

## GENERAL GYNECOLOGY

# Unintended pregnancy and contraception among active-duty servicewomen and veterans

Vinita Goyal, MD, MPH; Sonya Borrero, MD, MS; Eleanor Bimla Schwarz, MD, MS

There are several definitions used in military service duty. One of these is active duty.<sup>1</sup> This includes enlisted personnel and officers providing full-time duty in the active military service of the United States (Army, Navy, Air Force, Coast Guard, and Marine Corps) and active-duty status in the Reserves and the National Guard (other than for training). Another term is deployed personnel.<sup>2</sup> These are active-duty personnel who are relocated to the desired operational areas. Deployment encompasses all activities from the origin or home station through the destination specifically including the intracontinental United States, the intertheater, and the intratheater movement. Another term is a reservist.<sup>2</sup> These are members of the military services who are not in active service

The number of women of childbearing age who are active-duty service members or veterans of the US military is increasing. These women may seek reproductive health care at medical facilities operated by the military, in the civilian sector, or through the Department of Veterans Affairs. This article reviews the current data on unintended pregnancy and prevalence of and barriers to contraceptive use among active-duty and veteran women. Active-duty servicewomen have high rates of unintended pregnancy and low contraceptive use, which may be due to official prohibition of sexual activity in the military, logistic difficulties faced by deployed women, and limited patient and provider knowledge of available contraceptives. In comparison, little is known about rates of unintended pregnancy and contraceptive use among women veterans. Based on this review, research recommendations to address these issues are provided.

**Key words:** active duty, contraception, military women, pregnancy, pregnancy prevention, service women, unintended pregnancy, veterans

From the Department of Obstetrics and Gynecology, Women and Infants' Hospital, Providence, RI (Dr Goyal); Department of Medicine, Veterans Affairs Center for Health Equity Research and Promotion, University of Pittsburgh (Dr Borrero), and Department of Medicine, University of Pittsburgh (Dr Schwarz), Pittsburgh, PA.

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Reprints: Vinita Goyal, MD, MPH, 101 Dudley St., Department of Obstetrics and Gynecology, Women and Infants' Hospital, Providence, RI 02905. [vgoyal@wihri.org](mailto:vgoyal@wihri.org).

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but who are subject to call to active duty. The reserve component consists of the Army and Air National Guard and the Army, Navy, Marine Corps, Air Force, and Coast Guard Reserves. Then there are the veterans,<sup>1</sup> who are individuals who have served, but are not currently serving, on active duty in the US Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard, or Reserves or who served in the US Merchant Marine during World War II.

Now, more than ever, the US military relies on the direct participation of women. Currently, 20% of new military recruits, 15% of active-duty military personnel, and 17% of Reserve and National Guard forces are women.<sup>3</sup> More than 400,000 women are active-duty, National Guard, or Reserve members.<sup>4</sup> In comparison, in 1973, women comprised only 2% of the active-duty population.<sup>5</sup> As the number of women in the military has increased, the population of women veterans has also increased. There are presently more than 1.8 million US female veterans, up from 1.1 million in 1980, who comprise 8% of the total veteran population.<sup>6-8</sup> By 2036, it is projected that the proportion of women veterans will almost double to 15%.<sup>9</sup>

Both the Department of Defense (DOD) and Department of Veterans Affairs (VA) are making concerted efforts to ensure the provision of quality health care to women who are serving or have served in the US military,<sup>10,11</sup> yet many women also seek care from civilian physicians. As such, health care providers within the community, as well as those in the DOD and VA, need to be aware of the reproductive health needs of this population.

## Existing military health care structure

The DOD provides medical benefits for active duty personnel, retirees, Reservists, and National Guard members called to active duty, and certain dependents under the worldwide health care plan called TRICARE. Under TRICARE, most health care is provided by a military treatment facility.<sup>12</sup> Military personnel covered by TRICARE may be referred to a civilian medical provider if care is unavailable at the local military treatment facility or if they live and work more than 50 miles from the nearest treatment facility.<sup>13,14</sup> Service members may also seek care outside the military treatment facility or referral network, but this may not be reimbursed.<sup>13</sup>

After leaving active military service, women veterans may seek care from a community physician using TRICARE (where accepted), private health insurance, Medicaid, or Medicare.<sup>8</sup> Women veterans who are honorably discharged active-duty service personnel or eligible Reservists or National Guard members may also qualify for cost-free or subsidized health care services through the VA based on the presence of a service-related medical condition (ie, service connection) and/or income-based need at any time after discharge from the military.<sup>8</sup> Operation Enduring Freedom (Afghanistan) and Operation Iraqi Freedom (OEF/OIF) veterans may receive health care services at the VA for 5 years following discharge, regardless of income or service connection.<sup>15</sup>

Women veterans are the fastest growing group of new VA health center users, and eligible women may receive preventive care, gynecological care, and maternity and some infertility care through the VA.<sup>8</sup> However, only 14% of all female veterans sought health care at a VA site in 2008-2009, with the vast majority, 76%, obtaining health care exclusively at non-VA sites.<sup>16</sup> Of those who used VA services, 53% were dual VA and non-VA users.<sup>17</sup> Among all women veterans, greater than 60% of both VA and non-VA health care visits in 2008-2009 were to address specific women's health care issues.<sup>18</sup> Even though these women are seeking care at a VA medical center more frequently than female veterans from previous eras, a large majority continue to obtain obstetric and gynecological care from non-VA providers.

