

Women's Reproductive Health in the Military

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On my honor as a University student, I have neither given nor received unauthorized aid on this assignment as defined by the Honor Guidelines for Thesis-Related Assignments.

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Women have been permitted to serve as career military personnel in the US armed forces since the passage of the Women's Armed Services Integration Act of 1948 (U.S. Army). Their numbers have been growing. In 2020, there were 229,933 active-duty servicewomen, constituting 17.2 percent of all US military personnel (DoD, 2020). Women are also the fastest-growing group among veterans (Aponte et al., 2017).

Although equity is often construed as equality of treatment, equal treatment can impose inequities when essential differences are disregarded. Equity requires accounting for physiological differences between men and women in accommodations, resources, and procedures, including those in healthcare. These differences are not sufficiently recognized in military healthcare, causing injustices in the form of preventable gynecological health risks for women, including higher rates of infections and consequent psychological and financial burdens. Women in the military have higher rates of unintended pregnancy than civilians and their duties often interfere with their ability to prioritize their health.

Advocacies such as the Servicewomen's Action Network (SWAN, 2020) and the Military Women's Health Research Interest Group (MWHRIG) demand improvements in reproductive health conditions in the military. Through interviews and surveys, servicewomen have revealed how these inequities affect their military careers, but power dynamics, including strict hierarchies of rank, deter speaking out about injustices. While beyond the scope of this research, such power dynamics also contribute to the high rate of sexual assault in the military, with profound implications for all servicewomen (DoD, 2023). Recent proposed legislation shows some congressional support to improve conditions for servicewomen, although some legislators

oppose increases in funding for these issues, especially regarding highly divisive topics like abortion.

However, these inequities are not only harmful to women but costly to the military and come from ignorance, outdated policies, and an indifference to the distinct needs of women in the military.

Review of Research

In 1972, Oakley first distinguished between the biological concept of "sex" and the cultural concept of "gender", highlighting how societal opinions on gender roles have evolved over time and continue to pose challenges. Women serving in the military present a conflict between traditional gender roles and the expectations of soldiers. Despite advancements in technology and improvements to contraception, stigmatism surrounding women's reproductive health persists partly due to entrenched beliefs about masculinity and femininity. While Oakley's observations remain relevant, it is also important to recognize how biological sex differences can impact various military settings.

After exploring the little research that was available about servicewomen and female veteran health, Englert and Yablonsky (2018) and Katon et al. (2019) concluded that significant gaps exist in our knowledge about these fields. SWAN (2020) summarizes the barriers that servicewomen face regarding access to contraception and abortion restrictions in two publications. They provide recommendations for policy changes and actions to be taken to improve the lives of women serving in the military. Steele and Yoder (2013) discuss the complications women deal with in deployment settings and how they can affect hygiene and cause gynecological infections. Their research aims at understanding and improving the lives of

women in the military. Because women's involvement in combat is still relatively new, there is a lot of progress to be made to solve these problems.

A direct parallel can be drawn between women's participation in the United States military and women's participation in sports. This parallel highlights the patterns that gender discrimination and desegregation follow, giving valuable insight into steps that can be taken to continue to improve equality in the military. Schultz, O'Reilly, and Cahn (2019) explored the progression of women in sports in the United States. They reported that the founder of the Olympics, Baron Pierre de Coubertin, strongly believed that only men should participate in sport with "female applause as reward" and that female participation was "against the laws of nature." Despite fierce opposition, sporting events saw unofficial female participants that paved the way for official regulation, much like the groups and individuals that found ways to avoid gender regulations to serve in military combat throughout history. According to Schultz, O'Reilly, and Cahn, women were allowed in select events in the 1908 Olympics such as archery and figure-skating. Similarly, women were permitted in the military to serve as nurses, or in certain specific groups until the Women's Armed Services Integration Act. As time went on in both fields, small changes were made despite continued resistance. Schultz, O'Reilly, and Cahn recount that as women's involvement in sports grew, women had to deal with injuries and psychological burdens that resemble some of the problems we see among women in the military (Schultz, O'Reilly & Cahn, 2019).

In 1972, Title IX of the Education Amendments was introduced to prohibit discrimination based on sex in educational programs and activities (Education Amendments of 1972). Title IX has brought many opportunities for women in sports and provides a layer of protection in educational environments. However, Sandler (2007) describes that at the time of its

passage, even those who were very involved with the bill, did not fully understand the impact it would have. The world of college athletics was unaware that Title IX covered sports until more widespread interpretation began explicitly determining the meaning of the amendment. This evoked extreme backlash and legislation attempts to reverse some of the coverage were ultimately unsuccessful (Sandler, 2007). Tibbetts (2020) argues that as time went on, the benefits that came with the legislation have been offset by the “decrease in the number of female coaches, high rates of sexual abuse among female athletes, and elimination of successful men’s programs.” Most of Title IX’s critics argue that the proportionality rule that states, “The number of opportunities for participation for each gender in sports is roughly proportional to that of the percentage of each group in the school's population” is the main weakness of the amendment.

