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Results of the 2005 Pregnancy and Parenthood Survey

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Navy Personnel Research, Studies, and Technology

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The University of Memphis

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14. ABSTRACT Navy leadership has maintained an interest in factors that may impact readiness. Family-related issues such as parenthood and pregnancy may impact Navy readiness, so data about these issues are important. Since data about pregnancy, single parenthood, and attitudes towards birth control are difficult to gain from existing databases alone, the Navy-wide Pregnancy and Parenthood Survey has been conducted biennially since 1988 to provide an accurate assessment of these issues. The results for 2005 are overall similar to previous years. Key findings: (1) rates of single parenthood have again increased slightly; (2) most single and dual-military parents have some type of plan in place for their children if required to deploy; (3) women indicated they would be more likely than men to leave the Navy if they have a family; (4) Sailors are interested, or undecided, in a family-related sabbatical; (5) most are usually using some form of birth control; (6) most think there should be yearly sexual health training; and (7) pregnancy rates are similar to previous results.					
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Foreword

A number of factors may impact readiness of the Navy. The 2005 Navy Pregnancy and Parenthood Survey attempted to look at family-related issues that might have an impact, such as rates of parenthood and single parenthood, family care while deployed, attitudes towards birth control, and rates of pregnancy. This survey is the latest in a series administered biennially since 1988 to assess these and related issues. The current study was sponsored by the Office of Women's Policy, N-134, of the Bureau of Naval Personnel. The authors are grateful to the Navy women and men who responded to the survey. The authors also gratefully acknowledge the assistance and support of the sponsors and customers: CAPT Linda Speed, CAPT Christine Curto, and especially LT Stephanie Miller who served as the day-to-day point of contact.

DAVID L. ALDERTON, Ph.D.
Director

Summary

Purpose

Navy leadership has maintained an interest in determining the impact of pregnancy and parenthood issues, both on men and women and on the overall readiness of the Navy. As it is difficult to gain accurate metrics relating to pregnancy, single parenthood, and related topics from existing databases alone, the Navy-wide Pregnancy and Parenthood Survey has been conducted biennially since 1988 to provide an accurate assessment of these issues.

The survey also meets the requirements of SECNAVINST 1000.10 to collect objective data for evaluating pregnancy policies.

Approach

The 2005 Pregnancy and Parenthood Survey was administered from August to October 2005 to a stratified random sample of about 14,000 women and 9,000 men. The survey was web-based for the first time, speeding the administration time and enabling easier skipping of non-applicable questions. The survey contained core items from previous surveys and included additional items about undocumented family care plans, the Fleet Response Plan (FRP), and sexual health training. As in previous versions, men and women received the same questions except where minor gender-appropriate wording changes were required and except for the pregnancy-specific section. While usernames were required to log into the web survey, all identifying information was deleted from the data set to maintain anonymity of respondents. Results were statistically weighted by paygrade and gender to be representative of the Navy population.

Findings

About 7,000 personnel responded to the survey. The weighted response rates were 38 percent for women and 30 percent for men. While slightly lower than in previous years, these rates are still higher than other recent Navy-wide web-based surveys. Overall, the survey results are generally similar to previous years; key findings are noted below.

Compared to 2003, there has been an increase of 3 percent for both men and women in rates of single parenthood. Overall, there are almost 16,000 single fathers and 7,000 single mothers in the Navy. When looking at those with full- or part-time custody of their children, the largest percentages of single parents are women E-5 and above (23%), however women officers and males E-5 to E-6 have seen the most significant increases from 2003 (to 8% and 7%, respectively).

One initiative from the 2003 survey results related to the Family Care Plan, required for single parents and dual-military parents, which indicates who will take care of their children when they are not available. While completion still is not at 100 percent, there

have been increases, including a significant increase for enlisted women (to 84%). Of those who have not completed the formal plan, about 90 percent have an undocumented plan in place. Over 90 percent of respondents indicated they could execute their family care plan (documented or undocumented) if they were deployed next month for an unspecified length of time.

Respondents were asked about the Fleet Response Plan (FRP) and its impact on family planning, as well as the impact of family on retention. Of the few who have heard of the FRP (about one-third of enlisted and about half of officers), the largest percentage of respondents indicate the impact of FRP on family planning is unknown (ranging from 38% for male officers to 64% for female enlisted), although about one-third of officers believe family planning is harder under FRP. While women are more likely than men to indicate that if they have a family they will likely leave at the end of this enlistment/obligation (ranging from 11% for male officers to 34% for female enlisted), both genders indicate that a family-related sabbatical would motivate them to stay in the Navy (ranging from 33% for male officers to 56% for female officers) or that it would have no impact on their retention decision (ranging from 39% for enlisted women to 61% for officer men).

Most men and women indicate they usually use birth control (ranging from 68% for male enlisted to 85% for female officer). While birth control knowledge has diminished in some areas, knowledge has increased regarding emergency contraception (to 88% for female officers and 51% for male enlisted). When asked where people receive birth control training, women are more likely to indicate from medical professionals (64% of female enlisted indicate a physician) while men are more likely to indicate during GMT (48% of enlisted males indicate GMT within the last year). Most (about 75%) think that there should be yearly training in sexual health issues.

Overall, pregnancy rates are very similar to previous results, with about 9 percent of enlisted women and 5 percent of officer women pregnant at any given point-in-time, and about 12 percent of enlisted women and 9 percent of officer women becoming pregnant during FY04.

Recommendations

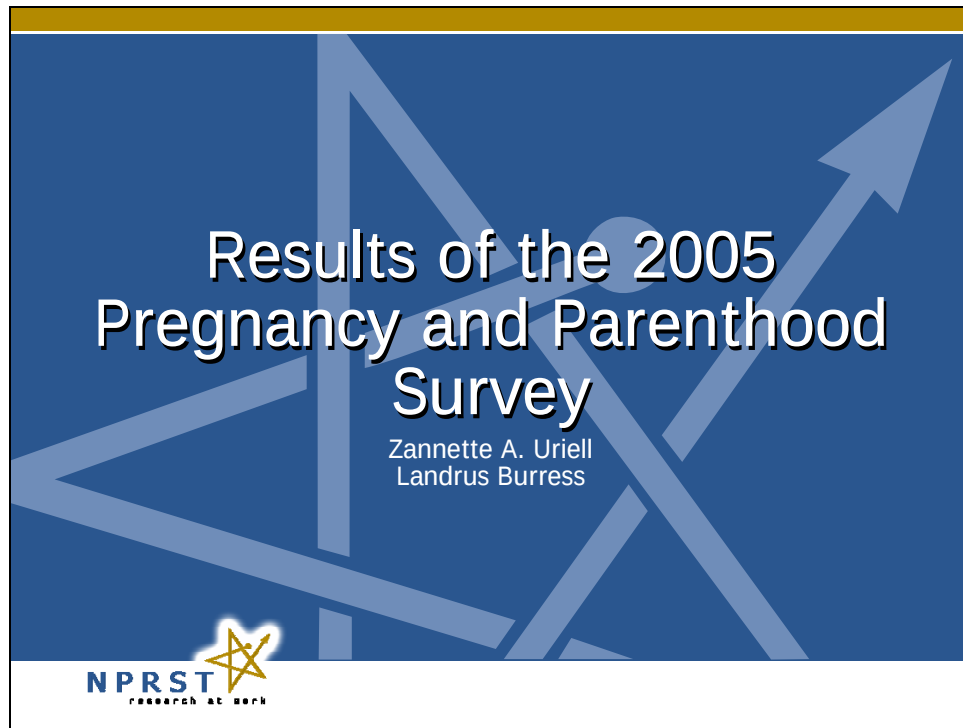
Based on the results of the survey, a number of general recommendations are offered:

1. Publicize the survey results to respondents, *Navy Times*, and follow-on briefings
2. Continue to include sexual health training in GMT and during routine physicals, and encourage participation by both enlisted and officers, males and females
3. Consider implementation of a sabbatical program to increase retention for those interested as well as those still undecided about their career intentions
4. Inform Commanding Officers about the need to provide better breastfeeding spaces, in line with Navy policy

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In the late 1980s, the Navy created a working group to look at the utilization of women in the Navy (Secretary of the Navy, 1987). This working group produced a number of recommendations covering issues such as sea/shore rotation, career opportunities, sexual harassment, and pregnancy. One of the pregnancy-related recommendations was to conduct a study of pregnancy in the Navy.

The first pregnancy-related surveys were administered in 1988 as part of a 3-year study of pregnancy. The surveys have been administered biennially since then, and this annotated brief contains the results of the 2005 survey, with comparisons to those previous surveys as applicable. For complete results from previous surveys, see Thomas and Edwards (1989), Thomas and Uriell (1998), Thomas and Mottern (2002), Uriell (2004), and Uriell and White (2005).

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Overview

- Desired Effects
- Method
- Survey Results
 - Parenthood
 - Family Planning Attitudes
 - Birth Control
 - Education and Training
 - Pregnancy
- Overall Summary
- Recommendations

This annotated brief begins with a brief discussion of pregnancy and parenthood issues. After a discussion of how surveys were administered and to whom, survey results are provided. An overall summary of results and recommendations based upon those results are included at the end of this report.

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Desired Effects

- Adapt Navy Pregnancy and Parenthood Survey (conducted since 1988) to gather key statistics not accurately reflected or readily available in current databases, including:
 - Single parenthood
 - Family planning attitudes
 - Birth control practices
 - Pregnancy rates
- Satisfy requirements of SECNAVINST 1000.10 to collect objective data for use in evaluation of Department of Navy (DoN) pregnancy policies

The goal of the 2005 Pregnancy and Parenthood Survey was two-fold: first, to collect key statistics about parenthood, family planning, birth control, and pregnancy that are not readily available in current databases; and second, to satisfy the requirements of SECNAV Instruction 1000.10 (Secretary of the Navy, 1995) to collect objective data to use in evaluating DON pregnancy policies.



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Changes to 2005 Survey

- Survey administration transitioned to the Internet, reducing administration time
- Added questions about undocumented family care plans, FRP, and its impact on family planning, information not currently available elsewhere
- Improved existing questions
 - Made questions about birth control options and about treatment by co-workers and supervisors multiple select
- Modified questions about sources of training and added questions about timing of sexual health training and breastfeeding

The 2005 survey was adapted from the 2003 survey so that trends could be tracked while still remaining current with Navy policies and issues. The biggest difference from 2003 was that the survey was administered on the web, reducing the fielding time required. In addition, questions were added to answer concerns raised by the 2003 results or to tap into recent issues.

New questions were included asking about undocumented family care plans, as well as the recently implemented Fleet Response Plan (FRP) and its impact on family planning. Questions about birth control options were updated and the format was modified to allow users to select multiple methods. Questions about treatment by co-workers and supervisors were modified, as well as questions about sources of sexual health training. Additional questions about suggested timing of sexual health training and breastfeeding were included as well.

As with previous administrations, questions were the same for men and women unless a gender-specific change was required (“father a child” for men would be “become pregnant” for women). The survey questions are available in Appendix A, with both versions of the wording provided where applicable. Women were also asked questions about pregnancy that were not asked of the men.

Method

- Notification letter, including web address and user ID, sent in mid-August 2005; 3 reminder letters sent before field closed in late October 2005
- Primary Random Number (PRN) sampling used to minimize overlap of sample with other large-scale, Navy-wide surveys

	Women	Men
Sent	13,945	8,830
Accessed	4,903	2,452
Useable	4,783	2,338
Return-to-Sender	1,495	903
Weighted Response Rate	38%	30%

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Because the 2005 survey was administered over the web, notification letters were mailed to the sample at their command addresses. The first letter was sent in mid-August to notify participants that they had been selected to do the survey, where the survey was located on the web, and what their unique user ID was to access the survey. Three reminder letters were sent before the survey field closed in late October 2005.

To minimize overlap with other NPRST-administered Navy-wide surveys, the Permanent Random Number (PRN) technique was used. This technique randomly assigns everyone in the Navy a unique number between 0 and 1,000,000. Each NPRST survey then draws its sample from a different portion of those numbers.

Because of the low number of Navy pregnancies, few women are able to answer questions about pregnancy in the Navy. Therefore, more surveys are sent to women than men. Approximately 7,000 surveys were useable, yielding weighted response rates of 38 percent for women and 30 percent for men, slightly higher than rates for other Navy-wide surveys. Response rates were calculated according to a formula recommended by the American Association for Public Opinion Research (AAPOR).

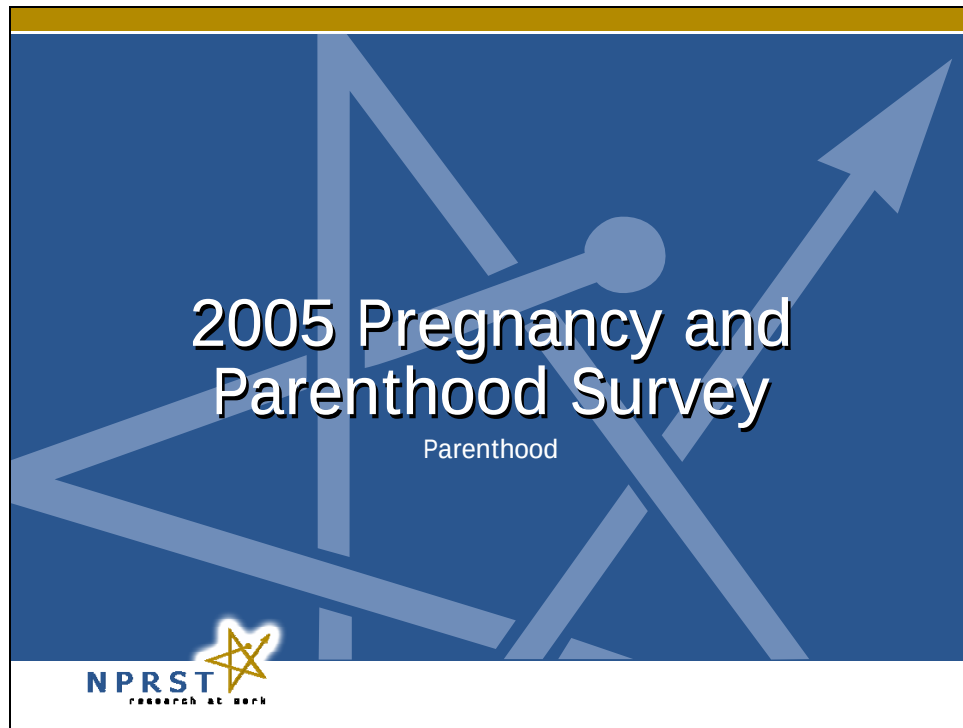
Method (continued)

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- Responses statistically weighted to be representative of the Navy population
 - To align with methodology used in other Navy-wide and DoD surveys, utilized new weighting scheme different from previous administrations
- Where possible, comparisons to previous years are included
 - Because of new weighting scheme used for 2005 results, 2003 results were recomputed using new weighting scheme; differences between the two sets of 2003 results were generally minor
 - Percentages and margins of error were compared between 2003 and 2005 results
 - Non-overlapping margins of error are noted and can be considered statistically significant

Because a stratified random sample was selected, responses are statistically weighted to represent the Navy. In 2005, this technique was modified to match the weighting techniques used in other recent Navy-wide and DOD surveys.

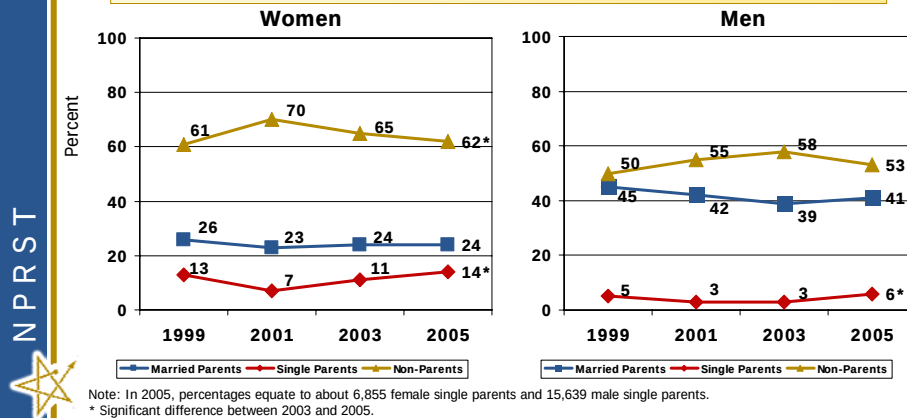
To preserve comparability of current results with previous, the 2003 results were recomputed using the new weighting technique, causing minor changes to a few results. Percentages and the associated margins of error for 2003 and 2005 were compared, and non-overlapping margins of error are noted on the slides as being statistically significant. Because of the complex stratified sampling used, margins of error were calculated using SUDAAN, a program designed for this purpose by Research Triangle Institute.



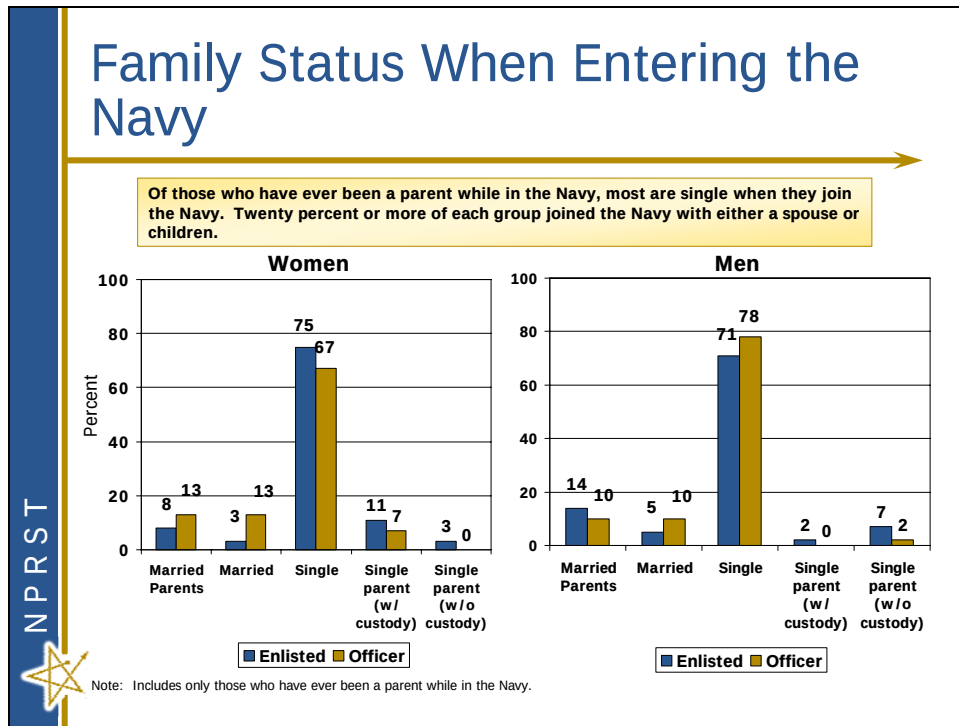
The first section of the survey dealt with parenthood issues. Specific topics of interest included rates of parenthood and single parenthood, as well as documented and undocumented family care plans.

General Parenthood Results

Results for women show a slight decrease in non-parents and a slight increase in single parents, with percentages similar to 1999 results. Results for men appear to be more consistent. These percentages are equivalent to an estimated 15,600 single fathers and 6,900 single mothers in the Navy, similar to the total number of 18,932 reported to CNO for 4Q FY05. Significant differences were found for female non-parents and single parents, and for male single parents.



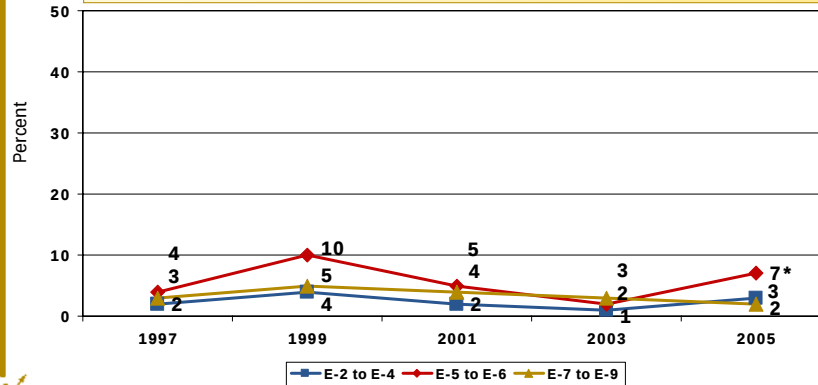
Respondents were asked questions about their marital status as well as their parental status. Responses were combined to create three general parenthood categories: married parent, single parent, and non-parent. Findings show that approximately 15,600 single fathers and 6,900 single mothers are in the Navy, a slight increase from the rates reported in 2003 (Uriell & White, 2005). Navy women are less likely to be non-parents and more likely to be single parents than in 2003, but the percentages overall are similar to 1999. The percentages for the three categories have also changed for Navy men, but only the rate of single parenthood has seen a significant change, increasing from 3 percent to 6 percent.



Survey respondents were asked what their family status was when they entered the Navy. The majority of men and women have no child or spouse when they join, with percentages ranging from 67 percent for officer women to 78 percent for officer men. Eleven percent of enlisted women and 7 percent of officer women are single parents when they join. The highest percentage of married personnel (both parents and non-parents) is women officers (26%), followed by male enlisted (19%).

Male Enlisted Single Parents with Custody

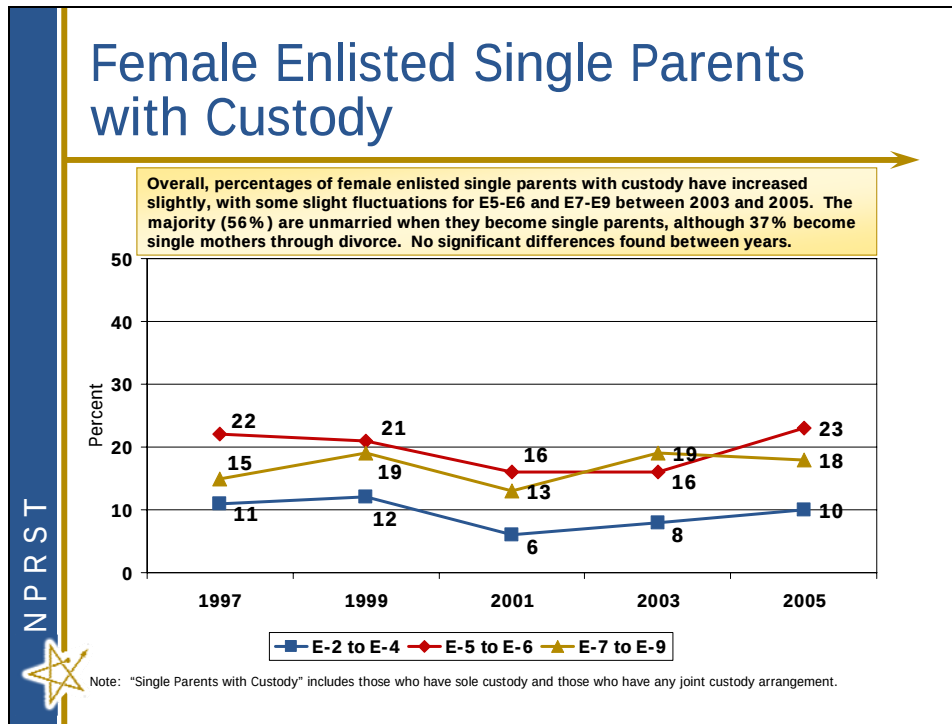
Percentages of male enlisted single parents with custody have remained generally stable for E-2 to E-4 and E-7 to E-9, but have increased slightly for E-5 to E-6. The two largest ways for male enlisted to become single parents are through divorce (58%) or to be unmarried when the child is born (32%). There is a significant increase for E-5 to E-6 males between 2003 and 2005.



