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NPRST-AB-09-3

June 2009

Pregnancy and Parenthood in the Navy: Results of the 2008 Survey

Zannette A. Uriell
Navy Personnel Research, Studies, and Technology

Landrus Burress
University of Memphis



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Zannette A. Uriell
Navy Personnel Research, Studies, and Technology

Landrus Burress
University of Memphis

Reviewed and Approved by
Paul Rosenfeld, Ph.D.
Institute for Organizational Assessment

Released by
David L. Alderton, Ph.D.
Director

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Navy Personnel Research, Studies, and Technology (NPRST/BUPERS-1)
Bureau of Naval Personnel
5720 Integrity Drive
Millington, TN 38055-1000
www.nprst.navy.mil

REPORT DOCUMENTATION PAGE					Form Approved OMB No. 0704-0188	
The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.						
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.						
1. REPORT DATE (DD-MM-YYYY) 30-06-2009		2. REPORT TYPE Annotated Brief			3. DATES COVERED (From - To) January 2007 - January 2009	
4. TITLE AND SUBTITLE Pregnancy and Parenthood in the Navy: Results of the 2008 Survey					5a. CONTRACT NUMBER	
					5b. GRANT NUMBER	
					5c. PROGRAM ELEMENT NUMBER	
					5d. PROJECT NUMBER	
6. AUTHOR(S) Zannette A. Uriell Landrus Burress					5e. TASK NUMBER	
					5f. WORK UNIT NUMBER	
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) Navy Personnel Research, Studies, and Technology (NPRST/BUPERS-1) Bureau of Naval Personnel 5720 Integrity Drive Millington, TN 38055-1000					8. PERFORMING ORGANIZATION REPORT NUMBER NPRST-AB-09-3	
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES) Navy Diversity Directorate Office of Women's Policy Washington, DC					10. SPONSOR/MONITOR'S ACRONYM(S) N-134	
					11. SPONSOR/MONITOR'S REPORT NUMBER(S)	
12. DISTRIBUTION/AVAILABILITY STATEMENT A - Approved for public release; distribution is unlimited.						
13. SUPPLEMENTARY NOTES						
14. ABSTRACT Sound policy should be based upon accurate data. However, data may not be accurately recorded or may not be readily available. Data about pregnancy, single parenthood, and attitudes towards birth control are difficult to gain from existing databases alone, so the 2008 Navy Pregnancy and Parenthood Survey was conducted to assess these issues. A variation of this survey has been conducted since 1988, and this annotated brief provides the latest data points while also comparing to previous years. Results for 2008 show that percentages of single parents are similar to previous years, but the estimated count is actually lower, at about 12,000 single Navy fathers and 6,000 single Navy mothers. Family Care Plan compliance continues to be less than 100 percent, but most single parents and dual-military parents do have some plan in place in case they are deployed. Over half of female officers say breaks in service, such as sabbaticals, would motivate them to stay in the Navy. Most personnel use birth control, but the percentage who do so has decreased slightly from 2005 for enlisted men. Women are more comfortable discussing and getting birth control from Independent Duty Corpsman and shipboard medical personnel than before. Point-in-time pregnancy rates are similar to previous results, although annual rates for enlisted women are higher.						
15. SUBJECT TERMS Pregnancy, single parent, Navy parent, birth control, sabbatical, family care						
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19a. NAME OF RESPONSIBLE PERSON	
a. REPORT	b. ABSTRACT	c. THIS PAGE			Genni Arledge	
UNCLASS	UNCLASS	UNCLASS	UNCLASS	185	19b. TELEPHONE NUMBER (Include area code) 901-874-2115 (882)	

Foreword

Metrics are needed by Navy leadership for making sound policy decisions, but may not be accurately recorded or not readily available in existing databases. Because of this, the 2008 Navy Pregnancy and Parenthood Survey was sponsored by the Office of Women's Policy within the Navy Diversity Directorate (N134). The results of the survey are used to satisfy requirements defined in SECNAVINST 1000.10 for collecting objective data for evaluation of pregnancy policies as well as provide information on topics of interest to the sponsor for policy formulation.

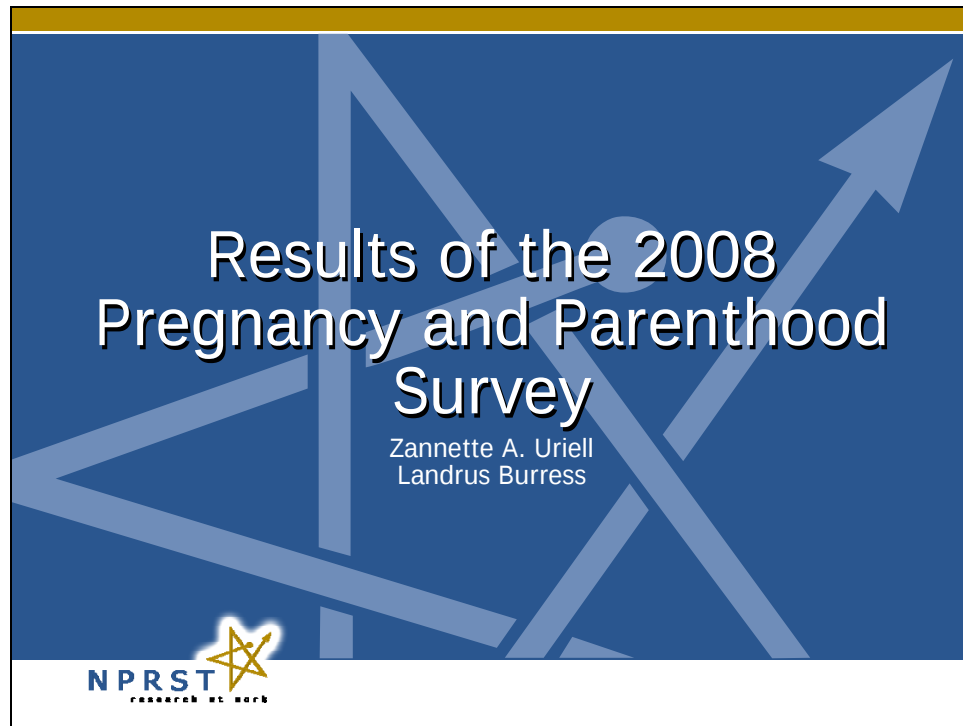
The authors would like to thank the Navy women and men who took the time to complete the survey. The authors also gratefully acknowledge the support of the sponsor points of contact, Ms Stephanie Miller and LT Hope Brill, of the Office of Women's Policy in the Navy Diversity Directorate.

DAVID L. ALDERTON, Ph.D.
Director

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This annotated brief provides the results of the tenth administration of the Navy Pregnancy and Parenthood Survey. In addition, a shorter Executive Briefing of results is available in Appendix A.

The survey was originally created to meet the needs of the SECNAV working group on the progress of Navy women (SECNAV, 1987), and has continued to be administered about every two years since then. For complete results of previous surveys dating to 1988, see Thomas and Edwards (1989), Thomas and Uriell (1998), Thomas and Mottern (2002), Uriell (2004), Uriell and White (2005), and Uriell and Burress (2007). The Navy Pregnancy and Parenthood Survey is the oldest survey currently administered in the Navy.

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Overview

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

This annotated brief covers the background, methodology, results, summary, and recommendations. The survey (Appendix B) consisted of questions about parenthood, family planning attitudes, birth control, education and training, and pregnancy, each of which is covered in depth in the results section.

Background

- Key metrics, such as rates of parenthood and pregnancy, are needed by Navy leaders to make good policy decisions
- Current databases may not accurately reflect or make readily available key statistics such as single parenthood, family planning attitudes, birth control practices, and pregnancy rates
 - Best source of this information has been the Navy Pregnancy and Parenthood Surveys, conducted since 1988 and sponsored by the Navy Diversity Directorate (N134)
- Survey satisfies requirements of SECNAVINST 1000.10 to collect objective data for use in evaluation of Department of Navy (DoN) pregnancy policies

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Accurate metrics are needed by Navy leadership for making sound policy decisions. Rates of parenthood and pregnancy may be used for life/work balance decisions being considered by Task Force Life/Work (CNO, 2007e). These rates are not readily available in existing databases and those available may not be accurate, leading the Navy Diversity Directorate (N-134) to sponsor the 2008 Navy Pregnancy and Parenthood Survey. The results of the survey also satisfy requirements defined in SECNAVINST 1000.10 for collecting objective data for evaluation of pregnancy policies (SECNAV, 1995).

Changes from 2005

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- Census of active component women E-2 to E-9 and O-1 to O-5
 - Provides more accurate estimates for smaller groups
- Survey updated to include questions about Individual Augmentation (IA), sabbaticals, and release of new OPNAVINST 6000.1C
- Administration moved from summer (July/August 2007) to January 2008
 - Annual pregnancy rate reflects FY that ended 3 months prior instead of 10 months prior
- Fillable-PDF version available through email for those with no connectivity to website

Survey questions and the survey administration process were generally similar to previous years. For the majority of the survey, the same questions were presented to women and men, with only minor wording changes as necessary (e.g., “get pregnant” for women was reworded to “father a child” for men). Women were also presented with questions about pregnancy.

There were four key changes made to the survey and its administration from the 2005 version. The first was that instead of surveying just a sample of women, all active component women E-2 to E-9 and O-1 to O-5 were invited to participate. This was primarily done to provide for more accurate estimates (i.e., smaller margins of error) for the smaller groups (such as those who had become pregnant in the previous FY).

The survey questions were also updated, as has occurred with previous administrations. Modifications this year included questions added about Individual Augmentees (IA, i.e., Sailors deployed in support of the Global War on Terrorism missions, typically to Iraq and Afghanistan) to gauge the perceived impact on family planning. The 2005 question about sabbaticals was expanded. A new question was added asking respondents how they had heard about the release of the new version of the Navy’s policy on pregnant servicewomen (OPNAVINST 6000.1C).

The survey was originally slated to be administered in July and August of 2007, but was delayed until January 2008. This might have had a bearing on pregnancy rates, particularly the annual rate which reflects the FY that ended 3–4 months prior to administering the survey instead of the FY of 10–11 months previous.

The survey was changed to be web-based in 2005, and a handful of participants indicated at that point that they had connectivity problems. In 2008, respondents also had the option of completing the survey on a commercial website (vice a .mil site, which might not be accessible by some from their home accounts) and a fillable-PDF version of the survey.

Method

- Notification letter, including web address of survey and user ID, sent in January 2008; 3 reminder letters sent before field closed in late April 2008
- Primary Random Number (PRN) used to sample men to minimize overlap with other large-scale, Navy-wide surveys

	Women	Men
Sent	41,755	9,412
Accessed	11,441	2,233
Useable	11,410	2,210
Return-to-Sender	5,490	1,215
Weighted Response Rate	32%	27%

Overall Margins of Error		
	Women	Men
Enlisted	+/- 1.2%	+/- 4.2%
Officer	+/- 2.4%	+/- 3.0%

Note: Response rates similar to typical Navy-wide web-based survey response rates.

Because of e-mail issues and concerns that potential respondents might have about phishing, respondents were sent a paper notification letter that included the survey web address and a unique user ID that could be used only once for completion (respondents could save and resume throughout the survey). Notification letters were sent in January 2008 and three reminders were sent before the survey field closed in late April 2008; see Appendix C for the text of all letters used.

While a census of women was conducted, only a sample of men received the survey. To minimize the chance of over-surveying men with NPRST surveys, the Primary Random Number (PRN) method was used (for more information about PRN, see Creel, Jang, Kasprzyk, & Williams, 2002; Ohlsson, 1995; and Srinath & Carpenter, 1995). The Sample Planning Tool (Kavee & Mason, 2001) recommended a sample of 9,412 men in addition to the 41,755 women. A total of 51,167 notification letters were sent, of which 13,674 accessed the web sites or submitted an e-mail version. Responses were only included in analyses if the respondents answered the paygrade question (needed for weighting) and over 50 percent of the single select questions that were viewed by all (i.e., not the questions included as part of a skip pattern), yielding useable survey data from 13,620.

A total of 6,705 notification letters (about 13%) did not reach respondents, leading to weighted response rates (based upon the American Association of Public Opinion Research Response Rate 4) of 32 percent for women and 27 percent for men.

Margins of error were computed along with point estimates using the Complex Samples feature of SPSS 16. Because a census was conducted for women, margins of error for overall questions are much smaller for women ($\pm 1.2\%$ for enlisted and $\pm 2.4\%$ for officers) than for men ($\pm 4.2\%$ for enlisted and $\pm 3.0\%$ for officers).

Method (continued)

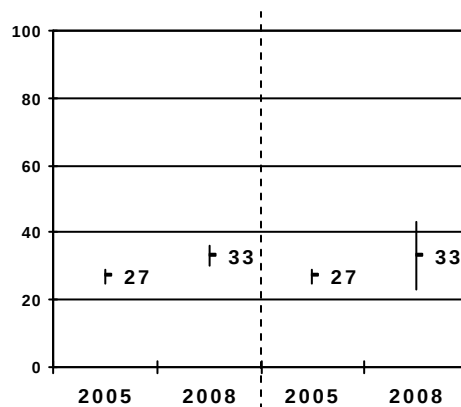
- Responses statistically weighted to be representative of the Navy population
- Where possible, comparisons to previous years are included
 - Percentages and margins of error were compared between 2005 and 2008 results
 - Non-overlapping margins of error are noted and can be considered significant

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Useable responses were weighted back to the population to be representative of the Navy at the time of administration.

Because some questions have been asked since 1997, results of previous administrations are presented for comparison with the current results. Only 2005 and 2008 results were compared for significant differences, defined here as point estimates with non-overlapping margins of error. As can be seen on the sample graph below where the solid vertical lines represent the margins of error, the two point estimates on the left are significantly different since the lines do not overlap while the two point estimates on the right are not different since the margins of error overlap.



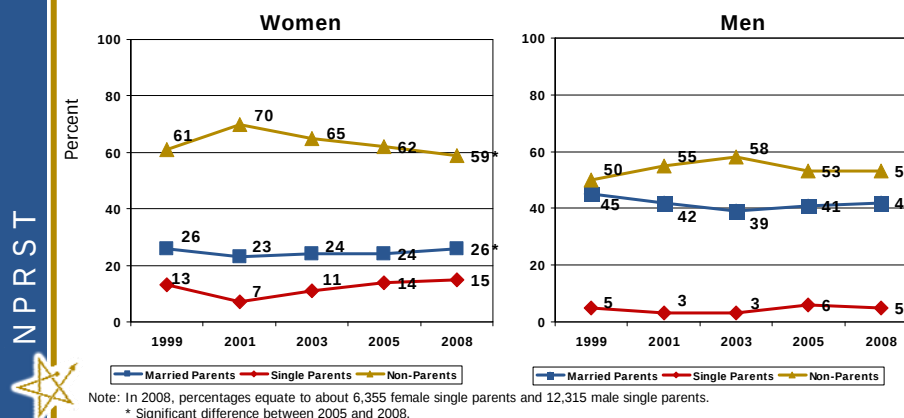


The first section of the survey related to parenthood while in the Navy. Results provide rates of parenthood in general as well as single parenthood. For those who were single parents, additional questions asked about plans for child care should the parent need to deploy.

A number of respondents also provided comments to amplify their responses. A separate analysis was done of all general comments provided, and is included in Appendix D. Comments generally tend to be highly positive or highly negative, and may be used to provide some additional insight into the survey results provided in the body of this report.

General Parenthood Results

Rates of single parenthood are similar to 2005, although the estimated numbers have decreased slightly to approximately 6,355 single mothers and 12,315 single fathers. The percentage of non-parent women has continued to decrease slightly from previous findings.



Respondents were grouped into three categories based upon their parental and marital status. Over half of all Navy men and women are not parents. For men, the rate matches the 2005 results but findings for women are significantly different. About one-fourth of Navy women (and 42% of Navy men) are married parents while significantly fewer women are non-parents. About 15 percent of Navy women and 5 percent of Navy men are single parents, which equates to approximately 12,315 single Navy fathers and 6,355 single Navy mothers.

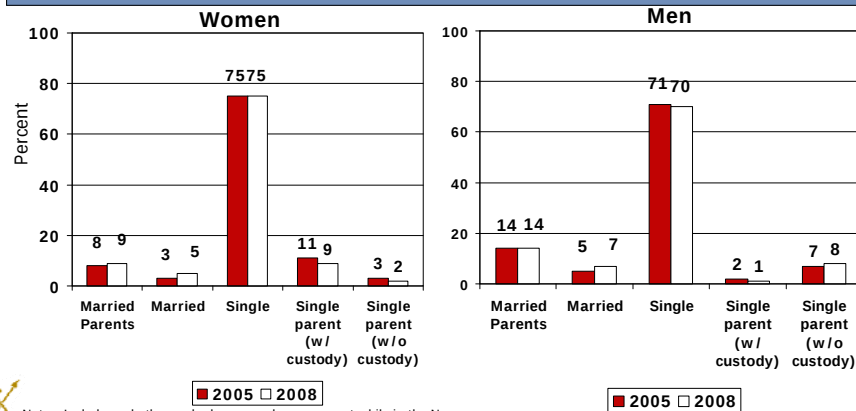
The table below presents results for each of the paygrade groups, as well as for the overall enlisted and officer groups.

Table 1
General parenthood results

	E-2 to E-4	E-5 to E-6	E-7 to E-9	ENL. TOTAL	O-1 to O-2	O-3	O-4 to O-5	OFF. TOTAL
WOMEN								
Not a parent	71%	44%	39%	57%	85%	70%	45%	65%
Single parent	11%	24%	21%	17%	3%	6%	9%	6%
Married parent	18%	32%	39%	26%	12%	25%	46%	29%
MEN								
Not a parent	78%	46%	21%	55%	75%	46%	22%	41%
Single parent	5%	7%	5%	6%	1%	2%	3%	2%
Married parent	18%	48%	74%	39%	25%	52%	76%	57%

Family Status When Entering the Navy: *Enlisted*

As before, most enlisted who have ever been a parent while in the Navy are single when they join. Those women who are single parents when they join are more likely to have custody than single parent fathers. Of those who were single parents without custody, 11% of men and 30% of women regained custody within 6 months of entering the Navy, although results should be interpreted cautiously due to low numbers.

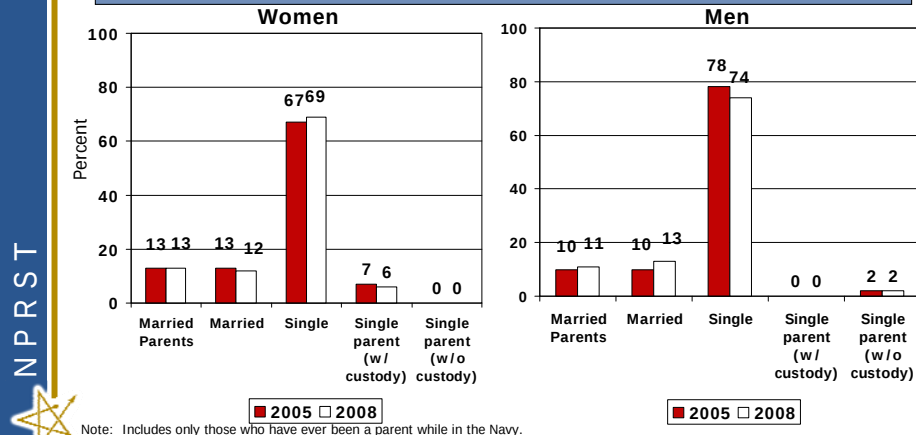


The Navy has a limit on the number of dependents a person can have when they join the Navy. According to an undated document on the Navy's recruiting site, single parents cannot enlist in the Navy and those with two or more dependents are not normally allowed to enlist (Department of Navy, n.d.). The Enlisted Recruiting Manual (NRC, 2008) specifically states that single parents must have given up physical custody of their child by court order or show a child support order; there is no similar requirement for officers (NRC, 2005).

A question on the survey asked the respondent's status when they joined the Navy. The majority of enlisted (75% of women and 70% of men) are single when they join. Men are more likely to be married (21%) than women (14%) and women are slightly more likely to be single parents (11%) than men (9%), especially single parents with custody. Although few are single parents without custody and results should therefore be interpreted cautiously, 11 percent of men and 30 percent of women indicated they regained custody within 6 months.

Family Status When Entering the Navy: *Officer*

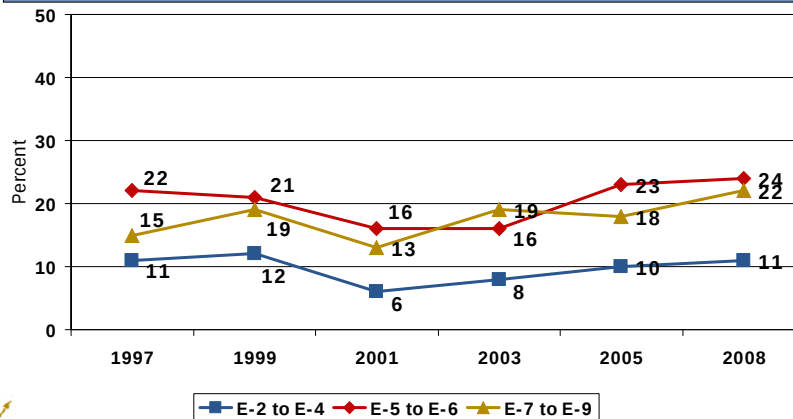
As with enlisted, most officers who have ever been a parent while in the Navy are single when they join. Six percent of women are single parents with custody when they join. Of those without custody, 16 percent of men and 33 percent of women regain custody within 6 months of joining, although results should be interpreted cautiously due to low numbers.



Most officers are single when they join, with men more likely to be so (74%) than women (69%). More officers are married parents than single parents, and virtually no men are single parents with custody when they join. Of the small number of single parents with custody, 16 percent of men and 33 percent of women indicate that they regained custody within 6 months of joining, although results should be interpreted cautiously due to low numbers.

Female Enlisted Single Parents with Custody

Percentages of E-2 to E-4 and E-5 to E-6 who are single parents with custody are similar to 2005 results, but there was an increase for E-7 to E-9. Most women (56% overall, 68% of E-2 to E-4, 54% of E-5 to E-6, and 25% of E-7 to E-9) are unmarried when the child is born while 37% (23% of E-2 to E-4, 40% of E-5 to E-6, and 69% of E-7 to E-9) become single parents through divorce.



Note: "Single Parents with Custody" includes those who have sole custody and those who have any joint custody arrangement.

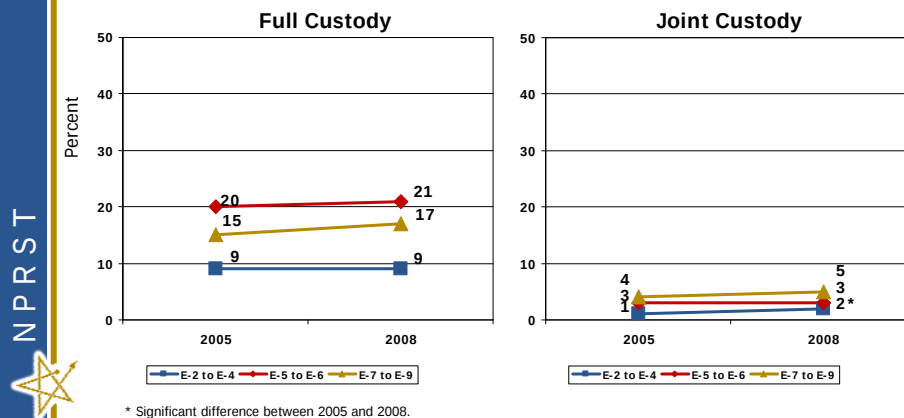
The graph above shows the percentage within each paygrade group who are single parents with sole or joint custody of their children.

When asked how they became a single parent, over half of all enlisted women said it was because they were unmarried when the child was born; junior women were more likely to say this than senior women were. About one-third indicated that they became a single parent because of divorce, ranging from less than one-fourth of younger, junior personnel to two-thirds of older, senior personnel.

Civilian findings for 2007 show that the rate of women aged 15-44 years who are unmarried when they give birth has risen since 2002 to a rate of 52.9 births per 1,000 (Hamilton, Martin, & Ventura, 2009).

Female Enlisted Single Parents with Full or Joint Custody

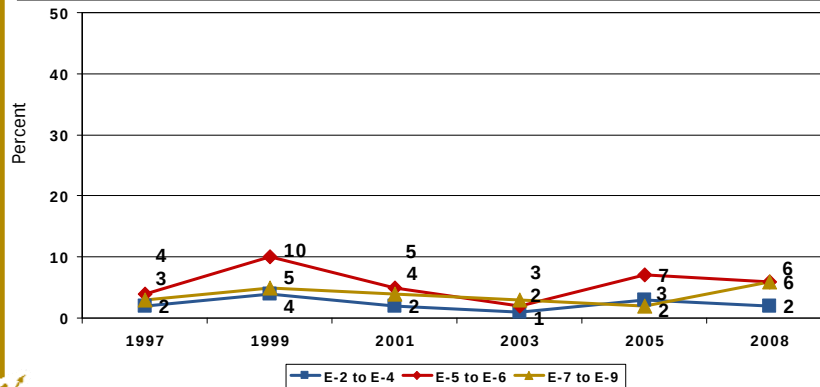
Rates of custody for enlisted single mothers are similar between 2005 and 2008; most enlisted single mothers have full custody.



A survey question asked about the type of custody, either joint or full. Single mothers are more likely to have full custody than joint custody. The two senior paygrade groups, E-5 to E-6 and E-7 to E-9, are more likely to be single parents, similar to previous years.

Male Enlisted Single Parents with Custody

Enlisted men are less likely to be single parents than enlisted women. Rates for male enlisted are generally similar to previous years, although there has been an increase in E-7 to E-9 parents. Most (52% overall, 34% of E-2 to E-4 and about 60% of E-5 and above) become single parents through divorce, while an additional 36% (46% of E-2 to E-4, 36% of E-5 to E-6, and 12% of E-7 to E-9) are unmarried when the child is born.



