



### BACKGROUND

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

Ibis Reproductive Health launched a program of work in 2010 to fill the gaps in knowledge about servicewomen's sexual and reproductive health needs and experiences. We completed a systematic literature review on contraceptive use, unintended pregnancy, and abortion in the military,<sup>2</sup> as well as the first study of US military women's experiences seeking abortion care during overseas deployment.<sup>3</sup> We also conducted an online survey with approximately 300 servicewomen who were deployed overseas between 2001 and 2010, which explored deployed women's experiences accessing and using contraception and other reproductive health services during deployment.<sup>4</sup> Finally, we analyzed data on unintended pregnancy among active-duty servicewomen from the 2008 and 2011 Department of Defense Health Related Behaviors Surveys.<sup>5-6</sup> These analyses illuminate barriers that women in the military face accessing reproductive health services and the need for policy change to ensure the health and effectiveness of our troops.

In this brief, we discuss our main findings related to contraception, unintended pregnancy, and abortion from these studies.

### CONTRACEPTIVE ACCESS AND USE

TRICARE, the health insurance program for people in the US military, covers many contraceptive methods, including oral contraceptives, patches, rings, injectables, implants, diaphragms, cervical caps, surgical sterilization, intrauterine devices (IUDs), and emergency contraception (EC). Over-the-counter spermicides and condoms are excluded from coverage.<sup>7</sup> For more information on contraceptive coverage, see our brief, *Sexual and reproductive health of women in the US military: Insurance coverage of sexual and reproductive health care*.

***We were directed not to have sex so birth control was not a conversation.***

**—27-year-old woman in the Air Force, stationed in Iraq in 2008**

Oral contraceptives and condoms were the most commonly used contraceptive methods among servicewomen at the time of this research. Few servicewomen reported using long-acting reversible contraceptive (LARC) methods, such as IUDs (0-3%) or implants (2-6%).<sup>2</sup> In our online survey, less than 4% of women reported using LARCs during deployment, and in some cases, women reported they were unable to get IUDs because they did not have children.<sup>4</sup> This should not be a barrier to getting an IUD; the US Medical Eligibility Criteria for Contraceptive Use advises that LARCs are safe for both women who have and do not have children.<sup>8</sup>

Our systematic review found limited research on contraceptive use during deployment, but the published evidence suggests that use decreases compared to when women are stationed in the US. Studies from different military branches and locations report an overall prevalence of contraceptive use ranging from 50-88% among women stationed in the US, and from 39-77% during deployment.<sup>2</sup> Sixty-three percent of women in our online survey reported using contraception for all (53%) or part (10%) of their deployment.<sup>4</sup>

*I wanted to change from the pill to a NuvaRing or an IUD, but the ring has to be refrigerated and you have to have a child to get an IUD.\**  
—22-year-old woman in the Army, stationed in Afghanistan in 2010

While most contraceptive methods are covered for servicewomen under TRICARE, our online survey highlighted a number of challenges that some women face related to accessing or using these methods during deployment. One-third of women reported they could not get a method that they wanted to use overseas, and 41% of women using a method that required refills had difficulty obtaining them. These challenges were in part due to the limited variety of methods that are required to be available at military health facilities, as well as to deployment conditions, care-seeking stigma, policies prohibiting or discouraging sexual activity, logistical barriers to seeing a provider, and the limited amount of contraceptive supplies they were given at a time. Additionally, the majority of respondents reported they were not counseled on contraception for pregnancy prevention or menstrual suppression as part of their pre-deployment preparations, and so they may not have known the full range of contraceptive options that were available. A number of women also cited challenges with various user-dependent methods, like oral contraceptives and patches, and expressed a preference for more discreet and convenient contraceptive options.<sup>4</sup>

\* Medical evidence indicates that all women—including those without children—can be good candidates for an IUD.<sup>8</sup>

## UNINTENDED PREGNANCY AND ABORTION ACCESS

Unintended pregnancy rates are higher for women in the US military than in the general US population. In our analysis of the 2011 Health Related Behaviors Survey, we found that the unintended pregnancy rate among active-duty servicewomen was 72 per 1,000 women of reproductive age,<sup>6</sup> compared to 45 per 1,000 women of reproductive age in the general US population.<sup>9</sup> Studies have found that 55-82% of births are not planned in the military, compared to 31% of births in the general US population at the time these studies were conducted.<sup>2</sup> Although measuring the impact of health policy on birth rates is difficult, research among US adolescents has demonstrated an association between restrictive abortion policies and higher unintended birth rates,<sup>10</sup> and it is therefore possible that limited abortion access contributes to the higher observed unintended birth rate in the military.