Note: "Single Parents with Custody" includes those who have sole custody and those who have any joint custody arrangement.
 * Significant difference between 2003 and 2005.

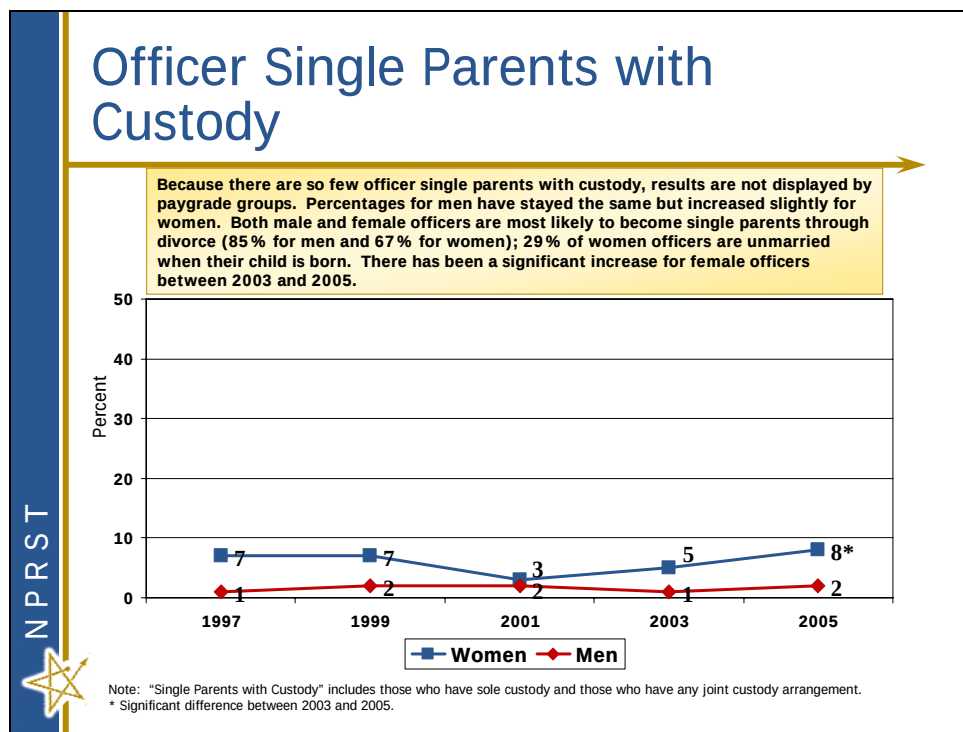
For this report, single parents with custody are those who have sole custody or any type of joint custody of their child. Of male enlisted, the largest percentage of custodial single parents is those in the E-5 to E-6 paygrade group. About 7 percent are custodial single parents, a significant increase from 2003, but similar to the results from 1999.

When asked how they became single parents, the majority (58%) of male enlisted indicate they divorced. About 32 percent are single when their child is born.



Results for female enlisted by paygrade group are generally higher than results for male enlisted. As with males, the largest group of custodial single parents is the E-5 to E-6 group (23%). While there have been fluctuations since 2003, none of the changes have been significant.

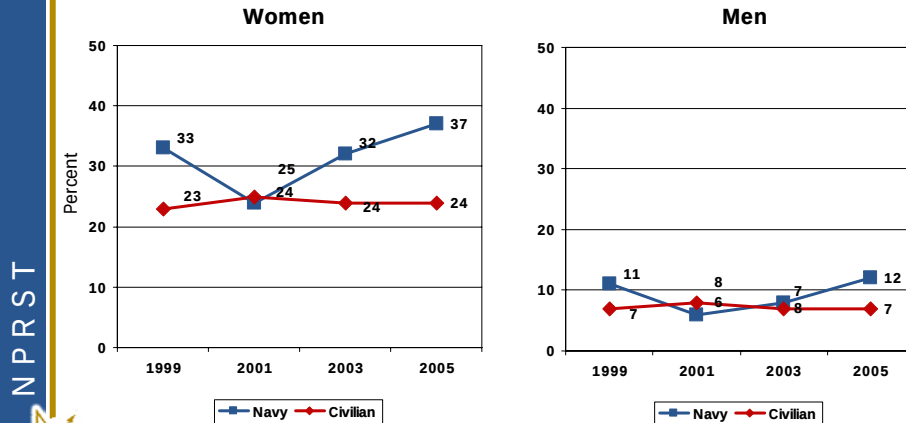
Enlisted women are most likely to become single mothers because they are unmarried when the child is born, although 37 percent become single mothers through divorce.



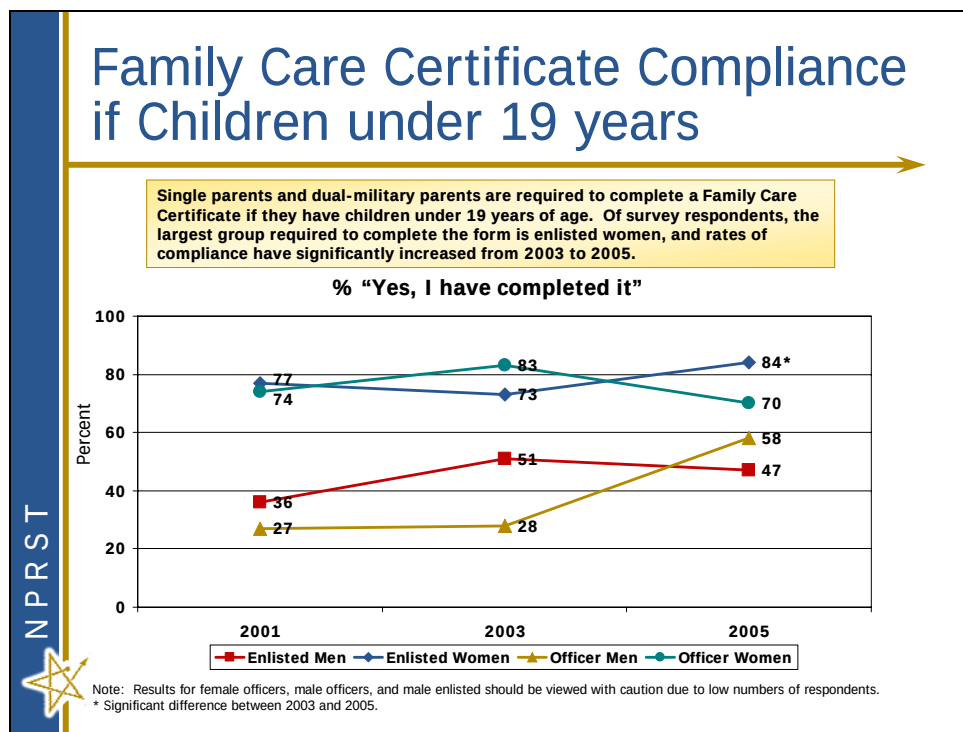
Because few officers are single parents, results are not available by paygrade group and gender. The percentage of custodial fathers is about the same as in previous years, while the percentage of custodial single mothers has increased from 5 percent to 8 percent, similar to the 1997 and 1999 results. The majority of officers become single parents through divorce (85% for men and 67% for women), although just under a third of women officers are single when their child is born.

Percentage of Parents who are Single

Percentages of parents who are single have increased slightly between 2003 and 2005, and are higher than for the 2004 civilian comparison data available.

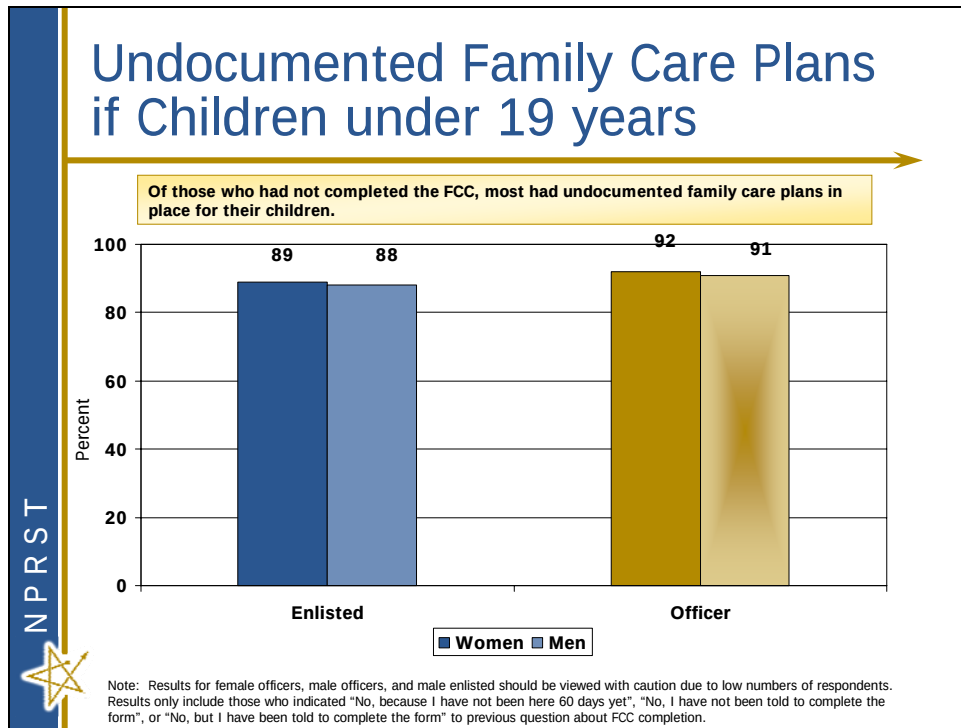


When looking at personnel who are parents, about one-third of mothers and 12 percent of fathers are single. Results are similar to previous years, although 6 percent to 12 percent higher than the 1999 data. The percentage for males and females are both higher than the 2004 data available for comparison.



Military personnel who have custodial responsibility for a dependent and are single or married to another military member are required to complete a Family Care Certificate (FCC), indicating who will take care of their dependents if required to deploy (Chief of Naval Operations, 2004). For this survey, respondents were asked about FCC compliance if they had children under 19 years of age. Female enlisted is the largest group needing to complete the certificate; all other groups should be viewed with caution due to the low number.

Because the 2003 results indicated compliance was not 100 percent across all groups, FCC completion was given additional publicity in 2004 (Self-Kyler, 2004), and the 2005 results for female enlisted are higher possibly as a result of this publicity.



During the 2003 briefings, the question arose about what plans are made outside of the FCC. The 2005 survey asked those who did not have a completed FCC if they had some undocumented plan in place should they need to leave their child(ren). The majority did have an undocumented plan in place.

Ability to Execute Family Care Plan

Of those with a family care plan in place (documented or undocumented), about 2/3 or more can execute it if they deployed tomorrow while almost all could execute it if they deployed next month.

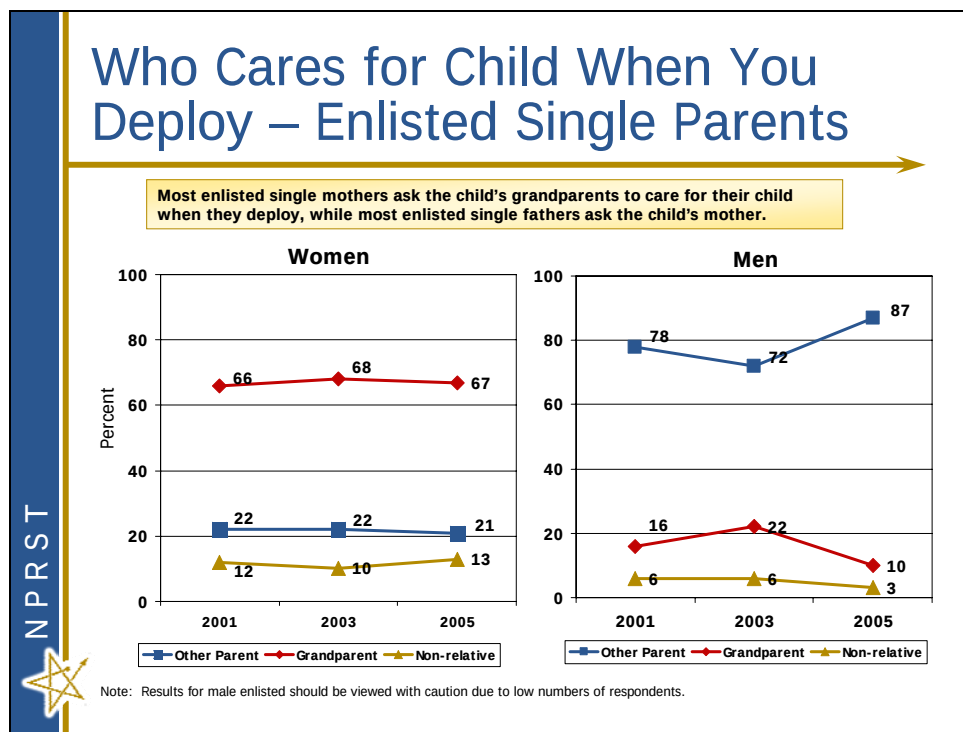
% "Yes"				
	Enlisted		Officer	
	Women	Men	Women	Men
Deployed tomorrow for an unspecified length of time	62	75	67	73
Deployed next week for an unspecified length of time	81	91	86	88
Deployed next month for an unspecified length of time	91	98	94	97

Note: Results for female officers, male officers, and male enlisted should be viewed with caution due to low numbers of respondents.
Could you execute your Family Care Plan (documented or undocumented) if you:

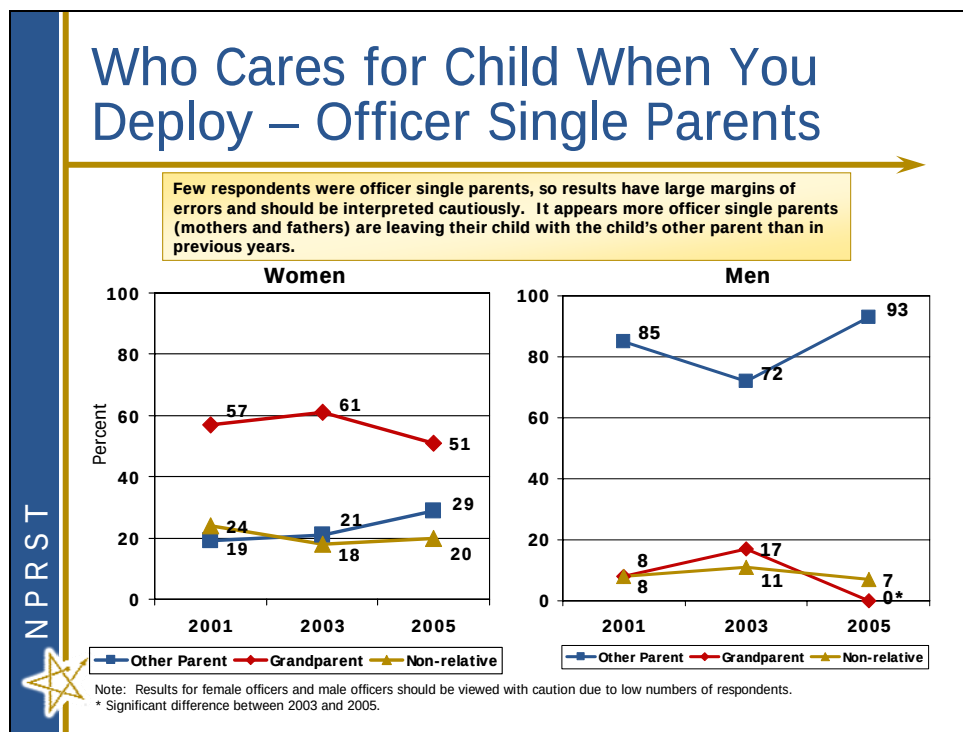
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When asked about their ability to execute their plan (either documented or undocumented), results show that respondents believe they are better able to execute when they are given more advance warning; only two-thirds of women and three-fourths of men could execute their plan if they deployed tomorrow while 91 percent or more could execute if they deployed next month.



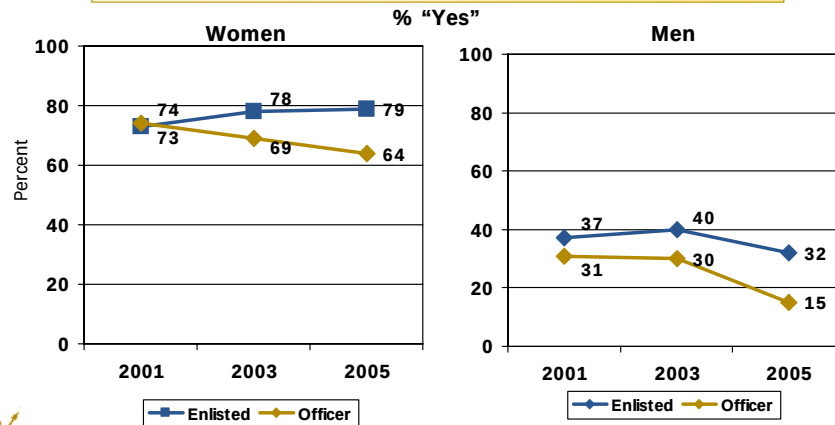
A concern for military parents is what happens to their children when personnel deploy. Respondents were asked who cares for the children when they deploy or are on an unaccompanied tour. The majority of enlisted single mothers indicate that a grandparent takes care of the children, while the majority of enlisted single fathers have the mother take care of the child. The results for women are consistent with previous years, while the results for men differ but should be viewed with caution due to the relatively low number of single fathers.



Because there are few officer single parents, results should be interpreted cautiously. Only one category saw a significantly different result as compared to 2003; no single officer fathers left their child with a grandparent, as compared to 17 percent in 2003. More single fathers leave their child with the mother, although the difference was not statistically significant.

Does Your Child Move When You Deploy – Single Parents

The largest group for single parent respondents – enlisted women – indicate that their child does have to move when the parent deploys; results are generally similar to 2003 results.



Deployment itself is a large change for a child, especially when they belong to a single parent household. Coupled with this can be the need for the child to move to the home of a caregiver. Respondents were asked if their children need to move when they deploy. As in previous years, single mothers are more likely to move their child, likely to the home of the child's grandparents. Fewer single fathers move their child to a new home when they deploy, possibly because they have joint custody arrangements and the child then lives full-time with the mother while the father is deployed.

Parenthood Highlights

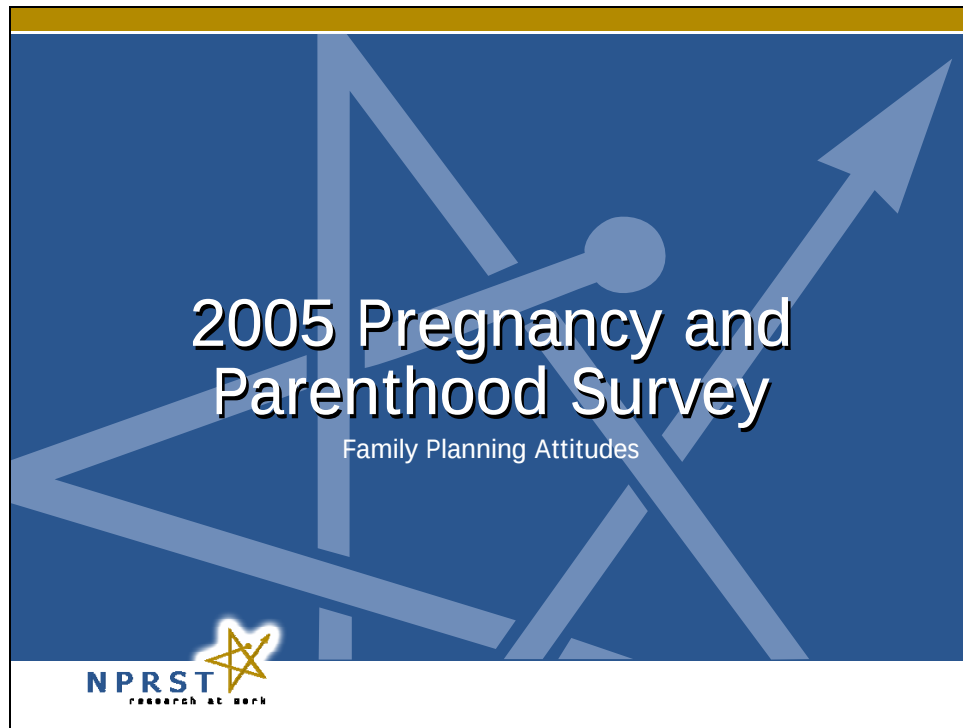
- Compared to previous years, estimated number of single parents have increased slightly to about 16,000 single fathers and about 7,000 single mothers
 - Increased from 3% to 6% for men and 11% to 14% of women
- Among enlisted, statistically significant increase in single parenthood for male E-5 to E-6 to 7%, while no significant increases for female enlisted; significant increase for female officers to 8%
- Family Care Certificate compliance still is not 100% but is generally higher than 2003 and significantly higher for enlisted women (to 84%)
 - Most who have not completed the formal plan do have undocumented plans in place

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Overall, results for the parenthood section were similar to previous years. There are about 23,000 single parents in the Navy, a slight increase from 2003. Specific paygrade groups that have seen a significant increase in single parenthood were E-5 to E-6 males and female officers.

Family Care Certificate completion has increased slightly from 2003, with the largest group required to fill out the form (enlisted women) experiencing a significant increase from 2003. Results show that even if personnel have not completed the FCC form, they generally do have some undocumented plan in place for the care of their child.



In addition to finding current rates of single parenthood and FCC completion, the 2005 Pregnancy and Parenthood Survey asked attitudinal questions. A related area that could impact rates of single parenthood is family planning, specifically looking at attitudes toward pregnancy in the Navy and use of birth control.

When Should a Navy Woman Become Pregnant?

Respondents were asked when in her Navy career a woman should become pregnant.
About one-third of women and 43% of men indicated during shore duty.

