–5.6)	0.0% (0.0–5.3)	7.1% (3.8–10.4)
Other[z]	9.7% (8.3–11.1)	9.7% (3.2–16.1)	11.2% (7.5–15.0)
Reason could not obtain preferred birth control			
Not medically appropriate[y]	5.9% (4.8–7.0)	15.2% (2.8–27.7)	9.1% (5.1–13.1)
Not old enough	3.6%[c] (2.9–4.3)	4.3% (0.0–9.4)	8.4%[a] (4.8–12.1)

Table C.11d—Continued

	Heterosexual	Gay or Lesbian	Bisexual
Not done having children	4.1%[c] (3.3–4.8)	3.4% (0.0–7.0)	9.7%[a] (5.9–13.4)
Not covered by TRICARE or insurance	7.2%[c] (6.3–8.2)	5.5% (1.4–9.5)	3.2%[a] (1.5–5.0)
Not available at duty location[z]	16.7% (15.2–18.2)	14.4% (6.2–22.7)	15.8% (11.9–19.7)
Not available at deployment location[z]	8.5% (7.3–9.7)	7.2% (0.9–13.5)	6.1% (3.2–8.9)
Provider had moral, ethical, or religious objection[y]	2.5% (2.0–3.0)	10.6% (0.0–22.9)	4.2% (2.6–5.9)
Other reason[z]	13.9% (12.5–15.3)	18.8% (6.1–31.6)	13.3% (9.6–17.0)
Not sure/did not understand the reason[z]	1.3% (0.7–1.8)	1.2% (0.0–3.0)	0.6% (0.1–1.2)
No reason given[z]	53.2% (51.0–55.5)	50.7% (37.7–63.7)	55.7% (49.9–61.6)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Attitudes Toward Discussions About Birth Control

TABLE C.12A

Comfort with Discussing Birth Control with Providers, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Would feel very comfortable getting birth control from an MHS provider				
Strongly disagree	10.4%[c, d] (9.1–11.7)	11.3%[c, d] (10.4–12.2)	6.3%[a, b] (5.6–7.0)	4.8%[a, b] (3.7–6.0)
Disagree	14.1%[b, c, d] (12.5–15.6)	10.6%[a, c, d] (9.8–11.4)	7.0%[a, b, d] (6.3–7.7)	4.0%[a, b, c] (3.0–5.0)
Neither agree nor disagree[z]	21.3% (19.5–23.1)	21.2% (20.1–22.3)	20.5% (19.3–21.6)	25.3% (23.0–27.6)
Agree	33.5%[c, d] (31.4–35.6)	30.7% (29.6–31.9)	29.7%[a] (28.5–31.0)	27.9%[a] (25.6–30.3)
Strongly agree	20.8%[b, c, d] (19.1–22.5)	26.2%[a, c, d] (25.1–27.3)	36.5%[a, b] (35.2–37.7)	38.0%[a, b] (35.5–40.4)
Would feel very comfortable getting birth control from a provider outside the MHS				
Strongly disagree	2.6%[b] (2.0–3.2)	3.7%[a, c] (3.2–4.3)	2.3%[b] (1.9–2.8)	2.7% (1.8–3.5)
Disagree	4.0%[c, d] (3.0–5.0)	3.3%[c] (2.8–3.8)	2.3%[a, b] (1.9–2.8)	2.1%[a] (1.3–2.9)
Neither agree nor disagree	20.8%[d] (19.0–22.7)	19.3%[d] (18.2–20.3)	20.5%[d] (19.4–21.7)	27.5%[a, b, c] (25.1–29.8)
Agree	32.6%[c, d] (30.6–34.7)	30.1% (28.9–31.3)	29.5%[a] (28.2–30.7)	27.5%[a] (25.1–29.8)
Strongly agree	40.0%[b, c] (37.9–42.1)	43.6%[a] (42.4–44.9)	45.3%[a, d] (44.0–46.7)	40.3%[c] (37.8–42.8)
More comfortable getting birth control from provider outside the MHS	39.6%[b, c, d] (37.5–41.7)	34.3%[a, c, d] (33.1–35.6)	22.9%[a, b, d] (21.8–24.1)	15.4%[a, b, c] (13.5–17.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.12B

Comfort with Discussing Birth Control with Providers, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Would feel very comfortable getting birth control from an MHS provider					
Strongly disagree	9.2%[b, d] (8.5–9.9)	12.3%[a, c, d] (10.8–13.7)	9.2%[b, d] (7.8–10.6)	3.9%[a, b, c, e] (2.7–5.2)	11.3%[d] (8.6–13.9)
Disagree[z]	11.0% (10.2–11.8)	10.7% (9.2–12.3)	11.3% (9.7–13.0)	7.2% (4.8–9.6)	11.6% (9.2–14.0)
Neither agree nor disagree	19.2%[b, d] (18.2–20.2)	23.8%[a] (21.9–25.7)	22.0% (20.0–24.0)	24.1%[a] (20.7–27.5)	21.9% (18.5–25.3)
Agree	32.3%[e] (31.1–33.4)	29.3% (27.2–31.3)	31.1% (28.8–33.3)	35.1%[e] (31.2–39.0)	27.3%[a, d] (24.1–30.4)
Strongly agree	28.4%[b] (27.3–29.4)	23.9%[a, d] (22.1–25.8)	26.4% (24.4–28.4)	29.6%[b] (26.2–33.0)	28.0% (24.8–31.1)
Would feel very comfortable getting birth control from a provider outside the MHS					
Strongly disagree	2.3%[b] (2.0–2.7)	5.1%[a, c, d] (4.1–6.0)	2.3%[b] (1.7–3.0)	2.1%[b] (1.2–3.0)	3.3% (1.8–4.8)
Disagree	2.9%[b] (2.5–3.4)	4.5%[a, c, e] (3.3–5.8)	2.5%[b] (1.8–3.3)	3.4% (1.9–4.8)	2.3%[b] (1.3–3.2)
Neither agree nor disagree	18.1%[b, d] (17.1–19.1)	21.9%[a, d] (20.0–23.7)	20.7%[d] (18.7–22.6)	33.5%[a, b, c, e] (29.6–37.4)	17.1%[d] (14.1–20.1)
Agree[z]	31.0% (29.9–32.1)	29.8% (27.7–31.9)	31.4% (29.1–33.7)	29.2% (25.7–32.7)	31.1% (27.7–34.5)
Strongly agree	45.7%[b, d] (44.5–46.9)	38.8%[a, d, e] (36.6–40.9)	43.1%[d] (40.7–45.4)	31.8%[a, b, c, e] (28.2–35.5)	46.2%[b, d] (42.5–49.9)
More comfortable getting birth control from provider outside the MHS	34.6%[d] (33.5–35.8)	31.3%[d, e] (29.2–33.4)	35.6%[d] (33.3–38.0)	17.9%[a, b, c, e] (15.0–20.9)	37.1%[b, d] (33.4–40.9)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.12C

Comfort with Discussing Birth Control with Providers, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Would feel very comfortable getting birth control from an MHS provider				
Strongly disagree[z]	10.0% (9.2–10.9)	11.2% (9.2–13.1)	9.0% (7.6–10.4)	9.0% (7.8–10.2)
Disagree	10.4%[b] (9.5–11.3)	13.8%[a, c] (11.7–15.9)	9.4%[b] (7.9–11.0)	10.8% (9.4–12.2)
Neither agree nor disagree[z]	21.1% (20.0–22.1)	20.3% (18.0–22.6)	23.3% (21.1–25.4)	21.1% (19.4–22.9)
Agree	30.6% (29.4–31.7)	32.3% (29.8–34.9)	28.9%[d] (26.7–31.0)	33.3%[c] (31.2–35.3)
Strongly agree	27.9%[b] (26.9–28.9)	22.4%[a, c] (20.2–24.6)	29.4%[b] (27.3–31.5)	25.8% (24.0–27.6)
Would feel very comfortable getting birth control from a provider outside the MHS				
Strongly disagree	2.6%[d] (2.2–2.9)	2.2%[d] (1.4–3.0)	3.6% (2.6–4.5)	3.9%[a, b] (3.1–4.7)
Disagree[z]	2.8% (2.4–3.3)	3.6% (2.4–4.7)	3.5% (2.4–4.6)	3.8% (2.8–4.9)
Neither agree nor disagree	19.5%[d] (18.5–20.5)	17.8%[d] (15.5–20.0)	19.5%[d] (17.5–21.4)	23.4%[a, b, c] (21.5–25.3)
Agree[z]	30.6% (29.5–31.8)	32.6% (30.0–35.2)	29.0% (26.8–31.2)	30.8% (28.8–32.8)
Strongly agree	44.5%[d] (43.3–45.7)	43.8%[d] (41.0–46.6)	44.4%[d] (42.0–46.8)	38.1%[a, b, c] (36.1–40.1)
More comfortable getting birth control from provider outside the MHS	32.9%[b] (31.6–34.1)	41.8%[a, c, d] (38.9–44.6)	31.3%[b] (29.0–33.6)	30.6%[b] (28.7–32.5)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.12D

Comfort with Discussing Birth Control with Providers, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Would feel very comfortable getting birth control from an MHS provider			
Strongly disagree	9.3%[b] (8.7–10.0)	12.8%[a] (10.0–15.6)	11.2% (9.5–13.0)
Disagree[z]	10.7% (10.0–11.4)	9.8% (7.0–12.6)	11.6% (9.7–13.6)
Neither agree nor disagree	20.3%[b] (19.5–21.2)	36.6%[a, c] (32.5–40.7)	20.6%[b] (18.1–23.1)
Agree	31.5%[b] (30.5–32.5)	24.0%[a, c] (20.5–27.4)	33.6%[b] (30.7–36.6)
Strongly agree	28.1%[b, c] (27.3–29.0)	16.8%[a, c] (13.9–19.7)	23.0%[a, b] (20.4–25.5)
Would feel very comfortable getting birth control from a provider outside the MHS			
Strongly disagree	2.9%[b] (2.6–3.3)	5.6%[a, c] (3.7–7.5)	2.5%[b] (1.7–3.4)
Disagree[z]	3.4% (2.9–3.8)	2.3% (1.2–3.4)	3.0% (2.0–4.0)
Neither agree nor disagree	19.7%[b] (18.9–20.6)	32.8%[a, c] (28.8–36.9)	19.2%[b] (16.7–21.8)
Agree[z]	30.7% (29.7–31.6)	29.2% (25.3–33.0)	31.7% (28.8–34.5)
Strongly agree	43.3%[b] (42.3–44.3)	30.1%[a, c] (26.3–33.8)	43.6%[b] (40.6–46.6)
More comfortable getting birth control from provider outside the MHS	32.4%[c] (31.4–33.4)	30.7%[c] (26.8–34.5)	38.5%[a, b] (35.6–41.4)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.13A

Pressure to Use Specific Type of Birth Control, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Ever felt pressured by an MHS provider to use a specific type of birth control	23.3%[c, d] (21.5–25.0)	22.0%[c, d] (20.9–23.1)	15.3%[a, b, d] (14.3–16.2)	8.4%[a, b, c] (6.9–9.9)
Among those who felt pressured, birth control method provider pressured them to use				
Birth control pills	54.2%[c] (49.9–58.5)	59.3% (56.6–62.0)	62.2%[a] (59.0–65.4)	56.2% (47.0–65.4)
IUD	45.5%[c, d] (41.2–49.8)	47.9%[c, d] (45.1–50.7)	38.1%[a, b] (34.9–41.3)	29.5%[a, b] (21.5–37.5)
Birth control implant	47.4%[b, c, d] (43.1–51.7)	36.2%[a, c, d] (33.4–38.9)	14.3%[a, b] (11.9–16.6)	8.5%[a, b] (3.9–13.2)
Birth control shot[z]	21.8% (18.0–25.6)	19.7% (17.3–22.1)	21.8% (19.0–24.7)	17.0% (10.3–23.6)
Birth control patch[z]	6.3% (4.2–8.4)	8.1% (6.6–9.7)	6.6% (4.8–8.3)	4.5% (0.6–8.4)
Contraceptive ring[z]	14.0% (10.8–17.3)	13.2% (11.2–15.1)	12.0% (9.7–14.2)	8.0% (3.1–12.9)
Hysterectomy	0.3%[c, d] (0.0–0.7)	1.4%[c, d] (0.7–2.2)	5.8%[a, b] (4.0–7.5)	11.9%[a, b] (5.6–18.3)
Condoms	20.4%[b, c] (17.0–23.9)	12.8%[a, c] (10.9–14.7)	8.6%[a, b] (6.8–10.4)	11.1% (3.6–18.6)
Some other method	3.8%[c, d] (2.1–5.4)	4.8%[c, d] (3.6–6.0)	8.1%[a, b] (6.3–9.9)	11.4%[a, b] (5.5–17.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.13B

Pressure to Use Specific Type of Birth Control, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Ever felt pressured by an MHS provider to use a specific type of birth control	23.3%[b, c, d] (22.3–24.4)	18.1%[a, d, e] (16.3–19.9)	18.7%[a, d, e] (16.8–20.5)	11.3%[a, b, c, e] (8.5–14.0)	26.1%[b, c, d] (22.6–29.7)
Among those who felt pressured, birth control method provider pressured them to use					
Birth control pills	59.3%[d] (56.7–62.0)	51.8%[d] (46.4–57.2)	54.5%[d] (49.0–60.0)	77.1%[a, b, c] (68.2–86.0)	63.4% (55.7–71.0)
IUD[z]	44.9% (42.3–47.6)	43.9% (38.6–49.3)	46.7% (41.2–52.2)	43.6% (30.7–56.6)	47.5% (39.4–55.6)
Birth control implant[z]	36.1% (33.4–38.7)	38.4% (32.9–43.8)	37.0% (31.5–42.6)	38.9% (24.8–52.9)	34.4% (26.8–41.9)
Birth control shot[z]	19.7% (17.4–22.0)	20.0% (15.8–24.2)	24.7% (19.5–30.0)	22.6% (9.1–36.1)	21.8% (15.0–28.6)
Birth control patch[z]	6.2% (5.0–7.5)	7.2% (4.4–10.0)	7.3% (4.5–10.2)	10.9% (2.4–19.4)	12.0% (7.1–16.9)
Contraceptive ring[z]	12.5% (10.6–14.4)	13.2% (9.2–17.1)	13.5% (9.8–17.3)	20.2% (6.7–33.7)	15.4% (10.0–20.9)
Hysterectomy	1.3%[b] (0.7–1.8)	3.7%[a] (2.2–5.1)	1.1% (0.2–2.0)	1.2% (0.0–3.4)	2.8% (0.6–5.0)
Condoms[z]	15.4% (13.4–17.5)	12.9% (9.0–16.8)	13.7% (9.9–17.6)	21.0% (9.4–32.7)	17.2% (10.9–23.5)
Some other method[z]	5.6% (4.4–6.9)	4.3% (2.7–5.9)	4.3% (1.6–6.9)	5.0% (0.9–9.1)	4.6% (2.1–7.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.13C

Pressure to Use Specific Type of Birth Control, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Ever felt pressured by an MHS provider to use a specific type of birth control	21.6%[b, d] (20.5–22.7)	25.3%[a, d] (22.7–27.8)	21.1%[d] (19.0–23.2)	16.5%[a, b, c] (15.1–18.0)
Among those who felt pressured, birth control method provider pressured them to use				
Birth control pills[z]	58.6% (55.8–61.5)	57.1% (51.2–63.0)	53.3% (47.5–59.1)	58.5% (53.7–63.2)
IUD[z]	47.1% (44.2–50.0)	43.8% (37.9–49.7)	45.1% (39.3–50.9)	42.0% (37.2–46.7)
Birth control implant	34.8%[b] (31.9–37.7)	47.2%[a, c] (41.1–53.2)	32.4%[b] (26.6–38.2)	37.3% (32.6–41.9)
Birth control shot[z]	21.5% (18.8–24.1)	21.8% (16.7–26.9)	22.9% (17.8–28.0)	17.4% (13.7–21.2)
Birth control patch[z]	7.1% (5.5–8.7)	8.3% (5.0–11.7)	5.7% (3.4–8.1)	7.2% (5.0–9.4)
Contraceptive ring[z]	13.2% (10.9–15.4)	17.3% (12.8–21.9)	10.6% (7.4–13.8)	12.3% (9.0–15.5)
Hysterectomy	2.0%[d] (1.3–2.7)	2.1% (0.7–3.6)	3.4%[d] (1.9–4.9)	0.5%[a, c] (0.1–1.0)
Condoms	11.6%[b, d] (9.6–13.6)	23.0%[a, c] (17.6–28.4)	13.2%[b] (9.5–16.8)	19.1%[a] (15.4–22.9)
Some other method[z]	5.2% (4.0–6.5)	4.8% (2.4–7.1)	6.5% (3.4–9.6)	3.9% (2.6–5.3)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.13D

Pressure to Use Specific Type of Birth Control, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Ever felt pressured by an MHS provider to use a specific type of birth control	20.7%[b, c] (19.8–21.6)	11.1%[a, c] (8.8–13.4)	23.7%[a, b] (21.3–26.1)
Among those who felt pressured, birth control method provider pressured them to use			
Birth control pills[z]	57.4% (55.0–59.7)	64.5% (54.0–75.0)	58.5% (52.9–64.1)
IUD[z]	44.9% (42.5–47.2)	39.1% (28.3–49.8)	49.0% (43.4–54.6)
Birth control implant	36.6% (34.2–39.0)	24.0%[c] (13.9–34.1)	40.7%[b] (35.1–46.3)
Birth control shot[z]	21.0% (18.9–23.0)	16.9% (8.1–25.7)	20.3% (15.2–25.4)
Birth control patch[z]	7.1% (5.9–8.3)	10.7% (3.3–18.0)	6.7% (3.8–9.6)
Contraceptive ring[z]	13.2% (11.5–14.9)	6.1% (0.1–12.0)	15.3% (10.7–19.9)
Hysterectomy[z]	1.9% (1.4–2.4)	1.9% (0.0–4.6)	1.6% (0.2–2.9)
Condoms	13.8%[c] (12.1–15.6)	15.0% (7.2–22.8)	22.8%[a] (17.8–27.8)
Some other method[z]	5.0% (4.1–6.0)	6.2% (0.6–11.8)	4.8% (2.5–7.1)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Experiences with IUD and Birth Control Implant

TABLE C.14A

Use of IUD and Birth Control Implant, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Ever used IUD since joining the military	20.3%[b, c, d] (18.7–21.9)	29.8%[a, c] (28.7–30.9)	37.5%[a, b, d] (36.2–38.8)	27.5%[a, c] (25.2–29.8)
Ever used birth control implant since joining military	31.9%[c, d] (29.9–34.0)	29.2%[c, d] (28.0–30.3)	21.3%[a, b, d] (20.2–22.4)	12.1%[a, b, c] (10.4–13.8)
For those who had IUD removed, removal reason				
Was experiencing pain	45.5%[b, c, d] (37.9–53.1)	30.5%[a] (27.7–33.4)	26.3%[a] (23.7–28.8)	23.5%[a] (18.0–29.0)
Wanted to get pregnant	9.0%[b, c] (5.9–12.1)	22.6%[a, d] (20.1–25.1)	20.5%[a, d] (18.3–22.6)	12.0%[b, c] (8.3–15.8)
Experienced side effects from hormones	22.0%[d] (15.3–28.8)	20.2%[d] (17.8–22.7)	18.5%[d] (16.3–20.7)	9.0%[a, b, c] (5.8–12.3)
Came out (partially or fully) on its own[z]	5.8% (2.7–8.9)	6.3% (4.8–7.8)	7.7% (6.2–9.3)	7.8% (4.5–11.2)
Another reason	15.8%[c, d] (10.0–21.5)	19.2%[c, d] (16.8–21.6)	26.2%[a, b, d] (23.7–28.7)	46.6%[a, b, c] (40.4–52.7)
Still have IUD but not for birth control[z]	1.9% (0.0–4.9)	1.1% (0.2–2.0)	0.8% (0.3–1.3)	1.1% (0.0–2.1)
For those who had birth control implant removed, removal reason				
Was experiencing pain	10.0% (6.6–13.4)	8.3%[c] (6.9–9.7)	13.3%[b] (11.1–15.5)	11.9% (6.6–17.1)
Wanted to get pregnant	8.7%[b, c] (6.1–11.2)	14.8%[a] (13.0–16.5)	14.9%[a] (12.8–17.1)	13.3% (8.3–18.3)
Experienced side effects from hormones	52.0%[c, d] (47.2–56.7)	46.3%[c, d] (43.7–48.9)	30.9%[a, b, d] (28.1–33.8)	15.8%[a, b, c] (10.6–21.1)
Medical reason for removal	2.3%[d] (1.1–3.5)	3.0%[d] (2.2–3.9)	4.1% (2.9–5.4)	6.9%[a, b] (3.3–10.4)
Another reason	14.9%[c, d] (11.5–18.3)	18.4%[c, d] (16.4–20.5)	25.2%[a, b] (22.4–28.0)	32.4%[a, b] (25.5–39.2)
Still have implant but not for birth control	12.1% (9.1–15.1)	9.2%[d] (7.8–10.6)	11.4%[d] (9.6–13.3)	19.8%[b, c] (13.8–25.7)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.14B

Use of IUD and Birth Control Implant, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Ever used IUD since joining the military	32.9%[b, c, d] (31.8–34.0)	22.3%[a, e] (20.6–23.9)	25.6%[a, e] (23.8–27.5)	21.1%[a, e] (18.3–23.9)	32.4%[b, c, d] (29.1–35.7)
Ever used birth control implant since joining military	26.6%[c] (25.5–27.8)	26.1%[c] (24.1–28.0)	33.4%[a, b, d] (31.1–35.7)	24.1%[c] (20.6–27.7)	30.2% (26.6–33.7)
For those who had IUD removed, removal reason					
Was experiencing pain[z]	31.3% (28.6–34.1)	31.5% (26.7–36.3)	34.6% (29.2–39.9)	23.8% (15.6–32.1)	27.9% (20.1–35.6)
Wanted to get pregnant	21.4%[b] (19.5–23.4)	13.8%[a] (10.5–17.0)	18.3% (14.5–22.0)	23.8% (15.6–31.9)	15.3% (9.8–20.7)
Experienced side effects from hormones[z]	17.7% (15.6–19.8)	22.2% (17.4–27.0)	18.5% (14.4–22.6)	20.2% (13.1–27.3)	24.7% (17.3–32.1)
Came out (partially or fully) on its own[z]	5.9% (4.6–7.3)	8.1% (5.8–10.5)	6.7% (4.4–9.0)	6.3% (1.4–11.2)	9.2% (3.6–14.8)
Another reason[z]	22.1% (19.7–24.4)	23.4% (19.6–27.2)	21.5% (16.9–26.1)	25.9% (18.2–33.6)	21.2% (15.1–27.3)
Still have IUD but not for birth control[z]	1.5% (0.3–2.8)	1.0% (0.0–2.2)	0.4% (0.0–0.9)	0.0% (0.0–2.7)	1.8% (0.0–4.8)
For those who had birth control implant removed, removal reason					
Was experiencing pain[z]	10.8% (8.5–13.0)	11.1% (8.2–13.9)	8.4% (6.1–10.7)	3.6% (1.0–6.1)	9.1% (5.0–13.2)
Wanted to get pregnant[z]	12.4% (10.9–14.0)	12.7% (9.9–15.6)	12.6% (9.6–15.6)	16.5% (10.9–22.2)	14.2% (9.2–19.3)
Experienced side effects from hormones[z]	42.0% (39.3–44.7)	45.5% (40.9–50.0)	48.2% (43.3–53.0)	45.1% (35.7–54.5)	42.7% (35.2–50.2)
Medical reason for removal	2.9% (2.1–3.6)	3.9% (2.5–5.3)	2.5% (1.3–3.6)	6.8%[e] (1.0–12.6)	0.8%[d] (0.0–1.8)
Another reason[z]	18.0% (16.0–20.0)	19.9% (16.5–23.2)	19.9% (15.7–24.1)	16.8% (10.6–23.0)	21.8% (15.3–28.2)
Still have implant but not for birth control	13.9%[b, c] (11.9–15.8)	6.9%[a] (4.6–9.2)	8.5%[a] (6.2–10.9)	11.2% (6.4–15.9)	11.4% (6.8–16.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.14C

Use of IUD and Birth Control Implant, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Ever used IUD since joining the military	31.2%[c, d] (30.2–32.3)	28.6%[c, d] (26.3–30.9)	35.7%[a, b, d] (33.5–37.9)	19.1%[a, b, c] (17.6–20.6)
Ever used birth control implant since joining military	27.2%[b, c] (26.1–28.4)	31.4%[a, d] (28.8–34.1)	31.1%[a, d] (28.8–33.4)	26.0%[b, c] (24.1–27.9)
For those who had IUD removed, removal reason				
Was experiencing pain	28.4%[d] (25.9–30.9)	37.0% (30.5–43.5)	32.8% (28.0–37.6)	39.3%[a] (32.1–46.6)
Wanted to get pregnant	25.9%[b, c, d] (23.8–28.0)	10.9%[a, d] (7.3–14.4)	11.1%[a, d] (7.9–14.3)	2.8%[a, b, c] (0.7–4.9)
Experienced side effects from hormones[y]	17.2% (15.2–19.2)	22.7% (17.3–28.1)	20.8% (16.2–25.5)	25.0% (18.3–31.8)
Came out (partially or fully) on its own[z]	6.4% (5.1–7.6)	7.8% (4.6–11.1)	9.3% (6.4–12.3)	4.6% (2.3–6.8)
Another reason[z]	20.9% (18.9–23.0)	21.3% (16.2–26.4)	24.6% (20.4–28.7)	27.0% (20.5–33.4)
Still have IUD but not for birth control[z]	1.2% (0.2–2.2)	0.3% (0.0–0.8)	1.3% (0.1–2.5)	1.3% (0.0–3.1)
For those who had birth control implant removed, removal reason				
Was experiencing pain[z]	10.3% (8.7–11.9)	11.2% (7.6–14.7)	8.4% (5.9–10.8)	9.1% (5.0–13.1)
Wanted to get pregnant	19.1%[b, c, d] (17.2–21.1)	8.2%[a] (5.4–10.9)	8.3%[a] (5.6–10.9)	4.3%[a] (2.2–6.4)
Experienced side effects from hormones[z]	43.1% (40.5–45.8)	50.3% (44.7–56.0)	40.8% (35.9–45.8)	46.7% (41.6–51.8)
Medical reason for removal[z]	3.1% (2.3–4.0)	3.0% (1.4–4.5)	3.6% (2.0–5.3)	2.9% (1.5–4.2)
Another reason	16.9%[c] (14.9–18.8)	15.3%[c] (11.7–18.9)	23.7%[a, b] (19.6–27.7)	22.5% (18.3–26.7)
Still have implant but not for birth control	7.5%[b, c, d] (6.2–8.7)	12.1%[a] (8.5–15.7)	15.2%[a] (12.0–18.5)	14.6%[a] (11.0–18.1)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.14D