About 42% of unintended pregnancies in the US end in abortion.<sup>9</sup> But US military women and dependents with an unwanted pregnancy do not have the same options that other American women have, especially when they are stationed overseas. *See text box below.*

### FEDERAL LAW ON ABORTION FOR MILITARY PERSONNEL AND DEPENDENTS:

US code § 1093: (a) Funds available to the Department of Defense (DoD) may not be used to perform abortions except where the life of the woman would be endangered if the fetus were carried to term or in a case in which the pregnancy is the result of an act of rape or incest; (b) No DoD facility may be used to perform an abortion except where the life of the woman would be endangered if the fetus were carried to term or in a case in which the pregnancy is the result of an act of rape or incest.<sup>11</sup>

Our systematic review did not identify any studies of servicewomen's experiences with abortion or unintended pregnancy during deployment.<sup>2</sup> Given this dearth of information and the restricted abortion access for deployed women, we sought to explore women's experiences seeking abortion care during deployment. We analyzed data from 130 US military women and dependents who were seeking information about medication abortion from an online service during overseas deployment between September 2005 and December 2009.<sup>3</sup> This study provides new information about how military policy affects women who face unintended pregnancy while stationed abroad.

Roughly half of the women in our sample attributed their pregnancy to contraceptive failure, one-third to contraceptive non-use, and 4% to rape (18% did not provide a reason). Women reported many motivations for seeking abortion. Some reasons were similar to those reported in the US general population,<sup>12</sup> including it not being the right time in their life for a child, wanting to finish school, being too young or old, their family being complete, and/or rape. Other reasons were specific to their military service, including not wanting to leave their deployment. Although women who are raped are legally entitled to have an abortion at a military treatment facility, some chose not to report the incident owing to concerns that they would not be believed or would be blamed and might risk their military careers.



This study sheds light on barriers to care for women seeking abortion during overseas deployment. Women reported feeling “desperate” for not having available abortion options and/or having limited mobility in the countries where they were stationed. Additionally, women feared reporting their pregnancies because of military reprimand, which they felt could cause a loss of income and security for themselves and their families. Logistical barriers, such as the time it takes to process an evacuation to a country with abortion access, also impacted women's decisions to try to obtain an abortion in the country where they were stationed. These obstacles can have negative effects on the lives of military women seeking abortion; some respondents considered unsafe methods to terminate their pregnancies.<sup>3</sup>

*I need your help.... Please. I am a single female serving my country in Iraq. I didn't report my situation to anyone here because we already had a female cry wolf on a rape situation early on in this deployment and I did not want to be looked at like a liar immediately.... No I do not know my attacker. No I did not file a report. No I am not going to. I could lose my career. I volunteered for this deployment and I worked my ass off for my promotion, I trained like I was trying to win female soldier of the year.... I deserve to finish this, I deserve to continue my mission.*

—Woman in an unknown military branch, raped and seeking abortion while stationed in Iraq in 2009

## POLICY RECOMMENDATIONS ➤

- **Ensure successful implementation of Section 718 of the 2016 National Defense Authorization Act.** In the fall of 2015, the 2016 National Defense Authorization Act (NDAA) was approved, which contained a provision that called for access to comprehensive contraceptive counseling for members of the Armed Forces and the establishment and dissemination of clinical practice guidelines for those services.<sup>13</sup> While operationalizing such procedures can be challenging, it is imperative that implementation move forward as planned to guarantee servicemembers access to consistent and comprehensive contraceptive counseling.
- **Ensure counseling on and availability of LARC methods, including implants and IUDs, and that medical eligibility criteria for their use are evidence-based.** These highly cost-effective methods could be particularly beneficial for women in deployed settings, where there can be challenges with user-dependent methods or accessing refills. Levonorgestrel IUDs may be especially valuable for deployed women because they are recommended for both pregnancy prevention and menstrual suppression.<sup>14</sup> The US Medical Eligibility Criteria for Contraceptive Use<sup>8</sup> should be widely disseminated among military health care providers.
- **Provide a longer contraceptive supply for deployment, ideally one that lasts a woman's full military tour.** This would alleviate the burden associated with seeking refills during deployment and help with method continuation.