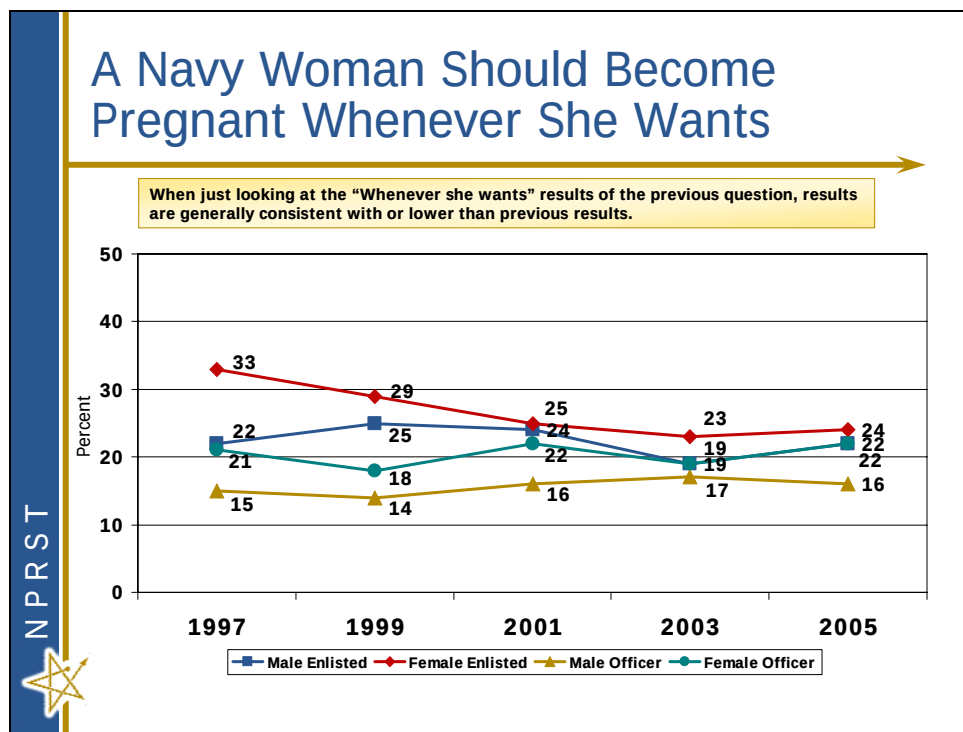
	Enlisted		Officer	
	Women	Men	Women	Men
Never	15	14	14	15
Whenever she wants	24	22	22	16
After 1 st tour	5	5	2	4
During shore duty	34	33	43	43
Sea Duty	0	1	0	0
After shore duty orders	23	26	21	22

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A question asked in previous surveys as well in the 2005 survey relates to when women should become pregnant while they in the Navy. Results are presented here for each of the six answer choices, which ranged from “Never” to “Whenever she wants.” Answers generally are similar across both enlisted and officer as well as men and women; about 15 percent indicate a woman should never be pregnant while in the Navy, while about 20 percent indicate pregnancy should be after receiving shore duty orders. The largest difference between enlisted and officers is for pregnancy during shore duty; almost half of officers believe this is when Sailors should become pregnant while only one-third of enlisted feel the same. Fewer male officers indicated a woman should become pregnant whenever she wants (16%) as compared to the other three groups (ranging from 22% to 24%).

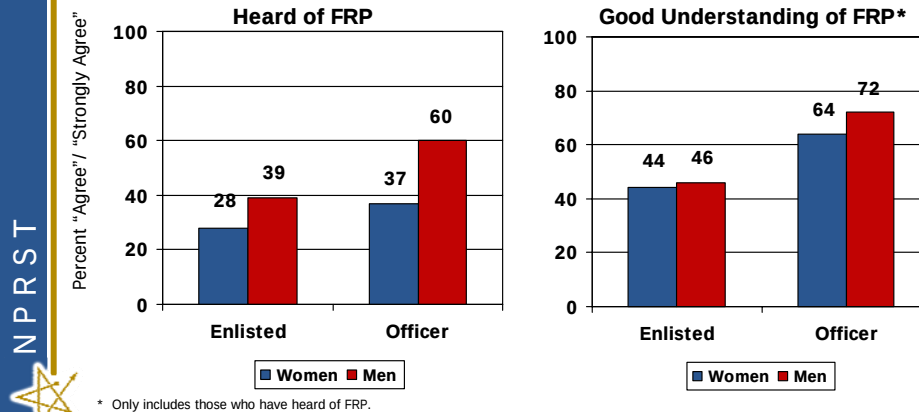
Trends across years are presented on the next page.



Results for this question have been tracked through the years based upon how many select that a Navy woman should become pregnant “whenever she wants.” This perhaps indicates that respondents believe the unique requirements of Naval service should not be considered when making this life choice. As can be seen in the graph, the four groups have come closer together over the years, with about 1 in 5 selecting this answer. The percentage for female enlisted has changed the most, down 9 percent from 1997 to 2005. Male officers (16%) are the least likely to select this, as compared to 24 percent of the female enlisted.

Fleet Response Plan

Questions were added to 2005 survey about the Fleet Response Plan (FRP). Consistent with other surveys, few have heard of the FRP; of those who have heard of it, less than half of enlisted and about 2/3 of officers feel they have a good understanding of FRP.



In May 2003, the Navy began implementing the Fleet Response Plan (FRP). The FRP was designed to increase levels of readiness and allow for surge capabilities, moving away from the traditional 6-month scheduled deployments (Commander, Fleet Forces Command, 2003). The 2005 Pregnancy and Parenthood Survey included questions about the FRP and its impact on family planning.

The first two questions about FRP dealt with knowledge of FRP in general. Similar to findings of other surveys and Quick Polls of the time, few Sailors had heard of the FRP and only a portion of those felt they had a good understanding of FRP.

Impact of FRP on Family Planning

Of those who have heard of FRP (28% of female enlisted, 39% of male enlisted, 37% of female officers, and 60% of male officers), most feel that the impact of FRP on family planning is unknown. About 1/3 of officers (the group most likely to have heard of FRP and feel they understand it) feel family planning will be harder under FRP.

How has FRP impacted family planning?				
	Enlisted		Officer	
	Women	Men	Women	Men
Harder under FRP	16	17	32	34
Same under FRP as it was prior to FRP	14	17	20	26
Easier under FRP	6	7	2	3
Unknown	64	59	46	38

Note: Only includes those who have heard of FRP.

NPRST



Family planning questions were asked of those who had heard of the FRP. Most indicated that the impact of FRP on family planning was unknown, with almost 6 in 10 enlisted not knowing. Officers were more likely to have an opinion of the impact, with about one-third indicating family planning would be harder under FRP and few indicating it would be easier.

Impact of FRP on Family Planning Attitudes

Of those who have heard of FRP, most indicate their attitudes about family planning have not changed under FRP.

Have your attitudes about family planning changed under FRP?				
	Enlisted		Officer	
	Women	Men	Women	Men
N/A; never planned a family	23	22	21	9
No	64	67	64	81
Yes, plan to have a child whenever	4	2	2	4
Yes, made me postpone	6	6	7	3
Yes, other	4	3	6	2

Note: Only includes those who have heard of FRP.

NPRST



Respondents who had heard of the FRP were asked if their attitudes toward family planning had changed under FRP. About two-thirds indicated they had not, with about another 20 percent indicating they had never planned a family. The one group that differed was the male officers; 81 percent said that their attitudes had not changed while only 9 percent indicated they never planned a family.

When looking at only those who were not parents when they answered the survey, 53 percent of enlisted men and 56 percent of enlisted women indicate their attitudes have not changed under FRP. Officer women show similar results, with 54 percent saying their attitudes have not changed. Again, male officers differ from the other groups; 67 percent of male officers answered that their attitudes have not changed under FRP.

Impact of Family on Retention

For women, about one-third indicate that if they have a family they will leave at the end of this enlistment/obligation, while another one-third would stay until retirement. For men, about half indicate if they have a family they would stay until eligible to retire. About ¼ of all respondents indicate that if they have a family, they are undecided on their retention intentions.

If I have a family, I will likely:				
	Enlisted		Officer	
	Women	Men	Women	Men
Leave at the end of this enlistment/obligation	34	19	32	11
Sign on again, but not stay until eligible to retire	7	7	2	1
Stay until eligible to retire	30	46	36	54
Remain on active duty even though I am eligible to retire now	2	5	7	14
Undecided	26	24	22	19

NPRST

Respondents were asked about the impact of family on retention. Almost half of enlisted males and over half of male officers indicate they will stay until retirement if they have a family; about one-third of women (30% of enlisted and 36% of officers) indicate the same. Another one-third of women indicate they will likely leave at the end of this enlistment/obligation if they have a family, higher than the 19 percent of enlisted males and 11 percent of male officers who indicate the same. About one-fourth of enlisted and one-fifth of officers are undecided.

Again looking at only those who are not parents, results show generally similar patterns although more indicate they would leave at the end of this enlistment/obligation or are undecided while less indicate they would stay until retirement.

	Enlisted		Officer	
	Women	Men	Women	Men
Leave at the end of this enlistment/obligation	41%	26%	42%	17%
Sign on again, but not stay until eligible to retire	7%	9%	3%	1%
Stay until eligible to retire	20%	31%	24%	41%
Remain on active duty even though I am eligible to retire now	1%	2%	4%	8%
Undecided	31%	32%	27%	33%

Impact of Family on Retention for Women

Results for the previous question are provided by gender and paygrade group. For junior enlisted and officers, about half indicate if they had a family they would leave at the end of this enlistment/obligation. For E-2 to E-6 and O-1 to O-3 (those likely not eligible for retirement), about ¼ or more indicate that if they had a family they are undecided about their retention intentions.

If I have a family, I will likely:						
	E-2 to E-4	E-5 to E-6	E-7 to E-9	O-1 to O-2	O-3	O-4 to O-5
Leave at the end of this enlistment/obligation	43	27	7	52	37	12
Sign on again, but not stay until eligible to retire	10	4	0	3	4	0
Stay until eligible to retire	16	45	62	18	29	59
Remain on active duty even though I am eligible to retire now	0	2	25	1	3	14
Undecided	31	22	7	26	27	14

NPRST



Looking at just the women from the previous slide shows that as paygrade increases, so does the percentage who would stay until retirement. For junior paygrades, almost one-half of E-2 to E-4 and over one-half of O-1 to O-2 would leave at the end of their current enlistment/obligation if they have a family. In contrast, 62 percent of E-7 to E-9 and 59 percent of O-4 to O-5 plan to stay until eligible to retire. This is not surprising given that seniors are closer to the 20-year threshold for retirement and would not receive any retirement benefits if they left before completing at least 20 years of service.

Impact of Family on Retention for Men

Results for men by paygrade group are overall very different from those for women. Over one-third of junior enlisted and officer indicate they are undecided about their retention intentions if they have a family, while the majority of E-5 to E-9 and O-3 to O-5 indicate they would stay until eligible to retire.

If I have a family, I will likely:						
	E-2 to E-4	E-5 to E-6	E-7 to E-9	O-1 to O-2	O-3	O-4 to O-5
Leave at the end of this enlistment/obligation	26	16	5	18	14	5
Sign on again, but not stay until eligible to retire	12	4	0	1	2	0
Stay until eligible to retire	26	60	63	40	52	65
Remain on active duty even though I am eligible to retire now	0	2	26	1	11	26
Undecided	35	17	6	40	22	5

NPRST



Percentages for men show the same basic impact of tenure; the higher the paygrade the more likely they are to stay until retirement. In contrast to women, a smaller percentage of juniors would leave at the end of their current enlistment/obligation if they have a family (26% of E-2 to E-4 and 18% of O-1 to O-2 men).

Impact of Sabbatical on Retention

Respondents were asked about the impact of a family-related sabbatical on retention. Over half of the women indicate it would motivate them to stay in the Navy, while one-third or more of men indicated the same. Few indicate that it would motivate them to leave the Navy.

There has been discussion in some Navy communities about sabbaticals, or the opportunity to take a year off from the Navy. If this sabbatical was designed to allow you to have a family, how would it impact your motivation to remain on active duty?

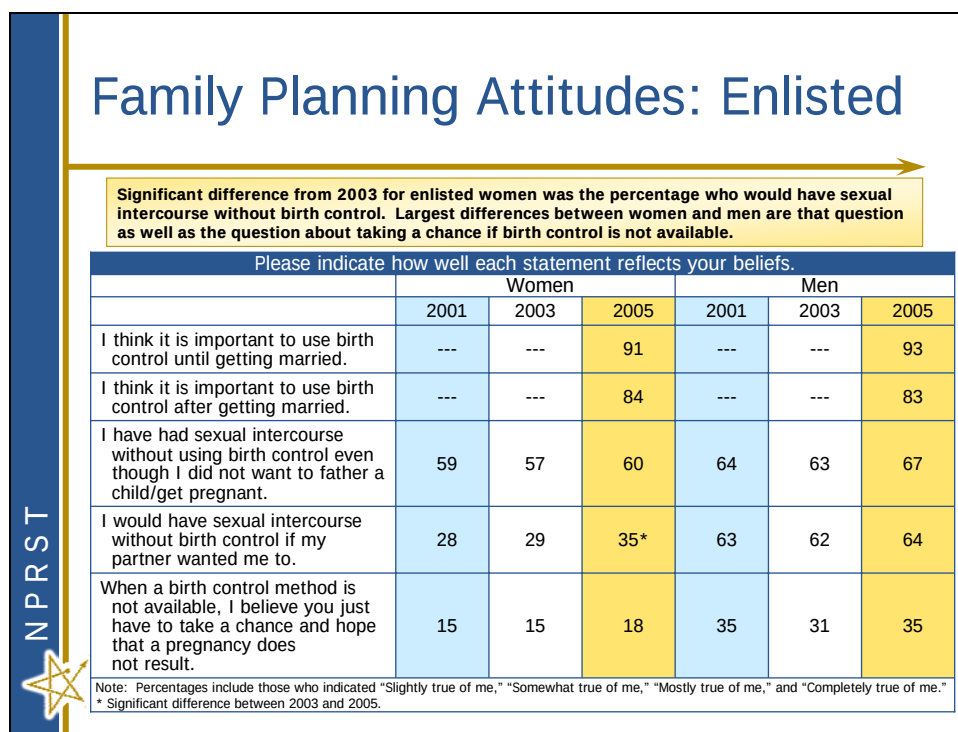
	Enlisted		Officer	
	Women	Men	Women	Men
Motivate me to remain in the Navy	51	41	56	33
Have no impact on my motivation to remain in the Navy	39	48	41	61
Motivate me to leave the Navy	9	11	4	7

NPRST



Sabbaticals have been discussed in specific Navy communities (e.g., Surface Warfare, Aviation), as a possible motivator of retention. The 2005 Pregnancy and Parenthood Survey asked about the impact of a family-related sabbatical on retention. Over one-half of women and over one-third of men indicate that a sabbatical would motivate them to remain in the Navy. About four-tenths of women and half of men indicate it would have no impact. Very few indicate it would motivate them to leave the Navy.

For personnel who are not currently a parent, findings are very similar to those above, with family sabbatical motivating 54 percent of officer women and 52 percent of enlisted women to remain in the Navy, while not impacting 58 percent of male officers.



Several questions were included to determine how well each statement above reflected respondent beliefs about family planning. Answers ranged from “Not at all true of me” to “Completely true of me.” For these analyses, those who indicated a statement was not at all true of them are not shown. For example, 9 percent of enlisted women indicated that the first statement regarding using birth control until marriage was not at all true of them while 91 percent indicated it was at least slightly true of them.

Overall, trends between the three years shown are consistent, with most thinking it is important to use birth control, but about two-thirds indicating they would have sex without birth control even though they did not want a pregnancy to result. Men were more likely than women to indicate they would have sexual intercourse without birth control if their partner wanted them to; 64 percent of enlisted men indicate this is at least slightly true of them while 35 percent of enlisted women indicate the same. For enlisted women, this is a significant increase when compared to 2003.

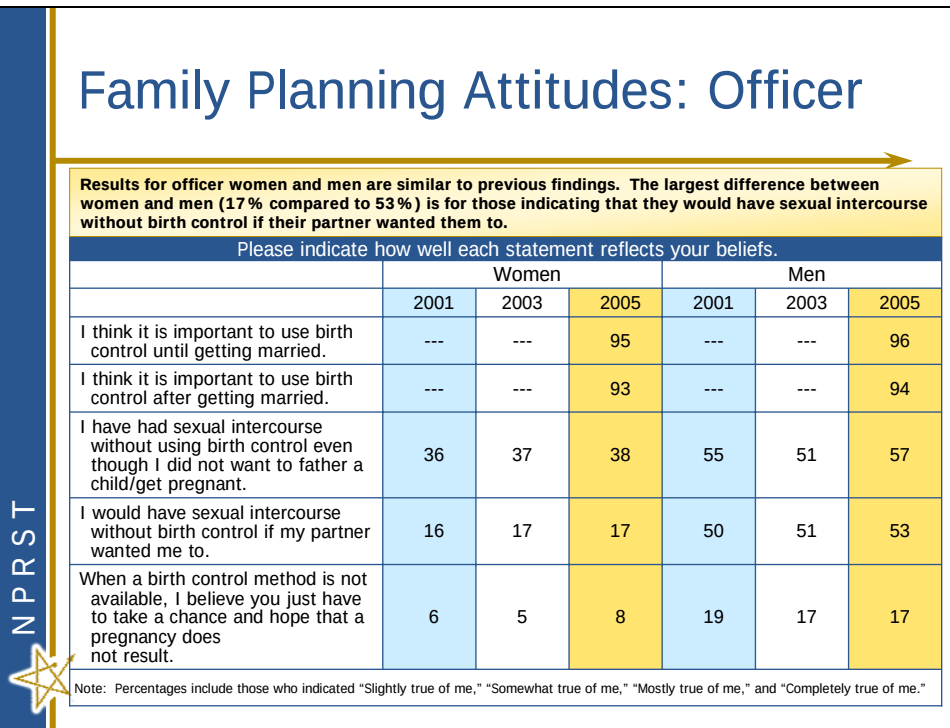
This same gender difference is shown for the question about taking a chance when a birth control method is not available; 35 percent of enlisted men and 18 percent of enlisted women feel this statement is at least slightly true of them.

Family Planning Attitudes: Enlisted (continued)

Overall, results in 2005 are similar to previous years, and enlisted women and men generally have the same opinions. The largest difference from 2003 and between women and men is in the percentage indicating they believe that birth control is the responsibility of the woman.

Please indicate how well each statement reflects your beliefs.						
	Women			Men		
	2001	2003	2005	2001	2003	2005
I make it my responsibility to discuss birth control with my partner.	95	95	94	92	93	92
I think it is important for men to get involved with birth control.	98	96	95	96	95	94
My most recent partner encouraged use of birth control.	84	83	83	82	84	82
Birth control is the responsibility of the woman.	54	54	56	28	31	37
Note: Percentages include those who indicated "Slightly true of me," "Somewhat true of me," "Mostly true of me," and "Completely true of me."						

The results for these four questions about family planning attitudes were very similar to previous years, and overall were similar between the two genders. The largest difference between 2003 and 2005, and between men and women, is for the last question about birth control being the responsibility of the woman. About half of women at least slightly believe this statement is true of them while over one-third of men indicate the same. The percentage for men on that question has increased from 31 percent in 2003 to 37 percent in 2005.



As with enlisted, results for officers are generally consistent with previous years. The majority indicate that the first two questions about the importance of birth control are at least slightly true of them. As with enlisted, there were gender differences in responses to the next three questions. Male officers are more likely than female officers to have sexual intercourse without using birth control (57% compared to 38%) and to have sexual intercourse without birth control if partner desires it (53% compared to 17%). Additionally, 17 percent of male officers would just take a chance if a birth control method is not available, compared to 8 percent of female officers.

Family Planning Attitudes: Officer (continued)

For the last family planning questions, results are generally similar to previous years. The largest differences between female and male officers is for those indicating that birth control is the responsibility of the woman; over half of women and less than one-third of men indicated this belief, similar to enlisted findings. Significant differences found for women officers for two questions.

Please indicate how well each statement reflects your beliefs.						
	Women			Men		
	2001	2003	2005	2001	2003	2005
I make it my responsibility to discuss birth control with my partner.	95	97	96	92	96	96
I think it is important for men to get involved with birth control.	98	98	97*	96	98	97
My most recent partner encouraged use of birth control.	84	93	93	82	91	91
Birth control is the responsibility of the woman.	54	64	58*	28	28	28

Note: Percentages include those who indicated "Slightly true of me," "Somewhat true of me," "Mostly true of me," and "Completely true of me."
 * Significant difference between 2003 and 2005.

NPRST



The second set of family planning attitude questions show that most officers make it their responsibility to discuss birth control, think it is important for men to get involved with birth control, and their most recent partner encouraged use of birth control. There was a significant difference between 2003 and 2005 for women officers thinking it is important for men to get involved with birth control, although the actual percentage difference between years was very small.

A gender difference can be seen in the question about birth control being the responsibility of the woman; 58 percent of female officers feel this is slightly true of them, compared with 28 percent of male officers. The percentage for women decreased significantly from 2003.

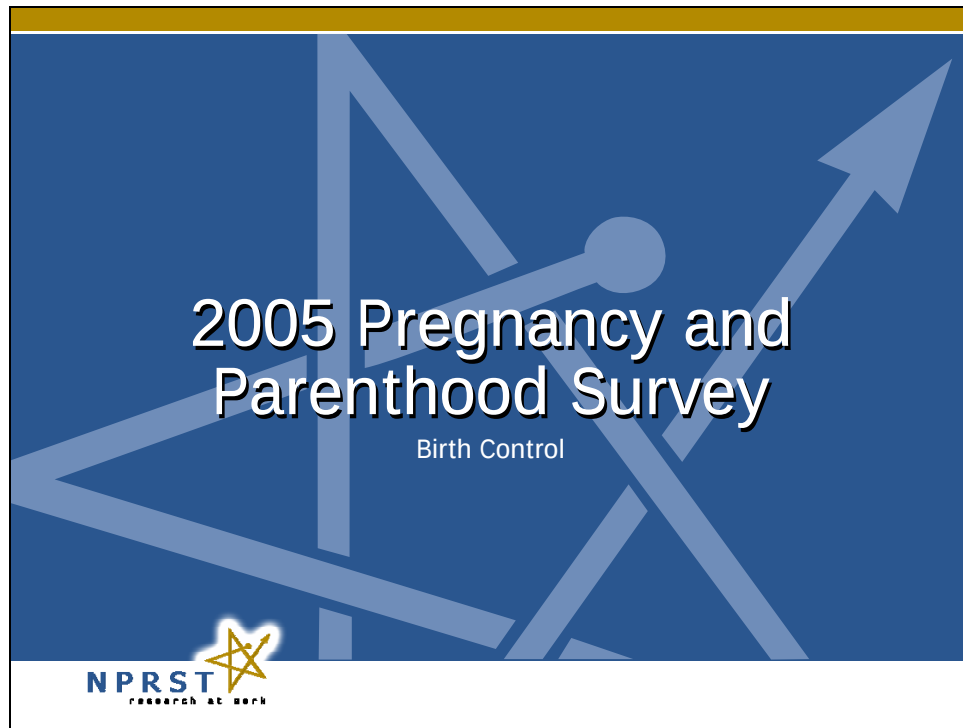
Family Planning Attitudes Highlights

NPRST

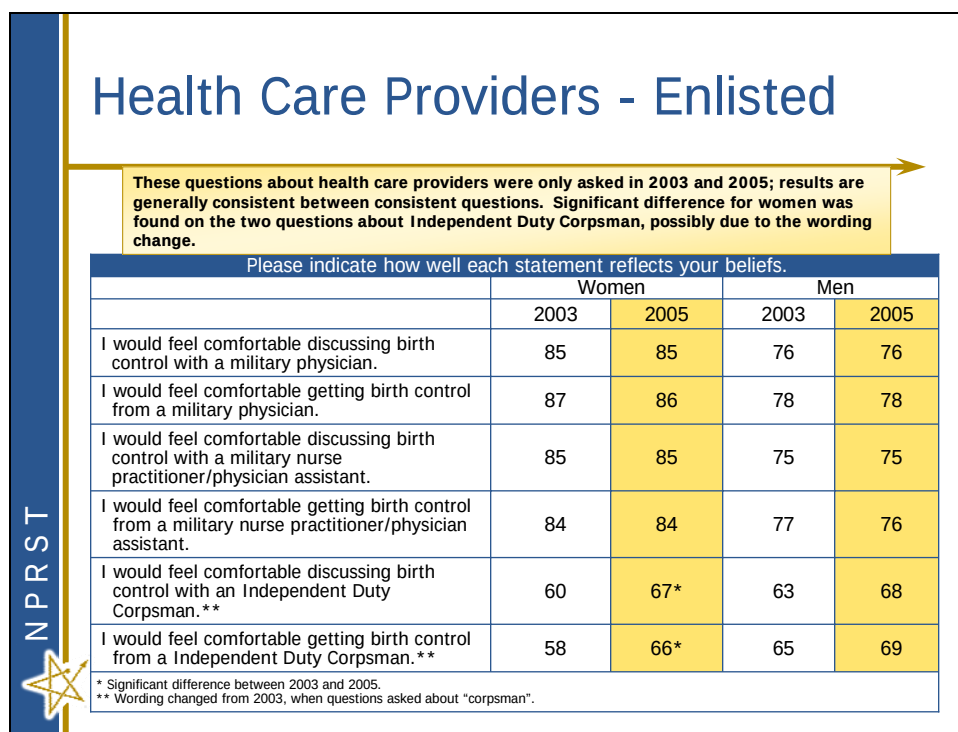


- Family planning attitudes generally comparable to 2003 results
- Women indicate they are more likely than men to leave the Navy if they have a family while men are more likely to stay until retirement
- Respondents indicate a family sabbatical would motivate them to stay in the Navy or have no impact on their retention decision; few indicate it would motivate them to leave the Navy

In terms of family planning attitudes, results for 2005 are again similar to previous results. New questions about the impact of having a family and about family-related sabbaticals show that women are more likely than men to leave the Navy if they have a family but that a family-related sabbatical might motivate them to remain in the Navy.