### Reproductive health needs of military women

Active-duty and veteran women are largely of childbearing age. Approximately 75% of new military recruits are younger than 22 years of age.<sup>19</sup> In total, 42% of all female veterans are currently of childbearing age, and more than 90% of female veterans who served after Sept. 11, 2001, are between 18 and 44 years of age.<sup>18</sup> These women have reproductive health issues that may not be typically thought of when considering military and veteran health care.

Because of its potentially high burden for military women, as well as its impact on military operations, prevention of unintended pregnancy is one reproductive health issue of particular importance. Unintended pregnancy among active-duty servicewomen can be problematic for several reasons. Deployed servicewomen with an unintended pregnancy may face significant obstacles in seeking timely prenatal care and even greater barriers to accessing safe abortion services.<sup>20,21</sup> Furthermore, the military careers of women who become pregnant may be prematurely halted, thus restricting their economic and professional achievements.<sup>22</sup> For the military, unintended pregnancy is costly, limits unit readiness, and results in decreased deployment of military recruits.<sup>22,23</sup>

In this article we reviewed the existing literature on unintended pregnancy and contraceptive use among women in the military. This review revealed high rates of unintended pregnancy among active-duty servicewomen, which may result from the limited use of effective methods of contraception. The data on unintended pregnancy and contraceptive use are far greater among active-duty servicewomen than women veterans. Yet the risk factors that predispose women to unintended pregnancy may persist as they transition out of active service and become veterans. The gaps in knowledge about these key issues among military and veteran women are highlighted and provide the basis for research recommendations to further enhance the reproductive health care provided to these women.

### Active-duty servicewomen

#### The burden of unintended pregnancy

Although all members of the US armed forces are prohibited from engaging in sexual intercourse outside marriage,<sup>24</sup> when surveyed, unmarried service personnel do endorse sexual activity.<sup>25-29</sup> The specific context of these sexual encounters is unknown but may occur in violation of military policy, during vacation from active duty,<sup>30</sup> while under the influence of alcohol or drugs,<sup>29</sup> or be forced.<sup>27</sup> Because sexual intercourse is prohibited in most situations, active-

duty personnel often forgo condom use to avoid incriminating evidence.<sup>27</sup> Servicewomen may avoid use of other methods of contraception for the same reason, but no studies have addressed this. It is in this scenario of sexual activity without use of contraception that servicewomen are at risk for unintended pregnancy.

Several studies among women serving in the military report rates of unintended pregnancy exceeding the rates seen in the general population. Approximately 50% of US women will have an unintended pregnancy.<sup>31,32</sup> Studies among women in the Air Force reveal that 54-60% of women reported an unplanned pregnancy,<sup>23,33</sup> among whom 71% stated they were unhappy to be pregnant.<sup>33</sup> Surveys of women in the Navy demonstrate similarly high rates of unintended pregnancy at approximately 50-60%.<sup>34,35</sup> Female Army soldiers also have high rates of unwanted or mistimed pregnancies at 55-65%.<sup>22,36</sup>

In a 2005 survey conducted by the DOD, 16.2% of military women 20 years old or younger reported an unintended pregnancy in the last year.<sup>37</sup> In the general population, the total pregnancy rate, including intended and unintended pregnancies, was 7.1% for similarly aged women in 2005.<sup>38</sup> As in the general population, unintended pregnancy among military women is most commonly associated with younger age, unmarried status, and lower educational levels.<sup>22,35,36</sup> Additionally, servicewomen at highest risk for unintended pregnancy typically have lower military rank.<sup>22,23,36</sup>

Although there is no established link between unintended pregnancy and military sexual trauma, defined as severe or threatening forms of sexual harassment and sexual assault sustained in military service,<sup>39</sup> victims of sexual violence in the civilian population have been found to be at higher risk for unintended pregnancy.<sup>40</sup> In the US general population, approximately 18% of women surveyed reported that they had been the victim of a completed or attempted rape during their lifetime and 5% of rapes resulted in pregnancy.<sup>41,42</sup> More than 20% of all women veterans and 15% of OEF/OIF veterans reported being victims of mili-

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