- **Promote policies and education that aim to reduce unintended pregnancy and encourage sexual health.** Current regulations make sexual relationships a chargeable offence in a number of circumstances.<sup>15</sup> Confusion or concern about these laws put some women at increased risk of unintended pregnancy, since some are led to believe they won't need contraception for deployment and because they may be fearful of asking for contraception. Information for servicemembers should emphasize the available services to prevent unintended pregnancy. Health services should be confidential, and women should be guaranteed that military providers will not report them without their consent.
- **Ensure all women who experience military sexual trauma (MST) have access to comprehensive, confidential treatment and care—including abortion.** The prevalence of MST is alarming; an estimated 20-43% of servicewomen experience rape or attempted rape during their military careers,<sup>16</sup> and 75% of incidents are never reported.<sup>17</sup> Enforcing military laws and policies related to MST must be an institutional priority. This includes promoting an environment that enables women who have been raped to access the confidential abortion services in military treatment facilities that are guaranteed by law.
- **Provide and cover abortion in all circumstances in military treatment facilities.** In the general US population, 42% of unintended pregnancies end in abortion.<sup>9</sup> However, women in the military have limited pregnancy options, especially when deployed. Servicewomen deserve the same access to care as civilian women in the US. Alternatively, women should be able to pay out of pocket to receive abortion care in military treatment facilities.

<sup>1</sup> Department of Defense. 2014 demographics: profile of the military community. Office of the Deputy Assistant Secretary of Defense (Military Community and Family Policy); 2014.

<sup>2</sup> Holt K, Grindlay K, Taskier M, Grossman D. Unintended pregnancy and contraceptive use among women in the US military: a systematic literature review. *Military Medicine* 2011;176(9):1056-64.

<sup>3</sup> Grindlay K, Yanow S, Jelinska K, Gomperts R, Grossman D. Abortion restrictions in the US military: voices from women deployed overseas. *Women's Health Issues* 2011;21(4):259-64.

<sup>4</sup> Grindlay K, Grossman D. Contraception access and use among US servicewomen during deployment. *Contraception* 2013;87(2):162-9.

<sup>5</sup> Grindlay K, Grossman D. Unintended pregnancy among active-duty women in the United States military, 2008. *Obstetrics & Gynecology* 2013;121(2 part 1):241-6.

<sup>6</sup> Grindlay K, Grossman D. Unintended pregnancy among active-duty women in the United States military, 2011. *Contraception* 2015;92(6):589-95.

<sup>7</sup> TRICARE. See what's covered. <http://www.tricare.mil/CoveredServices.aspx>.

<sup>8</sup> Curtis KM et al. US medical eligibility criteria for contraceptive use, 2016. *Morbidity and Mortality Weekly Report* 2016;65(3):1-104. <https://www.cdc.gov/mmwr/volumes/65/rr/rr6503a1.htm>.

<sup>9</sup> Finer LB, Zolna MR. Declines in unintended pregnancy in the United States, 2008-2011. *New England Journal of Medicine* 2016;374(9):843-52.

<sup>10</sup> Coles MS, Makino KK, Stanwood NL, Dozier A, Klein JD. How are restrictive abortion statutes associated with unintended teen births? *Journal of Adolescent Health* 2010;47(2):160-7.

<sup>11</sup> Legal Information Institute. US Code § 1093. Performance of abortions: restrictions. <http://www.law.cornell.edu/uscode/text/10/1093>.

<sup>12</sup> Kirkman M, Rowe H, Hardiman A, Mallett S, Rosenthal D. Reasons women give for abortion: a review of the literature. *Archives of Women's Mental Health* 2009;12(6):365-78.

<sup>13</sup> One Hundred Fourteenth Congress of the United States of America. S.1356: National Defense Authorization Act for fiscal year 2016. <https://www.gpo.gov/fdsys/pkg/BILLS-114s1356enr/pdf/BILLS-114s1356enr.pdf>.

<sup>14</sup> Hatcher RA, Trussell J, Nelson AL, et al. *Contraceptive technology*, 18th rev. ed. New York, NY: Ardent Media; 2004.

<sup>15</sup> Library of Congress, Federal Research Division. *Manual for courts-martial United States* (2012 Edition). Military Legal Resources; 2012.

<sup>16</sup> Suris A. Military sexual trauma: a review of prevalence and associated health consequences in veterans. *Trauma Violence Abuse* 2008;9(4):250-69.

<sup>17</sup> DoD. Fiscal year 2014 DoD annual report on sexual assault in the military. Washington, DC: DoD; 2015.



Ibis Reproductive Health aims to improve women's reproductive autonomy, choices, and health worldwide.

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Issued November 2012, updated February 2017

This research was supported by grants from The Wallace Alexander Gerbode Foundation and The William and Flora Hewlett Foundation.