

DACOWITS

Defense Advisory Committee on Women in the Services



2024 Focus Group Report



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Defense Advisory Committee on Women in the Services (DACOWITS)



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Executive Summary

This summary highlights key findings related to women in the military from the 2024 Defense Advisory Committee on Women in the Services (DACOWITS) focus groups. DACOWITS collected qualitative and quantitative data from Service members during visits in April and May 2024 to 10 military installations representing all 5 U.S. Department of Defense (DoD) Service branches (Army, Navy, Marine Corps, Air Force, and Space Force) and the Coast Guard (see Appendix A for installations visited and the dates of each site visit). The Committee conducted 59 focus groups, including 44 focus groups with servicewomen and 15 focus groups with servicemen, using 3 equally fielded data collection protocols on priority topics for the Committee: (1) recruitment and retention, (2) key influencers on servicewomen's career paths, and (3) family planning.

Three cross-cutting themes emerged from the protocol-specific thematic analysis. These were derived from the primary themes focused on women in the military identified in Tables E.1 through E.4 in the Executive Summary.

- 1. The military's perceived male-dominated culture affects the recruitment and retention of women.** Participants shared beliefs that the military has a male-dominated culture, and this culture is a negative influence on women's experiences throughout all stages of their military careers. Aspects of this perceived male-dominated culture, reported by both female and male participants, included gender bias, inequitable treatment, and harmful stereotypes and stigma toward women in the military. Perceptions of male-dominated culture were reported as a challenge that hinders women's decisions to join the military, affects their initial and subsequent assignments, and causes some to choose to leave the military. Participants reported the military's perceived male-dominated culture creates unique challenges for servicewomen, including concerns about sexual assault, reducing their desire to join previously closed positions, and impacting their ability to start and maintain a family while serving in the military.
- 2. Pregnancy and having children uniquely affect women's career progression in the military, with important ramifications for retention.** Participants reported family planning and maintaining a family in the military as two of the biggest challenges facing servicewomen today. Both female and male Service members recognized pregnancy as a significant hindrance to servicewomen's career progression due to the stigma of pregnancy in the military and time away from service, which disrupts evaluation cycles and affects occupational roles and leadership opportunities. Beyond pregnancy, participants reported unique challenges for servicewomen who are mothers, including negative perceptions from commanders and unit leaders about their dedication to the mission, and child care availability and affordability. Additionally, pregnancy and difficulties balancing family life and military service were reported as primary reasons that women leave the military at the mid-career point. Participants indicated the impact of pregnancy and parenthood on servicewomen's career progression can be mitigated through a positive and healthy command climate and support from family. Experiences of servicewomen can vary by rank and occupational specialty.
- 3. Support for female-specific healthcare, reproductive healthcare, and pregnancy is lacking and needs improvement within the military healthcare system.** Participants reported various challenges servicewomen face in obtaining healthcare services for women's health issues. Examples included difficulties making appointments for obstetrician/gynecologist (OB/GYN) and

reproductive healthcare services; negative experiences with OB/GYNs or doctors focused on women’s health issues, especially on-base providers; lack of choice in providers and options; and limited access to fertility treatments. Many servicewomen reported feeling pressured by a doctor to start using contraception or to use a form of contraception they did not want to use, and they had difficulty scheduling appointments with OB/GYNs or other reproductive healthcare specialists. Similarly, participants from nearly all family planning focus groups, including male groups, believed that offering access to and coverage of fertility treatments would positively affect servicewomen’s likelihood of staying in the military. Beyond coverage for fertility treatments, participants also offered recommendations on how to improve access to reproductive healthcare in the military, including offering Service members more choice in the providers they can see for women’s health issues, reducing limitations to accessing off-base providers, and dedicating more resources toward servicewomen’s healthcare in the military.

Tables E.1 through E.4 summarize more detailed findings from Chapters 2 through 5 of the report, organized by protocol: recruitment and retention, key influencers on servicewomen’s career paths, and family planning. Participants mentioned these themes in at least 45 percent of focus groups (about half). Data analysis was conducted at the focus group level, meaning some primary themes may seem contradictory. For example, participants in most focus groups reported that a policy is working well, while participants in half of groups reported that a policy is not working well. These types of contradictory findings indicate participants held opposing perspectives they shared during the focus group discussions and despite these different findings, both themes are true and represent participants’ perspectives. Contradictory themes are reported as “mixed perspectives” in tables E.1 through E.4, and table notes are included for each of these instances to further describe contradictory themes and their frequency.

Table E.1. Primary Themes From Recruitment and Retention Focus Groups (Chapter 2)

Frequency Among Groups*	Finding
Challenges that have hindered Military Service recruiting efforts in recent years	
Most	Low pay, as compared with the civilian labor market
Most	Exposure to negative information about military life on social media
About half	Low patriotism among today’s youth
About half	Lack of interest among today’s youth in pursuing careers in organizations with strict rules, hierarchies, and outdated policies
Factors that encourage and discourage women from joining the military	
Most	** Perceived risk of sexual assault could discourage women from joining the military
About half	** Perceptions about the military’s male-dominated culture could discourage women from joining the military
About half	** Limited work-life balance could discourage women from joining the military
About half	** Benefits offered by the military are more likely to encourage women to join than men
Perspectives on the recruitment process and Military Entrance Processing Stations (MEPS)	
All	Perceived medical or other disqualifiers for military service should not require a waiver to join the military
Most	Recruiter provided accurate information about life in the military
Most	Recruiter prepared Service members well for MEPS
Unique factors influencing dual-military couples’ experiences in the military	
Most	Co-location and geographic separation are unique challenges dual-military couples face

Frequency Among Groups*	Finding
Most	Parenting and child care responsibilities are unique challenges dual-military couples face
Most	Co-location opportunities could encourage Service members in a dual-military couple to stay in the military
Most	** Women and men face different challenges in dual-military couples, including gendered expectations and stereotypes—such as women being seen as the “default parent”—and unique career progression and pregnancy challenges
About half	Career tradeoffs or prioritizing one member’s career over the other’s is a unique challenge dual-military couples face
About half	Greater flexibility with orders, including guaranteed co-location opportunities, could improve the retention of Service members in dual-military couples
Perspectives on co-location and geographic stability policies in the military	
Most	*** Mixed perspectives on whether Military Services’ co-location policies are working well
Most	Military Service policies allow Service members to request geographic stability under some circumstances
About half	Participants’ Military Service did not have a formal geographic stability policy
Factors that discourage the retention of servicewomen	
Most	** Factors that discourage women and men from staying in the military are different, including the military’s perceived male-dominated culture, career progression challenges associated with pregnancy, and limited medical care for women’s health issues
Most	** Factors that discourage women and men from staying in the military are similar, including command climate, poor leadership, and mental health challenges
About half	** Negative treatment of women in the military and gender bias

* For frequency among focus groups, “nearly all” refers to themes that were mentioned by participants in 90 percent to 99 percent of groups, “most” refers to themes that were mentioned by participants in 56 percent to 89 percent of groups, “about half” refers to themes that were mentioned by participants in 45 percent to 49 percent and 51 percent to 55 percent of groups, and “half” refers to themes that were mentioned by participants in exactly 50 percent of groups.

** Themes that specifically relate to servicewomen or were more likely to be mentioned by servicewomen

*** Participants shared mixed perspectives on whether Military Services’ co-location policies are working well. For example, participants in most focus groups reported that co-location policies are working well and Service members had positive experiences with them, while participants in about half of groups reported that co-location policies were not working well and Service members had negative experiences with them.

Table E.2. Primary Themes From Key Influencers on Servicewomen’s Careers Focus Groups (Chapter 3)

Frequency Among Groups*	Finding
Key influencers on Service members’ overarching career paths	
Most	** Pregnancy and its impact on career progression uniquely influence servicewomen’s career paths
Most	Mentors have the biggest influence on Service members’ careers in the military
Most	Military peers have the biggest influence on Service members’ careers in the military
Most	Leadership has positive or negative influences on Service members’ careers in the military
Most	Spouses have the biggest influence on Service members’ decisions about their military careers
Most	Exciting opportunities and experiences, such as deployments, influence Service members’ careers in the military
Most	Occupational specialties influence Service members’ careers in the military
About half	** Burden of child care responsibilities more heavily influences servicewomen’s careers than servicemen’s careers

Frequency Among Groups*	Finding
About half	** Pregnancy, family planning, reproductive healthcare, and parental leave policies have or could influence Service member's careers in the military
Factors that influenced Service members' decisions to join the military	
Most	Benefit offerings
Most	Speaking with individuals with military experience
About half	** Speaking to family members, specifically those with military experience
About half	Perceptions that life in the military matched Service members' beliefs and values
Factors that influenced selection of occupational specialty	
About half	** Service members did not have a choice when selecting their current occupational specialty
Perspectives on women's experiences entering previously closed career fields, such as combat-related and special operations roles	
Most	** Women may be discouraged from joining previously closed career fields because those fields are male dominated and lack female representation
About half	** Servicewomen may be discouraged from joining previously closed career fields because they feel held to a different standard than men in those positions
Key influencers on Service members' early career decisions	
Nearly all	Positive and negative experiences with leadership
Most	Guidance and support received from mentors
Key influencers on Service members' mid-careers	
Most	Spouses and children are the biggest personal factors that influence Service members' mid-career decisions
About half	Job satisfaction influences Service members' mid-career decisions
About half	Opportunities and experiences unique to the military encourage Service members to stay in the military during their mid-career period
About half	Spouses, children, and other family members influence Service members' mid-career decisions
Factors that influence servicewomen to leave the military during their mid-career	
Nearly all	** Pregnancy and family are the primary reasons women leave the military at their mid-career point
Key influencers on Service members' late careers	
About half	Financial factors, such as retirement benefits, are the biggest influences on Service members' late-career decisions

* For frequency among focus groups, "nearly all" refers to themes that were mentioned by participants in 90 percent to 99 percent of groups, "most" refers to themes that were mentioned by participants in 56 percent to 89 percent of groups, "about half" refers to themes that were mentioned by participants in 45 percent to 49 percent and 51 percent to 55 percent of groups, and "half" refers to themes that were mentioned by participants in exactly 50 percent of groups.

** Themes that specifically relate to servicewomen or were more likely to be mentioned by servicewomen

Table E.3. Primary Themes From Family Planning Focus Groups (Chapter 4)

Frequency Among Groups*	Finding
Compatibility of having a family and serving in the military	
Nearly all (female groups)	** Military life was not compatible with having a family after joining
Most	*** Mixed perspectives on the compatibility of having a family before joining the military

Frequency Among Groups*	Finding
About half	Service members held mixed beliefs about the compatibility of military life and family life, or the belief that compatibility depends on specific circumstances, after joining the military
Advice for Service members considering having children while in the military	
Most	Service members should prioritize having children if they want them
About half	Service members who want to start families should plan for having children
Impact of having a family on Service members' ability to progress in their careers	
Most	** Servicewomen's career progression is affected differently by having children compared with servicemen's career progression, including impacts of the physical aspects of pregnancy, childbirth, breastfeeding, lost experience while pregnant in their jobs because of being limited in their duties or being moved to another job, and stigma that pregnant servicewomen face in the military
Most	** Servicewomen's ability to progress is affected by the physical aspects of pregnancy, childbirth, and breastfeeding
About half	** Servicewomen are sometimes moved to another billet or job unrelated to their career field when they become pregnant, reducing their career progression potential
About half	** Servicewomen's careers can be affected by the stigma surrounding pregnancy or having a child in the military
Timing considerations for having a family in the military	
Most	Having a career in the military affects Service members' decisions about when and whether to have children
Most	There are better and worse times to have children throughout Service members' careers
Challenges associated with starting or having a family in the military other than career progression	
Most	Child care is a major challenge for Service members who have or want to have children in the military
Unique challenges Service members face when starting a family through nontraditional means	
Most	Service members stationed OCONUS or in remote or rural locations face healthcare access challenges
Most	Service members who need fertility treatment to start a family face accentuated financial and logistical challenges
Access to preferred contraceptives and experiences with reproductive healthcare services	
Nearly all	** Service members experience difficulties getting appointments with obstetricians/gynecologists (OB/GYNs) or other reproductive healthcare specialists
Nearly all (female groups)	** Service members felt pressured by a healthcare provider to start using contraception or to use a form of contraception they did not want to use
Most	**** Mixed perspectives on access to preferred contraception, including beliefs that women are more likely to face challenges accessing preferred contraception
Most	Service members have easy access to appointments for contraceptive care, specifically
Most	** Service members experience challenges getting or using referrals for specialty care
Most	** Service members had negative experiences receiving care from an OB/GYN or other healthcare provider focused on women's health while in the military, especially those on base
Service member recommendations to improve reproductive care for servicewomen	
Nearly all (female groups)	** Offer the option to seek reproductive healthcare off base
Most (female groups)	** Offer more choice in providers women can go to for reproductive healthcare

Frequency Among Groups*	Finding
About half (female groups)	Change policies and practices for referrals
About half (female groups)	** Dedicate more resources toward servicewomen's health and healthcare
Knowledge and beliefs about fertility treatment policies in the military	
Nearly all	The Military Services should cover fertility treatments for Service members under TRICARE
Nearly all	** Increasing access to and coverage of fertility treatments would positively affect servicewomen's likelihood of staying in the military longer
Most	Fertility treatments were not covered or not fully covered for Service members under TRICARE
Most	Having the option to freeze eggs, embryos, or sperm would affect Service members' ability to have children when desired
About half	Service members were unsure what fertility treatments, if any, were covered for Service members under TRICARE
Service member recommendations for fertility treatment policies and practices to support servicewomen	
Most	The Military Services should cover fertility treatments under TRICARE

OCONUS = outside contiguous United States

* For frequency among focus groups, "nearly all" refers to themes that were mentioned by participants in 90 percent to 99 percent of groups, "most" refers to themes that were mentioned by participants in 56 percent to 89 percent of groups, "about half" refers to themes that were mentioned by participants in 45 percent to 49 percent and 51 percent to 55 percent of groups, and "half" refers to themes that were mentioned by participants in exactly 50 percent of groups.

** Themes that specifically relate to servicewomen or were more likely to be mentioned by servicewomen

*** Participants shared mixed perspectives on the compatibility of having a family before joining the military. For example, participants in most focus groups reported believing that having a family was compatible with military service before joining the military, while participants in most groups also reported believing that having a family was not compatible with military service before joining the military.

**** Participants shared mixed perspectives on access to preferred contraception, including beliefs that women are more likely to face challenges accessing preferred contraception. For example, participants in most focus groups reported having easy access to their preferred contraception, while participants in most groups, especially servicewomen, reported challenges accessing their preferred contraception.

Table E.4. Primary Themes From General Questions Asked in All Focus Groups (Chapter 5)

Frequency Among Groups*	Finding
Biggest challenges for women in the military today	
Most	** Toxic military culture is the biggest challenge servicewomen face today
Nearly half	** Family planning and maintaining a family in the military are the biggest challenges facing servicewomen today
Service Member recommendations for the Secretary of Defense	
Half	Service members recommended efforts to remove and address aspects of the military that preserve and promote toxic culture, including more initiatives to support servicewomen's needs, increased representation of deserving women in leadership roles, and mechanisms to allow junior Service members to provide feedback to the highest levels of leadership.

* For frequency among focus groups, "nearly all" refers to themes that were mentioned by participants in 90 percent to 99 percent of groups, "most" refers to themes that were mentioned by participants in 56 percent to 89 percent of groups, "about half" refers to themes that were mentioned by participants in 45 percent to 49 percent and 51 percent to 55 percent of groups, and "half" refers to themes that were mentioned by participants in exactly 50 percent of groups.

** Themes that specifically relate to servicewomen or were more likely to be mentioned by servicewomen

Chapter 1. Introduction and Methods

Chapter 1 provides the introduction and methods, which consist of an overview of the focus groups, the characteristics of the focus group participants, and the analysis approach.

A. Focus Group Overview

DACOWITS collected qualitative and quantitative data through focus groups conducted during site visits in April and May 2024 at 10 military installations¹ representing all five DoD Service branches (Army, Navy, Marine Corps, Air Force, and Space Force) and the Coast Guard (see Appendix A). During the focus groups at these sites, the Committee addressed three sets of topics:

- ▶ Recruitment and retention
- ▶ Key influencers on servicewomen's career paths
- ▶ Family planning

In partnership with the DACOWITS research contractors, the Committee developed a mini-survey (see Appendix B) and a series of focus group protocols (see Appendix C) to address the three sets of topics. Each protocol covered one of the three topics to ensure each study topic was addressed by each Service, gender, and pay grade group. Each focus group lasted 90 minutes and was composed of Service members of one gender (male or female) and one rank (enlisted or officer). However, Service members from different Military Services participated in focus groups in some instances when Service members from multiple services were stationed on a base. Committee members facilitated focus group discussions to elicit and assess the views, attitudes, and experiences of Service members regarding the selected study topics.

The Committee also distributed mini-surveys to the participants to determine the demographic composition of the focus groups and ask supplemental questions related to each study topic. Mini-survey findings are presented throughout the report including full results in Appendix B.1. All the data collection instruments were reviewed and approved by the DoD, Washington Headquarters Service (WHS) (Control No. 0704-DACW) and considered exempt from institutional review board requirements by the Defense Human Resources Activity Component Office of Human Research Protection.

DACOWITS conducted 59 focus groups in 2024. Of the 59 focus groups, 44 were held with women, and 15 were held with men. Thirty of the focus groups were conducted with enlisted personnel (pay grades E4–E7), and 29 were held with officers (pay grades O2–O5 and W1–W4). There were 596 participants with an average of 10 participants per session. DACOWITS addressed the topic of recruitment and retention in 20 focus groups, key influencers on servicewomen's career paths in 19 groups, and family planning in 20 groups. Each installation was responsible for recruiting focus group participants from the demographic categories specified by DACOWITS (see Figure 1.1).

¹ The 10 installations were Peterson Space Force Base, Fort Carson, Camp Pendleton, Naval Base San Diego, Marine Corps Air Station Miramar, Sector Puget Sound, Joint Base Lewis-McChord (Air Force), Joint Base Lewis-McChord (Army), Naval Base Kitsap, and Training Center Yorktown.

Figure 1.1. Focus Group Breakdown



B. Focus Group Participant Characteristics

The research team analyzed the qualitative data from the focus groups and compiled a demographic profile of focus group participants using responses from the mini-surveys (see Table 1.1). About three-quarters of participants were women, and about a quarter were men. All five Service branches—the Army (23 percent), Navy (20 percent), Marine Corps (22 percent), Air Force (15 percent), Space Force (4 percent)—and the Coast Guard (17 percent) were represented, with the Space Force making up a smaller proportion of the sample because DACOWITS conducted only one installation visit to a Space Force base. Nearly all participants (98 percent) were active-duty. Participants ranged widely in age, from 17 to 50 and older. Participants in the youngest age category (aged 17–20) and the three oldest age categories (aged 40–44, 45–49, and 50 or older) made up smaller percentages of the overall group.

Enlisted personnel represented slightly more than half of focus group participants (52 percent): Service members with pay grades E4–E6 made up the largest proportion of enlisted personnel (41 percent). The largest subset of officers was composed of those with pay grades O2–O3 (31 percent), followed by those with pay grades of O4 or higher (13 percent), W1–W3 (5 percent), and WO4–WO5 (less than 1 percent).

Focus group participants represented varying levels of tenure in the Military Services. Those with less than 3 years of service (8 percent) or 20 or more years of service (8 percent) were least represented, whereas those with 3–5 years (27 percent) and 6–9 years (21 percent) of tenure were most represented, followed by those with 10–14 years (18 percent) and those with 15–19 years (16 percent). A majority of participants identified as White (68 percent); smaller proportions identified as Black (10 percent), Asian (7 percent), Native Hawaiian or Pacific Islander (3 percent), American Indian or Alaska Native (2 percent), or multiple races (8 percent). About 24 percent of participants identified as Hispanic. Subsequent chapters in this report provide the results for the study topic-specific mini-survey questions.

A majority of participants, 58 percent, were currently married, with 28 percent married to another Service member. Thirty-six percent reported having children living at home. Relatedly, most participants did not have children (61 percent), while 37 percent of participants had children living in their home, and 2.4 percent had children living outside of their home.

Table 1.1. Focus Group Participant Demographics

Participant Characteristic	Percentage of Women (<i>n</i> = 443)	Percentage of Men (<i>n</i> = 150)	Percentage of All Participants (<i>n</i> = 596)
Gender			
Missing	0	0	3*
Total	74.3	25.2	100.0
Service Branch			
Air Force	15.1	14.0	14.9
Army	23.0	22.7	22.8
Coast Guard	16.0	21.3	17.3
Marine Corps	21.7	22.0	21.6
Navy	20.8	16.0	19.8
Space Force	3.4	4.0	3.5
Missing	-	-	-
Total	100.0	100.0	100.0
National Guard or Reserves			
Yes	2.3	0.7	1.9
No	97.3	99.3	97.8
Missing	0.5	0.0	0.3
Total	100.0	100.0	100.0
Age			
17–20	2.3	2.0	2.2
21–24	19.9	14.0	18.3
25–29	27.8	26.0	27.2
30–34	21.4	20.0	21.1
35–39	18.5	22.7	19.5
40–44	7.9	11.3	8.9
45–49	1.4	2.0	1.5
50 or older	0.9	2.0	1.2
Missing	0.0	0.0	0.2
Total	100.0	100.0	100.0
Pay Grade			
E1–E3	1.8	2.7	2.0
E4–E6	40.6	44.0	41.4
E7–E9	7.9	8.7	8.2
O2–O3	31.8	27.3	30.5
O4 or higher	13.3	10.7	12.6
W1–W3	4.1	6.7	4.7
W4–W5	0.5	0.0	0.3
Missing	0.0	0.0	0.2
Total	100.0	100.0	100.0

Participant Characteristic	Percentage of Women (<i>n</i> = 443)	Percentage of Men (<i>n</i> = 150)	Percentage of All Participants (<i>n</i> = 596)
Length of Military Service			
Less than 3 years	7.9	7.3	7.7
3–5 years	26.0	29.3	26.7
6–9 years	23.3	14.0	21.0
10–14 years	19.0	14.0	17.6
15–19 years	14.9	19.3	16.1
20 years or more	5.9	12.7	7.6
Missing	3.2	3.3	3.4
Total	100.0	100.0	100.0
Race			
American Indian or Alaska Native	1.9	1.4	1.7
Asian	7.3	5.4	6.5
Black	9.6	11.6	9.9
Native Hawaiian or Pacific Islander	2.3	3.4	2.5
White	70.7	70.1	68.0
Multiple races	8.2	8.2	7.9
Missing	3.8	2.0	3.5
Total	100.0	100.0	100.0
Hispanic or Latino Ethnicity			
Yes	24.4	21.3	23.7
No	75.6	78.7	76.0
Missing	0.2	0.0	0.3
Total	100.0	100.0	100.0
Relationship Status			
Divorced	10.4	4.7	8.9
Married to a civilian or veteran	22.2	53.3	30.0
Married to a current Service member	33.0	13.3	27.9
Never married	32.9	28.0	31.7
Separated	1.1	0.7	1.0
Widowed	0.2	0.0	0.2
Missing	0.5	0.0	0.03
Total	100.0	100.0	100.0
Dependent Children			
Yes, at home	34.4	43.3	36.6
Yes, not at home	2.3	2.7	2.4
No	63.4	54.0	60.9
Missing	0.2	0.0	0.2
Total	100.0	100.0	100.0

Note: Some percentages do not sum to 100 because of rounding.

* Three participants did not select a gender. These participants' responses are included in the "Percentage of All Participants" column.

Source: DACOWITS mini-survey (data from all focus groups)

C. Analysis

The focus group analysis process involved several steps. During each focus group, research staff captured verbatim discussions between focus group participants and Committee facilitators in the form of transcripts. The research team then cleaned and redacted the transcripts to remove identifiers from participants' quotes. Next, the team identified themes and subthemes by reviewing all transcripts for a given focus group topic and noting common responses that arose. Once the themes were identified, the data were entered into qualitative analysis software (NVivo 12), and the transcripts were coded by theme. This process enabled the research team to explore whether certain responses were more common among subgroups (e.g., gender, pay grade, Service). Unless otherwise specified, focus group themes were common across pay grades, Military Services, and genders. The quotes provided throughout the report were chosen from hundreds of illustrative examples to exemplify the findings for each theme.

1. Strengths and limitations of focus groups as a methodology

Focus groups are a key tool for DACOWITS to gauge Service members' perceptions and assess their knowledge, attitudes, and opinions. They provide an interactive way to explore topics deeply and obtain detailed information in Service members' own words. Focus groups also help researchers collect data on groups that are underrepresented in the military, such as women, that may not be represented statistically through surveys that examine the military as a whole.

Unlike survey research which gathers information on the numbers or proportions of respondents who answer particular questions in a certain way, focus group research does not gather information on concurrence across all respondents, and findings are not generalizable to a larger population. The recruitment of participants for a focus group cannot be replicated; it is difficult to ensure identical questions are asked in each group, not all participants may answer a question, and the results for one group cannot be compared precisely with those for other groups (Figure 1.2). Additionally, disagreements or opposing perspectives from focus group participants can lead to seemingly contradictory themes or findings. Despite these limitations, the results can add greatly to an existing body of knowledge on a topic, or they can serve as a first step toward developing a more comprehensive study of a topic.

Figure 1.2. Collecting Data Through Structured Focus Group Conversations



2. Understanding the results

To give a rough indication of the frequency with which a particular theme was mentioned, several key terms and phrases are used throughout the report. For example, to indicate how frequently a theme was raised during the focus groups that addressed a specific topic, the report uses:

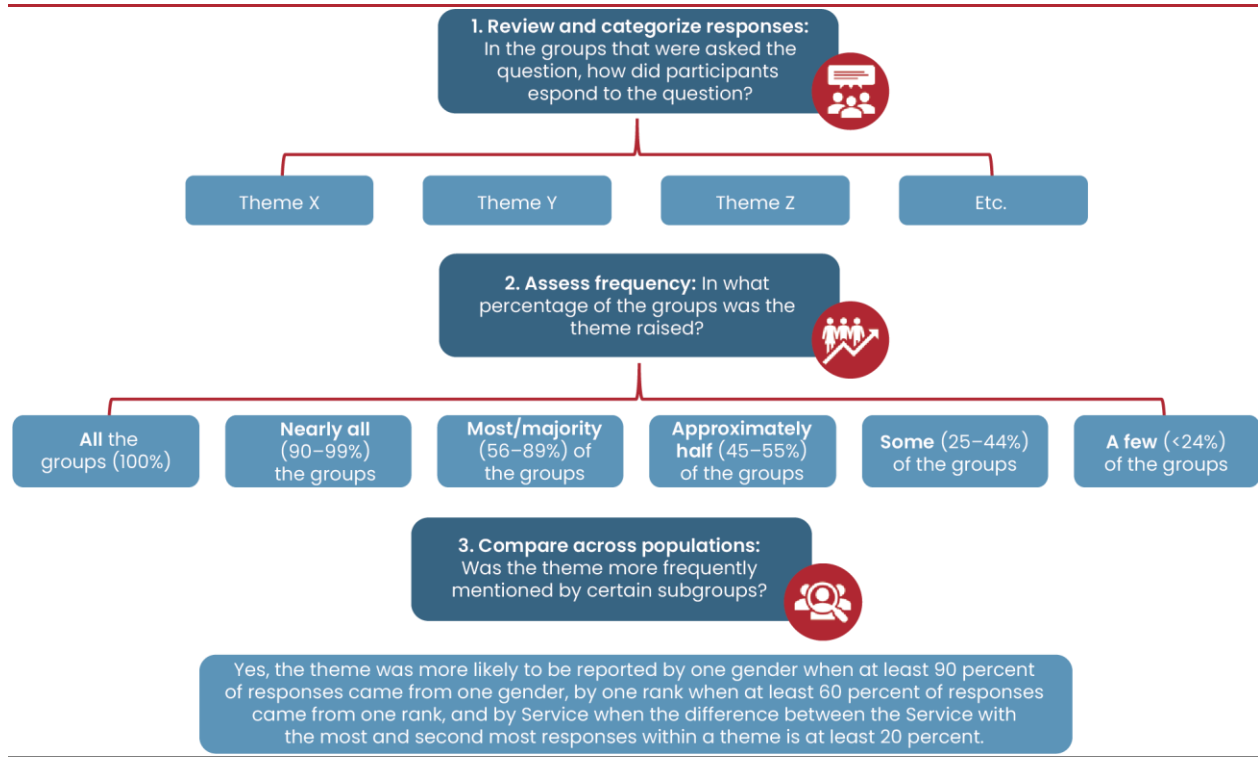
- ▶ **“all”** for themes that emerged in all the focus groups in which the question was asked;
- ▶ **“nearly all”** for themes in 90–99 percent of the focus groups;
- ▶ **“most”** or **“majority”** for themes in 56–89 percent of the focus groups;
- ▶ **“approximately half”** for themes in 45–55 percent of the focus groups;
- ▶ **“some”** for themes in 25–44 percent of the focus groups; and
- ▶ **“a few”** for themes that emerged in fewer than 25 percent of focus groups.

To ensure the report focuses on the most commonly reported themes rather than those that emerged in only a few focus groups, aside from lists of participant suggestions, this report typically does not include themes that emerged in fewer than 25 percent of the groups in which a particular question was asked.

When comparing multiple responses to a given question, the report uses phrases that give an approximate sense of the proportion of participants who expressed a given opinion—such as “nearly all the participants who responded to this question” or “the most commonly mentioned theme”—rather than phrases with a fixed meaning that imply every participant provided a response. When comparing whether the theme was more frequently mentioned by certain subgroups (e.g., men, women, officers, enlisted personnel, members of one Service), the report uses the term “more likely than” to identify a theme reported more likely to be reported by one subgroup of respondents, including themes in which 90 percent of mentions are from one gender, at least 60 percent of mentions are from one rank (officer or enlisted), and the difference between the Service that mentioned a theme most often and the Service that mentioned a theme second most often is at least 20 percent.

Because focus group themes are identified at the group level, participants sharing opposing perspectives to certain questions may create seemingly contradictory themes. For example, participants in most focus groups (e.g., 56–89 percent) may feel like a certain policy is working well, while participants, also in most groups (e.g., 56–89 percent), may feel like a certain policy is not working well, because opposing views were shared by participants in response to questions related to that policy. Therefore, seemingly contradictory themes are true to participants perspectives and highlight areas in which there was disagreement amongst focus group participants. It is important to keep in mind that the purpose of focus groups is to obtain rich detail on a topic rather than to precisely measure the frequency and types of responses. An overview of the analysis process is outlined in Figure 1.3.