Use of IUD and Birth Control Implant, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Ever used IUD since joining the military	29.2%[b] (28.3–30.1)	7.3%[a, c] (5.5–9.1)	29.4%[b] (26.8–31.9)
Ever used birth control implant since joining military	28.5%[b, c] (27.5–29.4)	8.8%[a, c] (5.7–12.0)	32.1%[a, b] (29.3–34.8)
For those who had IUD removed, removal reason			
Was experiencing pain	30.2%[c] (28.1–32.4)	18.6%[c] (5.9–31.2)	42.2%[a, b] (35.0–49.4)
Wanted to get pregnant	20.0%[c] (18.3–21.6)	14.6% (3.6–25.6)	12.0%[a] (8.4–15.7)
Experienced side effects from hormones[Z]	19.2% (17.3–21.0)	28.4% (13.4–43.3)	19.5% (13.5–25.6)
Came out (partially or fully) on its own[Z]	6.6% (5.6–7.7)	6.4% (0.0–13.8)	7.6% (4.0–11.2)
Another reason[Z]	22.8% (20.9–24.6)	29.5% (16.0–43.0)	18.3% (13.4–23.3)
Still have IUD but not for birth control[Z]	1.2% (0.5–2.0)	2.6% (0.0–6.3)	0.3% (0.0–0.9)
For those who had birth control implant removed, removal reason			
Was experiencing pain[Z]	9.6% (8.4–10.9)	NR (0.0–52.5)	8.8% (5.5–12.1)
Wanted to get pregnant	13.4%[b] (12.1–14.8)	3.1%[a] (0.0–6.7)	10.8% (7.0–14.6)
Experienced side effects from hormones	43.9% (41.8–46.1)	24.9%[c] (10.7–39.1)	51.3%[b] (45.4–57.2)
Medical reason for removal[Z]	3.3% (2.6–4.0)	2.9% (0.0–6.7)	2.0% (0.8–3.1)
Another reason[Z]	19.2% (17.6–20.9)	26.5% (12.3–40.6)	15.6% (11.5–19.8)
Still have implant but not for birth control[Z]	10.5% (9.2–11.8)	18.0% (6.2–29.8)	11.5% (8.0–15.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Menstrual Cycle Interference and Suppression

TABLE C.15A

Menstrual Cycle Regulation or Suppression, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Days per month menstrual cycle interferes with job				
Never	28.3%[b, c, d] (26.4–30.2)	42.7%[a, c, d] (41.4–43.9)	52.0%[a, b, d] (50.6–53.3)	67.8%[a, b, c] (65.3–70.3)
A few days	47.8%[b, c, d] (45.7–50.0)	43.5%[a, c, d] (42.2–44.7)	35.9%[a, b, d] (34.6–37.2)	23.2%[a, b, c] (21.0–25.5)
A week	18.4%[b, c, d] (16.5–20.3)	10.6%[a, d] (9.7–11.5)	9.0%[a, d] (8.1–9.9)	5.8%[a, b, c] (4.6–7.1)
More than a week	5.5%[b, c, d] (4.4–6.5)	3.3%[a] (2.8–3.9)	3.1%[a] (2.6–3.6)	3.1%[a] (2.2–4.1)
Ever needed or wanted to regulate or suppress menstruation since joining military				
Yes	64.6% (62.5–66.7)	62.4%[c] (61.1–63.6)	65.7%[b] (64.4–67.0)	62.7% (60.2–65.3)
Methods used to regulate or suppress menstruation since joining military (select all that apply)				
Birth control pills	31.8%[b, c, d] (29.9–33.7)	38.9%[a, c] (37.7–40.1)	46.9%[a, b, d] (45.6–48.3)	42.5%[a, c] (40.0–45.0)
IUD	12.2%[b, c, d] (10.9–13.4)	17.9%[a, c] (17.0–18.8)	23.3%[a, b, d] (22.2–24.5)	16.7%[a, c] (14.8–18.6)
Birth control implant	16.2%[c, d] (14.6–17.7)	13.9%[c, d] (13.0–14.8)	5.6%[a, b, d] (5.0–6.2)	1.9%[a, b, c] (1.3–2.5)
Birth control shot	8.7%[c] (7.5–9.8)	8.9%[c] (8.2–9.7)	15.6%[a, b, d] (14.7–16.6)	10.6%[c] (9.0–12.1)
Birth control patch	2.5%[b, c] (1.9–3.1)	4.5%[a, c] (4.0–5.0)	7.8%[a, b, d] (7.1–8.5)	3.5%[c] (2.5–4.5)
Contraceptive ring	3.0%[b, c] (2.4–3.6)	7.6%[a, c, d] (7.0–8.2)	10.6%[a, b, d] (9.8–11.4)	3.8%[b, c] (2.9–4.8)
Endometrial ablation or dilation and curettage	0.2%[c, d] (0.0–0.5)	0.4%[c, d] (0.3–0.6)	2.1%[a, b, d] (1.7–2.5)	4.5%[a, b, c] (3.5–5.6)
Sterilization	0.1%[b, c, d] (0.0–0.3)	0.8%[a, c, d] (0.6–1.0)	2.5%[a, b] (2.1–2.9)	2.9%[a, b] (2.0–3.7)
Hysterectomy	0.1%[b, c, d] (0.0–0.1)	0.5%[a, c, d] (0.3–0.7)	4.6%[a, b, d] (4.0–5.2)	11.2%[a, b, c] (9.6–12.9)
Natural methods	3.6%[c, d] (2.8–4.3)	3.1% (2.6–3.6)	2.3%[a] (1.9–2.7)	1.9%[a] (1.2–2.6)
None	12.5%[b, c, d] (10.8–14.2)	7.2%[a, c] (6.5–7.9)	5.1%[a, b] (4.5–5.7)	6.3%[a] (5.0–7.6)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 17–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

TABLE C.15B

Menstrual Cycle Regulation or Suppression, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Days per month menstrual cycle interferes with job					
Never	48.6%[b, c, d, e] (47.4–49.8)	33.6%[a, e] (31.6–35.6)	34.4%[a, e] (32.2–36.6)	33.3%[a, e] (29.9–36.6)	42.0%[a, b, c, d] (38.5–45.5)
A few days	40.0%[c, d] (38.8–41.2)	43.1% (40.8–45.3)	45.6%[a] (43.2–48.0)	47.0%[a] (43.0–51.0)	42.9% (39.2–46.6)
A week	8.5%[b, c, d, e] (7.7–9.3)	18.1%[a] (16.0–20.2)	14.5%[a] (12.7–16.3)	15.7%[a] (12.3–19.2)	12.7%[a] (9.5–15.9)
More than a week	2.9%[b, c] (2.4–3.4)	5.2%[a, e] (4.1–6.3)	5.5%[a, e] (4.3–6.7)	4.0% (2.5–5.4)	2.4%[b, c] (1.2–3.6)
Ever needed or wanted to regulate or suppress menstruation since joining military					
Yes	66.7%[b, c, d] (65.5–67.8)	62.7%[a, d] (60.5–65.0)	61.7%[a, d] (59.3–64.1)	53.6%[a, b, c, e] (49.6–57.6)	64.9%[d] (61.4–68.4)
Methods used to regulate or suppress menstruation since joining military (select all that apply)					
Birth control pills	42.3%[b, c, d] (41.2–43.5)	36.7%[a, d] (34.6–38.7)	33.1%[a] (30.9–35.3)	30.4%[a, b, e] (27.0–33.8)	38.5%[d] (35.0–41.9)
IUD	20.9%[b, c, d] (19.9–21.8)	13.3%[a, e] (12.0–14.5)	14.4%[a, e] (13.0–15.9)	11.5%[a, e] (9.2–13.8)	18.6%[b, c, d] (15.9–21.3)
Birth control implant	12.1%[c] (11.3–12.9)	11.2%[c] (9.9–12.6)	15.8%[a, b, d] (13.9–17.7)	8.3%[c, e] (5.9–10.6)	14.2%[d] (11.1–17.2)
Birth control shot	9.0%[b, d] (8.3–9.7)	13.9%[a, c, d, e] (12.4–15.3)	10.0%[b, d] (8.8–11.3)	5.8%[a, b, c, e] (4.3–7.4)	10.1%[b, d] (8.1–12.1)
Birth control patch	3.7%[b, e] (3.2–4.1)	6.1%[a, c, d] (5.3–6.9)	4.0%[b] (3.2–4.8)	3.4%[b] (2.2–4.5)	6.1%[a] (4.4–7.8)
Contraceptive ring	7.0%[c, d] (6.5–7.5)	6.8%[d] (5.9–7.6)	5.3%[a, e] (4.6–6.1)	4.0%[a, b, e] (2.7–5.3)	8.6%[c, d] (6.5–10.7)
Endometrial ablation or dilation and curettage[y]	1.1% (0.9–1.3)	0.9% (0.6–1.1)	0.7% (0.2–1.1)	0.4% (0.1–0.7)	0.6% (0.2–0.9)
Sterilization[z]	1.2% (1.0–1.4)	1.1% (0.7–1.4)	0.7% (0.5–1.0)	0.8% (0.0–1.6)	0.6% (0.2–1.0)
Hysterectomy	1.8%[c] (1.5–2.0)	2.4%[c, d] (1.9–2.8)	0.7%[a, b, e] (0.5–0.9)	0.8%[b] (0.4–1.3)	1.9%[c] (1.1–2.7)
Natural methods[z]	3.0% (2.5–3.5)	3.8% (2.9–4.7)	2.7% (2.1–3.2)	2.3% (1.1–3.5)	2.7% (1.5–4.0)
None	7.4%[b] (6.6–8.2)	9.9%[a] (8.2–11.7)	9.1% (7.6–10.6)	9.5% (7.1–11.9)	8.0% (5.5–10.5)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.15C

Menstrual Cycle Regulation or Suppression, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Days per month menstrual cycle interferes with job				
Never	43.7%[b, d] (42.5–44.9)	35.0%[a, c] (32.5–37.5)	42.4%[b, d] (40.1–44.7)	37.3%[a, c] (35.3–39.3)
A few days	40.6%[b, d] (39.4–41.8)	48.1%[a, c] (45.3–51.0)	41.0%[b] (38.6–43.4)	44.4%[a] (42.3–46.5)
A week	11.8%[d] (10.9–12.8)	10.9%[d] (9.0–12.8)	11.8% (9.9–13.7)	15.2%[a, b] (13.3–17.1)
More than a week	3.9%[b] (3.3–4.5)	6.0%[a, d] (4.3–7.6)	4.8% (3.6–6.0)	3.1%[b] (2.4–3.8)
Ever needed or wanted to regulate or suppress menstruation since joining military				
Yes	63.2%[b] (62.0–64.4)	68.4%[a, d] (65.8–71.0)	66.5%[d] (64.1–68.8)	62.0%[b, c] (59.8–64.1)
Methods used to regulate or suppress menstruation since joining military (select all that apply)				
Birth control pills	39.3%[c, d] (38.1–40.5)	41.0%[d] (38.3–43.8)	43.5%[a, d] (41.1–45.9)	33.1%[a, b, c] (31.3–35.0)
IUD	18.3%[c, d] (17.5–19.2)	18.3%[c, d] (16.4–20.3)	22.3%[a, b, d] (20.4–24.1)	12.0%[a, b, c] (10.8–13.1)
Birth control implant	11.5%[b] (10.6–12.4)	15.4%[a] (13.3–17.6)	12.1% (10.4–13.8)	13.2% (11.8–14.7)
Birth control shot	10.3%[c, d] (9.6–11.0)	10.8%[c, d] (9.1–12.5)	14.2%[a, b, d] (12.5–15.9)	8.2%[a, b, c] (7.1–9.2)
Birth control patch	4.8%[c, d] (4.3–5.3)	4.2%[c, d] (3.2–5.3)	7.1%[a, b, d] (5.9–8.3)	2.7%[a, b, c] (2.2–3.2)
Contraceptive ring	6.9%[d] (6.4–7.4)	8.2%[d] (6.7–9.6)	8.4%[d] (7.1–9.6)	4.3%[a, b, c] (3.7–4.9)
Endometrial ablation or dilation and curettage	1.2%[d] (1.0–1.4)	0.9%[d] (0.5–1.4)	1.2%[d] (0.8–1.7)	0.2%[a, b, c] (0.1–0.2)
Sterilization	1.3%[b, d] (1.1–1.6)	0.5%[a, c] (0.3–0.7)	1.9%[b, d] (1.4–2.5)	0.3%[a, c] (0.0–0.5)
Hysterectomy	2.0%[b, c, d] (1.8–2.3)	0.8%[a, c] (0.4–1.2)	3.7%[a, b, d] (2.9–4.4)	0.4%[a, c] (0.3–0.6)
Natural methods[z]	3.1% (2.6–3.5)	3.3% (2.2–4.3)	3.2% (2.3–4.1)	2.9% (2.2–3.6)
None	7.9%[c, d] (7.1–8.6)	7.2%[d] (5.6–8.9)	5.1%[a, d] (3.8–6.4)	11.6%[a, b, c] (9.9–13.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.15D

Menstrual Cycle Regulation or Suppression, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Days per month menstrual cycle interferes with job			
Never	42.4%[b, c] (41.4–43.4)	33.5%[a] (29.5–37.5)	32.5%[a] (29.9–35.2)
A few days	41.3%[b, c] (40.3–42.3)	48.3%[a] (44.1–52.5)	48.6%[a] (45.5–51.7)
A week[z]	12.3% (11.5–13.2)	15.0% (11.4–18.5)	14.1% (11.4–16.8)
More than a week[z]	3.9% (3.5–4.4)	3.2% (1.6–4.8)	4.8% (3.5–6.0)
Ever needed or wanted to regulate or suppress menstruation since joining military			
Yes	62.9%[c] (61.9–63.9)	60.7%[c] (56.6–64.8)	71.5%[a, b] (68.8–74.2)
Methods used to regulate or suppress menstruation since joining military (select all that apply)			
Birth control pills	39.1%[b] (38.2–40.1)	23.2%[a, c] (20.0–26.4)	39.1%[b] (36.2–42.0)
IUD	17.5%[b] (16.9–18.2)	5.6%[a, c] (4.1–7.1)	18.4%[b] (16.3–20.4)
Birth control implant	12.5%[b, c] (11.7–13.2)	3.0%[a, c] (1.8–4.2)	17.3%[a, b] (15.1–19.5)
Birth control shot	10.4%[b] (9.8–10.9)	5.8%[a, c] (4.2–7.5)	11.3%[b] (9.4–13.2)
Birth control patch	4.7%[b] (4.3–5.1)	1.8%[a, c] (0.9–2.8)	3.7%[b] (2.8–4.7)
Contraceptive ring	6.8%[b] (6.3–7.2)	1.5%[a, c] (0.7–2.3)	6.8%[b] (5.7–8.0)
Endometrial ablation or dilation and curettage[z]	0.9% (0.8–1.1)	0.9% (0.2–1.6)	0.5% (0.2–0.7)
Sterilization	1.1%[b] (0.9–1.2)	0.0%[a, c] (0.0–0.1)	1.0%[b] (0.5–1.4)
Hysterectomy	1.8%[c] (1.6–2.0)	1.1% (0.4–1.8)	0.7%[a] (0.4–1.0)
Natural methods[z]	3.0% (2.6–3.4)	2.5% (1.1–3.8)	3.7% (2.7–4.8)
None	6.9%[b, c] (6.3–7.5)	26.8%[a, c] (22.6–31.0)	11.3%[a, b] (8.7–13.9)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Use of Decide + Be Ready Birth Control App

TABLE C.16A

Use of Decide + Be Ready Birth Control App, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Yes, went through the entire app in detail	0.2% (0.0–0.3)	0.4%[c] (0.2–0.5)	0.1%[b, d] (0.0–0.1)	0.4%[c] (0.1–0.7)
Yes, used some parts of it[y]	0.1% (0.0–0.2)	0.4% (0.2–0.6)	0.3% (0.2–0.5)	0.3% (0.0–0.5)
No, but have heard of it[z]	2.9% (2.0–3.8)	2.0% (1.6–2.5)	2.5% (2.0–2.9)	3.0% (2.1–3.9)
No, never heard of it[z]	96.8% (96.0–97.7)	97.2% (96.7–97.7)	97.1% (96.6–97.6)	96.3% (95.3–97.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.16B

Use of Decide + Be Ready Birth Control App, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Yes, went through the entire app in detail[z]	0.3% (0.2–0.4)	0.2% (0.0–0.4)	0.3% (0.0–0.5)	0.1% (0.0–0.4)	0.3% (0.0–0.9)
Yes, used some parts of it	0.2%[d] (0.1–0.3)	0.2%[d] (0.0–0.3)	0.2%[d] (0.0–0.3)	1.2%[a, b, c] (0.3–2.2)	0.1% (0.0–0.3)
No, but have heard of it	2.0%[d] (1.6–2.5)	2.6%[d] (1.8–3.4)	2.1%[d] (1.4–2.9)	5.4%[a, b, c, e] (3.6–7.3)	1.2%[d] (0.7–1.8)
No, never heard of it	97.4%[d] (96.9–97.9)	97.1%[d] (96.2–97.9)	97.4%[d] (96.7–98.2)	93.2%[a, b, c, e] (91.2–95.3)	98.3%[d] (97.5–99.1)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the “other” estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.16C

Use of Decide + Be Ready Birth Control App, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Yes, went through the entire app in detail[Z]	0.2% (0.1–0.3)	0.3% (0.0–0.5)	0.3% (0.1–0.5)	0.3% (0.1–0.5)
Yes, used some parts of it[Z]	0.3% (0.2–0.5)	0.3% (0.0–0.6)	0.4% (0.0–0.7)	0.1% (0.0–0.2)
No, but have heard of it[Z]	2.2% (1.8–2.6)	2.6% (1.4–3.8)	2.0% (1.3–2.7)	3.1% (2.2–4.0)
No, have never heard of it[Z]	97.3% (96.9–97.7)	96.8% (95.5–98.0)	97.4% (96.6–98.1)	96.5% (95.6–97.4)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.16D

Use of Decide + Be Ready Birth Control App, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Yes, went through the entire app in detail[Z]	0.2% (0.2–0.3)	0.2% (0.0–0.6)	0.2% (0.0–0.4)
Yes, have used some parts of it[Z]	0.3% (0.2–0.4)	0.3% (0.0–0.5)	0.1% (0.0–0.3)
No, but have heard of it[Z]	2.5% (2.1–2.8)	4.0% (1.0–7.0)	1.7% (0.9–2.5)
No, have never heard of it[Z]	97.0% (96.6–97.4)	95.6% (92.6–98.6)	98.0% (97.1–98.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Chapter Six: Reproductive Health During Training and Deployment

Contraceptive Counseling and Access Prior to Deployment

TABLE C.17A

Timing of Most Recent Deployment, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
In the past 12 months	15.5%[c, d] (13.8–17.1)	14.6%[c, d] (13.6–15.5)	9.7%[a, b, d] (8.9–10.5)	7.1%[a, b, c] (5.6–8.6)
Between 12 and 24 months ago	6.2%[b, c] (5.2–7.2)	10.5%[a, c, d] (9.7–11.3)	8.4%[a, b] (7.6–9.2)	6.7%[b] (5.4–8.0)
More than 2 years (24 months) ago	6.8%[b, c, d] (5.6–7.9)	29.4%[a, c, d] (28.3–30.5)	62.3%[a, b, d] (61.0–63.6)	68.4%[a, b, c] (66.0–70.9)
I have never been deployed	71.5%[b, c, d] (69.5–73.6)	45.5%[a, c, d] (44.2–46.8)	19.6%[a, b] (18.5–20.7)	17.8%[a, b] (15.8–19.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

TABLE C.17B

Timing of Most Recent Deployment, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
In the past 12 months[z]	12.5% (11.6–13.3)	13.9% (12.2–15.6)	15.0% (13.1–16.9)	14.1% (11.3–17.0)	15.3% (12.6–17.9)
Between 12 and 24 months ago[z]	8.5% (7.8–9.1)	8.8% (7.5–10.0)	8.2% (7.1–9.3)	7.7% (6.0–9.4)	10.1% (7.9–12.3)
More than 2 years (24 months) ago	29.6%[b, c] (28.6–30.6)	33.5%[a, c] (31.6–35.4)	26.0%[a, b, e] (24.2–27.8)	30.0% (26.7–33.3)	34.4%[c] (30.9–37.8)
I have never been deployed	49.5%[b, e] (48.3–50.7)	43.8%[a, c] (41.5–46.2)	50.8%[b, e] (48.4–53.2)	48.1%[e] (44.1–52.1)	40.2%[a, c, d] (36.5–44.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.17C

Timing of Most Recent Deployment, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
In the past 12 months	10.5%[b, c, d] (9.7–11.3)	16.0%[a] (13.7–18.2)	15.5%[a] (13.5–17.4)	17.1%[a] (15.4–18.7)
Between 12 and 24 months ago	8.3%[c] (7.6–9.0)	9.4% (7.9–10.9)	10.4%[a, d] (9.0–11.8)	7.6%[c] (6.7–8.6)
More than 2 years (24 months) ago	34.9%[b, c, d] (33.8–35.9)	24.0%[a, c, d] (21.8–26.1)	41.6%[a, b, d] (39.3–43.9)	19.1%[a, b, c] (17.6–20.5)
I have never been deployed	46.3%[b, c, d] (45.0–47.6)	50.7%[a, c, d] (47.9–53.5)	32.5%[a, b, d] (30.1–34.9)	56.2%[a, b, c] (54.2–58.3)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

TABLE C.17D

Timing of Most Recent Deployment, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
In the past 12 months[z]	13.6% (12.8–14.4)	15.0% (12.0–18.0)	12.8% (10.8–14.8)
Between 12 and 24 months ago[z]	8.3% (7.7–8.8)	10.6% (7.8–13.4)	9.1% (7.5–10.6)
More than 2 years (24 months) ago	31.7%[b, c] (30.8–32.6)	26.9%[a, c] (23.7–30.0)	19.0%[a, b] (17.0–21.0)
I have never been deployed	46.4%[c] (45.4–47.5)	47.5%[c] (43.3–51.8)	59.2%[a, b] (56.3–62.1)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.18A

Contraceptive Counseling Prior to Deployment, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Among those deployed within past 24 months				
Received any contraceptive counseling from MHS provider[z]	16.7% (13.3–20.2)	18.5% (16.5–20.6)	18.8% (16.1–21.4)	12.9% (8.1–17.8)
Among those deployed within past 24 months who received any contraceptive counseling				
Received adequate counseling from MHS provider[z]	63.3% (51.9–74.7)	71.5% (65.9–77.1)	75.2% (68.2–82.2)	NR (53.5–90.1)
Received timely counseling from MHS provider[z]	59.7% (48.2–71.1)	67.3% (61.5–73.1)	70.6% (63.1–78.0)	NR (38.8–78.5)
MHS provider discussed methods to suppress menstruation[z]	51.4% (40.3–62.6)	45.6% (39.5–51.7)	43.1% (35.5–50.8)	NR (18.3–56.6)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed),

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.18B

Contraceptive Counseling Prior to Deployment, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Among those deployed within past 24 months					
Received any contraceptive counseling from MHS provider[z]	16.9% (14.9–18.9)	19.7% (15.8–23.5)	16.8% (13.5–20.2)	17.1% (10.3–23.9)	20.0% (14.0–26.0)
Among those deployed within past 24 months who received any contraceptive counseling					
Received adequate counseling from MHS provider	72.8%[b] (66.9–78.7)	55.3%[a, c] (44.4–66.3)	77.7%[b] (69.9–85.6)	87.4% (73.1–100.0)	82.2% (68.6–95.8)
Received timely counseling from MHS provider	69.1%[b] (63.0–75.2)	50.7%[a, c, d] (40.0–61.5)	70.8%[b] (61.7–80.0)	87.5%[b] (76.9–98.1)	77.3% (62.8–91.9)
MHS provider discussed methods to suppress menstruation[z]	44.3% (37.7–50.9)	45.6% (34.6–56.5)	45.0% (34.5–55.4)	NR (41.4–85.1)	NR (50.4–80.9)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.18C

Contraceptive Counseling Prior to Deployment, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Among those deployed within past 24 months				
Received any contraceptive counseling from MHS provider	14.7%[c] (12.7–16.7)	18.3% (14.0–22.6)	23.7%[a] (19.0–28.4)	19.1% (16.0–22.3)
Among those deployed within past 24 months who received any contraceptive counseling				
Received adequate counseling from MHS provider[z]	72.0% (64.7–79.3)	67.1% (54.7–79.5)	65.0% (52.7–77.2)	70.7% (62.1–79.2)
Received timely counseling from MHS provider[z]	64.6% (57.1–72.1)	68.8% (57.0–80.6)	64.7% (52.5–76.9)	65.0% (56.1–73.8)
MHS provider discussed methods to suppress menstruation[z]	48.0% (40.6–55.3)	42.6% (29.9–55.4)	54.7% (43.2–66.2)	43.1% (34.1–52.1)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.18D

Contraceptive Counseling Prior to Deployment, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Among those deployed within past 24 months			
Received any contraceptive counseling from MHS provider[z]	17.8% (16.1–19.5)	13.8% (8.2–19.4)	20.2% (15.1–25.2)
Among those deployed within past 24 months who received any contraceptive counseling			
Received adequate counseling from MHS provider[z]	71.7% (66.5–76.8)	NR (39.5–80.9)	60.3% (45.8–74.7)
Received timely counseling from MHS provider[z]	67.4% (62.2–72.6)	NR (49.6–85.7)	51.5% (37.2–65.7)
MHS provider discussed methods to suppress menstruation[z]	47.1% (41.8–52.4)	NR (23.6–67.0)	45.7% (31.7–59.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.19A

Timing of Predeployment Counseling, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Among those deployed within past 24 months				
Timing of contraceptive counseling, relative to timing of most recent deployment				
Less than one month[z]	42.4% (31.3–53.5)	40.5% (34.7–46.2)	39.1% (31.5–46.6)	NR (41.1–80.2)
Between one and three months[z]	34.8% (24.5–45.0)	47.2% (41.2–53.3)	43.6% (36.0–51.3)	NR (13.7–51.1)
Between three and six months[z]	12.4% (4.6–20.2)	10.0% (5.8–14.1)	11.1% (5.6–16.7)	7.0% (0.0–17.4)
More than six months	10.5%[b] (2.6–18.3)	2.4%[a] (0.8–4.0)	6.1% (2.7–9.6)	0.0% (0.0–12.4)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.19B