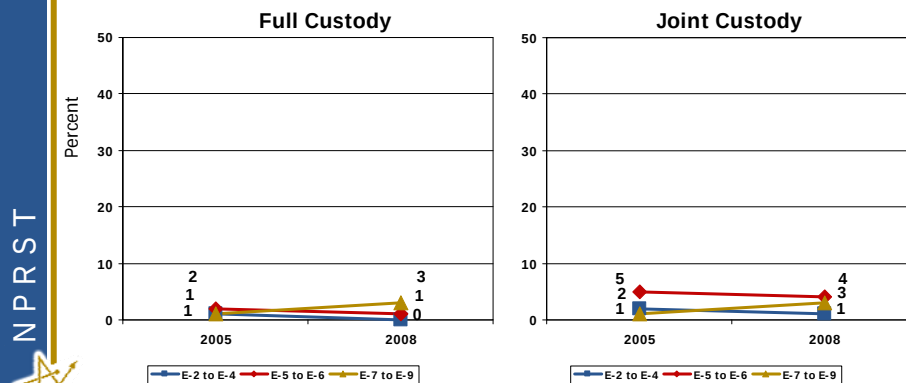
Note: "Single Parents with Custody" includes those who have sole custody and those who have any joint custody arrangement.

Although there are more single fathers in the Navy, the percentage is lower than for women. Rates are generally consistent with previous years, with about 6 percent of E-5 to E-6 and E-7 to E-9 men being single fathers.

Men are most likely to become single parents through divorce, although almost half of E-2 to E-4 men are unmarried when their child is born.

Male Enlisted Single Parents with Full or Joint Custody

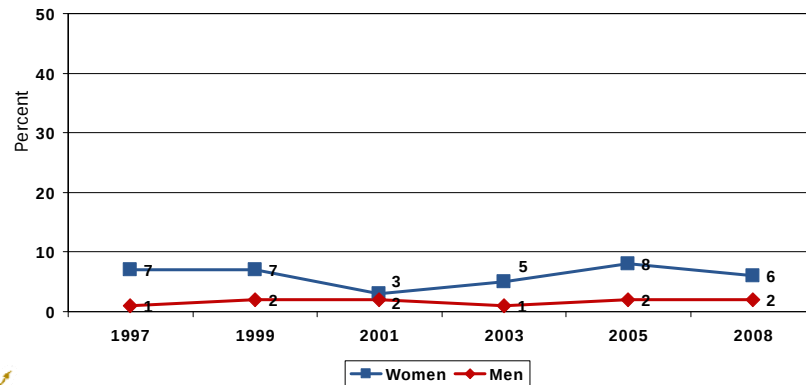
Enlisted single fathers are more likely to have joint custody than full custody. The rate of E-7 to E-9 fathers with full custody has increased slightly but not significantly from 2005.



Comparing the two custody arrangements, single fathers are slightly more likely to have joint custody than full custody of their children.

Officer Single Parents with Custody

Rates of single parenthood are low for officers, although slightly higher for female officers than male officers. Rates are consistent with previous findings. Eighty percent of male officers and 67% of female officers become single parents through divorce.

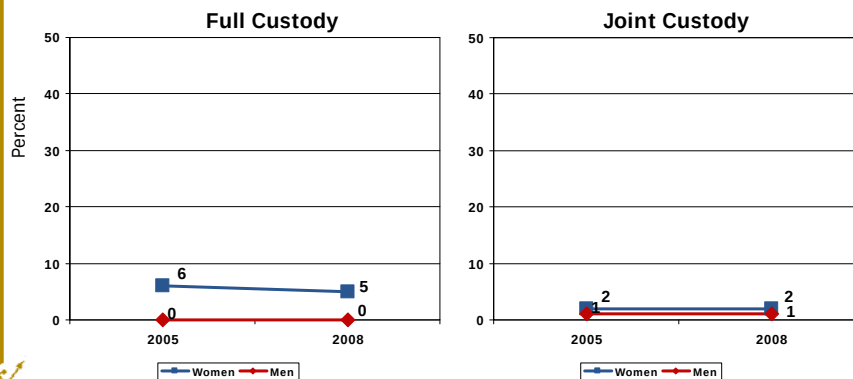


Note: "Single Parents with Custody" includes those who have sole custody and those who have any joint custody arrangement.

There are few officers who are single parents with custody, so paygroup breakouts are not provided. Rates for officers are similar to previous years, with about 6 percent of women and 2 percent of men being single parents. The majority become single parents through divorce.

Officer Single Parents with Full or Joint Custody

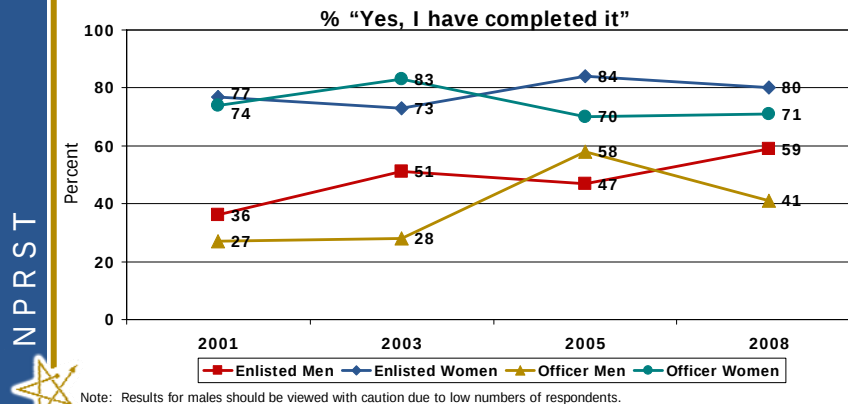
Rates of full and joint custody are similar for officers to 2005 findings. Women are more likely have full custody of their children than men, while rates of joint custody are similar.



Female officers are more likely to have full custody than joint custody while the opposite is true for men.

Family Care Plan Compliance if Children under 19 Years

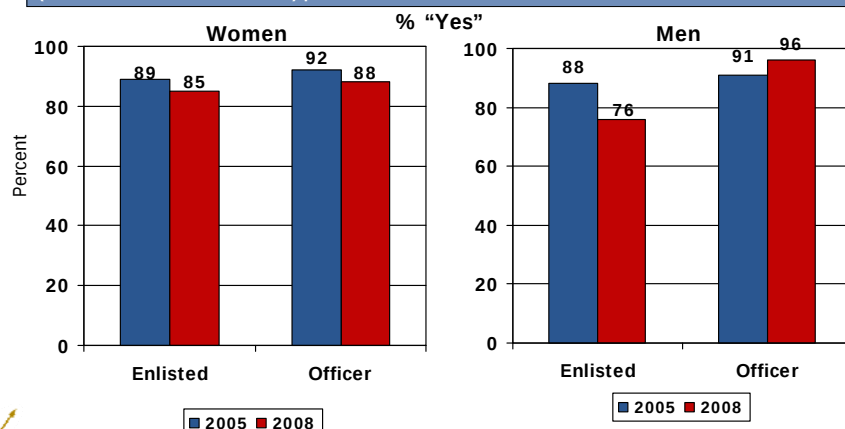
Single parents and dual-military parents are required to complete a Family Care Plan if they have children under 19 years of age. The policy was expanded in 2007 to also include care of adults incapable of providing for themselves, but this was not asked about on the survey. Findings for women are similar to 2005, with 80% of enlisted and 71% of officers having completed the form. Percentages for men are lower and tend to fluctuate because few are required to complete the form.



According to OPNAV instruction 1740.4C, “Family Care Plans are mission planning tools that obligate the service member to establish and document plans to care for minor children and adult family members/dependents while the service member is absent.” (CNO, 2007a) They are seen by the Navy as being essential to combat readiness (Self-Kyler, 2004). Family Care Plans (FCP) are required for single parents as well as dual-military parents with minor children, defined to be those under 19 years of age who are not emancipated. Findings for women are similar to previous years, in that about 80 percent of enlisted women who are required to complete the form have done so, along with 71 percent of female officers. The findings for men fluctuate more—however not significantly—due to the fact that so few men are required to complete the form.

Undocumented Family Care Plans if Children under 19 Years

Those single parents or dual-military parents who had not completed a Family Care Plan were asked if they had an undocumented plan in place. The majority do have a plan in place, although findings are 12 points lower for enlisted men compared to 2005. About 4% of males and 3% of females have no (documented or undocumented) plan.

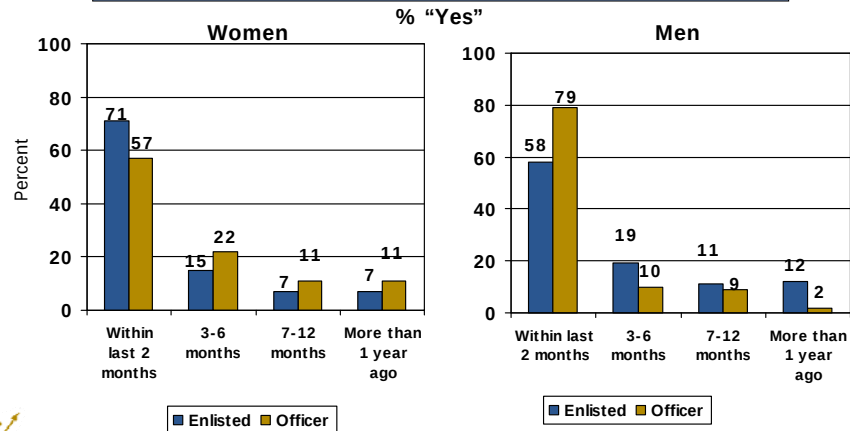


Note: Results for female officers, male officers, and male enlisted should be viewed with caution due to low numbers of respondents. Results only include those who indicated "No, because I have not been here 60 days yet", "No, I have not been told to complete the form", or "No, but I have been told to complete the form" to previous question about FCP completion.

Those who had not completed the FCP were asked if they had some undocumented plan in place for care of their children during deployments or other extended times away from home. The majority indicated that they did have a plan in place, although most of the results above show slight decreases from 2005. About 4 percent of males and 3 percent of females did not indicate any plan, documented or undocumented, was in place for care of their children should they be deployed or otherwise unavailable.

Last Contact with Caregiver

A question was added to the 2008 survey to ask about the recency of contact with the caregiver, for single and dual military parents with children under 19 years old. The majority had contacted their caregiver within the last 2 months.



Note: Results for female officers and males should be viewed with caution due to low numbers of respondents.

While having a plan is good, a concern might be that the plan is out of date and thereby useless. In 2008, an additional question was asked about how recently the parent had contacted the potential caregiver. Those with documented as well as those with undocumented plans were asked to respond. The majority had contacted the potential caregiver within the last 2 months, including almost three-fourths of enlisted women and 79 percent of officer men. However, approximately 10 percent last contacted their caregiver over a year ago.

Ability to Execute Family Care Plan: *Enlisted*

Single and dual military respondents were asked about the time to execute their plans (documented and undocumented). As seen in 2005, parents are more likely to be able to execute their Family Care Plan when there is a longer delay; 88% of women and 91% of men say they could execute their plan if they deployed next month. Results are slightly lower in 2008 than 2005.

	% "Yes"			
	Women		Men	
	2005	2008	2005	2008
Deployed tomorrow for an unspecified length of time	62	56*	75	53
Deployed next week for an unspecified length of time	81	73*	91	71
Deployed next month for an unspecified length of time	91	88*	98	91

Note: Results for female officers, male officers, and male enlisted should be viewed with caution due to low numbers of respondents.

* Significant difference between 2005 and 2008.

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

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All single parents and dual-military parents who have some sort of care plan in place were asked if they would be able to execute their plan if they deployed tomorrow, next week, or next month. As in 2005, both enlisted women and men are more likely to be able to execute their plan with more lead time; almost all could execute it if they deployed next month. Just over half believe they would be able to execute their plan if they deployed tomorrow. Results are lower than in 2005, significantly so for women.

Ability to Execute Family Care Plan: *Officer*

As with enlisted, longer lead time led to better execution rates of Family Care Plans. While only 58 % of officer women could execute their plan if they deployed tomorrow, over 9 in 10 women say they could do so if they deployed next month.

% "Yes"				
	Women		Men	
	2005	2008	2005	2008
Deployed tomorrow for an unspecified length of time	67	58	73	77
Deployed next week for an unspecified length of time	86	77*	88	79
Deployed next month for an unspecified length of time	94	92	97	98

Note: Results for female officers, male officers, and male enlisted should be viewed with caution due to low numbers of respondents.
 * Significant difference between 2005 and 2008.
 Could you execute your Family Care Plan (documented or undocumented) if you:

NPRST

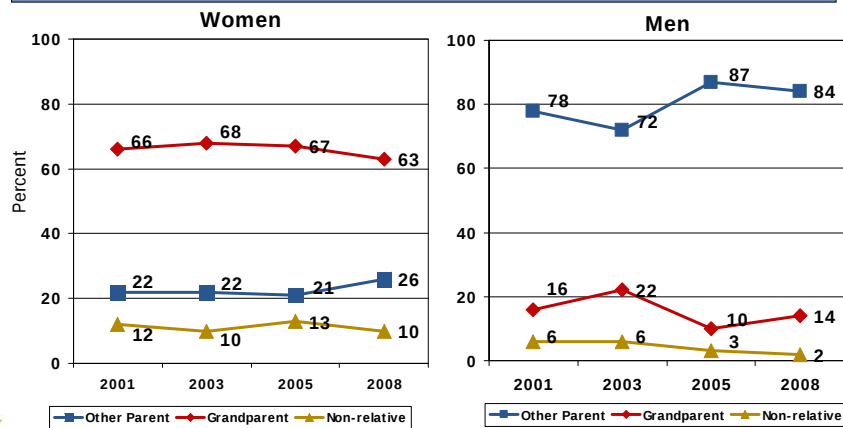


Results for officers are similar to those for enlisted; parents are more likely to be able to execute their family care plans (documented or undocumented) when given a longer lead time rather than a shorter time. As with enlisted, results for 2008 are slightly lower than those from 2005, except for the percentage of men who could execute their plan if they deployed tomorrow. However, the only significant difference was for female officers executing their plans if they deployed next week.

Who Cares for Child When You Deploy: *Enlisted Single Parents*

Respondents are slightly more likely to ask a family member to care for their child than a non-relative, as compared to previous years. Women tend to ask a grandparent to care for their child while men tend to ask the child's mother.

NPRST

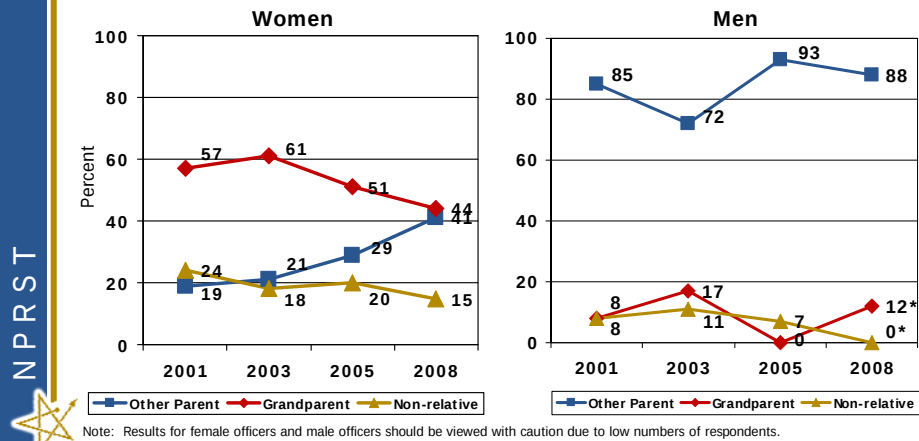


Note: Results for male enlisted should be viewed with caution due to low numbers of respondents.

Single parents were asked who cares for their children when they deploy. Enlisted women are most likely to ask the child's grandparent to be caretaker. Enlisted men are most likely to ask the other parent, likely related to the fact that most enlisted men have joint custody of their children.

Who Cares for Child When You Deploy: *Officer Single Parents*

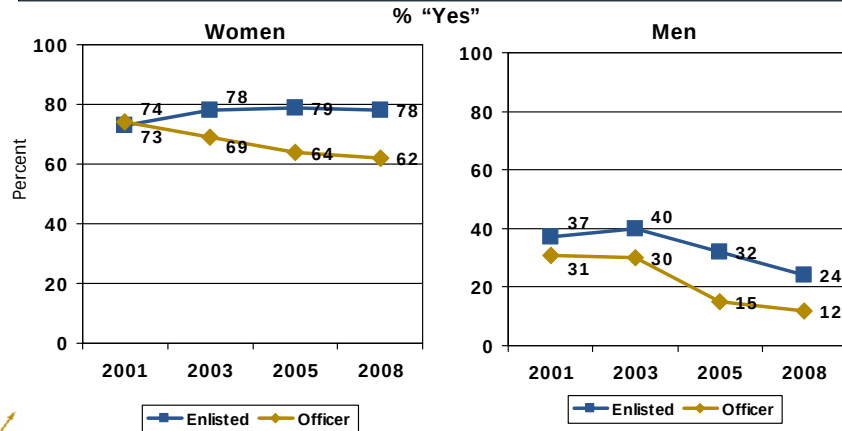
Because of the few single parent officers, results should be interpreted with caution. While men clearly ask the child's mother to take care of the child, women are almost as likely to ask the father as to ask a grandparent.



Caretakers for children of officer single parents have historically mirrored those for enlisted, with single officer mothers asking the grandparent while single officer fathers ask the child's mother to take care of the child. In 2008, the results changed somewhat, although not significantly so; almost as many women asked a grandparent to care for the child as asked the child's father.

Does Your Child Move When You Deploy: *Single Parents*

Because of the potential upheaval in a child's life when their single parent deploys, respondents were asked if their children also needed to temporarily move into another home. Almost 2/3 or more of single mothers say that their child does move while less than 25% of men indicate the same.



Single parents were also asked if their child needed to move to another location when the parent deploys. Most women indicated that the child does move, while less than one-fourth of men indicated the same, likely due in part to higher percentages of women having full custody while higher percentages of men have joint custody.

Parenthood Summary

- Percentage estimates of single parents are similar to 2005 results, with over 6,000 single Navy mothers and over 12,000 single Navy fathers
 - Slightly higher percentages of married mothers than in 2005
- Single parents with custody increased noticeably for E-7 to E-9, both men and women
- Family Care Plan compliance continues less than 100%, with a slight decrease for enlisted women from 2005

NPRST



There are three key takeaways from the parenthood section of the survey. First, percentage estimates of single parents are similar to 2005 results, although the numbers are slightly lower than in 2005 due to lower Navy end strength. While the percentage of women who are single parents is higher than for men, there are actually more single Navy fathers (over 12,000) than single Navy mothers (6,000). The percentage of women who are single mothers stayed about the same, but the percentage of married mothers has slightly increased since 2005.

Second, the percentage of single parents who have custody has increased noticeably for Chief Petty Officers, for both men and women.

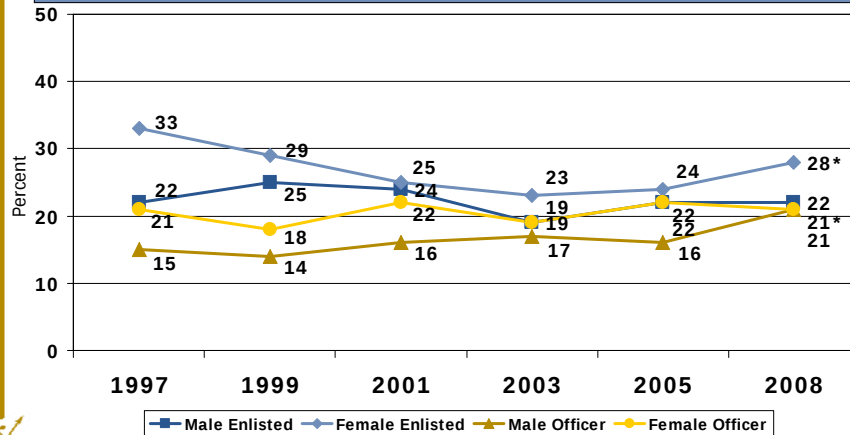
Family Care Plan compliance continues to be less than 100 percent with a slight decrease for enlisted women.



The next survey section asked about attitudes towards family planning, including the impact of new initiatives for family planning on the service member's motivation to remain in the Navy.

A Navy Woman Should Become Pregnant Whenever She Wants

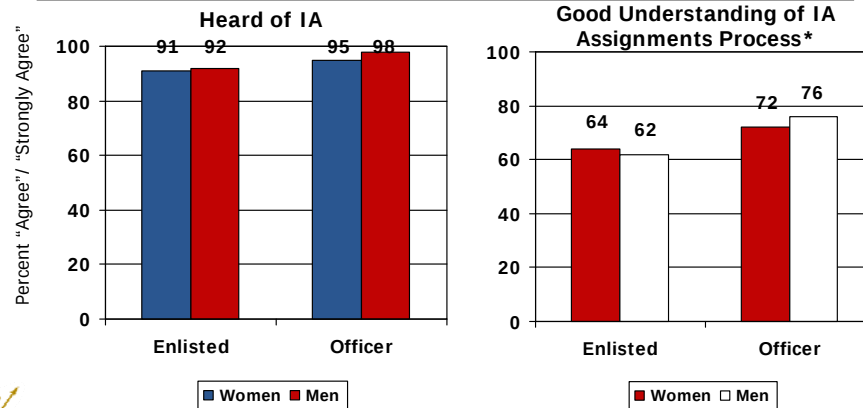
Respondents were asked when in her Navy career a woman should become pregnant. When just looking at the "Whenever she wants" response, results are generally consistent with previous results, with the exception of enlisted women.



One question that has been asked through the last several administrations is "When in her Navy career is the best time for a woman to become pregnant?" While there are six answer choices (ranging from "Never; being in the Navy and motherhood are not compatible" to "Whenever the woman wants a child" to "After receiving orders to shore duty, if the ship/squadron is not deploying"), the answer of most interest is "Whenever the woman wants a child," which seemingly does not account for the demands of a woman's Naval career. While results for 2008 are not as high as found in the earliest years graphed, there does seem to be a trend upward. This is especially true for female enlisted and male officers, who showed significant increases from 2005.

Individual Augmentation (IA)

The 2008 survey included questions about Individual Augmentation (IA). Respondents were asked if they had heard of IA and if they understood the assignment process. The majority have heard of it, and those who have heard of it feel they have a good understanding of the assignment process (higher for officers than enlisted).



The 2008 survey included new questions about Individual Augmentation (IA). IA is defined as "...a Sailor who leaves their assigned unit or command to deploy individually or with a small group..." (Commander, Fleet Forces Command, n.d.). These assignments are in support of the Global War on Terrorism (often to Iraq and Afghanistan), and were historically announced with short notice and occurred in the middle of a regular tour but shifted in 2007 to be typical Permanent Change of Station moves (CNO, 2007b).

The first IA question asked if respondents had heard of IA. Most Sailors in all groups indicated that they had. Respondents who had heard of IA were asked if they felt they had a good understanding of the IA assignments process; officers were more likely than enlisted to indicate that they had, although only about three-fourths indicated this.

Sea/Shore Rotation and Family Planning

The current survey also included a new question about sea/shore rotation and family planning. Over half of most groups (46% of enlisted women) feel that their sea/shore rotation is adequate for family planning. Higher numbers of enlisted than officers indicate that they don't know, possibly because they are not yet planning a family.

My current sea/shore rotation is adequate for family planning.

	Enlisted		Officer	
	Women	Men	Women	Men
Yes	46	50	55	69
No	33	31	31	20
Don't know	21	19	14	11

NPRST



Most Navy personnel rotate between sea and shore commands throughout their career. The time spent at each type of command varies by paygrade and rating; when the survey was administered, sea/shore rotation lengths were defined in NAVADMIN 130/06 (CNO, 2006). Respondents were asked if their sea/shore rotation was adequate for family planning. About half of enlisted and female officers agree, increasing to 69 percent of male officers. About one-third of women and enlisted men indicated that it was not. Almost one in five enlisted personnel said that they did not know.

Tables 2–5 below and on the next page provide results by paygrade groups and parental status. As can be seen, juniors are least likely to indicate that it is adequate.

Table 2
Sea/shore rotation adequate for family planning all respondents

	Men					Women				
	Junior Enlisted (E-2 to E-6)	Senior Enlisted (E-7 to E-9)	Junior Officers (O-1 to O-3)	Senior Officers (O-4 to O-5)	Total	Junior Enlisted (E-2 to E-6)	Senior Enlisted (E-7 to E-9)	Junior Officers (O-1 to O-3)	Senior Officers (O-4 to O-5)	Total
Yes	44	85	59	82	53	44	81	44	76	47
No	35	11	26	13	30	34	15	41	14	33
Don't know	21	4	15	6	18	22	4	16	10	20

Table 3
Sea/shore rotation adequate for family planning not a parent

	Men					Women				
	Junior Enlisted (E-2 to E-6)	Senior Enlisted (E-7 to E-9)	Junior Officers (O-1 to O-3)	Senior Officers (O-4 to O-5)	Total	Junior Enlisted (E-2 to E-6)	Senior Enlisted (E-7 to E-9)	Junior Officers (O-1 to O-3)	Senior Officers (O-4 to O-5)	Total
Yes	38	82	44	71	41	37	73	37	68	40
No	35	10	32	17	33	37	18	45	19	37
Don't know	28	8	24	12	26	26	8	18	12	24

Table 4
Sea/shore rotation adequate for family planning single parent

	Men					Women				
	Junior Enlisted (E-2 to E-6)	Senior Enlisted (E-7 to E-9)	Junior Officers (O-1 to O-3)	Senior Officers (O-4 to O-5)	Total	Junior Enlisted (E-2 to E-6)	Senior Enlisted (E-7 to E-9)	Junior Officers (O-1 to O-3)	Senior Officers (O-4 to O-5)	Total
Yes	61	88	53	73	64	51	87	62	73	55
No	20	0	9	27	18	30	12	33	12	29
Don't know	19	12	38	0	18	19	1	5	15	17

Table 5
Sea/shore rotation adequate for family planning married parent

	Men					Women				
	Junior Enlisted (E-2 to E-6)	Senior Enlisted (E-7 to E-9)	Junior Officers (O-1 to O-3)	Senior Officers (O-4 to O-5)	Total	Junior Enlisted (E-2 to E-6)	Senior Enlisted (E-7 to E-9)	Junior Officers (O-1 to O-3)	Senior Officers (O-4 to O-5)	Total
Yes	53	86	78	86	66	55	85	64	83	61
No	35	12	19	11	26	29	13	28	9	26
Don't know	11	2	3	4	8	16	2	8	8	14

Impact of Sabbatical on Retention

Respondents were asked about their interest in on- and off-ramps, sabbaticals, and other breaks in service. About half (48% of men and 58% of women) were interested. About 1/3 of respondents (54% of officer women) indicated that these options would motivate them to remain in the Navy. A sabbatical question was also included on the 2005 survey, but asked specifically about a family-related sabbatical.