Figure 1.3. Overview of Analysis Process



Chapter 2. Recruitment and Retention

2024 DACOWITS Focus Group Findings

Recruitment and Retention Topic Overview

20
Focus groups overall

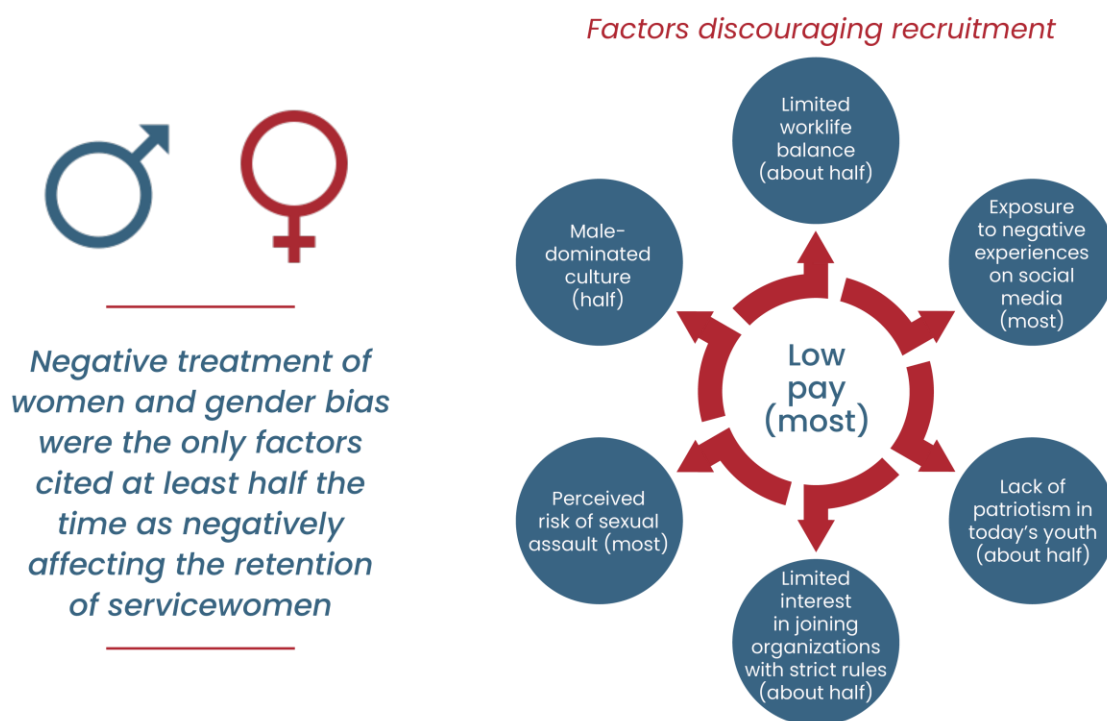
15
Groups with
servicewomen

11
Groups with
enlisted personnel

Topics investigated

- Joining the military and today's recruiting challenges
- Factors that encourage or discourage women from joining
- Recommendations to make women more interested in joining
- Experiences of the recruitment process and MEPS
- Dual-military couples and retention
- Co-location
- Geographic stability
- Factors that discourage the retention of women
- Recommendations to improve the retention of women

Primary Factors Influencing Recruitment and Retention



Policy changes participants reported would increase their likelihood of retention

Hypothetical policy change	Women (%)	Men (%)
Increased base pay	78.5	83.2
Housing allowance	74.8	77.9
Geographic stability (fewer PCS moves)	60.0	63.1
Expanded co-location opportunities for dual-military couples	59.2	37.0
Additional reproductive healthcare benefits (such as access to fertility treatments)	57.4	28.1
Increased access to on-installation child care	59.5	48.7
Expanded retirement options	70.8	65.1

DACOWITS routinely studies issues related to recruitment and retention during its annual installation visits. This year the Committee examined Service members' perspectives on joining the military, including factors that may encourage or discourage women from joining the military and their experience with recruiters and the recruitment process, including MEPS. The Committee was also interested in various topics related to retention, including the experiences of dual-military couples, co-location policies, geographic stability, and factors that affect servicewomen's retention.

The Committee conducted 20 focus groups on the topic of recruitment and retention (see Appendix C.1 for the focus group protocol), including 11 groups with enlisted Service members (E4–E7) and 9 groups with officers (O2–O5/W1–W4). Findings on recruitment and retention are organized into the following sections:

- A. Joining the military and today's recruiting challenges
- B. Factors that encourage or discourage women from joining the military
- C. Recommendations to make young women more interested in joining the military
- D. Experiences of the recruitment process and MEPS
- E. Dual-military couples and retention
- F. Co-location
- G. Geographic stability
- H. Factors that discourage the retention of servicewomen
- I. Recommendations to improve the retention of servicewomen

When interpreting the findings outlined in this chapter, it is important to consider that these focus groups consisted only of participants who had joined the military. It is possible that individuals who did not join the military would provide different perspectives on these topics.

A. Joining the Military and Today's Recruiting Challenges

DACOWITS asked focus group participants about whether they would recommend military service to a young woman or young man today and their perspective on the Military Services' recent recruiting challenges. Participants were more likely to recommend military service to a young man than a young woman and cited lower pay, negative information on social media, diminishing patriotism, and disinterest in hierarchical workplace structures as challenges for recruiting young women and young men today.

1. Participants were more likely to recommend military service to a young man than a young woman today

DACOWITS asked focus group participants to raise their hand if they would recommend military service to a young man and a young woman today (see Figure 2.1). Responses from women and men were relatively similar for both questions. Approximately 89 percent of female and male participants recommended military service for a young man today, while 61 percent of male participants and 66 percent of female participants recommended military service for a young woman today. There was some variance across focus groups, including one focus group in which zero participants recommended military service for young women and another in which all participants recommended military service for young women.

Figure 2.1. Percentage of Participants Who Would Recommend Military Service to a Young Man or Young Woman Today



Source: Focus group transcripts

2. Participants shared various benefits they were aware of before joining the military

Participants were asked what, if anything, they knew about benefits offered by their Service before joining. Participants in nearly all focus groups mentioned knowing about the education benefits, such as the Post-9/11 GI Bill, and participants in most groups said they were aware of the medical benefits before joining. In about half the focus groups, participants mentioned monetary benefits, including retirement plans and stable pay. Participants in some focus groups highlighted travel opportunities as a benefit of military service. Enlisted personnel were more likely to mention medical benefits and travel opportunities than officers.

"I didn't know about anything other than education [benefits]."

—Enlisted Man

"I knew about the school benefits and the healthcare benefits, but that was it. Just the basic ones."

—Enlisted Woman

"For us older guys, we were looking at the pension right away—getting out in your 40s and getting a paycheck for doing nothing for the rest of your life."

—Male Officer

"I wanted to travel. See different parts of the U.S. and abroad. I didn't know about any of the benefits other than travel though."

—Enlisted Man

a. Participants in some groups learned about military benefits from friends or someone in their family who served in the military

In addition to the benefits described in the previous section, participants in some focus groups indicated their knowledge and awareness of military benefits came from connections with family members or friends who had served in the military.

"I was a military brat. My dad was in the [Service]. I joined to get health insurance and wanted to make sure I was covered. I joined the Reserves. I knew a lot because of my dad."

—Female Officer

"I think it's still divided. ... If you have a family member who served, you are aware of the benefits."

—Female Officer

"I was fortunate to have parents in the military. People don't understand the benefits or obligations. I was working in [the District of Columbia] before I joined, and I said I was joining the [Service], and my friends were like, '[Services] do fighting. What does the [Service] do?' Lack of understanding about what we do is pervasive for both women and men."

—Male Officer

3. Participants cited several challenges they believe have hindered their Service's recruiting efforts in recent years

Most Military Services have encountered challenges meeting their recruitment goals over the last few years. Participants were asked to share their perspective on the main reasons their Service has had challenges recruiting people to join. Participants in most focus groups cited low pay and exposure to negative information about military life as factors that hinder recruiting efforts, while participants in about half the groups suggested that low patriotism among American youth and a disinterest in joining organizations with strict rules and regulations may hinder recruitment.

a. Participants in most focus groups reported low pay, as compared with the civilian labor market, as a significant challenge hindering recruitment today

Participants in most groups felt military pay has not kept up with the civilian labor market and cited minimum wage jobs or low-status work as providing pay comparable with military service, particularly for junior enlisted personnel. Participants also cited new ways young people can earn money through social media that make the military's pay less enticing. Enlisted personnel were more likely to provide this response than officers.

"I think it's pay. McDonald's is making \$15/hour. Why should I join the [Service]? The paycheck is steady, but the money, I could make more money outside. Most young people, they are, like, ... the [Service] for what? I could make as much money as I want outside even before college."

—Female Officer

"Not paid well enough. We lose money because the pay raise doesn't keep up with inflation."

—Enlisted Man

"I think we could take care of our [Service members] better. We're in [city]. As an O-5, it is hard to find housing within a reasonable travel distance. People don't have a lot of experience with their families serving, and what do they hear about it? They [current Service members] say, 'Well it kind of sucks. I'm on WIC [Special Supplemental Nutrition Program for Women, Infants, and Children]. I'm in the [Service], but I can't afford to take care of my family.'"

—Male Officer

b. Participants in most focus groups reported exposure to negative information about military life on social media as a challenge hindering recruitment today

Participants in most groups felt significant exposure to negative information about life in the military via social media platforms that may dissuade individuals from joining. Participants often expressed that this type of information was not as readily available to previous generations who showed interest in joining as it is today. Enlisted personnel were more likely to provide this response than officers.

"On the [Service] Reddit page, it's not surprising to see bad commentary, and then people will say they're thinking of joining and ask why they should after reading that information."

—Enlisted Woman

"The past few years, social media highlights negative things you wouldn't see before."

—Female Officer

"Recruits hear about what is going on, and it discourages them to not want to join; that's probably why. Plus, social media, people's posts. ... They hear about the quality of life in the barracks, for example. And this happens in the military across all the Services. People are going through things and have issues that they can't fix."

—Enlisted Man

c. Participants in about half the focus groups felt low patriotism among today's youth hinders recruitment

Participants in about half the focus groups reported a lack of patriotism among youth today as a challenge to recruitment today. Participants discussed newer generations' distance from September 11th and the wars in Iraq and Afghanistan, as well as the growing divide between the military and civilian world. Enlisted personnel were more likely to provide this response than officers.

"Also ... the patriotism that people felt after 9/11 has gone down. I don't feel like these younger generations feel the same way. I think that's one of the big things."

—Enlisted Woman

"I think it's a generational thing. The kids these days didn't know about 9/11; they didn't experience it. The terrorist attack ... impacted us and impacted our decisions to join...."

—Female Officer

"Our younger generation ...; the civilian-military divide has widened. When I joined the [Service Academy] in 2007, we were at war. I was watching the invasion of Iraq in my basement, but our [Service members] haven't seen that ... The value system too, young men and women want immediate gratification, but the military is delayed gratification. You have to do your 20 years. It's also inherently selfless. I've written 18 death letters, and the modern American won't make that sacrifice."

—Male Officer

d. Participants in about half the focus groups felt today's youth are uninterested in pursuing careers in organizations with strict rules, hierarchies, and outdated policies

Participants in about half the focus groups felt shifts in workplace culture and expectations may be a major challenge for recruiting today. Specifically, they reported young people are less interested in joining organizations and workplace environments with strict rules and seemingly outdated policies related to hair and grooming standards, personal conduct regulations, uniforms, and more. Enlisted personnel were more likely to provide this response than officers, and participants from one Service were more likely to mention this than others.

"They are the free expression generation. You don't get that in the military. They think, 'I don't have time for that or want to abide by that.'"

—Enlisted Woman

"I think we haven't modernized at the same rate as society. We have a very rigid structure relative to our civilian counterparts. It's very rule based, regimented, which is not reflective of civilian society anymore.... Like you can't have a beard. Your hair has to be in a stupid bun all the time. It's a death by a thousand papercuts kind of scenario."

—Female Officer

"Men specifically are trying to stay away from the military because we're still stuck in the 1950s. I know men who won't join because [they] have to shave their beard or because they have tattoos. They don't want to do it. They wanted to join, but because we act like we're in that time period, so to speak, they don't want to do that. They don't want to change their identity to join."

—Enlisted Woman

B. Factors that encourage or discourage women from joining the military

DACOWITS asked focus group participants what factors are more likely to encourage or discourage women from joining the military as compared with men. Participants reported a variety of factors that may uniquely encourage or discourage women to serve in the military.

1. Participants reported various factors that encourage women to join the military

Participants reported several factors that may be more likely to encourage women to join the military including benefits, professional development opportunities, and job stability provided by the military.

a. Participants in nearly half the focus groups felt benefits offered by the military are more likely to encourage women to join the military than men

Participants in nearly half the focus groups reported military benefits could be more likely to encourage women to join the military compared with men. In particular, participants cited paid parental leave benefits, equal pay structure, access to and availability of health insurance and services, and more. Participants from one Service were more likely to provide this response than others.

"I think recent expansion of parental leave. It makes us one of the strongest parental leave offerings in the United States. That's disproportionately something that women care about. Both that we have more leave, but also that we offer it equally to men and women, so women don't feel punished. It's a unique benefit not every employer has."

—Female Officer

"One benefit to military service. ... Outside in the civilian sector, women have a hard time making the same money for the same job [as men]. There is no negotiating your salary here. It is set based on your experience and pay grade."

—Male Officer

"Healthcare access. I think women, depending on what State or where you are located geographically, may not have the same access afforded to us."

—Female Officer

b. Participants in some focus groups reported professional development opportunities could encourage women to join the military

Participants in some focus groups felt the military's professional development opportunities, such as various career opportunities and pathways, promotion potential, and opportunities for advanced training, are particularly enticing for women to join the military. Enlisted personnel were more likely to

provide this response than officers, and personnel from one Service were more likely to provide this response.

"When I joined, I planned to become a police officer, and now it's changed into a marshal, but having that stepping stone of going from high school to military and whatever career you want to do, it really bumps up your resume if you plan on getting out of the military."

—Enlisted Woman

"My last appointment was with a pool of 120 [Service members], mostly really new [Service members], and almost all of them were female. Many women talked about joining for the training they would receive and how they planned to use those skills in follow-on careers or continuing education."

—Female Officer

"Being in the military is one of few jobs where you can progress in your career; you can always progress. That's intriguing."

—Enlisted Woman

c. Participants in some focus groups felt job stability could encourage women to join the military

Participants reported women may be more encouraged to join the military because of the perceived job stability relative to other civilian employment opportunities, also noting financial stability. Participants from one Service were more likely to provide this response.

"Job stability. Especially now the career market is more volatile, the sense of stability and security is good for starting a family or laying down roots and building a financial foundation at a young age."

—Female Officer

"Even though it is unpredictable, it's still a relatively predictable path instead of going out to look at a million jobs when you have no idea what you want to do or where you want to go. You have an idea of what you're getting into instead of an entry-level position at a Fortune 500 company."

—Male Officer

"I think financially needing a more stable career. ... I think this would be a good option if you need it financially."

—Enlisted Woman

2. Participants reported various factors that discourage women to join the military

Participants reported several factors that may uniquely discourage women from joining the military, including the perceived risk of sexual assault while serving in the military, beliefs about the military's male-dominated culture, limited work-life balance, and the negative impacts of pregnancy on a woman's career progression in the military.

a. Participants in most focus groups felt the perceived risk of sexual assault could discourage women from joining the military

Participants in most focus groups reported that women are more likely to be discouraged from joining the military out of a concern or fear they may be sexually assaulted. The perceived possibility of sexual assault may also be a factor that influences family members to discourage women from joining the

military. Enlisted personnel were more likely to provide this response than officers, and personnel from one Service were more likely to provide this response.

"One thing that discourages them is the way the news at large and the Services communicate with the public indicating that we have a sexual assault problem, even though the data don't show that. Men are sexually harassed at the same rates as women. I know people who said they don't want their daughter to join for that reason. I see a lot of data in the [Service], and it's really ... the way it's portrayed isn't necessarily true. Fort Hood is a good example, a great case study. It got international coverage, but had that been a man, it wouldn't have gone the same way."

—Male Officer

"The sexual assault cases that happen where no punishment is made toward the men that do it."

—Enlisted Woman

"Sexual assault, harassment, and sexism. When you see stuff like that, you're like, 'Why would I want to join and deal with that?'"

—Enlisted Woman

b. Participants in half the focus groups reported that perceptions about the military's male-dominated culture may discourage women from joining

In half the focus groups, participants felt societal perceptions of military culture as male dominated could discourage women from joining the military, including the disproportionate number of men serving in the military and cultural perceptions about women serving in the military. Women, enlisted personnel, and participants from one Service were more likely to provide this response.

"I think the disproportionate number of men to women. We see more men, so that could interfere in someone's interest, knowing there is more men."

—Female Officer

"There is still a public perception that women don't belong in the military."

—Enlisted Woman

"[The] military environment is a man's world."

—Enlisted Woman

c. Participants in nearly half the focus groups shared that a limited work-life balance could discourage women from joining the military

Participants reported women may be discouraged from joining the military because of perceived challenges balancing military and life responsibilities. In particular, participants felt parenthood amplifies the perceived challenge of military service and family life. Women were more likely than men to provide this response.

"Family life. I feel like fewer women come in because of the traveling aspect because they want to have a family and kids, and moving from place to place is hard on your family."

—Male Officer

"When I joined, I was single, just me and my dog. My decision would be the same, but now I have two kids and a husband. Certain women may feel like you have an established life with kids that you couldn't rip them away from that, especially for PCS [permanent change of station], deployments, field training, etc."

—Female Officer

"I say as far as family life goes, that's a big thing. I just had my first kid, and my husband is leaving for deployment Tuesday, so it's harder for the mom to be able to have that home mom and work-life balance. It's not ever as much put on the dad as the mom."

—Enlisted Woman

d. Participants in some focus groups felt the negative impacts of pregnancy on servicewomen's career progression could discourage women from joining the military

In some focus groups, participants reported how concerns about pregnancy and career progression may uniquely dissuade women from joining the military. Included were reports of the stigma of pregnancy in the military and challenges balancing family life with military service responsibilities and obligations. Women were more likely than men and enlisted personnel were more likely than officers to provide this response.

"The mentality the [Service] has for ... if you're a woman and you're pregnant, you are never going to be as good as a man. If you are pregnant, you are useless; that's the mentality people have; that is discouraging."

—Enlisted Woman

"Trying to start a family—a lot of [Service] women get out because they couldn't have a family and be in the military at the same time. Too many disadvantages to staying in, rather than getting out. Mostly officers get out to start a family."

—Female Officer

"Career progression. If you want a kid as a female, it gets in the way of your career; it's hard to shine and flourish when you have medical time and caregiver time."

—Enlisted Man

C. Recommendations to make young women more interested in joining the military

Participants were asked what their Service could do to increase young women's interest in joining the military. Table 2.1 summarizes the most prevalent recommendations raised in some focus groups.

Table 2.1. Participant Recommendations for How Their Service Can Make Young Women More Interested in Joining the Military

<p>Modernize advertising messaging and mechanisms</p> <p><i>“Sometimes the challenge is the appeal, but then we’re talking about how generations now ... they are different. They didn’t play outside as much, and the public understanding of the military is worse. Our marketing used to be successful—‘We are tougher than you; come join us’—but now that’s daunting because kids say, ‘I haven’t done anything tough.’”</i></p> <p>—Female Officer</p>	<p>Increase pay and financial benefits</p> <p><i>“The general issue of pay is a big deterrent too. They can join a company in the civilian sector and get student loans taken care of.”</i></p> <p>—Enlisted Woman</p>
<p>Work to better prosecute and prevent sexual assault in the military</p> <p><i>“Talk about accountability for offenders. If they are looking to enlist, loved ones are probably sharing with them how people turn a blind eye. If someone does something, they should be removed and not just go through military tribunal but civil as well.”</i></p> <p>—Enlisted Man</p>	<p>Increase female mentorship opportunities and representation in leadership positions</p> <p><i>“We also need females in higher positions that are visible so that women in the military see, ‘I can be something,’ and people outside the military can also see, ‘Oh, they got females in bigger roles. It’s not just the good old boys club.’”</i></p> <p>—Enlisted Woman</p>

Source: Focus group transcripts

D. Experiences With the Recruitment Process and MEPS

DACOWITS was interested in learning about participants’ experiences with the recruitment process, including experiences with their recruiter, and MEPS. MEPS are DoD facilities where prospective military applicants, both enlisted and officers, complete the accessions process, including extensive requirements for medical screening and aptitude testing. When interpreting findings from this section, please note that participants across focus groups joined their Service at different times; therefore, some participants may report recent experiences with MEPS and their recruiter, while other participants may report about their experience from more than 20 years ago.

Participants were asked whether their recruiter provided them with accurate information about life in the military, whether their recruiter prepared them for MEPS, and what they liked and disliked about MEPS. Participants were also asked for their opinions about eliminating waiver requirements for joining the military with certain health conditions and their recommendations to improve the overall recruitment and MEPS process.

Participants were asked to reflect on their experiences with their main recruiter or the person who was the primary point of contact during the period when they joined. For officer focus groups, participants were encouraged to reflect on the primary point of contact they interacted with before joining their Service. For the remainder of this section, we will refer to these people as “recruiters.” DACOWITS asked focus group participants to raise their hand if they had a female recruiter as their main recruiter. Figure 2.2 shows that 11 percent of all participants indicated their main recruiter was a woman. However, a greater proportion of women reported they had a female recruiter than men.

Figure 2.2. Percentage of Participants Who Had a Female Recruiter as Their Main Recruiter, by Gender



Source: Focus group transcripts

1. Participants shared mixed feelings on whether their recruiter provided them with accurate information about life in the military

DACOWITS asked focus group participants whether they felt their recruiter provided them with accurate information about life in the military. While participants in most focus groups felt their recruiter accurately portrayed life in the military, participants in some groups did not feel that way, citing concerns with their recruiter's honesty or lack of accurate information. Additionally, participants in some focus groups reported their recruiter did not have sufficient knowledge about their desired career field or did not provide enough information on career field options.

a. Participants in a majority of focus groups felt their recruiter provided them with accurate information about life in the military

Participants in most focus groups felt their recruiter gave them accurate information on what life would be like in the military. Participants appreciated recruiters who were open and honest in answering their questions and providing information. Enlisted personnel were more likely to provide this response than officers.

"It was pretty accurate. I went to him, it was a time of war, so it was different. He explained the chances of going overseas would be high and warned me that the men aren't great."

—Enlisted Woman

"I still talk to her; she was amazing. She's [an O6]. I had a difficult time because I had tattoos; they were very strict back then. She helped me, and I still talk to her. ... She really helped me."

—Female Officer

"My recruiters were great. I was the last person he recruited before he got out. He passed me on to someone else, and they took care of us. They invited females who graduated from boot camp to answer our personal questions. I had a great experience; they treated me like one of them before I was a [Service member]."

—Enlisted Woman

b. Participants in some focus groups felt their recruiter was not honest with them or did not provide them with accurate information about life in the military

Participants in some focus groups reported their recruiter did not provide them with accurate information about life in the military. In particular, several female participants reported their recruiter felt it was unlikely they would deploy because they were women, which they found to be incorrect after they joined the military. Participants also felt their recruiters lied to them or did not provide them with enough detailed information on life in the military, especially for participants who had little military background or knowledge. Enlisted personnel were more likely to provide this response than officers.

"My recruiter ended up being my [supervisor]. I remember he painted this picture of being [undesigned] that you're treated well. You get to choose anything ... that the world is your oyster. ... I wish he was more realistic with me than painting this sunshine rainbow thing."

—Enlisted Woman

"I specifically remember, I didn't ask a lot of questions about what the future would be. I asked about deployment; what's the likelihood because I was female. They said I would be less likely to actually deploy, but I deployed 2 months after my first duty station."

—Female Officer

"I enlisted because my recruiter lied to me. I asked about officers, and he said I had to put in an application. About a month before, one of the [E7s] came to the office and saw I had a degree and said I could go to [initial officer training school]. He just wanted numbers. Luckily there was someone to check that and find it out about me."

—Male Officer

c. Participants in some focus groups reported their recruiter lacked knowledge or was unable to share information about their desired career field

In some focus groups, participants reported their recruiter lacked knowledge about the career field they desired or were chosen for. Enlisted personnel were more likely to provide this response than officers.

"My recruiter knew nothing about [career field] or what I'd be doing."

—Female Officer

"My recruiter was from [career field], and I got a [career field] job. Most people in the Service don't know about [career field]. He gave me a random article to read, and I thought I was going to be James Bond, but I'm not. I can guess what medical does; I can guess what public affairs does, but some jobs aren't as intuitive. That's a weakness."

—Enlisted Woman

"I had a bond with my recruiter. I saw him last week; he was one of our inspectors. I did go off on him, like, 'Why didn't you tell me this was going to be my career? You could have set me up for better job positions.' My [occupational specialty] is a high retention [occupational specialty], so it's very hard for you to pick up rank because it's a big community."

—Enlisted Woman

2. Participants shared mixed perspectives on how well their recruiter prepared them for MEPS

DACOWITS asked participants how well their recruiter prepared them for MEPS. While participants in most focus groups reported they felt well prepared, participants in some groups felt preparation from their recruiter could have been better.

a. Participants in most focus groups reported their recruiter prepared them well for MEPS

Participants in most focus groups were satisfied with their preparation for MEPS, including their recruiter informing them about the process and logistics, such as the hotel stay and packing list. Enlisted personnel were more likely to provide this response than officers.

"They did a decent job. They told me everything I needed to know—health assessment, talk to this person, do this kind of test; it was pretty accurate."

—Enlisted Woman

"He told me down to the dynamics of the hotel you are staying at, where you should go and don't go. He talked about all the things."

—Female Officer

"The female recruiter—she explained everything to me. I'm a person that I like to Google everything, and I like to ask. She was really cool; she told me about everything. I have other friends in the military, so I also contacted them and talked to them about how it works."

—Enlisted Woman

b. Participants in some focus groups did not feel their recruiter prepared them well for MEPS

Participants in some focus groups reported their recruiter did not prepare them for MEPS, noting they did not know what to expect when going through the process. Officers were more likely than enlisted personnel to provide this response.

"I went through MEPS; I was not at all prepared. I just showed up at the right time and went through it. It was pretty streamlined and stuff; some other people weren't able to make it with minimum weight, mostly women. It was just, 'Here's your MEPS and hope you get through it.'"

—Female Officer

"I don't remember much about it, but I don't believe I was prepared for it. I don't think he gave advice on what it would look like. I remember it being scary, though. It was the first time I was away from home. The not knowing part was unsettling."

—Enlisted Woman

"I didn't really prepare. She just set the appointment up."

—Male Officer

3. Participants shared what they liked about their MEPS experience

DACOWITS asked participants what they liked, if anything, about their experience at MEPS. Even though participants were asked to share what they liked, many responded with what they disliked (note: Participants were asked in a separate question what they disliked). Participants in some focus groups reported they neither liked nor disliked MEPS but shared it was a necessary process to join the military. In most focus groups, participants reported liking the snacks and other free food provided during the MEPS process, the ability to meet other applicants, and that their hotel stay was covered.

"Hotel stay. They really butter you up. Put you in a nice hotel, then ask you to walk like a duck."

—Enlisted Woman

"Mine treated me well. They bought me a flight and hotel, paid for meals; they wanted me."

—Enlisted Woman

"It [MEPS] was the last time I felt taken care of by the military."

—Enlisted Man

4. Participants shared what they disliked about their MEPS experience

DACOWITS also asked participants what they disliked, if anything, about their experience with MEPS. Participants in some focus groups shared several aspects of their MEPS experience they did not like, including the following:

▶ **MEPS staff were perceived as being rude to applicants**

"The civilians, they acted like they were [Service members and] because we were [applicants], they could treat us and act how they wanted. Any of the people—front desk, medical—you felt like you were disgusting in their eyes, and they just wanted you to get through. They were very rude, like, 'Get out of my way! Are you out of there yet?' or 'Are you done yet?'"

—Enlisted Woman

▶ **Length of the MEPS process**

"The wait is really long; you stay the whole day. ... You start off early, and by the time you are done, you are so exhausted. It feels like a long day."

—Enlisted Woman

▶ **Being told to lie or obfuscate the truth from recruiters**

"They tell you if you broke a bone, don't mention it. The introduction to the military you're told to lie; that's not good."

—Enlisted Man

▶ **Lack of career choices that were explained or available**

"The time I had with that person helping me choose my career was really short. They didn't explain what the jobs were, and they didn't give me all the options. It could have been me rushing; I didn't understand the decision that I made. That meeting was less than 5 minutes that determined my future in the military."

—Female Officer

▶ **Not feeling prepared for certain aspects of MEPS**

"I have something funny about that one. I didn't know I had to get taped; no one told me to bring shorts. I'm from [State], so I pulled my pants down and my panties, and they taped me. Now I know that's wrong (laughs), but he taped me! To me, if I was my daughter, I don't think I would approve that aspect, looking back; at the time I was 17/18. Now I look back, and I'm, like, ... that was not good."