Several questions on the 2005 Pregnancy and Parenthood Survey asked about birth control issues, such as contact with health care providers, methods of birth control, and knowledge of birth control.



In order to understand who is the best person to talk to about birth control, respondents were asked about their comfort in discussing and getting birth control from various health care providers. Answers could range from “Strongly Disagree” to “Strongly Agree,” with those who “Agree” or “Strongly Agree” being presented here. Results show that enlisted respondents are generally comfortable with a military physician or nurse practitioner/physician assistant, with female enlisted slightly more comfortable (84% or higher) than male enlisted (75% or higher), similar to previous findings.

Comfort levels with Independent Duty Corpsman are slightly less, with about two-thirds of both female and male enlisted agreeing that they would feel comfortable with one. This question was reworded from 2003, so cross-year comparisons should be interpreted with caution.

Health Care Providers - Enlisted (continued)

Both enlisted women and men significantly indicate they would feel more comfortable with civilian health care providers than military health care providers, more than in 2003.

Please indicate how well each statement reflects your beliefs.				
	Women		Men	
	2003	2005	2003	2005
I would feel comfortable discussing birth control with the medical personnel aboard ship.	64	68	64	67
I would feel comfortable getting birth control from the medical personnel aboard ship.	65	68	65	68
I would feel more comfortable discussing birth control with a civilian health care provider than with a military health care provider.	36	49*	36	48*
I would feel more comfortable getting birth control from a civilian health care provider than with a military health care provider.	35	47*	35	46*

* Significant difference between 2003 and 2005.

Four additional questions were asked about health care providers. The first two shown here regard medical personnel aboard ship; similar to 2003, about two-thirds of female and male enlisted feel comfortable discussing and getting birth control from ship medical personnel.

Significantly more respondents in 2005 than 2003 agree that they would feel more comfortable with a civilian health care provider than a military health care provider. In 2005, about half of personnel agreed with these statements, as compared to about one-third in 2003.

Health Care Providers - Officer

Results for officers are similar to 2003 for consistent questions, and generally higher than those for enlisted. Significant differences found for both genders on the questions about Independent Duty Corpsman, possibly due to the wording change between the two years.

Please indicate how well each statement reflects your beliefs.				
	Women		Men	
	2003	2005	2003	2005
I would feel comfortable discussing birth control with a military physician.	93	94	88	90
I would feel comfortable getting birth control from a military physician.	94	95	86	91
I would feel comfortable discussing birth control with a military nurse practitioner/physician assistant.	92	95	84	88
I would feel comfortable getting birth control from a military nurse practitioner/physician assistant.	92	94	84	87
I would feel comfortable discussing birth control with a Independent Duty Corpsman.**	46	62*	57	71*
I would feel comfortable getting birth control from a Independent Duty Corpsman.**	48	64*	59	73*

* Significant difference between 2003 and 2005.

** Wording changed from 2003, when questions asked about "corpsman".

Officer responses tended to be higher than enlisted responses. About 95 percent of women officers agree that they are comfortable with a military physician or a nurse practitioner/physician assistant, and 87 percent or higher of male officers agree. Agreement regarding the Independent Duty Corpsman drops to about two-thirds of both women and men, with women being less likely to agree than men. As with enlisted, results for the corpsman question were significantly different from 2003, possibly due to the wording change of the question.

Health Care Providers - Officer (continued)

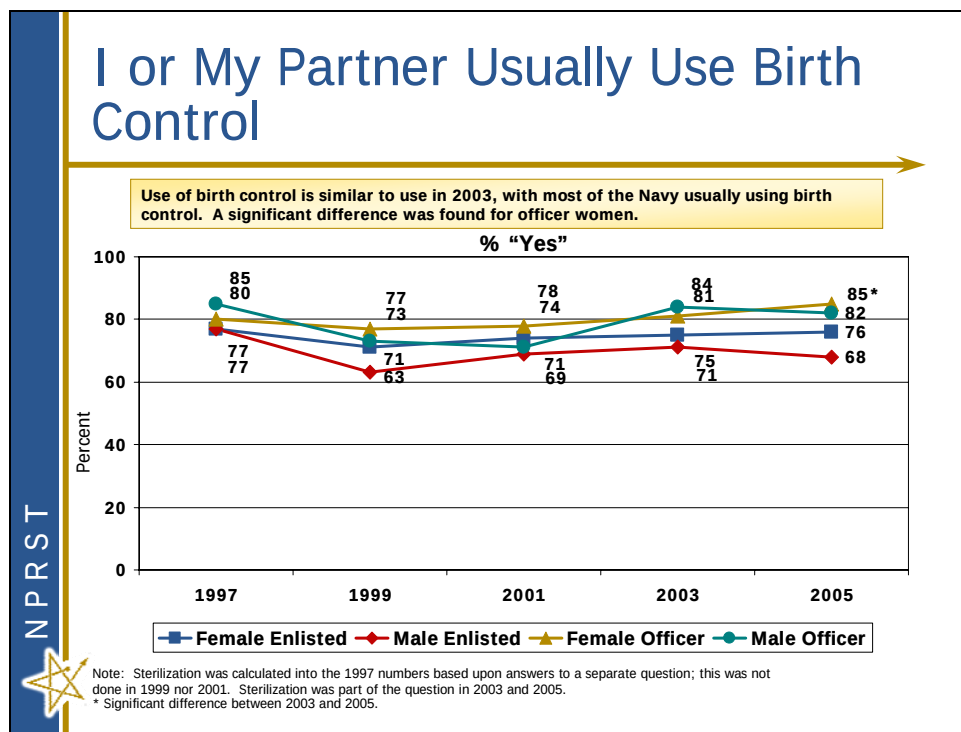
Significantly more officers in 2005 indicate that they feel more comfortable with a civilian health care provider than a military provider, although the percentages are lower than for enlisted.

Please indicate how well each statement reflects your beliefs.				
	Women		Men	
	2003	2005	2003	2005
I would feel comfortable discussing birth control with the medical personnel aboard ship.	65	69	69	73
I would feel comfortable getting birth control from the medical personnel aboard ship.	69	70	69	73
I would feel more comfortable discussing birth control with a civilian health care provider than with a military health care provider.	23	31*	26	34*
I would feel more comfortable getting birth control from a civilian health care provider than with a military health care provider.	21	28*	23	32*

* Significant difference between 2003 and 2005.

NPRST

About two-thirds of female and almost three-fourths of male officers agree that they would be comfortable discussing and getting birth control from medical personnel aboard ship, similar to 2003. Results for comfort with civilian health care providers has increased since 2003, with about one-third of officers indicating they would feel more comfortable with a civilian than a military provider.



Since 1997, respondents have been asked if they or their partner usually use birth control. Despite slight calculation differences in 1999 and 2001, the rates are generally stable, with 68 percent of male enlisted, 76 percent of female enlisted, 82 percent of male officers, and 85 percent of female officers indicating they do usually use birth control. The percentage of female officers has increased from 81 percent in 2003 to 85 percent in 2005.

Reasons for Not Using Birth Control

Most respondents who do not usually use birth control either indicated they did not use because they or their partner are pregnant or trying to get pregnant, or for some other, unspecified reason.

Why don't you use birth control?	Enlisted		Officer	
	Women	Men	Women	Men
Do not have sex	19	19	23	12
Not fertile	6	6	16	16
Religion or personal beliefs do not permit	3	6	5	8
Do not want to	16	20	6	12
Not comfortable discussing	0	2	1	0
Not comfortable getting	2	1	0	0
Pregnant or trying to get pregnant	31	17	30	31
Other	23	29	19	22

Respondents who did not usually use birth control were asked why they did not. Almost one-third of respondents who do not usually use birth control are pregnant or trying to get pregnant; the only group this was not true for was the male enlisted group. The next most common answer was “Other” (the survey did not include space for an explanation), followed by “Do not have sex” and “Do not want to.” Percentages between female and male enlisted and between female and male officer are generally similar, with the exception that male enlisted are less likely to be trying to have a child than female enlisted and male officers are less likely to not have sex than female officers.

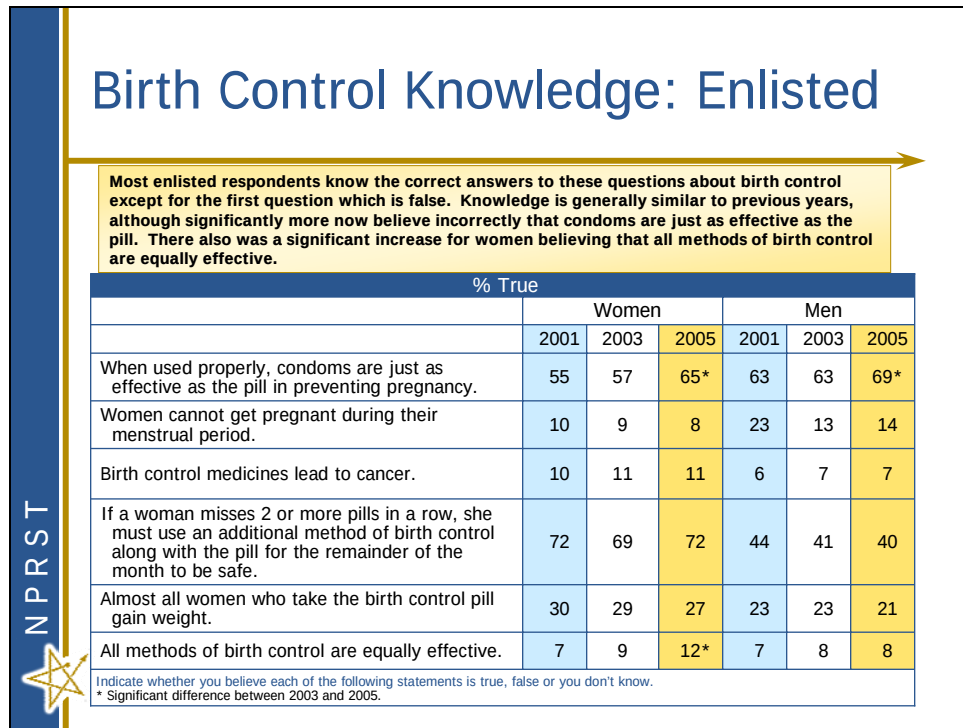
Birth Control Options

Most who do use birth control use the male condom or the birth control pill.

What method(s) of birth control do you or your partner usually use?				
	Enlisted		Officer	
	Women	Men	Women	Men
Tubal ligation or vasectomy (Essure or hysterectomy)	12	21	20	32
Birth control pill	48	51	54	47
Birth control patch	16	10	7	5
Birth control ring	2	2	1	3
Birth control shot	14	13	6	3
Male condom	51	56	38	39
Female condom	1	2	0	1
Rhythm	2	3	4	5
Withdrawal	16	19	9	7
Diaphragm	1	1	1	2
IUD	5	2	6	5
Spermicide	4	6	4	5
Other	1	1	3	1

Note: Multiple responses allowed.

Respondents who used birth control were asked which method or methods they usually used. This question changed from 2003 to allow respondents to select multiple answers. For enlisted, over half use the male condom, with almost half of women and 51 percent of male enlisted using the birth control pill. About half of officers use the birth control pill, with over one-third using the male condom.



Respondents were asked questions to assess their knowledge of birth control; only the fourth question listed above is actually true. Generally, fewer enlisted respondents indicated “True” to the incorrect questions and more for the correct questions, with the exception of the first question. The majority of enlisted respondents incorrectly believe that condoms are just as effective as the pill (see Planned Parenthood, 2005, for effectiveness rates).

When compared to 2003 results, more enlisted women now incorrectly believe that condoms are just as effective as the pill and that all birth control methods are equally effective. More male enlisted in 2005 also believe that condoms are just as effective as the pill in preventing pregnancy.

Birth Control Knowledge: Officers

Officers also generally know the correct answer except for the first question. Over half of the officers incorrectly believe that condoms are just as effective as the pill in preventing pregnancy, with significantly more women incorrectly responding. A significant difference was also found for women officers' knowledge of weight gain while on the birth control pill.

	% True					
	Women			Men		
	2001	2003	2005	2001	2003	2005
When used properly, condoms are just as effective as the pill in preventing pregnancy.	41	43	50*	54	55	59
Women cannot get pregnant during their menstrual period.	14	12	11	20	18	17
Birth control medicines lead to cancer.	5	7	7	5	8	8
If a woman misses 2 or more pills in a row, she must use an additional method of birth control along with the pill for the remainder of the month to be safe.	86	86	87	57	58	56
Almost all women who take the birth control pill gain weight.	22	20	16*	14	14	15
All methods of birth control are equally effective.	1	1	2	1	1	2

Indicate whether you believe each of the following statements is true, false or you don't know.

* Significant difference between 2003 and 2005.

NPRST

The pattern of results for officers is similar to the enlisted results; again, half or more of officers incorrectly believe that condoms are just as effective as the pill in preventing pregnancy. More women officers than men officers correctly answered the fourth question about missing birth control pills.

There were two significant differences between 2003 and 2005 for female officers; more now than in 2003 incorrectly believe that condoms are just as effective as the pill while less believe that almost all women who take the pill gain weight.

Emergency Contraception: Enlisted

Knowledge of emergency contraception among enlisted is higher than previous years. Significant differences were found for both genders on knowledge of emergency contraception as well as whether it is available where they are stationed.

Regarding emergency contraception, which of the following statements are true for you?						
	Women			Men		
	2001	2003	2005	2001	2003	2005
Prior to this survey, I knew what emergency contraception was.	63	71	81*	35	39	51*
During my last physical exam, emergency contraception was discussed.	7	10	15	2	2	3
Emergency contraception is available where I am currently stationed.	14	23	31*	9	10	15*
Emergency contraception is a birth control method.	---	---	21	---	---	26

Note: Don't know option included in analyses.
* Significant difference between 2003 and 2005.

NPRST



Emergency contraception (levonorgestrel, marketed as Plan B) involves taking a specified dosage of birth control pills within 72 hours of unprotected sex, followed by a second dosage 12 hours later. When this survey was conducted, emergency contraception was only available by prescription.

Four survey questions asked about emergency contraception. Prior to the survey description of emergency contraception, most enlisted women and about half of enlisted men knew what emergency contraception was, with both groups significantly increasing over the 2003 results. While respondents know what it is, few discussed it at their last physical exam. Only slightly more knew whether it was currently available where they were stationed, although results for this question have increased significantly since 2003.

A new question about emergency contraception was added in 2005, asking if it is a birth control method. About one-fourth of enlisted indicate it is a method of birth control.

Emergency Contraception: Officer

Knowledge about emergency contraception has also increased among officers. For female officers, there were significant differences in knowledge of what it is as well as its availability where they are stationed; knowledge of what emergency contraception is significantly increased for male officers as well.

Regarding emergency contraception, which of the following statements are true for you?						
	Women			Men		
	2001	2003	2005	2001	2003	2005
Prior to this survey, I knew what emergency contraception was.	76	81	88*	53	60	69*
During my last physical exam, emergency contraception was discussed.	2	3	4	0	0	0
Emergency contraception is available where I am currently stationed.	19	21	26*	5	8	9
Emergency contraception is a birth control method.	---	---	13	---	---	24

Note: Don't know option included in analyses.
* Significant difference between 2003 and 2005.

NPRST



Knowledge of emergency contraception for officers is higher than for enlisted, with almost 9 in 10 women and two-thirds of men knowing what emergency contraception is, both significantly increasing from 2003. Few officers had discussed emergency contraception at their last physical exam. About one-fourth of women officers and almost 10 percent of male officers know that emergency contraception is available where they are currently stationed, a significant increase for females over the 2003 results. One-quarter of male officers and one-eighth of female officers consider emergency contraception to be a method of birth control.

NPRST

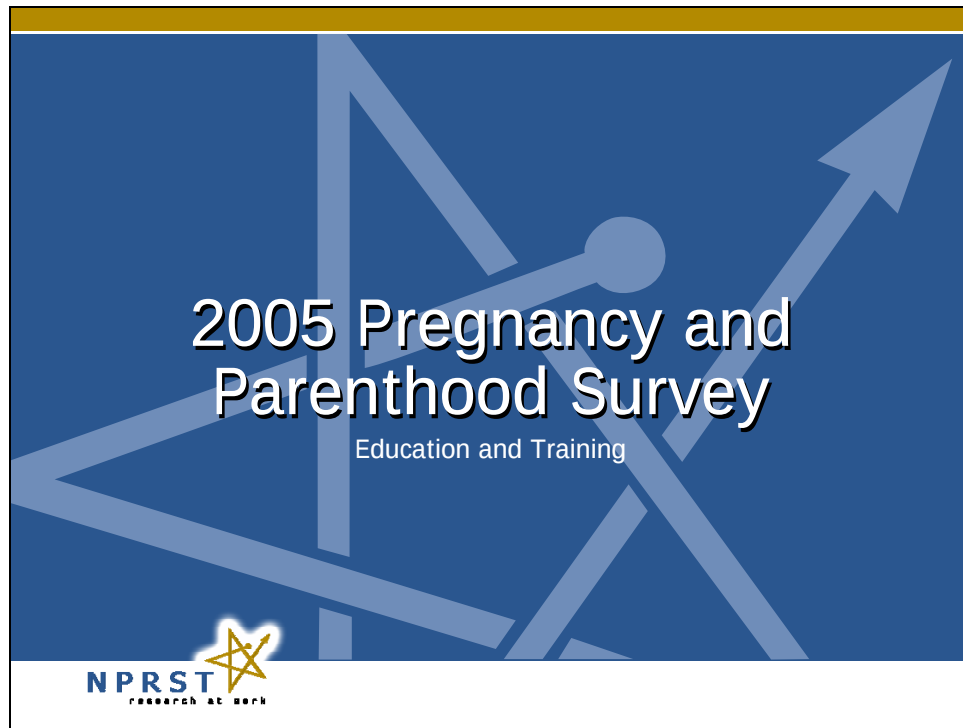
Birth Control Highlights

- Attitudes toward health care providers are generally consistent with 2003 results
 - More enlisted (10% or larger difference) indicate they are more comfortable with civilian health care providers; true to a lesser extent (7% or larger difference) for officers
- Most use birth control, with the majority of those who do not indicating that it is because they and their partner are pregnant or trying to get pregnant
- Birth control knowledge is generally consistent with previous findings, although there has been a slight decrease in knowledge of effectiveness
- Knowledge about emergency contraception has increased since 2001

Attitudes towards health care providers are similar to previous results, with most feeling comfortable discussing and getting birth control from physicians and nurse practitioners/physician assistants. Compared to 2003 results, a larger percentage are now more comfortable with civilian health care providers than military health care providers.

Most are using birth control, with the majority of those who do not use birth control indicating that it is because they are trying to have children.

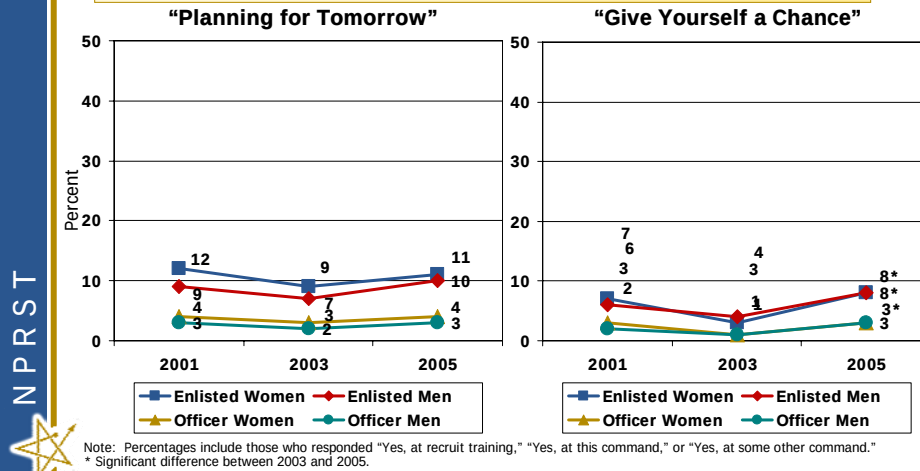
Knowledge of birth control is generally consistent, although there has been a slight decrease in knowledge of the comparative effectiveness of the different methods. Overall, knowledge of emergency contraception has increased through the years.



As in previous years, the 2005 Pregnancy and Parenthood Survey asked about sources of sexual health training and relevant policy training. New questions were added to the 2005 survey about where and when sexual health training should occur.

Educational Video Viewing

Few indicate they have seen either pregnancy/parenthood-related educational video. There has been a slight increase over 2003 results, especially for "Give Yourself a Chance" with significant increases for all groups except officer men.