Timing of Predeployment Counseling, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Among those deployed within past 24 months					
Timing of contraceptive counseling, relative to timing of most recent deployment					
Less than one month[z]	45.4% (38.9–51.9)	38.0% (27.8–48.3)	35.2% (26.1–44.3)	NR (31.7–75.5)	NR (23.7–58.3)
Between one and three months[z]	42.4% (36.2–48.7)	42.1% (31.6–52.6)	47.0% (36.5–57.4)	NR (18.7–60.8)	NR (24.6–56.7)
Between three and six months[z]	8.1% (4.0–12.2)	12.7% (6.1–19.4)	10.7% (4.3–17.1)	4.4% (0.0–10.9)	12.7% (0.0–25.9)
More than six months[z]	4.1% (1.2–6.9)	7.2% (0.0–14.7)	7.1% (1.2–13.1)	2.2% (0.0–6.6)	5.6% (0.0–12.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the “other” estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.19C

Timing of Predeployment Counseling, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Among those deployed within past 24 months				
Timing of contraceptive counseling, relative to timing of most recent deployment				
Less than one month[z]	46.0% (38.5–53.4)	47.2% (34.4–60.1)	36.8% (26.4–47.2)	36.6% (28.3–45.0)
Between one and three months[z]	45.5% (38.4–52.6)	33.9% (22.2–45.6)	43.9% (32.2–55.6)	42.0% (33.2–50.8)
Between three and six months	5.3% (2.6–8.0)	11.4% (2.6–20.3)	10.8% (3.9–17.7)	16.2% (8.5–23.8)
More than six months[z]	3.2% (1.2–5.2)	7.4% (0.2–14.6)	8.6% (0.0–19.4)	5.2% (1.5–9.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.19D

Timing of Predeployment Counseling, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Among those deployed within past 24 months			
Timing of contraceptive counseling, relative to timing of most recent deployment			
Less than one month[z]	41.2% (36.1–46.4)	NR (18.4–60.5)	42.0% (28.5–55.5)
Between one and three months[z]	42.5% (37.4–47.6)	NR (33.5–76.3)	37.5% (24.2–50.7)
Between three and six months[z]	10.4% (7.1–13.7)	5.3% (0.0–12.8)	15.7% (1.9–29.5)
More than six months[z]	5.9% (2.7–9.0)	0.4% (0.0–1.1)	4.9% (0.0–10.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.20A

Contraceptive Access Through the MHS Prior to Deployment, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Among those deployed within past 24 months				
Did you receive birth control or contraceptives through the MHS before your most recent deployment?				
Yes, received preferred method of birth control	37.5%[c, d] (32.8–42.1)	32.2%[c, d] (29.9–34.5)	26.4%[a, b, d] (23.5–29.3)	13.3%[a, b, c] (8.6–18.0)
Yes, received birth control; not preferred method	2.9% (1.6–4.3)	3.9%[c] (2.9–5.0)	1.8%[b] (1.1–2.5)	0.9% (0.0–1.9)
No, didn't receive any form of birth control	25.0%[d] (20.6–29.3)	19.8% (17.6–22.0)	18.8% (16.2–21.4)	15.2%[a] (10.0–20.5)
Didn't want or need birth control predeployment	34.7%[b, c, d] (30.0–39.3)	44.0%[a, c, d] (41.4–46.6)	53.0%[a, b, d] (49.7–56.2)	70.6%[a, b, c] (64.0–77.2)
If you received birth control through the MHS prior to deployment, was it an adequate supply?				
Yes, received adequate supply[y]	71.9% (65.2–78.6)	77.8% (74.5–81.1)	82.3% (77.6–87.0)	80.3% (66.3–94.3)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

TABLE C.20B

Contraceptive Access Through the MHS Prior to Deployment, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Among those deployed within past 24 months					
Did you receive birth control or contraceptives through the MHS before your most recent deployment?					
Yes, received preferred method of birth control	34.6%[b] (32.0–37.1)	24.0%[a, c] (19.9–28.1)	38.3%[b] (33.2–43.5)	31.3% (23.6–39.1)	33.6% (26.8–40.4)
Yes, received birth control; not preferred method[z]	3.5% (2.4–4.7)	3.2% (1.7–4.7)	3.2% (1.9–4.4)	2.0% (0.0–4.0)	1.7% (0.3–3.2)
No, didn't receive any form of birth control[z]	18.6% (16.4–20.8)	22.5% (18.4–26.7)	24.9% (19.8–29.9)	19.3% (13.2–25.4)	23.5% (16.8–30.3)
Didn't want or need birth control predeployment	43.3%[c] (40.6–46.0)	50.3%[c] (45.3–55.3)	33.6%[a, b, d] (29.1–38.1)	47.4%[c] (39.2–55.5)	41.1% (34.1–48.0)
If you received birth control through the MHS prior to deployment, was it an adequate supply?					
Yes, received adequate supply[z]	76.7% (73.0–80.3)	71.9% (63.4–80.4)	78.3% (70.7–85.8)	75.9% (64.5–87.3)	81.1% (72.2–90.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.20C

Contraceptive Access Through the MHS Prior to Deployment, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Among those deployed within past 24 months				
Did you receive birth control or contraceptives through the MHS before your most recent deployment?				
Yes, received preferred method of birth control[y]	29.1% (26.4–31.9)	36.6% (31.0–42.1)	32.3% (27.7–36.9)	35.3% (31.3–39.3)
Yes, received birth control; not preferred method[z]	3.4% (2.4–4.5)	3.4% (1.5–5.3)	4.5% (1.9–7.1)	2.2% (1.3–3.1)
No, didn't receive any form of birth control[z]	21.5% (18.7–24.3)	23.8% (18.4–29.1)	19.5% (15.7–23.3)	20.6% (17.0–24.2)
Didn't want or need birth control predeployment	45.9%[b] (43.0–48.9)	36.3%[a] (30.8–41.8)	43.8% (38.7–48.8)	41.9% (37.7–46.0)
If you received birth control through the MHS prior to deployment, was it an adequate supply?				
Yes, received adequate supply	77.7% (72.8–82.5)	65.4%[d] (56.5–74.4)	76.4% (69.0–83.8)	79.0%[b] (73.8–84.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.20D

Contraceptive Access Through the MHS Prior to Deployment, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Among those deployed within past 24 months			
Did you receive birth control or contraceptives through the MHS before your most recent deployment?			
Yes, received preferred method of birth control	34.3%[b] (32.1–36.5)	9.1%[a, c] (4.7–13.4)	32.8%[b] (27.2–38.5)
Yes, received birth control; not preferred method	3.2% (2.4–3.9)	0.8%[c] (0.0–1.8)	4.6%[b] (2.5–6.7)
No, didn't receive any form of birth control[y]	20.7% (18.7–22.8)	16.5% (10.4–22.7)	27.3% (21.5–33.2)
Didn't want or need birth control predeployment	41.8%[b] (39.5–44.1)	73.6%[a, c] (66.5–80.8)	35.3%[b] (29.6–40.9)
If you received birth control through the MHS prior to deployment, was it an adequate supply?			
Yes, received adequate supply[z]	75.7% (72.4–79.1)	NR (68.4–99.3)	78.3% (71.0–85.6)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Contraceptive Access and Use During Deployment

TABLE C.21A

Contraceptive Access Through the MHS During Deployment, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Among those deployed within past 24 months				
During your most recent deployment, did you have ongoing access to birth control or contraceptives that you needed or wanted through the MHS?				
Yes	28.4%[d] (23.9–32.9)	24.9%[d] (22.7–27.2)	24.1%[d] (21.3–26.9)	14.2%[a, b, c] (9.1–19.3)
No	17.8%[c, d] (14.2–21.4)	14.5%[d] (12.7–16.2)	11.2%[a] (9.0–13.3)	6.7%[a, b] (3.2–10.1)
Didn't seek birth control or contraceptives	53.8%[c, d] (49.0–58.6)	60.6%[d] (58.1–63.1)	64.7%[a, d] (61.6–67.9)	79.2%[a, b, c] (73.3–85.0)
During deployment, where did you get your birth control?				
MHS provider	36.6%[c, d] (31.9–41.2)	30.2%[d] (27.9–32.6)	25.5%[a, d] (22.6–28.4)	13.7%[a, b, c] (8.8–18.6)
Provider outside the MHS[Z]	3.1% (1.5–4.7)	2.8% (2.0–3.5)	1.7% (1.0–2.5)	1.1% (0.0–2.5)
Mail order[Z]	1.9% (0.7–3.1)	2.6% (1.7–3.6)	2.5% (1.5–3.5)	1.9% (0.0–4.0)
Someone else[Z]	1.9% (0.8–3.0)	1.7% (1.0–2.3)	0.9% (0.3–1.5)	0.3% (0.0–0.9)
Did not seek birth control	57.9%[b, c, d] (53.1–62.6)	65.3%[a, c, d] (62.9–67.7)	71.2%[a, b, d] (68.2–74.2)	83.6%[a, b, c] (78.3–89.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.21B

Contraceptive Access Through the MHS During Deployment, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Among those deployed within past 24 months					
During your most recent deployment, did you have ongoing access to birth control or contraceptives that you needed or wanted through the MHS?					
Yes[Z]	25.6% (23.1–28.0)	23.8% (19.8–27.9)	30.0% (24.7–35.4)	19.2% (12.8–25.5)	25.1% (18.8–31.4)
No[Z]	16.0% (13.8–18.1)	11.3% (8.2–14.5)	17.3% (13.4–21.3)	13.3% (8.4–18.3)	14.9% (9.7–20.2)
Didn't seek birth control or contraceptives	58.4% (55.7–61.2)	64.8%[c] (60.2–69.5)	52.6%[b, d] (47.3–57.9)	67.5%[c] (60.1–74.9)	59.9% (52.8–67.1)
During deployment, where did you get your birth control?					
MHS provider[Z]	30.9% (28.3–33.5)	28.4% (24.0–32.8)	35.5% (30.3–40.8)	26.6% (19.2–34.1)	34.0% (26.9–41.0)
Provider outside the MHS[Z]	3.2% (2.3–4.2)	2.2% (0.5–3.9)	1.7% (0.9–2.6)	2.0% (0.1–3.9)	5.1% (1.2–8.9)
Mail order[Z]	3.1% (2.0–4.1)	2.1% (0.6–3.5)	1.6% (0.8–2.3)	1.7% (0.0–4.2)	2.0% (0.3–3.8)
Someone else[Z]	1.9% (1.1–2.8)	1.8% (0.6–3.0)	0.8% (0.0–1.6)	1.2% (0.0–3.2)	1.3% (0.0–2.8)
Did not seek birth control[Z]	63.1% (60.4–65.8)	67.7% (63.1–72.2)	61.5% (56.3–66.7)	69.9% (62.1–77.6)	61.3% (54.1–68.5)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.21C

Contraceptive Access Through the MHS During Deployment, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Among those deployed within past 24 months				
During your most recent deployment, did you have ongoing access to birth control or contraceptives that you needed or wanted through the MHS?				
Yes	21.9%[c] (19.4–24.5)	27.4% (22.2–32.6)	31.8%[a] (27.1–36.6)	27.0% (23.0–30.9)
No	14.9% (12.6–17.2)	20.4%[c] (15.6–25.2)	12.2%[b] (9.2–15.2)	13.6% (10.9–16.4)
Didn't seek birth control or contraceptives	63.1%[b] (60.2–66.1)	52.1%[a] (46.3–58.0)	56.0% (51.0–61.0)	59.4% (55.2–63.6)
During deployment, where did you get your birth control?				
MHS provider	25.1%[b, c, d] (22.5–27.7)	37.7%[a] (32.1–43.3)	35.9%[a] (31.0–40.8)	34.1%[a] (30.0–38.3)
Provider outside the MHS[z]	2.7% (1.5–3.8)	4.5% (2.1–7.0)	2.6% (1.3–4.0)	1.9% (1.1–2.8)
Mail order[y]	1.8% (1.1–2.6)	3.2% (0.9–5.4)	4.4% (1.8–7.1)	1.8% (0.9–2.6)
Someone else[z]	1.2% (0.6–1.8)	2.6% (0.5–4.8)	1.7% (0.1–3.2)	1.6% (0.8–2.5)
Did not seek birth control	70.6%[b, c, d] (67.8–73.3)	54.8%[a] (49.0–60.6)	59.2%[a] (54.2–64.2)	62.2%[a] (58.0–66.3)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.21D

Contraceptive Access Through the MHS During Deployment, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Among those deployed within past 24 months			
During your most recent deployment, did you have ongoing access to birth control or contraceptives that you needed or wanted through the MHS?			
Yes	26.4%[b] (24.2–28.5)	12.0%[a, c] (7.0–16.9)	28.0%[b] (22.7–33.3)
No	15.1%[b] (13.4–16.8)	8.2%[a, c] (4.2–12.1)	16.7%[b] (12.1–21.2)
Didn't seek birth control or contraceptives	58.5%[b] (56.2–60.8)	79.9%[a, c] (73.8–86.0)	55.4%[b] (49.3–61.4)
During deployment, where did you get your birth control?			
MHS provider	32.5%[b] (30.2–34.7)	11.8%[a, c] (6.8–16.7)	32.3%[b] (26.9–37.7)
Provider outside the MHS	2.5% (1.8–3.2)	0.9%[c] (0.0–2.0)	4.7%[b] (2.4–7.1)
Mail order[z]	2.4% (1.7–3.1)	0.7% (0.0–1.6)	2.7% (0.9–4.4)
Someone else[z]	1.6% (1.1–2.1)	1.2% (0.0–3.5)	1.8% (0.2–3.5)
Did not seek birth control	63.0%[b] (60.7–65.3)	86.6%[a, c] (81.2–92.0)	61.2%[b] (55.5–67.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.22A

Menstrual Suppression and Regulation During Deployment, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Among those deployed within past 24 months				
Used any birth control to suppress menstruation during deployment				
Birth control pills	21.4%[c, d] (17.7–25.1)	19.9%[c, d] (17.9–21.9)	15.4%[a, b] (13.2–17.7)	9.5%[a, b] (5.3–13.8)
IUD	10.5% (7.6–13.3)	12.6%[d] (11.2–14.1)	14.1%[d] (12.0–16.3)	5.0%[b, c] (2.1–7.8)
Birth control implant	11.6%[c, d] (8.3–14.8)	7.6%[c, d] (6.2–9.0)	3.4%[a, b] (2.1–4.8)	1.4%[a, b] (0.0–3.1)
Birth control shot	5.7%[b, c] (3.2–8.2)	1.7%[a] (1.1–2.3)	1.1%[a] (0.4–1.8)	0.9% (0.0–2.1)
Birth control patch[z]	1.6% (0.7–2.5)	1.3% (0.8–1.9)	0.5% (0.0–0.9)	0.4% (0.0–1.1)
Contraceptive ring[z]	1.2% (0.5–1.9)	1.4% (0.8–2.0)	1.5% (0.7–2.3)	0.6% (0.0–1.8)
Endometrial ablation	0.0% (0.0–0.7)	0.1%[d] (0.0–0.3)	0.9% (0.2–1.5)	2.6%[b] (0.3–4.9)
Sterilization[z]	0.4% (0.0–1.1)	0.5% (0.0–0.9)	1.5% (0.8–2.2)	2.4% (0.0–4.8)
Hysterectomy	0.0% (0.0–0.7)	0.4%[c, d] (0.1–0.7)	3.2%[b, d] (2.0–4.3)	9.6%[b, c] (5.4–13.9)
I did not use any of these	42.7%[c, d] (37.9–47.5)	48.1%[c, d] (45.4–50.7)	54.3%[a, b] (51.0–57.5)	61.8%[a, b] (54.7–68.9)
Have never used to suppress[z]	8.4% (5.7–11.1)	7.8% (6.4–9.3)	5.5% (3.9–7.0)	7.2% (3.8–10.6)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.22B

Menstrual Suppression and Regulation During Deployment, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Among those deployed within past 24 months					
Used any birth control to suppress menstruation during deployment					
Birth control pills[y]	21.9% (19.7–24.1)	16.2% (12.7–19.8)	20.1% (16.1–24.1)	14.6% (8.8–20.3)	17.5% (12.0–23.0)
IUD	15.5%[b, c] (13.5–17.6)	7.1%[a, e] (4.8–9.5)	9.6%[a] (7.3–11.9)	10.4% (5.1–15.6)	16.4%[b] (11.1–21.6)
Birth control implant[z]	8.0% (6.3–9.7)	5.4% (3.0–7.9)	11.3% (7.5–15.2)	9.1% (3.8–14.4)	8.1% (3.6–12.6)
Birth control shot[z]	2.0% (1.1–2.8)	4.1% (1.8–6.5)	3.9% (1.3–6.6)	2.2% (0.0–5.9)	1.8% (0.3–3.2)
Birth control patch[z]	1.3% (0.7–2.0)	0.7% (0.0–1.4)	1.2% (0.3–2.1)	0.7% (0.0–1.8)	3.2% (0.7–5.8)
Contraceptive ring[z]	1.6% (1.0–2.3)	0.9% (0.2–1.7)	0.8% (0.2–1.3)	1.3% (0.0–3.0)	2.9% (0.0–5.7)
Endometrial ablation[z]	0.4% (0.1–0.6)	0.3% (0.0–0.5)	0.3% (0.0–0.8)	0.0% (0.0–2.1)	0.1% (0.0–0.2)
Sterilization[z]	0.8% (0.3–1.4)	0.2% (0.0–0.4)	0.5% (0.1–0.9)	1.9% (0.0–5.5)	0.6% (0.0–1.3)
Hysterectomy[z]	1.1% (0.7–1.5)	1.3% (0.7–1.9)	0.4% (0.1–0.7)	0.8% (0.0–1.9)	1.2% (0.0–3.0)
I did not use any of these	43.2%[b] (40.4–45.9)	56.1%[a, e] (51.1–61.0)	46.5% (41.3–51.7)	52.3% (44.1–60.5)	42.9%[b] (35.8–49.9)
Have never used to suppress[z]	6.4% (5.1–7.7)	9.4% (6.2–12.6)	7.4% (5.1–9.7)	10.4% (5.5–15.4)	6.5% (2.3–10.7)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.22C

Menstrual Suppression and Regulation During Deployment, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Among those deployed within past 24 months				
Used any birth control to suppress menstruation during deployment				
Birth control pills	16.6%[b] (14.5–18.7)	25.2%[a] (20.1–30.2)	21.8% (17.5–26.0)	19.7% (16.6–22.8)
IUD	10.6%[c] (9.0–12.2)	14.7% (10.9–18.4)	16.2%[a] (12.8–19.6)	10.8% (8.3–13.3)
Birth control implant[z]	7.1% (5.1–9.1)	10.1% (5.9–14.3)	6.8% (3.5–10.0)	9.1% (6.8–11.5)
Birth control shot[z]	2.3% (1.1–3.6)	4.2% (1.5–6.9)	2.7% (0.9–4.4)	3.2% (1.3–5.1)
Birth control patch[z]	1.2% (0.6–1.7)	1.9% (0.2–3.6)	0.8% (0.2–1.4)	1.3% (0.6–2.1)
Contraceptive ring[z]	1.2% (0.6–1.8)	1.9% (0.3–3.4)	1.7% (0.4–2.9)	1.1% (0.6–1.6)
Endometrial ablation[z]	0.5% (0.1–0.8)	0.2% (0.0–0.6)	0.3% (0.0–0.8)	0.0% (0.0–0.1)
Sterilization[z]	0.9% (0.4–1.5)	0.2% (0.0–0.5)	0.7% (0.1–1.2)	0.4% (0.0–1.2)
Hysterectomy	1.2%[c, d] (0.8–1.6)	0.4%[c] (0.0–0.9)	2.7%[a, b, d] (1.4–4.0)	0.1%[a, c] (0.0–0.3)
I did not use any of these	51.5%[b] (48.5–54.6)	37.6%[a, d] (32.0–43.1)	45.7% (40.7–50.7)	47.6%[b] (43.3–51.8)
Have never used to suppress	8.2% (6.4–10.0)	6.5% (4.0–9.0)	4.0%[d] (1.9–6.1)	8.9%[c] (6.4–11.3)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.22D

Menstrual Suppression and Regulation During Deployment, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Among those deployed within past 24 months			
Used any birth control to suppress menstruation during deployment			
Birth control pills	20.3%[b] (18.5–22.1)	10.3[a] (5.6–15.0)	18.0% (13.6–22.4)
IUD	12.1%[b] (10.7–13.4)	3.8%[a, c] (0.9–6.8)	15.7%[b] (11.6–19.7)
Birth control implant	8.4%[b] (6.9–9.9)	1.2%[a, c] (0.0–2.7)	9.8%[b] (5.9–13.6)
Birth control shot	2.8% (1.8–3.7)	0.5%[c] (0.0–1.3)	5.2%[b] (1.7–8.6)
Birth control patch[z]	1.4% (0.9–1.9)	0.6% (0.0–1.5)	0.6% (0.1–1.2)
Contraceptive ring[z]	1.3% (0.8–1.7)	0.4% (0.0–1.3)	2.1% (0.8–3.5)
Endometrial ablation[z]	0.3% (0.1–0.5)	0.2% (0.0–0.4)	0.1% (0.0–0.3)
Sterilization[z]	0.7% (0.3–1.2)	0.2% (0.0–0.6)	0.2% (0.0–0.6)
Hysterectomy[z]	1.0% (0.7–1.3)	0.9% (0.0–2.2)	0.8% (0.1–1.4)
I did not use any of these	47.4% (45.1–49.8)	57.3%[c] (48.8–65.7)	43.9%[b] (37.8–50.0)
Have never used to suppress	6.2%[b] (5.1–7.4)	24.7%[a, c] (16.8–32.6)	7.9%[b] (4.6–11.3)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Urinary Tract or Vaginal Infections During Training and Deployment

TABLE C.23A

Urinary Tract or Vaginal Infections During Training, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Ever had a urinary tract or vaginal infection during training				
Yes	38.1%[b] (36.0–40.2)	34.4%[a] (33.1–35.6)	36.5% (35.1–37.8)	35.2% (32.7–37.7)
Able to get the care or treatment for urinary tract or vaginal infections during field exercises or extended training (of those with urinary tract or vaginal infections)				
Always	24.6% (21.4–27.9)	21.2%[c, d] (19.4–23.0)	27.0%[b] (25.0–29.0)	27.4%[b] (23.5–31.2)
Sometimes[z]	34.3% (31.0–37.7)	36.0% (33.8–38.2)	35.6% (33.5–37.8)	38.0% (33.7–42.2)
Rarely[z]	18.8% (16.0–21.7)	21.1% (19.2–23.1)	19.0% (17.1–20.8)	20.3% (16.6–23.9)
Never	22.2%[d] (19.2–25.2)	21.7%[d] (19.7–23.7)	18.4% (16.5–20.2)	14.4%[a, b] (11.3–17.5)
Frequency of urinary tract or vaginal infections interfering with military job performance or duties (of those with urinary tract or vaginal infections)				
Always	19.2%[b, c, d] (16.2–22.2)	13.4%[a, c, d] (11.7–15.1)	9.8%[a, b, d] (8.4–11.3)	5.0%[a, b, c] (3.1–6.8)
Sometimes[z]	49.3% (45.7–52.9)	49.7% (47.4–52.0)	48.5% (46.2–50.8)	47.2% (42.8–51.6)
Rarely	23.4%[c, d] (20.4–26.5)	27.9%[d] (25.8–30.0)	30.5%[a] (28.4–32.5)	34.4%[a, b] (30.2–38.6)
Never	8.1%[d] (5.9–10.2)	9.0%[d] (7.8–10.1)	11.2% (9.8–12.6)	13.4%[a, b] (10.6–16.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.23B

Urinary Tract or Vaginal Infections During Training, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Ever had a urinary tract or vaginal infection during training					
Yes	34.8%[b] (33.6–36.0)	38.5%[a, d] (36.3–40.7)	37.4%[d] (35.0–39.7)	30.2%[b, c, e] (26.6–33.7)	38.0%[d] (34.2–41.8)
Able to get the care or treatment for urinary tract or vaginal infections during field exercises or extended training (of those with urinary tract or vaginal infections)					
Always[y]	23.8% (21.9–25.7)	21.9% (18.9–24.9)	21.9% (18.3–25.5)	31.0% (24.8–37.3)	29.6% (23.4–35.9)
Sometimes	38.0%[b] (35.9–40.1)	31.3%[a] (27.9–34.7)	35.8% (32.0–39.6)	32.9% (26.7–39.2)	36.8% (30.6–43.0)
Rarely[z]	20.0% (18.3–21.8)	19.7% (16.6–22.8)	20.7% (17.5–23.8)	19.0% (13.1–24.8)	19.4% (13.8–25.0)
Never	18.2%[b] (16.4–20.0)	27.1%[a, d, e] (23.8–30.5)	21.6% (18.4–24.8)	17.1%[b] (12.1–22.0)	14.3%[b] (8.7–19.8)
Frequency of urinary tract or vaginal infections interfering with military job performance or duties (of those with urinary tract or vaginal infections)					
Always[z]	12.5% (11.0–14.0)	15.3% (12.3–18.3)	15.8% (12.4–19.3)	14.4% (9.9–19.0)	14.7% (10.1–19.2)
Sometimes[z]	49.6% (47.4–51.8)	46.3% (42.7–50.0)	51.7% (47.6–55.7)	55.0% (48.2–61.7)	45.5% (38.7–52.3)
Rarely[z]	27.1% (25.2–29.1)	28.1% (24.9–31.3)	25.4% (22.2–28.7)	26.0% (19.8–32.3)	33.1% (26.4–39.7)
Never	10.8%[c, d] (9.6–12.0)	10.2%[d] (7.6–12.9)	7.1%[a] (5.4–8.8)	4.6%[a, b] (2.3–6.9)	6.8% (4.0–9.5)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.23C

Urinary Tract or Vaginal Infections During Training, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Ever had a urinary tract or vaginal infection during training				
Yes	36.4%[b, c, d] (35.1–37.6)	42.0%[a, d] (39.2–44.8)	43.9%[a, d] (41.5–46.3)	29.9%[a, b, c] (28.0–31.9)
Able to get the care or treatment for urinary tract or vaginal infections during field exercises or extended training (of those with urinary tract or vaginal infections)				
Always[z]	24.0% (22.1–26.0)	23.8% (19.7–27.8)	21.4% (18.1–24.6)	25.0% (21.5–28.4)
Sometimes[z]	35.2% (33.1–37.3)	35.8% (31.5–40.1)	37.2% (33.5–40.8)	34.7% (30.9–38.4)
Rarely[z]	19.4% (17.7–21.1)	21.1% (17.5–24.6)	21.4% (17.8–25.0)	19.1% (15.8–22.5)
Never[z]	21.4% (19.4–23.4)	19.4% (15.9–22.9)	20.1% (16.8–23.3)	21.2% (18.1–24.4)
Frequency of urinary tract or vaginal infections interfering with military job performance or duties (of those with urinary tract or vaginal infections)				
Always[z]	14.2% (12.3–16.0)	15.9% (12.2–19.6)	16.1% (12.8–19.3)	13.0% (10.2–15.8)
Sometimes	51.6%[d] (49.3–53.9)	50.7% (46.2–55.2)	50.0% (46.1–54.0)	43.0%[a] (39.2–46.9)
Rarely	25.5%[d] (23.7–27.4)	25.6% (21.7–29.5)	26.7% (23.3–30.0)	31.5%[a] (27.8–35.1)
Never	8.7%[d] (7.7–9.7)	7.8% (5.7–9.9)	7.3%[d] (5.7–8.8)	12.5%[a, c] (9.5–15.6)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.23D

