# **Policy Brief**



igure 3 Creator: Paula Bronstein |

## Women's Deployment Health

We have made significant advances in gender integration of active duty service women (ADSW) into military career fields they were once prohibited from joining. However, disparities and inequitable healthcare experiences of women in the military still exist and are often exacerbated during deployments.

Inadequate pre-deployment education on contraceptive availability for unintended pregnancy prevention, options for menstrual suppression, and education on infection prevention for women is a threat to our total force readiness. Inadequate feminine hygiene and urinary retention increases the risk of urinary tract and vaginal infections, compromising the military mission.

The DoD Diversity and Inclusion Management Program (2020) policy promotes a diverse workforce that provides an inclusive culture that supports an individual's ability to contribute to the mission. Arguments have been made that women should be held to the same standards as men if they choose to serve alongside their male counterparts. Despite common arguments, gender equality and adequate gender-specific healthcare is not a double standard. It is time we ensure it is the standard of care for women serving in the military.

> FigiFigure 1 Military OneSource (2021). httphttps://download.militaryonesourc e.rre.mil/12038/MOS/Reports/2021dendemographics-report.pdf#page28

Women throughout history have supported war efforts. During the Revolutionary War, women became nurses and aides; some even disguised themselves as men to fight in the Civil War (U.S. Army, 2023). In June of 1948, the Women's Armed Service Integration Act was passed to allow women to receive permanent status in the U.S. armed forces, but they were still excluded from specific jobs and combat roles (Vergun, 2023). In 2016, Congress passed the law to permit the full integration of women in any occupation or position without exception (U.S. Army, 2023).

As of 2021, women comprised up to 17.3%/231,741 active-duty force and 21.4%/171,000 National Guard and reserves (Military OneSource, 2021). The brave women of earlier conflicts paved the way for laws to be changed to allow women to integrate into the military to defend our country alongside men. However, it is up to today's women to continue fighting a more personal battle in pursuing gender-specific healthcare equality and an inclusive military service culture.

Ensuring RELIABLE healthcare outcomes for women, ANYTIME, ANYWHERE requires an immediate call to action!

2.13 | Percentage of Active Duty Enlisted Members and Officers by Service Branch and Gender

The Air Force has the largest percentage of female Active Duty members (21.3%), while the Marine Corps has the smallest percentage of female Active Duty members (9.1%).

Service Branch	Enlisted		Officers		Total	
	Male	Female	Male	Female	Male	Female
Army	85.2%	14.8%	81.6%	18.4%	84.5%	15.5%
Navy	79.5%	20.5%	79.6%	20.4%	79.5%	20.5%
Marine Corps	90.9%	9.1%	90.9%	9.1%	90.9%	9.1%
Air Force	79.1%	20.9%	77.3%	22.7%	78.7%	21.3%
Space Force	78.5%	21.5%	82.2%	17.8%	80.3%	19.7%
Total DoD	83.0%	17.0%	80.8%	19.2%	82.7%	17.3%

ote: Displayed percentages may not total 100% due to rounding. ource: DMDC Active Duty Military Personnel Master File (September 2021)



Figure 4 Creator: Paula Bronstein | Copyright: 2010 Getty Images

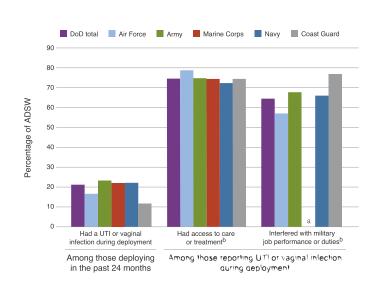
Certain health and wellness considerations specific to women during deployment remain problematic despite the passage of the 2016 National Defense Authorization Act (NDAA). The NDAA provides women access to comprehensive healthcare services before, during, and after deployment (Meadows et al., 2023). To survey the effectiveness of the programs implemented, the Defense Health Agency (DHA) asked the RAND Corporation to conduct the first DoD-wide women-only survey on the effectiveness of the programs intended to improve the reproductive health needs of women (Meadows et al., 2023).

The web-based confidential Women's Reproductive Health Survey (WRHS), conducted between August 2020 and November 2020, included a randomly selected population sample of 249,128 active duty service women (ADSW) in the Air Force (including Space Force), Army, Marines, Navy, and Coast Guard (Meadows et al., 2023). Although some limitations exist due to small sample sizes in some groups (e.g., recently deployed ADSW Marines) and with potential complications related to the COVID-19 pandemic. The survey results provide valid and reliable evidence to identify issues that continue to affect readiness and ADSW well-being (Meadows et al., 2023). The reproductive health concerns of birth control access and urinary tract infections (UTIs) during training, pre-deployment, and deployment addressed in the WRHS survey prove immediate action is needed to improve women's healthcare and mission readiness.