Two videos were produced for the Navy about parenthood and pregnancy. Both are currently accessible through the Defense Automated Visual Information System (<http://dodimagery.afis.osd.mil/davis/>). The first, *Planning for Tomorrow: Parenting and Pregnancy* (CNET, 1999, DAVIS #806411), is about the Navy policy on pregnant servicewomen. As can be seen above, only a small percentage indicate they have seen the video at either recruit training, their current command, or some other command.

The second video, *Give Yourself a Chance* (CNET, 1997, DAVIS #806084), is about postponing children. Fewer Sailors have seen this video, although three of the four groups saw small but significant increases in viewership as compared to 2003.

Sources of Training on STDs

In 2005, respondents were asked to select multiple sources of training on STDs. Most receive training at GMT.

From which of the following sources have you received training in STDs?				
	Enlisted		Officer	
	Women	Men	Women	Men
At GMT, within the last year	61	66	48	57
At GMT, more than 1 year ago	25	31	30	41
Physician	47	29	40	34
Nurse practitioner/Physician assistant	31	14	26	11
Independent Duty Corpsman	12	18	7	17
Corpsman	27	31	6	15
Other	28	29	28	26
Never	3	4	5	4

Note: Multiple responses allowed.

NPRST



Survey respondents were asked a multiple choice question about where they had received training on sexually transmitted diseases (STDs). Answer choices were modified from those used previously, so no cross-year comparisons are possible. The majority received training on STDs at their General Military Training (GMT) within the last year; for enlisted, this is true of two-thirds of men and almost two-thirds of women, while true of 57 percent of officer men and only 48 percent of officer women.

Physicians are also a common source of STD training, with almost half of enlisted women and over one-third of officers receiving physician training.

Three percent of enlisted women, 5 percent of officer women, and 4 percent of all men indicate they have never received STD training.

Sources of Training on Methods of Birth Control

Most respondents indicate they receive training on methods of birth control from GMT, although women are more likely to get training from a health care provider than men. Sixteen percent of enlisted men and 19% of officer men indicate they have never had training on birth control methods.

From which of the following sources have you received training in methods of birth control?

	Enlisted		Officer	
	Women	Men	Women	Men
At GMT, within the last year	37	48	23	35
At GMT, more than 1 year ago	16	26	13	27
Physician	64	25	58	29
Nurse practitioner/Physician assistant	43	14	38	9
Independent Duty Corpsman	13	14	6	11
Corpsman	27	25	4	10
Other	23	28	26	29
Never	4	16	8	19

Note: Multiple responses allowed.

NPRST



When asked about sources of training in birth control methods, male respondents tended to mark one of the GMT answer choices while females tended to indicate either a physician or a nurse practitioner/physician assistant. Sixteen percent of enlisted men and 19 percent of officer men indicate that they have never had any training in birth control methods.

Sources of Training on Navy Pregnancy Policy

Training on Navy Pregnancy Policy is generally received during GMT, although over one-fourth of women and one-third of men have never received training.

From which of the following sources have you received training in Navy pregnancy policy?				
	Enlisted		Officer	
	Women	Men	Women	Men
At GMT, within the last year	34	36	20	27
At GMT, more than 1 year ago	18	20	20	25
Physician	17	6	11	5
Nurse practitioner/Physician assistant	13	4	7	1
Independent Duty Corpsman	5	4	1	3
Corpsman	12	10	2	2
Other	27	19	27	16
Never	26	37	38	43

Note: Multiple responses allowed.

Respondents were asked where they had received training on the Navy's pregnancy policy (OPNAVINST 6000.1B). The largest percentage of officers indicated they have never had training (38% of women and 43% of men); although 20 percent of female officers and 27 percent of male officers indicated they had training within the last year at GMT. Enlisted men were just as likely to have had training at GMT in the last year (36%) as to have not had training at all (37%), while 34 percent of enlisted women indicated they had had the training at GMT within the last year.

Sources of Training on Navy Family Care Plan

Training about the Navy Family Care Plan is generally received at GMT. Over half of the officers and over one-third of the enlisted have never received training.

From which of the following sources have you received training about the Navy Family Care Plan?

	Enlisted		Officer	
	Women	Men	Women	Men
At GMT, within the last year	27	33	16	22
At GMT, more than 1 year ago	13	18	13	17
Physician	9	6	3	4
Nurse practitioner/Physician assistant	7	4	2	1
Independent Duty Corpsman	3	4	1	2
Corpsman	8	8	1	2
Other	33	21	25	18
Never	34	37	52	51

Note: Multiple responses allowed.

NPRST

The Family Care Plan (OPNAVINST 1740.4B) is taught to even fewer personnel than the pregnancy policy; over half of officers and just over one-third of enlisted indicate they have never had training.

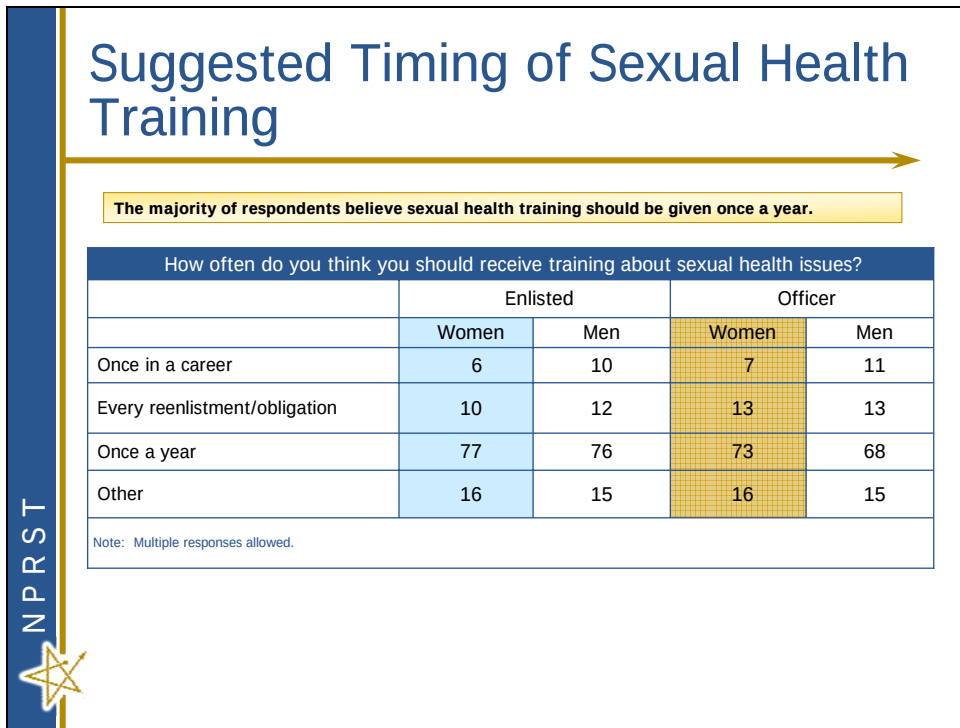
Suggested Sexual Health Training Venues

Respondents were asked where sexual health training should be given. Most respondents selected boot camp or GMT, although about half also suggested it be given at leadership courses and in a PREVENT-type atmosphere.

Where do you think you should learn about sexual health issues?				
	Enlisted		Officer	
	Women	Men	Women	Men
Boot Camp	81	80	75	70
Leadership courses	50	50	52	49
PREVENT-type atmosphere	59	52	51	37
OCS/USNA/ROTC	29	28	60	55
GMT	68	68	70	70
From command leadership	42	41	40	29
Other	15	12	21	16

Note: Multiple responses allowed.

In 2005, two new questions were asked to determine respondent suggestions of where and when to offer sexual health training. The most common answer was boot camp, with three-fourths or more of women and 70 percent or more of men choosing this option. The next most common answer choice was GMT, with over two-thirds of all groups choosing this. Also commonly selected were PREVENT-type atmosphere (see OPNAVINST 5350.4C for more information on PREVENT) and during leadership courses.



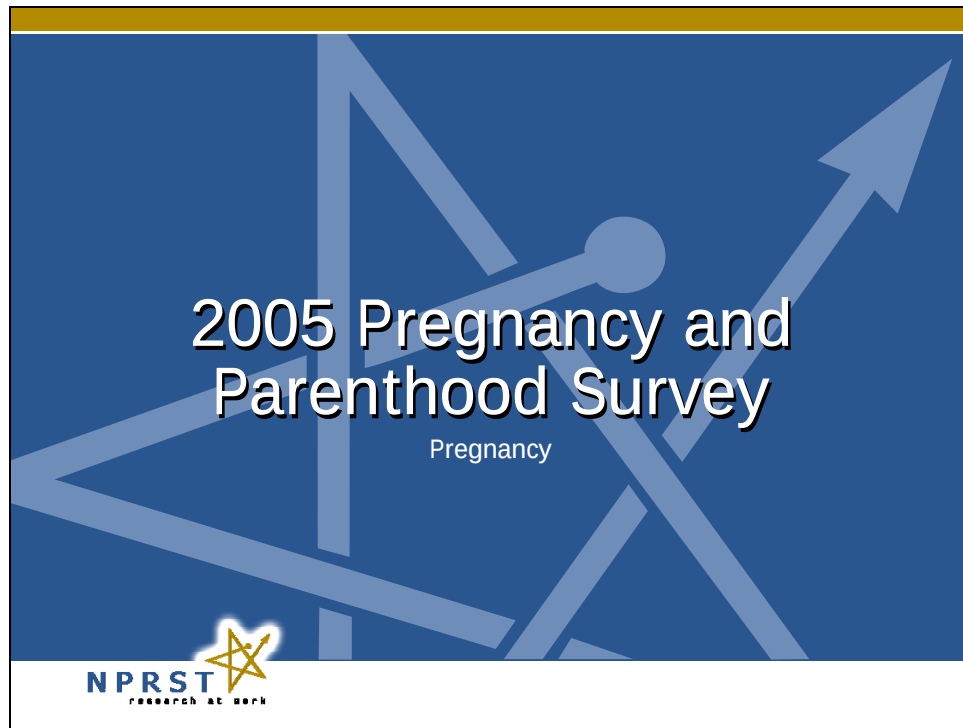
The majority of respondents feel that sexual health training should continue basically as it is now, with training occurring once a year.

NPRST

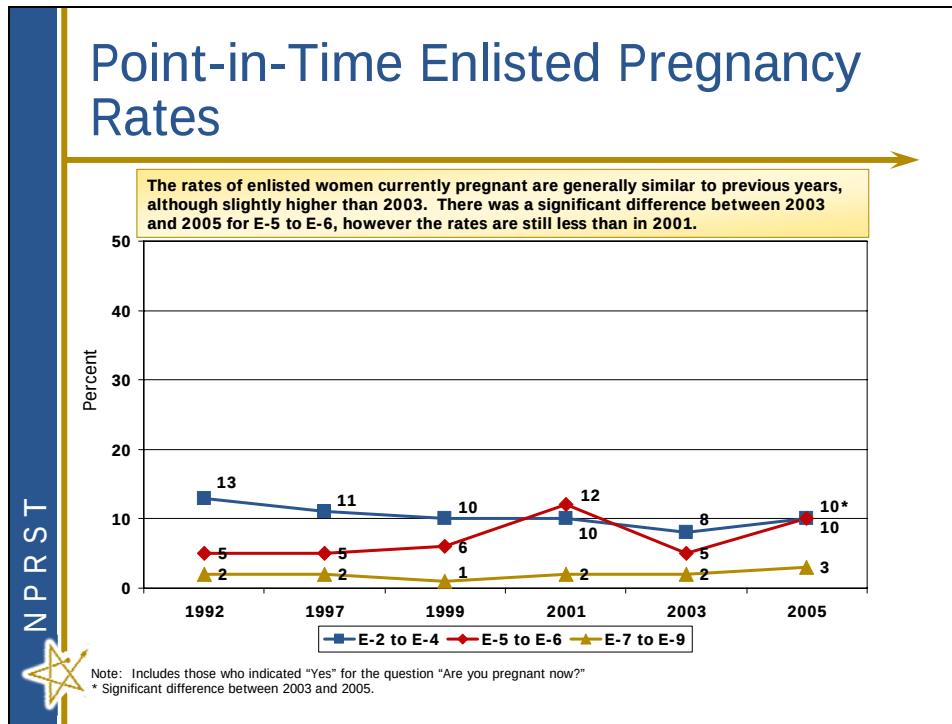
Education and Training Highlights

- Similar to previous years, only about 10% or less have seen the educational videos on pregnancy and parenthood
- Men tend to receive training about birth control at GMT, although 16% of enlisted and 19% of officers indicate they have not had any; women tend to receive birth control training from physicians or nurse practitioners/physician assistants
- Most think sexual health training should be taught at boot camp or at GMT, once a year

Results from the Education and Training section of the survey show that the majority of Sailors receive some form of training, although officers are slightly less likely than enlisted to receive training. Most believe that there should be some sort of sexual health training conducted yearly as well as at boot camp.

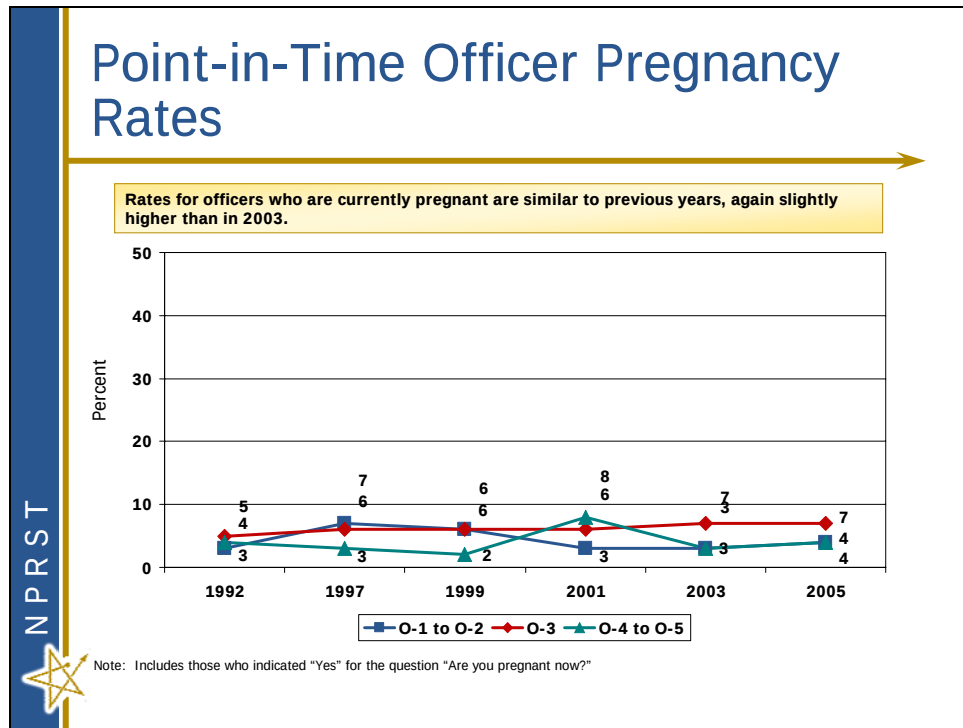


The last section of the survey dealt with pregnancy and so was only asked of women. Men were skipped to the open-ended general comments (see Appendix B for analyses of the comments).

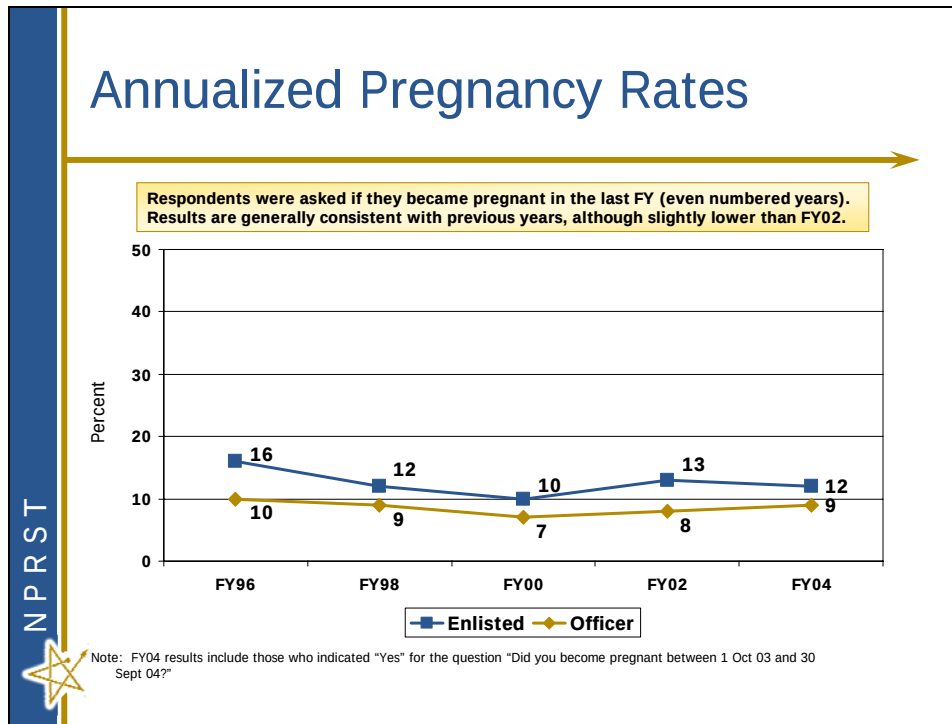


One method of determining a pregnancy rate is by looking at those who are currently pregnant, which yields the point-in-time pregnancy rate. Women were asked if they were pregnant right now. Results show that 10 percent of both the E-2 to E-4 and the E-5 to E-6 paygrade groups indicated they were pregnant, while 3 percent of the E-7 to E-9 indicated the same, yielding an overall rate for enlisted women of about 9 percent.

Results were generally similar to previous years, although the point-in-time pregnancy rate for E-5 to E-6 increased significantly from 2003.



The point-in-time pregnancy rates for officers are lower than for enlisted but similar to previous findings. Overall officer point-in-time rate is 5 percent.



Another way of determining a pregnancy rate is to look at all pregnancies that began during the last fiscal year. This is known as the annualized pregnancy rate. Results are presented for enlisted and officer overall; about 12 percent of enlisted women and about 9 percent of officer women became pregnant in FY04, similar to previous findings.

General Pregnancy Questions - Enlisted

Enlisted women who had ever been pregnant while in the Navy were asked follow-on questions. Results overall are similar to previous years. About one-third of enlisted pregnancies are planned, although most were not using birth control when they became pregnant. Most partners of enlisted women who became pregnant were military men.

	Enlisted				
	1997	1999	2001	2003	2005
Was this pregnancy planned?	35	40	36	35	36
Were you using birth control?	21	27	30	32	29
Was the father in the military?	72	71	73	75	73
Moved due to pregnancy	33	37	31	35	40
Orders to ship or deployable squadron*	17	9	8	11	12

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
 * Includes only those currently in a non-deployable squadron, aboard a shore activity/command but not as a student, or at a Navy funded school as a student.

NPRST



A number of questions about pregnancy were included on the survey. Because of the low number of pregnancies, respondents were told to answer all remaining questions based upon their most recent pregnancy while in the Navy, regardless of when it occurred.

Results of general questions are shown here for enlisted women. About one-third of enlisted women planned their most recent pregnancy, similar to previous years. Additionally, less than one-third were using birth control when they became pregnant. Of those whose pregnancy was unplanned, 58 percent of enlisted were not using any form of birth control.

The majority of enlisted women had partners who were in the military. Just over one-third of respondents were moved because of their pregnancy, and 12 percent of those not currently assigned to a deployable command had orders to a ship or deployable squadron when they became pregnant.

General Pregnancy Questions – Officer

Officers who had ever been pregnant while in the Navy were also asked some general questions about their pregnancies. Most officers plan their pregnancies.

	Officer				
	1997	1999	2001	2003	2005
Was this pregnancy planned?	77	79	72	72	70
Were you using birth control?	8	9	12	15	13
Was the father in the military?	51	39	51	47	49
Moved due to pregnancy	7	15	5	7	8
Orders to ship or deployable Squadron*	4	1	3	4	3

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
 * Includes only those currently in a non-deployable squadron, aboard a shore activity/command but not as a student, or at a Navy funded school as a student.

NPRST



Officer results to the general pregnancy questions are very different from the enlisted results. The majority of officer women planned their pregnancies and very few were using birth control when they became pregnant; of those who did not plan their pregnancy, 60 percent were not using any form of birth control. About half of their partners were in the military. Very few officers are moved due to their pregnancy, and even fewer officers who were assigned to a non-deployable command had orders to a ship or deployable squadron when they became pregnant.

While results differ from the enlisted results, there were no significant differences between years.

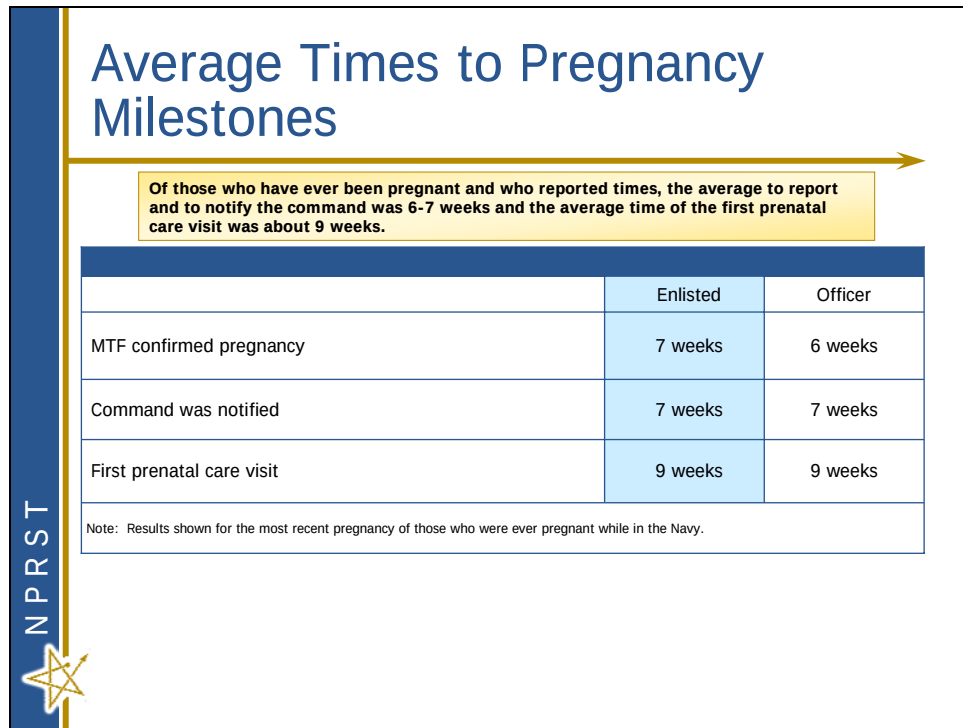
Failed Birth Control Methods

Among those who said they were using birth control when they became pregnant, most were using the birth control pill.

What method(s) of birth control were you using?		
	Enlisted	Officer
Tubal ligation or vasectomy (Essure or hysterectomy)	0	5
Birth control pill	64	59
Birth control patch	7	5
Birth control ring	1	0
Birth control shot	14	3
Male condom	25	19
Female condom	1	0
Rhythm	2	8
Withdrawal	7	6
Diaphragm	1	4
IUD	1	0
Spermicide	3	5
Other	1	6

Note: Multiple responses allowed.
Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

Those who indicated they were using birth control when they became pregnant were asked what methods they were using. Respondents could select multiple answers. The most common birth control method used when women became pregnant was the birth control pill, with similar percentages across enlisted (64%) and officer women (59%). The second most common was the male condom, with one-fourth or less of women indicating they were using this method.