Urinary Tract or Vaginal Infections During Training, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Ever had a urinary tract or vaginal infection during training			
Yes	35.9%[b, c] (34.9–36.9)	26.5%[a, c] (22.8–30.3)	41.5%[a, b] (38.5–44.6)
Able to get the care or treatment for urinary tract or vaginal infections during field exercises or extended training (of those with urinary tract or vaginal infections)			
Always[z]	24.4% (22.8–26.0)	18.0% (12.0–23.9)	22.0% (18.1–25.9)
Sometimes[z]	35.3% (33.6–37.0)	32.0% (24.1–39.8)	37.4% (32.8–42.0)
Rarely[z]	19.9% (18.4–21.4)	24.8% (17.7–31.8)	18.0% (14.2–21.7)
Never[z]	20.4% (18.9–21.9)	25.3% (17.6–33.0)	22.7% (18.2–27.1)
Frequency of urinary tract or vaginal infections interfering with military job performance or duties (of those with urinary tract or vaginal infections)			
Always[z]	14.6% (13.1–16.1)	12.7% (7.3–18.2)	13.6% (10.3–16.8)
Sometimes[z]	48.8% (47.0–50.6)	46.7% (38.3–55.1)	52.5% (47.7–57.3)
Rarely[z]	27.2% (25.6–28.7)	29.1% (21.1–37.2)	26.2% (22.1–30.3)
Never[z]	9.4% (8.4–10.5)	11.4% (7.4–15.4)	7.7% (5.1–10.4)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.24A

Urinary Tract or Vaginal Infections During Deployment, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Among those deployed within past 24 months				
Urinary tract or vaginal infection during most recent deployment				
Yes	24.8%[c, d] (20.5–29.0)	19.9%[d] (17.7–22.1)	17.2%[a] (14.6–19.8)	10.7%[a, b] (6.2–15.1)
Able to get the care or treatment for urinary tract or vaginal infections during most recent deployment (of those with urinary tract or vaginal infections)				
Always[z]	40.2% (30.4–50.1)	39.8% (33.7–45.8)	52.3% (43.9–60.8)	NR (43.5–85.0)
Sometimes[z]	35.2% (25.3–45.0)	31.5% (25.6–37.4)	29.1% (21.3–37.0)	NR (1.2–32.1)
Rarely[z]	13.3% (7.9–18.7)	16.3% (11.3–21.2)	10.5% (4.8–16.1)	9.8% (0.0–23.0)
Never[z]	11.3% (5.4–17.2)	12.5% (8.6–16.4)	8.0% (3.7–12.4)	9.3% (0.0–21.7)
Frequency of urinary tract or vaginal infections interfering with performance or duties during most recent deployment (of those with urinary tract or vaginal infections)				
Always[z]	20.5% (11.4–29.7)	14.6% (9.7–19.6)	14.2% (7.9–20.5)	6.9% (0.0–16.5)
Sometimes[z]	51.5% (41.5–61.5)	45.4% (39.2–51.6)	45.8% (37.3–54.2)	NR (25.4–69.8)
Rarely[z]	20.9% (12.3–29.5)	25.1% (19.6–30.6)	24.0% (17.5–30.5)	14.0% (0.6–27.4)
Never[z]	7.1% (3.0–11.1)	14.9% (10.8–19.0)	16.1% (10.1–22.0)	NR (10.9–52.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.24B

Urinary Tract or Vaginal Infections During Deployment, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Among those deployed within past 24 months					
Urinary tract or vaginal infection during most recent deployment					
Yes	19.5%[d] (17.1–21.8)	21.5%[d] (17.6–25.5)	25.5%[d] (20.5–30.5)	10.2%[a, b, c, e] (5.4–15.0)	24.0%[d] (17.2–30.9)
Able to get the care or treatment for urinary tract or vaginal infections during most recent deployment (of those with urinary tract or vaginal infections)					
Always[z]	40.3% (33.4–47.3)	51.5% (41.1–61.9)	37.8% (26.2–49.3)	NR (6.0–53.8)	NR (21.8–55.5)
Sometimes[z]	34.5% (28.0–40.9)	24.6% (14.8–34.4)	38.6% (26.5–50.6)	NR (2.6–42.4)	NR (16.4–47.2)
Rarely[z]	15.1% (10.4–19.8)	10.7% (3.8–17.6)	14.0% (7.5–20.5)	NR (0.0–32.7)	20.0% (5.8–34.3)
Never[z]	10.1% (6.0–14.2)	13.1% (5.8–20.5)	9.7% (4.3–15.0)	NR (11.3–55.3)	9.5% (0.2–18.9)
Frequency of urinary tract or vaginal infections interfering with performance or duties during most recent deployment (of those with urinary tract or vaginal infections)					
Always	10.0%[c] (6.3–13.6)	17.0% (8.7–25.2)	25.8%[a] (13.3–38.4)	NR (0.0–38.1)	24.3% (9.6–38.9)
Sometimes[z]	50.0% (43.1–57.0)	46.4% (36.1–56.7)	45.3% (33.8–56.9)	NR (22.0–70.6)	NR (30.5–64.8)
Rarely[z]	26.3% (19.5–33.1)	19.0% (10.5–27.6)	21.0% (12.1–29.9)	NR (10.9–59.8)	23.8% (10.3–37.2)
Never[y]	13.7% (9.7–17.6)	17.6% (10.6–24.6)	7.8% (3.1–12.5)	0.0% (0.0–18.9)	4.3% (0.0–9.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.24C

Urinary Tract or Vaginal Infections During Deployment, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Among those deployed within past 24 months				
Urinary tract or vaginal infection during most recent deployment				
Yes	18.0%[b, c] (15.4–20.6)	27.1%[a] (21.8–32.4)	25.4%[a] (20.8–30.1)	20.0% (16.5–23.5)
Able to get the care or treatment for urinary tract or vaginal infections during most recent deployment (of those with urinary tract or vaginal infections)				
Always[z]	43.8% (35.8–51.9)	38.5% (27.0–49.9)	40.7% (30.2–51.2)	42.4% (32.5–52.2)
Sometimes[z]	29.9% (21.5–38.2)	36.6% (25.7–47.5)	40.2% (29.0–51.3)	28.8% (19.7–37.9)
Rarely[z]	14.1% (9.3–19.0)	10.6% (4.4–16.9)	11.1% (3.9–18.2)	18.1% (10.8–25.3)
Never[z]	12.1% (7.5–16.7)	14.3% (6.0–22.6)	8.0% (3.1–13.0)	10.8% (4.6–16.9)
Frequency of urinary tract or vaginal infections interfering with performance or duties during most recent deployment (of those with urinary tract or vaginal infections)				
Always[z]	11.2% (4.4–18.0)	19.5% (9.8–29.2)	17.8% (8.9–26.7)	21.3% (11.9–30.6)
Sometimes[z]	48.9% (40.7–57.1)	55.3% (43.8–66.7)	52.8% (41.9–63.7)	39.9% (30.6–49.2)
Rarely[z]	26.3% (19.1–33.6)	16.7% (8.7–24.6)	19.0% (11.4–26.6)	25.2% (15.9–34.5)
Never[z]	13.5% (9.1–17.9)	8.6% (2.6–14.6)	10.4% (4.5–16.3)	13.7% (8.2–19.1)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.24D

Urinary Tract or Vaginal Infections During Deployment, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Among those deployed within past 24 months			
Urinary tract or vaginal infection during most recent deployment			
Yes	20.5%[b, c] (18.5–22.5)	11.6%[a, c] (6.6–16.5)	28.5%[a, b] (22.9–34.0)
Able to get the care or treatment for urinary tract or vaginal infections during most recent deployment (of those with urinary tract or vaginal infections)			
Always[Z]	42.8% (37.2–48.4)	NR (13.5–56.4)	39.1% (28.1–50.2)
Sometimes[Z]	31.6% (26.1–37.2)	NR (20.1–65.1)	34.0% (22.8–45.2)
Rarely[Z]	13.9% (10.3–17.4)	11.2% (0.0–23.2)	16.8% (8.0–25.7)
Never[Z]	11.7% (8.2–15.1)	11.2% (0.0–24.3)	10.0% (4.0–16.0)
Frequency of urinary tract or vaginal infections interfering with performance or duties during most recent deployment (of those with urinary tract or vaginal infections)			
Always[Z]	17.3% (12.2–22.4)	2.4% (0.0–7.2)	17.5% (8.6–26.3)
Sometimes[Z]	46.0% (40.4–51.6)	NR (40.5–82.4)	54.1% (42.7–65.6)
Rarely[Z]	24.1% (19.2–29.1)	NR (3.8–39.5)	18.5% (9.4–27.7)
Never[Z]	12.6% (9.5–15.6)	14.5 (1.2–27.8)	9.9% (3.4–16.3)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.25A

Access to Feminine Hygiene Products and Facilities During Training, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Frequency of lacking access to needed feminine hygiene products (e.g., tampons, sanitary napkins, pads)				
Often	20.0%[b, c, d] (18.1–21.9)	13.6%[a, c, d] (12.6–14.6)	9.3%[a, b] (8.5–10.2)	8.9%[a, b] (7.3–10.5)
Sometimes	33.1%[b, c, d] (31.1–35.2)	29.1%[a, c, d] (27.9–30.3)	24.3%[a, b] (23.2–25.5)	22.1%[a, b] (19.9–24.2)
Rarely	21.0%[b, c] (19.3–22.7)	23.8%[a, d] (22.8–24.9)	23.8%[a, d] (22.7–25.0)	19.5%[b, c] (17.4–21.6)
Never	25.9%[b, c, d] (24.1–27.7)	33.5%[a, c, d] (32.3–34.6)	42.5%[a, b, d] (41.2–43.8)	49.6%[a, b, c] (47.0–52.1)
Frequency of lacking access to a private place to address feminine hygiene needs				
Often	25.5%[b, c, d] (23.4–27.5)	20.9%[a, c, d] (19.7–22.1)	16.5%[a, b] (15.5–17.6)	13.7%[a, b] (11.8–15.5)
Sometimes[z]	27.0% (25.1–28.9)	26.6% (25.5–27.7)	26.9% (25.7–28.1)	24.8% (22.5–27.0)
Rarely[z]	19.1% (17.4–20.8)	20.9% (19.9–22.0)	20.8% (19.7–21.9)	20.2% (18.1–22.4)
Never	28.4%[b, c, d] (26.5–30.3)	31.5%[a, c, d] (30.4–32.7)	35.7%[a, b, d] (34.4–37.0)	41.3%[a, b, c] (38.8–43.9)
Frequency of lacking access to bathing facilities to address feminine hygiene needs				
Often	27.1%[b, c, d] (25.0–29.1)	22.0%[a, c, d] (20.9–23.2)	18.5%[a, b, d] (17.4–19.6)	15.1%[a, b, c] (13.1–17.1)
Sometimes[z]	25.1% (23.2–27.0)	24.6% (23.5–25.7)	25.2% (24.0–26.3)	26.9% (24.6–29.2)
Rarely[y]	18.1% (16.5–19.6)	20.2% (19.1–21.2)	20.3% (19.2–21.4)	18.6% (16.6–20.7)
Never	29.8%[b, c, d] (27.8–31.7)	33.2%[a, c, d] (32.1–34.4)	36.0%[a, b] (34.7–37.3)	39.3%[a, b] (36.8–41.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.25B

Access to Feminine Hygiene Products and Facilities During Training, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Frequency of lacking access to needed feminine hygiene products (e.g., tampons, sanitary napkins, pads)					
Often	11.4%[b, c] (10.5–12.3)	17.3%[a] (15.3–19.3)	19.0%[a] (17.0–21.1)	14.5% (11.7–17.4)	13.9% (10.6–17.2)
Sometimes	29.0%[c] (27.9–30.2)	26.3%[c] (24.3–28.3)	33.4%[a, b] (31.1–35.8)	29.1% (25.3–32.9)	28.6% (25.3–31.9)
Rarely[z]	23.3% (22.3–24.4)	22.8% (20.9–24.7)	20.9% (19.0–22.7)	24.8% (21.3–28.2)	22.0% (19.1–24.9)
Never	36.2%[c] (35.1–37.3)	33.6%[c] (31.5–35.6)	26.6%[a, b, e] (24.7–28.6)	31.6% (28.2–35.1)	35.5%[c] (32.1–38.9)
Frequency of lacking access to a private place to address feminine hygiene needs					
Often	17.2%[b, c] (16.2–18.2)	27.0%[a, d, e] (24.7–29.2)	25.2%[a, e] (23.0–27.4)	21.0%[b] (17.6–24.4)	15.0%[b, c] (12.0–18.0)
Sometimes	27.0%[b] (26.0–28.1)	23.9%[a, c] (22.1–25.7)	29.8%[b] (27.6–32.0)	26.0% (22.5–29.6)	26.0% (22.8–29.2)
Rarely	21.0% (20.0–22.0)	18.8%[d] (17.1–20.5)	18.4%[d, e] (16.6–20.3)	24.1%[b, c] (20.7–27.5)	23.8%[c] (20.5–27.1)
Never	34.8%[b, c, d] (33.7–35.9)	30.3%[a] (28.3–32.3)	26.6%[a, e] (24.6–28.5)	28.9%[a] (25.5–32.2)	35.2%[c] (31.8–38.7)
Frequency of lacking access to bathing facilities to address feminine hygiene needs					
Often	18.5%[b, c, d] (17.4–19.5)	29.2%[a, e] (27.0–31.5)	26.0%[a, e] (23.7–28.2)	24.2%[a, e] (20.7–27.8)	14.6%[b, c, d] (11.7–17.5)
Sometimes	25.4%[b] (24.3–26.5)	22.3%[a, c] (20.5–24.0)	27.7%[b] (25.5–30.0)	24.1% (20.7–27.5)	24.2% (20.9–27.5)
Rarely	19.9%[e] (18.9–20.8)	17.5%[e] (15.9–19.2)	19.5%[e] (17.6–21.4)	20.0% (17.1–23.0)	24.6%[a, b, c] (21.4–27.8)
Never	36.3%[b, c] (35.2–37.4)	31.0%[a, c, e] (28.9–33.0)	26.9%[a, b, e] (24.9–28.8)	31.6% (28.0–35.3)	36.6%[b, c] (33.1–40.1)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.25C

Access to Feminine Hygiene Products and Facilities During Training, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Frequency of lacking access to needed feminine hygiene products (e.g., tampons, sanitary napkins, pads)				
Often	15.4% (14.3–16.6)	16.7%[d] (14.3–19.1)	14.1% (12.1–16.1)	12.9%[b] (11.3–14.5)
Sometimes[z]	28.3% (27.2–29.5)	32.0% (29.4–34.6)	29.3% (27.1–31.5)	29.6% (27.6–31.6)
Rarely	22.1% (21.1–23.1)	20.8%[d] (18.6–22.9)	22.3% (20.3–24.3)	24.6%[b] (22.8–26.4)
Never[z]	34.2% (33.1–35.2)	30.5% (28.0–33.1)	34.3% (32.1–36.4)	32.9% (31.0–34.8)
Frequency of lacking access to a private place to address feminine hygiene needs				
Often	22.1% (20.9–23.3)	23.5%[d] (20.9–26.1)	20.6% (18.5–22.7)	19.3%[b] (17.4–21.2)
Sometimes[z]	26.5% (25.4–27.5)	27.7% (25.2–30.2)	27.6% (25.4–29.7)	26.4% (24.6–28.3)
Rarely[z]	19.6% (18.6–20.6)	19.2% (17.1–21.3)	20.3% (18.3–22.4)	21.8% (20.1–23.5)
Never[z]	31.8% (30.8–32.9)	29.6% (27.1–32.1)	31.6% (29.4–33.7)	32.4% (30.5–34.4)
Frequency of lacking access to bathing facilities to address feminine hygiene needs				
Often[y]	23.9% (22.7–25.1)	22.9% (20.5–25.4)	22.4% (20.2–24.6)	20.9% (18.9–22.8)
Sometimes[y]	24.8% (23.7–25.9)	27.9% (25.3–30.5)	25.7% (23.6–27.7)	23.8% (22.0–25.6)
Rarely	18.5%[d] (17.6–19.4)	18.4% (16.3–20.4)	19.7% (17.8–21.6)	21.3%[a] (19.6–22.9)
Never[z]	32.8% (31.7–33.9)	30.8% (28.3–33.4)	32.3% (30.0–34.5)	34.0% (32.1–36.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.25D

Access to Feminine Hygiene Products and Facilities During Training, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Frequency of lacking access to needed feminine hygiene products (e.g., tampons, sanitary napkins, pads)			
Often	14.0%[c] (13.2–14.8)	17.3% (13.9–20.6)	18.3%[a] (15.5–21.2)
Sometimes[z]	28.8% (27.8–29.7)	30.4% (26.7–34.1)	31.7% (28.9–34.6)
Rarely[z]	22.6% (21.7–23.4)	24.3% (20.5–28.2)	22.6% (20.2–25.1)
Never	34.6%[b, c] (33.7–35.6)	28.0%[a] (24.3–31.6)	27.3%[a] (24.8–29.9)
Frequency of lacking access to a private place to address feminine hygiene needs			
Often[z]	20.9% (19.9–21.8)	23.1% (19.3–26.9)	23.1% (20.2–26.0)
Sometimes[z]	26.5% (25.6–27.4)	25.9% (22.5–29.2)	29.0% (26.3–31.7)
Rarely[z]	20.1% (19.3–20.9)	23.7% (19.8–27.6)	19.7% (17.2–22.1)
Never	32.5%[b, c] (31.6–33.4)	27.3%[a] (23.7–30.9)	28.3%[a] (25.7–30.9)
Frequency of lacking access to bathing facilities to address feminine hygiene needs			
Often[z]	22.3% (21.3–23.3)	23.1% (19.5–26.8)	25.5% (22.5–28.6)
Sometimes[y]	24.4% (23.6–25.3)	28.7% (24.6–32.8)	27.1% (24.4–29.8)
Rarely[z]	19.4% (18.7–20.2)	20.7% (17.5–23.8)	18.6% (16.3–20.9)
Never	33.8%[b, c] (32.9–34.8)	27.5%[a] (24.0–31.0)	28.8%[a] (26.2–31.3)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.26A

Access to Feminine Hygiene Products and Facilities During Deployment, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Among those deployed within past 24 months				
Frequency of lacking access to needed feminine hygiene products (e.g., tampons, sanitary napkins, pads)				
Often	15.5%[c, d] (12.0–18.9)	13.4%[d] (11.4–15.4)	10.3%[a] (8.3–12.3)	6.6%[a, b] (3.3–9.9)
Sometimes	24.0%[c, d] (19.8–28.2)	18.5%[c] (16.4–20.6)	12.9%[a, b] (10.7–15.0)	11.6%[a] (6.9–16.3)
Rarely[z]	18.7% (15.2–22.2)	18.2% (16.2–20.2)	15.4% (13.0–17.8)	14.6% (9.4–19.7)
Never	41.8%[b, c, d] (37.0–46.6)	49.9%[a, c, d] (47.3–52.5)	61.5%[a, b] (58.3–64.6)	67.2%[a, b] (60.3–74.1)
Frequency of lacking access to a private place to address feminine hygiene needs				
Often	18.6%[c, d] (14.9–22.4)	15.0% (13.0–17.0)	11.6%[a] (9.4–13.8)	10.2%[a] (5.9–14.5)
Sometimes	18.9%[c, d] (15.2–22.6)	16.8%[d] (14.8–18.8)	13.2%[a] (11.0–15.3)	9.5%[a, b] (5.4–13.6)
Rarely[z]	17.5% (13.9–21.1)	17.8% (15.7–19.9)	15.0% (12.7–17.2)	14.0% (9.0–19.1)
Never	45.0%[c, d] (40.1–49.8)	50.4%[c, d] (47.8–53.0)	60.3%[a, b] (57.1–63.5)	66.3%[a, b] (59.3–73.2)
Frequency of lacking access to bathing facilities to address feminine hygiene needs				
Often	17.7%[c] (13.9–21.6)	15.1% (13.0–17.2)	11.9%[a] (9.6–14.1)	11.3% (6.9–15.7)
Sometimes	16.5%[c, d] (13.0–19.9)	14.5%[c] (12.6–16.3)	10.1%[a, b] (8.3–11.9)	7.8%[a] (3.8–11.8)
Rarely[z]	16.0% (12.7–19.3)	16.9% (14.9–18.9)	14.4% (12.2–16.7)	14.4% (9.4–19.4)
Never	49.8%[c, d] (44.9–54.6)	53.5%[c, d] (50.9–56.2)	63.6%[a, b] (60.5–66.7)	66.5%[a, b] (59.6–73.4)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.26B

Access to Feminine Hygiene Products and Facilities During Deployment, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Among those deployed within past 24 months					
Frequency of lacking access to needed feminine hygiene products (e.g., tampons, sanitary napkins, pads)					
Often	10.5%[b, c] (8.8–12.1)	16.0%[a] (12.2–19.8)	16.2%[a] (12.2–20.1)	13.3% (6.3–20.3)	13.2% (8.1–18.2)
Sometimes[z]	21.1% (18.6–23.7)	15.8% (12.0–19.7)	20.8% (16.4–25.1)	14.7% (9.4–20.0)	20.6% (14.3–27.0)
Rarely[z]	19.4% (17.1–21.6)	14.0% (10.6–17.4)	19.4% (15.6–23.1)	20.1% (13.7–26.6)	15.6% (10.5–20.6)
Never	49.0% (46.3–51.7)	54.2%[c] (49.2–59.2)	43.7%[b] (38.5–48.9)	51.8% (43.6–60.0)	50.7% (43.4–57.9)
Frequency of lacking access to a private place to address feminine hygiene needs					
Often	12.4%[b] (10.6–14.2)	19.4%[a] (15.0–23.8)	17.2% (13.4–21.0)	13.7% (8.0–19.4)	18.2% (12.3–24.2)
Sometimes	18.1%[b] (15.7–20.4)	11.8%[a, c] (8.7–15.0)	19.4%[b] (15.4–23.4)	18.2% (11.1–25.3)	16.5% (10.7–22.4)
Rarely	17.7% (15.6–19.8)	12.1%[c] (8.9–15.3)	23.0%[b, e] (18.4–27.6)	19.5% (13.2–25.8)	11.9%[c] (7.8–16.0)
Never	51.9%[c] (49.1–54.6)	56.7%[c] (51.7–61.7)	40.4%[a, b, e] (35.3–45.5)	48.6% (40.5–56.8)	53.3%[c] (46.1–60.5)
Frequency of lacking access to bathing facilities to address feminine hygiene needs					
Often	11.9%[b] (10.2–13.6)	20.0%[a] (15.6–24.4)	17.2% (13.0–21.4)	11.0% (5.8–16.1)	18.0% (12.2–23.9)
Sometimes	14.3% (12.3–16.3)	9.8%[c] (7.0–12.7)	19.0%[b] (15.0–23.0)	16.7% (10.3–23.0)	14.2% (8.8–19.6)
Rarely	17.6%[b] (15.5–19.7)	11.4%[a, d] (8.3–14.5)	18.2% (14.4–22.0)	22.1%[b] (14.9–29.3)	12.1% (8.0–16.2)
Never	56.2%[c] (53.4–58.9)	58.8%[c] (53.8–63.8)	45.6%[a, b] (40.4–50.8)	50.2% (42.1–58.4)	55.6% (48.4–62.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.26C

Access to Feminine Hygiene Products and Facilities During Deployment, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Among those deployed within past 24 months				
Frequency of lacking access to needed feminine hygiene products (e.g., tampons, sanitary napkins, pads)				
Often[z]	13.1% (11.0–15.3)	13.8% (9.8–17.8)	14.1% (10.0–18.2)	13.3% (10.3–16.3)
Sometimes[z]	19.2% (16.5–21.9)	24.9% (19.8–30.1)	17.7% (13.7–21.6)	17.6% (14.3–21.0)
Rarely[z]	18.0% (15.5–20.4)	20.8% (16.1–25.6)	16.8% (13.1–20.5)	16.9% (14.1–19.7)
Never[z]	49.7% (46.7–52.7)	40.4% (34.8–46.1)	51.4% (46.4–56.5)	52.2% (48.0–56.4)
Frequency of lacking access to a private place to address feminine hygiene needs				
Often[z]	15.1% (12.7–17.5)	17.6% (13.1–22.2)	16.3% (12.0–20.5)	14.9% (11.8–18.0)
Sometimes[z]	16.1% (13.8–18.4)	21.6% (16.6–26.6)	15.6% (11.9–19.4)	16.0% (12.9–19.1)
Rarely[z]	18.1% (15.5–20.6)	20.9% (16.0–25.8)	14.4% (11.0–17.8)	15.7% (12.8–18.5)
Never	50.8%[b] (47.7–53.8)	39.9%[a, c, d] (34.4–45.4)	53.7%[b] (48.6–58.8)	53.4%[b] (49.2–57.6)
Frequency of lacking access to bathing facilities to address feminine hygiene needs				
Often[z]	15.6% (13.1–18.1)	15.2% (11.0–19.5)	15.5% (11.3–19.7)	15.1% (11.8–18.3)
Sometimes	14.6% (12.3–16.9)	21.0%[c, d] (16.0–26.0)	12.8%[b] (9.4–16.1)	11.7%[b] (9.3–14.1)
Rarely[z]	16.9% (14.5–19.3)	19.0% (14.4–23.7)	15.2% (11.6–18.8)	14.4% (11.7–17.0)
Never	52.9% (49.9–56.0)	44.7%[c, d] (39.0–50.4)	56.5%[b] (51.4–61.5)	58.9%[b] (54.8–63.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.26D