—Female Officer

5. Participants in all focus groups highlighted medical conditions or other factors they believed disqualify applicants from military service without a waiver that should be reconsidered

DACOWITS asked participants whether there are any medical conditions that currently require a waiver to join the military that should be eliminated.² Participants in all focus groups provided examples of medical conditions or other nonmedical requirements they believed currently require a waiver that should be reconsidered or eliminated as disqualifying conditions. Participants also reported time limits

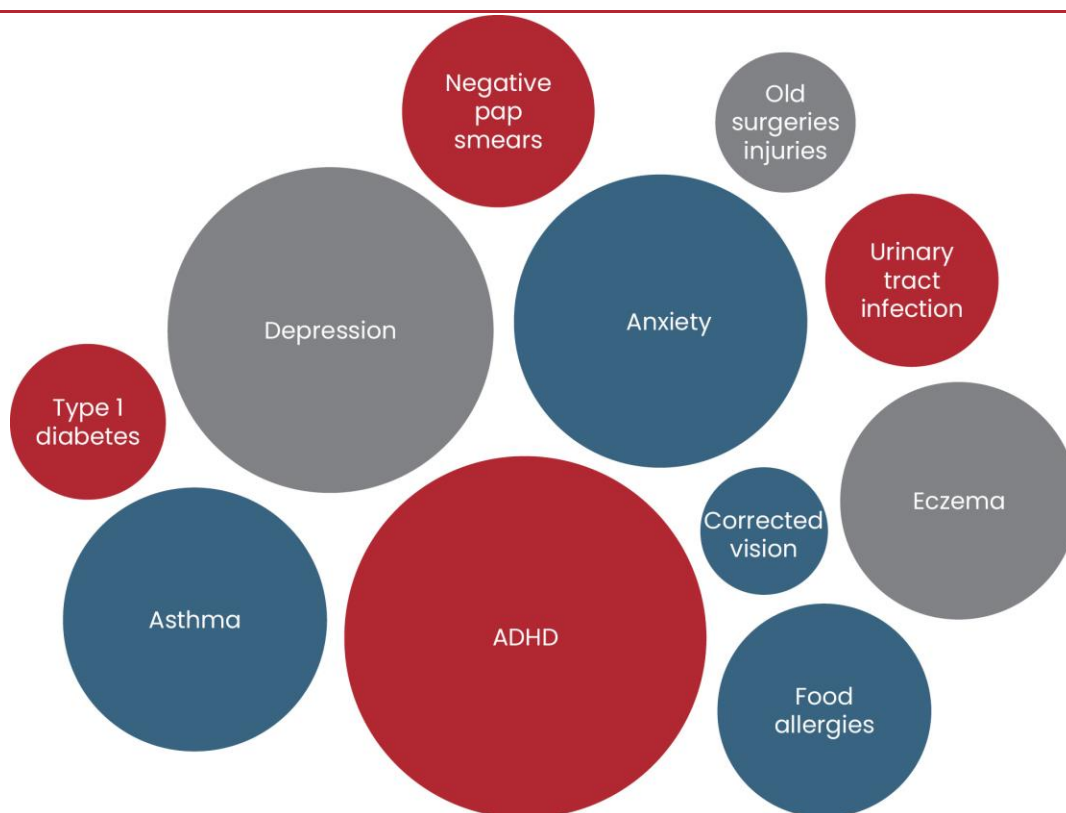
² The question asked participants not to disclose their own medical history or the medical history of someone they know.

for medical conditions should be reevaluated. They also reported considerations about how parents may behave if they know healthcare provider visits or medical treatments could potentially disqualify their children from joining the military in the future.

a. Suggestions about perceived medical disqualifiers

Participants suggested many medical conditions that they believed were current medical disqualifiers that should be reconsidered or eliminated as disqualifying conditions for military service. These included (listed in order of prevalence): attention deficit hyperactivity disorder (ADHD), depression, anxiety, asthma (especially childhood asthma), eczema, food allergies, bad pap smears, urinary tract infections (UTIs), type 1 diabetes, previous surgeries, and corrected vision. Figure 2.3 displays participants' suggested medical conditions that should be reviewed or eliminated as disqualifying conditions.

Figure 2.3. Participant Suggestions for Perceived Disqualifying Medical Conditions That Should Be Eliminated

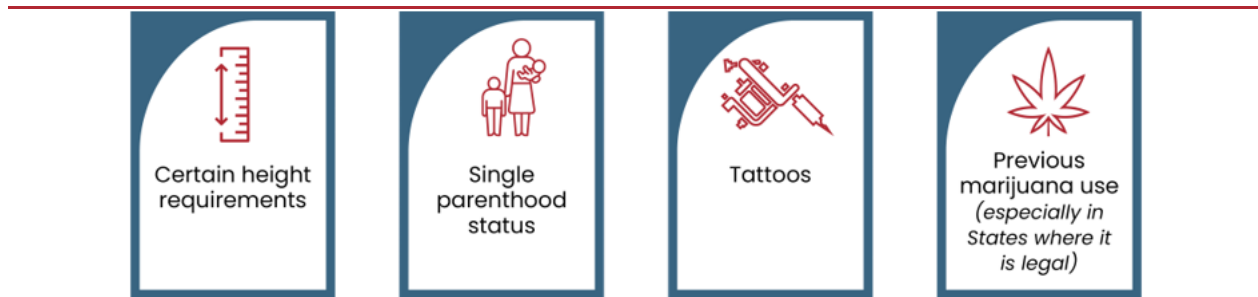


Note: The circles in the figure above are proportional to how frequently a condition was raised by focus group participants.
Source: Focus group transcripts

b. Suggestions about perceived nonmedical disqualifiers

Participants also mentioned other perceived disqualifiers that should be reconsidered, such as certain height requirements, single parenthood status, tattoo waivers, and previous marijuana use, especially in States where it is legal. Figure 2.4 displays participants' suggested nonmedical conditions that should be reviewed or eliminated as disqualifying conditions.

Figure 2.4. Participant Suggestions for Perceived Disqualifying Nonmedical Conditions That Should Be Eliminated



Source: Focus group transcripts

c. Suggestions to more appropriately align time limits associated with disqualifying medical and nonmedical conditions and other consequences

Participants also discussed and recommended revising time limits associated with certain disqualifying conditions, such as those that occurred only in childhood or that do not affect an individual's health or performance any longer. Additionally, participants shared concerns about how recent changes to the MEPS process, particularly the use of electronic health records, affect parental willingness to take their children to medical professionals and treat their children's medical conditions with medicine for fear the children will not be eligible for military service in the future.

"Parents know ... [their children] want to [join the military] or have experience; their parents were saying we are not taking them to the doctor. That's a health concern; you shouldn't want to not get help because they might hurt their chances [of joining due to medical history]; that's a bummer of the standards we set."

—Female Officer

"Anything you haven't needed care for in the last 5 years. If someone broke their pinky toe 6 years ago, why do you need a waiver for it? If they haven't received care for it in so long, you have to go back and find medical documents for that, anything 6 years or longer. Why does it matter?"

—Enlisted Woman

"I might need a waiver for asthma because I had it when I was 6 years old or something. Who cares if I had this when I was 6 if I'm okay now?"

—Enlisted Woman

6. Participants offered a variety of recommendations to improve the recruitment and MEPS process

DACOWITS asked focus group participants for recommendations on how to improve the recruitment process, including MEPS. Participants provided various recommendations, including improving the recruiting process itself through more comprehensive training for recruiters and more personalized recruiting tactics designed to connect with younger generations. For MEPS, participants suggested making the process more efficient and desired better treatment from MEPS staff.

a. Participants in some focus groups recommended improvements to the recruiting process itself

Participants in some focus groups shared ways they felt the recruitment process could be improved, including increased training to increase recruiter knowledge, more transparent recruiter tactics, and leadership of recruiting commands.

"More training for recruiters. I'm one of the guys that was 50-50 about joining. I wasn't sure. My recruiter talked me into it. It was the relationship and the way he presented it that hooked me. I'm an immigrant, so the way he presented it was right. I was going in with a degree, and my family was against me joining, and everything in my mind was saying that's not the right move. But I refused other offers to go to the military because of my relationship with my recruiter. So more training on how to connect to younger kids would help. That's what they need. If it's a recruiter relying on pamphlets, that's not going to work."

—Male Officer

"Old people need to stop being in control of recruiting command. The [Service] had 20-year-olds in charge when I was there, and that's who we're trying to recruit. We [different Service] have 90-year-old contractors trying to do it. Do you even know what TikTok is at that age? It's about getting the right people recruiting."

—Female Officer

"I think the recruiter—they need to study more on the [occupational specialties] that are offered. You don't always have the recruiters recruiting people; sometimes it's an additional duty. They do rush you; they give you a brief description about what the job entails—it's not the entirety of that job because of the recruitment issue. I think they need to do their portion and learn what that job entails before they offer it."

—Female Officer

b. Participants in some focus groups recommended improvements to MEPS

Participants in some focus groups also recommended improvements to MEPS, mainly making the process more efficient for applicants, standardizing processes across MEPS locations, and encouraging more politeness from MEPS staff toward applicants. Enlisted personnel were more likely to provide this response than officers.

"From the recruiter standpoint, something that affects the [applicants] is to have MEPS more accessible and closer to recruiting stations. For many [applicants], we had to take to MEPS; it was 3.5 hours away. We had to spend the night, pack their clothing; by the time they were doing MEPS, they were tired. It's a really long process; I don't know why it's so long. If they could bring the time a little shorter or have results faster. I'm not a doctor, but the MEPS process is really long."

—Enlisted Woman

"MEPS for sure; why are we there all day? Let us know what we're doing; give us a timeslot to be there. ... I didn't know I would be there all day. We can't have our phone; I am there all day, and then everyone is wondering where I am; you can't get in contact with me. Have a timeslot of when we should be there that would work better."

—Enlisted Woman

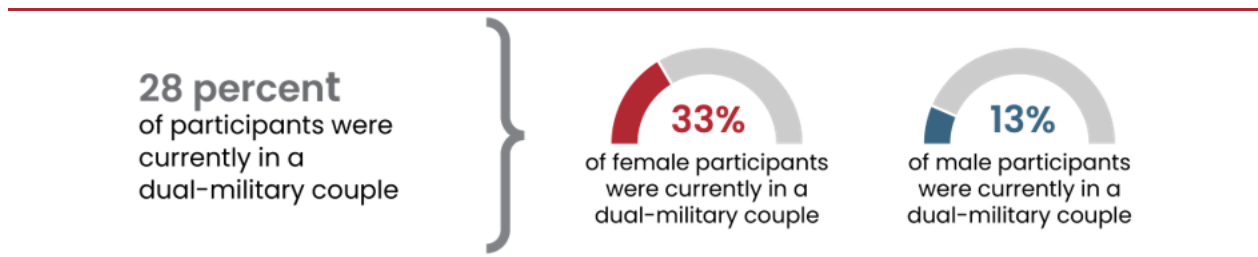
"My husband worked at MEPS and he was left by himself. It was supposed to be a three-man job, so he was under a lot of pressure, and it was stressful. He complained about the civilians and doctors who had their '-isms'; like, if it wasn't that way, you had to wait until the next week. They wouldn't work with you. It was their way, one and done, sort of thing."

—Enlisted Woman

E. Dual-Military Couples and Retention

DACOWITS asked focus group participants about their perspectives on dual-military couples and retention. A dual-military couple was defined as a relationship in which one active-duty Service member is married to another active-duty, Guard, or Reserve Service member. The Committee was interested in understanding the unique challenges dual-military couples face, whether female and male members of a dual-military couple face similar or different challenges, factors that encourage or discourage retention among dual-military couples, and recommendations to improve the retention of dual-military couples. While only 28 percent of participants were in a dual-military couple, the Committee emphasized these challenges may affect others they work with or know (Figure 2.5).

Figure 2.5. Percentage of participants in a dual military couple



Source: DACOWITS mini-survey (data from all focus groups)

1. Participants highlighted several unique challenges dual-military couples face during their military service

Participants indicated several unique challenges dual-military couples face during their military service. Participants in most focus groups reported challenges related to their orders and assignments, specifically geographic separation and co-location, as unique obstacles these couples face. Other challenges raised by participants included exacerbated stress on parenting responsibilities and child care and career tradeoffs or prioritization among Service members in a dual-military marriage.

a. Participants in the majority of focus groups reported co-location and geographic separation as unique challenges dual-military couples face

Co-location and geographic separation were raised in the majority of focus groups as unique challenges faced by dual-military couples. Participants discussed challenges they experienced or challenges other members of dual-military couples experienced, including experiencing extended periods of separation and difficulties getting stationed together.

"So, my husband and I were both active-duty. He is now retiring so that is making our lives a lot easier. We have been married [for more than 5 years] now. We have never lived in the same location. We are only now living in the same house. We have to make specific choices based on care of our children, who is going to be where, who's at home, who's taking care of the kids. Are we both going to be deployed and gone for periods of time, and who is going to watch the kids? And healthcare and all of the things that you worry about. ... It gets to be a lot."

—Enlisted Woman

"I have friends that have been in for 5 years, and they still haven't lived together. People are, like, 'You picked incompatible career fields; suck it up.'"

—Female Officer

"My husband is [in a different Service]. We're in the middle of a battle to get him [a specific] billet out here; there's a lack of [specific] billets. We are mature and understand how the process works, but that's put a sour taste in his mouth. I'm more of a realist so I just bide my time until we get a joint location. That's a big challenge in having couples stay together. The inter-Service couple thing gets pretty challenging because things can be more limited."

—Female Officer

b. Participants in most focus groups reported parenting responsibilities and child care as unique challenges and stressors for dual-military couples

Participants reported how parenting responsibilities and child care are unique challenges for dual-military couples because of conflicting military job schedules or deployments, not being stationed together, or other aspects of being in a dual-military couple. Enlisted personnel were more likely to provide this response than officers.

"Resources aren't there for the issues dual-military families face, like shift work. When I went back to work with my second child, I had to ask if I could go back on middle shifts, and me and my husband would end up trading our son in the parking lot. I'd pray he'd sleep. I'd stay up all day, I'd sleep for 3 or 4 hours, and then go back to work. And there was no other option. I remember that was the only time in my career when I considered leaving the military. Just seeing how few resources there were, it was the only time I thought, 'This has to change, or I'm getting out.'"

—Enlisted Woman

"Work tempo. Child care isn't open until after you have to be at work. For dual-military and single parents, it's hard to keep up with work tempo, and then work forgets about you."

—Enlisted Man

"My husband is a...pilot. When he was in [qualifications at a location], I was an inpatient at [medical] center working 12-hour shifts. We had a 6-month-old with no child care that lasted 14 hours; it was terrible. He was TDY [temporary duty assignment] for 7 months, and my unit, I couldn't work with them to change my shifts to 8-hour shifts. So I had to drop my kid off with a friend who would take her to the CDC [child development center] while I went to work and then my mother-in-law... would pick her up from the CDC and keep her until I got home. It was horrible."

—Female Officer

c. Participants in nearly half the focus groups described career tradeoffs or prioritizing one member of the couple's career over the other's as a unique challenge for dual-military couples

In nearly half the focus groups, participants reported career prioritization challenges and considerations for dual-military couples. Participants reported one Service member feeling as though they need to sacrifice their career for the other or couples having to trade off whose career is the priority. Participants from one Service were more likely to provide this response.

"The joint spouse thing is difficult. We happened to meet at an assignment because I was on a career-broadening tour. Each assignment has been putting me outside of my core [career field] because they care about [my husband's career field] more than anyone else. I've been out of my core [career field] for three assignments now. It's impacting my career progression and promotion. I was promoted at the bottom because I didn't match my peers' experience, but it's a matter of choosing my happiness over the [Service]."

—Female Officer

"You have to sacrifice your career progression a lot. For my husband and I, we are both warrant officers, so tailoring yourself to a career map is not ideal for dual-military. We have to step down and take a job that doesn't assist your career to maintain our family being together or to go to a location. So it's our ability to stay together versus progress in our careers."

—Female Officer

"It can be hard if dual-military couples are in different occupational specialties. There are different opportunities, but only so many places you can be stationed."

—Enlisted Woman

2. Participants shared mixed perspectives on whether female and male members of dual-military couples face similar or different challenges

DACOWITS asked participants whether they felt women and men in dual-military couples faced similar or different challenges. Participants reported mixed opinions. Participants in most focus groups reported different challenges by gender, while some groups felt the challenges were similar for women and men.

a. Participants in most focus groups felt women and men faced different challenges in dual military couples

Participants in most focus groups felt women and men faced different challenges being part of a dual-military couple, noting several challenges specific to women. Participants reported servicewomen face gendered expectations and stereotypes, women are more often seen as the "default parent" for children, and women face additional challenges with career progression and pregnancy.

"My career comes second to my husband's even though I outrank him. His job is more important because he's a man. I had orders to [State], handpicked, but husband's [career assignment officer] didn't budge because his job was too important, and our careers get pushed to the side. When we had my daughter, it became a bigger issue because she falls under me, so he can go unaccompanied, but I have to give up going places to be with my husband. I can tell you if I got pregnant under E-5, I would have gotten out."

—Enlisted Woman

"Dads get looked at differently; it's thought it's weird for dads to take care of their kids. If you're not working full time, you're looked at weird. The female does a lot more of the responsibilities at home, with the dad works full time and isn't expected to do as much."

—Enlisted Man

"It's [a] different conversation if my husband told his commander he's expecting a baby, it would be celebrated. If I went to my leadership and told them I'm expecting a baby, it would be, 'When can you get back to [your career field]? How fast can you get back to your job? What does that mean when the baby is born?'"

—Female Officer

b. Participants in some focus groups felt women and men faced similar challenges in dual-military couples or noted it was dependent on the specific couple's relationship dynamic

Participants in some focus groups felt women and men in dual-military couples faced similar challenges or reported that it was dependent on the couple's relationship dynamic rather than their gender.

"I think there are similar challenges. Who is going to take care of the house, cars, bills, pets, children? Men like to shove their emotions in a box and not talk about how it is going to challenge them."

—Enlisted Woman

"I think it depends on the relationship. [In] dual-military relationships I've seen be successful, they don't define marriage as 'I am the man, so these are the things I do, and these are the things women do.' If a man's wife is deployed, he has to have the kids; he has to take care of them and get them where they need to go. When they are crying and having health issues, he's responsible. You have to be able to figure it out. That is a tremendous stressor, especially on dual-military couples. And on couples where one person is in military and getting ready to deploy."

—Male Officer

"My husband and I are co-located. We moved here to have kids. That meant my career was on the back burner, but at the same time, I'm home with the kids and doing my job, and at the next unit, he's going to stay at home with kids, and I'll be [focused on my military career]. So it's, like, whose career is going to advance. There are only five locations for me and my husband in the U.S. that we can both go to."

—Enlisted Woman

3. Participants identified several factors that may encourage one or both members of a dual-military couple to stay in the military beyond their service obligations

DACOWITS asked participants about factors that may encourage one or both members of a dual-military couple to stay in the military beyond their service obligations, including benefits, co-location, and geographic stability opportunities. Participants in most focus groups reported certain benefits, including child care, pay, and medical care, could encourage Service members in dual-military couples to stay in the military. Enlisted personnel were more likely to provide this response than officers.

a. Participants in most focus groups cited co-location as a factor that could encourage Service members in a dual-military couple to stay in the military

Participants in most focus groups felt co-location opportunities were an encouraging factor for one or both members of a dual-military couple to stay in the military. Enlisted personnel were more likely to provide this response than officers.

"I know it's hard to promise, but we say we can get you guys to the same location so we should do it. We should keep married couples together."

—Enlisted Woman

"It comes down to opportunities. ... For my relationship, this is my passion, so we decided when it stops being fun or we can't be together anymore, then she's going to bounce from the military. That is a decision that is a unique discussion in dual-military families."

—Male Officer

"Being co-located with your spouse. You shouldn't have to be separated for 2 years. You grow apart as a couple, and now we have a sad [Service member] because his wife is leaving him."

—Enlisted Man

b. Participants in some focus groups felt geographic stability was a factor that could encourage Service members in a dual-military couple to stay in the military

In some focus groups, participants reported geographic stability for dual-military couples could be an encouraging factor toward retention. Similar to co-location, participants emphasized keeping members of a dual-military couple together could be beneficial for one or both of them to want to stay in the military.

"They constantly have us PCS. It's struggling with who will sacrifice in the career if you're apart to be together. I don't understand why the [Service] has an issue with leaving people at an installation for more than 3 years. If you have plenty of jobs on the installation that you can have career progression in, why does the [Service] have a problem with leaving you here for more than 3 years?"

—Female Officer

"Geographic stability. Keep married couples and families together."

—Enlisted Woman

"Geographic stability is still the biggest one. When I talk to my [career assignment officer], it's what jobs are available here, and if there are none, what job can I take to keep me here even if it won't be upwardly mobile."

—Male Officer

4. Participants in a few focus groups identified factors that may discourage one or both members of a dual-military couple from staying in the military beyond their service obligations

DACOWITS also asked participants about factors that might discourage one or both members of a dual-military couple from staying in the military beyond their service obligations. Participants in fewer than 25 percent of focus groups cited the following discouraging factors.

► Lack of co-location opportunities

A lot of it depends on your [rank] There are some communities where it's easy to do co-location and others that are not. That's why some people choose to get out instead.

—Enlisted Woman

► **Overlapping workloads and military schedules, causing one or both members to miss family life opportunities**

Time. In [combat-related occupational specialty], you're in the field all the time, and then you don't see your kid before they go to sleep for more than 30 minutes.

—Enlisted Man

► **Child care responsibilities**

Work obligations. The military always preaches family and all of these things, but they actually put your family on the back burner. Don't have child care? Oh well, you better go find someone to watch your baby; you still have to be at work.

—Enlisted Woman

► **The sacrificing of career opportunities for the other member of the dual-military couple**

The fairness of orders. I just got married. They were going to base my wife's placement off of what I choose. I have goals in the [Military Service], but she is more flexible and not as focused as I am. For other cases, depending on what I pick, you are going to go wherever there is something available.

—Enlisted Woman

5. Participants recommended ways their Service could improve the retention of Service members in dual-military couples

DACOWITS asked participants what else their Service could do, if anything, to improve the retention of dual-military couples. Participant recommendations aligned with previously identified challenges, including greater flexibility with orders and improved access to child care.

a. Participants in about half the focus groups recommended that greater flexibility with orders could improve the retention of Service members in dual-military couples

Participants in about half the focus groups recommended greater flexibility with orders for dual-military couples could improve retention. Namely, participants expressed having the ability to be stationed together could improve retention for dual-military couples. Enlisted personnel were more likely to provide this response than officers.

"Me and my husband sit there every 4 years and talk about giving up opportunities because there aren't two positions available in the areas we're eligible for co-location at. My husband has a 6-year tour where he's at right now, so I wish I got a 6-year tour to stay there with him. I can get an extension to 6 years, but it's still a worry."

—Female Officer

"Putting them on a nondeployment status. I have a friend who only got to spend 2 months together [with their spouse] in 2 years because of deployments."

—Enlisted Man

"You put in co-location, but you don't have to co-locate. You'll be separated. If I want to go do something special, we can both say, 'Suspend co-location for this period' so that you both have opportunities."

—Enlisted Woman

b. Servicewomen in some focus groups recommended improved access to child care as a way to increase the retention of Service members in dual-military couples

Servicewomen in some focus groups recommended improved access to child care for dual-military couples, particularly due to the demands of military schedules and challenges with extensive child care waitlists. Women were the only participants to provide this response, and enlisted personnel were more likely to provide this response than officers.

"Child care availability. We got here, and my husband was heading out the door for deployment, and the CDC was, like, 'Well, sorry.' The nice thing was with my job, I have some access to the commander, and I was, like, can you help me because this is a problem. Child care availability is worse here than most other [Service] bases. The [other Service's] CDCs are so understaffed that there's five of them, but only two or three are open. And if you go on the economy, it's \$2,500 a month."

—Female Officer

"Provide more child care options. You have to be on the list for, like, 9 months before you get access depending on location."

—Enlisted Woman

"Operational dual-military couples with unique child care needs. Like more unconventional child care needs."

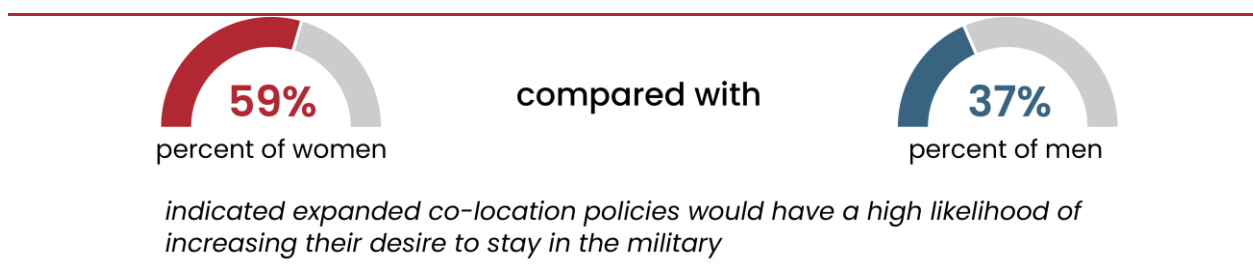
—Female Officer

F. Perspectives on Co-Location Policies

DACOWITS asked participants about their understanding of and experience with their Service's co-location policies. The Committee was interested in learning what Service members liked and disliked about their Service's co-location policies. Overall, participants shared mixed perspectives on the effectiveness of and experiences with their Service's co-location policy, highlighting variation in participants' beliefs and experiences. For example, participants in most focus groups reported their Service's co-locations policies were working well and shared positive experiences, either for themselves or other Service members, while participants in about half the groups felt their Service's co-location policies were not working well. These participants reported that they or others had negative experiences with these policies, including confusion about co-location radius definitions, that the effectiveness of co-location policies is dependent on personnel who make assignments, and challenges with inter-Service co-location assignments for dual-military couples.

When asked by a show of hands, nearly 60 percent of participants indicated they or someone they know had experience with their Service's co-location policies. On the mini-survey, participants were asked to rate the likelihood that hypothetical benefits or improvements to benefits would encourage them to stay in the military beyond their service obligation. When asked about expanded co-location opportunities, 59 percent of women and 37 percent of men indicated these opportunities would have a high likelihood of increasing their desire to stay in the military (Figure 2.6).

Figure 2.6. Percentage of female participants and male participants who believe expanded co-location opportunities would improve their likelihood of retention



Source: DACOWITS mini-survey (data from all focus groups)

1. Participants shared mixed feelings about their Service's co-location policies

Participants shared mixed feelings about whether they felt their Service's co-location policies were working well or not. Although participants previously suggested that co-location is a unique challenge faced by dual-military couples, participants in most focus groups felt the policies were working well and shared positive experiences or stories, while participants in about half the groups felt differently. Additionally, participants in some focus groups reported that the effectiveness of their Service's co-location policies depended on the assignment personnel responsible for providing their next orders.

a. Participants in most focus groups reported their Service's co-location policies were working well, and Service members had positive experiences with them

In most focus groups, participants reported their Service's co-location policies worked well and shared positive experiences they or someone they know had. Enlisted personnel were more likely to provide this response than officers.

"I love that they try to put you—they do make an effort to put you with your spouse. I think I've been fortunate to have that. I've been able to follow my husband. I extended a year to be with him, and then they cut him orders, and he left as soon as my extension got approved. So I was in [an overseas location] for 8 months by myself. He was in [the continental U.S. location], so they were, like, let's send her there. They tried their best to put us together."

—Enlisted Woman

"For my view, I see that members are more accommodated, and they mostly get what they want. The [assignment personnel] seem to have a little more empathy."

—Enlisted Man

"There's also some policy about the [assignment officer] has to get permission from the Commanding officer] when they don't co-locate, so every time they don't, it's reviewed."

—Female Officer

b. Participants in nearly half the focus groups felt their Service's co-location policies did not work well, or Service members have had negative experiences with them

In nearly half the focus groups, participants reported their Service's co-location policies did not work well or shared negative experiences related to these policies. Enlisted personnel were more likely to provide this response than officers.

"Co-location policies in the [Service] have loopholes and holes that commanders use to keep people in their unit if they find them mission essential. There are compassionate reassignments that I've seen people put in for, but compassionate reassignment is left at the discretion of commanders, and they never want to let anyone go. So they get denied or go unanswered often unless it puts them in serious financial risk."

—Enlisted Man

"The policy says you'll be stationed within 50 miles [of each other], but that just doesn't happen. I like the policy, but it's not clear or implemented correctly."

—Enlisted Man

"It's a broken system, but at least it exists."

—Female Officer

c. Participants in some focus groups felt their Service's definition for co-location radius was too wide or lacked clarity

One of the major aspects participants disliked about their Service's co-location policies was the wide radius allowances for co-location. Participants shared how the defined radius lacks clarity or creates additional stress on dual-military couples who are co-located together but must travel far distances between work and home. Participants from one Service were more likely to provide this response than others.

"Just the fact that it could be co-location to the same State but not the same city. It's hard when you're trying to start a family with someone. He is here, but they could have sent him somewhere else if they wanted to."

—Enlisted Woman

"That's what they like [50-mile radius], but there are inconsistencies with that. Is it 50 miles as the crow flies or drive time? There is no reasonably clear policy on what that means. There is no consistency. I know, as a co-location member, that I might have to make sacrifices depending on who my [assignment officer] is. There needs to be more consistency around it though."

—Female Officer

"The geographic area is not as tight as people would like it to be. [Unit] is on the north side of [city]. I live on the south side. Most [E7s] live in [this other city]. That's an hour and 10- or 15-minute drive every day. The footprint is too big."

—Male Officer

d. Participants in some focus groups felt the effectiveness of their Service's co-location policies was dependent on the personnel who provide assignments

In some focus groups, participants reported the effectiveness of their Service's co-location policies depended on the personnel providing assignments and orders. Participants shared that, sometimes, these personnel did a good job considering the co-location needs of dual-military couples', while at other times it was more challenging to work with them for co-location.

"I like that my career field is so engaged; they are incredibly engaged; they pay close attention. They will talk you through it for your personal situation and get into the details for the why. It helps draw out things to help your case for keeping you together regardless of what your career field is. They work so hard on it so many times."

—Female Officer

"Like I said earlier, I got to pick where we want to go, and depending on your [assignment personnel], not all [assignment personnel] are created equal, but ours helped us stay together and accommodate staying near family."

—Enlisted Woman

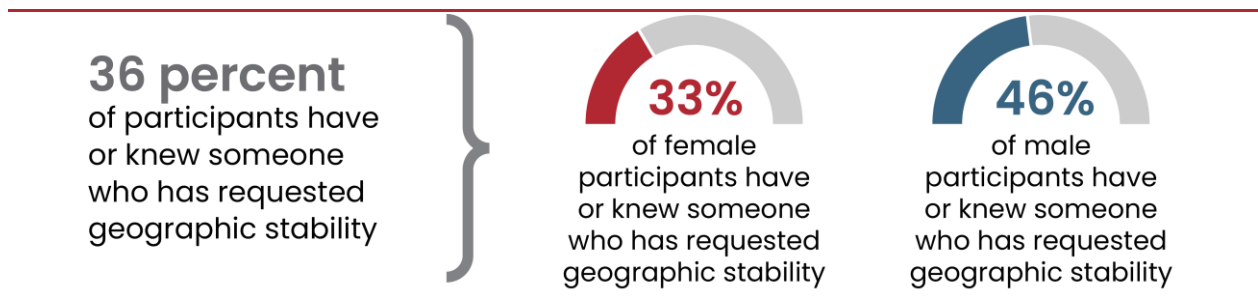
"Some [assignment personnel] are more difficult than others. Some say the person is stuck here; others are open to moving. It should be easier."