There has been discussion in some Navy communities about on- and off-ramps, sabbaticals, and other breaks in service. How would these options impact your desire to stay in the Navy?

	Enlisted		Officer	
	Women	Men	Women	Men
Motivate me to remain in the Navy	38	34	54	30
Have no impact on my motivation to remain in the Navy	53	57	42	65
Motivate me to leave the Navy	8	9	3	5

NPRST



Civilian businesses have found that almost 40 percent of women leave their careers for a period of time, with 45 percent of all women saying that needing or wanting to spend more time with their children is a key reason (Hewlett, Luce, Shiller, & Southwell, 2005). In addition to those who leave entirely, over half of civilians studied reduce their hours or find alternative, flexible work schedules (Hewlett, et al, 2005). Navy respondents were asked if allowing for alternatives such as on- and off-ramps, sabbaticals, and other breaks in service would motivate them to remain in the Navy. Over half of female officers and almost 40 percent of enlisted women would be motivated to remain in the Navy if they were allowed breaks in service. About one-third of men (enlisted and officer) also indicated interest.

Since the survey was administered, sabbaticals have been approved as a pilot test (Pilot Programs on Career Flexibility to Enhance Retention of Members of the Armed Forces, section 533) under the 2009 National Defense Authorization Act (Senate Bill 3001, 2008).

Impact of Operational Deferment on Retention

The Navy's pregnancy policy (OPNAVINST 6000.1 series) was modified in 2007 to increase the operational deferment from 4 months to 12 months. Respondents were asked the impact of this change on their motivation to remain in the Navy. For most men, the change had no impact. For women, about half said it had no impact but almost half said it motivated them to remain in the Navy.

There has recently been a change in the operational deferment policy, allowing new mothers to remain with their newborn children for 12 months instead of 4 months. How does this change impact your decision to stay in the Navy?

	Enlisted		Officer	
	Women	Men	Women	Men
Motivates me to remain in the Navy	49	12	48	10
Has no impact on my motivation to remain in the Navy	49	76	50	80
Motivates me to leave the Navy	2	13	2	10

NPRST



Prior to 2007, women were not transferred to a deploying unit until four months after giving birth (CNO, 2003). In 2007, the policy was modified to extend this operational deferment to 12 months (CNO, 2007c) to allow for medical concerns that may not appear until 6 months after birth (Chief of Naval Personnel Diversity Directorate, 2007). The 2008 survey asked respondents if this change had any impact on their motivation to stay in the Navy. Almost half of women (both enlisted and officer) indicated that this change would motivate them to remain in the Navy. Most men (76% of enlisted men and 80% of officer men) indicate that it has no impact on their motivation.

Family Planning Attitudes: *Enlisted*

2008 results are generally comparable to 2005 results for family planning attitudes. Largest differences between women and men continue for the questions about having intercourse without birth control if partner wants and taking a chance when birth control is not available.

Please indicate how well each statement reflects your beliefs.

	Women				Men			
	2001	2003	2005	2008	2001	2003	2005	2008
I think it is important to use birth control until getting married.	---	---	91	90*	---	---	93	94
I think it is important to use birth control after getting married.	---	---	84	84	---	---	83	84
I have had sexual intercourse without using birth control even though I did not want to father a child/get pregnant.	59	57	60	63*	64	63	67	69
I would have sexual intercourse without birth control if my partner wanted me to.	28	29	35	38*	63	62	64	67
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.	15	15	18	20	35	31	35	38

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 2005 and 2008.

Nine survey questions asked about beliefs towards family planning. Answer choices ranged from "Not at all true of me" to "Completely true of me." Since 2001, percentages of those who have indicated the beliefs are even "Slightly true of me" have been tracked. Most enlisted women and men believe that birth control is important until getting married and slightly fewer agree it is important even after getting married. About two-thirds indicate that it is at least slightly true of them to have sexual intercourse without birth control. Attitudes of enlisted women and men differ, however, about having sexual intercourse without birth control if desired by their partner as well as taking a chance when birth control is not available. Enlisted men are more likely to indicate that these attitudes are at least slightly true of them than enlisted women are.

Family Planning Attitudes: *Enlisted* (continued)

As on the previous questions, results are similar to 2005. The largest difference between enlisted men and women relates to birth control being the responsibility of the woman.

Please indicate how well each statement reflects your beliefs.								
	Women				Men			
	2001	2003	2005	2008	2001	2003	2005	2008
I make it my responsibility to discuss birth control with my partner.	95	95	94	94	92	93	92	91
I think it is important for men to get involved with birth control.	98	96	95	96	96	95	94	95
My most recent partner encouraged use of birth control.	84	83	83	82	82	84	82	81
Birth control is the responsibility of the woman.	54	54	56	58	28	31	37	39
Note: Percentages include those who indicated "Slightly true of me," "Somewhat true of me," "Mostly true of me," and "Completely true of me."								

NPRST



Enlisted women and men have similar attitudes on three of the remaining four questions regarding taking responsibility to discuss birth control, thinking men should be involved in birth control, and that their most recent partner encouraged use of birth control. Attitudes differ for the question about birth control being the responsibility of the woman; enlisted women are much more likely to indicate that this is at least slightly true for them than men are.

Family Planning Attitudes: *Officer*

Results are similar for officers to previous findings. As with enlisted, the largest difference relates to having intercourse without birth control if the partner wanted them to.

Please indicate how well each statement reflects your beliefs.								
	Women				Men			
	2001	2003	2005	2008	2001	2003	2005	2008
I think it is important to use birth control until getting married.	---	---	95	94	---	---	96	92*
I think it is important to use birth control after getting married.	---	---	93	93	---	---	94	91
I have had sexual intercourse without using birth control even though I did not want to father a child/get pregnant.	36	37	38	37	55	51	57	54
I would have sexual intercourse without birth control if my partner wanted me to.	16	17	17	20*	50	51	53	56
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.	6	5	8	9	19	17	17	19

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 2005 and 2008.

As with enlisted, male and female officers are similar in believing that birth control should be used until getting married as well as after getting married. The male and female officers also differ, as did enlisted, on the questions relating to having sexual intercourse without birth control if partner wants and taking a chance if birth control is not available, with men more likely to indicate these beliefs are at least slightly true of them than women are. Unlike enlisted findings, male and female officers differ greatly on the question relating to having sexual intercourse without birth control; women are less likely to indicate this is at least slightly true of them than men are.

Family Planning Attitudes: *Officer* (continued)

Results are again similar to previous years, with the largest difference between female and male officers relating to birth control being the responsibility of the woman.

Please indicate how well each statement reflects your beliefs.								
	Women				Men			
	2001	2003	2005	2008	2001	2003	2005	2008
I make it my responsibility to discuss birth control with my partner.	95	97	96	96	92	96	96	96
I think it is important for men to get involved with birth control.	98	98	97	97	96	98	97	97
My most recent partner encouraged use of birth control.	84	93	93	91	82	91	91	89
Birth control is the responsibility of the woman.	54	64	58	61	28	28	28	26

Note: Percentages include those who indicated "Slightly true of me," "Somewhat true of me," "Mostly true of me," and "Completely true of me."

Male and female officers believe that it is their responsibility to discuss birth control and that it is important for men to get involved with birth control. Officers also are highly likely to indicate that their most recent partner encouraged use of birth control. Male and female officers differ on the last question relating to birth control being the responsibility of the woman; almost two-thirds of women feel this is at least slightly true of them, compared to about one-fourth of men.

Pregnancy to Avoid Deployment

A question was added to the 2008 survey asking women if they would intentionally become pregnant to avoid deploying. About 4 % indicated that they would.

Would you intentionally become pregnant to avoid a deployment or scheduled Individual Augmentee (IA) period?

	Enlisted	Officer
Yes	4	5
No	96	95

NPRST



A question was asked at the end of the survey about whether the woman would become pregnant intentionally to avoid a deployment or schedule IA period. Most women indicated that they would not.

Family Planning Attitudes Summary

- Family planning attitudes generally comparable to previous results
- Almost half of enlisted women indicate that their sea/shore rotation is good for family planning
- One third of enlisted and over half of officer women say sabbaticals and other breaks in service would motivate them to stay
 - Almost half of women indicate that the change to a 12-month operational deferment has increased their motivation to stay in the Navy

NPRST



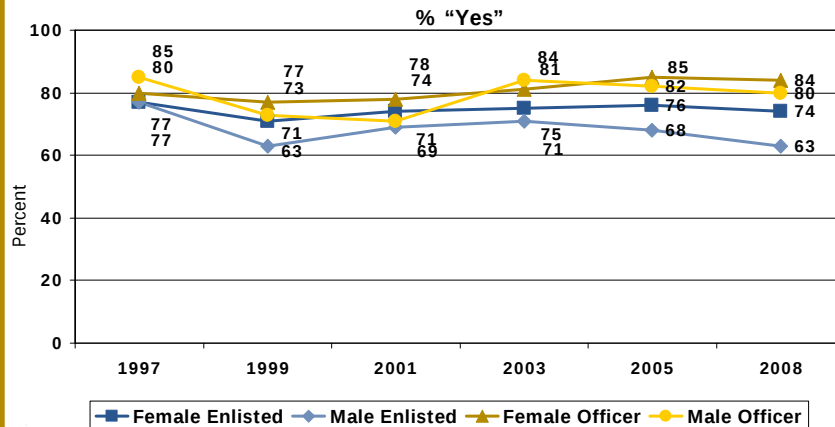
As seen in the previous slides, family planning attitudes are generally comparable to results found in previous years, with differences generally less than 5 percentage points. Almost half of enlisted women indicate that their sea/shore rotation is good for family planning. Sabbaticals and other breaks in service, which could be used for family planning, are seen positively by over half of the officer women and a third of the enlisted women. In addition, almost half of the women indicate that the 12-month operational deferment after childbirth has increased their motivation to stay in the Navy.



The 2008 Pregnancy and Parenthood Survey also included questions about birth control use and knowledge.

I or My Partner Usually Use Birth Control

Use of birth control is similar to use in 2005 for most groups, with a slight decline for male enlisted.



Note: Sterilization was calculated into the 1997 numbers based upon answers to a separate question; this was not done in 1999 nor 2001. Sterilization was part of the question in 2003 and 2005. Hysterectomy was included in a separate question, and was calculated into 2008 to be consistent with 2003 and 2005.

Most respondents indicate that they or their partner usually use birth control, with percentages ranging from 63 percent for male enlisted to 84 percent for female officers. The largest percentage decrease from 2005 was for male enlisted, although none of the differences were statistically significant.

Reasons for Not Using Birth Control: *Enlisted*

The most common reasons for enlisted respondents to not use birth control are that they (or their partner) are pregnant or trying to get pregnant or for some other reason not listed on the survey.

Why don't you use birth control?				
	Women		Men	
	2005	2008	2005	2008
Do not have sex	19	19	19	14
Not fertile	6	3*	6	5
Religion or personal beliefs do not permit	3	4	6	3
Do not want to	16	18*	20	17
Not comfortable discussing	0	1	2	1
Not comfortable getting	2	1	1	0
Pregnant or trying to get pregnant	31	32	17	20
Other	23	23	29	39*

Note: On the 2008 survey, hysterectomy was listed a reason for not using birth control. To be consistent with previous years, results were recalculated to include this as a method of birth control.
 * Significant difference between 2005 and 2008.

Those who did not usually use birth control were asked to select why they did not. While hysterectomy was listed as one of the possible choices in 2008, results have been recomputed to be comparable to 2005, which did not list hysterectomy as a reason. For enlisted women, the largest percentage indicated that they did not use birth control because they were pregnant or trying to become pregnant. The most common answer for enlisted men was simply "Other." Few enlisted women and men indicate that they are not comfortable discussing or getting birth control. However, almost one in five enlisted personnel indicated that they do not use birth control because they do not want to use it.

Reasons for Not Using Birth Control: *Officer*

Results for officers are generally similar to 2005 results, with the most common reason for not using birth control being because they (or their partner) were pregnant or trying to get pregnant.

Why don't you use birth control?				
	Women		Men	
	2005	2008	2005	2008
Do not have sex	23	29	12	12
Not fertile	16	8*	16	10
Religion or personal beliefs do not permit	5	5	8	11
Do not want to	6	9	12	17
Not comfortable discussing	1	0	0	2*
Not comfortable getting	0	0	0	0
Pregnant or trying to get pregnant	30	34	31	28
Other	19	16	22	21

Note: On the 2008 survey, hysterectomy was listed a reason for not using birth control. To be consistent with previous years, results were recalculated to include this as a method of birth control.
* Significant difference between 2005 and 2008.

As with enlisted, the largest percentage of female officers indicate that they do not use birth control because they are pregnant or trying to become pregnant; this is also the most common reason for men officers. Female officers are more likely than male officers to indicate that they do not use birth control because they do not have sex, while male officers are more likely than female officers to indicate that they do not use birth control because they do not want to use it.

Birth Control Options: *Enlisted*

Most enlisted personnel continue to use the condom or the birth control pill.

What method(s) of birth control do you or your partner usually use?

	Women		Men	
	2005	2008	2005	2008
Tubal ligation/Essure/Hysterectomy**	---	6	---	9
Vasectomy**	---	5	---	13
Rhythm method	2	3	3	4
Withdrawal	16	18	19	17
Continuous breast-feeding	---	2	---	1
Birth control pill	48	47	51	43
Birth control patch	16	9*	10	5*
Birth control implant	---	1	---	1
Birth control ring	2	7*	2	4
Birth control shot	14	8*	13	6*
Diaphragm/shield/cap**	1	0*	1	1
IUD	5	11*	2	6*
Condom	51	53	56	57
Female condom	1	1	2	1
Sponge	---	0	---	1
Spermicidal foam or jelly**	4	3*	6	5
Other	1	1	1	1

Note: Multiple responses allowed.

On the 2008 survey, hysterectomy was listed a reason for not using birth control. To be consistent with previous years, results were recalculated to include this as a method of birth control.

* Significant difference between 2005 and 2008.

** Wording changed from 2005.

NPRST



Those who usually use birth control were asked to select those methods that they do use, with multiple selections allowed. Hysterectomy was one of the reasons respondents do not use birth control, but was added to the tubal ligation/Essure category here in order to better compare to the 2005 results, although the 2005 results included tubal ligation with vasectomy. As in 2005, enlisted respondents are most likely to use a condom or birth control pill as their birth control method. There are a few significant differences between 2005 and 2008, for some of the least used birth control methods.

Birth Control Options: *Officer*

Most officers also use the condom or the birth control pill.

What method(s) of birth control do you or your partner usually use?

	Women		Men	
	2005	2008	2005	2008
Tubal ligation/Essure/Hysterectomy**	---	7	---	11
Vasectomy**	---	11	---	23
Rhythm method	4	5	5	7
Withdrawal	9	12	7	11
Continuous breast-feeding	---	3	---	2
Birth control pill	54	53	47	43
Birth control patch	7	3*	5	2
Birth control implant	---	0	---	0
Birth control ring	1	8*	3	3
Birth control shot	6	2*	3	1
Diaphragm/shield/cap**	1	1	2	1
IUD	6	7	5	5
Condom	38	41	39	44
Female condom	0	0	1	0
Sponge	---	0	---	1
Spermicidal foam or jelly**	4	2*	5	2*
Other	3	2	1	1

Note: Multiple responses allowed.

On the 2008 survey, hysterectomy was listed a reason for not using birth control. To be consistent with previous years, results were recalculated to include this as a method of birth control.

* Significant difference between 2005 and 2008.

** Wording changed from 2005.

NPRST



Officers who usually used birth control also predominantly used the birth control pill or condom. Again, a few significant differences were found for some of the least common birth control methods.

Health Care Providers: *Enlisted*

Respondents were asked their attitudes towards health care providers and birth control. Results are generally comparable to previous findings for enlisted personnel, with most personnel feeling more comfortable with military physicians/nurse practitioners/physician's assistants than with IDC or civilian providers.

Please indicate how well each statement reflects your beliefs.

	Women			Men		
	2003	2005	2008	2003	2005	2008
I would feel comfortable discussing birth control with a military physician/nurse practitioner/physician's assistant.	---	---	88	---	---	76
I would feel comfortable getting birth control from a military physician/nurse practitioner/physician's assistant.	---	---	89	---	---	78
I would feel comfortable discussing birth control with an Independent Duty Corpsman.**	60	67	73*	63	68	70
I would feel comfortable getting birth control from an Independent Duty Corpsman.**	58	66	72*	65	69	71

Note: * Significant difference between 2005 and 2008.

** Wording changed between 2003 and 2005, when questions asked about "corpsman."

Attitudes towards health care providers may impact use of birth control, so respondents were asked about their comfort with discussing as well as getting birth control from three types of providers, as well as with civilian providers over military providers. Enlisted respondents are most likely to feel comfortable with military physicians, nurse practitioners, and physician's assistants as a group than with Independent Duty Corpsmen (IDC). Enlisted women are significantly more comfortable with IDC than in 2005. Results for men and women are generally similar, except that women are more comfortable with military physicians/nurse practitioners/physician's assistants than men are.

Health Care Providers: *Enlisted* (continued)

Comfort with medical personnel aboard ship has increased slightly since 2005 for enlisted women but not enlisted men. Comfort with civilian providers over military providers has decreased slightly since 2005.

Please indicate how well each statement reflects your beliefs.

	Women			Men		
	2003	2005	2008	2003	2005	2008
I would feel comfortable discussing birth control with the medical personnel aboard ship.	64	68	73*	64	67	69
I would feel comfortable getting birth control from the medical personnel aboard ship.	65	68	72*	65	68	67
I would feel more comfortable discussing birth control with a civilian health care provider than with a military health care provider.	36	49	45*	36	48	46
I would feel more comfortable getting birth control from a civilian health care provider than with a military health care provider.	35	47	43*	35	46	43

Note: * Significant difference between 2005 and 2008.

Comfort with medical personnel aboard ship is comparable to comfort with IDC; enlisted women are significantly more comfortable with shipboard personnel than they were in 2005. Less than half of enlisted personnel are more comfortable with civilians than military providers, with significant decreases for enlisted women as compared to 2005. There was little difference in levels of comfort in discussing and levels of comfort in getting birth control.

Health Care Providers: *Officer*

Results for male officers are again similar to previous years, and slightly higher than for enlisted. Results for female officers show increases in comfort with Independent Duty Corpsmen.

Please indicate how well each statement reflects your beliefs.						
	Women			Men		
	2003	2005	2008	2003	2005	2008
I would feel comfortable discussing birth control with a military physician/nurse practitioner/physician's assistant.	---	---	95	---	---	87
I would feel comfortable getting birth control from a military physician/nurse practitioner/physician's assistant.	---	---	95	---	---	88
I would feel comfortable discussing birth control with a Independent Duty Corpsman.**	46	62	67*	57	71	73
I would feel comfortable getting birth control from a Independent Duty Corpsman.**	48	64	71*	59	73	74

Note: * Significant difference between 2005 and 2008.

** Wording changed between 2003 and 2005, when questions asked about "corpsman".

NPRST



Officers also are most comfortable with military physicians/nurse practitioners/physician's assistants when compared to IDC and shipboard military personnel, with women more comfortable than men. Over two-thirds to almost three-fourths are comfortable with IDC, significantly more so for female officers than in 2005.

Health Care Providers: *Officer* (continued)

Comfort with medical personnel aboard ship has increase slightly for both male and female officers, while comfort with civilian over military providers has decreased slightly from 2005.

Please indicate how well each statement reflects your beliefs.

	Women			Men		
	2003	2005	2008	2003	2005	2008
I would feel comfortable discussing birth control with the medical personnel aboard ship.	65	69	75*	69	73	76
I would feel comfortable getting birth control from the medical personnel aboard ship.	69	70	76*	69	73	76
I would feel more comfortable discussing birth control with a civilian health care provider than with a military health care provider.	23	31	28	26	34	32
I would feel more comfortable getting birth control from a civilian health care provider than with a military health care provider.	21	28	26	23	32	29

Note: * Significant difference between 2005 and 2008.

NPRST

Over three-fourths of officers are comfortable both discussing and getting birth control from medical personnel aboard ship. Less than one-third indicated that they are more comfortable with civilian providers than military providers.

Birth Control Knowledge: *Enlisted*

Respondents were asked about their knowledge of birth control; only the fourth question below is true. Except for the first question, enlisted personnel overall knew which question was true, although less so for enlisted men than enlisted women.

	% True							
	Women				Men			
	2001	2003	2005	2008	2001	2003	2005	2008
When used properly, condoms are just as effective as the pill in preventing pregnancy.	55	57	65	65	63	63	69	68
Women cannot get pregnant during their menstrual period.	10	9	8	9	23	13	14	13
Birth control medicines lead to cancer.	10	11	11	10	6	7	7	6
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.	72	69	72	71	44	41	40	37
Almost all women who take the birth control pill gain weight.	30	29	27	22*	23	23	21	17
All methods of birth control are equally effective.	7	9	12	12	7	8	8	10

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

Note: * Significant difference between 2005 and 2008.

NPRST

While using birth control is a step in the right direction for preventing unwanted pregnancies, an accurate knowledge of how to use each method or about the method itself can impact the effectiveness in preventing pregnancy; tables of pregnancy rates often provide columns for “typical use” as well as “lowest expected” (see, for example, US FDA, 1997). Six questions have been asked over the years to assess birth control knowledge; all six are false except for the fourth question about needing additional methods if two or more pills are missed. Overall, few enlisted respondents answered “True” to the false questions, although about two-thirds of enlisted incorrectly believe that condoms (when used properly) are just as effective as the pill. Studies have actually found that the lowest expected rate of pregnancy for the pill is .1 percent while the lowest expected rate for the condom is 3 percent (US FDA, 1997). Enlisted men were less likely than women to correctly answer the question about missing two or more pills.

Birth Control Knowledge: *Officer*

Officers also knew that most questions were false, although they also tended to incorrectly answer that condoms are just as effective as the pill. Knowledge of males is somewhat lower than that of females.

	% True							
	Women				Men			
	2001	2003	2005	2008	2001	2003	2005	2008
When used properly, condoms are just as effective as the pill in preventing pregnancy.	41	43	50	50	54	55	59	60
Women cannot get pregnant during their menstrual period.	14	12	11	12	20	18	17	16
Birth control medicines lead to cancer.	5	7	7	6	5	8	8	5
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	86	57	58	56	52
Almost all women who take the birth control pill gain weight.	22	20	16	13*	14	14	15	9*
All methods of birth control are equally effective.	1	1	2	2	1	1	2	2

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

Note: * Significant difference between 2005 and 2008.

Birth control knowledge of officers shows similar patterns as for enlisted; few indicated that they thought the false questions were true. Half of female officers and 60 percent of male officers incorrectly indicated that condoms are just as effective as the pill in preventing pregnancy. As with enlisted, female officers are more likely to correctly indicate that extra methods are needed if two or more pills are missed than male officers are, although a higher percentage of male officers indicated “True” than enlisted men did.

Emergency Contraception: *Enlisted*

Respondents were provided with an explanation of emergency contraception, and asked questions about it and its availability. Results for enlisted personnel are similar to 2005. An additional question was asked in 2008 about their use of emergency contraception as a primary method of birth control; few indicate that they use it as such.

Regarding emergency contraception, which of the following statements are true for you?

	Women				Men			
	2001	2003	2005	2008	2001	2003	2005	2008
Prior to this survey, I knew what emergency contraception was.	63	71	81	83	35	39	51	52
During my last physical exam, emergency contraception was discussed.	7	10	15	13*	2	2	3	3
Emergency contraception is available where I am currently stationed.	14	23	31	29	9	10	15	13
I used emergency contraception as a primary birth control method.	---	---	---	2	---	---	---	3

Note: Don't know option included in analyses.
* Significant difference between 2005 and 2008.

NPRST

Emergency Contraception is also known as the “morning-after pill” and is marketed as Plan B (levonorgestrel); in 2006, the FDA approved it as an over-the-counter medicine for women 18 and over (FDA 2006), although the age range has been and may further be expanded (Heavey and Berkrot, 2009). As indicated on the survey, “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.”

Respondents were asked if they knew about emergency contraception prior to the survey, whether they had discussed it at their last physical exam, if it was available where they were stationed, and if they used it as a primary birth control method. The majority of enlisted women and over half of enlisted men knew about emergency contraception prior to the survey, similar to findings from previous years. Few enlisted personnel (13% of women and 3% of men) discussed emergency contraception at their last physical. Slightly higher percentages when compared to the previous question indicated that emergency contraception is available at their current command. Only 2 percent of enlisted women and 3 percent of enlisted men use it as their primary means of birth control.

Emergency Contraception: *Officer*

Responses of officers are similar to enlisted findings. Few use emergency contraception as a primary birth control method.

Regarding emergency contraception, which of the following statements are true for you?

	Women				Men			
	2001	2003	2005	2008	2001	2003	2005	2008
Prior to this survey, I knew what emergency contraception was.	76	81	88	90	53	60	69	72
During my last physical exam, emergency contraception was discussed.	2	3	4	3	0	0	0	0
Emergency contraception is available where I am currently stationed.	19	21	26	26	5	8	9	8
I used emergency contraception as a primary birth control method.	---	---	---	0	---	---	---	1

Note: Don't know option included in analyses.