Access to Feminine Hygiene Products and Facilities During Deployment, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Among those deployed within past 24 months			
Frequency of lacking access to needed feminine hygiene products (e.g., tampons, sanitary napkins, pads)			
Often[z]	13.3% (11.6–15.0)	13.8% (8.2–19.5)	14.0% (9.5–18.4)
Sometimes[z]	18.5% (16.6–20.5)	26.6% (18.2–35.0)	20.0% (15.5–24.4)
Rarely[z]	17.6% (15.9–19.3)	20.7% (13.3–28.0)	18.0% (13.3–22.7)
Never[z]	50.6% (48.3–52.9)	38.9% (31.1–46.7)	48.1% (42.0–54.2)
Frequency of lacking access to a private place to address feminine hygiene needs			
Often[z]	14.7% (13.0–16.5)	18.5% (10.4–26.6)	19.5% (14.5–24.4)
Sometimes[z]	16.2% (14.4–17.9)	17.6% (11.6–23.5)	20.0% (15.2–24.8)
Rarely[z]	17.1% (15.4–18.9)	23.6% (15.9–31.3)	13.8% (9.7–17.8)
Never	52.0%[b] (49.7–54.3)	40.3%[a] (32.4–48.2)	46.8% (40.7–52.8)
Frequency of lacking access to bathing facilities to address feminine hygiene needs			
Often[z]	14.8% (13.0–16.6)	17.4% (9.4–25.4)	18.1% (13.3–23.0)
Sometimes[z]	13.7% (12.1–15.3)	14.7% (9.2–20.3)	17.8% (13.2–22.4)
Rarely	15.6%[b] (14.0–17.3)	24.0%[a] (16.2–31.8)	15.3% (11.2–19.4)
Never	55.9%[b] (53.5–58.2)	43.8%[a] (35.7–52.0)	48.8% (42.7–54.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Chapter Seven: Fertility and Pregnancy

Pregnancies, Births, and Parenting Plans

TABLE C.27A

Number of Pregnancies Since Joining the Military, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Ever pregnant while in the military	24.8%[b, c, d] (22.8–26.7)	42.5%[a, c, d] (41.2–43.8)	70.1%[a, b, d] (68.9–71.4)	58.7%[a, b, c] (56.1–61.2)
Number of pregnancies since joining the military (total sample)				
No pregnancy	75.2%[b, c, d] (73.3–77.2)	57.5%[a, c, d] (56.2–58.8)	29.9%[a, b, d] (28.6–31.1)	41.3%[a, b, c] (38.8–43.9)
One pregnancy	19.9%[b] (18.0–21.7)	23.5%[a, c] (22.3–24.6)	21.0%[b] (19.9–22.1)	20.6% (18.4–22.7)
Two pregnancies	3.7%[b, c, d] (2.9–4.6)	11.3%[a, c, d] (10.6–12.1)	23.0%[a, b] (21.9–24.1)	20.8%[a, b] (18.7–22.9)
Three or more pregnancies	1.2%[b, c, d] (0.8–1.6)	7.7%[a, c, d] (7.1–8.3)	26.1%[a, b, d] (24.9–27.2)	17.4%[a, b, c] (15.5–19.2)
Pregnancies during deployment				
Ever became pregnant while deployed (total sample)	0.4%[c, d] (0.1–0.8)	1.1%[c] (0.8–1.5)	2.4%[a, b] (2.0–2.9)	1.5%[a] (0.8–2.2)
Ever became pregnant while on a combat deployment (total sample)	0.0%[b, c, d] (0.0–0.0)	0.5%[a, c] (0.4–0.7)	1.6%[a, b] (1.2–2.0)	0.9%[a] (0.4–1.4)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

TABLE C.27B

Number of Pregnancies Since Joining the Military, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Ever pregnant while in the military	41.0%[b] (39.8–42.1)	47.4%[a, d] (45.2–49.6)	42.9%[d] (40.6–45.2)	36.8%[b, c] (33.2–40.4)	43.4% (39.8–47.1)
Number of pregnancies since joining the military (total sample)					
No pregnancy	59.0%[b] (57.9–60.2)	52.6%[a, d] (50.4–54.8)	57.1%[d] (54.8–59.4)	63.2%[b, c] (59.6–66.8)	56.6% (52.9–60.2)
One pregnancy	19.7%[b, c] (18.8–20.7)	24.3%[a, d] (22.4–26.3)	24.1%[a, d] (22.0–26.3)	18.6%[b, c] (15.8–21.4)	20.5% (17.2–23.8)
Two pregnancies[y]	11.7% (11.0–12.3)	12.6% (11.4–13.8)	10.5% (9.3–11.7)	9.9% (7.8–12.1)	10.9% (8.9–12.8)
Three or more pregnancies	9.6% (9.1–10.1)	10.4%[c] (9.4–11.4)	8.3%[b, e] (7.3–9.2)	8.3%[e] (6.7–9.9)	12.1%[c, d] (10.0–14.1)
Pregnancies during deployment					
Ever became pregnant while deployed (total sample)	0.7%[b, c, d] (0.5–0.9)	1.5%[a] (1.0–1.9)	1.3%[a] (0.8–1.9)	2.2%[a] (0.6–3.7)	2.2% (0.5–4.0)
Ever became pregnant while on a combat deployment (total sample)	0.4%[b, d] (0.3–0.5)	0.8%[a] (0.5–1.1)	0.6% (0.3–0.8)	1.1%[a] (0.5–1.7)	0.9% (0.2–1.6)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

TABLE C.27C

Number of Pregnancies Since Joining the Military, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Ever pregnant while in the military	58.3%[b, c, d] (57.1–59.6)	35.0%[a, c, d] (32.4–37.7)	53.6%[a, b, d] (51.2–56.1)	14.4%[a, b, c] (12.8–15.9)
Number of pregnancies since joining the military (total sample)				
No pregnancy	41.7%[b, c, d] (40.4–42.9)	65.0%[a, c, d] (62.3–67.6)	46.4%[a, b, d] (43.9–48.8)	85.6%[a, b, c] (84.1–87.2)
One pregnancy	26.2%[b, d] (25.0–27.4)	21.9%[a, c, d] (19.4–24.3)	27.4%[b, d] (25.2–29.7)	11.5%[a, b, c] (10.0–13.0)
Two pregnancies	17.3%[b, c, d] (16.4–18.1)	7.8%[a, c, d] (6.5–9.1)	14.2%[a, b, d] (12.6–15.7)	2.0%[a, b, c] (1.5–2.4)
Three or more pregnancies	14.9%[b, c, d] (14.2–15.6)	5.4%[a, c, d] (4.4–6.4)	12.0%[a, b, d] (10.7–13.4)	0.9%[a, b, c] (0.6–1.2)
Pregnancies during deployment				
Ever became pregnant while deployed (total sample)	1.3%[c, d] (1.0–1.6)	0.9%[c] (0.5–1.3)	2.7%[a, b, d] (1.7–3.7)	0.5%[a, c] (0.3–0.7)
Ever became pregnant while on a combat deployment (total sample)	0.6%[c, d] (0.4–0.7)	0.6%[c] (0.3–1.0)	1.5%[a, b, d] (1.0–2.1)	0.2%[a, c] (0.1–0.3)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

TABLE C.27D

Number of Pregnancies Since Joining the Military, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Ever pregnant while in the military	46.8%[b, c] (45.8–47.8)	10.5%[a, c] (8.0–13.0)	28.6%[a, b] (26.0–31.2)
Number of pregnancies since joining the military (total sample)			
No pregnancy	53.2%[b, c] (52.2–54.2)	89.5%[a, c] (87.0–92.0)	71.4%[a, b] (68.8–74.0)
One pregnancy	23.3%[b, c] (22.4–24.2)	7.8%[a, c] (5.4–10.1)	16.6%[a, b] (14.4–18.9)
Two pregnancies	12.7%[b, c] (12.1–13.3)	1.7%[a, c] (1.0–2.5)	7.6%[a, b] (6.2–8.9)
Three or more pregnancies	10.8%[b, c] (10.3–11.3)	1.0%[a, c] (0.4–1.6)	4.4%[a, b] (3.5–5.3)
Pregnancies during deployment			
Ever became pregnant while deployed (total sample)	1.3%[b, c] (1.1–1.5)	0.4%[a] (0.0–0.8)	0.6%[a] (0.3–0.9)
Ever became pregnant while on a combat deployment (total sample)[y]	0.7% (0.5–0.8)	0.3% (0.0–0.6)	0.3% (0.1–0.5)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

TABLE C.28A

Timing of Family Formation, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Since joining military, delayed getting pregnant or starting a family	35.9%[b, c] (33.8–38.0)	57.0%[a, c, d] (55.7–58.2)	59.8%[a, b, d] (58.5–61.2)	40.1%[b, c] (37.6–42.6)
Future parenting plans				
Plan to get pregnant or adopt a child in next 12 months	10.5%[b, c, d] (9.2–11.8)	18.1%[a, c, d] (17.1–19.1)	14.2%[a, b, d] (13.3–15.2)	3.9%[a, b, c] (2.9–4.9)
Plan to get pregnant or adopt a child between 1 and 3 years from now	31.1%[b, c, d] (29.1–33.1)	38.6%[a, c, d] (37.3–39.8)	19.1%[a, b, d] (18.0–20.2)	4.3%[a, b, c] (3.2–5.4)
Plan to get pregnant or adopt a child between 3 and 5 years from now	46.1%[b, c, d] (43.9–48.2)	37.7%[a, c, d] (36.4–39.0)	11.1%[a, b, d] (10.2–12.0)	3.2%[a, b, c] (2.2–4.2)
Plan to get pregnant or adopt a child more than 5 years from now	45.4%[b, c, d] (43.2–47.6)	25.5%[a, c, d] (24.3–26.7)	6.3%[a, b, d] (5.6–7.0)	2.6%[a, b, c] (1.7–3.5)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

TABLE C.28B

Timing of Family Formation, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Since joining military, delayed getting pregnant or starting a family[z]	49.1% (47.9–50.3)	50.9% (48.7–53.2)	50.5% (48.1–52.9)	45.7% (41.8–49.5)	53.2% (49.5–56.9)
Future parenting plans					
Plan to get pregnant or adopt a child in next 12 months	12.8%[c] (12.1–13.6)	14.7% (13.2–16.1)	16.5%[a] (14.7–18.3)	14.0% (11.1–16.9)	14.4% (11.9–16.9)
Plan to get pregnant or adopt a child between 1 and 3 years from now	28.5%[b, c] (27.4–29.6)	33.4%[a] (31.3–35.5)	33.5%[a] (31.1–35.8)	29.1% (25.5–32.7)	28.6% (25.3–31.9)
Plan to get pregnant or adopt a child between 3 and 5 years from now[z]	32.6% (31.4–33.8)	35.4% (33.2–37.7)	35.2% (32.8–37.6)	31.9% (28.1–35.8)	31.6% (28.0–35.2)
Plan to get pregnant or adopt a child more than 5 years from now	26.2%[c] (25.0–27.4)	27.3% (25.1–29.5)	31.2%[a, e] (28.7–33.6)	26.0% (22.3–29.7)	24.6%[c] (21.0–28.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.28C

Timing of Family Formation, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Since joining military, delayed getting pregnant or starting a family	59.2%[b, c, d] (57.9–60.4)	51.3%[a, d] (48.4–54.1)	53.3%[a, d] (50.9–55.7)	31.6%[a, b, c] (29.7–33.5)
Future parenting plans				
Plan to get pregnant or adopt a child in next 12 months	21.2%[b, c, d] (20.2–22.2)	14.3%[a, c, d] (12.3–16.3)	8.4%[a, b, d] (7.1–9.8)	4.5%[a, b, c] (3.6–5.5)
Plan to get pregnant or adopt a child between 1 and 3 years from now	34.7%[b, c, d] (33.5–35.9)	39.8%[a, c, d] (37.0–42.6)	24.5%[a, b] (22.2–26.7)	23.2%[a, b] (21.5–25.0)
Plan to get pregnant or adopt a child between 3 and 5 years from now	29.8%[b, d] (28.6–31.1)	43.5%[a, c] (40.7–46.3)	27.0%[b, d] (24.7–29.4)	39.6%[a, c] (37.5–41.7)
Plan to get pregnant or adopt a child more than 5 years from now	18.8%[b, d] (17.7–19.9)	35.9%[a, c, d] (33.1–38.7)	19.3%[b, d] (17.1–21.5)	42.1%[a, b, c] (40.0–44.3)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

TABLE C.28D

Timing of Family Formation, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Since joining military, delayed getting pregnant or starting a family	51.2%[b, c] (50.1–52.2)	40.4%[a] (36.2–44.5)	43.7%[a] (40.7–46.7)
Future parenting plans			
Plan to get pregnant or adopt a child in next 12 months	14.6%[c] (13.9–15.3)	15.7%[c] (12.8–18.7)	10.2%[a, b] (8.5–12.0)
Plan to get pregnant or adopt a child between 1 and 3 years from now[z]	31.1% (30.1–32.1)	31.5% (27.8–35.3)	28.2% (25.5–30.9)
Plan to get pregnant or adopt a child between 3 and 5 years from now	33.2%[c] (32.2–34.3)	33.8% (29.6–37.9)	37.8%[a] (34.8–40.8)
Plan to get pregnant or adopt a child more than 5 years from now	26.2%[c] (25.2–27.2)	27.8%[c] (23.5–32.1)	35.6%[a, b] (32.4–38.7)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.29A

Pregnancy in Past 12 Months, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Pregnancy in past 12 months	17.4%[c, d] (15.6–19.1)	19.0%[c, d] (18.0–20.0)	11.1%[a, b, d] (10.3–12.0)	0.6%[a, b, c] (0.2–0.9)
Length of past-year pregnancy was 37–42 weeks (not currently pregnant)	52.4%[b] (45.4–59.5)	64.7%[a] (60.9–68.4)	59.5% (54.9–64.2)	NR (NR)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

TABLE C.29B

Pregnancy in Past 12 Months, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Pregnancy in past 12 months[z]	16.0% (15.1–16.9)	15.7% (13.9–17.5)	18.0% (16.0–20.0)	13.5% (10.8–16.3)	15.0% (12.4–17.5)
Length of past-year pregnancy was 37–42 weeks (not currently pregnant)[z]	61.7% (57.6–65.8)	54.5% (46.7–62.4)	58.5% (50.5–66.4)	68.1% (56.3–79.9)	54.3% (43.3–65.3)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.29C

Pregnancy in Past 12 Months, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Pregnancy in past 12 months	24.0%[b, c, d] (22.8–25.1)	16.7%[a, c, d] (14.3–19.0)	8.8%[a, b, d] (7.3–10.3)	5.5%[a, b, c] (4.3–6.7)
Length of past year pregnancy was 37–42 weeks (not currently pregnant)	68.8%[b, c, d] (65.5–72.2)	39.0%[a] (28.9–49.1)	38.1%[a] (27.7–48.4)	29.0%[a] (17.8–40.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

TABLE C.29D

Pregnancy in Past 12 Months, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Pregnancy in past 12 months	17.5%[b, c] (16.7–18.4)	3.1%[a, c] (1.3–4.9)	12.2%[a, b] (10.2–14.2)
Length of past year pregnancy was 37–42 weeks (not currently pregnant)[z]	60.9% (57.5–64.3)	NR (11.3–79.9)	46.9% (35.6–58.1)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.30A

Outcome of Pregnancies in Past 12 Months, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Live birth	58.6%[b] (51.6–65.5)	69.8%[a] (66.2–73.5)	66.2% (61.7–70.7)	NR (NR)
Miscarriage[z]	26.2% (20.4–32.1)	22.6% (19.3–26.0)	26.8% (22.6–31.0)	NR (NR)
Other	15.2%[b, c] (9.5–20.9)	7.5%[a] (5.4–9.6)	7.0%[a] (4.4–9.6)	NR (NR)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.30B

Outcome of Pregnancies in Past 12 Months, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Live birth[z]	67.5% (63.4–71.5)	60.7% (53.0–68.5)	65.0% (57.2–72.8)	70.5% (58.9–82.1)	58.5% (47.5–69.4)
Miscarriage[z]	24.6% (21.0–28.2)	21.7% (15.7–27.7)	25.4% (18.2–32.6)	27.5% (16.1–38.9)	34.8% (24.2–45.5)
Other	8.0%[b] (5.2–10.8)	17.6%[a, d] (10.8–24.4)	9.6% (4.7–14.6)	2.0%[b] (0.0–4.4)	6.7% (0.8–12.6)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.30C

Outcome of Pregnancies in Past 12 Months, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Live birth	74.0%[b, c, d] (70.8–77.2)	52.0%[a] (41.0–62.9)	44.8%[a] (34.2–55.4)	30.8%[a] (19.5–42.2)
Miscarriage	20.8%[c] (17.9–23.7)	30.5% (20.7–40.2)	40.3%[a] (29.8–50.8)	34.4% (22.1–46.7)
Other	5.2%[b, c, d] (3.4–7.0)	17.6%[a] (8.7–26.5)	15.0%[a, d] (8.5–21.5)	34.8%[a, c] (21.2–48.4)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

TABLE C.30D

Outcome of Pregnancies in Past 12 Months, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Live birth	66.3%[c] (63.0–69.6)	NR (59.4–98.7)	52.0%[a] (40.7–63.3)
Miscarriage[z]	24.2% (21.3–27.1)	NR (0.0–32.0)	30.0% (19.5–40.5)
Other[y]	9.5% (7.0–12.0)	5.3% (0.0–13.8)	18.0% (8.9–27.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.31A

Currently Pregnant, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Currently pregnant (total sample)	5.9%[c, d] (4.9–6.9)	6.7%[c, d] (6.1–7.4)	3.4%[a, b, d] (3.0–3.9)	0.2%[a, b, c] (0.0–0.3)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

TABLE C.31B

Currently Pregnant, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Currently pregnant (total sample)	5.8%[d] (5.2–6.4)	4.9% (3.9–5.9)	6.8%[d] (5.4–8.1)	3.4%[a, c] (2.3–4.5)	4.2% (2.9–5.5)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

TABLE C.31C

Currently Pregnant, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Currently pregnant (total sample)	8.2%[c, d] (7.5–8.9)	7.3%[c, d] (5.7–8.9)	2.1%[a, b] (1.3–2.8)	1.7%[a, b] (1.0–2.4)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

TABLE C.31D

Currently Pregnant, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Currently pregnant (total sample)	6.1%[b, c] (5.6–6.6)	0.6%[a, c] (0.1–1.2)	3.9%[a, b] (2.8–5.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

TABLE C.32A

Notified Supervisor of Pregnancy, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Within a week after learning I was pregnant	54.7%[b, c] (49.2–60.2)	44.8%[a, c] (41.8–47.9)	33.1%[a, b] (29.4–36.9)	NR (NR)
Between 1 and 2 weeks after learning I was pregnant[z]	15.6% (11.7–19.4)	19.8% (17.3–22.4)	15.6% (12.9–18.4)	NR (NR)
Between 3 and 4 weeks after learning I was pregnant	6.9%[c] (4.2–9.6)	10.1% (8.4–11.8)	12.3%[a] (10.0–14.7)	NR (NR)
Between 5 and 8 weeks after learning I was pregnant[z]	6.7% (3.5–9.8)	6.5% (5.2–7.7)	10.0% (7.9–12.2)	NR (NR)
8 or more weeks after learning I was pregnant	6.1%[c] (3.6–8.7)	9.3%[c] (7.6–11.0)	15.1%[a, b] (12.5–17.6)	NR (NR)
I did not inform or have not informed my supervisor[z]	10.1% (6.7–13.4)	9.5% (7.8–11.1)	13.8% (10.9–16.7)	NR (NR)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.32B

Notified Supervisor of Pregnancy, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Within a week after learning I was pregnant[z]	47.1% (43.9–50.3)	44.0% (37.7–50.3)	51.6% (45.3–57.8)	40.7% (30.0–51.5)	46.2% (37.1–55.3)
Between 1 and 2 weeks after learning I was pregnant[z]	16.7% (14.3–19.1)	19.1% (14.2–24.0)	16.0% (11.9–20.1)	25.3% (14.7–35.9)	20.2% (12.2–28.3)
Between 3 and 4 weeks after learning I was pregnant[z]	10.1% (8.3–11.8)	10.9% (7.0–14.7)	5.8% (3.5–8.0)	9.1% (4.1–14.1)	8.8% (4.4–13.2)
Between 5 and 8 weeks after learning I was pregnant[z]	6.9% (5.5–8.3)	7.3% (3.4–11.2)	7.8% (4.6–11.1)	4.0% (1.2–6.7)	5.0% (1.7–8.2)
8 or more weeks after learning I was pregnant[z]	8.4% (7.0–9.7)	8.9% (5.5–12.2)	8.7% (5.7–11.7)	13.2% (5.1–21.3)	7.0% (3.2–10.8)
I did not inform or have not informed my supervisor[z]	10.8% (8.5–13.1)	9.8% (7.1–12.6)	10.2% (6.3–14.0)	7.6% (2.9–12.4)	12.9% (7.1–18.6)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.32C

Notified Supervisor of Pregnancy, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Within a week after learning I was pregnant	49.8%[c] (47.0–52.6)	39.6% (32.0–47.1)	35.5%[a] (26.7–44.4)	40.8% (29.4–52.2)
Between 1 and 2 weeks after learning I was pregnant[z]	17.0% (15.1–19.0)	22.1% (14.6–29.6)	21.4% (13.2–29.6)	15.2% (7.3–23.1)
Between 3 and 4 weeks after learning I was pregnant[z]	9.7% (8.2–11.3)	10.2% (6.2–14.3)	6.7% (2.1–11.2)	5.9% (0.9–11.0)
Between 5 and 8 weeks after learning I was pregnant[z]	6.8% (5.5–8.1)	6.3% (2.2–10.4)	7.7% (2.4–13.0)	8.9% (1.3–16.5)
8 or more weeks after learning I was pregnant[z]	9.7% (8.1–11.2)	7.1% (4.0–10.2)	7.5% (3.3–11.7)	6.6% (2.1–11.2)
I did not inform or have not informed my supervisor	6.9%[b, c, d] (5.6–8.2)	14.8%[a] (9.3–20.2)	21.2%[a] (14.2–28.2)	22.6%[a] (13.8–31.4)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.32D

Notified Supervisor of Pregnancy, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Within a week after learning I was pregnant[z]	46.8% (44.1–49.5)	NR (20.1–80.0)	47.0% (38.1–55.8)
Between 1 and 2 weeks after learning I was pregnant[z]	17.4% (15.4–19.4)	10.2% (0.0–22.0)	21.8% (13.9–29.8)
Between 3 and 4 weeks after learning I was pregnant[z]	9.4% (8.0–10.9)	NR (1.1–31.4)	6.4% (2.5–10.3)
Between 5 and 8 weeks after learning I was pregnant[z]	7.2% (5.7–8.6)	5.5% (0.0–14.5)	5.9% (2.0–9.9)
8 or more weeks after learning I was pregnant[z]	9.0% (7.7–10.4)	10.7% (0.0–24.5)	8.0% (2.6–13.3)
I did not inform or have not informed my supervisor[z]	10.3% (8.6–11.9)	7.3% (0.0–15.2)	10.9% (6.6–15.1)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$)

Unwanted, Mistimed, and Unintended Pregnancies

TABLE C.33A

Unwanted Pregnancy Status Among Those with Past-Year Pregnancy, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Unwanted	15.4%[b, c] (11.4–19.4)	9.5%[a] (7.5–11.6)	7.4%[a] (5.2–9.6)	NR (NR)
Wanted	77.8%[c] (73.0–82.6)	84.2% (81.7–86.6)	86.0%[a] (83.1–88.9)	NR (NR)
Unsure[z]	6.8% (3.6–10.0)	6.3% (4.8–7.8)	6.6% (4.5–8.7)	NR (NR)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.33B

Unwanted Pregnancy Status Among Those with Past-Year Pregnancy, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Unwanted[z]	9.8% (7.4–12.1)	13.2% (8.7–17.7)	11.8% (7.8–15.8)	10.4% (3.1–17.7)	12.3% (5.4–19.2)
Wanted	85.7%[b] (83.2–88.3)	77.5%[a] (72.1–82.8)	79.3% (73.8–84.7)	86.4% (78.7–94.2)	82.9% (75.3–90.6)
Unsure	4.5%[b] (3.2–5.8)	9.3%[a] (5.7–13.0)	8.9% (4.6–13.2)	3.2% (0.0–6.4)	4.8% (0.8–8.7)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.33C

Unwanted Pregnancy Status Among Those with Past-Year Pregnancy, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Unwanted	8.1%[b, c, d] (6.3–9.9)	17.4%[a] (11.4–23.4)	17.3%[a] (10.0–24.6)	24.8%[a] (15.4–34.1)
Wanted	88.4%[b, c, d] (86.4–90.4)	72.6%[a] (65.4–79.8)	63.7%[a] (54.7–72.6)	59.4%[a] (48.2–70.7)
Unsure	3.5%[b, c, d] (2.6–4.5)	10.0%[a] (4.9–15.1)	19.0%[a] (12.0–26.0)	15.8%[a] (6.5–25.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

TABLE C.33D

Unwanted Pregnancy Status Among Those with Past-Year Pregnancy, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Yes[z]	11.1% (9.2–13.0)	3.0% (0.0–8.9)	15.0% (8.8–21.1)
No[y]	82.5% (80.2–84.8)	97.0% (91.1–100.0)	76.6% (68.9–84.3)
Unsure[z]	6.4% (4.9–7.9)	0.0% (0.0–28.0)	8.4% (2.7–14.1)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.34A

Mistimed and Unintended Pregnancy, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Mistimed past-year pregnancy	25.8%[b, c] (20.6–31.0)	15.9%[a, c] (13.8–18.1)	8.3%[a, b] (6.1–10.5)	NR (NR)
Unintended past-year pregnancy (coded yes where unsure if wanted)	48.0%[b, c] (42.4–53.6)	31.8%[a, c] (28.9–34.7)	22.3%[a, b] (18.9–25.7)	NR (NR)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed)

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

TABLE C.34B

Mistimed and Unintended Pregnancy, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Mistimed past-year pregnancy[z]	18.3% (15.5–21.1)	17.9% (12.4–23.4)	20.2% (14.7–25.8)	18.7% (9.3–28.1)	14.6% (8.2–21.0)
Unintended past-year pregnancy (coded yes where unsure if wanted)[y]	32.6% (29.3–35.8)	40.4% (34.0–46.8)	40.9% (34.6–47.3)	32.2% (21.5–43.0)	31.6% (22.8–40.5)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the “other” estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.34C

Mistimed and Unintended Pregnancy, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Mistimed past-year pregnancy	15.6%[b, d] (13.2–17.9)	26.1%[a] (18.5–33.8)	22.5% (15.1–30.0)	28.3%[a] (17.7–38.9)
Unintended past-year pregnancy (coded yes where unsure if wanted)	27.2%[b, c, d] (24.4–29.9)	53.5%[a] (45.8–61.2)	58.9%[a] (49.8–68.0)	68.9%[a] (58.8–78.9)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

TABLE C.34D

Mistimed and Unintended Pregnancy, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Mistimed past-year pregnancy[z]	18.8% (16.4–21.2)	3.7% (0.0–10.1)	16.9% (10.3–23.5)
Unintended past-year pregnancy (coded yes where unsure if wanted)	36.3%[b] (33.5–39.1)	6.6%[a, c] (0.0–15.6)	40.3%[b] (31.5–49.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.35A