—Enlisted Man

G. Perspectives on Geographic Stability Policies

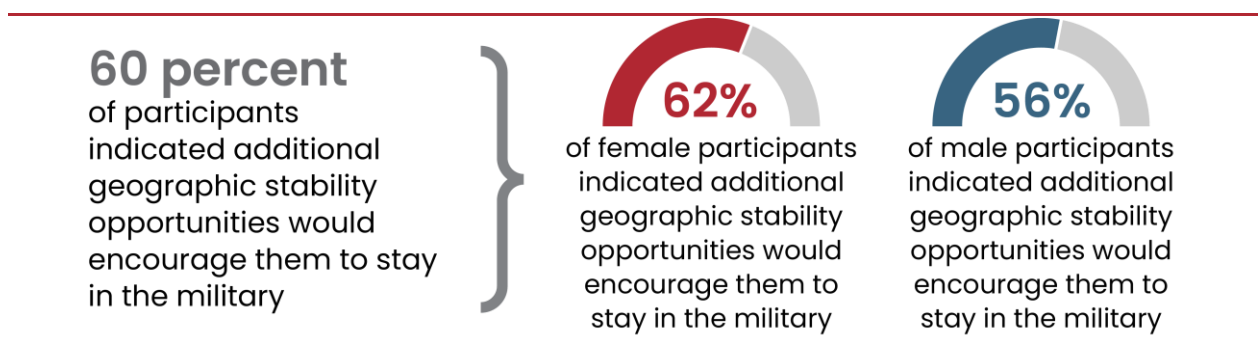
DACOWITS was interested in participants' knowledge of and experience with their Service's geographic stability policies. Overall, as Figure 2.7 shows, 36 percent of participants indicated some level of experience with or knowing someone who had experience requesting geographic stability based on responses to hand-count questions. DACOWITS also asked participants by a show of hands whether geographic stability would encourage them to remain in the military beyond their current service obligation. Sixty percent of participants felt geographic stability would encourage them to stay in the military longer (see Figure 2.8).

Figure 2.7. Percentage of Participants Who Have Experienced or Know Someone Who Has Experienced Requesting Geographic Stability



Source: Focus group transcripts

Figure 2.8. Percentage of Participants Who Indicated Geographic Stability Would Encourage Them to Stay in the Military After Their Current Service Obligation



Source: Focus group transcripts

DACOWITS asked participants to share their knowledge about their Service's geographic stability policy and what factors affect someone's use of the geographic stability policy. While participants in most focus groups described circumstances under which geographic stability can be requested, participants in nearly half the groups believed their Service did not have a formal geographic stability policy.

1. Participants in most focus groups described Service policies or circumstances when geographic stability can be requested

Participants were asked what policies, if any, their Service has regarding geographic stability. Participants in most focus groups identified specific circumstances under which geographic stability can be requested, including Exceptional Family Member Program (EFMP) enrollees, Service members with high school seniors, humanitarian or compassionate assignments, dual-military couples with co-location, and Service members planning to retire or separate from the Service. Participants in some focus groups noted having children or a family is the main factor affecting someone's use of geographic stability accommodations.

"For EFMP, if you have a child or spouse with certain medical things, you can stay in that location if they have the treatment they need."

—Enlisted Woman

"They have stability if you have a child in high school that is going to be graduating, so you can stay so your child has a chance to graduate."

—Enlisted Woman

"You can request for stabilization for one more year in the same duty location. You can switch units on base and restart your contract that way or do a compassionate reassignment."

—Enlisted Woman

2. Participants in nearly half the focus groups believed their Service did not have a formal geographic stability policy

In nearly half the focus groups, participants did not believe their Service had a formal policy on geographic stability or a process for requesting it. Officers were more likely to provide this response than enlisted personnel.

"[Senior leader] told everyone, 'We're going to do geographic stability,' but here is the thing. [They] said— you—we're going to try this, and then [assignment officers] just didn't follow through. I didn't request it, but I know people who have, and they've tried to homestead. ... Then you get guys that say you're going to kill your career if you stay here even though you're doing a different job. Then they say we're not doing what the [senior leader] said. People just ignore what they say. That impacts a lot of people. People who want to stay in the same place."

—Female Officer

"It's numbers based. If they have room to keep you, they might, but I don't think there is more in terms of policies."

—Male Enlisted

"We don't have a policy about it. It won't affect your promotion is the only policy."

—Female Officer

H. Factors That Discourage the Retention of Servicewomen

DACOWITS asked participants about the factors that might discourage servicewomen from staying in the military beyond their current service obligation. Participants in nearly half the focus groups reported negative treatment of women in the military and gender bias as major factors discouraging retention of servicewomen. Participants in some focus groups highlighted other factors that would discourage

women from staying in the military, including bad or toxic leadership, stigma, and impacts of pregnancy on how they are treated and their career progression. DACOWITS also asked participants if the factors that discourage women and men from staying in the military are similar or different. Participants reported mixed feelings on whether the factors that discourage women and men from staying in the military are similar or different with support for both opinions from participants in most focus groups.

1. Participants in nearly half the focus groups reported that negative treatment of women in the military and gender bias discourage women from staying in the military

In nearly half the focus groups, participants reported negative treatment of women in the military and gender bias were factors that discouraged women from staying in the military. Several participants reported that male peers and leaders do not listen to servicewomen, making it harder to do their jobs. Enlisted personnel more often provided this response than officers.

"Command culture, how women are treated. We have different standards, but it's always male dominated, and women are just trying to fit in. As strong as we may be, as the leaders we are, if one male comes in and doesn't want to listen to women, there's nothing to back you up. We're not taken as seriously as males. I put out a lot and damaged my body so much, I'm getting medically separated. I became a leader and learned my job better than most males, but they just think everything is because I'm female, not because I put the work in."

—Enlisted Woman

"The longer I stay in, the more I see how women aren't taken seriously. I voice my opinion, and it's disregarded. When a male speaks up, they take it seriously; that's one of the reasons I did consider getting out."

—Enlisted Woman

"I had several female officers at a previous command who were treated differently for how they acted compared to the [other Service members]. You could have two guys that were hanging out, and it wouldn't be a problem. You have two women hanging out too much, and it is a problem. You have a male and female hanging out outside of work; it was the female [Service member] bearing the brunt of it over the male. There is a lot of 'perception is reality' type of thing there. We are perceiving that there is something going on, so there must be."

—Male Officer

"The credibility gap of women versus men. Women have to work three times as hard I feel, and a lot of my coworkers feel they don't get the same recognition as a male counterpart would get. I'm not sure why, but it seems women work twice or three times as hard to get the same opportunities, the same pool of opportunities our male counterparts get."

—Female Officer

2. Participants in some focus groups reported bad or toxic leadership discourages retention of servicewomen

Participants in some focus groups cited bad or toxic leadership as a factor discouraging Service members from remaining in the military. Enlisted personnel more often provided this response than officers.

"Senior leadership doesn't understand the power they have over people's careers. My wife was getting out of the [Service] because her boss was horrible. They need to do a better job at holding them accountable."

—Enlisted Man

"Leadership right now—people staying in aren't the best people. A lot of people in higher ranks who stay around because they don't want to go do anything; they don't have the caliber to go do anything else. The old White guys not going to lie [down]. I've gotten in fights before with some people because they can't see things the way I see them, they aren't openminded, and that's a huge issue."

—Female Officer

"Most commands are run by leadership without leadership experience."

—Enlisted Man

3. Women in some focus groups stated that challenges and stigma associated with pregnancy discourage women from staying in the military

Female participants reported that challenges associated with pregnancy, including stigma and career progression, were factors that discouraged retention for servicewomen. Servicewomen were the only participants to provide this response.

"I will say, I am dual-military with no kids, so the co-location and family planning affects my decision. I have secondhand experience of dual-military couples with kids, and the Service member who is a woman has faced issues with pregnancy and postpartum coming back to meet [Service] standards that her husband does not have to face. And it weighs on her so heavily wanting to be a high performer as a [Service member] and wanting to meet those standards. Women are sometimes pushing their limits unsafely to do whether it takes away from her kids, her as a mother, or her physically."

—Female Officer

"I would say height and weight. There are a lot of new mothers; I've had two [Service members]. One was able to recover well, and the other was not because she had complications. She didn't have time to work out; she was a single mother. The [Service] doesn't understand that they want someone to look a certain way, and it's not going to happen when someone gives birth; everyone reacts differently. I'm an islander, so there's different demographics and body types."

—Enlisted Woman

"For me personally, it's harder to progress especially during pregnancy and postpartum. I appreciate we have [additional time to recover and come back into the standards]. ... We need that time to recover; you never know what all happens to the female; your body needs the time to recover. If you want your career to progress, you just have to do it, but that messed people up."

—Enlisted Woman

4. Participants highlighted other factors that might discourage women from staying in the military

Participants shared a range of other factors that might discourage servicewomen from staying in the military, including the following.

► Child care accessibility and affordability

"I hear and read it all the time. I have been lucky to have supportive leadership as I have four children. They were good with appointments, good when I had to leave and curtail my KD [key development] time and assignments, leave at 5 p.m. even though that's not the end of the true work day. I got very lucky, but I read and see how people are, like, you have to be there at 0500, but child care doesn't open until 0600. It's 'I don't care; figure it out; use your family care plan [FCP].' You telling me I

have to be here is not an emergency; it's, like, use your FCP or chapter you out. They always use it against females because they cannot be there when the child care isn't even open. People are leaving their kids in their car so they can show up for formation."

—Female Officer

► **Medical care for women, including the lack of access to fertility services**

"I will add, maybe we will touch on this, but IVF [in vitro fertilization]. TRICARE does not cover that. It's something that is very expensive. I'm at the age where I'm not ready at this point in my career to have children. I care about my career. I will try to go the IVF route, but it will cost me a lot of money."

—Female Officer

► **Demands of the military lifestyle**

"I think we're more critical of the [expletive]. After men join, they embrace the [expletive]; you deploy, and you're gone, and it's awesome. Everyone is miserable and drinking, and they are, like, 'That's cool,' and we are, like, 'This is stupid. Why are we doing this?' It's not healthy. I would like to have some downtime (laughs); that's why we have this Committee [DACOWITS] because we are less likely to put up with BS."

—Female Officer

► **Time away from family**

"Not having the ability to raise a child. A lot of females I know got out because of that."

—Enlisted Man

► **Height and weight standards**

"Right; weight and height should be different for men and women. I know for me, I know what my weight standard is, but I say I'm going to run and eat no junk food, and that's the way I have to act to meet that. There are some things that are out of my control, but it should be different."

—Female Officer

5. Participants reported mixed feelings on whether the factors that discourage women and men from staying in the military are similar or different

Participants reported mixed opinions on whether the factors that discourage women and men from staying in the military are similar or different. Participants in most focus groups highlighted differing factors that discourage women and men from staying in the military.

a. Participants in most focus groups reported the factors that discourage women and men from staying in the military are different

Participants shared a variety of factors that are more discouraging for women to stay in the military, including the belief that women are more likely to be discouraged by perceptions of the military's male-dominated culture, career progression challenges post-pregnancy, and medical care for women.

"Everything is literally built for them [men]: the building, clothes, uniforms, [workout equipment], obstacle courses ..."

—Enlisted Woman

"A lot of challenges are related to family planning and child care. Even if all that is okay, it's the opportunities and challenges you face with progression next to male peers because you've been out for your pregnancy. That's where the challenges are different. We talked about parental leave, and now it's becoming more standard, but women are still on convalescent leave too, and males don't always take time away if they don't want to be judged. You know, for convalescent leave, we don't have a choice; we have to take that. It's different cultures and stigmas around having a family and trying to be a good wife or mom."

—Enlisted Woman

"It's almost probably not much of anything that would hinder a male's career besides him hindering it himself. He doesn't have to go through much of anything that would put a stop to anything. If he just had a baby, soon he can get back to work; he's ready to work and go to [training], do what he needs to do. There is no stop; they can keep rolling. Whereas females, they go slower. It's harder to climb the chain as a female."

—Enlisted Woman

b. Participants in most focus groups reported the factors that discourage women and men from staying in the military are similar

Participants in most focus groups also expressed they felt women and men faced similar factors that may discourage them from staying in the military, including command climate, poor leadership, and mental health challenges.

"I agree about command climate. Command climate that accepts and is unchecked with sexual assault and sexist behaviors ... but command climate across the board. Crappy command climate, poor leadership, and management will affect both men and women."

—Female Officer

"I feel like some are similar. Leadership and the general culture of the [Service] are similar for men and women. I've heard stories since basic training, and it's kind of the culture for both. I think both men and women leave for that reason."

—Enlisted Woman

"Mental health is [a reason for] both genders."

—Enlisted Woman

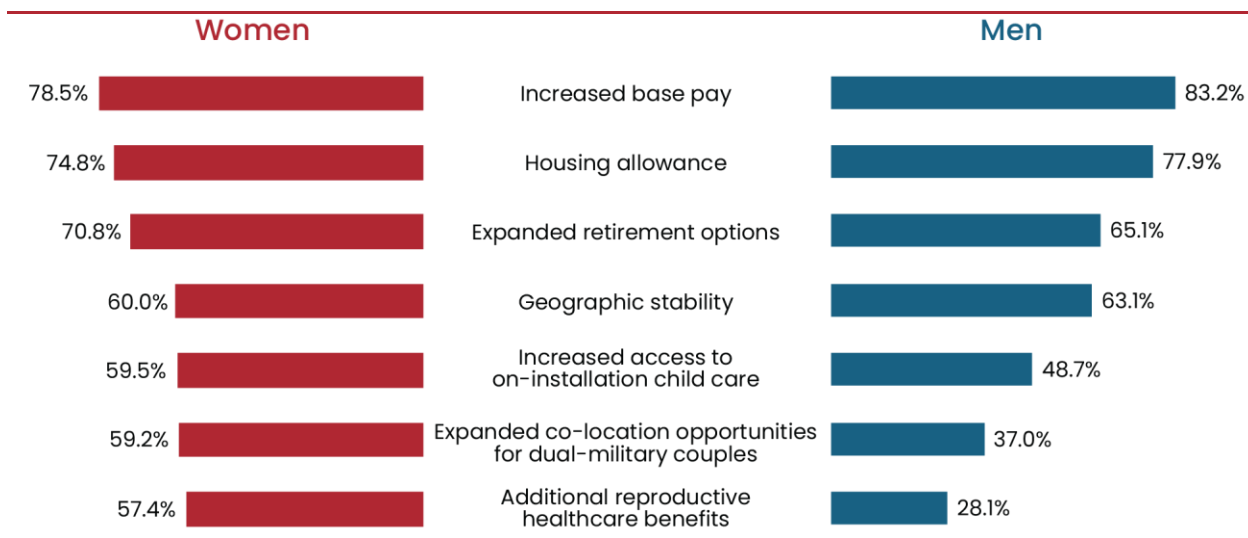
I. Recommendations to Improve the Retention of Servicewomen

DACOWITS asked participants what their Service could do to improve the retention of servicewomen. Participants in some focus groups recommended their Service improve access to and quality of healthcare for women, improve leadership and culture at the command and/or unit level, boost work-life balance, increase pay, and take other actions.

In the mini-survey, DACOWITS asked focus group participants to rate how certain potential benefits or policies would affect their likelihood of increasing their desire to stay in the military beyond their current service obligation. For each potential benefit or policy, participants were asked to rate whether it would have a high, low, or no influence on their desire to stay in the military. Figure 2.9 shows the

percentage of participants, by gender, who indicated these potential benefits or policies would have a high likelihood of encouraging them to stay in the military longer.

Figure 2.9. Potential Benefits or Policies Participants Rated as Highly Likely to Encourage Them to Stay Beyond Their Current Service Obligation, by Gender



Source: DACOWITS mini-survey (data from all focus groups)

The greatest disparity between women’s and men’s responses was for additional reproductive healthcare benefits, with 57 percent of women rating this improvement as highly likely to encourage them to stay in the military compared with 28 percent of men. Male participants showed greater support for increased base pay, housing allowance, and geographic stability as factors more likely to encourage them to stay. Alternatively, women showed greater support for expanding benefits such as co-location opportunities, on-installation child care, reproductive health benefits, and expanded retirement options.

1. Women in some focus groups recommended their Service improve access to and quality of healthcare for servicewomen

Women in some focus groups recommended improved access to and quality of healthcare for servicewomen, particularly for female-specific medical care such as obstetrician/gynecologist (OB/GYN) and hormonal health, as a way to increase retention of women. Women were the only participants to provide this response, and female officers were more likely than enlisted women to raise this concern.

“The lack of availability for women seeking medical appointments—it shouldn’t take you 2 months to see an OB/GYN. It shouldn’t be a long time to get a birth control prescription upgrade, and then that affects your ability to [do your job]; they have to make sure you’re good to go for deployments. Your delivery options are limited. I tell them I need this many birth control packs at a time, but I can’t get that, so I guess I’m going to head out the door and fingers crossed I stop through a base that has some.”

—Female Officer

“Giving us more options as far as medical care. When you call to see a primary care doctor, if you don’t get along with them or agree with them, you can’t be like, ‘I’m going to fire you and get a different provider.’ We don’t have a lot of options or say in who we see and the quality of medical care.”

—Enlisted Woman

"This is specific to women, just because we can have more hormonal issues. Uncoupling BCA [body composition assessment] from the hormonal side of it. The way that we're measured is different. We have hormonal issues in the areas that they tape and make you gain weight in ways you don't expect, and we don't have specialized female care, so it's not accounted for. Making it a health metric rather than a performance metric. If you can pass your [physical fitness assessment], you are still able to do your job. It shouldn't be your BCA."

—Female Officer

2. Participants in some focus groups recommended their Service implement efforts to improve leadership and culture at command and unit levels

Participants in some focus groups recommended their Service work to improve leadership and culture at both the command and unit levels to improve the retention of servicewomen. Participants desired leadership that they can trust and that are better equipped and trained to be leaders. Enlisted personnel were more likely to provide this response than officers.

"We need leaders we can trust for females and males. No one trusts leadership anymore. It's here and there. You get a bad one and a good one."

—Enlisted Woman

"I think there needs to be better programs for leadership though. Like your [senior enlisted leader] should be someone you can go to. So there should be programs to assist them in figuring out how to lead."

—Enlisted Woman

"Keep accountability going, transparency, break the stigma. ..."

—Enlisted Man

3. Participants highlighted other recommendations to improve retention of servicewomen in their Service

Participants made several other recommendations on ways to improve the retention of servicewomen in their Service:

► Improve work-life balance for Service members

"I've been deployed five times in the few years on 12 hours of notice. Like, having to get family stuff straight on that timeline, to be halfway around the world on the drop of a dime is wild. The whole process—it needs more transparency and not waiting until the last minute to issue orders. Why wait until 12 hours beforehand to tell us? They usually know a week earlier. The lack of respect that males still have for women in the service is insane."

—Enlisted Woman

► Increase pay

"Work-life balance. How are you going to be working from 6 a.m. to 6 p.m. ... for, what, \$11 an hour?"

—Enlisted Woman

► Improve the Service's response to sexual assault

"I think there should be a separate agency someone can report equal opportunity or sexual assault complaints to. So that agency can determine if that person needs to be transferred to another unit, but that decision should be made by someone outside of the chain of command. What if I'm not okay with my commander, you know?"

—Enlisted Man

► **Expand military child care hours**

"Another thing would be the daycares and maybe the hours of operation. The daycare opens at 0530. I am about to execute PCS orders; it's just me and my son going to a school house where I am teaching. I have to PT [physical training] [Service members] in the morning and be there at 0545, but daycare doesn't open until 0530. I don't know how I am going to do that in 15 minutes. It's a struggle for single moms to figure out how to do that."

—Enlisted Woman

► **Work to alleviate career progression challenges for servicewomen post-pregnancy**

"I struggle with motivating myself. I am trying to reenlist, going on my third enlistment. It sucks because I'm still a corporal when I should be progressing in my career. I did have a huge gap when I was pregnant and postpartum, but progressing was very hard, so I think having some sort of better system that is more in control of [Military Service]. I have done everything to get promoted, and it gets very demotivating as the months go on. What am I supposed to do? Kill myself literally and figuratively so I can run a 300 [PFA]? I can't do that. I'm trying to meet unrealistic expectations to be a person walking on water just to get promoted in my [occupational specialty] and in general."

—Enlisted Woman

► **Improve barracks and out-in-town policies to increase safety**

"The barracks situation is bad. There [may be] new barracks coming in [the next 5 years], but I feel like even though there's supposed to be a package you can apply to for better housing, they deny it. [Service members] hate being in the barracks. It's depressing."

—Enlisted Woman

Chapter 3. Key Influencers on Servicewomen's Career Paths

2024 DACOWITS Focus Group Findings

Key Influencers Topic Overview

19
Focus groups overall

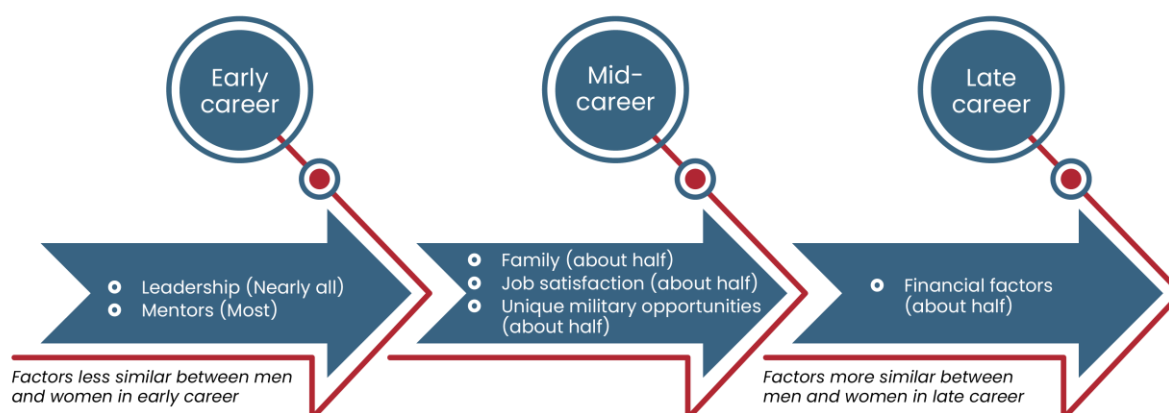
14
Groups with
servicewomen

9
Groups with
enlisted personnel

Topics investigated

- Key influencers on Service members' overarching career paths
- Key influencers on joining the military
- Key influencers on Service members' early careers
- Key influencers on Service members' mid-careers
- Key influencers on Service members' late careers

Most Cited Influences by Career Point Across All Service Members



Participants have mixed feelings about whether factors that shape military careers after 15 years of service are the same or different for women and men

"I think more similar. Even males don't want to move much, they don't want to move with kids in high school or with spouses that have good jobs. I think its more similar than other points in their career." —**Enlisted Woman**

Factors That Uniquely Influence Servicewomen

All factors that uniquely influenced servicewomen's careers mentioned in least half of groups related to pregnancy and childcare, including:

- Pregnancy and its influence on career progression (most)
- The burden of childcare responsibilities being more likely to affect servicewomen's careers (about half)
- Policies related to pregnancy, family planning, reproductive healthcare, and parental leave are more likely to influence servicewomen's career paths (about half)

To address these challenges and improve the retention of servicewomen, the most common recommendation provided by Service members was to offer better support for pregnancy and motherhood.

DACOWITS investigated key influencers on Service members' military career paths. The Committee was interested in learning more about who and what factors influenced Service members' career decisions at various stages of their careers. In particular, the Committee was interested in what factors influence servicewomen's career paths, as compared with servicemen.

The Committee conducted 19 focus groups on the topic of key influencers on servicewomen's career paths (see Appendix C.2 for the focus group protocol), including 9 groups with enlisted Service members (E4–E7) and 10 groups with officers (O2–O5/W1–W4). Findings on key influencers on servicewomen's career paths are organized into the following sections:

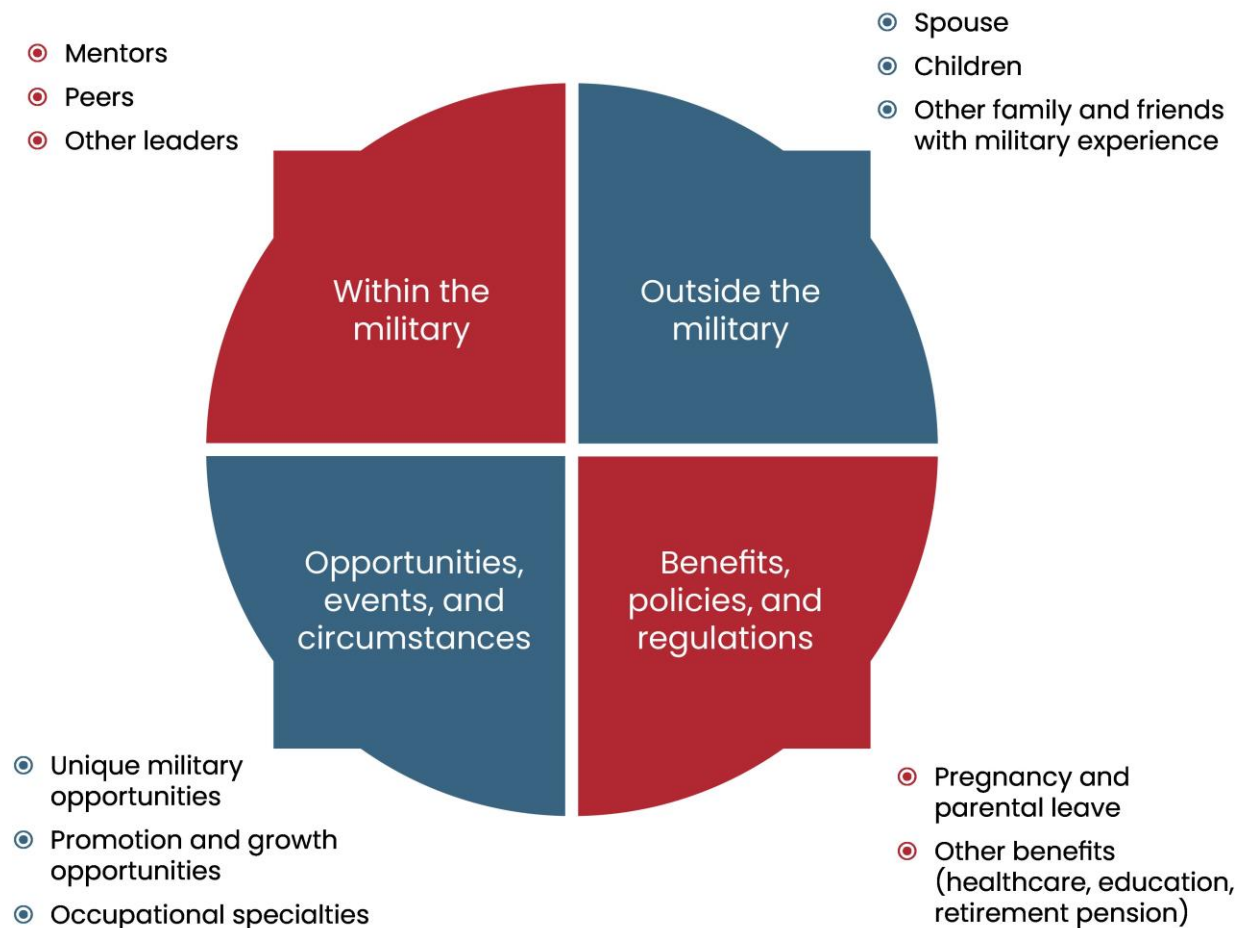
- A. [Key Influencers on Service members' Overarching Career Paths](#)
- B. [Key Influencers on Joining the Military](#)
- C. [Key Influencers on Service Members' Early Careers](#)
- D. [Key Influencers on Service Members' Mid-Careers](#)
- E. [Key Influencers on Service Members' Late Careers](#)

When interpreting the findings outlined in this chapter, consider that participants primarily consisted of enlisted (E4–E7) and officer (O2–O5/W1–W4) ranks. In addition, all participants were invited to answer questions regarding each phase of military careers, including phases of their career that they had not yet reached. Therefore, some responses may be speculative in nature. Findings in this chapter should not be generalized to the greater military population. Additionally, about 75 percent of the respondents in this section were female, even for questions that asked about key influencers for both servicewomen and servicemen.

A. Key Influencers on Service Members' Overarching Career Paths

DACOWITS asked focus group participants about factors that influence Service members' career paths in the military throughout their careers, including individuals inside and outside of the military, opportunities, events and circumstances, and benefits, policies, and regulations. Participants reported a variety of factors that influence Service members' career paths and career decisions in the military, including family members with and without military experience, decisions about occupational specialties, benefits, mentors, military peers, both positive and negative leadership, unique professional opportunities and experiences, and other less commonly reported factors. Influences on Service members' decisions about their military careers are summarized in Figure 3.1 and expanded on throughout this section.

Figure 3.1. Influences on Service Members' Overarching Military Careers



Source: Focus group transcripts

DACOWITS also asked focus group participants what factors, if any, uniquely influence servicewomen's careers as compared with servicemen's careers. Most commonly, participants in most focus groups reported that pregnancy and its impact on career progression is a factor that uniquely influences servicewomen's careers, while participants in half the groups cited child care as an influencing factor, and participants in some groups cited the negative impact of parental leave on servicewomen's careers and military culture as influencing factors.

1. Participants cited various types of military personnel and individuals inside the military that influenced their military career

Participants were asked who within the military had the biggest influence on their military career. Participants in most focus groups spoke about the influence that individuals in the military had on their careers, including leadership, mentors, and military peers.

a. Participants in most focus groups cited mentors as having the biggest influence on their career in the military

Participants in most focus groups spoke about the positive influence that mentors had on various stages of their military careers, including maintaining relationships with mentors throughout their military career and having someone to discuss career paths, opportunities, and personal matters with, such as becoming pregnant in the military.

"...The relationship between [senior enlisted] and junior officer has influenced me. He is now a [E9], and it's been 10 years, but he is still one of my mentors. Having that [senior] enlisted to junior officer relationship is very important."

—Female Officer

"Mentors, male and female. Not only did they make it easier to say you are becoming a parent in the chain of command, [but] they didn't treat you differently or make you feel bad for it. ... Mentors who are good at their job and have empathy."

—Enlisted Woman

"It's changed for me. At first it was the people around me, like peers, supervisors, but not higher-up leadership. You get the idea of leadership when you're young, but you don't see them. ... As I became a noncommissioned officer, I got actual mentors, and I started to listen to them more."

—Enlisted Man

b. Participants in most focus groups highlighted that military peers were often the biggest influence on their career in the military

Participants in most focus groups expressed how their peers offered support to keep them going and motivate them during their career in the military. Officer participants were more likely than enlisted participants to discuss the positive influence that peers have had on their military career.