NPRST



Although more officers than enlisted knew about emergency contraception prior to the survey, fewer discussed it at their last physical exam. About one-fourth of women but only 8 percent of men indicate that it is available where they are currently stationed. One percent of male officers (0% of women officers) indicated that they used it as their primary birth control method.

Emergency Contraception from Medical Personnel

On the 2008 survey, respondents were asked their comfort with medical personnel regarding emergency contraception. Over half would feel comfortable discussing with a physician, nurse practitioner, or physician's assistant (up to 71% of officer women) but comfort with IDC was much lower (down to 45% for officer women).

% "Agree" or "Strongly Agree"				
	Enlisted		Officer	
	Women	Men	Women	Men
I would feel comfortable discussing Plan B with a military physician/nurse practitioner/physician's assistant.	65	54	71	65
I would feel comfortable discussing Plan B with an Independent Duty Corpsman.	52	51	45	54

Note: Don't know not included in analyses.

NPRST



The 2008 survey expanded the questions on emergency contraception to include questions about discussing emergency contraception with a military physician/nurse practitioner/physician's assistant and with an IDC. Results overall showed that about half of participants agree that they would feel comfortable discussing emergency contraception with both types of providers. Enlisted women and female officers are both more comfortable with the MD/NP/PA than enlisted men and male officers (respectively) are; women are also more comfortable than with IDC, especially female officers.

Birth Control Summary

NPRST



- Birth control usage similar to previous years for all groups except male enlisted, where it has decreased slightly
- Attitudes towards health care providers are similar to previous findings, although women are more comfortable with IDC than before
- Knowledge of emergency contraception consistent with previous findings; almost no one uses emergency contraception as their primary birth control

In sum, most Sailors do use birth control and at rates similar to previous years, although findings for enlisted men are slightly lower than in previous years. Additionally, respondents prefer discussing and getting birth control from military physicians/nurse practitioners/physician's assistants than IDC and shipboard personnel, but results are similar or more positive than in previous surveys. Knowledge of birth control in general and emergency contraception in particular is similar to previous findings.



Venues exist in the Navy for training about birth control and family planning. This section details where personnel obtain training in four relevant areas, as well as suggested venues and timing of sexual health education.

Sources of Training on STIs/STDs: *Enlisted*

The 2008 survey was expanded to ask about sexually transmitted infections (STIs) as well as sexually transmitted diseases (STDs); respondents were asked to select all sources of their training. Most received training at GMT within the last year. Women also received training from medical professionals, while men received training from corpsman.

From which of the following sources have you received training in STIs or STDs, including HIV**?

	Women		Men	
	2005	2008	2005	2008
At GMT, within the last year	61	63	66	63
At GMT, more than 1 year ago	25	24	31	28
Physician	47	43*	29	27
Nurse practitioner/Physician's assistant/Medical Officer**	31	38*	14	21*
Independent Duty Corpsman	12	15*	18	19
Corpsman	27	27	31	35
Other	28	29	29	31
Never	3	3	4	5

Multiple responses allowed.

Note: * Significant difference between 2005 and 2008.

** Wording changed in 2008 to include STIs and Medical Officer.

NPRST



Sexually transmitted infections (STIs) and sexually transmitted diseases (STDs) were included together on the 2008 survey, so results may not be comparable to the 2005 results. Respondents were asked where they had received training on STIs and STDs. Most received their training at General Military Training (GMT) within the last year. Over 40 percent of enlisted women also receive training from physicians while almost 40 percent receive training from NP, PA, and/or a Medical Officer. Aside from GMT within the last year, the largest percentages of enlisted men received training from a corpsman and "Other." Three percent of enlisted women and 5 percent of enlisted men selected "Never."

Sources of Training on STIs/STDs: *Officer*

Officers also indicated they received training at GMT within the last year, with about 1/3 also receiving training at GMT more than 1 year ago or from a physician. Overall, results are similar to 2005.

From which of the following sources have you received training in STIs or STDs, including HIV**?

	Women		Men	
	2005	2008	2005	2008
At GMT, within the last year	48	55*	57	59
At GMT, more than 1 year ago	30	30	41	38
Physician	40	34*	34	30
Nurse practitioner/Physician's assistant/Medical Officer**	26	28	11	16*
Independent Duty Corpsman	7	9*	17	17
Corpsman	6	9*	15	17
Other	28	28	26	24
Never	5	4	4	4

Multiple responses allowed.

Note: * Significant difference between 2005 and 2008.

** Wording changed in 2008 to include STIs and Medical Officer.

NPRST



Officers also are most likely to have received STI/STD training from GMT within the last year. About one-third of both male and female officers also received training from GMT more than a year ago and from physicians.

Sources of Training on Methods of Birth Control: *Enlisted*

Most respondents receive training about birth control methods from physicians or other medical personnel, more so for women in 2008 than in 2005. When asked directly if birth control options were discussed at their last physical, most women (80% of enlisted and 73% of officers) indicated it was while few men (13% and 9%, respectively) indicated the same. Fewer personnel indicate they received training at GMT within the last year. Men still primarily receive training at GMT, but less than in 2005. One in five enlisted men indicated they had never received birth control training.

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

	Women		Men	
	2005	2008	2005	2008
At GMT, within the last year	37	28*	48	37*
At GMT, more than 1 year ago	16	12*	26	21*
Physician	64	58*	25	20*
Nurse practitioner/Physician's assistant/Medical Officer**	43	54*	14	16
Independent Duty Corpsman	13	15*	14	14
Corpsman	27	27	25	23
Other	23	24	28	28
Never	4	5	16	20

Multiple responses allowed.

Note: * Significant difference between 2005 and 2008.

** Wording changed in 2008 to include Medical Officer.

NPRST



Enlisted women are most likely to have received training on birth control methods from medical providers (physician and NP/PA/Medical officer) than the other options. Over one-third of enlisted men received training from GMT in the last year, with percentages for medical providers being much lower. While only 5 percent of enlisted women had never had training on birth control methods, 20 percent of enlisted men indicate the same.

An additional survey question asked if birth control was discussed at the respondent's last physical. Eighty percent of enlisted women indicated it was, compared to 13 percent of enlisted men.

Sources of Training on Methods of Birth Control: *Officer*

As with enlisted, officer women are most likely to get training from medical personnel; men are most likely to indicate training from GMT within the last year. 21% of officer men indicated they had never received birth control training.

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

	Women		Men	
	2005	2008	2005	2008
At GMT, within the last year	23	17*	35	32
At GMT, more than 1 year ago	13	12	27	24
Physician	58	53*	29	24
Nurse practitioner/Physician's assistant/Medical Officer**	38	44*	9	12
Independent Duty Corpsman	6	7	11	12
Corpsman	4	6	10	11
Other	26	27	29	25
Never	8	9	19	21

Multiple responses allowed.

Note: * Significant difference between 2005 and 2008.

** Wording changed in 2008 to include Medical Officer.

NPRST



Officer patterns are similar to enlisted, with women more likely to get training from medical providers while the highest percentage of men received training at GMT within the last year. As with enlisted, a higher percentage of male officers (21%) than female officers (9%) indicated they had never had training.

Seventy-three percent of female officers indicated they had discussed birth control at their last physical, compared to 9 percent of male officers.

Sources of Training on Navy Pregnancy Policy: *Enlisted*

Most (39% of enlisted women and 52% of enlisted men) indicate they have never received training in the Navy pregnancy policy, higher percentages than in 2005.

From which of the following sources have you received training in Navy pregnancy policy?

	Women		Men	
	2005	2008	2005	2008
At GMT, within the last year	34	19*	36	22*
At GMT, more than 1 year ago	18	11*	20	11*
Physician	17	9*	6	4
Nurse practitioner/Physician's assistant/Medical Officer**	13	11*	4	3
Independent Duty Corpsman	5	4*	4	3
Corpsman	12	7*	10	7
Other	27	32*	19	19
Never	26	39*	37	52*

Multiple responses allowed.

Note: * Significant difference between 2005 and 2008.

** Wording changed in 2008 to include Medical Officer.

NPRST



In addition to medical training, two policies are relevant to family planning and parenthood, with the first being the Navy's pregnancy policy (OPNAVINST 6000.1C). A smaller percentage of enlisted women received training through most of the options listed, as compared to 2005. Both "Other" and "Never" responses increased from 2005, with almost 4 in 10 enlisted women not having received any training. Enlisted men also saw decreases for training at GMT as compared to 2005, with over half of men indicating they had never received any training.

Sources of Training on Navy Pregnancy Policy: *Officer*

As with enlisted, officers are unlikely to receive training in the pregnancy policy; over half of women and 61% of men have never received training.

From which of the following sources have you received training in Navy pregnancy policy?

	Women		Men	
	2005	2008	2005	2008
At GMT, within the last year	20	9*	27	13*
At GMT, more than 1 year ago	20	9*	25	12*
Physician	11	5*	5	3*
Nurse practitioner/Physician's assistant/Medical Officer**	7	4*	1	2
Independent Duty Corpsman	1	1	3	2
Corpsman	2	1	2	1
Other	27	28	16	18
Never	38	57*	43	61*

Multiple responses allowed.

Note: * Significant difference between 2005 and 2008.

** Wording changed in 2008 to include Medical Officer.

NPRST



Officers are less likely than enlisted to have had training in the Navy's pregnancy policy, with 57 percent of female officers and 61 percent of male officers never having had training; both groups significantly increased from 2005.

Publicity Venues of Pregnancy Policy

OPNAVINST 6000.1C was released in 2007. Respondents were asked how they had heard of the new policy. Over half of women and 76% of men had never heard of the new policy. For women, the most common sources of publicity were either co-workers or NAVADMIN, although both are less than 20%. For men, the most common source was NAVADMIN.

There has recently been a change in the Navy pregnancy policy (OPNAVINST 6000.1C). Prior to this survey, had you heard of this change?

	Enlisted		Officer	
	Women	Men	Women	Men
No, I have not received any information about a change in the Navy pregnancy policy	54	76	55	76
At CO's Call	2	2	2	2
From co-workers	18	7	13	3
From my direct supervisor	10	5	4	2
During Morning Quarters	4	2	1	1
Through official e-mail	10	5	14	6
From the base newspaper	1	1	1	1
From the command newsletter	1	1	1	1
From a NAVADMIN	16	11	18	12
From Navy NewsStand	1	1	1	1
From Navy Times	5	5	5	5
Other	11	6	9	5

Note: Results sorted by Enlisted respondents. Multiple responses allowed.

The new pregnancy policy was released less than a year before the survey administration. Respondents were asked if they had heard of this change prior to receiving the survey. Over half of women and three-fourths of men indicated that they had not. Of all the options listed, the most common way of learning about the change for most groups was through a NAVADMIN (likely NAVADMIN 157/07 [CNO, 2007d]), although the highest for enlisted women was from coworkers.

Sources of Training on Navy Family Care Plan: *Enlisted*

Over 1/3 of enlisted personnel (36% of women and 41% of men) indicate they have never had training on the Navy Family Care Plan.

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

	Women		Men	
	2005	2008	2005	2008
At GMT, within the last year	27	19*	33	27*
At GMT, more than 1 year ago	13	10*	18	13*
Physician	9	6*	6	5
Nurse practitioner/Physician's assistant/Medical Officer**	7	6	4	4
Independent Duty Corpsman	3	3	4	4
Corpsman	8	6*	8	8
Other	33	39*	21	27*
Never	34	36	37	41

Multiple responses allowed.

Note: * Significant difference between 2005 and 2008.

NPRST



The fourth training asked about on the survey related to the Navy Family Care Plan policy (OPNAVINST 1740.4C). Over one-third of both enlisted groups indicated that they had never received training (36% of enlisted women and 41% of enlisted men). Only 3 percent more enlisted women indicated they had received training from some other source not listed.

Sources of Training on Navy Family Care Plan: *Officer*

Over half of officers have never received training on the Navy Family Care Plan.

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

	Women		Men	
	2005	2008	2005	2008
At GMT, within the last year	16	10*	22	17*
At GMT, more than 1 year ago	13	10*	17	14
Physician	3	2*	4	3
Nurse practitioner/Physician's assistant/Medical Officer**	2	2	1	2
Independent Duty Corpsman	1	1	2	2
Corpsman	1	1	2	2
Other	25	32*	18	24*
Never	52	53	51	52

Multiple responses allowed.

Note: * Significant difference between 2005 and 2008.

NPRST



Officers were even less likely to have received training on FCP, with over one-half of both groups indicating “Never.” Of the training sources listed, “Other” was the most common, with almost one-third of female officers and one-fourth of male officers selecting this answer.

Suggested Sexual Health Training Venues: *Enlisted*

Respondents were asked where sexual health training should be given. Most enlisted personnel indicated that it should be given at boot camp and GMT.

Where do you think you should learn about sexual health issues?				
	Women		Men	
	2005	2008	2005	2008
Boot Camp	81	79	80	76
Leadership courses	50	47	50	44
PREVENT-type atmosphere	59	56*	52	46
OCS/USNA/ROTC	29	28	28	25
GMT	68	68	68	65
From command leadership	42	45	41	39
Other	15	17	12	12

Multiple responses allowed.
Note: * Significant difference between 2005 and 2008.

NPRST



Respondents were asked where and how often sexual health training should be given. Most enlisted recommended at Boot Camp (79% of enlisted women and 76% of enlisted men). In addition, 68 percent of enlisted women and 65 percent of enlisted men suggested giving sexual health training at GMT, with another 56 percent of enlisted women and 46 percent of enlisted men recommending a Personal Responsibility and Values Education and Training (PREVENT) type of atmosphere (for more details on the prevention and health promotions topics in PREVENT, see OPNAVINST 5350.4C).

Suggested Sexual Health Training Venues: *Officer*

As with enlisted, officers indicate that sexual health training should occur at boot camp or GMT; over half also indicated OCS/USNA/ROTC.

Where do you think you should learn about sexual health issues?				
	Women		Men	
	2005	2008	2005	2008
Boot Camp	75	69*	70	68
Leadership courses	52	48*	49	43*
PREVENT-type atmosphere	51	48	37	34
OCS/USNA/ROTC	60	57	55	53
GMT	70	68	70	72
From command leadership	40	36*	29	28
Other	21	24	16	16

Multiple responses allowed.
Note: * Significant difference between 2005 and 2008.

NPRST



The two most suggested venues for officers were Boot Camp (suggested by 69% of female officers and 68% of male officers) and GMT (68% and 72%, respectively). In addition, officers recommended teaching about sexual health issues in OCS/USNA/ROTC.

Suggested Timing of Sexual Health Training: *Enlisted*

The majority of enlisted respondents continue to believe sexual health training should be given once a year.

How often do you think you should receive training about sexual health issues?

	Women		Men	
	2005	2008	2005	2008
Once in a career	6	5	10	7
Every reenlistment/obligation	10	11	12	11
Once a year	77	77	76	73
Only when I ask for information	---	15	---	18
Other	16	15	15	14

Multiple responses allowed.

NPRST



When asked about how often sexual health training should occur, most enlisted recommended training once a year.

Suggested Timing of Sexual Health Training: *Officer*

Officer respondents also believe sexual health training should be once a year.

How often do you think you should receive training about sexual health issues?

	Women		Men	
	2005	2008	2005	2008
Once in a career	7	6	11	10
Every reenlistment/obligation	13	11	13	9*
Once a year	73	71	68	67
Only when I ask for information	---	14	---	17
Other	16	18	15	10*

Multiple responses allowed.

Note: * Significant difference between 2005 and 2008.

NPRST



Officers also recommend sexual health training once a year.

Education and Training Summary

- Sources of sexual health training are similar to previous findings
 - STI/STD training occurs at GMT
 - Birth control training from health care providers for women and from GMT for men
- Over half of most groups (39% for enlisted women) have never had training on policy
 - Best source of information about policy changes seems to be NAVADMIN
- Most think sexual health training should still be taught at boot camp or at GMT once a year

NPRST

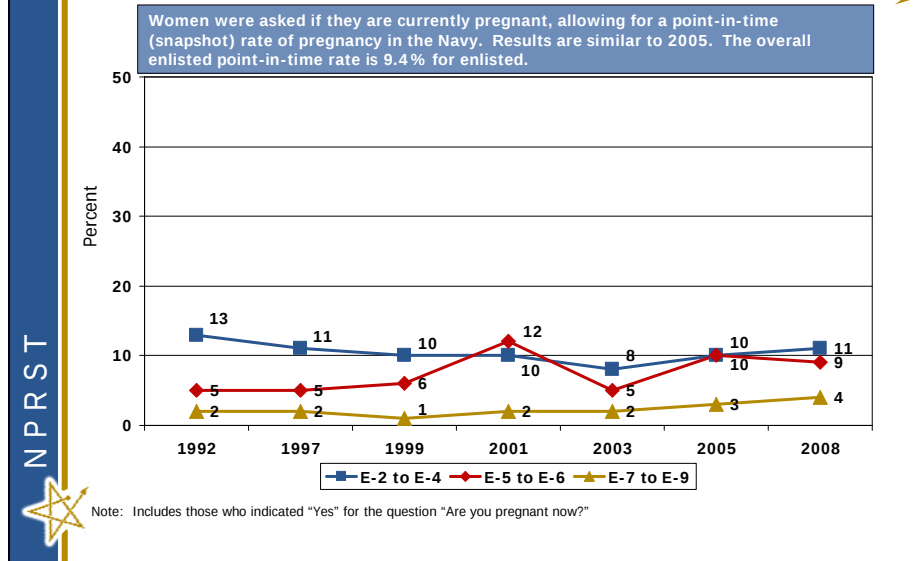


As with previous sections, findings about education and training are similar to findings from previous years. Training on STIs and STDs tends to occur at GMT while birth control for women is provided by health care providers and by GMT for men. Over half of most of the groups have never had training on the policy. The best source of information seems to be NAVADMIN; however, less than 20 percent had seen even that. Most think training about sexual health training should be taught at Boot Camp or at GMT once a year, similar to what is presently in place.



The last survey section relates to pregnancy and was asked only of women. Pregnancy results are presented in three ways. The first, the point-in-time pregnancy rate, is based upon those who indicated that they were pregnant at the time of the survey; in essence, it is a snapshot of how many women are pregnant at any given time. The second, the annual pregnancy rate, is based upon those who indicated they became pregnant during the previous fiscal year; this rate is used for comparison to civilian rates. The third, results for women who have ever been pregnant while in the Navy, allows for a larger number of women to provide responses since annual and point-in-time pregnancy rates are low.

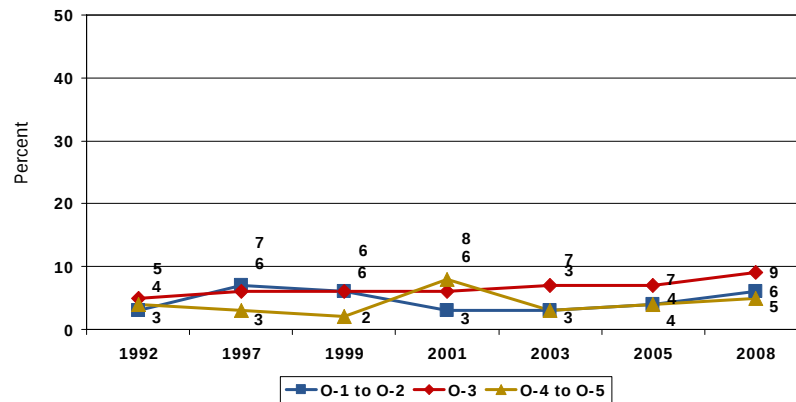
Point-in-Time Enlisted Pregnancy Rates



Women were asked if they were currently pregnant to determine the point-in-time pregnancy rate. About 9 percent of all enlisted women were pregnant at the time they completed the survey, with younger paygrade groups (E-2 to E-4 and E-5 to E-6) the most likely to be pregnant.

Point-in-Time Officer Pregnancy Rates

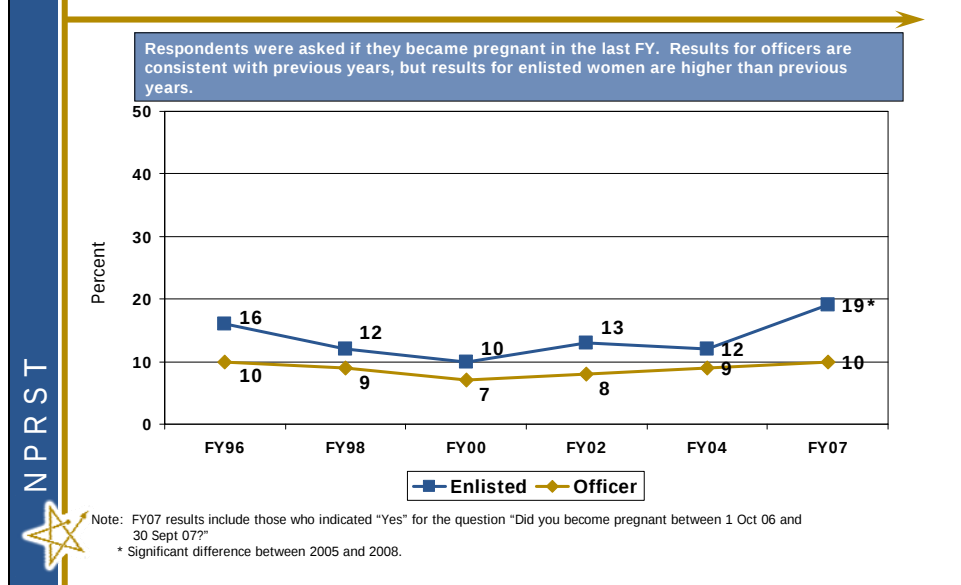
Point-in-time rates are slightly higher for officers than in 2005, with 9 % of O-3 women being currently pregnant. The overall rate for officers is 6.9 %, and 9 % for Navy overall.



Note: Includes those who indicated "Yes" for the question "Are you pregnant now?"

Officer point-in-time pregnancy rates are lower than rates for enlisted, with almost 7 percent of officers being pregnant.

Annualized Pregnancy Rates

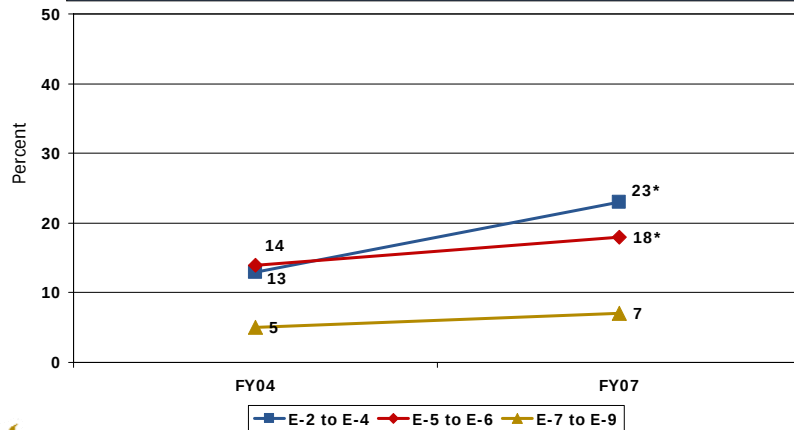


The annual pregnancy rate is based upon the question "Did you become pregnant between 1 October 2006 and 30 September 2007?" Previous surveys were administered during the summer following the fiscal year in question, requiring women to think back at least 9 months. The 2008 administration occurred in January 2008, requiring women to think back at least 3 months. The annual rate for officers is relatively constant, but enlisted significantly increased from FY04 to 19 percent, perhaps due to the difference in recall time.

The most recent civilian comparisons reflect pregnancies during calendar year 2004. About 103 of 1000 women between ages 15 and 44 became pregnant during 2004, for a rate of about 10 percent (Ventura, Abma, Mosher, & Henshaw, 2008). More recently, data about the birth rate for women aged 15-44 years shows an increase to the highest level in almost 20 years, to a birth rate of 69.5 births per 1,000 women, or about 7% (Hamilton, Martin, & Ventura, 2009).

Annual Enlisted Pregnancy Rates

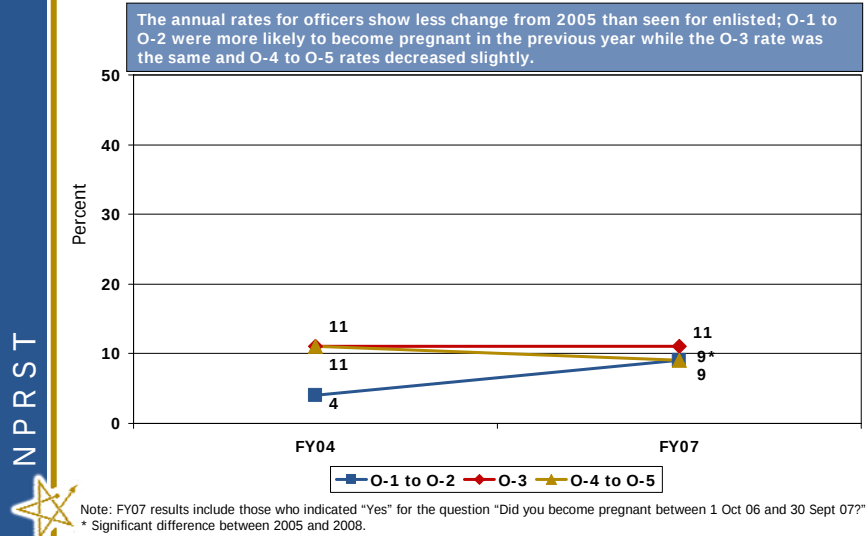
Looking at annual rates by paygrade groups, the largest change from 2005 is for E-2 to E-4, although all groups have increased slightly.



Note: FY07 results include those who indicated "Yes" for the question "Did you become pregnant between 1 Oct 06 and 30 Sept 07?"
 * Significant difference between 2005 and 2008.

In terms of paygrades, E-2 to E-4 women are most likely to have become pregnant in FY07, with a rate of almost 1 in 4. About 1 in 5 E-5 and E-6 women became pregnant during the FY. Rates for E-7 to E-9 women were much lower than the other two groups, similar to those for FY04.