According to OPNAVINST 6000.1B, Navy women must notify their command within 2 weeks of having their pregnancy confirmed (Chief of Naval Operations, 2003). Respondents were asked when in their pregnancy the Medical Treatment Facility (MTF) confirmed their pregnancy, when their command was notified, and when they had their first prenatal care visit. On average, enlisted women were 7 weeks pregnant when their pregnancy was confirmed, and they notified their command at about the same time. Officers on average found out at about week 6 of their pregnancy and notified their command the next week. Both enlisted and officers had their first prenatal visit at their ninth week, on average.

Medical Issues

Over two-thirds of women completed the NAVMED occupational safety health forms. Most discuss breastfeeding and birth control use with their medical provider at a prenatal visit.

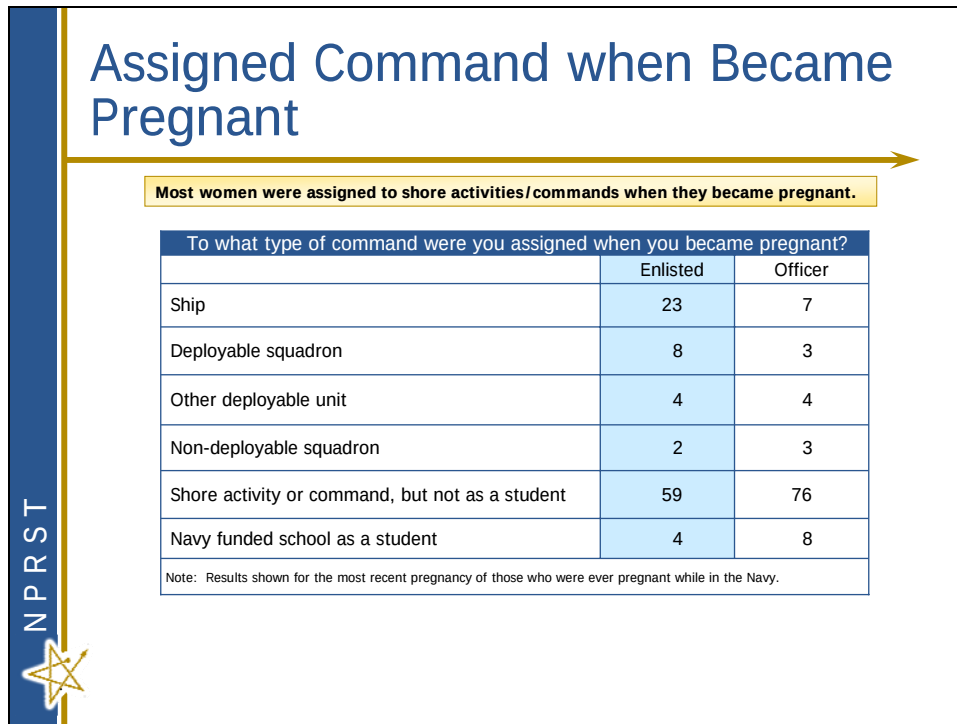
% Yes		
	Enlisted	Officer
Completed NAVMED forms*	68	67
At prenatal visit, discussed breastfeeding	79	84
At prenatal visit, discussed birth control to use after pregnancy	77	80
Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy. * Don't know results not included in analyses.		

NPRST



Two NAVMED forms (6260/8 and 6260/9) are used to assist in determining workplace reproductive or developmental hazards. One is completed by the pregnant woman and one by her supervisor. Respondents were asked if they had completed the forms, and over two-thirds of enlisted and officer indicated that they had.

Respondents were also asked if breastfeeding and birth control after childbirth were discussed. The majority of women did discuss these issues with their healthcare provider.



Over half of enlisted women and over three-fourths of officer women were assigned to a shore command when they became pregnant. For enlisted, almost one-fourth were assigned to a ship, with the remainder of both enlisted and officer split between the remaining choices.

Pregnancy Aboard Ship

Of those who became pregnant while assigned to a ship/deployable squadron/other deployable unit (35% enlisted and 14% officer) during their most recent pregnancy, most were not deployed, were in pre-deployment workups, or had just returned from deployment.

Where was your ship in the operational cycle when you became pregnant?		
	Enlisted	Officer
Deployed	10	10
Returned from deployment within the past 60 days	19	13
Not deployed; conducting local operations	40	39
In pre-deployment training and inspection cycle	20	19
In Industrial Availability scheduled for less than six months	4	4
In Industrial Availability scheduled for six months or longer	9	11
In precommissioning crew	2	0

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
 * Includes only those currently on ship/deployable squadron/other deployable unit.

Those who became pregnant while assigned to a ship or deployable squadron/unit were asked where in the deployment cycle they were. Answer choices were modified from the previous version of the survey to better reflect changes due to the Fleet Response Plan.

Forty percent of enlisted and 39 percent of officers were not deployed at the time they became pregnant. About 20 percent were in the pre-deployment training and inspection cycle while another 19 percent of enlisted and 13 percent of officers had returned from deployment within the past 60 days.

Transfers/Moves as a Result of Pregnancy

For those women who have ever been pregnant while in the Navy, most are not transferred/moved because of their pregnancy. There are significant differences between 2003 and 2005 for both enlisted and officer for those with orders to shore duty, as well as a significant difference for officers who continued to work in the same place.

Were you (or are you scheduled to be) transferred or moved as a result of being pregnant?

	Enlisted			Officer		
	2001	2003	2005	2001	2003	2005
Orders to shore duty	6	10	6*	6	13	6*
Continued to work in same place	63	55	54	88	80	86*
Transferred sea to shore duty	19	22	26	1	5	4
Transferred overseas to CONUS	2	2	3	0	1	1
Transferred squadron to air station	1	1	1	0	0	0
Transferred from work center to other work center	5	5	4	1	0	1
Transferred other	5	6	6	2	2	2

Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

Note: Don't know option included in analyses.

* Significant difference between 2003 and 2005.

NPRST

The majority of officer women who were ever pregnant while in the Navy stayed at their current workplace while pregnant, a significant increase over 2003 results. About half of enlisted women continue in the same place, although about one-fourth are transferred from sea duty to shore duty.

Transfers/Moves Prior to 20th Week

Of those who indicated they were moved during their most recent pregnancy, most indicate they were not moved prior to their 20th week, similar to previous findings. Significant differences were found for enlisted women who indicate medical reasons and for officer women who don't know why they are moved.

If you were moved off the ship before the 20 th week of your pregnancy, why did it happen?						
	Enlisted			Officer		
	2001	2003	2005	2001	2003	2005
Not moved prior to 20th week	42	38	37	77	56	45
Medical reasons	5	5	2*	8	5	3
Ship had heavy underway schedule/deployment	21	16	17	0	11	10
Ship's policy to transfer before 20th week	10	16	14	8	18	14
Don't know	10	8	8	0	5	0*
Other	12	16	22	8	5	29

Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
Note: Results for female officers should be viewed with caution due to low numbers of respondents.

Only includes those who indicated they moved

* Significant difference between 2003 and 2005.

NPRST



According to OPNAVINST 6000.1B, a pregnant woman may normally remain aboard ship until the twentieth week unless she would not be able to receive an evaluation in less than 6 hours if an obstetric emergency occurred (Chief of Naval Operations, 2003). Respondents who were transferred were asked why they were transferred prior to the twentieth week. Over one-third of enlisted women and almost half of officer women indicated they did not move before the twentieth week. Significantly fewer enlisted women were moved for medical reasons, and no officer indicated that she did not know why she was moved.

Type of Work Done after Pregnancy Transfers/Moves

For those women who moved, most enlisted women indicated they did administrative or clerical work outside their rating, similar to previous findings. For officers, most do the same work as prior to pregnancy.

What type of work did you do while still pregnant after the move?						
	Enlisted			Officer		
	2001	2003	2005	2001	2003	2005
Same as before, different location	33	31	26	50	34	43
Admin/clerical outside of rating/designator	43	46	49	31	38	27
Duty office/phone watch	6	7	5	0	5	2
Other	19	16	20	19	23	29

Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
 Note: Results for female officers should be viewed with caution due to low numbers of respondents.
 Only includes those who indicated they moved

NPRST



A concern when moving a woman is whether she will be working in her rating or designator, still utilizing the training she has received. Respondents who moved were asked what type of work they did after the move. About half of enlisted women worked in an administrative or clerical position that was outside their rating. Officer women were more likely than enlisted women to continue doing the same job but in a different location, 43 percent compared to 26 percent respectively.

Reduced Work Hours During Pregnancy

The majority of women did not reduce their work hours to less than 40 hours per week, although if they were reduced they were most likely reduced in the last trimester.

Before delivery, were your work hours reduced to less than 40 hours per week?						
	Enlisted			Officer		
	2001	2003	2005	2001	2003	2005
Don't know, still pregnant	---	---	11	---	---	7
Hours weren't reduced	---	---	37	---	---	51
During 1st 3 months	3	3	1	1	1	1
During 2nd 3 months	6	6	6	4	5	4
During 7-8 months	25	25	26	18	12	17
During last month	23	23	22	37	25	24

Note: Multiple responses allowed.

Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

NPRST



While the woman's healthcare provider may modify work hours for health reasons, OPNAVINST 6000.1B allows for potential changes to work hours for pregnant women during the last three months of their pregnancies (Chief of Naval Operations, 2003). A pregnant woman is limited to a 40-hour workweek, to include any watchstanding duties. Women may request a waiver, or the CO may consult with her healthcare provider, to extend the workweek beyond 40 hours.

Respondents were asked if they had reduced work hours at any point during their pregnancies. Over one-third of enlisted women and half of officer women indicated that their work hours were not reduced during their pregnancies. Very few women have reduced work hours during the first six months of their pregnancies. About one-fourth of enlisted women and about one-fifth of officer women do reduce their hours during the last three months of pregnancy.

Where was the Baby Delivered

Most women delivered their most recent baby at a military hospital.

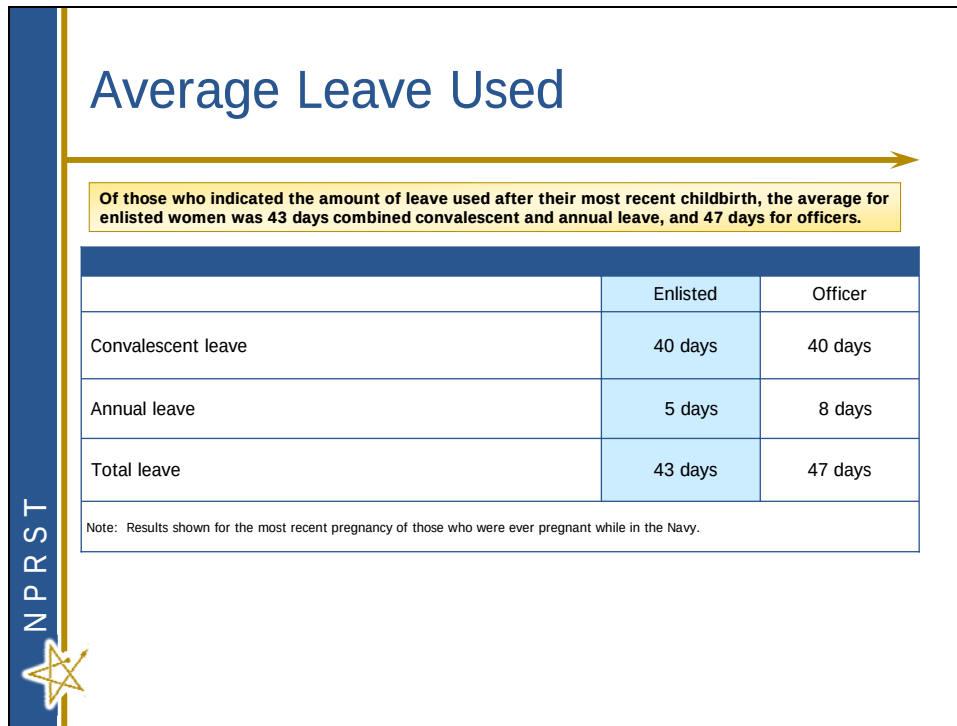
	Enlisted			Officer		
	2001	2003	2005	2001	2003	2005
Did not deliver	25	23	25	14	20	17
At a military hospital	60	62	60	63	62	62
At a civilian hospital	14	15	14	23	17	20
Other	2	1	1	1	1	1

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

NPRST



Most Navy women deliver their babies at military hospitals. The results have remained consistent across past survey administrations.



Pregnant women are normally granted 42 days of convalescent leave after childbirth, with longer periods granted based upon the medical condition of the woman. Women may also use regular leave after the 42 days.

The 2005 survey asked women how many days of leave they used. The average amount of convalescent leave for both enlisted and officer women was 40 days. Enlisted on average took an additional 5 days of regular leave and officers took 8 additional days. On average, enlisted women took a total of 43 days of leave while officers took 47 days.

Transfers/Moves after Having the Baby

Those who had been transferred because of pregnancy were asked if they returned to their pre-pregnancy unit. Over one-third stay with their new unit. There are no significant differences between years.

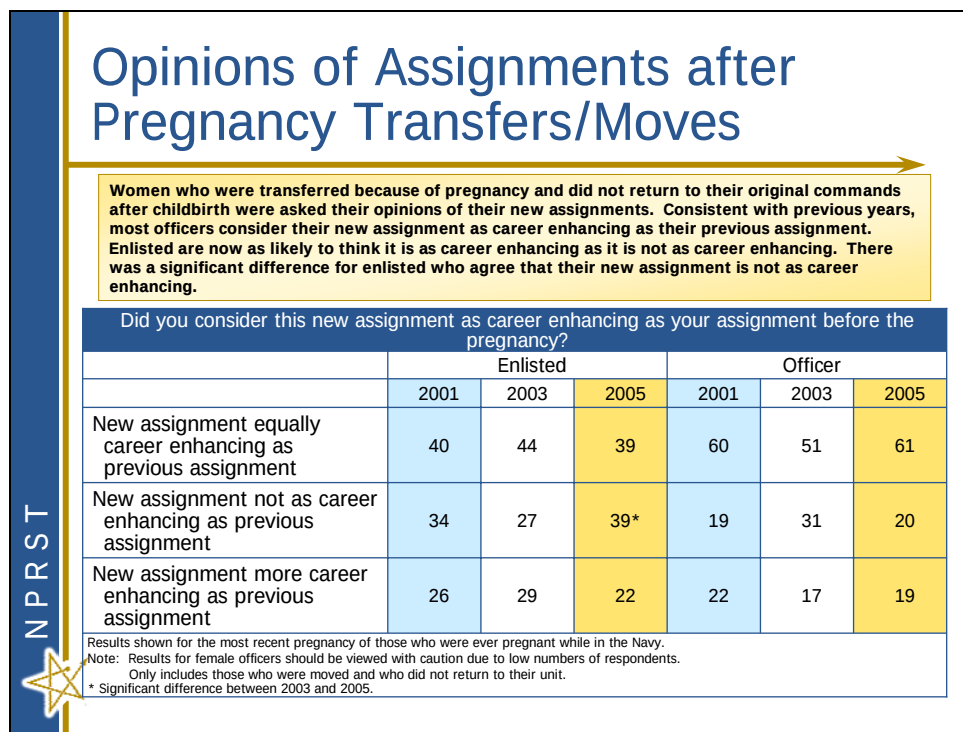
Did you return to the unit you were assigned to prior to your pregnancy?				
	Enlisted		Officer	
	2003	2005	2003	2005
Transferred, but returned to my unit	9	10	12	5
Sent TAD, but returned to my unit	6	7	12	15
Stayed with the unit I was transferred to	40	39	31	35
Went to a different shore duty command	23	19	32	32
Went to a different ship or deployable unit	22	25	13	13

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy. Only includes those who indicated they had been transferred.

NPRST



Women who were transferred due to pregnancy were asked if they returned to their previous unit after giving birth. Over one-third of women indicated they stayed with the unit to which they transferred. An additional third of officer women went to a different shore duty command. One quarter of enlisted women went to a different ship or deployable unit, and another 19 percent went to a different shore duty command.



Of those enlisted women who were transferred and did not return to their pre-pregnancy units, equal numbers considered their assignment not as career enhancing as those who thought their new assignment was equally career enhancing. For officer women, almost two-thirds considered their new assignment as career enhancing as their pre-pregnancy assignment.

Treatment from Coworkers

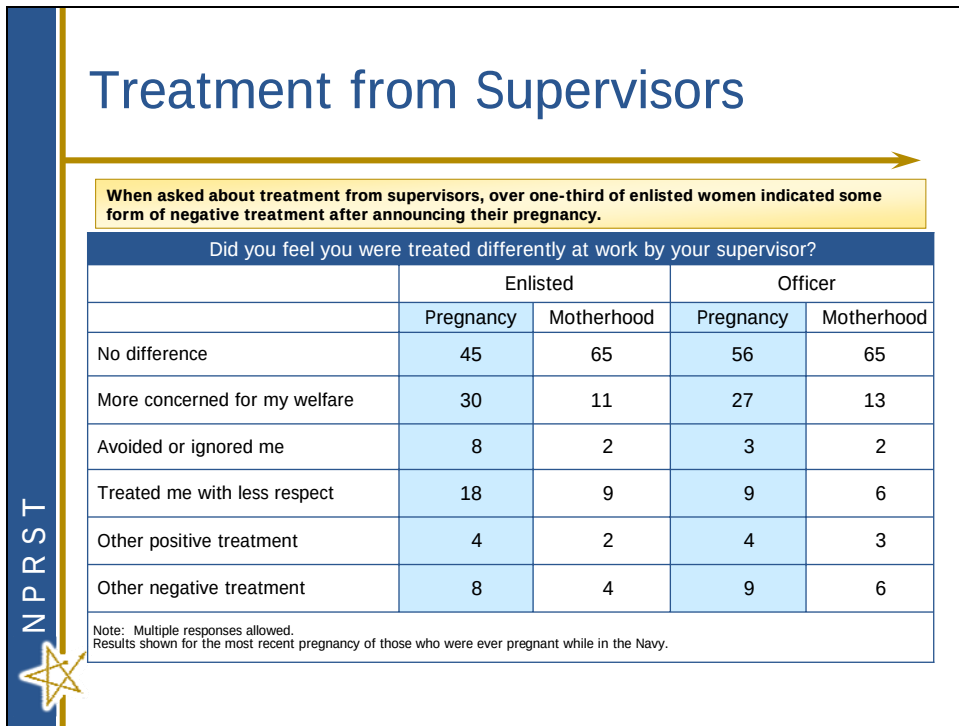
Respondents were asked about the treatment they received from coworkers during their pregnancy as well as after giving birth. Thirty-six percent of enlisted receive some type of negative treatment from their coworkers after announcing their most recent pregnancy.

Did you feel you were treated differently at work by your co-workers?				
	Enlisted		Officer	
	Pregnancy	Motherhood	Pregnancy	Motherhood
No difference	44	63	50	65
More concerned for my welfare	32	13	37	18
Avoided or ignored me	6	2	3	1
Treated me with less respect	20	8	8	4
Other positive treatment	4	2	6	3
Other negative treatment	10	4	7	3

Note: Multiple responses allowed.
Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

Respondents were asked how they were treated by coworkers after announcing their pregnancy and after returning from convalescent leave; they could select all answer choices that applied. For enlisted women, 44 percent felt they were not treated differently during their pregnancy while a higher percentage (63%) felt they were not treated differently after returning to work. One-third felt that coworkers were concerned about them during pregnancy while 20 percent felt that coworkers treated them with less respect.

As with enlisted, officer women tended to not feel they were treated differently during pregnancy (50%) or after returning to work (65%). Over one-third of officer women felt that coworkers were more concerned with their welfare while pregnant, while another 18 percent felt coworkers were more concerned for their welfare when they returned to work.



Treatment by supervisors was also assessed. Similar to treatment by coworkers, between one-half and two-thirds of women felt there was no difference in the treatment they received from their supervisors, neither during pregnancy nor after returning to work. The most common difference was that supervisors were more concerned, especially while the woman was pregnant.

Breastfeeding

Two-thirds of enlisted and 83% of officers breastfeed, and of those most are breastfeeding or pumping when they return to duty. Most are given time to pump or breastfeed, but almost half of the enlisted and over one-third of the officers indicate they are not given a comfortable and secluded location.

% Yes		
	Enlisted	Officer
Breastfeed after birth	66	83
Breastfeed/pump when returned to duty*	66	84

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

* Only includes those who ever breastfed/pumped.

Were you given time to pump or breastfeed?		
	Enlisted	Officer
Yes, during breaks/meals	32	39
Yes, when I needed to	50	47
No	18	14

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

* Only includes those who were breastfeeding/pumping when they returned to duty.

Were you given a comfortable and secluded location for pumping/breastfeeding?		
	Enlisted	Officer
Yes	53	63
No	47	37

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

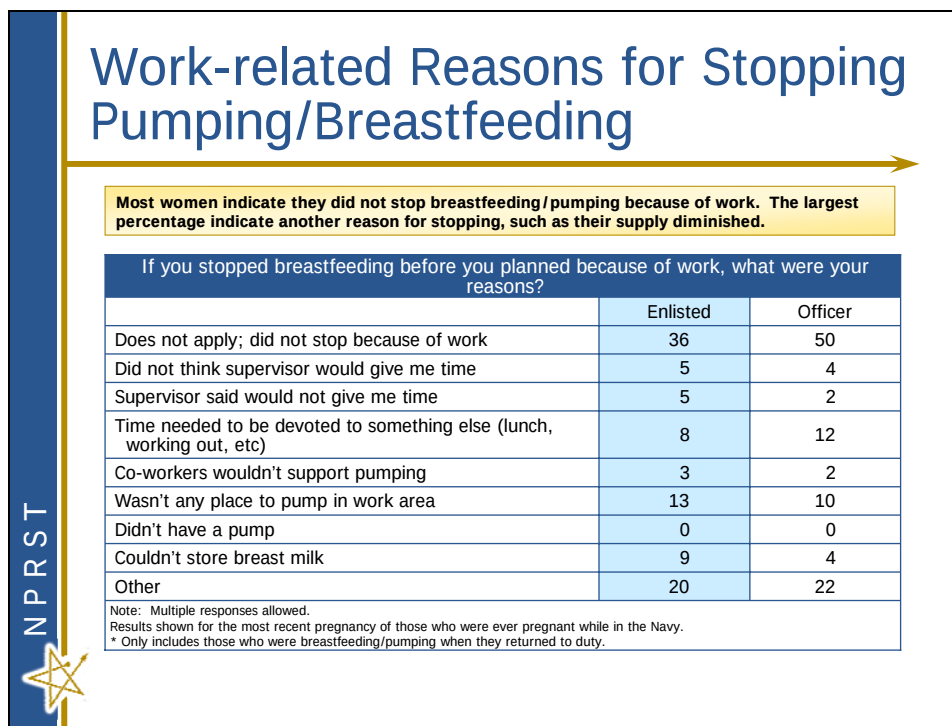
* Only includes those who were breastfeeding/pumping when they returned to duty.