Birth control methods to prevent unintended pregnancy, including pills and IUDs can also be used to regulate or suppress menstruation. Contraceptive use during deployment can reduce instances of debilitating menstrual symptoms and decrease instances of vaginal infections. Female urinary diversion devices can be used in austere environments allowing women to urinate discretely to reduce holding their bladder too long or withholding fluids preventing adequate hydration which may increase the risk of infections and kidney stones.

The WHRS found that the majority of ADSW (63.9 percent DoD and 60.3 percent Coast Guard) said they have wanted or needed to suppress or regulate their menstruation during military service. Still, only 18.1 percent of ADSW and 9.1 percent of Coast Guard members received contraceptive counseling from a Military Health System (MHS) provider (Meadows et al., 2023).

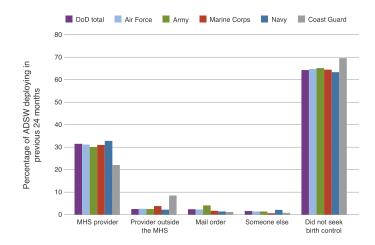
Of DoD ADSW, 44.2 percent and 31.6 percent of Coast Guard reported they often or sometimes lacked the feminine menstruation hygiene products (e.g., pads, tampons, or sanitary napkins) needed during training (Meadows et al., 2023). Inadequate access to bathing facilities was reported by 48.2 percent of DoD ADSW and 26.3 percent of Coast Guard thereby increasing the opportunity and risk of UTIs and vaginal infections (Meadows et al., 2023).



### Figure 4 UTI or Vaginal Infection During Deployment

- a. Marine Corps estimate suppressed due to small sample size.
- b. The bars represent ADSW who responded "sometimes or always."

RAND Women's Health and Reproductive Survey. https://www.rand.org/pubs/research\_briefs/RBA1031-1.html



#### Figure 5 Birth Control Access During Deployment (Among ADSW Deploying in Previous 12 Months)

RAND Women's Health and Reproductive Survey https://www.rand.org/pubs/research\_briefs/RBA1031-1.html

Figure 6: Feminine Hygiene Do's and Dont's. Healthywomen. https://military.healthywomen.org/feminine-hygiene-dosand-donts/



As recommended based upon the WHRS, each ADSW of reproductive age should have alerts in the electronic health record (EHR) during routine clinical visits such as during the annual periodic health assessment (PHA) (Meadows et al., 2023). The EHR reminder will serve as a reminder for providers to address pre-deployment education on contraception to prevent unintended pregnancy, menstrual suppression, and feminine hygiene to reduce infections

During the PHA and mandatory pre-deployment briefings, women should be notified of DoD's policy to improve access to reproductive healthcare services by expanding walk-in contraceptive care. The annual PHA can serve as the platform for socializing the available resources to improve women's health and force readiness. Women can find the location of their nearest walk-in contraception services by visiting the following website:

https://tricare.mil/WalkinContraceptiveServices

Women should also will receive information on DHA's Deployment Readiness Education for Service Women (DRES) website and smartphone application. The DRES application is updated frequently and available without an internet connection. Each of the deployment phases are organized so women can prepare for their deployment, receive useful information during deployment, and receive helpful reintegration tips when returning home from deployment.

With DHA's mandatory contraceptive care walkin clinics at MTFs, ADSW can receive comprehensive education about menstrual regulation, menstrual suppression and pregnancy prevention in a single convenient visit. Women can also access DoD's *Decide and Be Ready* application or website at: <u>https://mobile.health.mil/dbr</u> to access contraceptive information, education, and guestions anytime, anywhere.

All providers will be briefed on the addition of specific women's health requirements during annual PHAs and during pre-deployment. Section champions will be identified to ensure compliance with education documentation for women of reproductive age. Section champions will be accountable for improving brochure and signage visibility to include information about the DRES application and walk-in contraception services.

Taking these immediate steps to improve women's healthcare is aligned with DHA's goal to increase high reliability across the MHS (DoD, 2023). Ready, Reliable Care improves health and readiness for women and the total force. Providing education will decrease the potential of debilitating menstrual symptoms impacting the mission, decrease instances of urinary tract infections, and ensure the availability of inclusive healthcare for all ADSW.

We can empower women through creative collaboration, education, and commitment to improve force resilience and readiness. We will stand committed to providing reliable healthcare outcomes for women anytime, anywhere.

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