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Unintended Pregnancy and Contraceptive Use Among Women in the U.S. Military: A Systemic Literature Review

PUBLICATION

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ABSTRACT

“U.S. servicewomen’s ability to plan pregnancies is of concern to the military in terms of troop readiness and cost and is an important public health issue. Contraception access and use are crucial, particularly given the high prevalence of sexual assault in the military and the benefits of menstrual suppression for deployment. We systematically searched for publications on contraception, unintended pregnancy, and abortion in the military. Pregnancy and unintended pregnancy rates are higher among servicewomen than the general U.S. population. Contraceptive use may be somewhat higher than the nonmilitary population, although use decreases during deployment. Reported use of hormonal methods for menstrual suppression is lower than interest. There are limited data on these topics; more large, representative studies and longitudinal data from all branches are needed, along with qualitative research to explore findings more deeply. Emergency contraception and abortion are particularly under-researched.”

RESEARCH HIGHLIGHTS

- Servicewomen’s ability to access and use contraceptives is directly linked to troop readiness. Given that servicewomen comprise 15 percent of all active duty forces, understanding military women’s experiences in accessing and using contraceptives and abortion services, as well as unintended pregnancies (UIP), is crucial to reducing UIP among servicewomen. To improve contraceptive use and reduce UIP among servicewomen, this article reviews the existing literature on UIP and contraceptive use.
- Through the literature review, the authors found that 20 percent of pregnancies among servicewomen are unintended. Lower military rank, younger age, being unmarried, and not having a college degree were associated with an increased likelihood of UIP. Additionally, though slightly more than 6 percent of servicewomen reported unwanted sexual contact, the DOD estimates that 80 percent of servicewomen who experience unwanted sexual contact do not report it. This is a critical finding given the connection between sexual assault and unintended pregnancy.
- Similar to civilian women, servicewomen use contraceptives for a variety of reasons, including menstrual suppression and preventing UIP. However, while the use of oral contraceptives (OCs) increases during deployment, use of condoms decreases. More research is needed on servicewomen’s interest in and usage of contraceptives during deployment. Future researchers should also study the influence of military perceptions and cultural norms on UIPs and using condoms to prevent sexually transmitted infections (STIs).



IMPLICATIONS

FOR PRACTICE

Deployed servicewomen who are not currently trying to get pregnant should consider utilizing available contraceptives, especially those with a greater risk for unintended pregnancies (UIP). To ensure all servicewomen have access to family planning services and are knowledgeable of their options, healthcare providers should discuss and offer access to family planning services, including contraceptives, abortion services, and preventative information. Healthcare providers should discuss both short- and long-term family planning options servicewomen prior to a deployment. Discussing family planning options with servicewomen who are enlisted, younger, unmarried, and without a college degree have a higher likelihood of UIP is critical, especially since they are more likely to have an unmet need in regards to family planning services. Additionally, both female and male servicemembers should seek available services on preventing unwanted sexual contact.

FOR POLICY

To reduce UIP among servicemembers, the DoD and policymakers might expand TRICARE to offer more contraceptive options to both male and female servicemembers. Given that many servicemembers were unclear on the effects of using contraceptives long term and STIs, the DoD might consider implementing comprehensive pre-deployment education on UIP, menstrual suppression through contraceptives, and using both female and male condoms. The DoD might consider standardizing abortion policies across branches. Additionally, the Department of Defense (DoD) might continue encouraging safe, confidential environments for servicemembers to speak with medical professionals about military sexual assault experiences. Given the prevalence of sexual assault during military service, the DoD and policy makers might prioritize reliable and prevalent reporting systems, as along with more sexual assault prevention education for both male and female servicemembers. Since many servicewomen report unwanted sexual contact after their separation, the DoD might partner with the Department of Veterans Affairs (VA) for additional information on sexual assaults that occur during one's military service.

FOR FUTURE RESEARCH

Despite the wealth of information provided through this literature review, it was published five years ago. Thus, a significant limitation is that the literature on UIP and contraceptive among women servicemembers is limited. More research is needed on UIP, utilization of contraceptives, and military sexual assault among servicemembers. Research is needed to better understand the impact of family planning services for servicemembers, especially women. Future researchers should study reasons why some long-term contraceptive options, such as intrauterine devices (IUDs), and hormonal implants are used at lower rates than oral contraceptives among deployed servicewomen. It might also be beneficial to study how deployment conditions affect contraceptive use and UIP. Researchers should also study how current sexual assault reporting systems can be improved to encourage reporting sooner. At the time of this study, a majority of the studies on military pregnancies were small, non-representative samples. To improve generalizability, future researchers should analyze large, representative samples. Additionally, most of these studies are cross-sectional. Future researchers should use both cross-sectional and longitudinal data sources. Analyzing longitudinal data could allow for more information on the long-term effects of family planning initiatives and policies. More research is needed on the healthcare needs of deployed servicemembers by gender.

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