NPRST

The 2005 Pregnancy and Parenthood Survey included questions about breastfeeding at work. Two-thirds of enlisted women and most officer women do breastfeed after birth; of those, about two-thirds of enlisted and 84 percent of officers are still breastfeeding when they return to duty.

OPNAVINST 6000.1B indicates that when possible, a private, clean room with access to running water and refrigeration shall be available for pumping breast milk (Chief of Naval Operations, 2003). Over 80 percent of women who were breastfeeding when they returned to duty were given the time they needed to pump or breastfeed. Over half of enlisted women and almost two-thirds of officer women were given a comfortable and secluded location for pumping/breastfeeding.

Respondents who did opt to breastfeed were asked how long they continued to do so. On average, enlisted women breastfed/pumped for five months, although they had planned to breastfeed/pump for eight months. Women officers on average breastfed/pumped for seven months but had planned to for nine months.



Those who were breastfeeding when they returned to work were asked if they stopped before they planned to because of work. One-third of enlisted and one-half of officers indicated that they did not stop because of work. About 20 percent of women indicated that they stopped pumping/breastfeeding for other reasons covering a broad spectrum (e.g., not staying hydrated, went to training or deployed, workload increased or didn't have time). Thirteen percent of enlisted and 10 percent of officers indicated there was not a place to pump in their work area, 12 percent of officers and 8 percent of enlisted needed to devote their time to something else, and 9 percent of enlisted women could not store their breast milk.

Pregnancy Highlights

NPRST

- Point-in-time pregnancy rates are similar to 2003 rates, although the rate for E-5 to E-6 has increased slightly to 2001 levels
- As before, over one-third of enlisted pregnancies and almost three-fourths of officer pregnancies are planned
- Majority are at a shore command when they become pregnant
- The average time to confirm pregnancy was about week 6, with average time to report to the command being about a week later
- About two-thirds of women breastfeed, and of those, about two-thirds are still doing so when they return to duty
 - While most were given time to breastfeed, almost one-half of enlisted and one-third of officers said they were not given comfortable/secluded breastfeeding/pumping location

Overall, pregnancy results were very similar to previous years and pregnancy rates for both enlisted and officer women have remained stable over the entire history of the survey. The majority of enlisted women do not plan their pregnancies while the majority of officer women do plan. Regardless, the majority are stationed at a shore command when they do become pregnant.


NPRST

Overall Summary

- Single parents have increased slightly to about 16,000 men and 7,000 women, or about 23,000 Navy personnel
- While FCC compliance is not 100%, most single parents and dual-military parents have some type of plan in case they are deployed
- Women indicate they would be more likely than men to leave the Navy if they have a family
- There is generally interest or some indecision about a family-related sabbatical, among men as well as women
- Most use birth control
- Most think there should be yearly sexual health training
- Overall, pregnancy rates are similar to previous results

Overall survey results for 2005 show that there are about 23,000 single parents in the Navy. These single parents as well as dual-military parents do have plans for what would happen to their child if they need to deploy, although these plans may not be indicated by a Family Care Certificate.

Results also show that women are more likely than men to leave the Navy if they have a family, although both genders express at least some interest in a family-related sabbatical.

The majority of Sailors use some form of birth control and believe that there should be yearly sexual health training.

Results for pregnancy show that rates of pregnancy and answers to pregnancy-related questions are generally consistent with those obtained in previous years.

NPRST


Recommendations

- Develop communication plan to publicize the survey results
 - Send letter to respondents providing select results and location of more complete results
 - Publish results in *Navy Times* and other media
 - Provide follow-on briefings throughout the training enterprise and to BUMED
- Work with NETC and BUMED to strengthen sexual health training in GMT and at annual physicals, for both enlisted and officers as well as men and women
- Consider implementation of sabbatical program to increase retention for those interested as well as those still undecided about their career intentions
- Train the PCO/PXO trainers about the breastfeeding policy

A key recommendation for any survey is to communicate the results. The results of the 2005 survey were briefed to senior Navy leadership and were included in the June 2006 Tone of the Force Report prepared by N135 for the Chief of Naval Operations. While the Tone of the Force Report is widely distributed to senior flag officers and other Navy leaders, future surveys should consider increased publicity of the results to the Navy at large. One way of doing this might be to send a letter directly to all those originally selected to complete the survey. Another suggestion would be to publish the results in news media such as in the *Navy NewsStand* or provide results to the *Navy Times* for publication. Additional briefings should be conducted throughout the training enterprise as well as to BUMED for incorporation into their training.

A second recommendation is to work with the training enterprise as well as BUMED to strengthen sexual health training at standard training (GMT) as well as at annual physicals for all Sailors. Results from previous versions of the survey have been incorporated into Navy GMT.

Because of the interest in a family-related sabbatical, the Navy may want to consider implementing it as a retention tool. One way would be to test family-related sabbaticals through a pilot program to determine their effectiveness.

Finally, train the Prospective Commanding Officer/Prospective Executive Officer (PCO/PXO) trainers about the breastfeeding policy so that they may train PCOs/PXOs.

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Appendix A:
2005 Pregnancy and Parenthood Survey Questionnaire

Chief of Naval Personnel

Washington, DC

2005 Pregnancy and Parenthood Survey (Combined version)



Administered on Web

Dear Survey Participant,

You are one of a small group selected at random to complete the 2005 Pregnancy and Parenthood Survey. Although you may not have children, please provide feedback because these issues can have an impact on all Sailors.

Participation is voluntary, but remember YOUR feedback is important in providing an accurate picture. There are some personal questions included in this survey. Be assured that the information you give will not be attributed to you personally, nor will anything you say have a direct impact on your Navy career. Only numerical results will be provided.

PRIVACY NOTICE

Authority to request this information is granted under Title 5, U.S. Code 301, and Department of the Navy Regulations. License to administer this survey is granted under OPNAV Report Control Symbol 6300-1, which expires on 30 September 2006.

PURPOSE: The purpose of this questionnaire is to collect data to evaluate existing and proposed Navy personnel policies, procedures, and programs.

ROUTINE USES: The information provided in this questionnaire will be analyzed by the Navy Personnel Research, Studies, and Technology Department. The data files will be maintained by the Navy Personnel Research, Studies, and Technology Department where they may be used for determining changing trends in the Navy.

ANONYMITY: All responses will be held in confidence by the Navy Personnel Research, Studies, and Technology Department. Information you provide will be considered only when statistically summarized with the responses of others, and will not be attributable to any single individual.

PARTICIPATION: Completion of this questionnaire is entirely voluntary. Failure to respond to any of the questions will NOT result in any penalties except possible lack of representation of your views in the final results and outcomes.

This survey is being conducted by the Institute for Organizational Assessment at the Navy Personnel Research, Studies, and Technology Department (NPRST) of the Navy Personnel Command. If you have any questions regarding this study, please contact: MILL_NPRSTSurveys@navy.mil .

DEMOGRAPHICS

1. What is your gender?

- ☐ Male
- ☐ Female

2. What is your age?

____ years

The next two questions are based on the standard Navy and DoD race and ethnicity categories/questions.

3. Are you of Spanish/Hispanic/Latino origin?

- ☐ Yes
- ☐ No

4. What is your racial background? If you are of mixed heritage, please select the response(s) with which you MOST closely identify. (Mark ALL that apply.)

- ☐ American Indian or Alaska Native
- ☐ Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, etc.)
- ☐ Black or African-American
- ☐ Native Hawaiian or other Pacific Islander (e.g., Samoan, Guamanian, Chamorro, etc.)
- ☐ White

5. What is your current marital status?

- ☐ Single, never married
- ☐ Divorced, separated, or widowed
- ☐ Married to Navy servicemember
- ☐ Married to member of another military service or Coast Guard
- ☐ Married to civilian

6. To what type of ship/activity are you currently assigned?

- ☐ Afloat staff
- ☐ Aircraft Carrier
- ☐ Amphibious craft (i.e., LCAC, etc.)
- ☐ Amphibious ship (i.e., LSD, LST, LHD, LHA, etc.)
- ☐ Aviation Squadron/Detachment (sea deployed)
- ☐ Aviation Squadron/Detachment (shore deployed)
- ☐ Cruiser
- ☐ Destroyer types (includes frigates)
- ☐ Minecraft
- ☐ Reserve Unit
- ☐ Service Force ship (i.e., USNS, auxiliaries, etc.)
- ☐ Shore based deployable unit (i.e., Seabees, EOD, etc.)
- ☐ Shore or Staff Command
- ☐ Special Warfare Unit
- ☐ Submarine
- ☐ Tender/Repair ship
- ☐ Training Command
- ☐ Other

7. What are your current Navy career plans?

- ☐ Probably will leave at the end of this enlistment/obligation
- ☐ Probably will sign on again, but not stay until eligible to retire
- ☐ Probably will stay until eligible to retire
- ☐ Eligible to retire now, but will remain on active duty
- ☐ Undecided

8. What is your paygrade/rank?

- | | | |
|--------------------------|--------------------------|-----------------------------------|
| ☐ E1 | ☐ W2 | ☐ O1/O1E |
| ☐ E2 | ☐ W3 | ☐ O2/O2E |
| ☐ E3 | ☐ W4 | ☐ O3/O3E |
| ☐ E4 | ☐ W5 | ☐ O4 |
| ☐ E5 | | ☐ O5 |
| ☐ E6 | | ☐ O6 |
| ☐ E7 | | ☐ O7 or above |
| ☐ E8 | | |
| ☐ E9 | | |

9. What is your officer designator? (ENLISTED WILL SKIP)

10. If you are rated or a designated striker, what is your general rating? (OFFICERS WILL SKIP)

- ☐ Does not apply. I am a GenDet/not rated/not a designated striker.



I am:

- ☐ SN
☐ AN
☐ FN
☐ CN

_____ Rating

PARENTHOOD

11. Have you ever been a parent while in the Navy?

- ☐ Yes
☐ No (skip to question 20)

12. When you entered the Navy, were you:

- ☐ Married, with child(ren)
☐ Married without child(ren)
☐ Single, no child(ren)
☐ Single parent with custody of child(ren)
☐ Single parent without custody of child(ren)


11a. Did you get custody back within 6 months of entering the Navy?

- ☐ Yes
☐ No

12. How many children under the age of 21 currently live in your household? (Please include children for whom you have joint custody.)

0 Does not apply, I have no children under the age of 21 currently living in my household

	No Children	1 Child	2 Children	3 Children	4 Children	5 or more Children
a. Under 1 year	0	0	0	0	0	0
b. 1 year to 4 years 11 months	0	0	0	0	0	0
c. 5 years to 11 years 11 months	0	0	0	0	0	0
d. 12 years to 14 years 11 months	0	0	0	0	0	0
e. 15 years to 18 years 11 months	0	0	0	0	0	0
f. 19 years to 20 years 11 months	0	0	0	0	0	0

13. Who usually cares for your child(ren) when you are deployed or on an unaccompanied tour?

- ☐ I have never been deployed or on an unaccompanied tour (skip to question 15)
☐ Their other parent (natural or step-parent) cares for them
☐ A grandparent or other relative cares for them
☐ Someone who is not a relative cares for them

14. When you are deployed or on an unaccompanied tour, does your child(ren) have to temporarily move into a home other than their own?

- ☐ Yes
☐ No

15. Are you currently a single parent of a child(ren) under the age of 21?

- ☐ No (skip to question 17 if married, question 20 if not married)
- ☐ Yes, with custody of my child(ren)
- ☐ Yes, with joint custody of my child(ren)
- ☐ Yes, but I don't have custody or joint custody of my child(ren)

15a. Do you financially support or contribute to the financial support of your child(ren)?

- ☐ Yes
- ☐ No

16. How did you become a single parent?

- ☐ Divorce
- ☐ Unmarried when child was born
- ☐ Adoption
- ☐ Death of spouse
- ☐ Other

17. All single parents with custody and military-married-to-military parents whose children are 18 or younger must complete the Family Care Certificate. On this form, parents state who will be responsible for their child(ren) if the parent is recalled to duty, sent TAD, or assigned an unaccompanied tour. Since arriving at your current command, have you completed a Family Care Certificate?

- ☐ No, because I am not a single or military-married-to-military parent (skip to question 20)
- ☐ No, because I have not been here 60 days yet
- ☐ No, I have not been told to complete the form
- ☐ No, but I have been told to complete the form
- ☐ Yes, I have completed it (skip to question 19)

18. If you have not completed Family Care Certificate, do you have an undocumented plan in place? For example, do you have a verbal agreement with family or friends should you need to leave your child?

- ☐ Yes
- ☐ No

19. Could you execute your Family Care Plan (documented or undocumented) if you:

	Yes	No
a. Deployed tomorrow for an unspecified length of time?	0	0
b. Deployed next week for an unspecified length of time?	0	0
c. Deployed next month for an unspecified length of time?	0	0

20. Have you seen the video, "Planning For Tomorrow-Parenting and Pregnancy"?

- ☐ No
- ☐ I think so, but I'm not sure
- ☐ Yes, at recruit training
- ☐ Yes, at this command
- ☐ Yes, at some other command

21. Have you seen the Responsible Parenting video, "Give Yourself a Chance"?

- ☐ No
- ☐ I think so, but I'm not sure
- ☐ Yes, at recruit training
- ☐ Yes, at this command
- ☐ Yes, at some other command

FAMILY PLANNING ATTITUDES

22. When in her Navy career is the best time for a woman to become pregnant?

- ☐ Never; being in the Navy and motherhood are not compatible
- ☐ Whenever the woman wants a child
- ☐ After her first tour
- ☐ During shore duty, but not after getting orders to sea duty
- ☐ While on sea duty
- ☐ After receiving orders to shore duty, if the ship/squadron is not deploying

23. Have you heard of the Fleet Response Plan (FRP)?

- ☐ Yes
- ☐ No (skip to question 27)

24. I have a good understanding of the FRP.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

25. How has FRP impacted family planning?

- ☐ Family planning is harder under FRP
- ☐ Family planning is the same under FRP as it was prior to FRP
- ☐ Family planning is easier under FRP
- ☐ Unknown

26. Have your attitudes about family planning changed under FRP?

- ☐ Not applicable, I never planned to have a family
- ☐ No
- ☐ Yes, now I plan to have a child whenever I like because there is no schedule for me to plan around
- ☐ Yes, it's made me postpone my family
- ☐ Yes, other _____

27. If I have a family, I will likely:

- ☐ Leave at the end of this enlistment/obligation
- ☐ Sign on again, but not stay until eligible to retire
- ☐ Stay until eligible to retire
- ☐ Remain on active duty even though I am eligible to retire now
- ☐ Undecided

28. There has been discussion in some Navy communities about sabbaticals, or the opportunity to take a year off from the Navy. If this sabbatical was designed to allow you to have a family, how would it impact your motivation to remain on active duty?

- ☐ It would motivate me to remain in the Navy.
- ☐ It would have no impact on my motivation to remain in the Navy.
- ☐ It would motivate me to leave the Navy.

BIRTH CONTROL PRACTICES

29. The following statements describe beliefs concerning birth control. Please indicate how well each statement reflects your beliefs.

	Not at all true of me	Slightly true of me	Somewhat true of me	Mostly true of me	Completely true of me	Not applicable
a. I think it is important to use birth control until getting married.	☐	☐	☐	☐	☐	☐
b. I think it is important to use birth control after getting married	☐	☐	☐	☐	☐	☐
c. I have had sexual intercourse without using birth control (or my partner using it) even though I did not want to get pregnant/father a child.	☐	☐	☐	☐	☐	☐
d. I would have sexual intercourse without birth control if my partner wanted me to.	☐	☐	☐	☐	☐	☐
e. When a birth control method is not available, I believe you just have to take a chance and hope that a pregnancy does not result.	☐	☐	☐	☐	☐	☐
f. I make it my responsibility to discuss birth control with my partner.	☐	☐	☐	☐	☐	☐
g. I think it is important for men to get involved with birth control.	☐	☐	☐	☐	☐	☐
h. My most recent partner encouraged use of birth control.	☐	☐	☐	☐	☐	☐
i. Birth control is the responsibility of the woman.	☐	☐	☐	☐	☐	☐

30. The following statements describe beliefs concerning birth control. Please indicate how well each statement reflects your beliefs.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know / Not Applicable
a. I would feel comfortable discussing birth control with a military physician.	☐	☐	☐	☐	☐	☐
b. I would feel comfortable getting birth control from a military physician.	☐	☐	☐	☐	☐	☐
c. I would feel comfortable discussing birth control with a military nurse practitioner/physician's assistant.	☐	☐	☐	☐	☐	☐
d. I would feel comfortable getting birth control from a military nurse practitioner/physician's assistant.	☐	☐	☐	☐	☐	☐
e. I would feel comfortable discussing birth control with an Independent Duty Corpsman.	☐	☐	☐	☐	☐	☐
f. I would feel comfortable getting birth control from a Independent Duty Corpsman.	☐	☐	☐	☐	☐	☐
g. I would feel comfortable discussing birth control with the medical personnel aboard ship.	☐	☐	☐	☐	☐	☐
h. I would feel comfortable getting birth control from the medical personnel aboard ship.	☐	☐	☐	☐	☐	☐
i. I would feel more comfortable discussing birth control with a civilian health care provider than with a military health care provider.	☐	☐	☐	☐	☐	☐
j. I would feel more comfortable getting birth control from a civilian health care provider than with a military health care provider.	☐	☐	☐	☐	☐	☐

31. Do you or your partner usually use a form of birth control (including tubal ligation or vasectomy)? (If you have more than one partner, answer with your usual or most recent partner in mind.)

- ☐ Yes (skip to question 33)
- ☐ No

32. Why don't you use birth control?

- ☐ I do not have sex (abstinent) or have not had sex in 6 months
- ☐ I (or my partner) am not fertile
- ☐ My (or my partner's) religion or personal beliefs do not permit the use of birth control
- ☐ I (or my partner) do not want to use birth control
- ☐ I am not comfortable discussing birth control
- ☐ I am not comfortable getting birth control
- ☐ I am pregnant or I am trying to get pregnant/My partner is pregnant or trying to get pregnant
- ☐ Other

SKIP TO QUESTION 34.

33. What method(s) of birth control do you or your partner usually use? (Mark ALL that apply)

- ☐ Tubal ligation or vasectomy
- ☐ Birth control pill
- ☐ Birth control patch
- ☐ Birth control ring (NuvaRing®)
- ☐ Birth control shot (Depo-Provera®, Lunelle®)
- ☐ Condom (rubber)
- ☐ Female condom
- ☐ Rhythm method
- ☐ Withdrawal
- ☐ Diaphragm
- ☐ IUD (intrauterine device)
- ☐ Spermicidal foam or jelly
- ☐ Other _____

34. Indicate whether you believe each of the following statements is true, false, or you don't know.

	True	False	Don't Know
a. When used properly, condoms are just as effective as the pill in preventing pregnancy.	☐	☐	☐
b. Women cannot get pregnant during their menstrual period.	☐	☐	☐
c. Birth control medicines (e.g., the pill, Depo-Provera®) lead to cancer.	☐	☐	☐
d. If a woman misses 2 or more pills in a row, she must use an additional method of birth control along with the pill for the remainder of the month to be safe.	☐	☐	☐
e. Almost all women who take the birth control pill gain weight.	☐	☐	☐
f. All methods of birth control are equally effective.	☐	☐	☐

Emergency contraception involves taking a specified dosage of birth control pills within 72 hours of unprotected sex, followed by a second dosage 12 hours later.

	Yes	No	Don't Know
36. Regarding emergency contraception, which of the following statements are true for you?			
a. Prior to this survey, I knew what emergency contraception was.	☐	☐	☐
b. During my last physical exam, emergency contraception was discussed.	☐	☐	☐
c. Emergency contraception is available where I am currently stationed.	☐	☐	☐
d. Emergency contraception is a birth control method.	☐	☐	☐

37. From which of the following sources have you received training in STDs (sexually transmitted diseases), including HIV? (Mark all that apply.)

- ☐ At GMT, within the last year
- ☐ At GMT, more than 1 year ago
- ☐ Physician
- ☐ Nurse practitioner/Physician's assistant
- ☐ Independent Duty Corpsman
- ☐ Corpsman
- ☐ Other
- ☐ Never

38. From which of the following sources have you received training in methods of birth control? (Mark all that apply.)

- ☐ At GMT, within the last year
- ☐ At GMT, more than 1 year ago
- ☐ Physician
- ☐ Nurse practitioner/Physician's assistant
- ☐ Independent Duty Corpsman
- ☐ Corpsman
- ☐ Other
- ☐ Never

39. From which of the following sources have you received training in Navy pregnancy policy (OPNAVINST 6000.1B)? (Mark all that apply.)

- ☐ At GMT, within the last year
- ☐ At GMT, more than 1 year ago
- ☐ Physician
- ☐ Nurse practitioner/Physician's assistant
- ☐ Independent Duty Corpsman
- ☐ Corpsman
- ☐ Other
- ☐ Never

40. From which of the following sources have you received training about the Navy Family Care Plan (OPNAVINST 1740.4B)? (Mark all that apply.)

- ☐ At GMT, within the last year
- ☐ At GMT, more than 1 year ago
- ☐ Physician
- ☐ Nurse practitioner/Physician's assistant
- ☐ Independent Duty Corpsman
- ☐ Corpsman
- ☐ Other
- ☐ Never

41. Where do you think you should learn about sexual health issues, including sexual responsibility, pregnancy, STDs, and contraceptives? (Mark ALL that apply.)

- ☐ Boot Camp
- ☐ Leadership courses
- ☐ PREVENT-type atmosphere
- ☐ OCS/USNA/ROTC
- ☐ GMT
- ☐ From command leadership
- ☐ Other (specify _____)

42. How often do you think you should receive training about sexual health issues? (Select ALL that apply)

- ☐ Once in a career
- ☐ Every reenlistment/obligation
- ☐ Once a year
- ☐ Other (specify _____)

(Males skip to Question 85.)

PREGNANCY

43. At any time since entering the Navy have you been pregnant?

- ☐ Yes
- ☐ No (skip to question 85)

44. Did you become pregnant between 1 October 2003 and 30 September 2004? (Do NOT count pregnancies that began before 1 October 2003 even though you were pregnant on that date.)

- ☐ Yes
- ☐ No

45. Are you pregnant now?

- ☐ No
- ☐ Yes
- ☐ I think I may be but have not been tested

The next set of questions asks about your MOST RECENT pregnancy (it could be your current or only pregnancy) since entering the Navy.