Annual Officer Pregnancy Rates



Annual rates for O-3 and above remained the same or dropped slightly, but rates for O-1 to O-2 women have increased since FY04.

General Pregnancy Questions: *Enlisted*

Enlisted women who had ever been pregnant while in the Navy were asked follow-on questions. Results continue to be similar across years, with about 1/3 of enlisted pregnancies being planned.

	Enlisted					
	1997	1999	2001	2003	2005	2008
Was this pregnancy planned?	35	40	36	35	36	36
Were you using birth control?	21	27	30	32	29	31
Was the father in the military?	72	71	73	75	73	70
Moved due to pregnancy	33	37	31	35	40	42
Orders to ship or deployable squadron*	17	9	8	11	12	14

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.

NPRST



The remaining pregnancy questions were analyzed based on the most recent pregnancy women experienced while in the Navy, regardless of how many years before the survey administration that it occurred. The table above presents results of some of the general questions about pregnancy for enlisted women; results overall are similar to previous years. About one-third of enlisted women say they plan their pregnancy, with almost the same percentage indicating that they were using birth control at the time. Most enlisted women have partners who are also in the military. OPNAVINST 6000.1C lays out situations where a woman may need to be moved from her job or command for the health of the fetus; about 40 percent of enlisted women indicated they were moved due to their pregnancy, and 14 percent of those not currently aboard ship or assigned to a deployable unit indicated they had orders to such a command.

General Pregnancy Questions: *Officer*

Findings for officer women are very different from enlisted women, yet consistent across years. Over 2/3 of officer pregnancies are planned.

	Officer					
	1997	1999	2001	2003	2005	2008
Was this pregnancy planned?	77	79	72	72	70	69
Were you using birth control?	8	9	12	15	13	15
Was the father in the military?	51	39	51	47	49	52
Moved due to pregnancy	7	15	5	7	8	11
Orders to ship or deployable squadron*	4	1	3	4	3	2

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.

NPRST



The results for the general questions for officer pregnancies are very different from those for enlisted women, although they are similar to previous findings for officers. Female officers are more likely to plan their pregnancies, and only 15 percent indicated they were using birth control when they became pregnant. About half of female officers have partners who are in the military. Perhaps because of their planning, few are moved due to their pregnancy and only 2 percent have orders to a ship or deployable unit.

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 do you or your partner usually use?

	Enlisted		Officer	
	2005	2008	2005	2008
Tubal ligation/Essure/Hysterectomy**	---	1	---	0
Vasectomy**	---	1	---	1
Rhythm method	2	2	8	5
Withdrawal	7	7	6	9
Continuous breast-feeding	---	1	---	2
Birth control pill	64	59	59	57
Birth control patch	7	13*	5	4
Birth control implant	---	0	---	0
Birth control ring	1	4*	0	3*
Birth control shot	14	7*	3	2
Diaphragm/shield/cap**	1	0	4	5
IUD	1	1	0	0
Condom	25	27	19	29
Female condom	1	0	0	0
Sponge	---	0	---	3
Spermicidal foam or jelly**	3	1	5	5
Other	1	1	6	1

Note: Multiple responses allowed.

Note: On the 2008 survey, hysterectomy was listed a reason for not using birth control. To be consistent with previous years, results were recalculated to include this as a method of birth control.

* Significant difference between 2005 and 2008.

** Wording changed from 2005.

NPRST

Among the 31 percent of enlisted and 15 percent of female officers who indicated they were using birth control when they became pregnant, the most common method was the birth control pill.

Average Times to Pregnancy Milestones

Military treatment facilities (MTF) confirm pregnancies at 7 weeks, on average, and commands on average are notified about the same time. The first prenatal care for all women occurs at about the 9th week, on average.

	Enlisted		Officer	
	2005	2008	2005	2008
MTF confirmed pregnancy	7 weeks	7 weeks	6 weeks	7 weeks
Command was notified	7 weeks	7 weeks	7 weeks	8 weeks
First prenatal care visit	9 weeks	9 weeks	9 weeks	9 weeks

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

NPRST



OPNAVINST 6000.1C provides timelines for pregnancy milestones, including when the command should be notified as well as how long a woman should stay aboard ship. The average gestational age when the military treatment facilities confirmed their most recent pregnancy was about seven weeks for both enlisted and officer. The command is notified, on average, at about the same time or a week later. The first prenatal care visit occurs at about nine weeks gestation.

Prenatal Medical Issues

Over 2/3 of enlisted women and over half of officer women completed the NAVMED forms; results are lower for officers than in 2005. Most discuss breastfeeding and birth control at their prenatal visits.

	% Yes			
	Enlisted		Officer	
	2005	2008	2005	2008
Completed NAVMED forms**	68	67	67	58*
At prenatal visit, discussed breastfeeding	79	79	84	81
At prenatal visit, discussed birth control to use after pregnancy	77	78	80	76

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
 * Significant difference between 2005 and 2008.
 ** Don't know results not included in analyses.

NPRST



Both OPNAVINST 6000.1B and 6000.1C have included requirements for completing two NAVMED forms relating to occupational exposures that might be harmful to reproductive health or fetal development; both are included in OPNAV 6000.1C. Almost two-thirds of enlisted women have completed the forms, similar to the 2005 results. For officers, there has been a decrease to 58 percent completion.

Both breastfeeding and birth control after pregnancy are discussed by most women at their prenatal visits.

Assigned Command when Became Pregnant

Most women were assigned to shore activities/commands when they became pregnant.

To what type of command were you assigned when you became pregnant?				
	Enlisted		Officer	
	2005	2008	2005	2008
Ship	23	24	7	8
Deployable squadron	8	8	3	3
Other deployable unit	4	4	4	3
Non-deployable squadron	2	4	3	2
Shore activity or command, but not as a student	59	56	76	75
Navy funded school as a student	4	4	8	9

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

NPRST



Because the Navy is highly mobile, both at specific commands (e.g., ships) as well as between commands, women were asked about the command where they were assigned when they became pregnant. The majority of both enlisted and officer women were assigned to shore commands when they became pregnant, although enlisted are less likely to be assigned to shore commands than officers are. About one-fourth of enlisted women were assigned to a ship while another 12 percent were assigned to a deployable unit.

Pregnancy While Assigned to Deployable Ship/Squadron/Unit

Of those who became pregnant while assigned to a ship/deployable squadron/other deployable unit (36% of enlisted and 13% of officer women) 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	
	2005	2008	2005	2008
Deployed	10	12	10	9
Returned from deployment within the past 60 days	19	20	13	16
Not deployed; conducting local operations	40	38	39	42
In pre-deployment training and inspection cycle	20	25	19	20
In IA scheduled for less than six months	4	2	4	4
In IA scheduled for six months or longer	9	5*	11	5
In precommissioning crew	2	2	0	2*

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.
* Significant difference between 2005 and 2008.

NPRST



Of those assigned to a deployable unit (ship, squadron, etc), 67 percent of enlisted women and 69 percent of female officers indicated they had just returned from a deployment or that their unit was not deployed at the time of pregnancy. Twenty-five percent of enlisted women and 20 percent of female officers were in a pre-deployment training cycle. Twelve percent of enlisted women and 9 percent of female officers indicated that they were deployed.

Transfers/Moves as a Result of Pregnancy

Most women continue to work in the same place (based on their most recent pregnancy while in the Navy); this is especially true for officers. Those who are transferred move at either the 15th (enlisted) or 16th (officer) week of pregnancy. Thirty percent of enlisted women were transferred from sea to shore duty, similar to previous years.

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

	Enlisted				Officer			
	2001	2003	2005	2008	2001	2003	2005	2008
Orders to shore duty	6	10	6	6	6	13	6	5
Continued to work in same place	63	55	54	53	88	80	86	84
Transferred sea to shore duty	19	22	26	30	1	5	4	5
Transferred overseas to CONUS	2	2	3	1*	0	1	1	1
Transferred squadron to air station	1	1	1	1	0	0	0	0
Transferred from work center to other work center	5	5	4	4	1	0	1	2
Transferred other	5	6	6	6	2	2	2	3

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 2005 and 2008.

NPRST

Most women continue to work in the same place during their pregnancy. Those who are moved are moved (on average) at the fifteenth or sixteenth week of pregnancy. Almost one-third of enlisted women are transferred from sea to shore duty.

Transfers/Moves Prior to 20th Week

OPNAVINST 6000.1C requires women to be moved off ship at the 20th week of pregnancy, and defines reasons for earlier transfers. Of those assigned to a ship (24% of enlisted and 8% of officer women in 2008), about ¼ of enlisted women and almost half of officer women are not moved off the ship prior to the 20th week. The most likely reason why they would be removed is because the ship had a heavy underway schedule or a deployment.

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

	Enlisted		Officer	
	2005	2008	2005	2008
Not moved prior to 20th week	30	26	40	42
Medical reasons related to pregnancy	---	4	---	7
Medical reasons unrelated to pregnancy	---	1	---	2
Ship had heavy underway schedule/deployment	21	28	18	17
Ship's policy to transfer before 20th week	20	17	22	9
Don't know	9	7	0	6*
Other	18	17	20	17

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 2005 and 2008.

NPRST



For those women aboard ship, OPNAVINST 6000.1C requires moving off ship at the twentieth week of pregnancy at the latest. Those who were moved before the twentieth week were asked why it occurred. Twenty-six percent of enlisted and 42 percent of female officers were not moved before the twentieth week. Those who are moved tend to be moved because of heavy underway schedules or deployment, because of a ship's policy to transfer early, or for some other reason not listed.

Type of Work Done after Pregnancy Transfers/Moves

For some pregnancies, the transfer may be due to environmental hazards, forcing a move to another job as well as another location. Almost half of enlisted women (almost 1/3 of officer women) are transferred to admin or clerical work outside their rating/designator. Almost 1/3 of enlisted and 40% of officer women continue to do their same job but in a different location.

What type of work did you do while still pregnant after the move?								
	Enlisted				Officer			
	2001	2003	2005	2008	2001	2003	2005	2008
Same as before, different location	33	31	26	27	50	34	43	40
Admin/clerical outside of rating/designator	43	46	49	48	31	38	27	28
Duty office/phone watch	6	7	5	7	0	5	2	4
Other	19	16	20	19	19	23	29	28

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



Some Navy jobs require moving to a new type of job during pregnancy, for example away from chemicals that might be harmful to the fetus. Other moves due to pregnancy are simply location changes (e.g., from ship to shore). Respondents were asked the type of work that they did after their move. Over one-fourth of enlisted women and 40 percent of female officers continue doing the same job, just in a different location. Almost half of enlisted women (over one-quarter of female officers) are removed from their job and given an administrative or clerical type of job outside of their normal job, while another 7 percent of enlisted women and 4 percent of female officers are assigned to the duty office or phone watch.

Reduced Work Hours During Pregnancy

Some women are medically required to reduce their work hours due to their pregnancy; respondents were asked if their hours were reduced to less than 40 hours per week. Findings are similar to previous administrations, with over 1/3 of enlisted women and over 1/2 of women officers not having reduced hours.

Before delivery, were your work hours reduced to less than 40 hours per week?								
	Enlisted				Officer			
	2001	2003	2005	2008	2001	2003	2005	2008
Don't know, still pregnant	---	---	11	11	---	---	7	10
Hours weren't reduced	---	---	37	37	---	---	51	53
During 1st 3 months	3	3	1	3*	1	1	1	1
During 2nd 3 months	6	6	6	7	4	5	4	4
During 7-8 months	25	25	26	27	18	12	17	15
During last month	23	23	22	22	37	25	24	21

Note: Multiple responses allowed.
Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
* Significant difference between 2005 and 2008.

NPRST



Some pregnancies require reduced work hours for the health of the mother and fetus. Over one-third of enlisted women and over one-half of female officers do not need reduced hours. If hours are reduced, it is most likely to happen in the last trimester, specifically in months 7-8 for enlisted and the last month for officers.

DoD/VA Pregnancy Guideline Booklet

A question was added to the 2008 survey asking about the DoD/VA Pregnancy Guideline booklet ("purple book"). About half of all women had never heard of it, while another 1/3 of enlisted and 26% of women officers received it during a first trimester appointment.

Did you receive a "purple book," the DoD/VA Pregnancy Guideline booklet?		
	Enlisted	Officer
Never heard of it	49	54
Yes, during first trimester clinic appointment	33	26
Yes, during second trimester clinic appointment	3	1
Yes, during third trimester clinic appointment	1	0
No	15	19

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

NPRST



Respondents were asked if they had received the DoD/VA guidelines for managing of uncomplicated pregnancies, also known as the "purple book." Both the patient binder and the clinical guidelines are available from <https://www.qmo.amedd.army.mil/pregnancy/uncompreg.htm>. About half indicated they had never heard of it; one-third of enlisted and one-fourth of officer women received it during their first trimester.

Where Was the Baby Delivered

The majority of women deliver their babies at military hospitals, although the rate has decreased slightly for officer women. About 5% deliver at other locations.

	Enlisted				Officer			
	2001	2003	2005	2008	2001	2003	2005	2008
Did not deliver	25	23	25	22	14	20	17	20
At a military hospital	60	62	60	59	63	62	62	56*
At a civilian hospital	14	15	14	14	23	17	20	18
Other	2	1	1	5*	1	1	1	5*

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
 * Significant difference between 2005 and 2008.

NPRST



Respondents were asked where they delivered their baby. Over half delivered in military hospitals.

Average Leave Used

Of those who indicated the amount of leave used after their most recent childbirth, the average for enlisted women was 48 days combined convalescent and annual leave, and 49 days for officers.

	Enlisted		Officer	
	2005	2008	2005	2008
Convalescent leave	40 days	42 days	40 days	41 days
Annual leave	5 days	5 days	8 days	8 days
Total leave	43 days	48 days	47 days	49 days

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

NPRST



OPNAVINST 6000.1C discusses the need for leave after giving birth to provide time for “adapting to the demands of parenthood, formalizing legal requirements, establishing a child care program, and other tasks as required.” (CNO, 2007c). The instruction breaks leave into convalescent leave (normally 42 days after discharge from the MTF) and annual leave (taken with CO approval). Women were asked about the amount of leave they used. On average, enlisted women took 42 days of convalescent leave and 5 days of annual leave, or an average of 48 days of leave. Female officers took 1 day less, on average, of convalescent leave, but 3 days more, on average, of annual leave, or a total of 49 days, on average.

Postpartum Medical Issues

New questions asked about discussions at the postpartum visit. Most women are discussing breastfeeding and birth control with their doctors, but discussions about depression and Shaken Baby Syndrome occur for only about ¼ of enlisted women and about 2/3 of officer women.

% Yes		
	Enlisted	Officer
At postpartum visit, discussed breastfeeding	91	92
At postpartum visit, discussed birth control methods	92	92
At postpartum visit, discussed antenatal and/or postpartum depression	78	67
At postpartum visit, discussed Shaken Baby Syndrome prevention	77	60

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



The 2008 version of the survey included new questions about postpartum visits, in line with OPNAVINST 6000.1C as well as newer medical policies. Most women who had ever been pregnant in the Navy did discuss breastfeeding and birth control at their postpartum visits, but depression and Shaken Baby Syndrome prevention were less common, especially for officers.

Transfers/Moves after Having the Baby

Those transferred because of pregnancy were asked if they returned to their pre-pregnancy unit. Almost half of enlisted (41% of officers) stay with their new unit, more than in 2005.

Did you return to the unit you were assigned to prior to your pregnancy?						
	Enlisted			Officer		
	2003	2005	2008	2003	2005	2008
Transferred, but returned to my unit	9	10	8	12	5	11
Sent TAD, but returned to my unit	6	7	4	12	15	12
Stayed with the unit I was transferred to	40	39	49*	31	35	41
Went to a different shore duty command	23	19	17	32	32	27
Went to a different ship or deployable unit	22	25	23	13	13	9

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.
 * Significant difference between 2005 and 2008.

NPRST



Respondents were asked if they returned to their pre-pregnancy unit after having their child. Almost half of enlisted and 41 percent of officers stayed with their new unit.

Opinions of Assignments after Pregnancy Transfers/Moves

Women transferred because of pregnancy and did not return to their original commands after childbirth were asked their opinions of their new assignments. As in previous years, enlisted women are almost equally divided between feeling the new assignment is equally as career-enhancing and not as career-enhancing; only 20 % believe the new assignment is more career-enhancing. A smaller percentage of officer women (54%) than previous years feels the assignment is as career-enhancing while more feel (29%) feel it is not as career-enhancing.

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

	Enlisted				Officer			
	2001	2003	2005	2008	2001	2003	2005	2008
New assignment equally career-enhancing as previous assignment	40	44	39	40	60	51	61	54
New assignment not as career-enhancing as previous assignment	34	27	39	39	19	31	20	29
New assignment more career-enhancing as previous assignment	26	29	22	20	22	17	19	16

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 were moved and who did not return to their unit.

NPRST

Women who did not return to their pre-pregnancy unit were asked their opinion of the new assignment. Similar to previous years, almost the same percentage of enlisted women felt it was equally as career enhancing as thought it was not as career-enhancing as the previous assignment; 20 percent felt it was more career enhancing. Over half of officers felt the new assignment was as career-enhancing as their previous assignment, while another third felt it was not as career enhancing.

Treatment from Coworkers: *Enlisted*

Respondents were asked about the treatment they received from both coworkers and supervisors, both during their pregnancy and after giving birth. Rates of treatment during pregnancy are very similar to 2005, with almost half indicating there was no difference. After giving birth, most (70%) are not treated differently by their coworkers, slightly higher than in 2005.

Did you feel you were treated differently at work by your co-workers?

	Pregnancy		Motherhood	
	2005	2008	2005	2008
No difference	44	44	63	71*
More concerned for my welfare	32	32	13	16
Avoided or ignored me	6	7	2	3
Treated me with less respect	20	21	8	10
Other positive treatment	4	5	2	2
Other negative treatment	10	12	4	5

Note: Multiple responses allowed.
Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
* Significant difference between 2005 and 2008.

NPRST



Respondents were asked about treatment from their coworkers as well as their supervisors, both during pregnancy and after having their baby. Forty-four percent of enlisted said there was no difference in treatment by coworkers during their pregnancy while 71 percent said there was no difference after giving birth. One third of respondents said coworkers were more concerned about their welfare during the pregnancy. Twenty-one percent said they were treated with less respect by coworkers, while 7 percent felt they were avoided or ignored and 12 percent felt they received some other negative treatment from their coworkers while pregnant. Negative treatment by coworkers diminishes for enlisted women after giving birth.

Treatment from Coworkers: *Officer*

Officers are slightly more likely than enlisted to see no difference in treatment by their coworkers during their pregnancy; 70 % of officers see no difference in treatment after giving birth.

Did you feel you were treated differently at work by your co-workers?

	Pregnancy		Motherhood	
	2005	2008	2005	2008
No difference	50	50	65	71*
More concerned for my welfare	37	35	18	21
Avoided or ignored me	3	3	1	2
Treated me with less respect	8	11	4	7
Other positive treatment	6	7	3	4
Other negative treatment	7	13*	3	5

Note: Multiple responses allowed.
Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
* Significant difference between 2005 and 2008.

NPRST



The same basic pattern of coworker treatment holds true for officers when compared to enlisted. About half of female officers were not treated differently by coworkers during their pregnancy, increasing to 71 percent after giving birth. If there was a difference in treatment by coworkers, it was because of concern for their welfare during the pregnancy. Pregnant officers were less likely to be treated with less respect than enlisted were but slightly more likely to receive some other negative treatment.

Treatment from Supervisors: *Enlisted*

About half of enlisted women felt no difference in treatment from their supervisors during their pregnancy; almost ¾ said the same after giving birth.

Did you feel you were treated differently at work by your supervisor?

	Pregnancy		Motherhood	
	2005	2008	2005	2008
No difference	45	48	65	73*
More concerned for my welfare	30	31	11	13
Avoided or ignored me	8	6	2	3
Treated me with less respect	18	16	9	11
Other positive treatment	4	4	2	1
Other negative treatment	8	7	4	4

Note: Multiple responses allowed.
Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
* Significant difference between 2005 and 2008.

NPRST



Treatment from supervisors mirrors that from coworkers seen previously. About half of enlisted women experience no difference in treatment from their supervisors while they are pregnant, increasing to 73 percent after giving birth. About one-third of the enlisted women felt that their supervisor was more concerned for the woman's welfare while pregnant. However, 16 percent of enlisted women felt they were treated with less respect from their supervisors while pregnant, diminishing to 11 percent after giving birth.

Treatment from Supervisors: *Officer*

Over half of officer women experienced no difference in treatment from their supervisors while pregnant, increasing to 73 % after giving birth.

Did you feel you were treated differently at work by your supervisor?

	Pregnancy		Motherhood	
	2005	2008	2005	2008
No difference	56	56	65	73*
More concerned for my welfare	27	27	13	14
Avoided or ignored me	3	3	2	3
Treated me with less respect	9	10	6	9
Other positive treatment	4	5	3	2
Other negative treatment	9	9	6	5

Note: Multiple responses allowed.
Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
* Significant difference between 2005 and 2008.

NPRST



Treatment of female officers by their supervisors is similar to enlisted; about half indicate there was no different in treatment while they were pregnant, increasing to 73 percent after giving birth. Just over one-fourth felt their supervisor was more concerned for their welfare during pregnancy. About 10 percent felt they were treated with less respect (continuing after giving birth) and 9 percent felt they received some other negative treatment from their supervisors during their pregnancy.

Post-pregnancy PFA

Women are allowed a 6-month post-pregnancy waiver to physical fitness requirements. Respondents were asked about completion of the PFA after the waiver; 2/3 of enlisted and most officer women are able to meet both the body composition assessment and the physical fitness assessment requirements, however 15% of enlisted met neither requirement.

Were you able to successfully complete your 6-month post-pregnancy PFA?		
	Enlisted	Officer
Yes, both body composition assessment and physical fitness assessment	67	85
No, only met the body composition assessment portion	8	4
No, only met the physical fitness assessment portion	10	6
No, did not meet either body composition nor physical fitness assessment	15	4
Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.		

NPRST



According to OPNAVINST 6000.1C, women are required to participate in physical fitness assessments (PFA) and body composition assessments six months after giving birth, unless extended by the health care provider. Respondents were asked about their post-pregnancy PFA. Two-thirds of enlisted women and 85 percent of female officers are able to complete both portions six months after childbirth. Eighteen percent of enlisted and 10 percent of officer women were unable to meet one part, while 15 percent of enlisted women and 4 percent of female officers could not meet either part.

Breastfeeding

Over 70% of enlisted and 89% of officers breastfeed, and, of those, most are breastfeeding or pumping when they return to duty. Of those who breastfed/pumped for at least a month, enlisted women plan for 9 months of breastfeeding but actually only did so for 5 months, on average. Officers plan for 10 months but actually breastfeed/pump for 7 months, on average.

% Yes	Enlisted		Officer	
	2005	2008	2005	2008
Breastfeed after birth	66	78*	83	89*
Breastfeed/pump when returned to duty**	66	63	84	85

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
 * Significant difference between 2005 and 2008.
 ** Only includes those who ever breastfed/pumped.

NPRST



The Navy's Bureau of Medicine and Surgery has laid out Navy's support of breastfeeding (see BUMEDINST 6000.14). The policy states that servicewomen initiate breastfeeding at higher rates than the national targets (BUMED, 2005), so the 2008 survey again asked questions about breastfeeding initiation and duration. Results for initiation show large, significant increases in initiation, with almost 8 in 10 enlisted women and 9 in 10 female officers breastfeeding their newborns. Although most women start breastfeeding, they are less likely to do so when they return to duty, with only about two-thirds of enlisted women and 85 percent of female officers doing so when they return to duty. The planned breastfeeding duration is noticeably different from the actual, with enlisted women planning for 9 months of breastfeeding but only doing so, on average, for 5 months, and female officers planning for 10 months but only doing so, on average, for 7 months.

Breastfeeding Time and Location

The majority of women were given time to pump or breastfeed, with a slight decrease in the percentage who indicated they were not given time. Over half are given a comfortable and secluded location, with most having running water and a cool location for storage of breast milk.

Were you given time to pump or breastfeed?**				
	Enlisted		Officer	
	2005	2008	2005	2008
Yes, during breaks/meals	32	29	39	37
Yes, when I needed to	50	55	47	52
No	18	16	14	11*
% Yes				
	Enlisted		Officer	
	2005	2008	2005	2008
Given comfortable/secluded location	53	58	63	62
Given location that had running water	---	72	---	70
Able to store breast milk in cool location	---	81	---	90

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

* Significant difference between 2005 and 2008.

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

Respondents who were still breastfeeding when they returned to duty were asked if they were given time and a location for breastfeeding or pumping at work. Just over one-fourth of enlisted women and over one-third of female officers were allowed to breastfeed or pump during their breaks or meals, while about half of both groups were allowed to do so when they needed to. Sixteen percent of enlisted women and 11 percent of female officers indicated that they were not given time.

Over half of women were given a comfortable/secluded location, as discussed in OPNAVINST 6000.1C as part of the workplace support of breastfeeding. In addition, women should be given access to running water, and more than two-thirds of officer women (72% of enlisted women) were. Most women were able to store their breast milk in a cool location.

Work-related Reasons for Stopping Pumping/Breastfeeding

About half of women (48 % of enlisted and 46 % of officers) indicate they stopped breastfeeding because of work.

If you stopped breastfeeding before you planned because of work, what were your reasons? **

	Enlisted		Officer	
	2005	2008	2005	2008
Does not apply; did not stop because of work	36	52*	50	54
Did not think supervisor would give me time	5	7	4	3
Supervisor said would not give me time	5	4	2	3
Time needed to be devoted to something else (lunch, working out, etc)	8	16*	12	17
Co-workers wouldn't support pumping	3	7*	2	3
Wasn't any place to pump in work area	13	16	10	9
Didn't have a pump	0	1	0	1
Couldn't store breast milk	9	8	4	3
Other	20	24	22	29*

Note: Multiple responses allowed.

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

* Significant difference between 2005 and 2008.

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

NPRST



As in 2005, the 2008 survey listed several possible reasons that women might stop breastfeeding earlier than planned because of work. Over half say they did not stop because of work, a significant increase from 2005 for enlisted women. The most common reasons of those listed were because they needed to devote their time to something else (lunch, working out, etc.) or that there was not any place to pump in their work area.