Birth Control Method One Month Prior to Pregnancy Among Those with Unintended Pregnancy, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
No contraception[z]	46.7% (38.1–55.4)	49.9% (44.3–55.5)	55.4% (46.7–64.1)	NR (NR)
Highly effective contraception[z]	5.0% (0.7–9.3)	4.7% (2.6–6.8)	6.0% (1.6–10.3)	NR (NR)
Other contraception[z]	48.3% (39.7–56.9)	45.4% (39.8–51.0)	38.6% (30.2–47.1)	NR (NR)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.35B

Birth Control Method One Month Prior to Pregnancy Among Those with Unintended Pregnancy, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
No contraception[z]	46.0% (39.5–52.5)	58.5% (48.2–68.9)	40.9% (30.7–51.2)	NR (39.0–79.9)	NR (28.9–63.7)
Highly effective contraception[z]	5.2% (1.9–8.6)	3.0% (0.3–5.7)	7.1% (0.4–13.8)	1.5% (0.0–4.4)	7.5% (0.0–18.6)
Other contraception[z]	48.7% (42.2–55.3)	38.5% (28.3–48.6)	51.9% (41.1–62.7)	NR (18.7–59.5)	NR (29.0–63.5)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.35C

Birth Control Method One Month Prior to Pregnancy Among Those with Unintended Pregnancy, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
No contraception[z]	51.2% (45.0–57.4)	44.9% (33.0–56.8)	53.1% (41.2–64.9)	43.1% (28.7–57.5)
Highly effective contraception[z]	6.5% (2.6–10.5)	3.8% (0.6–7.1)	4.6% (0.9–8.3)	1.5% (0.0–3.2)
Other contraception[z]	42.3% (36.1–48.4)	51.2% (39.4–63.1)	42.3% (30.6–54.0)	55.4% (41.0–69.7)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.35D

Birth Control Method One Month Prior to Pregnancy Among Those with Unintended Pregnancy, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
No contraception[z]	49.4% (44.2–54.6)	NR (NR)	42.9% (28.8–56.9)
Highly effective contraception[z]	4.7% (2.3–7.2)	NR (NR)	6.8% (1.1–12.6)
Other contraception[z]	45.9% (40.7–51.1)	NR (NR)	50.3% (36.1–64.5)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.36A

Birth Control Use Just Before Pregnancy Among Those with Unintended Pregnancy, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Among respondents reporting "yes" or "unsure" to unintended pregnancy				
Your birth control method failed[z]	28.5% (20.7–36.4)	30.6% (25.3–35.8)	23.4% (16.3–30.5)	NR (NR)
You did not use your birth control method properly or consistently[z]	26.1% (18.4–33.7)	22.1% (17.8–26.5)	23.2% (16.0–30.5)	NR (NR)
You were not using birth control[z]	52.0% (43.3–60.6)	59.4% (53.9–64.9)	64.0% (55.7–72.3)	NR (NR)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.36B

Birth Control Use Just Before Pregnancy Among Those with Unintended Pregnancy, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Among respondents reporting "yes" or "unsure" to unintended pregnancy					
Your birth control method failed	34.8%[b] (28.7–40.9)	17.9%[a] (10.2–25.5)	35.2% (23.9–46.5)	NR (0.0–36.2)	24.6% (10.4–38.9)
You did not use your birth control method properly or consistently[z]	25.0% (18.8–31.2)	22.7% (13.4–32.0)	23.3% (14.7–31.9)	NR (7.1–38.3)	NR (11.4–41.8)
You were not using birth control	49.5%[b] (42.9–56.0)	68.6%[a] (58.5–78.6)	50.1% (39.2–61.0)	NR (46.9–86.6)	NR (48.2–81.6)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed)

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.36C

Birth Control Use Just Before Pregnancy Among Those with Unintended Pregnancy, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Your birth control method failed[Z]	29.7% (23.6–35.8)	27.9% (18.3–37.4)	28.2% (17.8–38.6)	28.4% (16.2–40.5)
You did not use your birth control method properly or consistently[Z]	22.3% (17.3–27.2)	29.9% (17.4–42.4)	23.4% (13.7–33.1)	24.5% (13.1–35.9)
You were not using birth control[Z]	56.3% (50.0–62.6)	51.6% (39.8–63.5)	59.6% (48.1–71.0)	58.4% (44.5–72.3)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.36D

Birth Control Use Just Before Pregnancy Among Those with Unintended Pregnancy, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Your birth control method failed[Z]	28.6% (23.8–33.4)	NR (NR)	32.8% (20.8–44.9)
You did not use your birth control method properly or consistently[Z]	23.2% (18.8–27.5)	NR (NR)	33.0% (18.5–47.4)
You were not using birth control[Z]	57.1% (51.9–62.3)	NR (NR)	47.9% (33.7–62.1)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Pregnancy-Associated Leave and Duty Restriction

TABLE C.37A

Length of Maternity Leave, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Less than 12 weeks[z]	21.4% (13.4–29.3)	14.3% (11.0–17.6)	15.3% (11.0–19.7)	NR (NR)
12 weeks[z]	74.4% (66.3–82.6)	76.4% (72.4–80.5)	77.8% (72.9–82.7)	NR (NR)
More than 12 weeks[z]	4.2% (1.5–6.9)	9.3% (6.2–12.3)	6.9% (4.0–9.7)	NR (NR)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.37B

Length of Maternity Leave, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Less than 12 weeks[y]	12.7% (9.4–15.9)	24.7% (15.0–34.4)	15.2% (9.2–21.2)	17.0% (4.6–29.5)	25.4% (10.8–40.1)
12 weeks[y]	80.5% (76.7–84.2)	67.9% (58.2–77.6)	74.7% (66.5–82.9)	81.2% (68.5–93.8)	67.7% (53.0–82.4)
More than 12 weeks[z]	6.9% (4.6–9.2)	7.4% (4.0–10.7)	10.1% (3.6–16.6)	1.8% (0.0–4.4)	6.8% (0.2–13.4)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.37C

Length of Maternity Leave, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Less than 12 weeks[z]	15.0% (11.7–18.3)	NR (11.9–44.3)	26.1% (11.4–40.8)	NR (2.2–33.8)
12 weeks[z]	77.6% (74.0–81.2)	NR (54.0–86.1)	NR (47.1–79.7)	NR (52.0–90.8)
More than 12 weeks[z]	7.4% (5.4–9.3)	1.8% (0.0–4.2)	10.5% (0.0–22.3)	10.6% (0.0–25.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.37D

Length of Maternity Leave, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Less than 12 weeks[z]	17.5% (14.0–20.9)	9.1% (0.0–27.2)	9.5% (2.6–16.4)
12 weeks[z]	75.3% (71.6–79.1)	NR (62.4–100.0)	82.2% (73.5–91.0)
More than 12 weeks[z]	7.2% (5.2–9.2)	6.4% (0.0–17.7)	8.3% (3.0–13.5)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.38A

Duty Restriction During Pregnancy, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
There was any time during pregnancy that required restricted duties at work[z]	35.4% (30.4–40.3)	33.4% (30.6–36.2)	32.0% (28.4–35.6)	NR (NR)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.38B

Duty Restriction During Pregnancy, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
There was any time during pregnancy that required restricted duties at work[z]	36.8% (33.8–39.8)	30.2% (24.8–35.6)	30.9% (25.6–36.3)	35.4% (24.8–46.1)	36.9% (27.9–45.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.38C

Duty Restriction During Pregnancy, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
There was any time during pregnancy that required restricted duties at work	36.0%[d] (33.4–38.6)	34.7% (27.2–42.2)	26.8% (18.8–34.9)	22.5%[a] (14.2–30.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

TABLE C.38D

Duty Restriction During Pregnancy, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
There was any time during pregnancy that required restricted duties at work[z]	33.7% (31.3–36.2)	NR (8.8–53.1)	36.2% (28.0–44.3)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.39A

Length of Duty Restriction During Pregnancy (Among Those with a Restriction), by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
0–4 weeks[Z]	48.8% (40.8–56.8)	46.3% (41.2–51.3)	53.7% (47.0–60.4)	NR (NR)
5–12 weeks[Z]	27.0% (19.7–34.2)	28.9% (24.2–33.6)	30.0% (23.7–36.3)	NR (NR)
More than 12 weeks[Z]	24.2% (17.6–30.9)	24.9% (20.6–29.1)	16.3% (11.6–21.0)	NR (NR)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.39B

Length of Duty Restriction During Pregnancy (Among Those with a Restriction), by Race/ Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
0–4 weeks[Z]	45.0% (39.9–50.0)	47.7% (37.5–57.9)	52.2% (42.5–61.9)	NR (33.3–71.4)	NR (38.1–69.3)
5–12 weeks[Z]	29.0% (24.3–33.8)	32.6% (23.0–42.1)	24.7% (16.3–33.2)	NR (5.9–40.3)	25.1% (13.1–37.2)
More than 12 weeks[Z]	26.0% (21.8–30.2)	19.7% (11.3–28.1)	23.1% (15.2–31.0)	NR (6.8–42.3)	21.1% (6.9–35.4)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the “other” estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.39C

Length of Duty Restriction During Pregnancy (Among Those with a Restriction), by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
0–4 weeks[Z]	46.8% (42.4–51.1)	44.9% (31.3–58.6)	NR (41.0–74.1)	NR (44.0–83.6)
5–12 weeks[Z]	28.9% (24.8–33.0)	35.9% (23.0–48.9)	18.9% (6.6–31.2)	14.1% (1.2–27.1)
More than 12 weeks[Z]	24.3% (20.7–28.0)	19.2% (10.1–28.2)	23.6% (10.2–37.0)	NR (3.4–40.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.39D

Length of Duty Restriction During Pregnancy (Among Those with a Restriction), by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
0–4 weeks[z]	49.3% (45.1–53.6)	NR (NR)	36.2% (24.0–48.3)
5–12 weeks[z]	27.4% (23.6–31.2)	NR (NR)	37.0% (23.4–50.5)
More than 12 weeks[z]	23.2% (19.7–26.8)	NR (NR)	26.9% (15.7–38.1)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.40A

How Closely Commander Followed Pregnancy Profile, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Follows or followed it exactly	42.9%[b, c] (37.2–48.5)	56.6%[a] (53.4–59.8)	61.3%[a] (57.3–65.3)	NR (NR)
Imposes or imposed more restrictions than in profile[z]	9.6% (5.3–13.8)	6.4% (4.9–7.9)	6.0% (3.9–8.0)	NR (NR)
Imposes or imposed fewer restrictions than in profile	28.6%[b, c] (23.4–33.9)	20.1%[a, c] (17.3–22.8)	14.5%[a, b] (11.5–17.6)	NR (NR)
I did or do not have a pregnancy profile[z]	18.9% (14.3–23.6)	16.9% (14.6–19.3)	18.3% (15.2–21.3)	NR (NR)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.40B

How Closely Commander Followed Pregnancy Profile, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Follows or followed it exactly[Z]	53.2% (49.9–56.5)	50.5% (43.7–57.3)	50.5% (43.8–57.1)	66.8% (56.0–77.6)	43.7% (34.1–53.3)
Imposes or imposed more restrictions than in profile[Z]	6.6% (5.1–8.0)	10.0% (5.0–15.0)	7.5% (2.6–12.4)	4.9% (0.7–9.2)	6.1% (1.7–10.6)
Imposes or imposed fewer restrictions than in profile[Z]	21.7% (18.7–24.7)	23.9% (18.2–29.7)	25.0% (18.9–31.1)	12.9% (5.1–20.6)	20.6% (13.0–28.3)
I did or do not have a pregnancy profile[Z]	18.5% (15.8–21.2)	15.6% (10.6–20.6)	17.0% (11.9–22.1)	15.4% (7.1–23.6)	29.5% (19.9–39.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.40C

How Closely Commander Followed Pregnancy Profile, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Follows or followed it exactly[Z]	54.2% (51.3–57.2)	47.6% (39.1–56.2)	40.9% (30.5–51.3)	47.9% (34.7–61.1)
Imposes or imposed more restrictions than in profile[Z]	7.5% (5.7–9.4)	6.6% (2.4–10.8)	6.1% (0.7–11.5)	9.0% (0.0–19.9)
Imposes or imposed fewer restrictions than in profile[Z]	22.3% (19.7–25.0)	24.8% (17.5–32.2)	28.0% (17.8–38.2)	17.1% (6.6–27.7)
I did or do not have a pregnancy profile[Z]	15.9% (13.7–18.1)	21.0% (13.8–28.2)	25.0% (16.4–33.6)	25.9% (14.7–37.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.40D

How Closely Commander Followed Pregnancy Profile, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Follows or followed it exactly[z]	53.1% (50.3–56.0)	NR (3.5–41.0)	46.8% (37.4–56.3)
Imposes or imposed more restrictions than in profile[z]	7.1% (5.4–8.9)	2.0% (0.0–5.9)	11.4% (3.1–19.8)
Imposes or imposed fewer restrictions than in profile[z]	22.9% (20.3–25.4)	NR (2.1–40.9)	18.4% (11.4–25.4)
I did/do not have a pregnancy profile[z]	16.9% (14.8–19.0)	NR (24.0–84.5)	23.3% (14.5–32.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Maternal Depression

TABLE C.41A

Maternal Depression, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Felt maternal depression	63.6%[b, c] (58.5–68.7)	46.7%[a, c] (43.6–49.7)	39.9%[a, b] (36.1–43.8)	NR (NR)
Sought help for maternal depression from health care provider (among depressed)[z]	38.8% (31.6–46.1)	39.7% (35.1–44.3)	40.2% (34.0–46.5)	NR (NR)
MHS provider talked about postpartum depression at any time during pregnancy[z]	41.2% (35.7–46.6)	41.3% (38.3–44.3)	41.9% (38.1–45.6)	NR (NR)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.41B

Maternal Depression, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Felt maternal depression	46.0%[b] (42.8–49.2)	61.3%[a] (55.5–67.0)	55.4% (49.3–61.6)	47.9% (36.7–59.0)	47.1% (38.0–56.3)
Sought help for maternal depression from health care provider (among depressed)	43.9%[d] (38.7–49.0)	41.1% (32.3–49.9)	33.3% (25.2–41.4)	20.6%[a] (9.0–32.2)	44.8% (30.5–59.1)
MHS provider talked about postpartum depression at any time during pregnancy[z]	42.1% (38.9–45.2)	42.8% (36.5–49.1)	38.7% (32.7–44.7)	45.1% (33.9–56.3)	34.3% (25.7–42.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.41C

Maternal Depression, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Felt maternal depression	47.1%[b, c, d] (44.3–50.0)	58.4%[a] (51.0–65.8)	67.4%[a] (58.8–76.0)	68.5%[a] (58.0–79.0)
Sought help for maternal depression from health care provider (among depressed)[z]	40.3% (35.8–44.8)	35.5% (24.5–46.6)	34.5% (23.9–45.1)	41.6% (27.5–55.6)
MHS provider talked about postpartum depression at any time during pregnancy	45.8%[b, c, d] (42.9–48.6)	31.1%[a] (23.4–38.7)	28.1%[a] (19.8–36.5)	29.5%[a] (19.6–39.5)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.41D

Maternal Depression, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Felt maternal depression	50.2%[c] (47.5–52.9)	NR (46.3–90.4)	66.0%[a] (58.2–73.8)
Sought help for maternal depression from health care provider (among depressed)[z]	39.4% (35.3–43.5)	NR (0.0–40.3)	41.8% (30.0–53.5)
MHS provider talked about postpartum depression at any time during pregnancy[z]	41.6% (38.9–44.2)	NR (28.0–83.5)	37.2% (28.7–45.6)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Chapter Eight: Infertility

Prevalence of Infertility

TABLE C.42A

Lifetime Infertility, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Ever tried to conceive for 12 months or more and were not successful				
Yes	6.4%[b, c, d] (5.3–7.4)	16.0%[a, c, d] (15.0–17.0)	26.5%[a, b, d] (25.3–27.7)	22.8%[a, b, c] (20.7–24.9)
Ever told by a doctor that you have fertility problems not related to age				
Yes	7.6%[b, c, d] (6.5–8.7)	12.9%[a, c, d] (12.1–13.8)	18.7%[a, b] (17.7–19.8)	16.4%[a, b] (14.5–18.3)
Ever told by a doctor your male partner has fertility problems				
Yes	0.8%[b, c, d] (0.4–1.2)	2.3%[a, c, d] (2.0–2.7)	4.9%[a, b] (4.4–5.5)	5.2%[a, b] (4.1–6.3)
No	87.2%[c, d] (85.6–88.8)	87.9%[c, d] (87.1–88.7)	90.3%[a, b] (89.5–91.1)	91.1%[a, b] (89.7–92.6)
I have never had a male partner since joining military	12.0%[b, c, d] (10.4–13.6)	9.8%[a, c, d] (9.0–10.5)	4.8%[a, b] (4.2–5.4)	3.7%[a, b] (2.7–4.7)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

TABLE C.42B

Lifetime Infertility, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Ever tried to conceive for 12 months or more and were not successful					
Yes	14.1%[b] (13.4–14.9)	17.1%[a] (15.6–18.6)	14.8% (13.2–16.3)	15.3% (12.6–18.0)	16.7% (14.0–19.5)
Ever told by a doctor that you have fertility problems not related to age					
Yes	13.0%[d] (12.2–13.8)	13.3%[d] (12.1–14.6)	10.9% (9.7–12.2)	8.9%[a, b, e] (7.0–10.8)	13.8%[d] (11.0–16.7)
Ever told by a doctor your male partner has fertility problems					
Yes[z]	2.7% (2.4–3.0)	2.6% (2.0–3.2)	2.0% (1.5–2.4)	1.9% (1.1–2.6)	2.2% (1.4–3.0)
No[z]	88.6% (87.8–89.4)	87.4% (85.7–89.0)	88.6% (86.9–90.2)	85.7% (82.9–88.6)	91.0% (88.9–93.2)
I have never had a male partner since joining military	8.7%[d] (8.0–9.5)	10.0% (8.4–11.6)	9.5% (7.8–11.1)	12.4%[a, e] (9.6–15.2)	6.8%[d] (4.8–8.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.42C

Lifetime Infertility, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Ever tried to conceive for 12 months or more and were not successful				
Yes	21.6%[b, c, d] (20.6–22.6)	12.3%[a, c, d] (10.4–14.2)	17.8%[a, b, d] (16.0–19.5)	4.1%[a, b, c] (3.3–4.9)
Ever told by a doctor that you have fertility problems not related to age				
Yes	15.6%[b, d] (14.7–16.4)	10.9%[a, c, d] (9.3–12.6)	14.8%[b, d] (13.1–16.6)	6.6%[a, b, c] (5.7–7.6)
Ever told by a doctor your male partner has fertility problems				
Yes	3.8%[b, c, d] (3.4–4.2)	1.6%[a, c, d] (1.0–2.1)	2.8%[a, b, d] (2.1–3.4)	0.3%[a, b, c] (0.1–0.5)
No	90.8%[d] (90.1–91.6)	92.7%[d] (91.3–94.0)	91.5%[d] (90.1–92.9)	80.9%[a, b, c] (79.1–82.6)
I have never had a male partner since joining military	5.3%[d] (4.7–5.9)	5.7%[d] (4.5–7.0)	5.8%[d] (4.5–7.1)	18.8%[a, b, c] (17.1–20.6)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

TABLE C.42D

Lifetime Infertility, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Ever tried to conceive for 12 months or more and were not successful			
Yes	16.4%[b, c] (15.7–17.1)	5.7%[a, c] (4.2–7.2)	10.5%[a, b] (8.7–12.4)
Ever told by a doctor that you have fertility problems not related to age			
Yes	12.5%[b] (11.9–13.1)	6.9%[a, c] (5.3–8.5)	14.3%[b] (12.2–16.4)
Ever told by a doctor your male partner has fertility problems			
Yes	2.6%[b] (2.4–2.9)	0.2%[a, c] (0.0–0.4)	2.2%[b] (1.3–3.2)
No	93.0%[b, c] (92.4–93.5)	24.8%[a, c] (21.3–28.4)	85.5%[a, b] (82.8–88.1)
I have never had a male partner since joining military	4.4%[b, c] (3.9–4.9)	75.0%[a, c] (71.4–78.5)	12.3%[a, b] (9.7–14.9)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

Use of and Unmet Need for Infertility Services

TABLE C.43A

Saw Doctor Regarding Fertility Since Joining Military, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Ever been to a doctor to talk about ways to help you become pregnant (select all that apply)				
Yes, I saw a provider from within the MHS	5.3%[b, c, d] (4.4–6.2)	13.2%[a, c, d] (12.4–14.1)	23.2%[a, b, d] (22.1–24.3)	17.3%[a, b, c] (15.4–19.2)
Yes, I saw a provider from outside the MHS	2.1%[b, c, d] (1.5–2.6)	7.4%[a, c, d] (6.8–8.1)	15.0%[a, b] (14.0–15.9)	12.9%[a, b] (11.2–14.6)
No, I did not seek help to become pregnant	93.2%[b, c, d] (92.2–94.3)	82.3%[a, c, d] (81.4–83.3)	69.2%[a, b, d] (68.0–70.4)	75.8%[a, b, c] (73.6–78.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

TABLE C.43B

Saw Doctor Regarding Fertility Since Joining Military, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Ever been to a doctor to talk about ways to help you become pregnant (select all that apply)					
Yes, I saw a provider from within the MHS	12.1%[b] (11.4–12.7)	14.1%[a] (12.8–15.4)	12.1% (10.7–13.5)	12.9% (10.6–15.3)	14.4% (11.8–17.1)
Yes, I saw a provider from outside the MHS	7.4% (6.9–7.9)	8.8%[c, e] (7.8–9.7)	6.2%[b] (5.3–7.1)	6.3% (4.6–8.0)	6.3%[b] (5.0–7.7)
No, I did not seek help to become pregnant	83.7%[b] (82.9–84.5)	81.3%[a] (79.9–82.8)	83.8% (82.2–85.3)	83.5% (80.8–86.2)	82.5% (79.8–85.3)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

TABLE C.43C

Saw Doctor Regarding Fertility Since Joining Military, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Ever been to a doctor to talk about ways to help you become pregnant (select all that apply)				
Yes, I saw a provider from within the MHS	19.0%[b, c, d] (18.1–19.9)	9.6%[a, c, d] (8.0–11.1)	13.7%[a, b, d] (12.1–15.3)	2.7%[a, b, c] (2.2–3.3)
Yes, I saw a provider from outside the MHS	11.1%[b, c, d] (10.4–11.7)	5.2%[a, c, d] (4.2–6.3)	7.5%[a, b, d] (6.4–8.7)	1.8%[a, b, c] (1.4–2.2)
No, I did not seek help to become pregnant	75.1%[b, c, d] (74.1–76.1)	87.0%[a, c, d] (85.3–88.8)	81.8%[a, b, d] (80.0–83.6)	95.9%[a, b, c] (95.3–96.5)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

TABLE C.43D

Saw Doctor Regarding Fertility Since Joining Military, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Ever been to a doctor to talk about ways to help you become pregnant (select all that apply)			
Yes, I saw a provider from within the MHS	13.3%[c] (12.7–13.9)	11.0% (8.9–13.1)	9.2%[a] (7.6–10.8)
Yes, I saw a provider from outside the MHS	7.6%[b, c] (7.2–8.1)	10.1%[a, c] (8.2–12.1)	3.9%[a, b] (3.0–4.8)
No, I did not seek help to become pregnant	82.5%[c] (81.8–83.1)	82.3%[c] (79.7–85.0)	88.4%[a, b] (86.7–90.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

TABLE C.44A

Unmet Need for Fertility Services Since Joining Military, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Since joining the military, ever wanted medical help to become pregnant but did not get it	6.9%[b, c, d] (5.8–8.1)	13.0%[a, c] (12.1–14.0)	17.5%[a, b, d] (16.5–18.5)	14.3%[a, c] (12.4–16.1)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

TABLE C.44B

Unmet Need for Fertility Services Since Joining Military, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Since joining the military, ever wanted medical help to become pregnant but did not get it	10.8%[b] (10.0–11.5)	14.2%[a] (12.7–15.6)	12.4% (11.0–13.9)	10.3% (7.9–12.7)	11.8% (9.7–13.9)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

TABLE C.44C

Unmet Need for Fertility Services Since Joining Military, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Since joining the military, ever wanted medical help to become pregnant but did not get it	16.2%[b, d] (15.2–17.1)	12.1%[a, d] (10.1–14.1)	14.2%[d] (12.5–15.9)	3.6%[a, b, c] (2.9–4.3)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

TABLE C.44D

Unmet Need for Fertility Services Since Joining Military, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Since joining the military, ever wanted medical help to become pregnant but did not get it[Z]	12.0% (11.4–12.6)	13.7% (11.3–16.1)	10.3% (8.3–12.3)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.45A

Infertility Services or Treatments Received Within the MHS, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Advice[z]	87.1% (80.8–93.4)	87.5% (85.1–89.8)	87.3% (85.4–89.1)	86.8% (82.7–90.9)
Infertility testing	20.6%[b, c, d] (13.5–27.7)	36.9%[a, c, d] (33.7–40.2)	50.9%[a, b] (48.2–53.6)	56.7%[a, b] (50.8–62.7)
Drugs to improve ovulation	15.0%[c, d] (8.5–21.5)	21.0%[c, d] (18.3–23.7)	32.5%[a, b, d] (30.0–35.0)	42.1%[a, b, c] (36.2–47.9)
Surgery to correct blocked tubes[y]	2.3% (0.0–4.7)	4.1% (2.7–5.5)	5.7% (4.4–7.0)	8.0% (4.8–11.2)
Artificial insemination	1.6%[b, c, d] (0.0–3.3)	8.0%[a, c, d] (6.1–9.9)	14.3%[a, b, d] (12.4–16.1)	22.8%[a, b, c] (17.8–27.9)
Surgery or drug treatment for endometriosis[z]	4.8% (0.0–9.8)	4.8% (3.3–6.3)	6.1% (4.7–7.4)	6.2% (3.5–8.9)
IVF	0.7%[c, d] (0.0–1.8)	4.5%[c, d] (3.3–5.8)	12.2%[a, b] (10.5–13.9)	17.5%[a, b] (13.2–21.8)
Surgery or drug treatment for uterine fibroids	0.4%[c, d] (0.0–1.0)	2.7%[c, d] (1.6–3.9)	7.5%[a, b, d] (6.0–9.0)	15.6%[a, b, c] (11.2–19.9)
Some other female pelvic surgery	0.7%[c] (0.0–1.9)	5.1%[c] (3.7–6.5)	7.9%[a, b] (6.4–9.3)	6.4% (3.4–9.5)
Other types of medical help[z]	18.1% (11.1–25.2)	17.2% (14.6–19.7)	18.5% (16.4–20.7)	13.0% (9.2–16.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.45B