"Peers. I've dealt with terrible and great supervisors but it's the people I was with in ... units, those who I met in the [Military Service] kept me in and enjoying those I've been around."

—Male Officer

"I would say peers ... the biggest reason [I'm still in] is the people I've worked with. At each duty station, I've picked up a new family, a text chain that has meant the world to me. Without that support structure ... there are other great things about Service, but that has kept me in for this long."

—Female Officer

"You can have bad leaders, but you always have peers to lean on. Peers is what keeps you going."

—Male Officer

c. Participants in most focus groups shared mixed feelings about whether leadership had a positive or negative influence on their career in the military

Participants in most focus groups reported that leadership had influenced their military careers. Across focus groups, participants shared both positive and negative ways in which leadership had influenced their careers. Positive influences were more likely to be reported by officers. Participants who cited the

negative influence of leadership on their military career often reported that these influences motivated them to do better during their military career in providing positive leadership.

"The things that have influenced me are good leaders and bad leaders and learning from both of them in different ways. Sometimes you have an example of what you really don't want to be, and you realize you can make it better and you don't want to be like that. Sometimes those examples are just as helpful."

—Female Officer

"It's always a person in authority over me that sets the culture, like the [unit] commander or [larger unit] commander. They'll set the leadership style that I either want to emulate or I hate. The hardest lessons for me to learn have been from senior officers and sometimes senior enlisted. I have learned more things I don't want to know than things I want to do."

—Male Officer

"All of my encouragement comes from my immediate supervisors/department heads. The encouraging conversations to continue my career have not been amongst other JOs [junior officers]. It's always been my immediate supervisor."

—Female Officer

2. Participants cited various individuals outside of the military that influenced their military career

DACOWITS also asked participants who outside of the military has had the biggest influence on their decisions about their career in the military. Participants in most focus groups indicated that their spouse had the biggest influence on the decisions they made about their military career, while participants in some groups highlighted children and other family members and friends. Some participants spoke specifically about the influence of family members and friends with military experience as the biggest factors influencing their career decisions. Female participants in some focus groups were more likely than men to cite their parents and siblings as the family members influencing their military career decisions.

a. Participants in most focus groups reported that their spouse had the biggest influence on their decisions about their military career

Participants in most focus groups discussed the important role their spouse has played throughout their military career. Service members spoke about the support they have received from spouses and the sacrifices their spouses have made to support their careers. Officers were more likely than enlisted participants to mention this finding.

"My husband, he looks at me and goes, 'You could do that too,' which makes me believe in myself. [Special Operations School] was his idea, and then I was bald, and then I was mad at him [laughs]."

—Female Officer

"I know a lot of [Service members] get out because they are in a relationship, or their significant other does not want them in the military."

—Enlisted Woman

"I met my husband in the military. We've been married for 14 years. He has been my support and encouraging me all the time. The reason I'm still in today is that he understands the amount of work and time you have to spend in the job to excel. It's a man's world, but when you're competing with them, you can actually do better, so that influenced me to stay [Military Service,] and I'll stay [Military Service] for a while."

—Female Officer

b. Participants in some focus groups mentioned children as the biggest influence on their military career

Participants in some focus groups highlighted their children as having the biggest influence on decisions they made about their career in the military. Participants from one Service were more likely than participants from other Services, and enlisted personnel were more likely than officers, to mention this finding.

"I have a daughter who is in the Exceptional Family Member Program. It was tough having a child with special needs, so we came here to [installation] for better resources."

—Male Officer

"My husband and kids. Depending on how this affects my kids will affect whether I stay or go. If my kids start needing more of me, I'll probably retire."

—Female Officer

"Kids, but also for different reasons. You can compare careers outside, and the benefits are far better for my kids in the [Military Service]. And as a single parent, that's huge. I might as well stay in because it's what I know, and the benefits are set in stone and are good for my kids."

—Enlisted Woman

c. Participants in some focus groups reported that family members and friends with military experience, specifically, most influenced their decisions about their military career

Participants in some focus groups spoke about how family members and friends who were in or currently are in the military helped shape their decisions about their military career.

"Carrying on a family legacy, you don't want to break that."

—Male Officer

"I'm a TRICARE baby. My immediate family has five officers in it, so it was less of someone's influence on me. I didn't know anything different. This made sense to me."

—Female Officer

"My grandma served in the military for almost 30 years, and she loved it, and she told me stories and showed me pictures. When she died, I thought I just want to be like her so I can tell stories and show pictures to my grandkids."

—Enlisted Male

3. Participants cited various opportunities, events, and circumstances that influenced their career path in the military

Participants were asked what opportunities, events, or circumstances most influenced their career path in the military. Participants in most focus groups reported that deployment and chances to pursue

unique opportunities in various duty station locations most influenced their career path in the military, while participants from some groups cited growth or promotion opportunities and liking or disliking their occupational specialty as factors that influenced their career path.

a. Participants in most focus groups cited exciting opportunities and experiences, such as deployments, as major influences on their career in the military

In most focus groups, participants spoke about how the paths they chose in the military allowed them to pursue unique opportunities and experiences, such as deployment and opportunities to gain experience in various locations. Officers were more likely than enlisted personnel to mention this finding.

"I was recalled to active-duty. I was a Reservist and was recalled to support OEF [Operation Enduring Freedom]. I loved the camaraderie and then applied to my specialty and was accepted."

—Female Officer

"Getting the opportunity to go be stationed where other foreign militaries were stationed at the time. It was a great learning opportunity for me and very fun."

—Enlisted Man

"It's the overseas opportunities and experiences that you can't get anywhere else. There are things that being on a [platform] ... unless they have been on a [platform], you can't explain. ... Those really unique situations have kept me here and coming back as many times as I can."

—Female Officer

b. Participants in some focus groups reported that promotion and growth opportunities most influenced their decisions about their career in the military

Opportunities for promotion and growth were cited as factors that influenced participants' decisions about their careers in the military. Enlisted personnel were more likely than officers to report this finding.

"Being a commander. I had all males under me. It was a great experience. You learn a lot about yourself. Just random things you figure out as you go along. It's an opportunity to grow. I'm a different person now."

—Female Officer

"Promotion in general. If you're not promoted, you leave if you're not forced out. There are people who are forced out and I don't know if that's the right answer."

—Male Officer

"I feel like I've been through too much at this point to get out. I did an officer program at one point and quit that. I've gotten screwed [over] a lot and I won't let that happen to anyone else. There are remote units where people just don't want to help you. So I have to rank up and change that."

—Enlisted Woman

c. Participants in most focus groups reported that Service members' occupational specialties influence their career path in the military

"Probably whether or not they like their [occupational specialty], whether they enjoy what they are doing if they want to stay with it or get out. Job enjoyment."

—Female Officer

"After high school, I realized there were no job opportunities around me, so I joined the [Military Service] in 2009 because they could ship me out the fastest. I [then] joined the [different Military Service] because I was working in communications in the [Military Service] and I didn't know how far that could take me."

—Enlisted Man

"Your [occupational specialty]. For those of us looking at staying in or getting out, it depends on the specialty."

—Female Officer

4. Participants cited various policies and regulations, or benefits, that influenced their decisions about their career in the military

Participants were asked what benefits, policies, or regulations have influenced their decisions about their career path in the military. While many different benefits, policies, and regulations were brought up throughout the focus groups, the most common factor mentioned by participants in about half the groups was pregnancy and parental leave, while participants in some groups referenced specific benefits that influenced their career decisions, including education benefits, healthcare benefits, and retirement benefits.

a. Participants in about half the focus groups reported pregnancy, family planning, reproductive healthcare, and parental leave policies have or could influence their career path in the military

In about half the focus groups, participants said that convalescent leave for pregnancy recovery and parental leave policies were major factors that influenced their career decisions. Female participants were much more likely to report this than male participants. Participants in some focus groups also spoke about recent policy changes that expanded parental leave opportunities and how that has influenced their careers.

"That would change my entire career to have coverage for freezing eggs for us. The opportunities in my [specialty] pipeline are cut and dry; there is a path to success and having a baby would take me off the path. Freezing my eggs would allow me to stay on the path and have longevity in the [Service]. I would say that could change things; that would be huge."

—Female Officer

"The caregiver leave I have. I have a 4-month-old, [and] I took 15 of the 18 allowable weeks. I cannot imagine it when it was only 6 weeks. I probably would have done it but felt horrible; 6 weeks is crazy. That's a big one, having more children would play into that decision."

—Female Officer

The baby leave has been very beneficial. . . I wasn't able to partake in that, [but] it's a big change for male and females in positive way.

—Enlisted Woman

b. Participants in some focus groups mentioned various benefits that influenced their career path in the military

In some focus groups, participants spoke about how the education, healthcare, and retirement pension benefits all influenced their career paths. Officers were more likely than enlisted personnel to discuss healthcare and retirement benefits.

▶ **Healthcare benefits**

"Healthcare for you but also your entire family has influenced me, and the same with the maternity and paternity leave is a big one."

—Female Officer

▶ **Education benefits**

"Education. I've gotten a bachelor's while in [the military] to pass on my GI Bill for my children, so I wanted to get a degree while I'm in. I've been talking with people in the [civilian] industry on what does the job market look like and getting mentors now before I get out. And that influenced my reenlistment as well. The education benefits are high up there."

—Enlisted Woman

▶ **Retirement benefits**

"When they changed the retirement system. The new retirement system didn't have a chance to influence me, but it would have been a dissuading factor for staying until retirement. Having the ability to collect [a] pension at 39 or 40 was nice."

—Enlisted Man

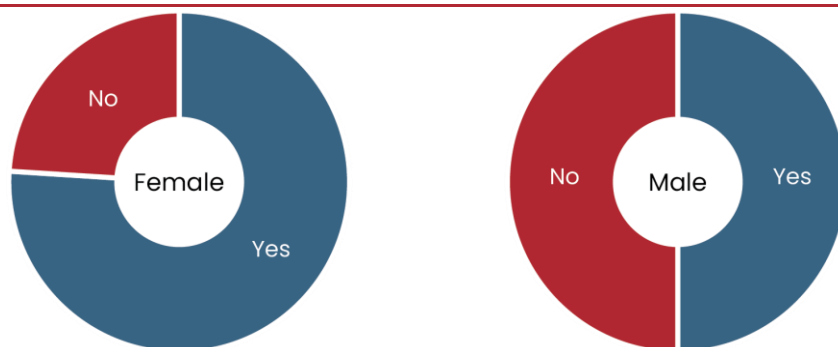
5. Participants reported that there are many factors that uniquely influence servicewomen's careers in the military

DACOWITS asked participants what factors uniquely influence servicewomen's careers as compared with servicemen. Most commonly, participants in most focus groups reported that pregnancy and its influence on career progression is a factor that uniquely influences servicewomen's careers, while participants in half the groups reported that the burden of child care is more prevalent for servicewomen, and participants in some groups believed servicewomen's careers are affected more negatively by parental leave and a toxic or male-dominated military culture.

a. Participants in most focus groups mentioned pregnancy and its influence on career progression as a factor that uniquely influences servicewomen's careers

Women were much more likely than men to describe how pregnancy affects servicewomen's career progression, including choices some women make to postpone pregnancy during their career and fertility issues that can be associated with decisions to delay pregnancy. In the mini-survey, DACOWITS also asked what factors most affected servicewomen's ability to start or have a family when desired during their military service. In response, about three-quarters of female participants listed career progression as one of the factors most affecting servicewomen's ability to start a family when desired, while only half of male participants perceived career progression as a factor influencing women's ability to start a family when desired during their military service (Figure 3.2).

Figure 3.2. Proportion of Female and Male Participants Who Cited Military Career Progression as a Factor That Most Affects Servicewomen’s Ability to Start a Family When Desired in the Military



Source: Focus group transcripts

"I think a big one is the being able to start a family without having to worry about losing your career progression. That was a big one especially when I came in. It's gotten a lot better, but that is a huge factor. A lot of time when someone would get pregnant...you have to go to [specific duty]. You're going up for [promotion], and they would see a break in your [specific duty], and without any explanation, that would be a negative thing. Making someone choose between starting a family and career progression is a huge thing."

—Enlisted Male

"I would say our ability to have children. For me and my experience, the most paramount, it's always an option you become nondeployable because you become pregnant. I'm trying to be PC [politically correct] when I say this, but your usefulness to the unit goes down, your productivity goes down. You are gone and then come back on profile. I'm not a rubber band; I don't snap back in 4 to 6 weeks; postpartum is different. Everyone is different; some men get that better than others, and there's less stigma. But definitely, pregnancy is the biggest factor."

—Female Officer

"You spend so much time focusing on your career, and then you get to fertility age, and it isn't easy to have a baby. I was 36 by the time I was ready with my career, and fertility rates drop. IVF conversations are more out in the open now."

—Female Officer

b. Participants in about half the focus groups reported that burden of child care responsibilities influence servicewomen’s careers more than servicemen’s careers

Both female and male participants acknowledged that servicewomen are more often expected to have greater child care responsibilities than servicemen, including taking children to and picking children up from CDCs or off-post daycare, and taking care of children when they are sick or need to go to appointments. Participants shared that servicewomen are more likely to lose time, opportunities, or be stigmatized in their careers because of this added responsibility.

"Child care is bad. I've talked to peers who said if I want to have a kid, I have to get out. The stress isn't worth it. I had a leader in command that had a son, and they kept kicking her kids out of the child development center [CDC], and watching her and her husband pass the kids around was tough. My kids aren't even on post. The one-and-a-half-year wait isn't worth it because we'll permanent change of station before then."

—Male Officer

"Women do traditionally take it on, which is more stress. I'm dual-military, and there's a stigma that if I can't take the kid to doctor and he does it, there's a look like, why can't your wife do it? We don't have a command relationship that understands. We had our third child last year, and he wanted to take parental leave. We didn't have child care yet, and there was stigma with that, too. It puts stress on the female to have to do all the things, so he doesn't take the heat."

—Female Officer

"Child care is number the one thing. With many females, some of them are single moms. It's a crime to permanent change of station female Service members to duty stations, and they can't have their kid in the CDC for a year. That puts a huge strain on them and their family. They have to ask family to come help them with child care, and they're not compensated to have family come take care of their children. Better child care would help. I see a lot of struggles there."

—Male Officer

c. Participants in some focus groups thought parental leave policies have a greater influence on servicewomen's careers than servicemen's careers

The Military Parental Leave Program was expanded in January 2023 to allow both the birthing parent and nonbirthing parent 12 weeks of parental leave. Before this policy, the birthing parent was limited to 6 weeks of parental leave across all Services, and the nonbirthing parent was limited to 3 weeks of parental leave in the Army and Air Force and 2 weeks of parental leave in the Marine Corps and Navy.³ Participants shared that, while the expansion of parental leave is appreciated and helpful, it still is difficult for servicewomen to keep up with their male counterparts in their careers, as servicewomen are more likely to take their full parental leave allowances and have to account for additional time away from the service due to convalescent leave.

"The maternity leave has been revamped. ... Having time to bounce back and spend time with their children. They before were borderline harassed for not being able to bounce back."

—Male Officer

"I would say the pregnancy rights that we have. I didn't fully understand because I'm only recently a new mom, the hardship you went through at that level [before the new parental leave policies]. Even with the 84 days we get now, I was not ready to go back. I couldn't imagine, the pumping rights, the increase in fitness standards, they have it pushed back now for a year. That was another one I didn't fully understand without being a mom, I thought, 'Oh, 6 months you can get your body back in shape.'"

—Enlisted Woman

"Now, they increased paternity leave for men, but it's hard to expect your wife to come back after 3 months and be just as ready as a man after 3 months. That shapes choosing to stay or get out."

—Male Officer

³ Department of Defense. (January 2023). *DoD Expands Military Parental Leave Program*. (Press Release). <https://www.defense.gov/News/Releases/Release/Article/3259259/dod-expands-military-parental-leave-program/>

d. Participants in some focus groups mentioned that servicewomen's careers are more influenced by the perceived toxic and male-dominated culture of the military

Participants in some focus groups spoke about the various aspects of military culture that have a greater influence on servicewomen's careers as compared with servicemen. Participants spoke about how most aspects of the military are male dominated and that women are treated differently and experience various forms of gender bias. Officers were more likely than enlisted personnel to mention this finding. Additionally, participants in some focus groups shared how culture and policy are slow to change, regardless of initiatives meant to improve culture for women in the military. Enlisted personnel were more likely than officers to mention this finding.

"I'm a gender focal point. I just gave a brief on Women, Peace, and Security [WPS] to field commanders and got a comment from a senior government civilian suggesting that implementing Women, Peace, and Security was reverse sexism. There is no such thing as reverse sexism, first of all, but that's an interesting comment. Does including someone in a conversation take away from someone else in the conversation?"

—Female Officer

"I have female friends on a [platform] who got out because they felt they were treated differently [than men], felt like they weren't on the same playing field."

—Male Officer

"They're not looking into female gear for [career field], for example. I was assigned as a [occupational specialty] because they didn't have shoe sizes for me, so I couldn't wear the boots. Or, like, I can't use the bathroom with my gear. Like, what?"

—Enlisted Woman

B. Key Influencers on Joining the Military

DACOWITS asked focus group participants about who and what factors most influenced their decision to join the military and in the selection of their occupational specialty. Most commonly, participants in most focus groups were drawn to military service due to the benefits offered by the military and after speaking to people they knew who had experience serving in the military. Participants in half the focus groups indicated that they had no choice in selecting their occupational specialty upon joining the military. Additionally, DACOWITS asked focus group participants what factors might encourage or discourage women from joining previously closed career fields, such as combat roles or special operations. Most commonly, participants in most focus groups reported that women are likely to be discouraged from joining previously closed career fields because they are male dominated and have few other female representatives.

1. A handful of factors most influenced Service members' decisions to join the military

When asked who or what factors were most influential in Service members' decisions to join the military, most commonly, participants from most focus groups reported being drawn to the military because of the benefits offered by joining and being influenced to join after speaking with individuals who were able to share their military experience. Additionally, participants in about half the focus groups reported being influenced to join by family members with military experience specifically, and because their Service's mission aligned with their beliefs and values.

a. Participants in most focus groups were drawn to the military because of the benefit offerings

In the majority of focus groups, participants talked about how they joined because of the Post-9/11 GI Bill and tuition assistance. Participants also spoke about other benefits offered by the military, such as free healthcare and reliable housing and food. Participants from one Service were more likely than participants from other Services to mention this finding.

"It was also education. I couldn't afford college, which is why I enlisted and used TA [tuition assistance]."

—Female Officer

"Free college. Free healthcare. My parents were active-duty my entire life so I saw the benefits until I was 23. I had that, I want that, I want that for my kids. I saw how they made it work, I wanted to do that."

—Female Officer

"I was homeless before I joined, so I went to [Military Service Academy]. Here is a roof and food for you, you know?"

—Male Officer

b. Participants in most focus groups reported joining the military after speaking to people with military experience

In most focus groups, participants discussed how friends, high school teachers and administrators, and other influencers with military experience guided them into their military careers.

"My friend going into infantry and combat arms was a big push. That had a high female influence on me."

—Female Officer

"In high school, my administrators were all Air Force and Army guys, and that made a huge impact on me. 9/11 made a huge impact on me as a 4-year-old. It's rooted in my mind, and I remember learning no one does that to us, and I grew up with that mindset."

—Male Officer

"I was an executive assistant for an O-6, and she had been in for 20-some years. She would mentor me a lot and tell me to be brave. It meant a lot to me to hear about what she went through. She said it was different for women now than when she first got into the [Military Service], and that inspired me. I think her mentorship and telling me to be brave and fight for what I believe in influenced me [to join]."

—Female Officer

c. Participants in about half the focus groups were influenced to join by family members with military experience

In about half the focus groups, participants said they joined the military after discussing the option with family with military experience or from growing up in a military family, including participants who wanted to follow in family members' footsteps. Women were much more likely than men to mention this finding.

"My Grandpa was a [Military Service] in World War II, and he was infantry. So I wanted to do the same thing."

—Male Officer

"I was a [Military Service] brat. We moved every 2 years. I loved the way I grew up, and I would love my family to grow up the same way if I can balance that and my career progression. My dad was in the [Military Service] forever, and I was like, 'I'm going to do the same thing,' and then you get here and realize it's not the same thing."

—Female Officer

"Both my parents are in the [Military Service]. My mom stayed in, and my dad was a stay-at-home dad in the '80s, '90s. My mom and all her friends ... I thought they were normal, but they were actually superheroes. I say this as a contrast, as I had a ton of senior officer female role models at a young age, and I had less of that when I actually joined the military. Growing up in that community and seeing it work and seeing my mom get to retirement ... My parents are still together and seeing it work out."

—Female Officer

d. Participants in about half the focus groups reported joining because life in the Service resonated with their beliefs and values

In about half the focus groups, participants spoke about how the mission of their Service was important to them and appreciated that their Services' missions allowed people to have freedom and independence. Officers were more likely than enlisted personnel to mention this finding.

"The war that started. My reasoning was that. Staying in is because of my wife. She joined for that same reason. We just wanted to help people."

—Male Officer

"I joined for myself; I wanted to be an independent woman. I got married early, and I wanted to make my own money and have my own thing going."

—Enlisted Woman

"I wanted to share, me being international coming from another country, when I came to America I came here for college, and I left by myself at the age of 17. Coming from another country was scary, but it's my personality to be like, 'Let's go! I want to do all the things!' What influenced me was I noticed when I started my journey in America, I loved the culture; there are so many different people from all over. When I was in college, I experienced so many amazing things, and I was like, 'Is this what America is all about?' I had a good experience; I wanted to give back; I wanted to serve and say thank you for the wonderful experiences I had at such a young age leaving my country and coming here."

—Enlisted Woman

2. Participants' decisions about their current occupational specialties were influenced by a variety of factors

DACOWITS asked participants what factors were most influential in determining their current occupational specialty or career field. While some participants shared that they were not given a choice in selecting their occupational specialty or career field, participants who had a choice in career field discussed why they chose their current occupational specialty.

a. Participants in about half the focus groups stated that they didn't have a choice in selecting their current occupational specialty or career field

In half the focus groups, participants said their occupational specialty or career field was chosen for them. These participants were placed in specific fields to fill a need for the Service or because their skillsets were desired in specific occupational specialties, regardless of their interest in the field. Enlisted personnel were more likely than officers and women were more likely than men to mention this finding.

"I am [occupational specialty]. I didn't pick that. The reason I haven't moved my job is it's an easy community, within [occupational specialty], it's good and friendly. I've seen the higher-ups bring their kids to work because child care is not a thing. It's the best job to network with others."

—Enlisted Woman

"I didn't get to pick, but culture kept me in it."

—Enlisted Man

"For my job—I won't bash my recruiter, she was awesome—the [Military Service] picks your job. You can put stuff on your dream sheet, but the [Military Service] will put you where they need you. This was nowhere on my list. I'm an [occupational specialty], not on my list at all. This isn't what I picked."

—Enlisted Woman

b. Participants in some focus groups said that they chose a career field where they believed they would gain valuable work experience

In some focus groups, participants who did have a choice in their career field or occupational specialty reported that they chose a field that would allow them to gain skills that believed were useful and transferrable outside of the military. Officers were more likely than enlisted personnel to mention this finding, and participants from one Service were more likely than participants from other Services to mention this finding.

"I was commissioned through [initial officer training school]. I chose mine because I did my research, and I saw what [specialized unit] do on Reddit, and I didn't want to do that. [group laughter] I chose [occupational specialty] because my commitment would be 4 years, and it could transfer well to the civilian world."

—Female Officer

"For me, it was clearance. I knew if I got a job with a TS/SCI [top secret/sensitive compartmented information] job clearance, if I didn't like the [Military Service] or wanted to get out, I would have other opportunities."

—Enlisted Man

"My mom was a nurse. There's a stereotype about [people of certain nationalities] being nurses, but I'm one of three and the only one who went into anything medical. My mom really liked it [nursing] and was able to support us well growing up. And the reason I wanted to be a [Military Service] nurse is the opportunity of being a nurse overseas and the humanitarian aspect. And when I signed up for the scholarship, there is a 4-year return, and I was like, 'If don't like [Military Service] nursing, I'll have my degree and can do it on the outside.'"

—Female Officer

c. Participants in some focus groups said they chose a career field based on guidance from other individuals in the military

Participants in some focus groups explained that they chose their career field or occupational specialty based on information they gathered or guidance from recruiters and other mentors in the military.

"So my biggest thing was when I went to MEPS to pick my job, I was going to sign as a [occupational specialty] because I love law enforcement. My [recruiter] called me and said, 'Don't sign for that. You know too much about computers and are too good with your hands.' That's when I went and picked [occupational specialty], and I've loved it ever since."

—Enlisted Man

"My recruiter showed me a cool video of what I thought I would be doing. I did not though. He showed me the system I was going to work on too, though, so he didn't lie."

—Male Officer

"In order to go [occupational specialty] I had to push to get that information. ROTC [Reserve Officers' Training Corps] programs and military colleges have a heavy focus on [combat-focused occupational specialty]. That's not necessarily a bad thing, but branches like [medical occupational specialty] I would have never experienced being at an ROTC program at a military college. I had mentors who were [occupational specialties] so I got that info from them."

—Female Officer

3. Participants had mixed feelings on women's experiences entering previously closed career fields, such as combat and special operations roles

When asked what factors might encourage or discourage women from entering previously closed career fields, participants in most focus groups offered reasons women may be discouraged from joining these positions, while participants in some groups reported that women might be more encouraged to join these positions if they had more representation of servicewomen.

a. Participants in most focus groups reported that women may be discouraged from joining previously closed career fields because they are male dominated and lack female representation

Participants in most focus groups spoke about the barriers that hinder servicewomen from succeeding in career fields that are male dominated, such as a lack of female bathrooms and other accommodations, and the stigma of being a woman in these positions. Officers were more likely than enlisted personnel to mention this finding.

"There was a conversation about the [specialize role] thing; there was a lot of confusion because there's no women's bathroom. I didn't care I had to use the men's bathroom, but it's still taboo. There are conversations about porn transfer in the mess hall. I don't feel uncomfortable calling it out, but I know it won't change."

—Female Officer

"Most people are not [going to] want to have to put up with that previous stigma of, well, this community was this way, and now it has to open up. And a lot of people in general don't want to be the first people through the door because it sucks."

—Enlisted Man

"My wife chose her [occupational specialty] because there weren't many females, and she found out that wasn't what she wanted to do because of that culture. We were co-located prior to here, and she'd come home from a job, and there would be times when they'd ask someone else of similar [occupational specialty] and rank because they thought they'd be able to do it faster. She'd be stressed from that."

—Male Officer

b. In about half of the female focus groups, servicewomen shared that they felt held to a different standard compared with men in these previously closed career fields

Participants in about half of the female focus groups spoke about how they felt that they were held to a different standard than men, which can discourage servicewomen from joining these previously closed career fields. This finding was mentioned only by women.

"In [occupational specialty], often I was [the] only girl in the room. As an officer, you are already under more scrutiny. I was still making amends for mistakes girls made long before me, and I got credit for things that I had never done. You represent the entire gender."

—Female Officer

"It's perception. If I do something and a male does something physical, they look at how he does it and if I can do it. They're looking at more of a fault/failure finding aspect."

—Female Officer

"I know for a fact there was a senior male having a relationship with a female, but nothing was said to him; that's the hypocrisy. Females are getting held to a different standard to prove a point. Males, it's swept under the rug. With the female junior [Service member], it's let's not ruin his career, let's reprimand her, and what example is that showing to the male [Service members]? If I get high enough in rank, I will not get in trouble for it."

—Female Officer

c. Participants in some focus groups cited the stigma of being a woman in the military and inequitable treatment compared with men as factors that discourage women from joining previously closed career fields

Participants in some focus groups said that women may not pursue previously closed positions because of the negative ways they are treated within these career fields and the gender bias they experience. Participants explained that there is often a stigma associated with women in previously closed career fields because they are male dominated and that many servicemen believe women are not as capable or cannot succeed in these fields.

"Stigma. The idea that they can't do it. How the men react, logistical factors like port-a-johns, sleeping arrangements, how uncomfortable it is, physical requirements. The stigma that puts on them trying, keeps them from doing it."

—Male Officer

"The demotivation starts in [the unit]. . . . They are not the bad ones; it's the [junior enlisted] feeling they have something to prove without a combat deployment; they have a lot of bark. They are training brand new [combat-related occupations], and if there is a female in the class, I've heard my buddies talk telling them to get to the back of the hike because they'll fall out or they will be a walking mattress when they get out to the [Military Service]. It starts at the schoolhouse they get to."

—Enlisted Woman

"It is toxic being in a room full of males who want to either sleep with you or outdo you. I had a fellow [peer], and he knew I was a fast runner, and he pushed me. He might have thought he was joking, but it shows how they view females. They all say they want to beat me, but they don't say that to other males. It's not about wanting to do better, just about beating females."

—Female Officer

d. "Participants in some focus groups thought that greater representation of women in previously closed career fields could encourage women to join"

While participants generally spoke about the barriers that women face when considering joining the previously closed career fields, participants in some focus groups reported that seeing other women in these roles could encourage servicewomen to pursue them.

"The support. When you open a door like that, there is no female leadership established yet. [Others in the group nod in agreement.] So, to have support of female leadership waiting for you is better than going in with nothing but guys. I grew up with nothing but guys, so going into the mechanic shop with only males, I was used to it. You have to have thick skin and tough bones."

—Enlisted Woman

"For me, representation matters. I'm comfortable if I see someone who did it. ... I think it's representation, someone doing it before encourages women."

—Female Officer

"Both encourage or discourage. If you don't know someone who's in it or can't talk to someone who's in it, the unknown can discourage people. I was at a leadership symposium in DC. [One of the speakers] was one of the first female Army Rangers. Getting to talk to them—you don't know what you don't know. If you get the chance to talk to someone ... on both ends ... you could hear their story and be like, 'Oh, that's not for me,' or 'I can do it.'"

—Female Officer

C. Key Influencers in Service Members' Early Careers

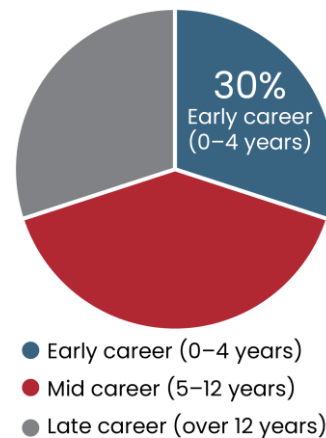
Following questions about influences on joining the military and career selection, DACOWITS asked focus group participants a variety of questions related to factors that influenced their early-career decisions and experiences. To begin this section, DACOWITS asked a hand-raise question to determine how many participants were in their early career or within their first 4 years of service. About 30 percent of participants reported currently being in their early careers at the time of the focus groups (Figure 3.3).