As we try to improve the lives of US servicewomen, it is important that we learn from the successes and failures of cases like the Title IX amendment. We must aim at fixing the problem at its core instead of remedying the symptoms. By learning about how discrimination has been handled in comparable fields, we can optimize legislation and improvements and limit unintended consequences that can be otherwise hard to predict.

Neglect and Ignorance

Neglect and ignorance of women’s reproductive health in the military contributes to lower retention rates and other complications for the military. Englert and Yablonsky (2018) show these research gaps in their analyses of women’s health in the military. They found that obstetric-gynecologic health topics had the most gaps and the smallest percentage of excellent-quality articles. Topics shared between men and women, such as psychological health and social relationships, had significantly higher percentages of excellent and good-quality scores, although

all topic areas had room for improvement (Englert & Yablonsky, 2018). According to Katon et al. (2019), many realms of female health have been comparatively neglected in research, including sexual behavior and sexually transmitted infections (STIs).

This lack of research is accompanied by and exacerbates misinformation and general ignorance regarding many of the topics that impact gynecological health. Chung-Park (2008) found that many military health providers exhibited a minimal understanding of emergency contraception pills (ECPs) and that personal values often impacted their willingness to prescribe ECPs. Many soldiers also demonstrate knowledge gaps about their own sexual and reproductive health, furthering the detrimental effects (SWAN, 2020). The RAND corporation surveyed servicewomen's reproductive health experiences and found that only 18 percent of active-duty servicewomen received contraceptive counseling prior to deployment (Meadows, et al., 2022). More than half of total military members are under the age of 30, emphasizing the importance of counseling due to this high percentage of reproductive aged personnel (DoD, 2020). The Defense Health Board (DHB) concluded that servicewomen health is optimized when they are enabled and encouraged to prioritize their health (DHB, 2020). Giving soldiers the information and resources they need to improve their health is a low-cost solution that can be easily implemented to improve women's health in the military.

The DHA also acknowledged that the findings that have been made regarding female soldier health have not been successfully implemented (DHB, 2020). This shows that these issues are generally accompanied by an inability to execute solutions when problems are exposed. These deficiencies in available research and knowledge that exist among minority groups across all fields are major reasons for observed disparities. Servicewomen exhibit lower retention rates, lower promotion rates, and higher attrition rates than their male counterparts

(GAO, 2020). Although the Department of Defense (DoD) has identified that these factors are important to diversity in the military, they do not have any plans or goals to decrease these differences (GAO, 2020).

Stigma and Contraception

Knowledge gaps and discrimination cause an inadequate volume, variety, and availability of contraceptives at military facilities bringing additional hardships for servicewomen. The stigma regarding contraceptive use in and out of the military has existed for decades. An enlisted soldier in the United States Air Force states, “While on my 1st deployment in 2002, I was told I didn’t need contraception because of General Order #1 [prohibiting sex during deployment]” (SWAN, 2020). But oral contraceptives are useful for more than birth control; they can prevent ovarian cysts, reduce symptoms of premenstrual syndrome (PMS), and relieve anemia (Planned Parenthood). Yet servicewomen report stigma as a major obstacle for obtaining contraceptives (Jacobsen & Jensen, 2011). Surveys showed that the percentage of servicewomen who felt comfortable discussing birth control with providers decreased as rank decreased (Meadows, et al., 2022). Also, 32.8 percent of DoD women felt more comfortable requesting from providers outside of the military (Meadows, et al., 2022). Military health providers express conflicting ideologies between the Hippocratic oath and the oath to the United States Constitution that can lead to loss of confidentiality and privacy (Jacobsen & Jensen, 2011). Women often report privacy concerns and perceived judgment as barriers for requesting contraception (Seymour, et al., 2020)