Pregnancy Summary

- Point-in-time pregnancy rates are similar for enlisted to previous rates and slightly higher for officers, while annual rate is higher for enlisted
- As before, just over 1/3 of enlisted pregnancies and almost 3/4 of officer pregnancies are planned
- Of those assigned to a deployable unit, most are not deployed, are in workups, or have just returned from a deployment when they become pregnant
- The majority of women continue to work where they are and are not transferred
- Average leave time for pregnancy is 48 days
- A higher percentage of women are breastfeeding (78% of enlisted and 89% of officers); over half indicate they are given the time and location to do so at work

NPRST



The pregnancy-related findings show that point-in-time pregnancy rates are similar to previous years for enlisted and slightly higher for officers, while the annual rates are similar for officers but higher for enlisted. As in previous years, about one-third of enlisted pregnancies are planned while almost three-fourths of officer pregnancies are planned. For those in a deployable unit, the unit is most likely to not be deployed, to be in workups, or to have just returned from a deployment. The majority of women are not transferred due to their pregnancy. Leave taken after childbirth averages about 48 days. Breastfeeding is more prevalent in 2008 results than in 2005; over half indicate they were given the time and location to breastfeed or pump at work.

Overall Summary (1 of 3)

- Single parent percentage is similar to 2005 but lower count of single parents; currently estimated to be 12,000 single Navy fathers and 6,000 single Navy mothers
- While FCP compliance continues to be less than 100%, most single parents and dual-military parents have some type of plan in case of being deployed
- Over half of officer women (one-third of enlisted) say breaks in service (e.g., sabbatical) would motivate them to stay in the Navy

NPRST



The key takeaways from the survey are listed above and on the following pages. Those listed here relate to parenthood in the Navy and the potential impact of breaks in service on retention.

Overall Summary (2 of 3)

- Most use birth control, but percentage has decreased slightly from previous findings for male enlisted
- Women are more comfortable discussing and getting birth control with/from IDC and shipboard medical personnel than before
- STI/STD training occurs at GMT for both genders, but birth control training is given by health care providers for women and at GMT for men

NPRST



The takeaways above relate to birth control usage, comfort in discussing and obtaining birth control, and training related to sexual health.

Overall Summary (3 of 3)

- Over half of most groups (39% of enlisted women) have never had training on the Pregnancy and Parenthood Policy
- Overall, point-in-time pregnancy rates are similar to previous results, although annual rates for enlisted are higher

NPRST



The takeaways above relate to training about the Navy's policy relating to pregnancy and parenthood, as well as the Navy's pregnancy rates.

Recommendations (1 of 2)

- Publicize survey results
 - Publish Navy NewsStand article
 - Provide press release to *Navy Times* and other media
 - Provide follow-on briefings to BUMED, N135, N13, N1, ASN(M&RA)
- Modify sexual health training module at Great Lakes to include greater focus on available birth control options and the Pregnancy & Parenthood OPNAV Instruction

NPRST



The next two slides discuss the recommendations made as a result of the findings. The first recommendation for a survey is often to publicize the results, in an effort to complete the social contract and alleviate concerns that lead to non-response on future surveys (Uriell & Schultz, 2008). Ways to publicize the results include publishing a Navy NewsStand article, providing a press release to Navy Times and other media, and provide briefings to other interested parties, including BUMED, N135, N13, N1, and ASN(M&RA).

Based upon results, the sexual health training module given at Boot Camp should be modified to include a greater focus on available birth control options and OPNAVINST 6000.1C.

Recommendations (2 of 2)

- Require Page 13 included in Enlisted Service Records acknowledging an understanding of the Pregnancy & Parenthood Instruction
- Require a Pregnancy & Parenthood Instruction module to be included in “Leadership and Ethics” course at USNA and ROTC for First Class Midshipmen
- Incorporate a Pregnancy & Parenthood Instruction and Detailing module at Department Head, PXO, PCO, and Command Leadership School

NPRST



Additional recommendations include requiring some sort of acknowledgement of understanding of OPNAVINST 6000.1C, adding a module that discusses the OPNAVINST into the “Leadership and Ethics” course for officers, and creating a training module addressing the OPNAVINST as well as detailing of pregnant Sailors into Department Head as well as PXO, PCO, and Command Leadership School.

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Appendix A:
Results of the 2008 Pregnancy and Parenthood
Survey: Executive Brief

Results of the 2008 Pregnancy and Parenthood Survey

Zannette A. Uriell and Paul Rosenfeld

Briefing for Chief of Navy Personnel (CNP)
July 2008



Background

- Survey satisfies requirements of SECNAVINST 1000.10 to collect objective data for use in evaluation of Department of Navy (DoN) pregnancy policies
 - 1998: SECNAV established the Pregnancy & Parenthood Survey as the standard measurement for annual pregnancy rates in the Navy
- Current databases do not accurately reflect or make readily available key statistics such as single parenthood, family planning attitudes, birth control practices, and pregnancy rates
 - Best source of this information has been the Navy Pregnancy and Parenthood Surveys, conducted since 1988 and sponsored by the Navy Diversity Directorate (N134)





Changes from 2005

- 2008 is first census of active component women E2-E9 & O1-O5
 - Provides more accurate estimates for smaller groups
- Survey updated to include questions about Individual Augmentation (IA), sabbaticals, and release of new OPNAVINST 6000.1C
- Administration moved from summer (July/August 2007) to January 2008
 - Annual pregnancy rate reflects FY that ended 3 months prior instead of 10 months prior



Method

- Notification letter, including web address of survey and user ID, sent in January 2008; 3 reminder letters sent before field closed in late April 2008
- Primary Random Number (PRN) used to sample men to minimize overlap with other large-scale, Navy-wide surveys

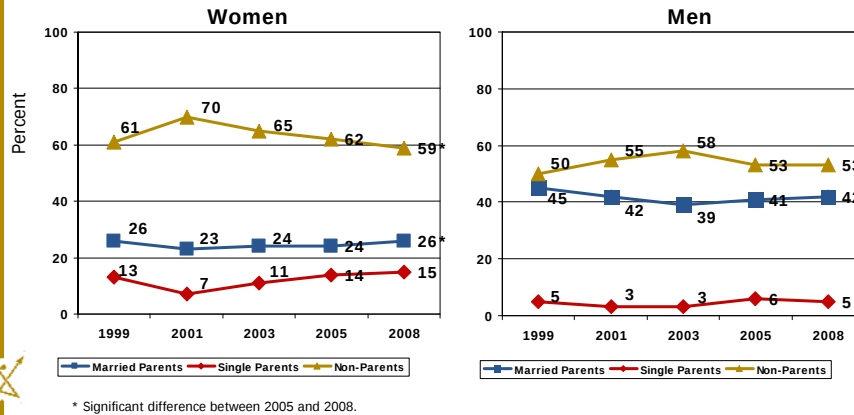
	Women	Men
Sent	41,755	9,412
Accessed	11,441	2,233
Useable	11,410	2,210
Return-to-Sender	5,490	1,215
Weighted Response Rate	32%	27%

Overall Margins of Error		
	Women	Men
Enlisted	+/- 1.2%	+/- 4.2%
Officer	+/- 2.4%	+/- 3.0%

Note: Response rates similar to typical Navy-wide web-based survey response rates.

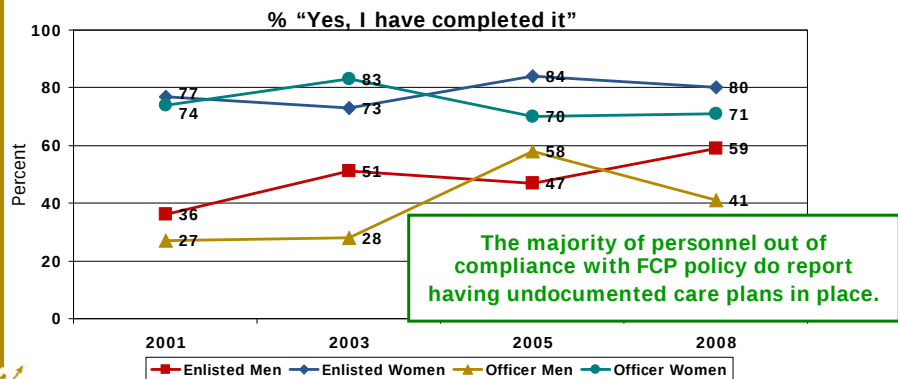
General Parenthood Results

Rates of single parenthood are similar to 2005, although the estimated numbers have decreased slightly to 6,355 single mothers and 12,315 single fathers. This decrease is reflective of the draw down in Fleet size. The percentage of non-parent women has continued to decrease slightly from previous findings.



Family Care Plan Compliance if Children under 19 Years

Single parents and dual-military parents are required to complete a Family Care Plan if they have children under 19 years of age or dependents incapable of providing for themselves. Findings for women are similar to 2005, with 80% of enlisted and 71% of officers having completed the form. Percentages for men are lower and tend to fluctuate because few are required to complete the form.



Note: Results for males should be viewed with caution due to low numbers of respondents.

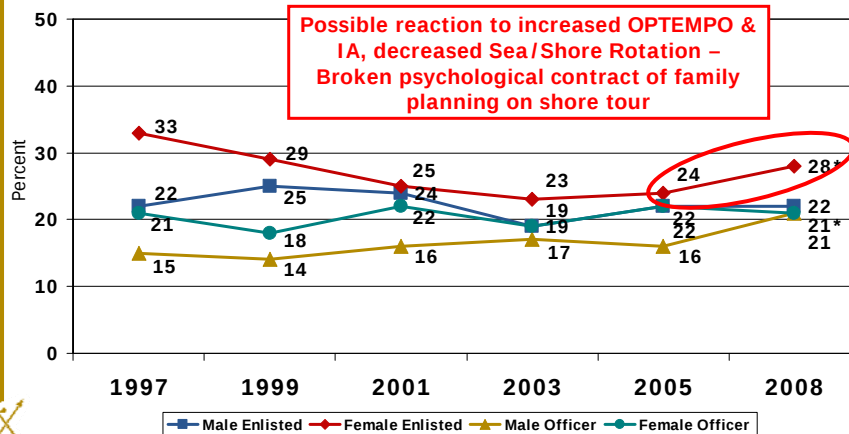
Parenthood Summary

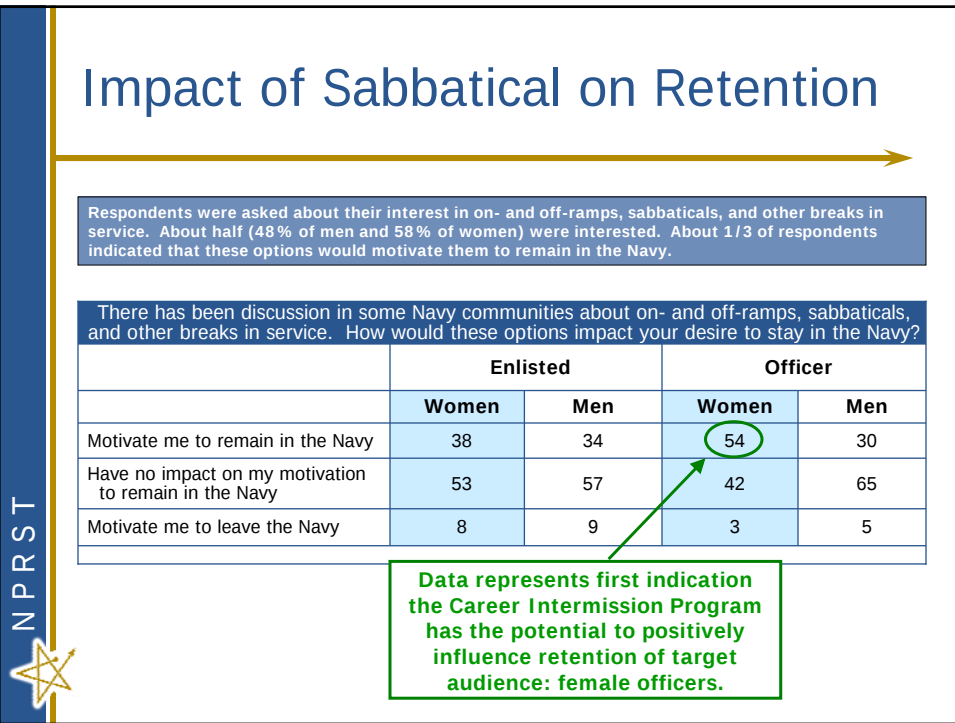
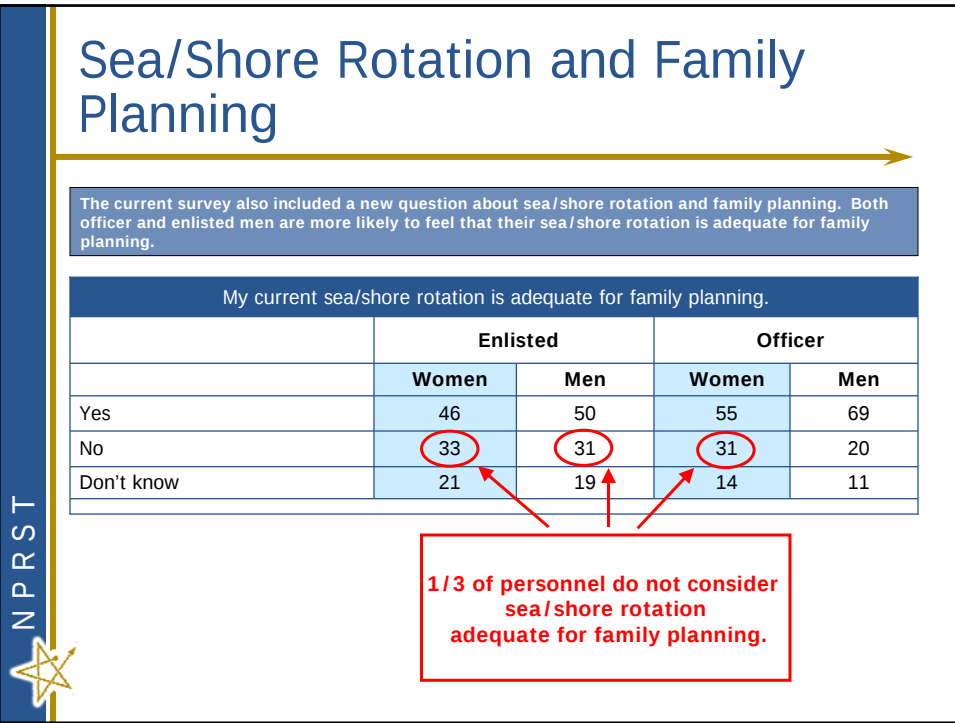
- Percentage estimates of single parents are similar to 2005 results, with over 6,000 single Navy mothers and over 12,000 single Navy fathers
 - Slightly higher percentages of married mothers than in 2005
- Single parents with custody increased noticeably for E7-E9, both men and women
- Family Care Plan compliance continues less than 100%, with a slight decrease for enlisted women from 2005



A Navy Woman Should Become Pregnant Whenever She Wants

Respondents were asked when in her Navy career a woman should become pregnant. When just looking at the "Whenever she wants" response, results are generally consistent with previous results, with the exception of enlisted women.







Impact of Operational Deferment on Retention

The Navy's pregnancy policy (OPNAVINST 6000.1 series) was modified in 2007 to increase the operational deferment from 4 months to 12 months. Respondents were asked the impact of this change on their motivation to remain in the Navy. For most men, the change had no impact. For women, about half said it motivated them to remain in the Navy.

There has recently been a change in the operational deferment policy, allowing new mothers to remain with their newborn children for 12 months instead of 4 months. How does this change impact your decision to stay in the Navy?

	Enlisted		Officer	
	Women	Men	Women	Men
Motivates me to remain in the Navy	49	12	48	10
Has no impact on my motivation to remain in the Navy	49	76	50	80
Motivates me to leave the Navy	2	13	2	10

Data represents first indication the new Operational Deferment Policy will positively influence retention of women in the Navy.



Pregnancy to Avoid Deployment

A question was added to the 2008 survey asking women if they would intentionally become pregnant to avoid deploying.

Would you intentionally become pregnant to avoid a deployment or scheduled Individual Augmentee (IA) period?

	Enlisted	Officer
Yes	4	5
No	96	95

Data debunks myth that women will intentionally become pregnant to avoid deployment.

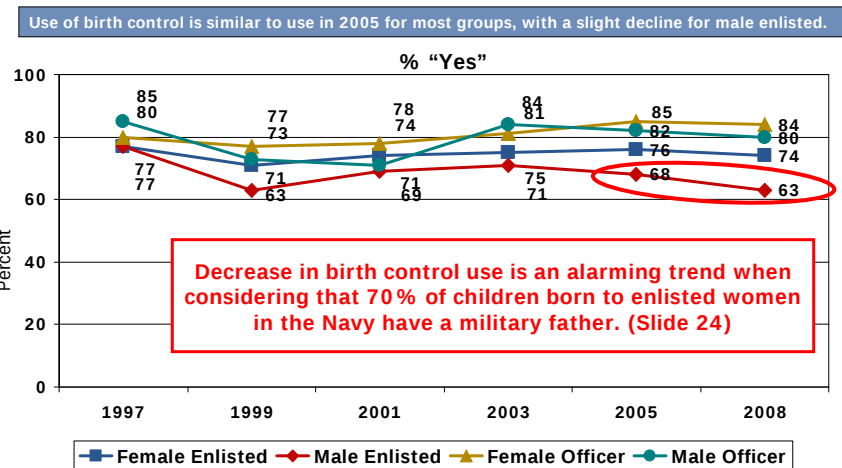


Family Planning Attitudes Summary

- Family planning attitudes generally comparable to previous results
- Over half of enlisted women indicate that their sea/shore rotation is **NOT** good for family planning
- One third of enlisted and over half of officer women say sabbaticals and other breaks in service would motivate them to stay
 - Almost half of women indicate that the change to a 12-month operational deferment has increased their motivation to stay in the Navy



I or My Partner Usually Use Birth Control



Note: Sterilization was calculated into the 1997 numbers based upon answers to a separate question; this was not done in 1999 nor 2001. Sterilization was part of the question in 2003 and 2005. Hysterectomy was included in a separate question, and was calculated into 2008 to be consistent with 2003 and 2005.

Health Care Providers: *Enlisted*

Respondents were asked their attitudes towards health care providers and birth control. Results regarding IDC and shipboard medical personnel show increases in comfort for women from 2005 to 2008.

Please indicate how well each statement reflects your beliefs.

	Women			Men		
	2003	2005	2008	2003	2005	2008
I would feel comfortable discussing birth control with an Independent Duty Corpsman.**	60	67	73*	63	68	70
I would feel comfortable getting birth control from a Independent Duty Corpsman.**	58	66	72*	65	69	71
I would feel comfortable discussing birth control with the medical personnel aboard ship.	64	68	73*	64	67	69
I would feel comfortable getting birth control from the medical personnel aboard ship.	65	68	72*	65	68	67

Note: * Significant difference between 2005 and 2008.

** Wording changed between 2003 and 2005, when questions asked about "corpsman".

As a response to the 2005 survey, the IDC Women's and Sexual Health training module was expanded from 2 to 6 weeks. 2008 survey reflects positive impact of expanded training for IDCs on women's comfort level.

NPRST



Health Care Providers: *Officer*

Results for male officers are similar to previous years while results for female officers show increases in comfort between 2005 and 2008.

Please indicate how well each statement reflects your beliefs.

	Women			Men		
	2003	2005	2008	2003	2005	2008
I would feel comfortable discussing birth control with a Independent Duty Corpsman.**	46	62	67*	57	71	73
I would feel comfortable getting birth control from a Independent Duty Corpsman.**	48	64	71*	59	73	74
I would feel comfortable discussing birth control with the medical personnel aboard ship.	65	69	75*	69	73	76
I would feel comfortable getting birth control from the medical personnel aboard ship.	69	70	76*	69	73	76

Note: * Significant difference between 2005 and 2008.

** Wording changed between 2003 and 2005, when questions asked about "corpsman".

Female officers reflect the same increased comfort with IDC and shipboard medical personnel as enlisted women.

NPRST



Birth Control Summary

- Birth control usage similar to previous years for all groups except male enlisted, where it has decreased slightly
- Possible correspondence between decreased protection usage and increased pregnancy rates among junior enlisted (Slide 23)
- Attitudes towards health care providers are similar to previous findings, although women are more comfortable with IDC than before

Sources of Training on Navy Pregnancy Policy: *Enlisted*

From which of the following sources have you received training in Navy pregnancy policy?				
	Women		Men	
	2005	2008	2005	2008
At GMT, within the last year	34	19*	36	22*
At GMT, more than 1 year ago	18	11*	20	11*
Physician	17	9*	6	4
Nurse practitioner/Physician's assistant/Medical Officer**	13	11*	4	3
Independent Duty Corpsman	5	4*	4	3
Corpsman	12	7*	10	7
Other	27	32*	19	19
Never	26	39*	37	52*

Multiple responses allowed.

Note: * Significant difference between 2005 and 2008.

** Wording changed in 2008 to include Medical Officer.

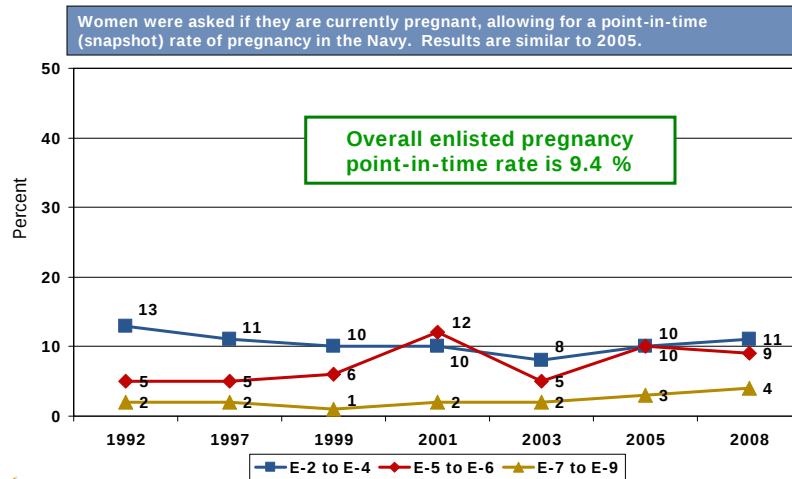
Significant increase in personnel who have never received pregnancy policy training. Education leads to better understanding of rights and responsibilities of pregnant members. N134 recently created flip books for easier Fleet distribution of pregnancy rules and regulations.

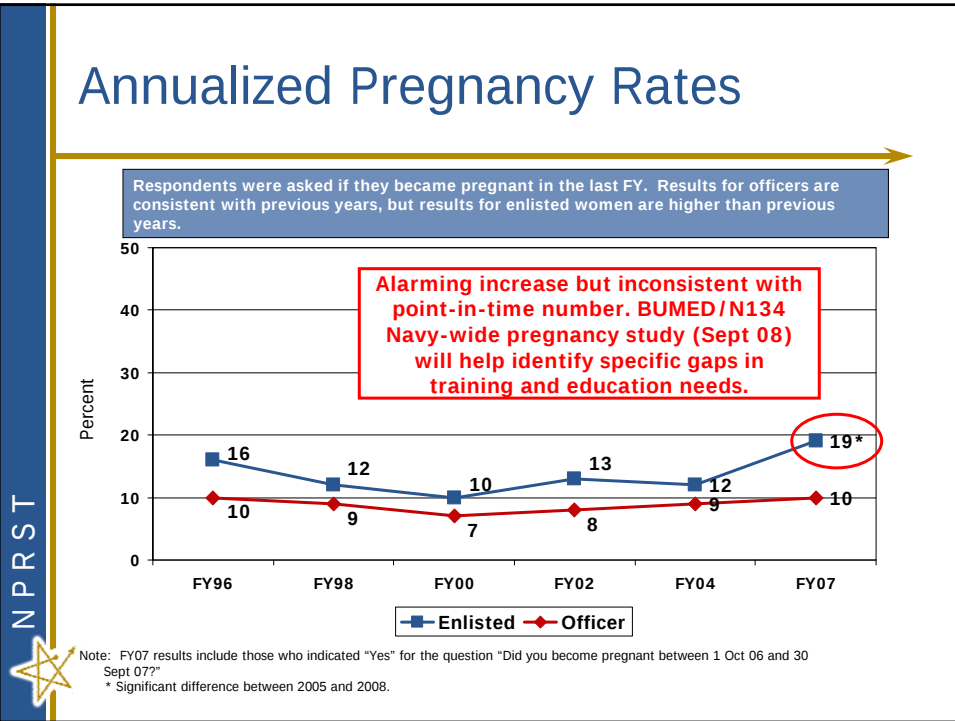
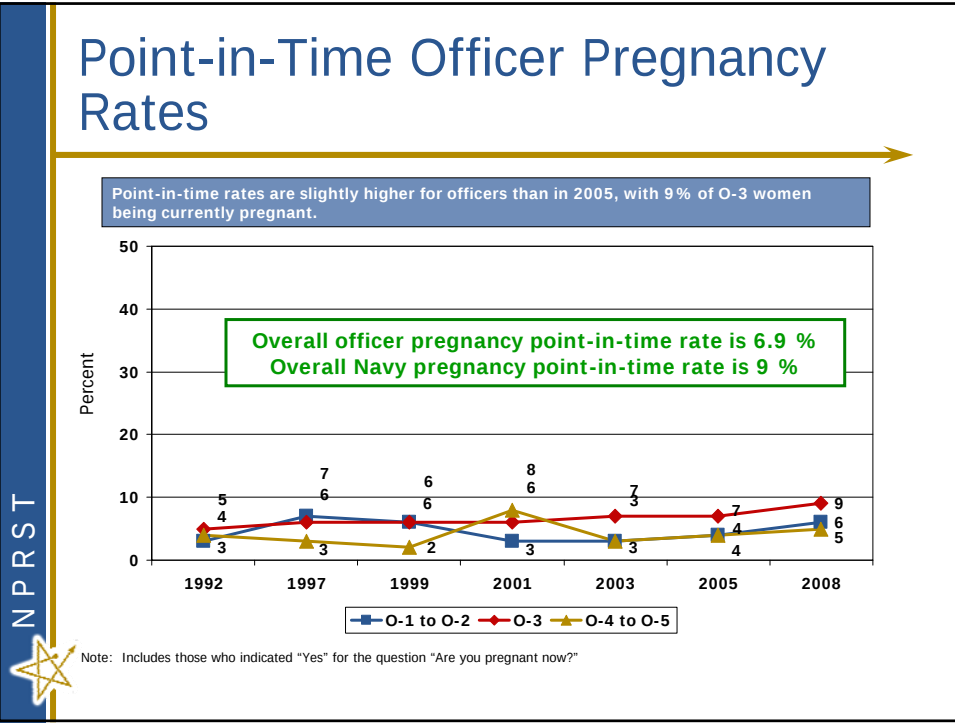


Education and Training Summary

- Sources of sexual health training are similar to previous findings
 - STI/STD training occurs at GMT
 - Birth control training from health care providers for women and from GMT for men
 - Most think sexual health training should still be taught at boot camp or at GMT once a year
- Over half of most groups have never had policy training
 - Best source of information about policy changes is NAVADMIN
- Health research from February 2008 indicates enlisted women are not receiving consistent contraceptive training at Great Lakes or their first duty station
 - (Duke, 2008; *Challenges of Contraceptive Use and Pregnancy Prevention Among Women in the US Navy*) Tasker TAB C

Point-in-Time Enlisted Pregnancy Rates







General Pregnancy Questions: *Enlisted*

Enlisted women who had ever been pregnant while in the Navy were asked follow-on questions. Results continue to be similar across years, with about 1/3 of enlisted pregnancies being planned.