DACOWITS also asked focus group participants about how their experiences in the military during their early career influenced their career path in the military, with participants from nearly all groups saying that leadership influenced their early-career decisions, participants from most groups citing mentors as early-career influences, and female participants, in particular, sharing unique perspectives on how their initial impressions of the military influenced their career decisions. Additionally, DACOWITS asked a hand-count question on whether participants had mentors during the first 4 years of their careers, and if

so, how many participants had mentors of the opposite gender. In total, about 72 percent of participants had a mentor within their first years of service, and about 70 percent of those participants had a mentor of the opposite gender. Participants were asked how mentors, if at all, influenced their early-career decisions. Most commonly participants in most focus groups said that their mentors provided them guidance and support to help them navigate their early careers.

Finally, DACOWITS asked participants what advice they would give Service members navigating the first few years of their military career today. Participants highlighted four major pieces of advice for Service members navigating the first 4 years of their career, including: (1) take action and address issues efficiently, (2) foster relationships and care for your fellow Service members, (3) stay positive, and (4) be emotionally resilient by focusing on self-reliance and not letting emotions get in the way of their success.

Figure 3.3. About 30 Percent of Participants Were Within the First 4 Years of Service



1. Participants in nearly all focus groups reported that positive and negative leadership influenced their early-career decisions

Participants in nearly all focus groups discussed how leadership influenced their career decisions early in their careers. They talked about experiences with leaders who cared about their subordinates and guided them toward successful paths, as well as experiences with leaders who made Service members feel unwelcome and stuck. Participants reported that leadership in their early careers made a significant impact on decisions later in their careers.

► Perceptions of how positive leadership affects early-career decisions

“Especially as women, if we have leadership that are also women, it gives examples of what your future could look like in a way that’s representative of who you are than male [midgrade officers]. For me, my [unit] commander is a woman. It’s nice to see someone I respect, and she’s ... being respected by the people she works with; it encourages me to stay in longer and become her or be similar to her.”

—Female Officer

“Culture has a big role. When people are cared about, they stay in. If people are told they don’t mean anything because of their rank or who they are, they won’t want to stay in.”

—Female Officer

“Support system plays a massive role. I was nervous moving to the middle of nowhere, and it was the best thing that could have happened to me because the whole command and department heads cared about you. I had a female [Service member] and O4 say, as long as I got my tasks done, I could make my own schedule. Knowing you can ask questions.”

—Female Officer

► Perceptions of how negative leadership affects early-career decisions

"If you have bad leadership, you won't get people to stay past the first tour. Most people don't see that, but it might get better."

—Enlisted Woman

"Leadership. I had a company commander tell me he hated me. Going to work every day and leaving just the angriest I had ever been for 3 years impacted where I went. I also went to a less desirable post out of the gate, [installation]."

—Male Officer

2. Participants shared various perspectives on how mentors influenced their early careers

About 72 percent of participants said they had a mentor early in their career based on hand-count data, and about 83 percent of female participants that had a mentor early in their career had a mentor of the opposite gender in their early career. Conversely, about 38 percent of male participants that had an early-career mentor had a mentor of the opposite gender. DACOWITS asked participants how mentors influenced their military career decisions in the first few years of their military service. Most commonly, participants from most focus groups appreciated their mentors for the guidance and support they provided them during their early careers, while participants from some groups liked that their early-career mentors cared for them both professionally and personally and provided different perspectives than their military peers and leadership. However, participants from some focus groups discussed negative experiences with Service members they perceived as mentors.

a. Participants in most focus groups appreciated the guidance and support they received from mentors during their early career

Participants from most focus groups shared their appreciation for their mentors in their early careers. Participants discussed that these mentors provided much-needed guidance on which career paths to pursue and how to get where they wanted professionally. Additionally, participants felt supported by their mentors in shaping their careers. Several participants said that they maintained contact with their early-career mentors throughout their careers.

"I thought I'd stay in for a little bit and apply for [initial officer training school], and my mentor made me want to stick it out because I liked enlisted work. I wanted to see if I liked the position as much as I thought I would."

—Female Officer

"My mentor ... was good for me and my wife. He guided every person individually. He was close to all of us. He wasn't just providing group guidance. He knew everyone. That doesn't happen often now. That showed me the care I needed. That's what I try to do. I still talk to him to this day."

—Male Officer

"You don't know what you don't know, so you need a mentor who has this experience to say, 'This one [career path] sounds awesome, but actually it's not going to be awesome. Here's a path that worked for me.' I've continued to pick up a mentor at every duty station. If I didn't have good mentors coming out of my first tour to set me up for success in the first tour or two, I don't know if I'd still be here."

—Enlisted Woman

b. Participants in some focus groups described their mentors as role models who cared for them personally and professionally

Participants from some focus groups also spoke about how their mentors cared for both their professional and personal growth. Participants reported receiving both personal support, such as emotional support during difficult times, and professional support, such as showing appreciation for completing difficult jobs. Officers were more likely than enlisted personnel, and participants from one Service were more likely than participants from another Service, to mention this finding.

"It had a huge influence on mine. I had a [E9] who took me under his wing. I had cancer. He gave me awareness about resources. He pinned my anchors on me when I made [E7]. Every time I wanted to quit, I called him. Mentors are very important. He'd make me stay in."

—Enlisted Woman

"I had an E-8 who was fiercely loyal to people. He genuinely appreciated hard work and took care of everyone. That made everyone realize, yes, it's long hours, but we knew he appreciated us. Not that we're getting something out of it, but if something goes wrong, we know he cares."

—Male Officer

"My mentor ... when I first got to command, I was really scared. It was my first time away from home. She started yelling about how I was new, and she pushed me out of my shell. It scared me at first, but she would tell people to talk to me, and it helped me to be more social, and she pushed me to join junior enlisted association. She helps me love being a [support occupational specialty], and she was saying my job as a [support occupational specialty] is more than just [support], because it controls how people feel, and that's what keeps me going."

—Enlisted Man

c. Participants in some focus groups appreciated that their mentor offered a different perspective than other leaders and military peers

In some focus groups, participants said that their mentors were there to offer other ideas, points of view, and resources that they hadn't received from other Service members they interacted with during their early career. These mentors were able to give an outside perspective to the Service members, which often encouraged them as they advanced through their careers.

"My mentor has helped me tremendously throughout my career. So many amazing things because of them because they advocated for me. They spoke up for me and put me in positions I didn't know I could do. They provided resources and their network and connections for me to connect with. Because of that, I'm truly grateful. I had a good variety. Because of my mentors, I took the initiative to say, 'I admire your work ethic and character, can I sit down with you for an hour to pick your brain and figure out what you do?' So, I say, have that conversation."

—Enlisted Woman

"I think people are interesting. In the first 4 years, I would say mentors, especially men, helped me push through stuff. But, when you're that young, you get tired of listening to dad all damn day, so sometimes it's nice to ask questions of mom, or women. Men tend to have the same way of pursuing things, so having different viewpoints of how to advance my career is important. I would have a hard time mentoring women, too, if I hadn't had women mentor me."

—Enlisted Man

"My earliest mentor said you should always try to feel what other people are feeling. That came from a male mentor. It was a big push of his."

—Enlisted Man

d. Participants in some focus groups described negative or less helpful relationships with their mentors during their early career

Participants from some focus groups shared that they occasionally had mentors early in their careers who were less helpful. Specifically, participants from some focus groups were more likely to have negative mentorship experiences with female mentors than with male mentors.

"First, it was positive, and then it went down, and now I'm getting out."

—Female Officer

"I met my mentor in [Country]. That was my first station. She was honest. She told me, 'You're either going to lay down and take it or you're going to be a bitch.' And you do have to be headstrong to be a woman in the military. I've had experiences of females being catty. You know, like, 'I'm going to give it to you because I dealt with it.' The first few years of my career, I didn't want a female grading me because they would cheat me on pushups. It's good to see that that dynamic has changed for some. There is support now."

—Female Officer

"My mentor told me females didn't belong in [Military Service] aviation. I identified him as the alpha male of all the platforms and systems. I forced myself [to be next to him] and followed him everywhere. After 6 months or so, he started to see I was different than any other girl he worked with."

—Enlisted Woman

3. Female participants shared unique perspectives on how their initial impressions of the military influenced their career decisions

When asked about how initial impressions of the military influenced Service members' career decisions, two primary themes arose as more likely to be reported by female participants: (1) servicemen and servicewomen treating servicewomen differently, and (2) negative early experiences in the military.

a. Participants in some female focus groups reported learning that women in the military may be harder on servicewomen during their early career

Participants from some female focus groups perceived that servicemen and servicewomen treated them differently early in their careers. Participants from some female focus groups talked about how they have had negative experiences with servicewomen being tougher on other servicewomen, which shaped how they viewed the military.

"I can't relate to you ladies talking about how males bring you down; my first duty station was quite the opposite. The female postal [Military Service] were very negative women; they were bringing the other females down, starting rumors and things. I don't let those things influence me; I don't care. If I reenlisted it's because it's for me and what's going to benefit me. Because of those females being closed off, it's hard for me to trust other female [Service members] and work with them. I'm always thinking, 'Do you have the best intentions towards me?'"

—Enlisted Woman

"When I first asked who my mentor was, it was a woman who was harsh [toward] me, and it wasn't a safe space. I get being hard on me to a certain extent, but I need to be comfortable coming to you. The males understood that better; they wait for you to fail instead of guiding you. If you do one thing wrong, they're hard on you."

—Female Officer

"I felt like the female was more trying to push me down and prevent me from success."

—Female Officer

b. Participants in female focus groups were more likely than participants in male groups to talk about negative experiences in the military in their early career

Female and enlisted participants were more likely than male and officer participants to report negative experiences in the military during their early-career period. Participants discussed how a bad experience early in their military careers can make servicewomen less likely to reenlist and more likely to cause dissatisfaction with their service.

"Retainability is an issue, especially for critical first enlistment. If they have bad experiences, they will get out or if they are on a bad base even, I've seen turnover so much more recently."

—Enlisted Woman

"Being in my first 4 years, I am quite ready to get out because of the bad experiences I've had. It's more so I've decided to stay and push through it because of stability the military provides. If I can find that stability somewhere else, I would get out in a heartbeat."

—Enlisted Woman

"People when ... you feel so stuck in your first little baby [Service member] brain and sometimes you need mental healthcare, and it's scary to seek mental healthcare as a baby [Service member]. You are the baby [Service member] going to mental health, and you can't handle it. It's 'You are just a woman, of course you will be emotional.' Then it's a very quick slide to the bottom; you have people not wanting to live."

—Enlisted Woman

4. Participants offered advice for navigating the first few years of military career

DACOWITS asked focus group participants if they had any advice to share with Service members to help them navigate their early-career period. Participants from most focus groups recommended that early-career Service members put effort into fostering relationships within their Service and to act when they identify an issue that needs to be addressed. Participants in some focus groups also noted that early-career Service members focus on maintaining emotional resilience and staying positive when being in the military is challenging (Figure 3.4)

Figure 3.4. Participants' Advice for Service Members Navigating Their First Few Years in the Military



- ▶ **Be emotionally resilient**, including advocating and taking care of yourself, especially early in your career; maintain your awareness of the mission; and stand up for yourself.

"Do not let today affect tomorrow. In the [Service], there are a lot of bad days. But if you carry that the rest of the week, it doesn't look good on you, and it also doesn't work well for the rest of the command. It can be completely different the next day. Don't let one day determine the rest of your life."

—Enlisted Man

- ▶ **Take action**, including addressing problems early as they arise, taking advantage of every opportunity available, allowing yourself to fail, and challenging yourself.

"Addressing early, not to let things happen and prolong the issue. If there's something going on, address it right away or it'll get worse."

—Female Officer

- ▶ **Foster relationships**, including friendly relationships with other Service members, group relationships where Service members can help one another, and reliable sounding boards.

"Take care of others. ... You should want to take care of people just to be good."

—Male Officer

- ▶ **Stay positive**, including fostering relationships with positive people, maintaining positivity even when Service members say something negative about you, and looking forward to the future.

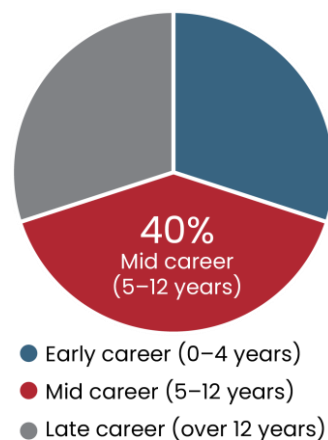
"I would say it gets better. Things will change, regulations will change, leadership starts to change as people cycle out that are toxic—that would be biggest for me."

—Enlisted Woman

D. Key Influencers on Mid-Career Service Members

DACOWITS asked participants what people or factors were most influential on their decision to stay in or leave the military during their mid-career. For purposes of the DACOWITS focus groups, mid-career refers to Service members in the service for between 5 and 12 years. As participants were in various stages of their careers, participants who had not yet reached their mid-career reported factors they believed would influence their mid-career decisions. Participants in about half the focus groups reported that their decision to stay in or leave the military was influenced by their families, including spouses and children, job satisfaction, and career opportunities. Participants in some focus groups reported that benefits offered by the military and duty station location influenced their mid-career decisions.

Figure 3.5. About 40 Percent of Participants Had Been in the Service for 5–12 Years



DACOWITS also asked participants if they believed personal or professional factors played a bigger role in Service members' career decisions during their mid-career. Most commonly, participants in most focus groups reported that their family, including their spouse and children, was the biggest personal factor that influenced their career decisions at the mid-point of their career, while participants in some groups reported that Service members weigh both personal and professional factors when making mid-career decisions. For women specifically, DACOWITS asked participants why they believe servicewomen leave the military at a higher rate than men at their mid-career point.⁴ Participants in nearly all focus groups suggested that pregnancy and family-related factors are the main reasons women leave the military at their mid-career point.

DACOWITS asked participants about the most important changes their Service could make to encourage women to stay in the military at their mid-career point. Four primary recommendations were reported, including offering more support for pregnancy and motherhood, introducing flexibility to work hours and assignments, increasing access to child care, increasing opportunities for geographic stability, and increasing female representation in leadership positions.

DACOWITS asked a hand-raise question to determine how many participants were in their mid-career, or between 5 and 12 years of service, at the time of the focus group. About 40 percent of participants reported currently being in their mid-career at the time of the focus groups.

1. Various factors influence Service members' decisions to stay or leave the military when they approach their mid-career point

Participants were asked what factors or people influence their decision on whether to stay in or leave the military during their mid-career. Participants shared various factors, including family, military benefits, and job satisfaction.

⁴ U.S. Government Accountability Office. (May 2020). *Female active-duty personnel: Guidance and plans needed for recruitment and retention efforts* (GAO Report GAO-20-61). <https://www.gao.gov/assets/gao-20-61.pdf>

a. Participants in about half the focus groups reported that their spouse, children, and other family members influence their decisions about their mid-career

Participants in about half the focus groups cited that their family, in particular their spouses and children, is the most important influence on their career decisions in the mid-career. Some participants shared that family is the reason that they are staying in, while other participants said they are planning to leave the military to spend more time with their family.

"I have an approved separation date. I'm moving to the [Reserve Component]. But yeah, family is the main factor. I'm 30 now. I joined when I was 26 and went to [location] at first, and that is when the country was locked down. Then I went to [location], and then I came here to [installation]. I'm just at a point where I want to settle down. I don't see that happening for me at this point if I stay active-duty."

—Female Officer

"Definitely family. That's a big reason to stay in. If I were single, I probably would have left and figured it out. If it's only taking care of me, that I can figure it out. But yeah, stability is important for my family. My career field is banker hours, so most of the time at least that stability is nice for me."

—Enlisted Man

"I know we heard some stories of co-location not working well, but knowing I could stay in [location] with my husband caused me to sign on for the additional 3 years. A lot of my friends are putting in their preferences, but having those protections that I could stay here with my husband was a huge benefit. But not for people who are not married. ... They don't have that option."

—Female Officer

b. Participants in about half the focus groups also mentioned job satisfaction as a factor that influences mid-career decisions

In approximately half the focus groups, participants said that their decision to leave the military or stay in comes down to their satisfaction with their job. Participants discussed how the military life is all-encompassing, and you need to be happy with what you are doing to have the desire to stay in.

"Consistency, that's something that factors in for me. It's nice to know all I have to do is exactly what I have to say. Right time, place, attitude as long as my [Service members] are getting training, getting taken care of; I am learning and training that's all that matters; that is keeping me in and keeping me going."

—Enlisted Woman

"It's selfish to say this, but you need to decide what you value—if it's your personal time, then command probably isn't the right option. From my experience and my mentors, you give up everything, and that is your life at the drop of a hat; that's what you have to do. I'm still trying to decide if that's for me."

—Female Officer

"I had a unique experience. Grass isn't always greener, and the [Military Service] is stable, and you're not going to get that at an insurance company."

—Male Officer

c. Participants in about half the focus groups cited opportunities and experiences unique to the military as factors that encouraged them to stay in the military during their mid-career

Participants in about half the focus groups said that opportunities and experiences only available in the military have influenced them to stay in the military during their mid-career. Participants discussed these unique experiences and the importance of their Service's mission as influencers when it comes to the decision to leave or stay in the military.

"Opportunities and perception of longevity in the [Military Service]. In mid-phase, you think about how much time you sank into service and think about, is this a 5-year career compared to what's on the outside?"

—Male Officer

"A few people have mentioned stability, but I disagree. I would have gotten out if it wasn't for the chaos. I've had six totally different jobs in 14 years. I think I would have gotten out earlier if I had fewer jobs."

—Enlisted Man

"I think the job or the position that let me be at the table or in the room to help discussion or make decisions that affect my [junior position]. I've been fortunate enough to work with good [E7s] as well who have helped mentor me into the kind of [Military Service] officer I want to be. And a lot of that has to be ... if you have the rank and voice to advocate for people, you should be doing that."

—Female Officer

d. Participants in some focus groups highlighted military benefits as factors that influence mid-career decisions

Participants in some focus groups said that the Post-9/11 GI Bill and retirement benefits based on the length of time served influenced their decisions to stay in the military. This factor seemed to play a major role in mid-career decision making for participants who cited it.

"Mid-career, I didn't know the GI Bill could be passed on only if in conjunction with a reenlistment; that's one of those mid-career things, I knew I wanted to pass it on [to my kids]."

—Enlisted Woman

"I'm in blended, but I still see the 40 percent, so it's a pretty big carrot. I don't feel obligated to stay still 20, but 40 percent of my base pay is still significant. You get 2 times your years of service [under the new, blended system]. You get 2.5 percent times years of service under the legacy system."

—Female Officer

"Retraining. The military as a whole isn't bad. ... But certain career fields are stressful because of their hours, like shift work or having 2 days off then 3 days on. There is a lack of consistency. My wife is in military too. She works in personnel, and she gets to work from home. Different career fields have different advantages, so knowing that I could retrain to something else at some point, that's kind of a goal."

—Enlisted Woman

e. Participants in some focus groups shared that duty station location is a major factor that influences mid-career decisions

Officer participants in some focus groups said that the location of their duty station is a major factor in their decision on whether to stay in or leave the military during their mid-career point. Additionally, some participants spoke about the value of geographic stability during their mid-career, while some discussed enjoying having opportunities to live in new and interesting places frequently.

"Geographical location. Transitioning out without a plan is intimidating, I can't imagine having to figure out where to go from here, getting a home."

—Female Officer

"The transfers as well; if you're getting your top choices, it keeps it fun. Now it's, what's next? It plays into the geo-stability, and some get terrible transfers every time, and others get their top pick every time."

—Male Officer

"I'm still a year out, but I'm dual-military. My other half is a [Military Service] pilot. We've done two deployments, and he's juggling [Military Service] and [Military Service] bases together. [State] is a good option, but the location will be a huge factor on whether I stay in the [Military Service] or not."

—Female Officer

2. Participants indicated that both personal and professional factors play a major role in someone's military career decisions during their mid-career

Participants were asked if they believed personal or professional factors play a bigger role in Service members' military career decisions during their mid-career. Participants reported mixed perceptions on whether personal or professional factors play a larger role in mid-career decision making, and in some cases, they shared that personal and professional factors inform mid-career decision making equally.

a. Participants in most focus groups talked about how their spouse and children are the biggest personal factor that influences their career decisions at the mid-career point

In most focus groups, participants said that their spouse and children are the most important factors when making career decisions during their mid-career point. Participants spoke about how their families rely on them and that it is important to make career decisions with them in mind. Additionally, participants in some focus groups talked about how the mid-career point is also when many Service members are choosing to start a family and that timeline is an important consideration when deciding whether to stay in or leave the military.

"Personal, because of the family piece. It's the primary reason I'm doing what I'm doing. I want job satisfaction, but I want a job where I'm happy, and I'm happy with my family at home. It's going to impact everyone."

—Male Officer

"[Men's] obligations to their personal life feel different than it feels to us. [Women] are typically the managers of our children's lives and our spouse's lives. We have to think ahead and are less risky with our career moves than male [Service members]. If they have a stay-at-home wife, they can do more risky job ventures, and it will all turn out because they have that management at home. You feel like you have to have it planned out."

—Enlisted Woman

"I think, family. My husband and I want to start a family in the next few years, I need to factor in [Military Service training] timeline and what you have to do before you are eligible for command. Then command itself can be 1 and a half to 3 years, and then where you are on the other end of that; it's a huge thing to think about. Nine months of your life [pregnancy], and it makes you undeployable, you are taking a slot or billet in that unit. That can be a lot of pressure. I've never done it personally, so I can't say."

—Female Officer

b. Participants in some focus groups indicated that both professional and personal factors significantly influence their mid-career decisions

Participants in some focus groups indicated that professional and personal factors cannot easily be separated, and, therefore, they both are major influencers in mid-career decisions. Participants describe how personal and professional factors affect one another, and that both play a part in the process of deciding whether to stay in or leave the military mid-career.

"I don't look at them as separate because of the nature of our jobs—on deployment it's a blurred line; your personal life can become your professional life; it's who you are with all day. To me it's your personal life directly affects your professional life and vice versa. It's very hard to keep them separate."

—Female Officer

"I was going to say both depending on the situation, every situation is different. Sometimes you have to wear your personal hat more to be morally there and make sure you're good. Sometimes you have to put on your professional hat and wear that; the balance for everyone is different."

—Enlisted Woman

"For me, it was a mix. I'm single and never married. I have wanted kids and a family, but I've had the personal desire to travel and do all the things. Having the opportunity to do back-to-back duty stations, there were still a lot of things I wanted to do for me, and staying in helped me doing those things. I was able to be in [overseas locations] but also did a lot of military things while I was there too. It's hard for me to separate the two. The desire to have a family is still there, but personally and professionally, it's driven me to stay in and continue down this road."

—Female Officer

3. Participants shared that there are multiple reasons servicewomen leave the military at a higher rate than men at their mid-career point

DACOWITS shared with participants that research indicates that servicewomen leave the military at a higher rate than men at their mid-career point. DACOWITS asked participants why they think servicewomen leave the military at a higher rate than men during their mid-career. Various factors arose, including the impact of pregnancy and family responsibilities and the lack of growth opportunities.

a. Participants in nearly all the focus groups said that pregnancy and family are primary reasons women leave the military at their mid-career point

In almost every focus group, participants suggested that women may leave the military at their mid-career point at a higher rate than men in order to start or maintain a family. For some participants, this is because of the impact pregnancy could have on their career progression, while other participants noted that women may be more likely to want to be able to spend time with their children, and that can

be difficult due to the limited work-life balance in the military. Additionally, participants indicated that the lack of readily available child care and the expense of child care off post may be more likely to make servicewomen leave the military during their mid-career.

"Family, wanting to have kids. Men think the wife has it, and you have to sit and write out the plan."

—Female Officer

"I had one foot out because I was paying more for child care. At that time, I was only [an E-6]. My husband was already [an E-7]. Half my paycheck was going to daycare expenses. I was thinking about the CIP [Career Intermission Program]. People have great success with that. That was my main one-foot-out kind of thing. It was a conversation. I made [rank] really quick and stayed at [E6] while I had kids, and he was like, 'I need to get out or step back in my career so I can progress.' He made rank really quick. That was in the middle of my career. ... I was like, 'I'm getting out, or you can step back, and I can progress.'"

—Female Officer

"Child care isn't always accessible, or the dual-active couples that have children, the mothers take a hit while the father gets to take the cool [Military Service] thing. The mother's career takes a hit."

—Male Officer

b. Participants in some focus groups spoke about fewer job and growth opportunities as reasons women leave at higher rates than men at their mid-career point

Participants in some focus groups indicated that women may not be offered the same job options and growth opportunities as men. Participants indicated that these factors may influence women to leave the military at a higher rate than men during their mid-career. Women and enlisted personnel were more likely than men and officers to mention this finding.

"You have a lot of opportunities posed to males and females at that [mid-career] point, but it's hard when you're thinking about starting a family to take advantage of those opportunities. Like ... young [officers] ask to go to [advanced military training], but it's around the time you might be thinking about starting a family. ... I've heard of males that go there that say their wife is having a baby or they're getting born right around their graduation date. The women aspect is ... I'm not saying women don't take that course; it's just more difficult."

—Female Officer

"I think with it being male dominated, I think females get passed up for promotions more often than men."

—Enlisted Man

"Marginalization. That's part of it. The criteria looks different for all of us. Gender in your occupational specialty, for example. What it takes to do well for a man doesn't look the same for a woman, and until you close that gap, it's a problem and really impacts how you rate us properly."

—Female Officer

4. Participants had several suggestions for changes the military could make to encourage women to stay in the service longer

Participants were asked about the most important changes the military could make to enable or encourage women to stay in the military beyond 10 years. The most popular suggestions are highlighted below:

- ▶ **Support for pregnancy and motherhood**, more commonly mentioned by officers than enlisted personnel.

"Make it easier to have a family. I was on the same fence. My wife and I talked about having kids. [Cross talk] be an officer for however long the [Military Service] will keep me. The easier decision was to not do it and make my career easier, and not everyone is like that, and you shouldn't have to make a choice between having a family and having a career."

—Female Officer

- ▶ **Flexibility of work hours and assignments**, more commonly mentioned by women and officers than men and enlisted personnel.

"The freedom and choice if I wanted to stay in the rest of my career having that choice. If you want to value your personal time more, being able to do that without having to consider key development roles that will consume your life."

—Female Officer

- ▶ **Better access to child care**, more commonly mentioned by participants in one Military Service.

"I have two people who got on a yearlong waiting list after they got pregnant and their baby is born, and they still have no care and have to search through 16 places. A lot of people get out just to stay home for that. The [Military Service] talks about it, but they have yet to produce an actual answer or solution. A lot of people don't trust in-home daycare. You shouldn't have to go to a faulty daycare or a place you don't trust to make sure you're at work on time or can go back to work."

—Female Officer

- ▶ **Increased opportunities for geographic stability**, more commonly mentioned by officers than enlisted personnel.

"Geographic stability. I moved from [State] for a few years and then [State] from [State], I'm finally close enough to my family where someone can go to my kids' games besides my husband and I. There are side things that I'm not on the flight line for so I could be pregnant and build my family. If I had more opportunities to stay, I would like to stay here longer for my children, saying in a comfortable place, nest a bit, rather than every 2 years be thrown around."

—Enlisted Woman

- ▶ **Increase representation of women in leadership positions**, more commonly mentioned by enlisted personnel than officers.

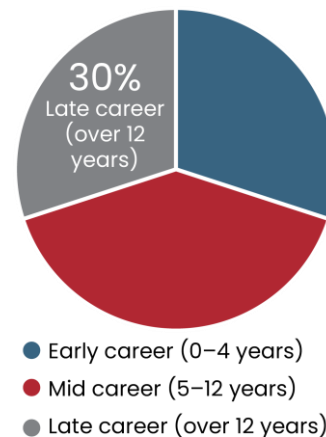
"I don't think it's a promotion thing. There will be more males promoted, but what I'm saying is you see fewer women in influential positions. I don't know if it's true for every female in the military, but visibility might be another factor."

—Enlisted Man

E. Key Influencers on Late Career

DACOWITS asked participants what factors have the biggest influence on Service members' career decisions after they have served at least 15 years or as they near retirement. As participants were in various stages of their careers, participants who had yet to reach their late career reported factors they believed would influence their late-career decisions. Participants in about half the focus groups cited financial factors as the biggest influence on late-career decisions, including pay and bonuses for certain occupational specialties and retirement pay. Similar to mid-career factors, participants in some focus groups reported that their spouses and children had the biggest influence on their late-career decisions. Participants in some focus groups also highlighted their late-career duty station location and their ability to see the impact of their work as factors that could influence their late-career decisions.

Figure 3.6. About 30 Percent of Participants Had Been in the Service for More Than 12 Years



DACOWITS also asked participants if the factors that influence women's and men's military careers after 15 years of service are similar or different. Participants offered mixed perspectives on this question, with participants in some focus groups indicating that the factors that influence late-career decisions are more similar for men and women after the 15-year mark, while participants in some groups disagreed about whether children had the same level of influence on late-career decisions for servicewomen and servicemen.

DACOWITS asked focus group participants who had already decided to retire after their service what factors had led them to that decision. Participants in some focus groups cited two primary factors that could influence them to stay until retirement, including retirement benefits and their personal and professional values during their late career.

DACOWITS asked a hand-raise question to determine how many participants were in their late career, or over 12 years of service, at the time of the focus group. About 30 percent of participants reported currently being in their late career at the time of the focus groups.

1. Participants mentioned multiple factors had major influences on Service members' late career decisions

When asked what factors have the biggest influence on Service members' career decisions after they have served at least 15 years or as they near retirement, participants had various points of view, including how they consider their finances, their spouses and children, duty location, and the impact their work has on the military.

a. Participants in about half the focus groups said financial factors are the biggest influence on late-career decisions

In approximately half the focus groups, participants discussed the financial factors they consider when thinking about late-career decisions. This includes pay and bonuses for certain occupational specialties

or fields, as well as military benefits that are monetary in nature, such as the Post-9/11 GI Bill and retirement pension.

"Education and then retirement benefits. And not retiring too early so you get those 20-year benefits. I can go to 20 as [an E-5] because they changed it a couple of years ago. So I get to retire at 20 years, so there is a big push to make it that far."

—Enlisted Woman

"Old retirement versus new retirement. If I had the new retirement system, I would have gotten out."

—Female Officer

"If I'm at the 15-year mark. What's 5 more to get to retirement? That would be the biggest factor."