Deficient sexual education and reproductive health research limit the availability and variety of contraception methods in the military. Access to contraception is seen as a human

right, but the laws that require access to contraception (National Defense Authorization Act, 2016) and recent congressional attempts to expand access (Access to Contraception, 2021) continue to leave space for these issues to exist. Deep analysis of these regulations reveals the true inequities that impact the reproductive health of servicewomen by creating an illusion of equal treatment between men and women. A maximum prescription limit of 180 days, no requirements to have all contraceptives available at each facility, and insufficient insurance coverage are some of the issues that arise when examining these regulations (Affordable Care Act, 2010, Mendez, 2023). Most strikingly, health care providers are permitted to opt-out of providing health care services that contradict their own religious beliefs (Mendez, 2023). Regarding contraception, the U.S. Food and Drug Administration states that “No one product is best for everyone” (FDA, 2022). However, the RAND corporation revealed that one in five women were unable to access their preferred form of birth control and one in five women reported feeling pressured by their medical provider to use a certain birth control method (Meadows, et al., 2022). Some female soldiers also report a lack of ongoing access to contraception during deployments and an inability to use contraceptives due to a lack of insurance coverage (SWAN, 2020, Meadows, et al., 2022).

Menstrual suppression is a technique used to decrease the frequency and volume of menstruation. There is a demand among women in the military for menstrual regulation, but limited research exists on this topic and there is low actual usage of oral contraceptives for this purpose (Wood, et al., 2021). Women in the military frequently report difficulties managing symptoms of menstruation while on deployments and working in the field (Eagan, 2019). Surveys show that 66 percent of deployed women reported a strong desire to hormonally suppress periods (Goyal, Borrero, & Schwarz, 2012). The military is a field where menstrual

suppression could improve operations and readiness due to the impact that menses have on military settings and servicewomen's duties, but little evidence shows that this is common practice among servicewomen.

Unintended Pregnancy and Abortion

The problems that exist with contraception availability and education are evident when examining the rate of unintended pregnancies in the military. Outdated policies contribute to the high rate of unintended pregnancy, make abortions difficult to obtain, disrupt the lives of servicewomen, and ultimately impair military effectiveness. 7.8 percent of women in the military reported unintended pregnancy in the prior year as compared to 5.2 percent of civilian women (Grindlay & Grossman, 2013). This discrepancy is still significant following age adjustments. An estimated 13,860 unwanted pregnancies occur in the military each year, which can lead to a variety of negative health and career impacts (Ibis Reproductive Health, 2017). Women who have an unintended pregnancy have shown higher rates of postpartum depression and other health consequences (Cheng, et al., 2009). Women in the military must also face career setbacks when dealing with pregnancy because of the nature of their profession. Grindlay and Grossman (2013) show that most of the surveyed women cited their military careers as a reason for getting an abortion. During the Persian Gulf War, pregnancy was the leading cause of female evacuation and cost around \$10,000 (Christopher & Miller, 2007). Servicewomen believe that making abortion access more difficult affects military's finances, readiness, and personnel (Grindlay & Grossman, 2013). Therefore, not only do unintended pregnancies impact women's health and careers, but they also impact the military as a whole by increasing costs associated with evacuation, treatments, and loss of personnel.

Federal law prohibits the use of DoD facilities and funds to perform abortions outside of cases of rape, incest, or cases in which the mother's life is endangered (Performance of Abortions, 1985). For deployed women living overseas, this means continuing a deployment would require seeking care outside United States military facilities in a foreign country, provided that abortion is legal in that country. Some of these instances are highlighted by SWAN (2021), including a soldier stationed in Japan who felt "completely alone" and "will never forget the humiliation" she felt when she was seeking abortion care. She explains that her military doctors were not permitted to provide any information about the procedure. Although she served in the US military, she was not given translators, transportation, or assistance of any kind (SWAN, 2021). Servicewomen seeking abortions must also bear the associated costs themselves despite their limited military salary.

Recent Supreme Court ruling in *Dobbs v. Jackson Women's Health Organization* prompted a DoD memorandum emphasizing that women in the military are permitted to travel and use leave for obtaining abortions (Austin, 2022). This memorandum fails to address the underlying issues and exacerbates the challenges that servicewomen face in accessing reproductive healthcare. Opposers such as Congressman Mike Rogers believe the "DoD must be blocked from wasting any portion of their budget on this horrendous policy" (O'Brien, 2022). This memorandum invites this opinion because this statement details a way to work around regulations. It is difficult to justify increasing funding for loopholes around legislation to skeptics and those in opposition. If the DoD supports women traveling to another state or country to obtain an abortion, they should instead save finances, time, and resources by allowing abortions in DoD facilities.

Infections and Injuries

Disregard of the significance of physiological differences between men and women in the military promotes unhygienic behavior leading to dangerous infections and therefore increases healthcare costs. Veteran Amber Davila says, “we spend our whole lives assimilating into a male world. Why should we have to assimilate into male healthcare? We are biologically different” (Tsirkin, 2022). After multiple miscarriages and extreme stomach pain, Davila explains that her concerns were not taken seriously. After getting care outside of the military, she had no choice but to remove her uterus. Davila emotionally explains that she now does not have the opportunity to have another child (Tsirkin, 2022).