	Enlisted					
	1997	1999	2001	2003	2005	2008
Was this pregnancy planned?	35	40	36	35	36	36
Were you using birth control?	21	27	30	32	29	31
Was the father in the military?	72	71	73	75	73	70
Moved due to pregnancy	33	37	31	35	40	42
Orders to ship or deployable squadron*	17	9	8	11	12	14

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.

While there is no significant increase from 2005 to 2008, the increasing trend since 1999 is disconcerting. A partial explanation is that the percentage of women in technical/deployable ratings has increased over time.

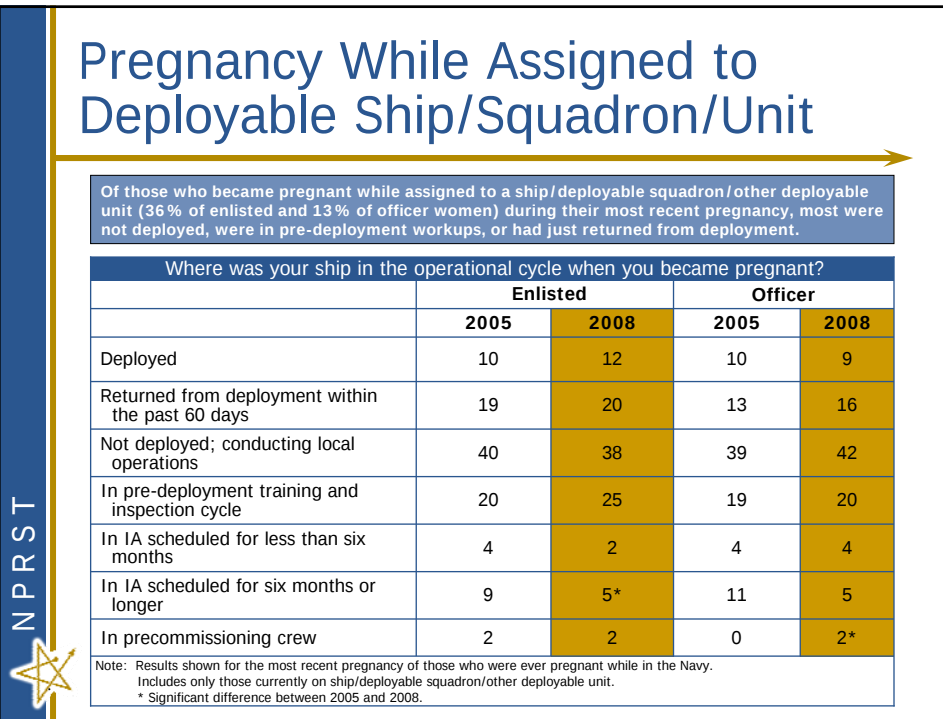
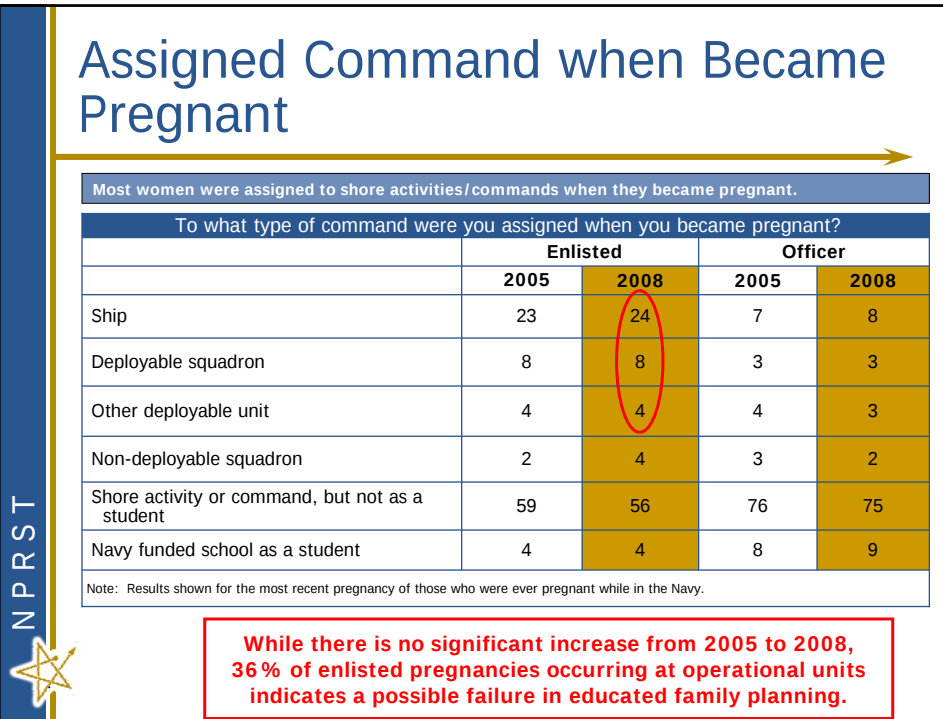


General Pregnancy Questions: *Officer*

Findings for officer women are very different from enlisted women, yet consistent across years. Over 2/3 of officer pregnancies are planned.

	Officer					
	1997	1999	2001	2003	2005	2008
Was this pregnancy planned?	77	79	72	72	70	69
Were you using birth control?	8	9	12	15	13	15
Was the father in the military?	51	39	51	47	49	52
Moved due to pregnancy	7	15	5	7	8	11
Orders to ship or deployable squadron*	4	1	3	4	3	2

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.



Transfers/Moves as a Result of Pregnancy

Most women continue to work in the same place; this is especially true for officers. Those who are transferred move at either the 15th (enlisted) or 16th (officer) week of pregnancy.

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

	Enlisted				Officer			
	2001	2003	2005	2008	2001	2003	2005	2008
Orders to shore duty	6	10	6	6	6	13	6	5
Continued to work in same place	63	55	54	53	88	80	86	84
Transferred sea to shore duty	19	22	26	30	1	5	4	5
Transferred overseas to CONUS	2	2	3	1*	0	1	1	1
Transferred squadron to air station	1	1	1	1	0	0	0	0
Transferred from work center to other work center	5	5	4	4	1	0	1	2
Transferred other	5	6	6	6	2	2	2	3

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 2005 and 2008.

Same increasing trend identified in Slide 23

Type of Work Done after Pregnancy Transfers/Moves

For some pregnancies, the transfer may be due to environmental hazards, forcing a move to another job as well as another location. Almost half of enlisted women (almost 1/3 of officer women) are transferred to admin or clerical work outside their rating/designator. Almost 1/3 of enlisted and 40% of officer women continue to do their same job but in a different location.

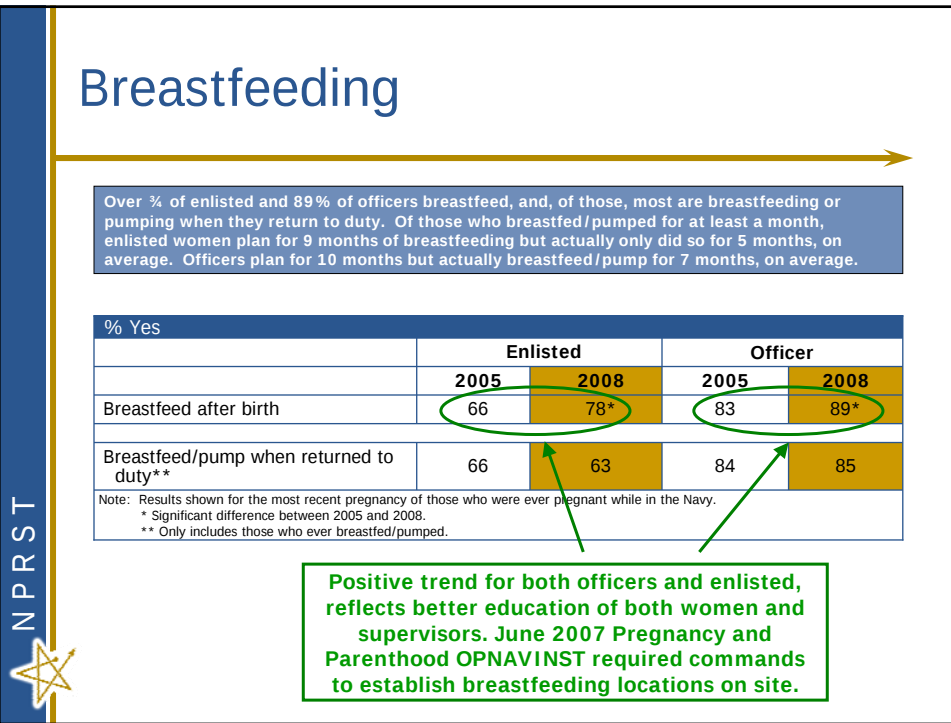
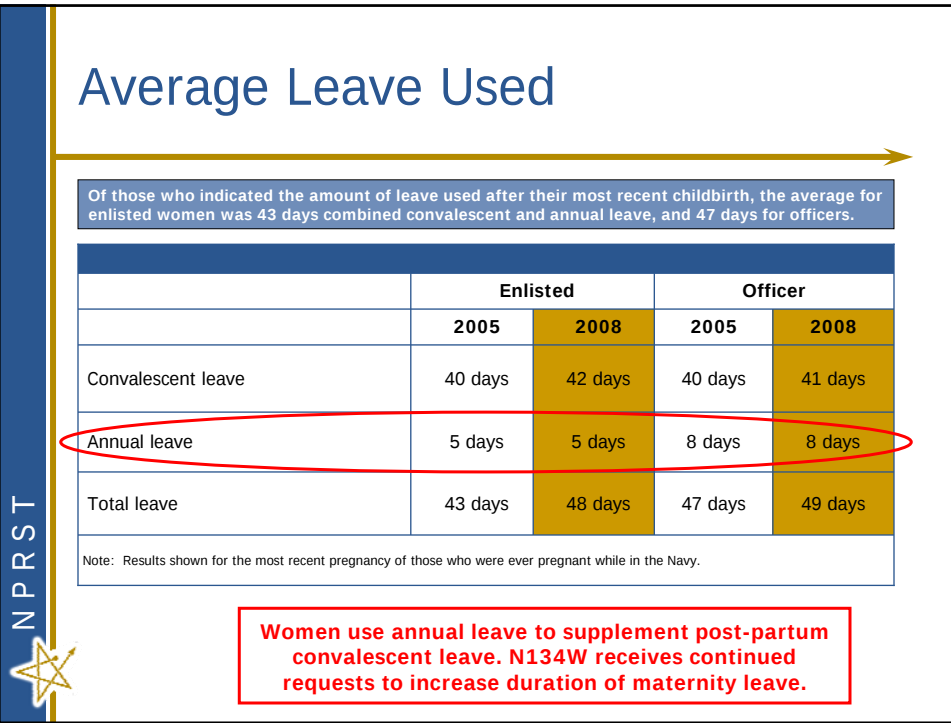
What type of work did you do while still pregnant after the move?

	Enlisted				Officer			
	2001	2003	2005	2008	2001	2003	2005	2008
Same as before, different location	33	31	26	27	50	34	43	40
Admin/clerical outside of rating/designator	43	46	49	48	31	38	27	28
Duty office/phone watch	6	7	5	7	0	5	2	4
Other	19	16	20	19	19	23	29	28

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





Pregnancy Summary

- Point-in-time pregnancy rates are similar for enlisted to previous rates and slightly higher for officers, while annual rate is higher for enlisted
- As before, 2/3 of enlisted and 1/4 of officer pregnancies are unplanned
- Of those assigned to an operational unit, most are not deployed. Rather, they are in workups or have just returned from a deployment if they become pregnant
- The majority of women continue to work where they are and are not transferred
- Average leave time for pregnancy is 48 days, approximately one week longer than the non-chargeable 42 days of convalescent leave
- A higher percentage of women are breastfeeding (78% of enlisted and 89% of officers); over half indicate they are given the time and location to do so at work



Recommendations (1 of 2)

- Publicize survey results
 - Publish Navy NewsStand article
 - Provide press release to *Navy Times* and other media
 - Provide follow-on briefings to BUMED and ASN(M&RA)
- Modify sexual health training module at Great Lakes to include greater focus on available birth control options and the Pregnancy & Parenthood OPNAV Instruction
- Require Page 13 included in Enlisted Service Records acknowledging an understanding of the Pregnancy & Parenthood Instruction
- Identify funding for Fleet distribution of Pregnancy and Parenthood flip books. Minimum distribution target: Great Lakes, CMCs, XO's.

Recommendations (2 of 2)

- Require a Pregnancy & Parenthood Instruction module to be included in "Leadership and Ethics" course at USNA and ROTC for First Class Midshipmen
- Incorporate a Pregnancy & Parenthood Instruction and Detailing module at Department Head, PXO, PCO, PCOB/PCMC and Command Leadership School
- Coordinate efforts with BUMED Director of Public Health and the Center for Naval Analysis to support the upcoming Navy Pregnancy Study (Sept 08) among enlisted women with a goal of understanding the causes and impacts of missed timed pregnancies.

Appendix B: 2008 Pregnancy and Parenthood Survey

Chief of Naval Personnel

Washington, DC

2007/2008 Pregnancy and Parenthood Survey



Navy Personnel Research, Studies, and Technology
Millington, TN 38055-1400

NPRST



Dear Survey Participant,

You are one of a select group picked to complete the 2007/2008 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.

Informed Consent and Privacy Act Statement

2007 Pregnancy and Parenthood Survey (NPRST-2008-0021)

You are being invited to take part in a research study titled “***2007 Pregnancy and Parenthood Survey***”, conducted by the Navy Personnel Research, Studies, and Technology (NPRST) Division of the Bureau of Naval Personnel. Your decision to take part is voluntary and you may refuse to take part, or choose to stop taking part, at any time. A decision not to take part, or to stop being a part of the research project, will not negatively impact you in any way.

Public Law 93-579, called the Privacy Act of 1974, requires that you be informed of the purpose of this survey and of the uses to be made of the information collected. 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 31 August 2009.

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 Division. The data files will be maintained by the Navy Personnel Research, Studies, and Technology Division where they may be used for determining changing trends in the Navy.

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. You may discontinue participation at any time without penalty. There is no direct benefit from being in this study; however, taking part may help improve Navy policies, programs, and/or procedures for Navy personnel in the future.

RISK(S): Because this email version is less secure than the internet version, your email and survey answers may be intercepted by others. Only your selected answers are transmitted when you click the Send button at the end of the survey. Therefore, the only risk to you is inappropriate disclosure of data you provide. However, NPRST has a number of procedures in place to ensure that the data collected is safe and protected once it has been received.

CONFIDENTIALITY: All responses will be held in confidence by NPRST. Information you provide will be considered only when statistically summarized with the responses of others, and will not be attributable to any single individual.

QUESTIONS: If you have any questions about this research study, please contact the Project Director at DSN 882-4641, COM (901) 874-4641, or email zannette.uriell@navy.mil. If you have any questions regarding Human Subjects issues, please contact the NPRST Protection of Human Subjects Committee, DSN 882-4994, COM (901) 874-4994 or email nprstirb@navy.mil.

PLEASE CHECK ONE OF THE FOLLOWING:

I HAVE READ THE INFORMED CONSENT AND PRIVACY ACT STATEMENT AND I:

- ☐ **Wish to voluntarily participate in this study.**
- ☐ **Do not wish to participate in this study.**

NPRST PHS STATEMENT:

This study (NPRST-2008-0021) has been reviewed by the Navy Personnel Research, Studies, & Technology Division's Protection of Human Subjects (PHS) Committee of the Bureau of Naval Personnel. For any questions about research subject's rights, call the NPRST PHS at (901) 874-4994, e-mail nprstirb@navy.mil.

Approved
April 2005

BACKGROUND

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?

- | | | |
|--------------------------|--------------------------|-----------------------------------|
| ☐ 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 SKIP)

10. If you are rated or a designated striker, what is your general rating? (OFFICERS 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 24)

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)
↓

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

- ☐ Yes
☐ No

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

☐ 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	☐	☐	☐	☐	☐	☐
b. 1 to 4 years 11 months	☐	☐	☐	☐	☐	☐
c. 5 to 11 years 11 months	☐	☐	☐	☐	☐	☐
d. 12 to 14 years 11 months	☐	☐	☐	☐	☐	☐
e. 15 to 18 years 11 months	☐	☐	☐	☐	☐	☐
f. 19 to 20 years 11 months	☐	☐	☐	☐	☐	☐

15. 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 17)
☐ 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

16. 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

Clear this page

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

- ☐ No (skip to question 20)
- ☐ 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)

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

- ☐ Yes
- ☐ No

19. How did you become a single parent?

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

Formal documentation of a servicemember's Family Care Plan (FCP) is required under the following conditions: (a) a servicemember with primary or shared physical custody of a minor child who is not married to the other natural or adoptive parent of the minor child; or (b) both members of a married dual military couple where one or both have primary or shared physical custody of a minor child. In the FCP, parents state who will be responsible for their child(ren) if/when the parent is deployed; mobilized; becomes an Individual Augmentee (IA); is sent TAD; assigned to an unaccompanied tour or otherwise unavailable (e.g., special working hours).

20. Since arriving at your current command, have you completed a Family Care Plan?

- ☐ No, because I am not a single parent nor a military-married-to-military parent, or I do not have joint custody of my child (skip to question 24)
- ☐ 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 22)

21. If you have not completed the Family Care Plan as required, do you have some undocumented plan in place, such as a verbal agreement with family or friends should you need to leave your child(ren)?

- ☐ Yes
- ☐ No

22. When was the last time you contacted the caregiver to confirm your plans?

- ☐ Within the last 2 months
- ☐ Between 3 and 6 months
- ☐ Between 7 months and 1 year
- ☐ More than 1 year ago

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

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

FAMILY PLANNING ATTITUDES

24. 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

25. Have you heard of Individual Augmentation (IA)?

- ☐ Yes
- ☐ No (skip to question 27)

26. I have a good understanding of the IA assignments process.

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

27. My current sea/shore rotation is adequate for family planning.

- ☐ Yes
- ☐ No
- ☐ Don't know

28. There has been discussion in some Navy communities about on- and off-ramps, sabbaticals, and other breaks in service. Assuming a break in service would not harm your career, would you be interested in a break in service?

- ☐ Yes
- ☐ No

29. How would the options mentioned in the previous question impact your desire to stay in the Navy?

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

BIRTH CONTROL PRACTICES

30. 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.	☐	☐	☐	☐	☐	☐

30. 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
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.	☐	☐	☐	☐	☐	☐

31. 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/nurse practitioner/physician's assistant.	☐	☐	☐	☐	☐	☐
b. I would feel comfortable getting birth control from a military physician/nurse practitioner/physician's assistant.	☐	☐	☐	☐	☐	☐
c. I would feel comfortable discussing birth control with an Independent Duty Corpsman.	☐	☐	☐	☐	☐	☐
d. I would feel comfortable getting birth control from an Independent Duty Corpsman.	☐	☐	☐	☐	☐	☐
e. I would feel comfortable discussing birth control with the medical personnel aboard ship.	☐	☐	☐	☐	☐	☐
f. I would feel comfortable getting birth control from the medical personnel aboard ship.	☐	☐	☐	☐	☐	☐
g. I would feel more comfortable discussing birth control with a civilian health care provider than with a military health care provider.	☐	☐	☐	☐	☐	☐
h. I would feel more comfortable getting birth control from a civilian health care provider than from a military health care provider.	☐	☐	☐	☐	☐	☐

32. During my last physical exam, birth control options were discussed.

- ☐ Yes
☐ No

33. 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 35)
☐ No

34. 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 infertile
☐ I/My partner have had a hysterectomy
☐ 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 36.

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

Sterilization

- ☐ Tubal ligation/Essure
☐ Vasectomy

Behavioral

- ☐ Rhythm method
☐ Withdrawal
☐ Continuous breast-feeding

Prescription

- ☐ Birth control pill
☐ Birth control patch (Ortho Evra®)
☐ Birth control implant (Norplant®)
☐ Birth control ring (NuvaRing®)
☐ Birth control shot (Depo-Provera®, Lunelle®)
☐ Diaphragm/shield/cap
☐ IUD (intrauterine device)

Over-the-Counter

- ☐ Condom (rubber)
☐ Female condom
☐ Sponge
☐ Spermicidal foam or jelly

☐ Other

36. There has been a recent change in the Navy pregnancy policy (OPNAVINST 6000.1C). Prior to this survey, had you heard of this change? (Mark ALL that apply)

- ☐ No, I have not received any information about a change in the Navy pregnancy policy
☐ At CO's Call
☐ From co-workers
☐ From my direct supervisor
☐ During Morning Quarters
☐ Through official e-mail
☐ From the base newspaper
☐ From the command newsletter
☐ From a NAVADMIN
☐ From Navy NewsStand
☐ From Navy Times
☐ Other

37. There has recently been a change in the operational deferment policy, allowing new mothers to remain with their newborn children (i.e., not eligible for deployment) for 12 months instead of 4 months. How does this change impact your decision to stay in the Navy?

- ☐ It motivates me to remain in the Navy.
- ☐ It has no impact on my motivation to remain in the Navy.
- ☐ It motivates me to leave the Navy.

38. 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. Emergency contraception is currently marketed under the name Plan B.

39. Regarding emergency contraception, which of the following statements are true for you?

	Yes	No	Don't Know
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. I use emergency contraception as a primary birth control method.	☐	☐	☐

40. 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 Plan B with a military physician/nurse practitioner/physician's assistant.	☐	☐	☐	☐	☐	☐
b. I would feel comfortable discussing Plan B with an Independent Duty Corpsman.	☐	☐	☐	☐	☐	☐

41. From which of the following sources have you received training in STIs (sexually transmitted infections) or 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/Medical Officer
- ☐ Independent Duty Corpsman
- ☐ Corpsman
- ☐ Other
- ☐ Never

42. 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/Medical Officer
- ☐ Independent Duty Corpsman
- ☐ Corpsman
- ☐ Other
- ☐ Never

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

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

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

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

45. 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)

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

- ☐ Once in a career
- ☐ Every reenlistment/obligation
- ☐ Once a year
- ☐ Only when I ask for information
- ☐ Other (specify)

(Males skip to Question 96.)

PREGNANCY

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

- ☐ Yes
- ☐ No (skip to question 95)

48. Did you become pregnant between 1 October 2006 and 30 September 2007? (Do NOT count pregnancies that began before 1 October 2006 even though you were pregnant on that date.)

- ☐ Yes
- ☐ No

49. 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.

50. How old were you when you became pregnant?

Years

51. 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 | | |

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

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

53. Was that pregnancy planned? (Note: For this survey, a planned pregnancy is one that you wanted at that time (i.e., you intentionally became pregnant).)

- ☐ Yes
- ☐ No

54. 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

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

- ☐ Yes
- ☐ No (skip to question 57)

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

Sterilization

- ☐ Tubal ligation/Essure
- ☐ Vasectomy

Behavioral

- ☐ Rhythm method
- ☐ Withdrawal
- ☐ Continuous breast-feeding

Prescription

- ☐ Birth control pill
- ☐ Birth control patch (Ortho Evra®)
- ☐ Birth control implant (Norplant®)
- ☐ Birth control ring (NuvaRing®)
- ☐ Birth control shot (Depo-Provera®, Lunelle®)
- ☐ Diaphragm/shield/cap
- ☐ IUD (intrauterine device)

Over-the-Counter

- ☐ Condom (rubber)
- ☐ Female condom
- ☐ Sponge
- ☐ Spermicidal foam or jelly

☐ Other

57. What was the father's military status?

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

58. 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 | | |

59. 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

60. 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:)

61. 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

62. What was the gender of your supervisor?

- ☐ Female
- ☐ Male

63. Did your supervisor treat you differently after finding out that you were pregnant? (Mark 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

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

- ☐ Yes
- ☐ No
- ☐ Don't know

65. 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	☐	☐
b. Birth control methods to use after your pregnancy	☐	☐

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

- ☐ Ship (skip to question 68)
- ☐ Deployable squadron (skip to question 68)
- ☐ Other deployable unit (skip to question 68)
- ☐ Non-deployable squadron
- ☐ Shore activity or command, but not as a student
- ☐ Navy funded school as a student

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

- ☐ Yes
- ☐ No

SKIP TO 69.