46. How old were you when you became pregnant?

____ _ Years

47. What was your paygrade/rank when you became pregnant?

- | | | |
|--------------------------|--------------------------|-----------------------------------|
| ☐ E1 | ☐ W2 | ☐ O1/O1E |
| ☐ E2 | ☐ W3 | ☐ O2/O2E |
| ☐ E3 | ☐ W4 | ☐ O3/O3E |
| ☐ E4 | ☐ W5 | ☐ O4 |
| ☐ E5 | | ☐ O5 |
| ☐ E6 | | ☐ O6 |
| ☐ E7 | | ☐ O7 or above |
| ☐ E8 | | |
| ☐ E9 | | |

48. What was your marital status at the time you became pregnant?

- ☐ Married
- ☐ Single, never married
- ☐ Divorced, separated, or widowed

49. Was that pregnancy planned?

- ☐ Yes
- ☐ No

50. What was the outcome of that pregnancy?

- ☐ I am still pregnant
- ☐ Live birth (delivery of a live child after 36th week of pregnancy)
- ☐ Premature birth (delivery of a live child in the 20th through 36th week of pregnancy)
- ☐ Stillbirth
- ☐ Miscarriage (delivery of a fetus before 20th week of pregnancy)
- ☐ Ectopic pregnancy (tubal pregnancy)
- ☐ Abortion

51. Were you using birth control when you became pregnant?

- ☐ Yes
- ☐ No (skip to question 53)

52. What method(s) of birth control were you using? (Select ALL that apply)

- ☐ Tubal ligation or vasectomy
- ☐ Birth control pill
- ☐ Birth control patch
- ☐ Birth control ring (NuvaRing®)
- ☐ Birth control shot (Depo-Provera®, Lunelle®)
- ☐ Condom (rubber)
- ☐ Female condom
- ☐ Rhythm method
- ☐ Withdrawal
- ☐ Diaphragm
- ☐ IUD (intrauterine device)
- ☐ Spermicidal foam or jelly
- ☐ Other _____

53. What was the father's military status?

- ☐ He was not in the military
- ☐ In the Navy
- ☐ In one of the other services

52a. If military, what was his paygrade/rank?

- | | | |
|--------------------------|--------------------------|-----------------------------------|
| ☐ E1 | ☐ W2 | ☐ O1/O1E |
| ☐ E2 | ☐ W3 | ☐ O2/O2E |
| ☐ E3 | ☐ W4 | ☐ O3/O3E |
| ☐ E4 | ☐ W5 | ☐ O4 |
| ☐ E5 | | ☐ O5 |
| ☐ E6 | | ☐ O6 |
| ☐ E7 | | ☐ O7 or above |
| ☐ E8 | | |
| ☐ E9 | | |

54. How many weeks pregnant were you when:

- a. The medical treatment facility confirmed your pregnancy?
_____ Weeks
- b. Your command was notified?
_____ Weeks
- c. You had your first visit for prenatal care?
_____ Weeks

55. If there was more than a two week delay between your finding out and your command being notified, what was the reason for the delay?

- ☐ There was no delay
- ☐ I was on leave or TAD when I found out
- ☐ I wanted to think about or get an abortion
- ☐ I wanted to be sure I was really pregnant
- ☐ I wanted to discuss what to do about my pregnancy with someone else
- ☐ I wanted to delay my command finding out (Please indicate why: _____)
- ☐ Other (specify: _____)

56. Did your coworkers treat you differently after finding out that you were pregnant? (Mark ALL that apply.)

- ☐ No
- ☐ Yes, they showed more concern for my welfare
- ☐ Yes, they avoided or ignored me
- ☐ Yes, they treated me with less respect
- ☐ Other positive treatment _____
- ☐ Other negative treatment _____

57. What was the gender of your supervisor?

- ☐ Female
- ☐ Male

58. Did your supervisor treat you differently after finding out that you were pregnant? (Select ALL that apply)

- ☐ No
- ☐ Yes, he/she showed more concern for my welfare
- ☐ Yes, he/she avoided or ignored me
- ☐ Yes, he/she treated me with less respect
- ☐ Other positive treatment _____
- ☐ Other negative treatment _____

59. Did you complete the occupational health questionnaires (NAVMED 6260/8, 6260/9)?

- ☐ Yes
- ☐ No
- ☐ Don't know

60. During your prenatal care visits, did a doctor, nurse, or other healthcare worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos.

	Yes	No
a. Breastfeeding your baby	0	0
b. Birth control methods to use after your pregnancy	0	0

61. To what type of command were you assigned when you became pregnant?

- ☐ Ship (skip to question 63)
- ☐ Deployable squadron (skip to question 63)
- ☐ Other deployable unit (skip to question 63)
- ☐ Non-deployable squadron
- ☐ Shore activity or command, but not as a student
- ☐ Navy funded school as a student

62. Did you have orders to a ship or deployable squadron when you became pregnant?

- ☐ Yes
- ☐ No

SKIP TO 64.

63. Where was your ship in the operational cycle when you became pregnant? (Mark ALL that apply.)

- ☐ Deployed
- ☐ Returned from deployment within the past 60 days
- ☐ Not deployed; conducting local operations
- ☐ In pre-deployment training and inspection cycle
- ☐ In industrial availability (IA) scheduled for **less than six months**
- ☐ In industrial availability (IA) scheduled for **six months or longer**
- ☐ In precommissioning crew

64. Were you (or are you scheduled to be) transferred or moved as a result of being pregnant?

- ☐ No, scheduled to deploy with orders to shore duty (skip to question 70)
- ☐ No, I continued to work where I was before becoming pregnant (skip to question 70)
- ☐ Yes, from sea to shore duty
- ☐ Yes, from overseas shore duty to CONUS
- ☐ Yes, from a deployable aviation station to the air station or non-deploying squadron
- ☐ Yes, from the work center I was in to another work center at the same command
- ☐ Yes, other (specify from and to _____)

65. How many weeks pregnant were you (or will you be) when you were transferred or moved?

_____ Weeks

66. If you were on sea duty at the time, how long before your original prospective rotation date (PRD) were you moved ashore?

- ☐ I was not on sea duty at the time

_____ Years and _____ Months

67. If you were moved off the ship before the 20th week of your pregnancy, why did it happen?

- ☐ I was not moved before the 20th week
- ☐ Because of medical reasons
- ☐ Because the ship had a heavy underway schedule or was deploying
- ☐ Because of the ship's policy to transfer pregnant women before the 20th week
- ☐ I don't know why
- ☐ Other (specify _____)

68. Did you ask to be moved?

- ☐ Yes
- ☐ No

69. What type of work did you do while still pregnant after the move?

- ☐ Same as before but in a different location
- ☐ Admin/clerical kind of work that is not in my rating/designator
- ☐ Duty office/phone watch
- ☐ Other

70. Before delivery, were your work hours reduced to less than 40 hours per week? (Mark ALL that apply.)

- ☐ Don't know; I'm still pregnant
- ☐ No
- ☐ Yes, during the 1st three months
- ☐ Yes, during the 2nd three months
- ☐ Yes, during the 7th and 8th months
- ☐ Yes, during the last month

71. Where did you deliver the baby?

- ☐ I did not deliver
- ☐ At a military hospital
- ☐ At a civilian hospital
- ☐ Other

The following questions refer to events occurring after your most recent pregnancy if you delivered an infant who survived.

72. How many days were you off after the delivery (convalescent and annual leave) before returning to duty?

_____ Days convalescent leave

_____ Days annual leave

73. Did you return to the unit you were assigned to prior to your pregnancy?

- ☐ Does not apply. I was not transferred or sent TAD during pregnancy (skip to question 75)
- ☐ Yes, I had been transferred but returned to my unit (skip to question 75)
- ☐ Yes, I had been TAD but returned to my unit (skip to question 75)
- ☐ No, I stayed with the unit I had been transferred to during my pregnancy
- ☐ No, I went to a different shore-duty command
- ☐ No, I went to a different ship or deployable unit

74. Did you consider this new assignment as career enhancing as your assignment before the pregnancy?

- ☐ It was equally career enhancing
- ☐ It was not as career enhancing
- ☐ It was more career enhancing

75. Did you feel you were treated differently at work by your co-workers because you had a baby? (Select ALL that apply.)

- ☐ No
- ☐ Yes, they showed more concern for my welfare
- ☐ Yes, they avoided or ignored me
- ☐ Yes, they treated me with less respect
- ☐ Other positive treatment _____
- ☐ Other negative treatment _____

76. What was the gender of your supervisor?

- ☐ Female
- ☐ Male

77. Did you feel you were treated differently at work by your supervisor because you had a baby? (Mark ALL that apply.)

- ☐ No
- ☐ Yes, they showed more concern for my welfare
- ☐ Yes, they avoided or ignored me
- ☐ Yes, they treated me with less respect
- ☐ Other positive treatment _____
- ☐ Other negative treatment _____

78. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?

- ☐ No (skip to question 85)
- ☐ Yes

79. How many months did you breastfeed or pump milk to feed your baby?

- ☐ Less than 1 month
_____ months

80. How many months did you plan to breastfeed or pump milk to feed your baby?

- ☐ Less than 1 month
_____ months

81. Were you breastfeeding or pumping when you returned to duty?

- ☐ No (skip to question 85)
- ☐ Yes

82. Were you given time at work to pump your breasts or breast feed your baby?

- ☐ Yes, during my breaks or meals
- ☐ Yes, when I needed to
- ☐ No

83. Were you given a comfortable, secluded location for breast feeding or pumping at work?

- ☐ Yes
- ☐ No

84. If you stopped breastfeeding before you planned because of work, what were your reasons? (Mark all that apply.)

- ☐ Does not apply; I did not stop breastfeeding because of work
- ☐ I didn't think my supervisor would give me time to breastfeed or pump at work
- ☐ My supervisor said he/she would not give me the time to breastfeed or pump at work
- ☐ The time I could use to pump needed to be devoted to something else (lunch, working out, etc.)
- ☐ My coworkers wouldn't support my pumping
- ☐ There wasn't any place for me to pump in my work area
- ☐ I didn't have a breast pump
- ☐ I couldn't store my breast milk
- ☐ Other work reason _____

COMMENTS

85. Do you have any additional comments about the topics covered in this survey?

Thank you for your time and input.

Appendix B: Analysis of Open-ended Comments

Analysis of Open-ended Comments

There were 1,941 comments provided by respondents to the 2005 Pregnancy and Parenthood Survey. The majority of the comments (76%) were from women and 24% were from men. These comments were typed into spreadsheet and then imported into Polyanalyst, a software program that analyzes open-ended survey comments. Within Polyanalyst, the Text Analysis option was run. A list of commonly used words and their frequencies was generated. The output was then viewed for any duplication and/or similarities regarding definition and terminology; for example, words such as “education” and “training” can be grouped together. The internal dictionary was updated to link similar terms. A second Text Analysis was then run, which gave a greater frequency distribution because of the larger groupings of terms. Comments could appear under multiple terms.

The Text Analysis itself was interpreted. Based on the context of the comment, some terms that are frequently used can be further analyzed to see the actual content within which these terms fall. The open-ended question on the survey could have both negative and positive attributes, and could include comments that were not pertinent to the survey. The comments addressed in this Appendix have been chosen because they meet the criteria developed when evaluating a term. Once key terms were identified, each comment with that term was read for contextual significance.

The Text Analysis found 100 terms with a measure of consistency throughout the comments. Relevant key terms were further explored. The comments have been modified where appropriate to correct grammar as well as protect anonymity, and are provided to illustrate the types of comments in each subgroup. It should be noted that these comments provide amplification to the main statistical results of the survey. Since comments tend to be either highly negative or highly positive, they may not be representative of the entire group of respondents, and therefore should be interpreted cautiously.

Navy Pregnancy and Parenthood Policy

The term “Navy” appeared in 689 comments. Many (82%) addressed the position and attitudes of the Navy regarding pregnancy and parenthood. These attitudes and positions are both positive (18%) and negative (64%). The comments chosen refer to the support, programs, organizational, and personal aspects of the Navy on pregnancy and parenthood. Suggestions (18%) were also given of how the Navy could be improved to make pregnancy and parenthood in the Navy more efficient.

Positive Comments

- First issue is the children, I believe the Navy does best for families of deployed individuals single and married, and provides them with as much support as possible.

- Overall, the experience of being a pregnant woman has been positive in the Navy.
- I had a wonderful experience both while pregnant and as a new parent in the Navy.
- I had two successful pregnancies while active duty in the Navy. Both pregnancies were positive experiences. A Navy career and motherhood can be done together.
- I felt the Navy was supportive of my pregnancy.
- The Navy's policy on pregnancy is a very positive one.

Negative Comments

- The Navy should be pro-family. Period. Unfortunately the Navy is very much Anti-Family.
- The Navy dictates so much in my life, to the point that they tell me when I can and cannot start a family.
- I think that we should be able to have a family whenever it is best for us, not the Navy.
- I do not think it is the Navy's responsibility to educate or make the decision when a service member should have a child.
- I truly feel the Navy does not provide a family-friendly environment for women who decide to have children in the Navy, or any woman with young kids.
- I have had two terrible experiences while pregnant in the Navy. The Navy made me lose my children through miscarriage.

Suggestions

- The Navy needs to rethink the family togetherness policies referring to dual military couples expecting or with children.
- I think that as much emphasis should be placed on the Navy's policies and procedures concerning Fleet Readiness and how pregnancy and subsequent issues affect the Navy and its mission.
- I would like to see more flexible childcare hours on base to help with the required flexible work hours.
- I believe the Navy should follow more strict procedures for examining females to check for pregnancy. I went through boot camp pregnant.
- I had my son at 35 weeks as a stillborn. The Navy should really implement a program where such individuals go through a course to help adjust back to reality.

Training

The term “training” was expanded to include “information” and “knowledge.” These terms appeared in 297 comments. Of these comments, 40% discuss a need for more consistent training, 35% indicate that they have received no formal training, 20% indicate that they had no prior knowledge that training or information was available, and 5% do not have accessibility to training or information, or have simply been given incorrect training and information. The training and information included pertained to the Navy’s policy on pregnancy, planning and prevention of pregnancy, financial planning, STDs, and birth control. The comments indicate the effectiveness and consistency of the training program, current information given, and how knowledgeable the respondents are on pregnancy and parenting policy and issues.

More training

- The Pregnancy policy in the Navy is not discussed enough. Sailors should get the policy information in boot camp and upon reporting to each and every command. It is often glossed over during the check-in process.
- More information should be available about baby sea bags and where to get help and information regarding pregnancy and children in military families.
- A little bit more on STDs. More ways to prevent an unplanned pregnancy. And sources available to the public to find out more information.
- The Navy should provide more information and training on pregnancy, STD, and birth controls, and anything of that matter.

No training

- I have never had any formal training on the Navy’s policy regarding pregnancy. All we learned is from hearsay, and that is often an unreliable source.
- In that time, I do not recall receiving training on STDs, sexual responsibilities, preventing pregnancy, and/or family planning. More importantly, I do not recall my enlisted sailors receiving the training.
- The training I have received has been very limited.
- I haven’t received any training on pregnancy in the Navy nor family training. I need it.

Accessibility

- The Navy has all the information anyone could ask for, the problem is that no one knows where to go find it. If you want us (Sailors) to make good choices, get us the information.

- Information on the Navy's pregnancy policy and Family Career Plan should be more readily available.
- Looking forward to being a father at age 32 but I wish I knew more about the Navy's policy rather than having to dig for the information like I have.
- My Navy doctor refused to educate me on birth control. I had to go on a wild goose chase to find information on pregnancy contraceptives.

Incorrect training and/or information

- The command was not aware of all Naval regulations involving pregnancy; therefore the information I was given was not always accurate.
- Training on sexual health type issues needs to come from a respected medical department authority. I would not trust information received at GMT, video tapes, read-boards, or my general peers.
- My doctor told me the wrong things about birth control. I got pregnant and really sick while on birth control.

Better Training

- There should be more training on STDs and birth control to all Sailors.
- I think you must make resources available to all Sailors at times other than required GMTs and other training opportunities.
- I feel there really should be more training on birth control and pregnancy. I learn more about the new birth controls on commercials than I do from doctors.
- I think more command wide training on sexual health and planning should be conducted year round.

Career

The term "career" appeared in 187 comments. After analyzing the comments, it was determined that most respondents discussed the future of their careers in the Navy as a parent. Most (67%) discussed the effect of parenthood on their career with regards to a successful combination of parenting and Navy promotions, while 18% discussed effects of parenting in regards to retention. The other 15% said that they would leave the Navy once they had a child regardless of how much time spent in the Navy, indicating that having a child anytime during your career in the Navy is not good and would negatively effect their careers.

Navy Career and Parenting

- I felt like having an abortion was the best thing for my career.
- I believe pregnancy in the military is difficult and I am not sure that they are 100% compatible and that the member can still have a very competitive career.
- A Navy career and motherhood can be done together, but it does take commitment to both by the mother/service member. It takes extra time and work but can be done.
- Many women feel that due to the inability to deploy or serve at sea during pregnancy and after, we are at a huge disadvantage career wise and take the chance of stunting career growth.
- We made my career a priority above having a family-therefore I haven't had a family.

Retention

- It is difficult for female officers who are married to other officers to successfully have a family and career in the Navy. I will be leaving the Navy within the next year and the top reason why I am getting out is because of this issue.
- The only reason I would consider getting out before retirement is because my Navy career could not support me having children.
- Being actively involved in watching my kids grow up is more important to me than my Navy career.
- I am choosing to get out next year to increase my chances of having a family. I feel at this time that being an officer in the Navy is not compatible with my desire to have a family.
- I chose to leave the Navy due to incurring the cost of childcare, travel and finding someone to keep them.

Pregnancy

The term "pregnancy" appeared in 480 comments. Most of the comments (66%) indicated ways of improving the pregnancy policy while in the Navy and (30%) indicated ways of providing additional support after pregnancy. Also included in these comments are personal experiences (4%) while being pregnant in the Navy.

Improving the pregnancy policy

- A work week less than 40 hours should be considered for pregnant service women 6+ months into their pregnancy.

- Choosing when to get pregnant in your career should not affect your job status or abilities in your rate.
- I think that pregnancy and family planning should be talked about more often.
- I think it would be easier for a couple to plan the pregnancy around the Navy's needs if the Navy worked more with them on things like health care, education, and co-location.

Additional Support

- Women should have a minimum of 6 months on shore duty after delivery date.
- As a woman, I strongly support the option of a sabbatical or delayed active duty for a woman to raise a family.
- All military installations should have a sanitary room for breastfeeding mothers to feed their babies or pump their milk.
- I think that the maternity leave should be at least 8 weeks.
- There should be more childcare facilities available.

Personal Accounts

- I was not treated differently at work during pregnancy or after delivery. However, I do receive a fair amount of hassle when I need to take time to take care of my children.
- Some supervisors tend to neglect to follow pregnancy guidelines and overlook certain responsibilities.
- I had a different doctor every time I went. This was very difficult.
- My Navy experience while being pregnant and after delivery has not been family enhancing, but family destroying.

Personnel

The term "personnel" was expanded to include the term "command." The new grouping appeared in 404 comments. These comments consist of positive (40%) experiences within their command and co-workers and negative (60%) experiences they had while being pregnant or after delivery.

Positive Comments

- My experience of the support by my Navy command during my pregnancies was positive.
- Overall, the experience of being a mother has been positive in the Navy.

- I had wonderful experiences both while pregnant and as a new parent in the Navy. I found people generally treated me especially nice while I was pregnant.
- My co-workers were very supportive of me during my pregnancy.

Negative Comments

- I was very disappointed in the way that the ship handled my pregnancy. First I was kicked out of the division and then my new division did not take well to me being in the division. It was very uncomfortable.
- When I got pregnant I felt I was treated differently. I didn't get the same respect that I did when I was not pregnant.
- I experienced discrimination from other military members other than my supervisors because I was pregnant.
- My command and co-workers were not very supportive of my pregnancy. They started to spread rumors like I did it on purpose not to work or to avoid being deployed.

Duty

The term "duty" appeared in 376 comments. The majority of comments (89%) cover issues and suggestions related to duty (shore and sea) in regards to pregnancy, while the remaining (11%) held no consistent theme. Of these comments, issues range from effects of pregnancy on duty (52%), deployment issues related to pregnancy (30%), and certain stigmatic conclusions on why pregnancy occurs (18%).

Shore Duty

- I think that it is ideal to become pregnant during shore duty.
- The best time for a woman to start a family and not be detrimental to her career is during shore duty.
- I feel that military life and parenthood are compatible when you are on shore duty, but once you go to sea duty it is not compatible.
- The best time to get pregnant is while on shore duty because you know you're going to be with your baby for at least 2 straight years.

Sea Duty

- If sailors get pregnant while on sea duty, it will make FRP unmanageable.
- Many women feel that due to the inability to deploy or serve at sea during pregnancy and after, we are at a huge disadvantage career wise.

- I would like to start a family with my fiancé but we are both on sea duty and I don't feel it would be a good environment to raise a child.
- I don't think that women should be allowed to have children while on sea duty because when they leave they leave us other men and women taking up their slack.

Effects of Duty on Pregnancy

- Women should also be educated of the consequences to themselves as well as their command when they become pregnant on duty, before pregnancy occurs.
- I have found that being a pregnant woman on active duty is detrimental to my psychological well being.
- I had double duty days to make up for the ones I missed, and worst of all I was belittled when I wanted to leave to go pump breast milk.
- I can't make a sailor who is with child lift heavy things that could cause problems. I can't have a pregnant woman standing on her feet 10 hours on duty watch.
- Some men get very upset towards pregnant women because they have to pick up the slack.

Deployment Issues

- I have first hand knowledge of a male supervisor harassing a female officer who became pregnant just prior to deployment, accusing her of purposely using it as a reason to not deploy.
- Many women will use pregnancy and play the system to get off work (or out of deployments) as much as possible.
- I got pregnant on deployment and was treated badly by my supervisor.
- Many women get pregnant intentionally to avoid deployments and give the people trying hard to get pregnant a bad reputation.
- A hardship for both the member and the unit is often created when single sailors became pregnant prior to deployment or while overseas. I believe this shows irresponsibility.

Stigmatic Conclusions on Pregnancy

- I have found that some of the younger sailors believe that the Navy is a welfare program and pregnancy is a means of staying home from deployment with a check every two weeks.
- It is an open secret that women have gotten pregnant to recant on their enlistment obligations and avoid deployments. This is money wasted on them.

- I think that the Navy has become accustomed to acting as a welfare program to most single parents. Most of the time, they get to work the day shift even if they are not qualified.
- I think that it is unfair for men because we have to pick up the slack of pregnant women.
- I believe being pregnant on shore duty hurt my chances for promotion.
- I believe women who get pregnant while on sea duty should be discharged.

Birth Control

The term “control” was expanded to include the term “birth.” All comments containing the terms “birth” and “control” were carefully analyzed to ensure that these terms made a complete term. These comments included responses from both women (82%) and men (18%) on their attitudes and opinions on birth control within the Navy.

Women

- Everyone in the Navy has access to free birth control but there have been cases where the barrier to getting it is Navy Medicine.
- Birth control should be mandatory for all women transferring to sea duty.
- I was not talked to at all about proper birth control.
- Rather than promoting birth control, I believe that the US Navy, in keeping its tradition and high values, should promote abstinence until marriage.
- This should also include the Navy’s policies on pregnant service members and different forms of birth control available to women in the Navy.

Men

- Birth control, STDs, and pregnancy policy etc. (all topics) should be geared towards first termers.
- The questions targeted discussion about birth control that did not seem to have a male in mind.
- I am single non-married and I only know little about Birth Control.
- I strongly recommend that Family Planning and Birth Control should be mandatory training at least once per year.
- I have been in the Navy for exactly 2 years this month and have heard no further information on birth control since Boot Camp.

Distribution

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