Infertility Services or Treatments Received Within the MHS, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Advice[z]	89.0% (87.0–90.9)	84.5% (81.1–87.8)	87.9% (84.4–91.3)	89.0% (83.7–94.3)	83.6% (72.7–94.5)
Infertility testing[z]	42.4% (39.7–45.1)	41.3% (36.7–45.9)	36.4% (30.9–42.0)	42.4% (33.2–51.5)	37.4% (28.4–46.3)
Drugs to improve ovulation[z]	26.5% (24.1–28.9)	22.7% (19.1–26.2)	26.3% (21.2–31.4)	27.5% (19.7–35.3)	26.8% (19.0–34.6)
Surgery to correct blocked tubes	3.0%[b] (2.1–3.9)	7.6%[a] (5.4–9.8)	4.0% (2.3–5.8)	4.8% (0.6–9.0)	3.8% (0.6–7.0)
Artificial insemination[z]	11.7% (9.9–13.5)	9.5% (7.3–11.8)	8.6% (5.9–11.4)	10.0% (5.2–14.9)	8.8% (4.3–13.4)
Surgery or drug treatment for endometriosis[z]	4.3% (3.2–5.4)	7.1% (4.1–10.0)	5.5% (2.9–8.0)	4.4% (0.2–8.7)	5.8% (1.9–9.6)
IVF[z]	7.8% (6.6–8.9)	7.4% (5.5–9.3)	6.3% (4.0–8.6)	11.7% (6.6–16.8)	5.6% (2.5–8.6)
Surgery or drug treatment for uterine fibroids	2.7%[b] (1.9–3.5)	9.7%[a, c] (7.4–11.9)	2.6%[b] (1.3–3.8)	5.8% (1.4–10.2)	4.0% (1.3–6.7)
Some other female pelvic surgery	5.3% (4.2–6.5)	8.3%[c] (6.1–10.5)	2.9%[b] (1.6–4.2)	3.8% (0.0–7.8)	4.5% (1.7–7.3)
Other types of medical help[z]	18.1% (15.8–20.4)	17.5% (13.8–21.2)	18.6% (14.0–23.2)	12.0% (6.7–17.3)	17.1% (10.6–23.7)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.45C

Infertility Services or Treatments Received Within the MHS, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Advice	88.5%[b] (86.9–90.1)	79.7%[a] (72.7–86.6)	85.1% (79.6–90.5)	88.3% (81.2–95.3)
Infertility testing	43.8%[d] (41.3–46.2)	34.3% (26.6–42.0)	36.1% (30.5–41.8)	24.7%[a] (16.6–32.9)
Drugs to improve ovulation	28.5%[b, d] (26.4–30.7)	16.0%[a] (10.3–21.6)	22.2%[d] (17.3–27.1)	9.9%[a, c] (4.9–14.9)
Surgery to correct blocked tubes[z]	4.9% (3.9–5.9)	4.5% (0.7–8.3)	4.4% (2.2–6.6)	2.5% (0.0–6.4)
Artificial insemination	11.9%[b, c] (10.4–13.3)	3.9%[a] (1.2–6.7)	6.8%[a] (4.2–9.5)	6.9% (2.4–11.5)
Surgery or drug treatment for endometriosis[z]	5.5% (4.2–6.8)	4.1% (1.0–7.3)	5.1% (2.4–7.8)	5.7% (1.0–10.4)
IVF[z]	8.3% (7.2–9.4)	5.9% (2.8–9.0)	4.9% (2.9–6.9)	6.3% (1.8–10.8)
Surgery or drug treatment for uterine fibroids[z]	4.8% (3.9–5.7)	3.1% (1.0–5.1)	4.8% (2.8–6.9)	8.8% (3.5–14.1)
Some other female pelvic surgery[z]	5.8% (4.8–6.8)	5.0% (2.1–8.0)	5.1% (2.7–7.6)	4.2% (0.1–8.3)
Other types of medical help	17.6% (15.6–19.6)	18.9% (12.6–25.2)	12.6%[d] (9.0–16.2)	24.7%[c] (15.8–33.7)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.45D

Infertility Services or Treatments Received Within the MHS, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Advice[z]	87.7% (86.2–89.3)	78.5% (68.6–88.4)	88.1% (81.8–94.4)
Infertility testing[z]	41.9% (39.6–44.1)	34.9% (25.7–44.1)	33.6% (25.8–41.3)
Drugs to improve ovulation[z]	26.3% (24.4–28.3)	21.7% (14.1–29.3)	19.7% (13.5–25.8)
Surgery to correct blocked tubes[z]	4.2% (3.4–5.0)	8.3% (1.9–14.7)	7.2% (3.0–11.5)
Artificial insemination	9.4%[b] (8.3–10.5)	29.2%[a, c] (19.0–39.3)	8.5%[b] (4.6–12.4)
Surgery or drug treatment for endometriosis[z]	5.5% (4.3–6.7)	5.1% (0.0–10.4)	3.4% (1.1–5.7)
IVF	7.7%[c] (6.7–8.6)	11.7%[c] (5.5–18.0)	3.7%[a, b] (1.7–5.7)
Surgery or drug treatment for uterine fibroids[z]	4.8% (4.0–5.6)	8.4% (1.9–15.0)	3.5% (1.2–5.9)
Some other female pelvic surgery[z]	5.8% (4.9–6.7)	6.8% (0.7–12.9)	2.5% (0.5–4.4)
Other types of medical help[z]	16.8% (15.1–18.5)	21.9% (11.7–32.0)	21.9% (13.9–30.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.46A

Infertility Services or Treatments Received Outside the MHS, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Advice[z]	80.3% (70.0–90.6)	81.2% (77.9–84.6)	79.0% (76.2–81.7)	78.9% (73.0–84.9)
Infertility testing	41.8%[c, d] (29.1–54.4)	51.5%[c, d] (47.1–56.0)	63.6%[a, b] (60.4–66.8)	63.5%[a, b] (56.4–70.5)
Drugs to improve ovulation	28.2%[c, d] (17.2–39.3)	38.1%[c, d] (33.9–42.3)	47.7%[a, b] (44.4–51.0)	52.3%[a, b] (45.2–59.4)
Surgery to correct blocked tubes[z]	3.9% (0.0–7.9)	8.8% (6.3–11.4)	9.7% (7.7–11.7)	9.1% (4.9–13.2)
Artificial insemination	6.4%[b, c, d] (1.5–11.2)	19.3%[a] (15.6–23.0)	24.1%[a] (21.3–26.8)	27.0%[a] (20.9–33.2)
Surgery or drug treatment for endometriosis[z]	10.3% (3.5–17.0)	12.6% (9.5–15.7)	10.9% (8.7–13.1)	10.0% (5.5–14.6)
IVF	4.0%[c, d] (0.0–9.0)	12.3%[c, d] (9.7–14.9)	27.8%[a, b] (24.8–30.7)	36.9%[a, b] (30.2–43.7)
Surgery or drug treatment for uterine fibroids	2.3% (0.0–5.7)	4.9%[c, d] (2.9–6.9)	11.5%[b] (9.3–13.7)	15.3%[b] (10.0–20.7)
Some other female pelvic surgery[z]	6.1% (1.3–10.8)	9.0% (6.3–11.7)	10.9% (8.9–12.9)	9.4% (5.0–13.8)
Other types of medical help[z]	38.8% (25.9–51.6)	31.2% (27.0–35.3)	29.8% (26.8–32.8)	21.3% (15.4–27.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.46B

Infertility Services or Treatments Received Outside the MHS, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Advice[z]	81.9% (79.4–84.4)	76.0% (71.4–80.6)	79.2% (72.9–85.5)	85.4% (78.0–92.7)	85.2% (78.3–92.1)
Infertility testing[z]	56.1% (52.6–59.6)	53.7% (48.2–59.2)	56.8% (49.2–64.4)	69.5% (57.5–81.5)	58.7% (48.5–68.9)
Drugs to improve ovulation[z]	42.8% (39.4–46.2)	38.8% (33.5–44.1)	41.3% (34.5–48.1)	50.4% (36.5–64.4)	49.9% (39.6–60.3)
Surgery to correct blocked tubes[z]	8.3% (6.3–10.3)	8.3% (5.4–11.1)	8.4% (5.4–11.4)	15.3% (5.4–25.2)	9.0% (3.4–14.6)
Artificial insemination[z]	21.2% (18.6–23.9)	17.2% (13.0–21.4)	21.9% (16.9–26.9)	28.1% (13.5–42.6)	22.7% (14.5–31.0)
Surgery or drug treatment for endometriosis[z]	12.4% (9.9–14.9)	12.2% (8.5–15.9)	8.1% (4.8–11.4)	13.7% (4.2–23.2)	7.2% (1.4–13.0)
IVF[z]	19.7% (17.4–22.0)	19.0% (14.9–23.1)	20.0% (15.1–25.0)	22.8% (13.4–32.2)	16.9% (10.0–23.8)
Surgery or drug treatment for uterine fibroids	5.1%[b] (3.7–6.5)	13.4%[a, c] (10.2–16.6)	5.4%[b] (3.1–7.7)	14.4% (3.6–25.1)	5.3% (0.6–10.0)
Some other female pelvic surgery[z]	10.2% (8.1–12.4)	9.2% (6.3–12.2)	6.8% (3.9–9.6)	12.8% (2.3–23.3)	10.2% (4.5–15.8)
Other types of medical help[z]	31.8% (28.5–35.2)	29.8% (24.6–35.1)	26.3% (19.9–32.6)	36.9% (23.8–50.0)	30.3% (20.6–40.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.46C

Infertility Services or Treatments Received Outside the MHS, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Advice[z]	79.7% (77.4–82.1)	80.2% (70.6–89.9)	79.7% (73.4–86.0)	83.8% (74.8–92.8)
Infertility testing	58.8%[d] (55.7–61.9)	53.3% (42.8–63.8)	54.3%[d] (46.8–61.8)	37.4%[a, c] (27.9–46.9)
Drugs to improve ovulation	46.3%[b, d] (43.3–49.4)	27.0%[a] (18.6–35.3)	41.4%[d] (33.7–49.0)	16.2%[a, c] (10.0–22.4)
Surgery to correct blocked tubes	9.6%[d] (7.8–11.4)	11.4%[d] (5.4–17.4)	5.7% (2.6–8.7)	1.3%[a, b] (0.0–3.1)
Artificial insemination	23.0%[b, d] (20.4–25.5)	8.6%[a, c] (4.1–13.0)	20.6%[b, d] (14.2–27.0)	9.0%[a, c] (4.5–13.5)
Surgery or drug treatment for endometriosis[z]	12.1% (10.0–14.2)	12.6% (6.0–19.3)	12.2% (7.1–17.2)	2.8% (0.0–5.7)
IVF	21.8%[d] (19.6–24.0)	10.8% (4.4–17.3)	18.3% (12.3–24.2)	8.8%[a] (4.4–13.3)
Surgery or drug treatment for uterine fibroids[z]	7.4% (5.9–9.0)	7.7% (2.4–13.0)	10.7% (6.6–14.8)	10.7% (5.0–16.5)
Some other female pelvic surgery[z]	9.7% (7.9–11.4)	11.7% (5.3–18.2)	10.3% (5.9–14.6)	3.9% (0.4–7.3)
Other types of medical help[z]	30.4% (27.6–33.3)	34.3% (23.7–44.8)	29.6% (22.3–36.9)	29.6% (19.1–40.1)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.46D

Infertility Services or Treatments Received Outside the MHS, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Advice[z]	80.2% (78.0–82.5)	79.5% (72.2–86.7)	78.2% (68.6–87.7)
Infertility testing[z]	57.3% (54.4–60.2)	50.3% (40.8–59.8)	49.8% (38.4–61.3)
Drugs to improve ovulation[z]	41.9% (39.2–44.7)	43.0% (33.6–52.4)	43.1% (31.5–54.8)
Surgery to correct blocked tubes[y]	9.6% (7.9–11.2)	3.7% (0.3–7.0)	3.2% (0.1–6.3)
Artificial insemination	17.9%[b] (15.8–20.0)	49.9%[a, c] (40.4–59.4)	21.2%[b] (11.1–31.2)
Surgery or drug treatment for endometriosis[z]	11.7% (9.9–13.6)	5.8% (1.0–10.7)	15.2% (5.3–25.0)
IVF[z]	19.3% (17.4–21.2)	24.3% (16.4–32.2)	17.4% (8.0–26.8)
Surgery or drug treatment for uterine fibroids[z]	8.7% (7.2–10.2)	3.9% (1.0–6.9)	4.6% (0.5–8.7)
Some other female pelvic surgery[z]	10.0% (8.4–11.6)	2.4% (0.2–4.6)	10.8% (1.6–20.0)
Other types of medical help[z]	29.9% (27.2–32.6)	29.1% (20.2–38.0)	41.8% (29.9–53.7)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Barriers to Use of Infertility Services

TABLE C.47A

Location of Fertility Services Provided Within the MHS, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Advice				
My home installation	84.3%[c] (77.0–91.7)	75.4% (72.2–78.6)	70.8%[a] (68.1–73.5)	71.2% (65.5–76.8)
An installation less than 25 miles from home installation[z]	6.7% (2.5–10.9)	13.1% (10.5–15.7)	12.9% (10.9–14.8)	11.3% (7.4–15.2)
An installation between 25 and 49 miles from home installation[z]	5.5% (0.0–11.2)	6.1% (4.5–7.7)	6.6% (5.2–8.1)	7.0% (3.8–10.1)
An installation between 50 and 99 miles from home installation	0.5%[d] (0.0–1.3)	1.3%[d] (0.6–2.1)	2.7% (1.8–3.7)	4.3%[a, b] (1.6–6.9)
An installation more than 100 miles from home installation[z]	1.9% (0.0–4.9)	2.7% (1.5–4.0)	4.3% (3.1–5.4)	4.3% (1.8–6.9)
Somewhere else[z]	1.0% (0.0–2.5)	1.3% (0.4–2.2)	2.7% (1.6–3.8)	2.0% (0.3–3.6)
Infertility testing				
My home installation[z]	NR (45.0–79.8)	57.9% (52.6–63.1)	53.4% (49.7–57.2)	55.4% (47.6–63.3)
An installation less than 25 miles from home installation[z]	15.5% (4.6–26.4)	20.4% (16.0–24.7)	21.4% (18.2–24.6)	20.4% (13.9–26.9)
An installation between 25 and 49 miles from home installation[z]	10.5% (1.3–19.8)	10.5% (6.9–14.1)	9.2% (7.1–11.3)	10.0% (5.5–14.5)
An installation between 50 and 99 miles from home installation[z]	0.4% (0.0–1.3)	2.6% (1.1–4.1)	4.5% (2.9–6.0)	2.7% (0.5–4.8)
An installation more than 100 miles from home installation[z]	10.4% (0.0–23.3)	5.4% (3.2–7.6)	7.0% (5.1–8.9)	7.1% (3.2–11.0)
Somewhere else[z]	0.7% (0.0–2.1)	3.3% (1.8–4.8)	4.4% (2.9–6.0)	4.4% (1.6–7.3)
Drugs to improve ovulation				
My home installation[z]	NR (52.6–92.4)	62.8% (55.8–69.8)	54.4% (49.7–59.1)	51.9% (42.9–61.0)
An installation less than 25 miles from home installation[z]	11.0% (0.5–21.4)	20.2% (14.5–25.9)	20.9% (16.9–24.9)	19.6% (11.9–27.3)
An installation between 25 and 49 miles from home installation[z]	4.5% (0.0–13.3)	7.0% (2.2–11.8)	8.7% (6.1–11.4)	11.3% (5.7–16.8)
An installation between 50 and 99 miles from home installation[z]	3.5% (0.0–10.3)	2.9% (0.1–5.7)	3.7% (1.9–5.6)	5.3% (1.0–9.6)
An installation more than 100 miles from home installation[z]	8.5% (0.0–24.1)	5.4% (2.5–8.4)	8.0% (5.5–10.5)	9.8% (4.7–14.9)
Somewhere else[z]	0.0% (0.0–17.2)	1.6% (0.3–3.0)	4.2% (2.4–6.0)	2.0% (0.0–4.4)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.47B

Location of Fertility Services Provided Within the MHS, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Advice					
My home installation[z]	73.5% (70.6–76.4)	76.8% (72.7–80.8)	76.0% (70.7–81.3)	73.1% (64.5–81.8)	72.8% (64.9–80.7)
An installation less than 25 miles from home installation	14.1%[b] (11.8–16.4)	8.1%[a, e] (5.6–10.6)	11.8% (7.6–16.1)	9.7% (4.5–15.0)	17.5%[b] (10.3–24.8)
An installation between 25 and 49 miles from home installation[z]	6.5% (4.6–8.3)	6.3% (4.0–8.6)	6.1% (3.1–9.0)	6.5% (1.8–11.3)	5.1% (1.7–8.5)
An installation between 50 and 99 miles from home installation[z]	1.4% (0.9–2.0)	3.0% (1.5–4.5)	1.8% (0.7–2.9)	0.8% (0.0–2.0)	1.7% (0.0–3.5)
An installation more than 100 miles from home installation[z]	3.3% (2.1–4.5)	3.8% (1.9–5.7)	3.0% (1.2–4.8)	3.1% (0.7–5.6)	1.6% (0.0–3.2)
Somewhere else	1.2%[d] (0.6–1.8)	2.1% (0.9–3.3)	1.3% (0.2–2.4)	6.6%[a] (1.1–12.2)	1.3% (0.0–3.1)
Infertility testing					
My home installation[z]	55.0% (51.1–59.0)	60.1% (54.0–66.3)	56.9% (48.1–65.8)	48.3% (36.2–60.4)	48.3% (34.6–61.9)
An installation less than 25 miles from home installation[z]	19.6% (16.8–22.5)	17.3% (12.7–21.9)	23.0% (15.5–30.5)	23.4% (11.4–35.4)	32.9% (19.1–46.8)
An installation between 25 and 49 miles from home installation[z]	11.2% (8.3–14.2)	8.0% (4.5–11.5)	8.0% (4.4–11.6)	13.4% (4.1–22.7)	9.5% (2.2–16.8)
An installation between 50–99 miles from home installation[z]	2.9% (1.8–4.0)	4.7% (2.2–7.1)	2.3% (0.6–4.0)	1.5% (0.0–3.7)	4.7% (0.0–11.3)
An installation more than 100 miles from home installation[z]	7.9% (5.3–10.6)	5.7% (3.0–8.4)	6.2% (2.3–10.0)	5.9% (1.4–10.4)	2.8% (0.0–6.1)
Somewhere else[z]	3.2% (2.1–4.4)	4.1% (2.0–6.3)	3.6% (0.9–6.3)	7.4% (2.4–12.3)	1.7% (0.0–4.2)
Drugs to improve ovulation					
My home installation[z]	58.1% (52.9–63.3)	59.7% (51.6–67.7)	58.5% (47.9–69.1)	NR (39.1–70.0)	61.6% (46.7–76.6)
An installation less than 25 miles from home installation[z]	19.0% (15.2–22.8)	13.9% (8.7–19.1)	26.9% (17.3–36.5)	18.8% (5.5–32.1)	28.1% (14.1–42.2)
An installation between 25 and 49 miles from home installation[z]	8.5% (4.7–12.3)	7.9% (3.6–12.2)	7.5% (3.6–11.3)	11.9% (0.0–24.6)	2.3% (0.0–5.2)
An installation between 50–99 miles from home installation[z]	3.5% (1.5–5.4)	6.7% (1.9–11.5)	1.4% (0.0–3.0)	1.3% (0.0–4.0)	1.5% (0.0–4.5)
An installation more than 100 miles from home installation[z]	8.3% (4.7–11.9)	8.1% (3.8–12.4)	4.3% (0.7–7.9)	9.1% (2.2–16.0)	4.5% (0.0–9.1)
Somewhere else[z]	2.6% (1.4–3.8)	3.7% (0.9–6.4)	1.4% (0.0–3.0)	4.3% (0.0–8.7)	1.9% (0.0–5.6)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.47C

Location of Fertility Services Provided Within the MHS, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Advice				
My home installation[Z]	75.1% (72.7–77.4)	71.2% (62.4–80.1)	73.6% (68.2–78.9)	77.9% (69.9–85.9)
An installation less than 25 miles from home installation[Z]	12.0% (10.3–13.7)	14.2% (6.5–22.0)	13.7% (9.6–17.8)	6.3% (2.5–10.2)
An installation between 25 and 49 miles from home installation[Z]	6.0% (4.6–7.4)	8.9% (3.9–14.0)	5.8% (2.9–8.8)	7.1% (1.8–12.5)
An installation between 50 and 99 miles from home installation[Z]	2.2% (1.5–2.8)	0.8% (0.0–2.2)	1.3% (0.3–2.4)	0.8% (0.0–2.0)
An installation more than 100 miles from home installation[Z]	3.3% (2.3–4.2)	2.8% (0.4–5.3)	3.4% (1.2–5.7)	3.3% (0.1–6.6)
Somewhere else[Z]	1.5% (0.9–2.1)	1.9% (0.0–4.1)	2.1% (0.5–3.7)	4.4% (0.0–8.9)
Infertility testing				
My home installation[Z]	55.8% (52.4–59.2)	57.1% (44.5–69.7)	56.9% (48.0–65.7)	NR (38.0–74.3)
An installation less than 25 miles from home installation[Z]	20.7% (17.9–23.4)	22.4% (11.7–33.2)	20.9% (13.6–28.3)	11.3% (3.5–19.1)
An installation between 25 and 49 miles from home installation[Z]	9.5% (7.5–11.5)	8.6% (2.8–14.4)	12.2% (6.0–18.4)	13.3% (0.0–28.3)
An installation between 50 and 99 miles from home installation[Z]	3.6% (2.5–4.7)	2.5% (0.0–5.5)	1.6% (0.0–3.2)	3.0% (0.0–7.3)
An installation more than 100 miles from home installation[Z]	6.4% (4.6–8.2)	6.8% (1.5–12.1)	6.2% (2.0–10.4)	12.0% (1.7–22.4)
Somewhere else[Z]	4.0% (2.9–5.1)	2.6% (0.0–6.5)	2.2% (0.0–4.7)	4.3% (0.0–9.2)
Drugs to improve ovulation				
My home installation[Z]	60.5% (56.2–64.7)	NR (33.5–71.0)	56.8% (44.8–68.8)	NR (3.8–43.1)
An installation less than 25 miles from home installation[Z]	18.7% (15.4–22.0)	NR (15.2–52.1)	17.8% (9.5–26.1)	NR (9.7–52.0)
An installation between 25 and 49 miles from home installation[Z]	7.6% (5.1–10.0)	4.5% (0.0–10.2)	9.6% (3.5–15.7)	NR (0.0–54.3)
An installation between 50 and 99 miles from home installation[Z]	3.1% (1.8–4.5)	3.7% (0.0–9.4)	7.5% (0.0–16.1)	0.0% (0.0–21.3)
An installation more than 100 miles from home installation[Z]	7.3% (4.9–9.7)	3.0% (0.0–7.6)	6.8% (1.1–12.5)	NR (3.1–35.9)
Somewhere else[Z]	2.8% (1.7–3.9)	3.0% (0.0–8.8)	1.5% (0.0–3.6)	2.7% (0.0–8.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[Z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.47D

Location of Fertility Services Provided Within the MHS, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Advice			
My home installation	75.2%[b] (73.0–77.4)	57.9%[a, c] (47.8–68.1)	79.3%[b] (72.9–85.8)
An installation less than 25 miles from home installation	11.9%[b] (10.3–13.6)	21.2%[a, c] (12.7–29.7)	8.2%[b] (4.2–12.3)
An installation between 25 and 49 miles from home installation[y]	5.7% (4.4–6.9)	12.1% (4.6–19.5)	9.1% (4.4–13.8)
An installation between 50 and 99 miles from home installation[z]	2.0% (1.4–2.5)	2.3% (0.0–5.3)	0.8% (0.0–1.7)
An installation more than 100 miles from home installation[z]	3.5% (2.6–4.4)	2.7% (0.1–5.4)	1.4% (0.1–2.7)
Somewhere else[z]	1.8% (1.1–2.4)	3.8% (0.7–6.8)	1.2% (0.0–2.5)
Infertility testing			
My home installation	57.2%[b] (54.0–60.4)	36.6%[a] (21.7–51.4)	52.3% (39.7–64.9)
An installation less than 25 miles from home installation[z]	20.8% (18.2–23.4)	25.5% (11.4–39.5)	14.0% (6.2–21.8)
An installation between 25 and 49 miles from home installation	8.6%[c] (6.9–10.4)	16.6% (2.6–30.5)	21.7%[a] (10.8–32.7)
An installation between 50 and 99 miles from home installation[z]	3.4% (2.4–4.5)	3.3% (0.0–7.1)	1.0% (0.0–2.8)
An installation more than 100 miles from home installation[z]	6.4% (4.8–8.1)	9.3% (1.4–17.1)	7.0% (1.7–12.4)
Somewhere else[z]	3.5% (2.5–4.4)	8.8% (1.0–16.7)	4.0% (0.0–8.1)
Drugs to improve ovulation			
My home installation[z]	60.8% (56.7–64.8)	NR (12.1–45.1)	NR (33.7–66.9)
An installation less than 25 miles from home installation[z]	19.1% (15.9–22.3)	NR (13.8–47.9)	20.1% (8.1–32.1)
An installation between 25 and 49 miles from home installation[z]	6.9% (4.7–9.1)	NR (3.9–43.8)	12.9% (1.0–24.8)
An installation between 50 and 99 miles from home installation[z]	3.2% (1.9–4.5)	1.9% (0.0–5.7)	10.0% (0.0–23.7)
An installation more than 100 miles from home installation[z]	7.4% (5.1–9.7)	5.4% (0.0–11.8)	6.8% (0.0–13.5)
Somewhere else	2.6%[b] (1.6–3.6)	9.3%[a] (0.0–18.8)	0.0% (0.0–8.6)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.48A

Payment Source for Fertility Treatment, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Among those who received fertility treatment since joining the military, payor for fertility treatment (select all that apply)				
TRICARE	86.4%[d] (80.5–92.2)	84.2%[d] (81.8–86.6)	81.3%[d] (79.5–83.2)	73.3%[a, b, c] (68.7–78.0)
Other health insurance	1.5%[d] (0.0–3.1)	1.2%[d] (0.7–1.8)	2.4%[d] (1.7–3.2)	6.6%[a, b, c] (4.2–9.0)
Out-of-pocket more than a small co-pay	19.6%[c, d] (12.5–26.6)	27.8%[c, d] (25.0–30.5)	37.0%[a, b] (34.8–39.3)	43.7%[a, b] (38.6–48.7)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