The most common health risks for deployed servicewomen are related to the reproductive system (Steele & Yoder, 2013). According to Meadows, et al. (2022), about one in three active-duty servicewomen reported having a urinary tract infection or another vaginal infection since joining the military, and 44 percent reported lacking access to necessary feminine hygiene products. Half of the women surveyed often lacked the privacy or bathing facilities needed for feminine hygiene needs (Meadows, et al., 2022). Servicewomen experience higher rates of certain sexually transmitted infections (STI) such as chlamydia and gonorrhea which are associated with vaginal infections like bacterial vaginosis (Bautista, et al., 2018). Inability to maintain proper hygiene increases the risks of developing infections of the reproductive system and these infections can lead to more serious conditions such as pelvic inflammatory disease and birth complications (DHB, 2020). Although some of these issues can also affect male soldiers, servicewomen are five times more likely than their male counterparts to have an increased risk of urogenital infections from working in military settings (DHB, 2020).

Deployment environments have been shown to drive unhygienic behavior that promote these gynecological infections in women. Physiological differences affect seemingly simple tasks such as urination in this heavily male-dominated field. Limited numbers of bathrooms and showers, and lack of time and privacy drive unhealthy hygiene and urination patterns among women in the military (Doherty & Scannell-Desch, 2012). Women report a variety of dangerous urination practices such as intentional restriction of fluids and holding urine for prolonged periods, both of which are known to increase risk of infection (Steele & Yoder, 2013). Menstruation and menstrual symptoms during deployment increase these difficulties, especially with inadequate availability of tampons and sanitary napkins (Trego, 2007). The ability to frequently change feminine products is essential to avoid reproductive system complications. Dealing with menstrual symptoms in these environments can be difficult and these are some of the reasons for the desire to regulate and suppress menstruation. These are just a few of the problems that contribute to the high urinary tract infection, bacterial vaginosis, and STI rates among women in the military (Bautista, et al., 2018).

Women also lack appropriate gender-customized equipment necessary for meeting standards and reducing injuries (DHB, 2020). The functionality of equipment and uniforms in the military must be optimized to ensure adequate performance in combat zones. Women experience higher acute injury rates than men in the military (DHB, 2020). Improved gender-customization of equipment and training has the potential to decrease musculoskeletal injuries and improve some of the difficulties women have in maintaining personal hygiene. Col. Lee Norman explains that "we're paying for the disability and injuries now, oftentimes for the remainder of the service member's life" when discussing how women are discharged for disability in their first year of service at twice the rate of men (Kime 2020). Norman understands

that improving the experiences and services available to women has the potential to cut healthcare costs while protecting servicewomen. Because women's widespread involvement in the military is still relatively new, research into these topics has immense potential to improve many aspects of the lives of servicewomen.

Conclusion

Diversity in every field brings new perspectives and increases the productivity and success of operations. Women are integral members of our society and our nation's military and their participation should be welcomed and celebrated. The number of obstacles that continue to deter women from joining and staying in the military is astounding considering the rapid increase in female membership. These obstacles are the result of a mixture of factors that can be solved using low-cost solutions.

The lack of research and knowledge in the field of women's health, and more specifically military women's health, impacts every disparity that has been discussed thus far. Emphasizing equal gender participation in research studies can eliminate some of the conscious and unconscious bias in designing equipment, enacting standards, and every aspect of the field. Providing more widescale and intensive education and counseling about reproductive health would make sure servicewomen are prepared to prioritize their health, especially in situations where it may be difficult to find contraception or maintain healthy hygienic practices.

The health and safety of servicewomen would be increased by updating outdated abortion policies. Also, a combination of education, increased contraceptive access, and new legislation, has the potential to decrease funding for female evacuation as well as increase troop readiness

and maximize military efficiency. Increasing funding for travel to obtain an abortion is unnecessary and is an attempt for the DoD to avoid solving the actual problem.

To fully solve these problems, we need to understand the differences between men and women and how they impact deployment environments. More customized solutions will, again, not only improve the lives of women in the military but can decrease the injuries and increase retention rates which are beneficial for the entire US military.

Brig. Gen. Jeannine Ryder states that “we need to be reminded of where we’ve been so that we move forward, and not back” (Sanchez, 2022). The path to gender equality in other fields can be generalized to predict the outcomes of certain measures in the military. Servicewomen experience many hardships in order to protect this country and they deserve an experience that is equitable to their male counterparts.

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