—Enlisted Woman

b. Participants in some focus groups mentioned their spouses and children as having the biggest influence

In some focus groups, participants spoke about how spouses and children have the greatest influence on Service members as they approach retirement or the late career phase. Officers were more likely than enlisted personnel to mention this finding, and participants from one Service were more likely than participants from other Services to mention this finding. Some participants spoke about making decisions about their career path within the military with these family members in mind, while others reported considering leaving the military to prioritize time with their families.

"Family, stabilization, and getting more pay. It's family, though. I know that toughing it out for them gives them security of having a pension."

—Male Officer

"Give me the hardest job, but it's got to be right for my family, and I'll go do what the [Military Service] needs me to do. That has been the single-most influential factor in where I'm at and what I'm doing. I hope to continue with those positions. ... We're starting to talk about being accepting of homesteading. But I think the types of people serving in the military ... it's taking care of your [Service members]. If you can make sure they're good at home, they will work for you. They are separating families. It's gotten lost a little bit. I know that is happening."

—Female Officer

"Family. My wife is an Army brat and down to move around, but she's very driven. I feel that she's followed me around, and now it's time for me to sacrifice for her career and let my kid stay in the same school system."

—Male Officer

c. Participants in some focus groups reported that the location of Service members' duty stations influence whether or not they stay in the military through their late career

Participants in some focus groups said that location is a major influence on their late-career and retirement decisions. Often, this was tied to how optimal the duty station location was for their spouses and children. This includes geographic stability, as Service members may want to be able to keep their children in the same location longer.

"For me, because I'm struggling with this decision now, I can retire after I finish my current commitment, but I like what I do. The deciding factor will be location. ... if I can stay here. I'm dual-military. My husband is going to retire. If they were going to move me, they're not holding anything over my head anymore. I can just say, 'Hey, I'm leaving. I don't want to play anymore' [group laughter]. At this point in my career, it's, 'Do I like what I'm doing? Am I having fun? Is where I'm at going to give me the ability to transition?'"

—Female Officer

"Location. You are just trying to figure out where you want to live, where you want to retire. If you can get an ideal location and set all that up, that would be a big focal point."

—Enlisted Man

"Location is huge. Especially for retirement ... people at that stage have kids in high school who might want to stay in the same school. They have policies now for that where you can stay in the same place if your kid is a senior. I think those are the biggest ones because the monetary stuff goes away for the most part after 12 years."

—Enlisted Man

d. Participants in some focus groups reported that being able to see the impact their work has on the military influences their late-career decisions

Participants in some focus groups said that the impact their work has on the military is what keeps them in. These participants said that they would stay in the military into their late-career stage as long as they can see that what they do matters on a larger scale.

"Seeing the impact. I get to watch the men and women do [career field], law enforcement, tactics. I see direct impact on my members, and I get to support them, which is motivation for me to keep going."

—Female Officer

"Seeing what we do matters. By years 15 to 20, I want it to be that I think I've made an impact or difference during a peacetime [Military Service]. If what we are doing doesn't matter ... if what [Service members] see is what I'm doing doesn't matter, that would be huge. I hope by the time I reach 15 years, I have done something that matters."

—Female Officer

2. Participants have mixed feelings about whether factors that shape military careers after 15 years of service are the same or different for women and men

Participants were asked if the factors that shape women's and men's military careers after 15 years of service are similar or different. While opinions were mixed, participants stated repeatedly that the factors are more similar in the late-career stage than any other stage of the military career. However, participants still conveyed mixed feelings about how children influence women as compared with men in this career stage.

a. Participants in some focus groups discussed how similar factors influencing servicewomen and men are after the 15-year mark

"Once you get past 15 years, everyone's intention is to make it retirement. They are just trying to get to that point because if you haven't taken advantage of the education benefits, you are thinking about it at the 15-year mark, 'What am I going to do once I get out?' It's like, 'Oh crap, it's almost over.' They take advantage of TA benefits before they get out, and trying to make it to 20 years. The incentives are the same for both."

—Enlisted Woman

Participant 1: "Fifteen years is, like, the home stretch."

Participant 2: "People are like, 'If I did 15 years, why would I get out now?'"

—Enlisted Woman

"I think at the 15-year mark, it's pretty similar. Just trying to get where you can be for your current situation. Most of your bonuses are done, so it's just what you can do with the time left."

—Enlisted Man

b. Participants in some focus groups said that children affect women's and men's late-career decisions similarly after 15 years of service

"I think, pretty similar from mentors. I see men and women having the same conversation of, 'My kid is 12, so I'm going to retire so I don't have to move them.' I see the same verbiage coming out of men and women."

—Female Officer

"Similar, family. They're in it for the same reason. They want to focus on their career, but so do men. The bottom line is, we're all focused on the same thing and doing it for the same reasons."

—Male Officer

"I think, more similar. Even males don't want to move much; they don't want to move with kids in high school or with spouses that have good jobs. I think it's more similar than other points in their career."

—Enlisted Woman

c. Participants in some focus groups said that children affect women's and men's late-career decisions differently after 15 years of service

"I feel like men aren't considering their families as much as women are, if they are married. One of the guys I work with still says he babysits his children. He feels like work is where he can get away from his wife and kids. They aren't thinking about it the same way [women] are. They aren't thinking about the stability aspect the same way. If I stay in, my kid can't stay at a school for a long time. Their wives are thinking about these decisions. Single dads may be thinking about it similarly, but if you have another spouse, you are not thinking about family in the same way."

—Enlisted Woman

"I think, I'm at [the] 10-year mark, and I just started my family, and now I'm thinking more of my family than being in. I am going to stay in. My husband was at his 22nd year in the [Military Service], and he's, like, if we go to war, I'm staying in. What about us? I don't like that. I know the getting-out mentality is different for men and women; they [men] are not thinking about their family, but they are thinking about serving their country more than women are."

—Enlisted Woman

"I think one thing could also be from a hormonal ... a medical perspective. As we age, we get closer to menopause, and our hormones are changing. My mom told me, 'All you do is get big in this middle area [gesturing to lower stomach], and there's nothing you can do.' There's this pressure, and men don't have it."

—Female Officer

3. Participants cited a few factors that influenced their decision to retire from the military when eligible

DACOWITS asked participants who have decided to retire what factors led them to that decision. Among participants who had decided to retire, some cited retirement benefits and changing personal and professional values as influencing their decision to stay until retirement.

a. Participants in some focus groups mentioned retirement benefits influenced their decisions to stay in the military until retirement

"The benefits, for us. Retirement has changed for the guys coming in, but for us [people who have been in longer], the pension is still a big thing. That 20-year mark is the finish line. Once you do that ... Most people join at 18, 20, 25 [years old], so you still have a long time after that. You can work again and then retire twice by the time you're 50 [years old]."

—Enlisted Man

"I will be 38. I am definitely getting out at 20; I can still do whatever I would like to do afterward. Having two paychecks from VA [U.S. Department of Veterans Affairs] and retirement, have a house payment that's paid for, that's the biggest thing that's keeping me in to do the 20."

—Enlisted Woman

"My pension for life and TRICARE for life. Pension pays out when I retire at 39."

—Enlisted Man

b. Participants in some focus groups mentioned changing personal and professional values influenced their decision to stay in the military until retirement

"At that point, your personal life is more stable than your life in ... in the beginning, travel is fun. I had to be on a [platform] for 8 years, and then I had to be on deployment. I don't like that anymore."

—Enlisted Woman

"I know what my decision is going to be. Freedom to make decisions about my body, about my travel. Not needing to have permission to do anything. I can go out of the country and not ask for permission. I can take time off and not say, 'Please, please. I made sure all my duty is covered.'"

—Female Officer

"I'll keep doing the job as long as I'm having fun. Not every day is fun. Some days I get my ass handed to me, and other days it's a pat on the back. But as long as I enjoy it."

—Female Officer

Chapter 4. Family Planning

2024 DACOWITS Focus Group Findings

Recruitment and Retention Topic Overview

20
Focus groups overall

15
Groups with
servicewomen

10
Groups with
enlisted personnel

Topics investigated

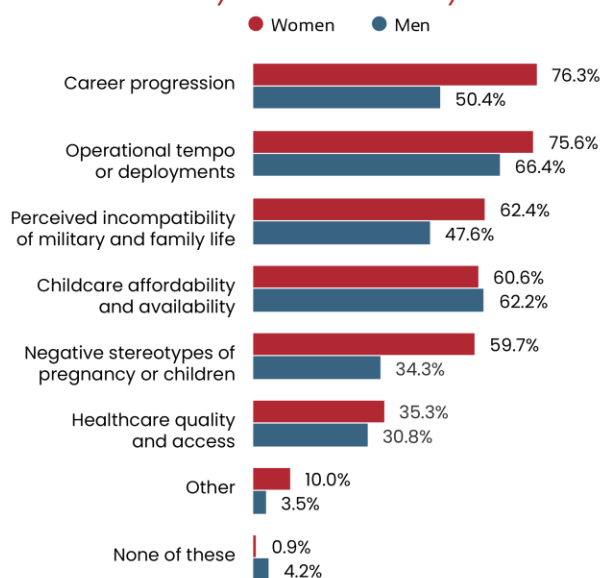
- Compatibility of military service and having a family
- Career progression and having a family
- Other challenges for Service members who have or want to have a family
- Recommendations to support Service members who have or want to have families
- Contraception and reproductive healthcare for all Service members
- Contraception and reproductive healthcare for servicewomen
- Recommendations to improve reproductive care for servicewomen
- Fertility treatment for Service members
- Recommendations for fertility treatment and support servicewomen

Family Planning and Career Progression in the Military

The impact of pregnancy and motherhood on career progression was the most referenced challenge for women related to family planning:

- Women's careers are impacted differently by having kids than men's careers (most)
- Women were more likely than men to report having a family and serving in the military is incompatible (nearly all)
- Physical aspects of pregnancy, like childbirth and breastfeeding (most)
- Being moved to another billet or unrelated job during pregnancy (about half)
- Being pregnant and being a mother in the military are stigmatized by other Service members (about half)

Factors that most affect women's ability to start a family



Reproductive Health Challenges for Servicewomen

Participants often had difficulties engaging with women's health providers (most) but made recommendations to improve access:

- Provide more choice of women's health care providers (most), including options to seek care off base (nearly all female groups)
- Update practices to make referrals more reliable and efficient (about half)
- Dedicate more resources toward women's healthcare (most)



Participants reported confusion about what fertility services were covered under TRICARE, but believed TRICARE should cover fertility treatments (nearly all) because:

- Covering fertility services would likely increase the retention of servicewomen (nearly all), and covering the freezing of eggs, embryos, and sperm specifically would allow Service members to have a family when desired (most)

DACOWITS has studied how to best support servicewomen who have families or would like to start families for several decades. In 2024, the Committee continued its examination of family planning in focus groups, exploring how feasible it is for servicewomen to have families while pursuing a military career. The Committee also assessed participant perceptions and opinions of reproductive healthcare services and fertility treatments available to Service members.

The Committee conducted 20 focus groups with both enlisted Service members (E4–E7) and officers (O2–O5/W1–W4) on the topic of family planning (see Appendix C.3 for the focus group protocol). Focus group findings on family planning are organized into the following sections:

- A. [Compatibility of Military Service and Having a Family](#)
- B. [Career Progression and Having a Family](#)
- C. [Other Challenges for Service Members Who Have or Want to Have Families](#)
- D. [Recommendations to Support Service Members Who Have or Want to Have Families](#)
- E. [Contraception and Reproductive Healthcare for All Service Members](#)
- F. [Contraception and Reproductive Healthcare for Servicewomen](#)
- G. [Recommendations to Improve Reproductive Care for Servicewomen](#)
- H. [Fertility Treatment for Service Members](#)
- I. [Recommendations for Fertility Treatment to Support Servicewomen](#)

When interpreting the findings in this chapter, consider that these focus groups consisted of individuals at different points in their family planning timeline. Almost two-thirds of the focus group sample (61 percent) had no children, which includes participants who intend to have children in the future and those who do not intend to have any children. More than one-third (39 percent) of the focus group sample had at least one dependent child. While some questions related to OB/GYN and specialty care were asked only of servicewomen, broader questions related to contraception access, reproductive healthcare, and fertility treatments were asked of both male and female participants regardless of their personal experience with or need for these services. Focus groups were conducted in April and May 2024; therefore, participant perceptions of military policies related to family planning and TRICARE coverage reflect the information known to Service members about the policies and coverage in place at that time.

A. Compatibility of Military Service and Having a Family

DACOWITS asked about participants' perceptions of the compatibility of having a family while serving in the military both before and after joining. Participants were divided in relation to whether they thought having a family was compatible with military service before joining. Most focus groups had participants who thought it was compatible and most groups also had participants who thought it was incompatible before joining. However, female participants, in particular, shared how their perspective shifted to view military and family life as less compatible after joining.

About half of male participants and one-third of female participants indicated through hand-raise questions that they became parents while serving in the military. Participants shared a variety of advice they would give to other Service members who are thinking about having children while in the military, including prioritizing having children if that is important to them, planning for various aspects of having children, and reading their Service's policies related to pregnancy and child care.

1. Participants held mixed perspectives on whether they thought having a family was compatible with military service before joining the military

DACOWITS asked focus group participants whether they thought having a family was compatible with military service before joining the military. Participant perceptions on this topic were mixed. Most focus groups had participants who thought military life and family life were compatible and participants who thought military life and family life were incompatible before joining. Participants in some focus groups shared that they were unsure how compatible military life and family life would be before joining.

a. Participants in most focus groups shared reasons why they thought military life was not compatible with having a family before joining

Participants in most focus groups shared that they thought military life was not compatible with having a family before joining. Some participants' perceptions of incompatibility were based on knowing other Service members with families who ultimately left the military or coming from a military family themselves and seeing the incompatibilities firsthand growing up. A few participants also mentioned a lack of representation of servicewomen with families.

"No. No one did a career back in the day. They got in and got out right after and had children."

—Enlisted Man

"I grew up as a military child. Both my parents were [Service members]. When one was gone and the other was home, it was very disconnected. My choice to get into the military was very delayed because I was afraid of not being able to start a family because I was frustrated that my parents were not there for me at the time."

—Enlisted Woman

"I didn't think it would be compatible, and that was before I met [my] husband who is also active-duty. In Reserve Officers' Training Corps, all my leadership were either men or women who didn't have children or had wives who were stay-at-home moms."

—Female Officer

b. Participants in most focus groups also shared examples of why they thought military life was compatible with having a family before joining

While many participants held perceptions of incompatibility before joining, a nearly equal amount of participants said they thought military life was compatible with having a family before joining. Many participants' perceptions of compatibility were based on coming from a military family and seeing their family balance military and family life or knowing other Service members with families. A few participants also mentioned factors such as marketing materials or benefits that led them to believe military service and having a family were compatible before joining.

"Yes. I was raised in a military family, so I found it compatible."

—Female Officer

"I thought it was compatible because I joined the Reserves first, and ... we had a [Reserve Component] Center [nearby, so] I knew the Reserves was an option. [I saw] Service members with children in the community. I didn't switch to active-duty until later on, and when [I was] going through basic training and [follow on training], I saw drill instructors bringing kids to work."

—Enlisted Woman

"Before joining, my general perception is that all the public affairs pictures and recruiting tools show family photos, so it's perceived that it works in the military."

—Male Officer

c. Participants in some focus groups reported that they were unsure whether having a family would be compatible with military life before joining

While the majority of focus groups shared both positive and negative perceptions of how compatible having a family would be with military service before joining, participants in some groups shared that they were unsure how feasible it would be to have a family in the military before joining. Some participants also noted that they could not say decisively whether family life and military life are compatible because it depends on the specific circumstances for each family.

"I didn't know how many women had families in the [Service], so I didn't know how hard it [would be]."

—Female Officer

"I'm the first one in my family to join, in a long time. It wasn't something I was exposed to, so me going in when I first enlisted, I didn't know whether it would be doable or not."

—Enlisted Woman



"It's dependent on what you want your family to look like and how much you want to be involved."

—Female Officer

2. Participants, and female participants in particular, shared that their perceptions of how compatible military life is with having a family became more negative after joining the military

DACOWITS also asked focus group participants whether they thought having a family was compatible with military service after joining based on their own experiences in the military. In the majority of focus groups, participants said that after joining the military, they thought military service was not compatible with having a family, often after believing it would be compatible before joining the military. Notably, nearly all participants who thought military life and family life were not compatible after joining were female participants. Participants in about half the focus groups had mixed feelings about the compatibility of military life and family life after joining or noted the level of compatibility depends on specific circumstances. Not all female participants who held negative perceptions of the compatibility of military and family life after joining held that same negative perception before joining. Some participants shared specifically how they thought family and military life were compatible before joining but that their perspective shifted once they began serving (Figure 4.1).

Figure 4.1. Examples of Servicewomen’s Shifting Beliefs About Having a Family in the Military Before and After Joining the Military

 <p>Perspectives before joining the military</p>	 <p>Perspectives after joining the military</p>
<p>I figured if I met the right person, it'd be fine [to have a family] ...</p>	<p>... but when I came in, I realized successful females had careers that were destroyed if they chose family over their career.</p> <p>—Female Officer</p>
<p>I thought I wanted three or four kids before I joined the military ...</p>	<p>... and now we have two, and they've moved to four or five states, which is a lot of stress on them. I don't want to go through the pain of finding maternity uniforms and lactation rooms either moving forward. So we agreed to stop adding to our family because we both serve in the military.</p> <p>—Female Officer</p>
<p>Before I joined, I thought it was more compatible. ...</p>	<p>... Currently right now, I don't know how anyone has kids. It's way more difficult, I've come to realize.</p> <p>—Enlisted Woman</p>
<p>Both my parents were [Service members] so I thought it would be easy. ...</p>	<p>... Then I realized the nuances and how difficult it is, and what choices [my mom] probably had to make that influenced her career.</p> <p>—Female Officer</p>
<p>Personally, I thought it was [compatible]. Everyone I knew that joined the military were men, and they all had families with lots of children. ...</p>	<p>... Since joining, I don't have children. Freezing eggs is very costly, and trying to time that out with switching over from one community to the next and starting from the bottom again. ... I just postponed, postponed, postponed, and now I feel it is not compatible.</p> <p>—Female Officer</p>

Source: Focus group transcripts

a. Participants in nearly all female focus groups reported they thought military life was not compatible with having a family after joining

The majority of focus groups reported that they thought military life was not compatible with having a family after joining. Female participants were more likely to hold this perspective, with nearly all female focus groups noting the incompatibility of family life and military service.

"They tell us not to be pregnant and [that we] have to put the [Service] first even when you want kids."

—Enlisted Woman

"I was married member-to-member for 12 years of my career, and we put having children off so we could progress because, otherwise, someone would have to take the back seat to be the sole caretaker. I don't have kids now, and [I'm] kind of married to the [Service], which is unfortunate."

—Enlisted Woman

"They don't talk about it much, but I don't think this is a career for you to have kids. That has been embedded in my brain [group nods in agreement]. We have to go on deployments and stuff, and most moms, they miss out on birthdays ... first steps. I don't have the mental capacity for that."

—Enlisted Woman

b. Participants in about half the focus groups had mixed feelings about the compatibility of military life and family life, or noted that it depends on specific circumstances after joining the military

While the majority of focus groups thought military and family life were incompatible after joining, about half the groups held mixed feelings on the topic or thought that the level of compatibility depends on specific circumstances. Participants explained that compatibility can depend on rank, specialty, command climate, or career timing. Several participants who held mixed feelings shared that it can be possible to have children while in the military, but it comes with challenges and potential risks to one's military career.

"There's a lot of rank privilege when it comes to this. As a warrant officer, I will leave at 4 p.m. to pick up my kid, but if a [E3] says they need to go pick up their kid, they are like, 'Where's your FCP?' Rank has its privileges, that's the reality."

—Female Officer

"I think it's possible. I'm a [rank] with two kids. But when women ask me how it's done, that's a long conversation. For any specialty, career timing plays into it. I think around this topic we need to recognize there is survivorship bias, so just because there are people who have been successful or have a stay-at-home spouse, it doesn't mean that's representative of every female trying to have a family. It's very stressful, and a lot plays into it. Some of it isn't in your control. So asking whether it's compatible is a bit of a loaded question."

—Female Officer

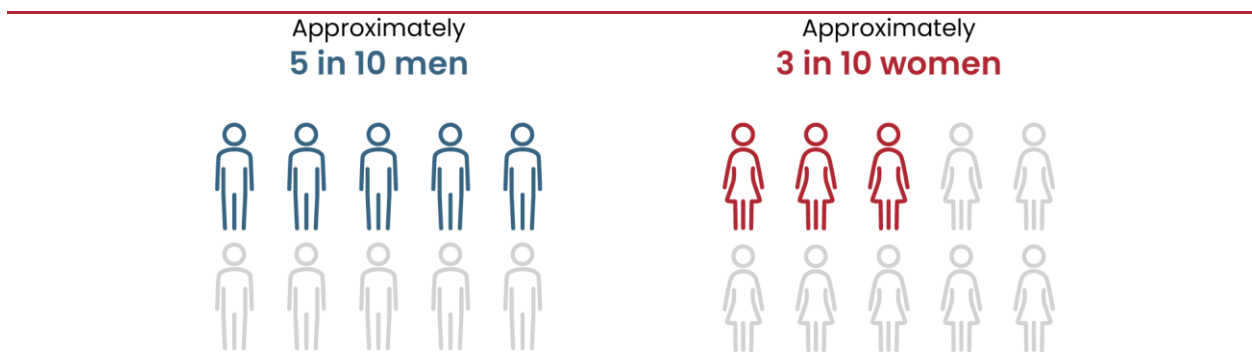
"With operations and being gone and back again. ... I have a buddy, he's gone [on overseas deployment]. He's moving all the time. He wouldn't see his family. But for me, it's a 9-to-5 job, so I could see the opportunity to do so. It's very dependent on what you are doing in the [Service] or the military."

—Enlisted Man

3. Participants shared advice they would give to other Service members who are considering having children while in the military

DACOWITS asked participants what advice they would give to other Service members who want to have children during their time in the military. Participants shared advice based on their experiences with having children or knowing other Service members with children in the military. When asked by a show of hands, about half of male participants and one-third of female participants reported becoming parents during their time in the military.

Figure 4.2. Proportion of Participants Who Became Parents During Their Time in the Military, By Gender



Source: Focus group transcripts

Participants in the majority of focus groups said they would tell Service members to prioritize having children if they want them. In about half the focus groups, participants shared that they would advise Service members who want families to plan for factors such as career timing, child care responsibilities, and financial considerations. Lastly, participants in some focus groups suggested Service members who want children should read their Service's policies related to pregnancy and child care in the military to ensure they are aware of existing protections and resources.

a. Participants in most focus groups shared they would tell Service members to prioritize having children if they want them

In the majority of focus groups, participants were consistent in advising Service members to pursue having a family if that is important to them. Participants said that Service members should carve out their own path according to their priorities and timeline, regardless of the stigma or potential career impacts.

"That's what I tell [Service members] who ask for advice. The question is, when do I plan for my family, and there is no good time to plan it for your career. If you're young, there's stigma. Early in marriage, stigma. But then you wait, and you're too old. Evaluate your life and what you want to show for it. You have to decide what's more important to you. ... If you want to have children, do it."

—Female Officer

"I empower [Service members] to start their families when it is right for them. I tell them they should not allow the military to tell them when they should and should not [have kids] because of the stigma. I don't care about that. I am a woman, and I know how it is. I put my family on hold for that, and I am blessed to be where I am because I decided to make that decision [to not have kids]. But I regret making that decision because I wish I had a female leader to empower me to tell me the right time for me was the right time. I tell that to [Service members] all the time."

—Enlisted Woman

"Biggest lesson is [that] the mission will always be there. Don't put that over your family."

—Male Officer

"I say go for it. ... We wanted to have kids. ... I look back, and that first year after each kid was hard but so worth it, and at the same time, don't be afraid to speak up. No one is going to tell you to go pump; you need to speak up. Or if there are mentorship sessions going on or you have to go get your kids ... speak up and say you can't do these things because you aren't available at those times."

—Female Officer

b. Participants in about half the focus groups shared they would advise Service members who want families to plan for having children

In about half the focus groups, participants said they would advise Service members who want children to plan. Participants mentioned several different types of planning, including planning early for child care; planning financially for the expenses of having a child; and planning for job considerations such as demanding positions, positions with irregular schedules, or career progression timing.

"If you find out you're pregnant, get on the waitlist for child care first thing. At your first positive test. That's how long you have to wait [to get a spot], really."

—Female Officer

"Seek out financial stuff early. When you go in for your ultrasound, it changes things for you, but you have to figure out child care and other stuff like that. So finding financial resources is important. For men too, really. If there is any way to get more of that type of support, that would benefit us."

—Female Officer

"Plan, because it's a lot of things that pop up financial-wise, healthcare-wise. There's a whole boatload of things that come at you when you have a kid."

—Enlisted Man

"To a young enlisted girl, I would say figure out your timeline and what you want to do in your career, what you want to accomplish that you know being pregnant or being a mom of a young child will affect. Figure out your timeline, and move forward from there."

—Female Officer

c. Participants in some focus groups shared they would recommend Service members thinking about starting a family read their Service's policies related to pregnancy and child care in the military

In some focus groups, participants said Service members who want to start their families should read their Service's policies related to pregnancy and child care. Participants explained that, by knowing the policies, Service members who are parents can better advocate for themselves and ensure they are given the benefits and protections to which they are entitled. Only Servicewomen mentioned this piece of advice, and officers were more likely than enlisted personnel to mention this finding.

"Read the regs [regulations] and fight for your rights, for real fight for your rights. There is nothing more important than seeing your kids at night, and tucking them into bed and feeding them dinner; that's important. The [Service] will be there in the morning. The hardest decision is, am I going to be a good [Service member] or good mom? It's hard but also an easy decision. Well, being a good mom means everyone will be mad at you in your workplace. Know your rights, know the policies, do what you have to do for your family. You are replaceable. The [Service] will forget about you after you leave because they will replace you."

—Female Officer

"Read the regs. ... I wasn't allowed to breastfeed. I got mastitis; it was very dangerous, because I wasn't able to pump. I wasn't allowed to breastfeed even one time a day. I didn't know there was a reg to protect me. I worked with all males, so I didn't know."

—Enlisted Woman

"Be aware of what is in your means regarding family care plans. What you're allowed to do with that regardless of all the regulations. If you have good leadership, you're okay being flexible, but if you don't, you're going to get a family care plan chapter. They can kick you out for not being able to provide a short-term or long-term care option."

—Enlisted Woman

B. Career Progression and Having a Family

DACOWITS asked focus group participants about how, if at all, having a family affects Service members' ability to progress in their career. Participants in most focus groups reported that having a family impacts a Service member's ability to progress in their career by potentially negatively affecting their performance evaluations and hindering their ability to meet career milestones and acquire qualifications necessary for progression.

DACOWITS also asked focus group participants whether women's military careers are affected differently by having children compared with men's military careers. Participants in the majority of focus groups believed that how a Service member's career is affected by having a child differs by gender. Participants in most focus groups reported that servicewomen's ability to progress in their careers is affected by the physical aspects of pregnancy, childbirth, and breastfeeding, such as the difficulties of meeting body composition standards shortly after delivering or finding time and space to express milk after returning to work. In about half the focus groups, participants noted that pregnant women may be moved to a different billet or job unrelated to their current career field, which affects their ability to progress in their careers. Participants in about half the groups, and female participants in particular, brought up the stigma that pregnant women and women with children experience in the military and noted that this stigma could affect servicewomen's ability to progress. Participants in some focus groups also noted that the extent to which a woman's military career is affected by having a family depends on specific factors such as command climate, rank, specialty, or spousal support.

Participants were asked how their military career affected their decisions about when and whether to have children. Participants in most focus groups reported their military career factored into decisions about when to have children, with participants planning around factors such as demanding positions, career progression milestones, deployment schedules, or PCS moves. Participants also were asked if there were more advantageous or detrimental times to have children in their career field. On this point, participants were divided. Participants in the majority of focus groups thought there were better or worse times to have children, but some groups, and female groups in particular, thought there was no good time to have children.

1. Participants in most focus groups thought having a family affects Service members' ability to progress in their career for a variety of reasons

Participants in most focus groups reported that having children affects Service members' ability to progress in their career. Participants cited various reasons that Service members' careers can be affected. For example, participants in some focus groups noted that taking maternity or paternity leave can affect performance evaluations. Participants in some focus groups also noted that taking such leave can impact a Service member's ability to meet their career timeline milestones or qualifications.

a. Participants in some focus groups noted that having a child affects Service members' performance evaluations

In some focus groups, participants explained that having a child can affect Service members' performance evaluations. Participants brought up examples of pregnant women getting counted out of promotion cycles or being compared unfavorably with peers because of time away from work for maternity or convalescent leave. Female participants and officers were more likely to report this than male and enlisted personnel.

"For officers, your [performance evaluation] is your ticket. That is your next job. To get the next job you want, you need a good[[rank], but if you're pregnant, you're out. You can see it from commanders. They'll say they're going to promote someone that [deployed] rather than someone who was pregnant."

—Female Officer

"I think for women, it [pregnancy] makes it harder. You go through the time of being pregnant, and you're on limited duty, so leadership are already saying you can't do your job. My supervisor told me he was worried about my performance review. ... He said, 'I don't know what we're going to do with your evaluation report.' They already count you out. You're counted out of the promotion cycle."

—Enlisted Woman

"[I knew someone for whom] being gone for maternity leave made their performance review look bad because they were gone for so long. Your performance report impacts your eligibility to promote. Males can be out for parental leave too, and that will impact their evaluation performance reviews too."

—Enlisted Woman

b. Participants in some focus groups noted that having a child affects Service members' ability to meet their career milestone timelines or get the qualifications needed to progress in their careers

Participants in some focus groups noted that meeting career timelines or getting required qualifications can be challenging for Service members who have children. Participants explained that Service members who need to take leave or change assignments due to pregnancy mid-qualification can end up needing to start that qualification over, which can significantly set back their career timeline.

"We had someone who came off parental leave so they could go maintain their [qualification]. I'm sure there is something with putting a hold on them, but if you have a child at the wrong time, you can lose qualifications too, if it happens at the wrong time. You're potentially starting over with your qualifications."

—Enlisted Man

"I don't know any female [Service member in my occupation] who has bounced back after having kids. Every peer with kids, they move you out and if you do come back, you don't have the hours or quals."

—Female Officer

"If you are a young lady on a deployable unit and you're taken off [due to pregnancy] ... I've seen folks that were halfway through a [qualification], and now they're off the [platform], and now all that time is scratched."