TABLE C.48B

Payment Source for Fertility Treatment, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Among those who received fertility treatment since joining the military, payor for fertility treatment (select all that apply)					
TRICARE[z]	83.3% (81.4–85.3)	81.5% (78.3–84.7)	82.4% (78.4–86.5)	83.1% (76.0–90.2)	84.7% (79.7–89.7)
Other health insurance[z]	2.4% (1.7–3.1)	2.2% (1.2–3.2)	1.4% (0.5–2.2)	1.1% (0.0–2.5)	2.2% (0.3–4.1)
Out-of-pocket more than a small co-pay[z]	32.0% (29.7–34.4)	32.8% (28.9–36.7)	28.6% (24.2–33.1)	28.5% (20.8–36.2)	26.1% (19.8–32.4)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.48C

Payment Source for Fertility Treatment, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Among those who received fertility treatment since joining the military, payor for fertility treatment (select all that apply)				
TRICARE[z]	83.5% (81.7–85.2)	84.2% (78.8–89.6)	80.5% (76.0–85.1)	77.5% (71.5–83.5)
Other health insurance[z]	1.7% (1.3–2.2)	3.5% (1.3–5.7)	2.7% (1.2–4.2)	2.3% (0.2–4.4)
Out-of-pocket more than a small co-pay[y]	32.3% (30.2–34.3)	23.1% (17.1–29.2)	31.4% (26.4–36.3)	27.2% (20.8–33.6)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.48D

Payment Source for Fertility Treatment, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Among those who received fertility treatment since joining the military, payor for fertility treatment (select all that apply)			
TRICARE	84.2%[b] (82.7–85.8)	59.8%[a, c] (52.1–67.6)	84.0%[b] (78.4–89.7)
Other health insurance[z]	2.0% (1.5–2.5)	3.3% (0.8–5.8)	1.7% (0.1–3.4)
Out-of-pocket more than a small co-pay	29.8%[b] (27.9–31.7)	56.6%[a, c] (49.1–64.1)	25.5%[b] (19.1–31.9)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.49A

Private Insurance Coverage for Fertility Treatment, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Do either you or your partner have private health insurance to cover any of the costs of medical help for becoming pregnant?				
Yes	4.2%[d] (3.3–5.0)	4.3%[d] (3.8–4.9)	4.2%[d] (3.6–4.8)	6.7%[a, b, c] (5.4–8.1)
No	84.1%[b, c, d] (82.4–85.9)	90.6%[a, c] (89.8–91.5)	93.1%[a, b, d] (92.4–93.9)	90.2%[a, c] (88.6–91.8)
Not sure	11.7%[b, c, d] (10.1–13.3)	5.0%[a, c, d] (4.4–5.7)	2.6%[a, b] (2.1–3.1)	3.1%[a, b] (2.2–4.0)
Do either you or your partner have private health insurance to cover any of the costs of medical help for becoming pregnant (among those with infertility problem)?				
Yes[z]	4.1% (0.0–8.3)	4.7% (3.3–6.1)	4.5% (3.4–5.6)	6.8% (4.2–9.5)
No	82.9%[b, c] (75.2–90.7)	92.2%[a] (90.3–94.1)	93.9%[a, d] (92.6–95.2)	88.9%[c] (85.4–92.4)
Not sure	13.0%[b, c, d] (6.0–19.9)	3.2%[a] (1.8–4.5)	1.6%[a, d] (0.9–2.3)	4.3%[a, c] (1.8–6.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.49B

Private Insurance Coverage for Fertility Treatment, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Do either you or your partner have private health insurance to cover any of the costs of medical help for becoming pregnant?					
Yes	3.3%[b, d] (2.9–3.8)	5.4%[a] (4.4–6.4)	4.5% (3.5–5.4)	6.4%[a] (4.3–8.5)	4.5% (2.8–6.2)
No	91.6%[b, c, d] (90.9–92.4)	87.1%[a] (85.4–88.8)	86.7%[a] (84.7–88.6)	83.2%[a, e] (79.6–86.8)	89.4%[d] (86.9–91.9)
Not sure	5.0%[b, c, d] (4.4–5.7)	7.5%[a] (6.0–9.0)	8.9%[a] (7.1–10.7)	10.4%[a] (7.1–13.6)	6.1% (4.2–8.0)
Do either you or your partner have private health insurance to cover any of the costs of medical help for becoming pregnant (among those with infertility problem)?					
Yes[z]	3.8% (2.7–4.9)	5.9% (3.3–8.6)	4.6% (2.8–6.4)	6.6% (2.6–10.5)	3.3% (1.1–5.4)
No	93.4%[c] (91.7–95.1)	90.8% (87.8–93.9)	86.4%[a] (81.4–91.5)	91.9% (87.6–96.2)	91.9% (87.4–96.5)
Not sure	2.8%[c] (1.4–4.2)	3.2% (1.6–4.8)	9.0%[a] (4.1–13.9)	1.5% (0.0–3.4)	4.8% (0.7–8.9)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.49C

Private Insurance Coverage for Fertility Treatment, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Do either you or your partner have private health insurance to cover any of the costs of medical help for becoming pregnant?				
Yes	4.0%[b] (3.5–4.5)	6.5%[a, c, d] (5.1–7.9)	3.9%[b] (2.9–4.8)	4.3%[b] (3.4–5.2)
No	91.2%[b, d] (90.3–92.1)	85.8%[a, c] (83.7–87.8)	93.2%[b, d] (91.9–94.4)	84.5%[a, c] (82.7–86.3)
Not sure	4.8%[b, c, d] (4.0–5.5)	7.7%[a, c, d] (6.1–9.3)	3.0%[a, b, d] (2.1–3.8)	11.2%[a, b, c] (9.6–12.8)
Do either you or your partner have private health insurance to cover any of the costs of medical help for becoming pregnant (among those with infertility problem)?				
Yes[z]	3.9% (3.1–4.8)	8.4% (1.9–14.9)	6.1% (3.5–8.6)	4.5% (1.3–7.7)
No	92.6%[d] (91.1–94.1)	87.2% (79.8–94.6)	92.1% (89.2–94.9)	82.3%[a] (73.0–91.6)
Not sure	3.5%[d] (2.2–4.7)	4.4% (0.2–8.6)	1.9%[d] (0.5–3.2)	13.2%[a, c] (4.1–22.3)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.49D

Private Insurance Coverage for Fertility Treatment, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Do either you or your partner have private health insurance to cover any of the costs of medical help for becoming pregnant?			
Yes[z]	4.4% (4.0–4.9)	4.9% (3.2–6.6)	3.7% (2.6–4.8)
No	89.4%[c] (88.7–90.2)	86.2% (83.0–89.4)	86.4%[a] (84.0–88.8)
Not sure	6.1%[c] (5.5–6.8)	8.9% (6.0–11.8)	9.9%[a] (7.6–12.1)
Do either you or your partner have private health insurance to cover any of the costs of medical help for becoming pregnant (among those with infertility problem)?			
Yes[z]	4.7% (3.7–5.7)	3.6% (0.0–7.7)	4.5% (0.7–8.4)
No[y]	91.7% (90.2–93.2)	96.4% (92.3–100.0)	84.8% (75.9–93.8)
Not sure	3.6%[c] (2.5–4.7)	0.0% (0.0–5.5)	10.6%[a] (2.1–19.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.50A

Termination of Infertility Treatment Prior to Becoming Pregnant, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Among those who received infertility treatment through the MHS				
Stopped the service or treatment before getting pregnant	18.8%[c, d] (12.6–25.0)	27.2%[c, d] (24.3–30.2)	33.0%[a, b] (30.4–35.6)	36.0%[a, b] (30.2–41.8)
Reason stopped infertility treatment before becoming pregnant (select all that apply)				
Wait for services/treatment was too long[z]	NR (14.9–47.9)	26.8% (21.2–32.5)	21.9% (17.8–26.0)	23.7% (15.1–32.4)
Distance to services/treatment was too far[z]	NR (11.4–48.0)	6.2% (3.6–8.8)	8.4% (5.8–10.9)	11.6% (5.3–18.0)
PCSed and service or treatment was not available at my new duty station[z]	NR (2.7–35.0)	26.2% (20.5–31.8)	23.8% (19.8–27.8)	34.1% (24.5–43.6)
My partner was no longer interested in pursuing service/ or treatment[z]	19.7% (6.8–32.6)	9.2% (5.6–12.8)	9.8% (7.0–12.6)	8.8% (3.9–13.8)
I was no longer interested in pursuing services or treatment[z]	18.5% (7.0–30.0)	20.3% (15.3–25.2)	19.3% (15.5–23.0)	16.2% (8.9–23.6)
Decided to see if I could get pregnant without medical services or procedures[z]	31.5% (16.8–46.2)	25.9% (20.1–31.7)	19.8% (15.9–23.7)	20.9% (12.4–29.4)
Decided to adopt[z]	0.0% (0.0–9.4)	3.1% (0.6–5.5)	1.9% (0.9–3.0)	5.3% (1.0–9.5)
Some other reason[z]	NR (21.0–52.9)	53.4% (47.2–59.6)	53.4% (48.6–58.2)	41.7% (31.9–51.5)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.50B

Termination of Infertility Treatment Prior to Becoming Pregnant, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Among those who received infertility treatment through the MHS					
Stopped the service or treatment before getting pregnant[z]	29.3% (26.8–31.8)	29.1% (25.0–33.1)	26.8% (21.9–31.7)	26.4% (18.5–34.2)	30.8% (22.8–38.7)
Reason stopped infertility treatment before becoming pregnant (select all that apply)					
Wait for services or treatment was too long[z]	23.9% (19.5–28.4)	25.2% (18.2–32.1)	27.7% (18.6–36.8)	NR (15.4–48.0)	18.3% (7.3–29.3)
Distance to services or treatment was too far[z]	12.1% (8.1–16.0)	5.6% (2.2–9.1)	10.0% (2.0–18.1)	15.3% (5.4–25.1)	2.0% (0.0–5.9)
PCSed and service or treatment was not available at my new duty station[z]	21.8% (17.9–25.7)	25.6% (18.8–32.4)	28.1% (18.0–38.1)	34.8% (20.2–49.3)	NR (16.0–46.7)
My partner was no longer interested in pursuing services or treatment[z]	10.3% (7.2–13.4)	9.1% (4.5–13.7)	9.7% (4.7–14.6)	15.0% (2.7–27.3)	10.1% (1.6–18.6)
I was no longer interested in pursuing services or treatment[z]	18.0% (14.5–21.5)	19.9% (13.9–25.9)	18.0% (11.4–24.5)	NR (14.9–49.9)	19.0% (7.2–30.9)
Decided to see if I could get pregnant without medical services or procedures[z]	21.1% (17.1–25.1)	26.5% (19.2–33.8)	24.5% (15.5–33.5)	28.3% (13.3–43.2)	21.1% (8.6–33.6)
Decided to adopt[y]	2.1% (1.1–3.2)	1.5% (0.0–3.1)	0.8% (0.0–2.1)	10.7% (0.0–24.8)	4.7% (0.0–9.6)
Some other reason[z]	53.8% (49.0–58.6)	51.3% (43.5–59.1)	47.3% (37.4–57.2)	38.9% (24.1–53.8)	NR (40.2–71.0)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the “other” estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.50C

Termination of Infertility Treatment Prior to Becoming Pregnant, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Among those who received infertility treatment through the MHS				
Stopped the service or treatment before getting pregnant	27.3%[c] (25.2–29.5)	35.1% (26.9–43.4)	34.9%[a] (29.5–40.3)	23.7% (16.6–30.8)
Reason stopped infertility treatment before becoming pregnant (select all that apply)				
Wait for services or treatment was too long[z]	25.2% (21.1–29.3)	18.6% (9.2–28.0)	28.2% (19.9–36.4)	24.4% (10.9–38.0)
Distance to services or treatment was too far[z]	9.7% (6.5–12.9)	5.4% (0.6–10.1)	8.5% (3.7–13.3)	20.0% (7.6–32.4)
PCSed and service or treatment was not available at my new duty station[z]	25.0% (21.0–28.9)	27.8% (14.6–41.1)	24.5% (16.9–32.1)	25.0% (12.3–37.7)
My partner was no longer interested in pursuing services or treatment	7.4%[c] (5.4–9.4)	16.2% (5.5–27.0)	20.9%[a] (12.8–29.1)	8.5% (0.0–18.2)
I was no longer interested in pursuing services or treatment	16.3%[c] (13.2–19.4)	29.3% (16.8–41.9)	26.2%[a] (18.5–33.9)	22.6% (9.0–36.3)
Decided to see if I could get pregnant without medical services or procedures	25.3%[d] (21.4–29.1)	28.3% (13.9–42.7)	17.7% (10.8–24.6)	7.6%[a] (0.5–14.6)
Decided to adopt[z]	3.1% (1.5–4.7)	0.8% (0.0–2.3)	1.2% (0.0–2.6)	1.8% (0.0–5.4)
Some other reason[z]	52.0% (47.6–56.3)	47.0% (32.7–61.2)	45.7% (36.9–54.5)	62.2% (47.2–77.2)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.50D

Termination of Infertility Treatment Prior to Becoming Pregnant, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Among those who received infertility treatment through the MHS			
Stopped the service or treatment before getting pregnant[z]	28.9% (26.9–31.0)	30.8% (21.7–39.9)	25.0% (18.4–31.5)
Reason stopped infertility treatment before becoming pregnant (select all that apply)			
Wait for services/treatment was too long[y]	23.6% (20.1–27.1)	NR (24.3–59.5)	29.3% (16.8–41.9)
Distance to services or treatment was too far[z]	9.3% (6.6–12.1)	7.4% (0.7–14.0)	14.1% (5.1–23.0)
PCSed and service or treatment was not available at my new duty station[z]	23.7% (20.2–27.2)	NR (23.6–57.0)	31.7% (18.9–44.4)
My partner was no longer interested in pursuing services or treatment	9.2%[c] (7.0–11.4)	2.4%[c] (0.0–5.9)	30.2%[a, b] (16.6–43.8)
I was no longer interested in pursuing services or treatment	19.6%[b] (16.5–22.7)	6.2%[a, c] (0.1–12.3)	26.3%[b] (14.2–38.3)
Decided to see if I could get pregnant without medical services or procedures[z]	23.6% (20.1–27.1)	NR (4.4–35.8)	25.6% (13.9–37.3)
Decided to adopt[z]	2.5% (1.2–3.8)	2.4% (0.0–5.9)	2.1% (0.0–5.1)
Some other reason[y]	49.2% (45.3–53.2)	NR (48.3–81.3)	62.7% (49.5–75.8)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses. NR = not reported (estimate suppressed).

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

Cryopreservation (Egg Freezing)

TABLE C.51A
Cryopreservation, by Age Group

	Ages 18–24	Ages 25–34	Ages 35–44	Ages 45+
Since you joined the military, have you had your eggs frozen (also known as mature oocyte cryopreservation)?				
Yes	0.2%[b, c, d] (0.0–0.4)	0.8%[a, c, d] (0.6–0.9)	3.2%[a, b] (2.8–3.6)	2.1%[a, b] (1.4–2.9)
Would you consider cryopreservation now?				
Yes, only if cost were completely covered by TRICARE	43.5%[b, c, d] (41.4–45.6)	50.3%[a, c, d] (49.0–51.5)	34.1%[a, b, d] (32.8–35.4)	16.3%[a, b, c] (14.3–18.2)
Yes, even if it were only partially covered by TRICARE	5.3%[b, c] (4.5–6.1)	9.7%[a, d] (9.0–10.4)	8.7%[a, d] (8.0–9.5)	4.0%[b, c] (3.0–4.9)
Yes, even if it were not covered by TRICARE[y]	1.6% (1.1–2.0)	2.4% (2.0–2.7)	2.3% (1.9–2.7)	2.3% (1.5–3.0)
No, I would not consider freezing my eggs	49.3%[b, c, d] (47.1–51.5)	37.3%[a, c, d] (36.1–38.6)	53.2%[a, b, d] (51.8–54.5)	76.5%[a, b, c] (74.3–78.7)
I have already frozen my eggs	0.3% (0.0–0.8)	0.3%[c, d] (0.2–0.4)	1.7%[b] (1.4–2.0)	1.1%[b] (0.6–1.5)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the ages 18–24 estimate.

[b] Statistically significantly different from the ages 25–34 estimate.

[c] Statistically significantly different from the ages 35–44 estimate.

[d] Statistically significantly different from the ages 45+ estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

TABLE C.51B

Cryopreservation, by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian	Other
Since you joined the military, have you had your eggs frozen (also known as mature oocyte cryopreservation)?					
Yes[z]	1.1% (0.9–1.2)	1.2% (0.9–1.6)	1.1% (0.7–1.4)	1.1% (0.6–1.6)	1.0% (0.6–1.5)
Would you consider cryopreservation now?					
Yes, only if the cost were completely covered by TRICARE	41.4%[c] (40.3–42.6)	42.9%[c] (40.7–45.1)	48.5%[a, b] (46.1–50.9)	43.1% (39.3–46.9)	42.6% (38.9–46.3)
Yes, even if it were only partially covered by TRICARE	8.7%[c, d] (8.0–9.3)	7.3%[d] (6.3–8.3)	6.9%[a] (6.0–7.8)	4.8%[a, b, e] (3.6–5.9)	9.7%[d] (7.6–11.7)
Yes, even if it were not covered by TRICARE[y]	2.0% (1.7–2.2)	2.4% (1.9–3.0)	1.7% (1.3–2.1)	2.2% (1.2–3.2)	3.4% (1.8–5.1)
No, I would not consider freezing my eggs	47.3%[c] (46.1–48.6)	46.6% (44.3–48.8)	42.4%[a, d] (40.0–44.8)	49.6%[c] (45.6–53.5)	43.6% (39.9–47.3)
I have already frozen my eggs[z]	0.6% (0.5–0.7)	0.8% (0.2–1.4)	0.6% (0.2–0.9)	0.4% (0.1–0.6)	0.7% (0.3–1.1)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significant difference from the non-Hispanic white estimate.

[b] Statistically significantly different from the non-Hispanic black estimate.

[c] Statistically significantly different from the Hispanic estimate.

[d] Statistically significantly different from the non-Hispanic Asian estimate.

[e] Statistically significantly different from the "other" estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.51C

Cryopreservation, by Marital Status

	Married	Cohabiting	Separated, Divorced, or Widowed	Never Married
Since you joined the military, have you had your eggs frozen (also known as mature oocyte cryopreservation)?				
Yes	1.7%[c, d] (1.5–1.9)	0.9% (0.3–1.5)	0.8%[a] (0.4–1.1)	0.4%[a] (0.2–0.5)
Would you consider cryopreservation now?				
Yes, only if the cost were completely covered by TRICARE	41.4%[b, c] (40.2–42.7)	49.0%[a, d] (46.2–51.8)	48.1%[a, d] (45.7–50.6)	42.3%[b, c] (40.3–44.4)
Yes, even if it were only partially covered by TRICARE[z]	7.5% (6.9–8.0)	8.9% (7.4–10.4)	7.7% (6.4–9.1)	7.9% (7.1–8.7)
Yes, even if it were not covered by TRICARE	1.8%[d] (1.5–2.1)	2.3% (1.6–3.0)	2.0% (1.4–2.6)	2.6%[a] (2.0–3.1)
No, I would not consider freezing my eggs	48.5%[b, c] (47.3–49.8)	39.2%[a, d] (36.4–42.1)	41.7%[a, d] (39.3–44.1)	46.7%[b, c] (44.6–48.9)
I have already frozen my eggs[z]	0.8% (0.6–0.9)	0.5% (0.1–1.0)	0.4% (0.1–0.7)	0.5% (0.0–0.9)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the married estimate.

[b] Statistically significantly different from the cohabiting estimate.

[c] Statistically significantly different from the separated, divorced, or widowed estimate.

[d] Statistically significantly different from the never married estimate.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

TABLE C.51D

Cryopreservation, by Sexual Orientation

	Heterosexual	Gay or Lesbian	Bisexual
Since you joined the military, have you had your eggs frozen (also known as mature oocyte cryopreservation)?			
Yes[y]	1.2% (1.0–1.3)	1.3% (0.7–1.8)	0.6% (0.2–1.0)
Would you consider cryopreservation now?			
Yes, only if the cost were completely covered by TRICARE	41.7%[b, c] (40.6–42.7)	50.2%[a] (46.0–54.4)	51.9%[a] (48.8–54.9)
Yes, even if it were only partially covered by TRICARE	7.5%[b] (7.0–7.9)	11.2%[a] (8.9–13.5)	8.3% (6.9–9.7)
Yes, even if it were not covered by TRICARE[z]	2.1% (1.8–2.3)	3.0% (1.7–4.3)	1.6% (1.0–2.2)
No, I would not consider freezing my eggs	48.1%[b, c] (47.1–49.2)	35.1%[a] (30.7–39.4)	37.9%[a] (34.8–41.0)
I have already frozen my eggs[z]	0.7% (0.5–0.9)	0.5% (0.2–0.8)	0.4% (0.0–0.7)

NOTES: All data are weighted. 95 percent confidence intervals are presented in parentheses.

[a] Statistically significantly different from the heterosexual estimate.

[b] Statistically significantly different from the gay or lesbian estimate.

[c] Statistically significantly different from the bisexual estimate.

[y] At the aggregate level, the chi-square test was statistically significant; however, none of the individual pairwise comparisons was.

[z] The omnibus chi-square test was not statistically significant ($p < 0.05$).

APPENDIX D

Imputation Details

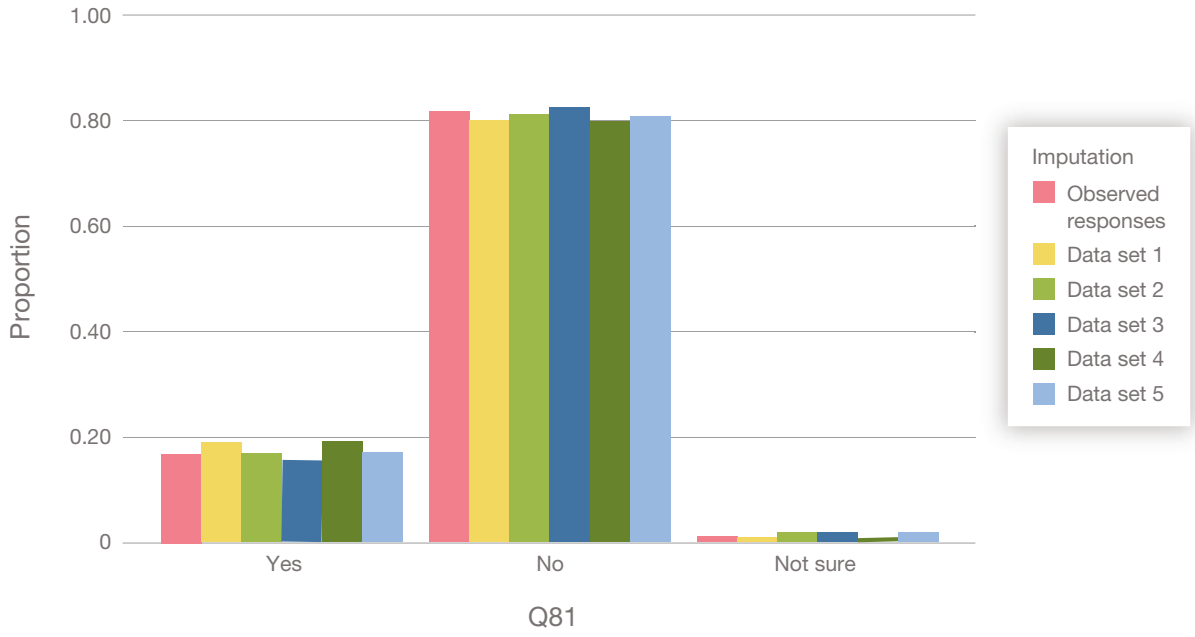
The nonresponse weighting described in Chapter Two accounts for differences between those who responded to our survey and those who did not. These weights do not, however, account for drop-off or intermittent missing data for a respondent. To account for these types of missing data, we used a single imputation to fill in missing values. Multiple imputation was considered, but we chose a single imputation to simplify the analyses, as the overall level of missingness to survey items among respondents was low (3.6 percent) after accounting for valid skips. Among these skips, 86.9 percent were due to drop-off. On the basis of the comprehensive comparison of imputation approaches in the 2018 HRBS (see Meadows et al., 2021), we applied the recommendation of a sequential imputation model using predictive mean matching for all variable types (Little and Rubin, 2019; van Buuren, 2018; White et al., 2011). We implemented this using the *mice* package in R version 3.6.0 (R Foundation, undated; van Buuren and Groothuis-Oudshoorn, 2011). Prior to implementing the missing-data imputation, a logical imputation was performed that accounted for skip logic and known logical relationships among the items. All missing data were imputed, including valid skips, and the imputation process applied the skip logic in a post-hoc data-processing step.

We provide a basic description of the performance of the imputations using two select items. First, we chose Q81 to represent the general behavior of the imputations (*Have you ever tried for 12 months or more to get pregnant and were not successful?*). This is an item that is late in the survey and not subject to any skip logic. Figure D.1 shows the distribution of the observed responses and the distribution of the imputed values for five randomly imputed data sets. The first imputation represents the imputations used in this report. We note that the distribution of responses in the imputed data reflect that of the observed data and that there is a small amount of variation across the imputations.

The second item we offer as an example is Q65 (*Which of the following applies to you just before you became pregnant?*), and we focus on the third response option (*You were not using birth control*). This item was incorrectly skipped for some of the respondents who responded "yes" to Q61 (*Was the reason you did not use any method of birth control because you, yourself, wanted to become pregnant?*) because of an early programming error. This incorrect skip logic accounts for 73.5 percent of the missing data on Q65. Overall, the percentage of respondents answering that they were not using birth control on Q65 was 50.1 percent, while the same value for the imputed data was 84.3 percent. However, among those who were asked Q61, 90.4 percent indicated in Q65 that they were not using birth control, highlighting that the imputation model is properly accounting for the missing data.

FIGURE D.1

Distribution of Observed and Imputed Data for Q81



NOTES: The figure shows the distribution of the observed responses and the distribution of the imputed values for five randomly imputed data sets. The first imputation represents those used in this report. The distribution of responses in the imputed data reflect that of the observed data, and that there is a small amount of variation across the imputations.

Abbreviations

ADSW	active-duty service women
CDC	Centers for Disease Control and Prevention
DHA	Defense Health Agency
DMDC	Defense Manpower Data Center
DoD	U.S. Department of Defense
HP2020	Healthy People 2020
HP2030	Healthy People 2030
HPV	human papillomavirus
HRBS	Health Related Behaviors Survey
IUD	intrauterine device
IVF	in vitro fertilization
LARC	long-acting reversible contraceptive
MHS	Military Health System
MTF	military treatment facility
NCO	noncommissioned officer
NDAA	National Defense Authorization Act
OBGYN	obstetrics-gynecology physician
PCS	permanent change of station
PHA	periodic health assessment
Q	question
WHC	women's health clinic
WRHS	Women's Reproductive Health Survey

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