68. 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

69. 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 75)
- ☐ No, I continued to work where I was before becoming pregnant (skip to question 75)
- ☐ 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)

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

Weeks

71. 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

72. 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 related to pregnancy
- ☐ Because of medical reasons unrelated to pregnancy
- ☐ 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)

73. Did you ask to be moved?

- ☐ Yes
- ☐ No

74. 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

75. 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

76. Did you receive a "purple book", the DoD/VA Pregnancy Guideline booklet?

- ☐ Never heard of it
- ☐ Yes, during first trimester clinic appointment
- ☐ Yes, during second trimester clinic appointment
- ☐ Yes, during third trimester clinic appointment
- ☐ No

77. Where did you deliver the baby?

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

If you did not give birth to a live child, please skip to question 96.

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

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

Days convalescent leave

Days annual leave

79. During your postpartum care visit, 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	☐	☐
b. Birth control methods to use after your pregnancy	☐	☐
c. Antenatal and/or Postpartum Depression	☐	☐
d. Shaken Baby Syndrome Prevention	☐	☐

80. 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 82)
- ☐ Yes, I had been transferred but returned to my unit (skip to question 82)
- ☐ Yes, I had been TAD but returned to my unit (skip to question 82)
- ☐ 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

81. 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

82. Did you feel you were treated differently at work by your co-workers 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

83. What was the gender of your supervisor?

- ☐ Female
- ☐ Male

84. 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

85. Were you able to successfully complete your 6-month post-pregnancy PFA?

- ☐ Yes, both body composition assessment and physical fitness assessment
- ☐ No, only met the body composition assessment portion
- ☐ No, only met the physical fitness assessment portion
- ☐ No, did not meet either body composition assessment nor physical fitness assessment

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

- ☐ No (skip to question 95)
- ☐ Yes

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

☐ Less than 1 month
 months

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

☐ Less than 1 month
 months

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

☐ No (skip to question 95)
☐ Yes

90. 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

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

☐ Yes
☐ No

92. Were you given a location that included access to clean running water?

☐ Yes
☐ No

93. Were you able to store your breastmilk in a cool location (e.g., refrigerator or portable cooler)?

☐ Yes
☐ No

94. 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

95. Would you intentionally become pregnant to avoid a deployment or scheduled Individual Augmentee (IA) period?

☐ Yes
☐ No

COMMENTS

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

Thank you for your time and input.

[Click here to send email with responses.](#)

Appendix C: Notification and Reminder Letters

LETTERHEAD

<<name>>
<<address1>>
<<address2>>
<<address3>>
<<address4>>

Dear <<name>>,

You are one of a select group being asked to complete the 2007 Pregnancy and Parenthood Survey. Your input is **valuable**, even if you have never had children, because these issues can impact all Sailors. Input from past surveys contributed significantly to the recent revision of OPNAVINST 6000.1C, Navy Guidelines Concerning Pregnancy and Parenthood.

Participation is voluntary, but your feedback is important in providing an accurate data picture of the Navy. The survey should take about 30 to 45 minutes to complete; please take the time to contribute.

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. The Navy Personnel Research, Studies, and Technology (NPRST) Department will only provide me with numerical results; no personal identifiers will be included to maintain your anonymity.

The survey is available online at
<http://www.nprst.navy.mil/surveys/parent> . Your user ID to access this survey is:

User ID: <<userid>>

Please take the time to complete the survey **now** while you are thinking of it. Thank you in advance. If you have any questions, please contact the Project Director, Zannette Uriell, at DSN 882-4641, (901) 874-4641, zannette.uriell@navy.mil.

Sincerely,

John C. Harvey, Jr.
Vice Admiral, U.S. Navy
Chief of Naval Personnel

NPRST LETTERHEAD

«address1»
«address2»
«address3»
«address4»
«address5»

Dear <<name>>,

A few weeks ago, you should have received a letter asking you to complete the 2007 Pregnancy and Parenthood Survey online. I hope that you have had a chance to complete the survey; no further action is then needed.

If you have not already completed the survey, please do so right away at <http://www.nprst.navy.mil/surveys/parent>. The survey should take 30 to 45 minutes, and your input is vital to ensuring that our results are valid. Your user ID for this survey is:

User ID: <<userid>>

Participation in the survey is voluntary, however, I strongly encourage you take part in the survey to ensure an accurate portrayal of Navy opinions. If you have any questions, please feel free to contact the Project Director, Zannette Uriell, at zannette.uriell@navy.mil, (901) 874-4641, or DSN 882-4641. Thank you again for your time and input!

Sincerely,

P. ROSENFELD, Ph.D
Institute Leader, Navy Personnel, Research
Studies, and Technology (PERS-14)

LETTERHEAD

«address1»
«address2»
«address3»
«address4»
«address5»

Dear <<name>>,

A few weeks ago, you should have received a letter asking you to complete the 2007 Pregnancy and Parenthood Survey online. This letter is a reminder about that survey.

I hope that you have had a chance to complete the survey; no further action is then needed.

If you have not already completed the survey, please do so right away at <http://www.nprst.navy.mil/surveys/parent> . If you prefer, you may instead use our commercial site at <https://www.nprstsurveys.com/pps/cover.htm> . Your input is vital to ensuring that our results are valid. Your user ID for this survey is:

User ID: <<userid>>

Participation in the survey is voluntary, however, I ask you to please take part in the survey to ensure an accurate portrayal of Navy opinions. If you have any questions, please feel free to contact the Project Director, Zannette Uriell, at zannette.uriell@navy.mil, (901) 874-4641, or DSN 882-4641. Thank you again for your time and input!

Sincerely,

P. ROSENFELD, Ph.D
Institute Leader, Navy Personnel, Research
Studies, and Technology (PERS-14)

LETTERHEAD

«address1»
«address2»
«address3»
«address4»
«address5»

Dear <<name>>,

A month ago, you should have received a letter asking you to complete the 2007 Pregnancy and Parenthood Survey online. YOU DO NOT NEED TO BE PREGNANT OR A PARENT TO COMPLETE THIS SURVEY, since the core set of questions relates to all Sailors. This letter is the final reminder about that survey.

I hope that you have had a chance to complete the survey; no further action is then needed.

If you have not already completed the survey, please do so right away at <http://www.nprst.navy.mil/surveys/parent> or at our commercial site <http://www.nprstsurvey.com/parent>. If you are unable to take the survey online, you may also request an email version of the survey from the Project Director at zannette.uriell@navy.mil.

Your input is vital to ensuring that our results are valid. Your user ID for this survey is:

User ID: <<userid>>

Participation in the survey is voluntary, however, I ask you to please take part in the survey to ensure an accurate portrayal of Navy opinions. If you have any questions, please feel free to contact the Project Director, Zannette Uriell, at zannette.uriell@navy.mil, (901) 874-4641, or DSN 882-4641. Thank you again for your time and input!

Sincerely,

P. ROSENFELD, Ph.D
Institute Leader, Navy Personnel, Research
Studies, and Technology (PERS-14)

Appendix D: Open-ended Comments

Analysis of Open-Ended Comments

Comments were received from 4,339 respondents to the 2008 Pregnancy and Parenthood Survey. The majority of comments were from women (67% from enlisted and 25% from officer), not surprising since about 80 percent of those who received the invitation to participate were women. In addition, 3 percent of comments were from enlisted men while 5 percent were from male officers. These comments were provided at the end of the web-based survey, with a 1,000 character limit. Comments were imported into SPSS Text Analysis for Surveys for analysis. 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; “education” and “training” were grouped together, “career” was expanded to include “stay in the Navy” and “stay,” “birth” was expanded to include the term “control,” “command” was expanded to include “personnel” and “supervisor,” and “policy” included the terms “policies” and “change.” 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 and individual comments read by a researcher. Based on the context of the comment, some terms could be further analyzed to better determine a thematic category. The open-ended comments on the survey could have both positive and negative attributes, or could include comments that were not pertinent to the survey; only those relevant to the survey topic are included here while comments that were unrelated to the survey or discussed irrelevant matters were not considered. The comments included in this Appendix have been chosen because they were relevant to the survey and had at least 100 comments in each category.

The comments that follow have been modified where appropriate to correct grammar as well as to protect anonymity, and are provided to illustrate the types of comments in each subgroup. It should be noted that these 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

The term “Navy” appeared in 944 comments. Many of the comments (90%) addressed Navy Sailors’ opinions and attitudes regarding pregnancy and parenthood in the Navy. The comments were both positive (40%) and negative (45%). The comments below refer to support, program availability, organizational, and contextual aspects of the Navy relating to pregnancy and parenthood. In additions, suggestions (15%) were also given about how to improve pregnancy and parenthood in the Navy.

Positive Comments

- The Navy has improved aspects relating to pregnancy in the Navy; all for the positive. I believe the programs and information offered provide single and married Sailors a variety of information and guidance.
- The Navy has made great strides in regards to women's needs. I have been very blessed to have great commands that worked with me.
- I am pleased that the Navy is concerned for the welfare of pregnant service members.
- I feel the Navy makes sufficient sacrifices for women to start and raise a family. The Navy shouldn't lower their standards for personnel commitment.
- During my Navy career (18+ years), I have married, become financially stable and my family is on the rise. And to say the least I am very proud of all my decisions thus far. The Navy has paved the way for me to serve my country and have a family.

Negative Comments

- The Navy doesn't have the resources to help single or married mothers to take care of their children. There is no child care available for duty days and shift work.
- I feel the Navy does not voluntarily give enough support for single parent servicemembers and pregnant women serving abroad. Navy personnel (especially men) seem to have less or no respect for servicemembers in these categories.
- The Navy is the only place in the world that people actually look down on you because you are pregnant. Everywhere else in the world, it is celebrated!
- I am more family oriented, so the pregnancy and the Navy is not as compatible for me.
- Navy is not for women who desire to have children. It is a biased workplace.
- The Navy claims to be pro-family but honestly they make it difficult to be a parent that is active in your child's life and be a military member; often you are forced to put the Navy first.

Suggestions

- Navy should have more flexible hours for mothers with young children, and if a woman does become pregnant she shouldn't be extended due to the fact of her pregnancy, or be sent to a ship straight from her pregnancy leave.
- The Navy has to do better at promoting family things, but at the same time do not mistreat the non-mothers.
- The Navy should ensure that military health care providers (especially providers for pregnant women or women trying to get pregnant) are fully qualified to deliver medical services to include pre-conception and prenatal counseling.
- I highly recommend that the Navy expedite the institution of off/on ramps and/or sabbaticals. I am VERY interested in policy that would allow me to be a better parent to my baby while guaranteeing me a successful career in the Navy.
- If the Navy wants us to be responsible to our children they need to give us the opportunity to be.

Pregnancy

The term pregnancy appeared in 814 comments. These comments consisted of personal experiences (47%) of being pregnant in the Navy and suggestions of additional support that the Navy can provide (34%). The other comments provided no consistent theme or were included in other comment topics.

Personal Experiences

- I feel that pregnant women in the Navy are viewed in a negative light regardless of the time they become pregnant.
- Because I was supported throughout my entire pregnancy, I stayed very positive and I never lost any love for the Navy, co-workers, or chain of command.
- I believe the Navy does not support women service members starting a family during their Navy career.
- The handling of my pregnancy has been awful. I am left feeling that the Navy and motherhood do not mix. I will probably be ending my career after 10 years active duty.
- My pregnancy was unplanned and occurred during a deployment. I had some very negative experiences from the medical staff while on board the ship.

Additional Support

- Support the proposal of giving a two year period off to have a child. Back to work after only three months (took own leave so I could be home longer) was horrible! Almost got out of the Navy.
- I feel that the military can show more support by offering a mandatory "Post-Partum" awareness class and provide counseling to service members.
- I feel like the military doesn't offer enough programs to help support the expenses for having a child.
- I would support more visual training rather than just being handed some literature on pregnancy.

Chain of Command

The term "command" was expanded to include the term "personnel," "supervisor" and "chain of command." These terms appeared in 617 comments. These comments consisted of positive comments about their command and co-workers (52%) and negative experiences they had while being pregnant in the Navy (46%). The other comments indicated other issues with their personnel command related to pregnancy.

Positive Comments

- I had a wonderful support system at work during my pregnancy. Now that I have returned to work, my chain of command is still supportive of me and the needs of my child.
- I had full support from my chain of command during my pregnancy. I was very thankful for that.
- Although I could have timed my pregnancy better, I was treated very fairly and with a great deal of respect by the people in my work center. Because I was supported throughout my entire pregnancy, I stayed very positive and I never lost any love for the Navy, co-workers or chain of command.
- My pregnancy was handled well at my command as far as me being a single parent. The chain of command is always supportive.
- I had a pleasant and supporting chain of command when I was pregnant, however, there are many chains of command that are not supporting and do treat a pregnant female differently when they learn the female is pregnant.

Negative Comments

- My entire chain of command was not only unsupportive but they were cruel and harsh. I was only 4 months from my PRD but was told that I "must have" intentionally become pregnant to avoid deployment.
- As soon as I told my chain of command on my ship that was I pregnant, I was immediately treated differently even though I'm a married woman.
- Even though I was on birth control pills, I was still told that I intentionally got pregnant to get off the ship. That didn't stop my peers or chain of command making snide remarks.
- My second pregnancy, the male supervisor was awful and treated me poorly, I never complained at the time, now I wish I had. One person in the chain has much influence good or bad during your pregnancy - this should change.
- My chain of command acted as if they were disappointed in me and made me feel like I had done something wrong.
- I was told by my Master Chief that I could never have a successful Navy career as a single mother and that I wouldn't make it in the Navy anyway.
- When I became pregnant, I was treated differently by the higher chain of command especially the male chain of command. They looked at me like I was piece of dirt. Like I was nothing.
- I have seen and heard chain of commands talk down to soon-to-be mothers and talk about them and their situation (whatever that may be) to others and just make them sound like they got pregnant on purpose simply to get out of deployment.
- I do not believe that the Navy sees pregnancy as a blessing or seeks to help those females that possibly did end up pregnant by accident.

Personnel

- As an XXXXX, this is the worst branch to be in when you are a single parent. You have no support from your chain of command (Khaki level the worst) since this branch is dominated by nothing but males who don't care and could care less about you or your situation.
- Women are still "punished" for having children (slackers, etc.) and being a mother while men are congratulated for having children.
- In my opinion, women -- when accepting orders to sea duty -- should be required to sign an agreement not to get pregnant while on sea duty. If they do, they should have to foot the medical bill in its entirety.

Training

The term “training” was expanded to include “information,” “knowledge,” and “awareness.” These terms appeared in 422 comments. Most of the comments (95%) discuss training matters in the Navy. Of those comments, 42 percent indicated more training is needed, 22 percent indicated better training is needed, 24 percent indicated that training and/or materials were not readily available, and 12 percent indicated that they received no training or the training they received was incorrect.

More training

- I believe more guidance and training on pregnancy (prevention, timing and regulations) should be given.
- I believe that there needs to be a lot more training about sexual health issues, including pregnancy, to all levels of personnel in the Navy.
- The Navy needs more training on budgeting and planning for families.
- I believe that more training needs to be put into play about pregnancy and becoming a parent.
- Much more training needs to be held for potential parents (both male and female) on Family Care Plan and the Navy policies on pregnancy.
- Educating active duty women on career and family planning and current Navy policies is key to retaining them for careers in the Navy.
- I have not received training on the Navy pregnancy policy.
- More training needs to be provided to young females in the Navy regarding pregnancy and the possible impact on their career if they do not plan a pregnancy for the appropriate time in their career.

Better training

- There should be training information from your command corpsman about pregnancy, birth control, options to a person, choices, timing, risks, etc.
- Training should be provided to leaders on how to deal with various issues regarding single parents and family plan requirements etc.
- I recommend training be put in boot camp specifically for women concerning the transition into Navy life.

Accessibility Issues

- It is difficult to find information about the topics discussed in the survey, especially when we are so new to the Navy. I believe E-3 and below should have a mandatory training once a quarter regarding these issues.
- Pregnancy in the Navy has been discussed but no real information is out there.
- It'd be nice to have information put out once a year not only to women but men as well.

No training / Incorrect training

- There is no training whatsoever being conducted at my current command; that is why I believe that most of the young females do not think before they act. More training please.
- When the training is given in the Navy, it loses its effectiveness when those that are doing the training have no first hand knowledge, don't really care.
- I have not had that much training on pregnancy at all. The Navy waits till you have a child. I think it should be the other way.
- Policies on pregnancy are not well known by service members and aren't taught well.
- I never receive any information on pregnancy or birth control or STDs other than from the physician when I go for my annual exam.
- After the first pregnancy, no one could consistently tell me my status, deployable or not, and when that would change. I had to do my own research to find out.
- I've never received any kind of training on birth control methods or the Navy's pregnancy policy while I have been in the Navy. As a male, I do not know what options are available.

Deployment

The term “deployment” appeared in 401 comments. Most (97%) of the comments discussed issues related to pregnancy and deployment, including the effects of deployment on retention and subjective conclusions on why pregnancy occurs in the Navy.

Deployment Issues

- The single Sailors and the non-parents go on the majority of the deployments because other Sailors have families. And it is not fair.

- I would never become pregnant to avoid deployment and it really bothers me that some women do.
- I am furious about woman using pregnancies to avoid going on deployment. Since I have joined the Navy, I have encountered many young women who use this as an "out" for deployment. Something needs to be done about this.
- Those females who do intentionally get pregnant to miss deployment or IA should be severely penalized.

Deployment on Retention

- I am required to continue to work full time while a mother and would be susceptible to deployment while having young children; remaining in the Navy is not a consideration for me.
- While I agree that the 12 months of no deployment is great, I think that any time away from my kids is brutal and it's because of that that I choose to no longer remain in the military.
- I don't feel like I can have a child in the Navy from fear of deployment. I am considering leaving the Navy because of this.
- I think the IA system/policy is totally unfair to single parents -- males or females. I love the Navy but I may leave if I keep having frequent deployments from my children.

Subjective Conclusions on Pregnancy

- I have known quite a few women who intentionally get pregnant prior to a deployment.
- I have met many women who get pregnant to stay off of sea duty or avoid any deployment. I think that it isn't fair to other service members.
- There are a large number of females that get pregnant to avoid deployment which gives the rest of the females a bad name.
- There are many women who get pregnant to avoid a deployment or IA.

Birth Control

The term "birth" was expanded to include the term "control." A total of 318 comments were analyzed. All comments containing the terms "birth" and "control" were carefully analyzed to ensure that these term made a complete term. Many comments included responses related to both men and women on attitudes and opinions on birth control in the Navy. Other comments were directed towards providing additional information and training on birth control.

Women

- I think that training about the instructions should be given yearly. I think that every new Sailor both male and female should be briefed on responsibilities at bootcamp.
- I think that if a woman gets pregnant on sea duty that there should be repercussions if she was not on birth control (noted in medical record).
- Some women are getting pregnant because there are long waiting lists to get checked out for birth control.
- I also feel that women who are attached to a ship should be required to take birth control.

Men

- We should have birth control and contraception available for the younger women who may be more at risk.
- I firmly believe that proper education on birth control and family planning, as well as free distribution of proven effective contraceptives will save the Navy lost personnel hours.
- We need to have more education on birth control for the younger women and younger men who join the Navy.
- It should be mandatory for all women to complete a birth control class.

Additional Training

- I believe that in boot camp we should provide training on Sailor pregnancy responsibilities and birth control methods to help young Sailors know their options and responsibilities.
- A bigger push for training and issuing of birth control, along with someone to help them with making the right decisions, is needed.
- There needs to be a lot more training done with corpsmen and medical personnel with drug interaction with birth control.
- I think more training on the Navy's pregnancy policy should be provided. I had no idea that there was a change in the policy and I never heard of a "purple book."
- I have been in the Navy for 29 years. There is not enough information and training on birth control.

Career

The term “career” appeared in 292 comments. It was expanded to include terms such as “stay in the Navy” and “stay.” Most (88%) discussed the effect parenthood has had, both positive and negative, on their Navy career. The other 12 percent indicated that there is no good time to have a child and maintain your career in the Navy.

Navy Career and Parenting Choice

- If you want to advance in this organization, there is never really a good time to have a baby. There is always something you can be doing to advance your career that requires either deployment or dedicated time.
- I resent the Navy for making me have to make that decision...career (because it IS a career killer if you break your sea duty) or family.
- If women want to have children and a career, the sea going Navy is not the place.
- I don't think it is fair for me to have to choose between having a career in the military and having a family. The Navy still has a “kids didn't come in your seabag” attitude.
- That choice means that my career will suffer as a result of not being competitive with male officers or female officers who have no children and can deploy at any point in their career. I am forced to choose between having a family and having a career, and I think that is an unfair decision to make.
- I personally feel that a woman should not have to make a decision between her career and having a baby. I find myself worrying about upcoming assignments for the Navy and putting off what I really want.
- I do realize that if I did want children, I could have chosen different orders, but that would have hurt my career.
- It has been my experience that pregnancy for women in the Navy is a detriment to our careers should we wish to have children. I often find it hard to balance my career with my family because being a mother is viewed as a disability rather than a positive situation.
- I have seen women plan pregnancy and have both a successful career and happy family. I think it is dependent on the mindset of the person.
- I'm personally sick and tired of Sailors using their status as parents to get out of work. Those of us who choose not to have children, or can't have any, should not have to pick up the slack for every tummy ache and dance recital. Make them choose -- Kids or Career!!
- I've noticed that females with the additional responsibility of a child do not progress in their Navy career as quickly as their male counterparts.

- It seems that the females that have child care issues tend to be a thorn in the side of their chain of command.
- I do not foresee myself having a child while in the Navy simply because it is a career killer....

Policy

The term “Policy” was expanded to include “policies” and “change.” These terms appeared in 289 comments. Of these comments, 54 percent discuss the need for policy changes in the Navy relating to parenthood and new policies needing to be implemented, while 33 percent indicated that the Navy is proceeding in the right direction. The other 13 percent consisted of both suggestions and indications that the new pregnancy policy is an issue.

Positive Comments

- The change in the new mother policy is a good one because the baby needs its mother in the first development years.
- I think the new policy of being able to be with the child for 12 months vice 4 months after delivery has made a huge impact on women deciding to stay in the Navy.
- I think that it is great that the Navy has changed this policy so pregnant service members can be with their baby for the first year.
- I think the Navy is trying to improve the issue concerning pregnant service members. However the Navy is not doing anything on trying to help the situation also I was willing to make this a career but with the Navy and its policies it just makes it more difficult to stay in.
- I feel that the change in the Navy's policy regarding sea duty deferment from 4 months to 12 is a step in the right direction.
- The new policy to defer deployment for new mothers for 1 year vice only 4 months is an outstanding and long overdue policy. It definitely shows a commitment to the families of service members.

Negative Comments

- I disagree with the Navy's new policy on 12 month shore duty for new moms. It encourages young females to become pregnant to get out of deployments and keep getting pregnant to stay in the 12 month status.
- I believe the Navy does not support women service members starting a family during their Navy career. A different mindset coupled with proper training and policies could have a real impact on the current issues surrounding pregnant service women.

- The policies in the Navy do not let family and military mix. It's either the Navy or nothing.

Suggestions

- After serving in uniform for 22 years, I would strongly agree the inclusion of a policy allowing 1–3 year sabbaticals for mothers following the birth or adoption of a child. All of our military services are losing very high quality women because they feel it's imperative to stay home with their children during the few first formative years.
- I think that the Navy's Policy on pregnancy is getting a lot better. The only issue I have is with daycare.
- The policy also needs to change to allow for a longer maternity leave (6 weeks is not long enough to recuperate, especially after a C-section).
- The Navy should come up with a more strict policy about female working ability because most of them feel as if they can't do the thing they used to before they became pregnant.

Issues with the new Pregnancy Policy

- I believe that far too many young women are taking advantage of the current system/policies by using pregnancy to get out of deployments/IA assignments.
- I think it is a big mistake that the policy has been changed from 4 months to 12 months rotation back to sea/operational duty after a Sailor has given birth. Not good.
- Hopefully someone is monitoring, because there are definitely Sailors getting pregnant to get off sea/operational duty and/or deployment.
- With the current policy in place, women are forced to choose between being a responsible, available parent, or excelling and continuing in the XXXXX Community.
- I was glad to see that the Navy's pregnancy policy changed to keep women from deploying until 12 months after giving birth.
- Bottom line, I don't agree with the new policy; it's just another ticket to get pregnant and longer shore duty rotation.
- I personally do not agree with allowing females to have 12 months after delivery. There are specific cases where females intentionally get pregnant to get out of deployment. I do not believe that they should be rewarded for this.
- I believe that if this policy continues, it gives some women a reason to get pregnant to get out of the PRT to stay in for a year or two longer.

- I'm glad the Navy has changed this policy; it's a step in the right direction as long as people don't abuse it.

Duty

The term “duty” appeared in 286 comments. The majority of the comments (92%) cover issues and suggestions related to duty (shore and sea) in regards to pregnancy and parenting. The other 8 percent discussed how the transition back to duty from pregnancy can be made better, ranging from effects of pregnancy on duty and command morale (64%), proper times to have a child (18%) and negative feelings toward pregnant Sailors (18%).

Shore Duty

- Responsible Navy women plan their pregnancies around their shore duty. I know many women who have done so. Navy women as a whole get a bad reputation because of those that don't.
- I chose to become pregnant while assigned to shore in order to avoid interruptions in my sea/shore rotation.
- Obviously shore duty would be the best timing - not flight school or deploying squadron (but that takes 6 years).
- I do think that women should be able to have children while serving, but only when it's feasible (on shore duty, etc.).
- I have successfully planned three pregnancies around my shore duty. It can be done.
- I do believe that women should plan their pregnancies around their sea/shore rotation in order to not disrupt the needs of the Navy.

Sea Duty

- I don't think females should be allowed to get out of sea duty just because they get pregnant. I think whatever time or days the Sailor misses they should have to make up.
- My main issue with pregnancy in the military is one of priorities. To my mind, getting pregnant DURING SEA DUTY is spitting in the face of that agreement.
- I planned my pregnancy to come off of sea duty at my normal rotation and PCS because it was time, not because I was pregnant.
- I personally feel that women who get pregnant to avoid sea duty should be automatically discharged.

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