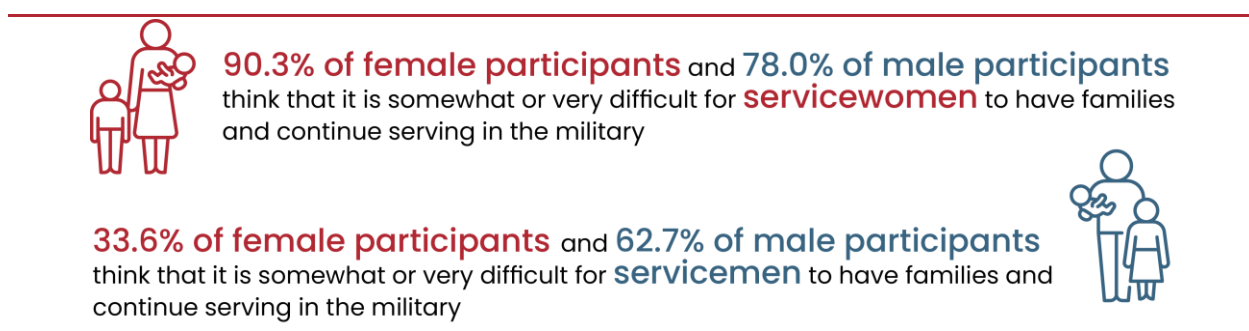
—Male Officer

2. Participants in most focus groups believed that servicewomen's career progression is affected differently by having children compared with servicemen's career progression

DACOWITS asked participants whether there were differences in how a woman's military career is affected by having children compared with a man's military career. Participants in most focus groups reported differences between genders in how Service members' careers are affected.

DACOWITS asked all focus group participants in the mini-survey to rate how difficult they thought it was for servicewomen and servicemen, separately, to have a family and continue serving in the military. In line with focus group feedback, participants reported significant differences in the difficulty of having children and continuing to serve by gender. Overall, 83 percent of participants thought it was somewhat or very difficult for servicewomen to have families and continue their military service, while only 35 percent of participants reported it was somewhat or very difficult for servicemen to have families and continue their military service. There were also differences between male and female participants in their perceptions of how difficult having families and continuing their military service is for each gender (Figure 4.3), with about 29 percent more male participants reporting it is somewhat or very difficult for servicemen to have families compared with female participants. Similarly, 12 percent more female participants reported it is difficult for servicewomen to have families compared with male participants.

Figure 4.3. Perceptions of How Difficult It Is for Servicewomen and Servicemen to Have a Family and Continue Military Service, by Gender



Source: DACOWITS mini-survey

Participants in most focus groups noted that servicewomen's ability to progress is affected by the physical aspects of pregnancy, childbirth, and breastfeeding. About half the focus groups also pointed out that women may be reassigned to different billets or jobs unrelated to their career field when they become pregnant, which hinders their ability to move forward in their career. Participants, and female participants in particular, brought up the stigma that pregnant women or women with children face in the military in about half the focus groups. Lastly, participants in some focus groups said that how much a servicewoman's career is affected by having children depends on specific factors such as command climate, rank, specialty, or spouse support.

a. Participants in most focus groups noted that servicewomen's ability to progress is affected by the physical aspects of pregnancy, childbirth, and breastfeeding

In most focus groups, participants noted that the physical aspects of pregnancy, childbirth, and breastfeeding affect servicewomen's ability to progress. For example, participants brought up the difficulties of physical recovery from pregnancy, the challenge of getting back in shape after delivery to meet body composition standards, and the difficulties of finding time and space to express milk after returning to work.

"You have to get back in shape after you have a child. Also, you could have medical challenges when pregnant which can impact your work and recovery depending on the symptoms you experience. Even things like brain fog. It's really a matter of not knowing what is going to happen to you."

—Female Officer

"Male [Service members] don't have to stop every 2 or 3 hours to pump. On my unit, they call the closet the lactation room, and there are like paint cans in there. There are chemicals everywhere. So they say go to the bathroom instead if we don't like it, so I do it in my car now. Men don't have to worry about that. They didn't give birth and don't have to take breaks to pump."

—Female Officer

"One big difference is that they have to take time off, whether we want to respect it or not. With op tempo, things have changed. When I had my child, a couple days later, I was going on deployment. But all those things—it affects them more because they have to be a [Service member] no matter what, once you have a child or not. Whether you have the child premature, they still expect you to do [physical fitness assessments] and rifle range. You have to make sure the leaders understand and respect the fact that we have to go to work no matter what."

—Enlisted Man

b. Participants in about half the focus groups noted that servicewomen may be moved to another billet or a job unrelated to their career field when they become pregnant, reducing progression potential

In some focus groups, participants shared examples of how servicewomen are moved to different billets that may be unrelated their specialty or are otherwise limited in their duties when they become pregnant. Participants reported that these changes can create barriers and delays for servicewomen who want to progress in their career field.

"It depends, there are different sides to it. Female [Service members] actually carry the weight, literally and figuratively. For them, you have to do your job while carrying the child for the next 9 months. [In my occupational specialty], if you got pregnant ... now you are staying in the office and not going to go field, which could slow down your progression. I had a [Service member] sent to the chow hall, not going on deployment or the field. If you aren't doing those things, your evals will be different because you are being compared with people who are doing big stuff while you are sitting in the chow hall doing whatever."

—Enlisted Man

"I don't have kids, but when I think about the women I know in my unit, when they have kids, they move out of the high-volume job ... [and] move to a lower volume billet, and that might not be bad, but ... [it can be] difficult to market later. From what I've seen, that's the trend which would be very difficult."

—Female Officer

"I saw three pregnant females who were put on watch indefinitely, where they could have and wanted to do more. They tried to fight it, but command didn't want the liability of dealing with a pregnant member. And when the child came, they separated and didn't finish their tour."

—Enlisted Woman

c. Participants in about half the focus groups, and female participants in particular, noted that servicewomen's careers can be affected by the stigma surrounding pregnancy or having a child in the military

In about half the focus groups, participants reported that servicewomen who become pregnant or have children are affected by stigma or negative stereotypes. Participants reported negative comments they heard from other Service members about pregnant servicewomen being useless, letting their unit down, or trying to get out of work. Some participants also noted stigma that persists beyond pregnancy; Service members who are parents may experience pushback or negative reactions when needing to miss work to care for a sick child or when child care falls through. Female participants were more likely to mention stigma as a factor that affects women's career progression compared with male participants.

"Since my time in, there have been great updates to the maternity and paternity leave. ... But you mention the perception, and it's hard when you have a baby. The guidance changed when I was pregnant, and it was new to my leadership when I took this fantastic new maternity leave. While I enjoyed every minute of it with my child, what I didn't know is that I was coming back into an office full of men who thought I went on a vacation, ... You have to fight to get your seat back at the table. Maybe it's that way in the civilian world too. I wasn't anticipating that it would be like, 'Welcome back, how's your kid?' but it was, like, 'What are you doing here?' almost a 'We can do your job now without you; we don't need you; we've survived without you.' I was not welcomed back in the way women should be welcomed back."

—Female Officer

"I got 'What are you going to be ... one of those girls that got pregnant so you don't have to work?' I got that all the time until I finally proved I'm not someone who is trying to skate out of work. They were threatening: 'What will you do so you don't have to work?' It made me feel like they thought of me as lazy immediately."

—Enlisted Woman

"Guys are congratulated for having babies, and females are treated like it's a disease."

—Enlisted Woman

d. Female participants in some focus groups explained the impact of having a family on servicewomen's career progression depends on certain factors

In some focus groups, participants raised specific factors that can determine how much a servicewoman's career is affected by having a family. Participants noted that factors such as command climate, specialty, rank, and spousal support can all be "make or break" factors in determining whether a servicewoman can continue to progress in her career. Female participants were much more likely than male participants to mention this finding.

"Overseas, my husband and I were trying again. ... I got pushback from the command when I told them I was pregnant. They put me on the nightshift working 16-hour days because it's the only place I didn't arm up. I couldn't leave dispatch to go to the bathroom. I was sick the whole time. I threw up in my trash can the whole shift. I was 8 weeks pregnant when I made [rank]. They told me I could not progress in my career until I was back 'fit for full.' I was not qualified for the pay grade. I went from number 5 of my rank to 17, and they wrote on there, 'not qualified for pay grade,' which hurt me later on in terms of career advancement. It's all in terms of command climate."

—Enlisted Woman

"It's also still dependent on leaders. I've had previous leaders that I wasn't comfortable going to about these types of situations. It's dependent on if I'm comfortable telling them I have this prenatal appointment at 12 weeks or something."

—Female Officer

"There are some programs that allow for people to take breaks from what they're doing, and other jobs don't allow that. So maybe the rates make a difference, and what job you're going to be doing in the [Service]. There are paths you can take that won't really impact women much if they get pregnant."

—Enlisted Man

3. Participants in most focus groups noted that their career in the military affected their decisions about when and whether to have children

DACOWITS asked participants whether their career in the military affected their decisions about when and whether to have children. Participants from the majority of focus groups explained that their military careers had affected their family planning decisions, particularly in relation to timing. For example, participants shared that when considering timing for children they already had or children they planned to have, they take into account factors such as the following:

► Demanding positions or positions with long hours

"It took me 10 years to get to a point in my career where I could say this is the right time to do it [have children]. All the jobs were just too demanding before that time. The operational tempo was just too high."

—Female Officer

► Career progression milestones

"A lot of people don't get the opportunity to promote when they want, so they might wait until they make a certain rank to try to have kids."

—Enlisted Woman

► Deployment schedules

"Not being able to go to a heavily deployed unit would be better. You know if you are not going on deployment, you only have to go to the range here or there. You have all our 96 [hour leave weekends] and weekends. If you come here and you are planning on doing it—just postpone it."

—Enlisted Man

► Timing of PCS moves

"I'm permanent change of duty stationing during this time frame. So I have to think, does that give me enough time to get pregnant and make sure I'm good for that move?"

—Female Officer

4. Participants were split on whether there were more advantageous or detrimental times to have children in Service members' careers





When asked if there were better or worse times to have children in their specific career field, participants shared conflicting responses. While participants in most focus groups said there were better and worse times to have children in their careers, some female groups thought there were no good

times to have children. Among those who stated there were better and worse times to have children, participants varied widely in their responses as to which billets, rates, or phases of their specific career field worked best to have children.

a. Participants in most focus groups said there were better and worse times to have children throughout Service members' careers

Participants in most focus groups thought there were better and worse times to have children in their career field. The examples they shared as to which times were better or worse for having children varied widely by branch and by specialty. However, many participants shared similar factors they considered about when to have children (Chapter 4, Section B.3). These factors included planning around demanding positions, career progression milestones, deployment schedules, and PCS timing. Figure 4.4 highlights Service member quotes by career points

Figure 4.4. Example Quotes of Participants Planning for Children at Different Stages of Their Career

 <p>Early Career</p>	<p><i>E-1 and E-2 would be better. When you first enter the [Service]. You can get top coverage by a good noncommissioned officer at that point.</i></p> <p>—Enlisted Woman</p>
 <p>Mid-Career</p>	<p><i>To a degree, my wife and I chose to try probably during the not advantageous time for me career-wise. [In my specialty], the 6-year mark is the peak. It was during my prime career window. ... There were times where I put my job first and regret all of it. If I could take it back, I would have done it the other way around.</i></p> <p>—Male Officer</p>
 <p>Late Career</p>	<p><i>Later than you probably wanted to in your career [is the best time to have kids]. ... I grew up with older parents, and I was like, I will not be like them. But now I'm 32 and still going to wait another 3 years to [have] kids.</i></p> <p>—Male Officer</p>
 <p>Specific Rates or Career Milestones</p>	<p><i>Probably [the] most difficult time is the element positions. That is the time to prove you're the executive officer [XO], company commander, or other positions where you have to check the box to promote.</i></p> <p>—Female Officer</p>

b. Female participants in some focus groups said there was no good time to have children during a military career

While participants in most focus groups reported that there were better and worse times to have children, female participants in some groups said there were no good times to have children in their specialty.

"I don't see a good time. ... I've been in three [large units] with different staff. I don't think any of them would have worked for me to have a child. I want to excel and be seen as excelling, but I couldn't have done it in any of those positions with children."

—Female Officer

"For [my specialty] there is no right time. When you're a [junior officer], you're trying to learn your job, and that's when I had my child. I did it, but it was hard but doable. But now, I have schools and temporary duty assignments I could go to in order to support future promotions, so it's tough to put myself up for things like that because my whole family and my husband's career would have to move."

—Female Officer

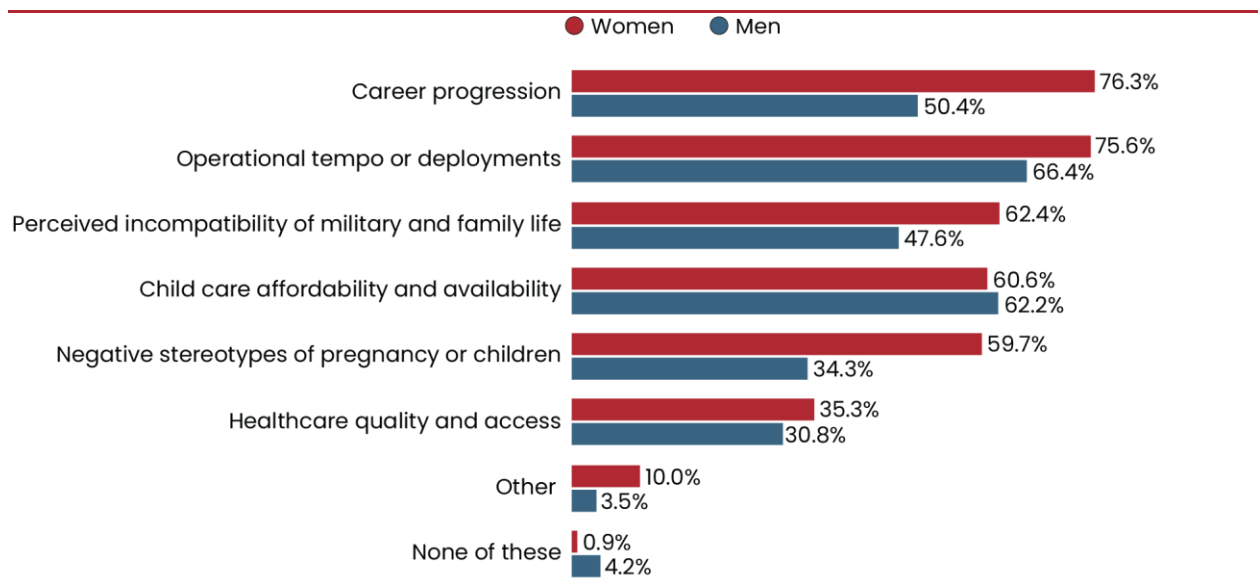
"You [are supposed to] have your kids at staff jobs, not operational. But biology doesn't agree with the [Service's] ideal of career progression. There are no good times."

—Enlisted Woman

C. Other Challenges for Service Members Who Have or Want to Have Families

Though DACOWITS dedicated significant focus group time to exploring challenges related to career progression and having a family, the Committee also wanted to know about other factors that affect servicewomen's ability to start or have a family when desired. Through the mini-survey, participants were given several options and asked to select any applicable factors that most affect servicewomen's ability to plan and have their family when desired (Figure 4.5).

Figure 4.5. Factors That Most Affect Servicewomen's Ability to Start a Family, by Gender



Note: Participants were asked to select all responses that apply; therefore, percentages do not sum to 100.

Source: DACOWITS mini-survey

In line with the array of challenges described by focus group participants, career progression was the most commonly selected factor for female participants, with more than three-quarters reporting this is a factor that most affects servicewomen's ability to start or have a family in the military when desired. A similar proportion of female participants indicated operational tempo or deployments significantly affect servicewomen in their ability to plan a family. About 60 percent of female participants indicated the perceived incompatibility of military and family life, child care issues, and negative stereotypes of

pregnancy or children were key factors affecting family planning. About one-third of female participants reported healthcare quality and access as an impactful factor.

Similar proportions of male and female participants selected a few of these factors such as operational tempo, child care, and healthcare quality and access. However, there were sizable differences for some factors with about 25 percent more women than men indicating career progression was a key factor, 15 percent more women than men indicating perceived incompatibility of military and family life was a factor, and 25 percent more women reporting that negative stereotypes were a key factor. Female participants seemed to view career progression and military culture surrounding families (perceptions of incompatibility and negative stereotypes) as more impactful factors than male participants did. Child care was the only factor that male participants reported more commonly than women, and men were also more likely to report that “none of these factors” most affect servicewomen’s ability to start or have a family when desired.

During focus groups, DACOWITS asked what the biggest challenges are that Service members face when trying to start a family aside from those related to career progression. Participants reported several key challenges, a few of which overlapped with the mini-survey results. Participants in most focus groups highlighted that child care affordability and availability can be challenging for Service members who want to have families. Participants in some focus groups brought up challenges related to operational tempo or unpredictable daily work schedules. In some focus groups, participants also reported that financial challenges can be a barrier to having children.

Participants also discussed unique challenges for specific groups of Service members, including the following:



Service members stationed OCONUS or in rural/remote locations

Participants in most focus groups noted that Service members who are stationed outside the contiguous United States (OCONUS) or in remote/rural locations experience challenges with healthcare access.



Service members who need fertility treatment to start their families

Participants in most focus groups explained that Service members who need fertility treatment due to infertility or being part of a same-sex couple can face challenges accessing or affording needed treatments.



Service members who plan to start their families through foster care or adoption

Participants in some focus groups noted that Service members planning to start their families through foster care or adoption can face additional logistical or financial challenges that are affected by PCS timing.



Service members who are part of a dual-military couple

Although DACOWITS did not ask specifically about challenges dual-military couples face, participants in some focus groups brought up challenges unique to this group such as difficulties with co-location and commanders making gendered assumptions about parental responsibilities.

1. Participants in most focus groups mentioned child care as a major challenge for Service members who have or want to have children

The majority of focus groups said child care was a significant challenge for Service members who have or want to have children. Participants brought up challenges with the affordability of child care in general, limited availability of slots for child care on base, and limited hours of child care on base that do not align with Service members' normal working hours. Child care issues were the most commonly reported challenge for Service members who have or want to have children.

In the mini-survey responses, 60 percent of female participants and 49 percent of male participants said that increased access to on-installation child care would have a high likelihood of increasing their desire to stay in the military beyond their current obligation.

"Why isn't the military paying for child care? That would alleviate a lot of the stress."

—Enlisted Woman

"Being able to provide—I have three kids now, but daycare ... there is no daycare on base, it's so backed up. My kids are going off base. I'm paying for two boys; it's \$3,680 per month for daycare for them. That's insane."

—Enlisted Man

"Also, being a single mom—it is almost impossible. Actually, it is impossible to be a single mother in the military. I've been there for [my friends who are single moms], and I will watch their kids overnight. The only 24-hour child care is ... impossible to get into. We all have 24-hour duty, but I can't bring my kid to my watch, and then they'll be like, 'Why don't you have a family care plan?'"

—Enlisted Woman

2. Participants in some focus groups mentioned challenges related to operational tempo or unpredictable work schedules for Service members who have or want to have children

In some focus groups, participants explained that high operational tempos and unpredictable work schedules pose challenges for Service members looking to start their families.

"At previous duty station, we had a high op tempo, and starting a family was difficult; in general, I think it can be. It's based off of different commands and where you're at ... the job you do ... whether you're [on a specific duty assignment]. There are a lot of factors that can bury it. I've seen really difficult situations where people are just trying to get through."

—Enlisted Woman

"Predictability. You don't know when you're going to deploy next. You can say I'm going to have a child on the first Thursday of 2022, and then you think you're going to deploy during that time, but then someone invades someone, and you're deploying sooner. Planning is just so unpredictable."

—Enlisted Woman

"Especially for you guys as [occupational specialty], it's unpredictable. Sometimes 12–24 hours' notice, we have to go out the door. We prepare and go do the mission; there's no stability."

—Male Officer

3. Participants in some focus groups cited financial challenges as a factor Service members who have or want to have children face

Participants in some focus groups noted that Service members experience financial challenges when trying to start their families. Some participants explained that the pay was not high enough to support a family and did not keep pace with inflation.

"Pay. I told myself, if I make [E7], I could support the child, but I made it, and now I don't think it'll ever happen."

—Enlisted Woman

"From an enlisted side, it would be the pay. The child care is unavailable, and [enlisted Service members] don't get paid that much. I know many people who are new parents and are just trying to survive. Definitely on the enlisted side, the pay and support, particularly child care is challenging."

—Male Officer

"Military pay hasn't matched inflation. The States raise the minimum wage, which hyperinflates things. So now you are getting paid less every year in comparison to your peers."

—Enlisted Man

4. Certain groups of Service members experience unique challenges when starting or having a family

DACOWITS asked participants about unique challenges experienced by certain subgroups of Service members, including those stationed OCONUS or in rural/remote areas, those who need fertility treatment to start their family, and those who plan to start their family through foster care or adoption.

In most focus groups, participants explained that Service members stationed OCONUS or in remote or rural locations face healthcare access challenges that can affect family planning. For those who need fertility treatment to start their families, participants in most focus groups discussed several associated financial and logistical challenges with receiving reproductive health treatment. In some focus groups, participants discussed the challenges of going through the foster care or adoption process while in the military, particularly related to frequent changes of duty stations. Lastly, while DACOWITS did not ask directly about challenges for dual-military couples, some focus groups discussed the challenges that Service members who are married to other Service members face related to co-location and command assumptions about parental roles and responsibilities.

a. Participants in most focus groups noted that Service members who are stationed OCONUS or in remote or rural locations face healthcare access challenges



When asked about unique challenges for Service members stationed OCONUS or in remote or rural locations, participants in most focus groups discussed healthcare access issues. Participants mentioned a variety of healthcare services for themselves or their children that they thought might be difficult to access in remote areas. Participants in many of these focus groups discussed pregnancy and labor and delivery health services as examples of care that are challenging to access, though some also mentioned issues with geographic access to fertility treatments and other kinds of care. Enlisted personnel were more likely than officers to mention this finding, and participants from one Service were more likely than participants from other Services to mention this finding.

"How is it that we know there are male and female [Service members] having families in [international location], but, as a Service, we don't plan for this? We only have one doctor [at that international location] that can do the foreign liaison program? This problem started before COVID, and then post-COVID, we couldn't figure out how to liaise with the host nation? Really? We can't figure this out as a military service?"

—Female Officer

"Before my son was born, I was in [an international location], and I got pregnant, and there was no way to see a doctor before the 12th week of pregnancy, and I miscarried. But if I could have seen someone sooner, it's possible they could—they [could] have helped me sooner."

—Female Officer

"I was in [rural location], and it was remote. TRICARE can suck. What we get covered for can sometimes be great, but dependent wise, we're hanging on TRICARE's whim. In a rural area, we couldn't find a dentist for my son. We had to drive 2–3 hours away to find somewhere big enough that would take TRICARE."

—Enlisted Woman

b. Participants in most focus groups noted that Service members who need fertility treatment to start their families face accentuated financial and logistical challenges



Participants in most focus groups discussed difficulties Service members encounter when trying to start their families through fertility treatment. Participants in nearly all these focus groups mentioned the high cost and lack of coverage for fertility treatment as a key challenge.

"We have been trying for 11 years. He brought up issues with infertility. I've done treatment, and now in order for us to conceive, we need to do IVF or IUI [intrauterine insemination], and that's a lot of money. Here ... it's almost \$50,000 just for a child, so that's our options we are trying to do right now. I wish the [Service]. I know they offer it, but I wish they would pay half of it or something like that in terms of finances."

—Enlisted Man

"For my career, I needed to finish this tour. We were holding off until after I finished deployment. We are paying for it completely out of pocket. It is costing us about 20 grand right now."

—Female Officer

"That was a shock to me, exploring freezing my eggs. I had friends who would try for several years, and then they were able to get it paid for. I was like 29 trying to do it, and my provider said, no, it is not an option. She said if you go out in town and get a list of the labs you need, I could work on getting the lab part, but the storage and everything else would cost a lot."

—Female Officer

Participants in some of these groups, and female participants in particular, reported logistical barriers to accessing fertility treatment including the following:

► **Not staying in one location long enough to receive treatment (treatment is interrupted by deployments or PCS)**

"A lot [of] patients who are dependents who have fertility issues they will be working with their doctors for months or years, and then deployment comes up, and everything has to stop. They have to move and find another infertility specialist. It's

hard. And what do you do with the banked sperm or embryos? The cost is very expensive, and it's a lot."

—Female Officer

► **Difficulties getting leave approved for treatment**

"In 2013, when I tried submitting to MPTAC [Military Parent Technical Assistance Center] for medical purposes, I was stationed in [rural location]. It was remote. I was submitting medical for doing egg retrieval—it was not approved, even though it was a medical procedure. My command would not approve it. I would have to take leave, and that shouldn't be the case. If I need to take time off work to do a medical procedure, that should be covered."

—Female Officer

► **Being stationed far from a military treatment facility (MTF) that provides fertility treatment**

"The only place you can do egg freezing is Walter Reed. It's \$4,500 out of pocket and you have to be in DC or have the time—that's your only option. One of my friends in the [Service] is doing it. She has a very small window to do it before her PCS to [international location] because there is no other time for her to do it. They won't fly you there to do it."

—Female Officer

► **Poor geographic access to OB/GYNs**

"[Installation] doesn't have an OB/GYN, so you have to go off base to be seen, but there's nothing for fertility. My friend had health concerns, but the nearest facility was 2 hours away and was going to go OCONUS, which wouldn't be available OCONUS. And then getting the sperm transported was expensive and a huge process."

—Female Officer

Participants in some of these focus groups also noted that barriers to fertility treatment impact same-sex couples.

"My friend is currently deployed, and she's same-sex and wants in vitro fertilization, but it's so expensive."

—Female Officer

"I've been wanting to try in vitro fertilization, but I don't think it's available to same-sex couples."

—Enlisted Woman

"I plan on having a family on some point in my life. I am a lesbian, so I am in a same-sex couple. If I go in and ask medical ... they don't know where to refer me. They've never been asked that question before. In their personal knowledge, they weren't taught, 'Hey, if you want to start having kids, this is where you should go.' I think more knowledge about how same-sex couples can have kids while in the military [among medical providers would help]."

—Enlisted Woman

c. Participants in some focus groups reported that Service members planning to have a family through adoption or foster care face additional logistical and financial challenges



In some focus groups, participants brought up logistical and financial challenges with building a family through foster care and adoption. Participants explained that these are typically long, drawn-out processes that can be interrupted by PCS moves, especially when Service members are relocated to a new State with different laws and processes. Some participants also mentioned how expensive adoption can be. Female participants and enlisted personnel were more likely than male participants and officers to mention these findings.

"I know [an officer] who was trying to adopt. They just got the baby right before he moved to another location, so he had to figure out the adoption paperwork before [he] left because, [he] told me, every State is different for adoption. So, if he hadn't gotten him before his PCS, he would have had to reapply and got back on the adoption list in his new State. So moving is tough if you're adopting."

—Female Officer

"If you are to adopt, that process could take 2 years, and you could get transferred in the middle of it and have to start over."

—Enlisted Woman

"For the foster care portion, as locations change, the PCS or dealing with job stability and providing that to the State for the child, it does bring a couple days of work they've had to miss. It's difficult on those members having to go through that process. Adoption, legally adopting their child for a couple members has been an issue too. It's difficult with barriers due to State laws between different States."

—Male Officer

d. Participants in some focus groups explained how Service members who are in dual-military couples face unique challenges with planning their family



DACOWITS did not ask participants specifically about unique challenges faced by dual-military couples when planning a family. However, more than a quarter of focus group participants were married to a Service member, so participants in some groups discussed related challenges. Specifically, participants brought up difficulties with co-location, retaining the ability for both Service members to progress in their careers, and commanders making assumptions about parental roles and duties.

"I was talking to [my husband, who is also active-duty] earlier this week about I don't know if I can stay in if we are going to have a family. How will we be able to make this work because he's in [a special operations occupational specialty], and there's only so many places we can go where I can follow him. I don't know if it's feasible."

—Female Officer

"But if you're dual-military, the male's command leaderships see gender roles and pushes the female to do child care. If the male pushes back on leadership to take care of the kids, they feel that. Females put the stress on themselves sometimes thinking they have to do the child care."

—Female Officer

"For dual-military couples ... if the woman is the higher-ranking spouse, she's still expected to stay with a sick kid, and the man is expected to go to work."

—Enlisted Woman

D. Recommendations to Support Service Members Who Have or Want to Have Families

DACOWITS asked focus group participants what the military could do to support Service members' ability to plan for and have a family while pursuing a military career. Participants discussed various strategies to support Service members who have or want to have families, including improving dissemination of information about family planning resources and policies, increasing access to child care on post, implementing strategies to improve the command climate and culture, improving access and quality of care for women's health issues, and increasing options for geographic stability.

1. Participants in some focus groups recommended improving the dissemination of information on family planning resources and policies

In some focus groups, participants explained that resources and policies may be available to support families, but that information is not widely known. Participants recommended better dissemination of information on family planning resources and policies to support Service members who want to plan for their families. Enlisted participants were more likely to make this recommendation compared with officers. Examples of how to improve dissemination include having an assigned counselor who is knowledgeable about family planning policies and resources or having a central repository of information that Service members can easily reference.

"The lack of information, the lack of consistent information, the lack of people that understand the policy is the issue."

—Female Officer

"I think it almost has to be like SAPR [Sexual Assault Prevention and Response] or something like that. Especially first-term parents or single parents, you should almost be assigned, like, a counselor or advocate just to talk you through and make sure you understand ... help you know how to ask for things."

—Enlisted Woman

"The information sharing doesn't have a central repository for a female to learn about CDC, birth control, off-base child care. Every female has to reinvent the wheel themselves, but if there was a publication to push out, it would help so much. Other females get discouraged trying to figure it out."

—Female Officer

2. Participants in some focus groups recommended implementing strategies to increase access to on-post child care

In some focus groups, participants reiterated the challenges of finding affordable child care that aligns with their daily work schedule. Participants thought having more child care slots on post and having wider hours of availability would help support Service members who have or want to have children.

"My youngest has been on the waitlist for 1.5 years, and we're still on it. The CDC here is \$500 every two weeks, \$500 per month per kid. And I'm paying \$3,600 because they don't have spots here."

—Enlisted Man

"I know that the child care issue is huge. One thing the [Service] can do to help is to have child care that's actually accessible and meets demands of job. If you have to be somewhere at 0600, they should be an open at 0530, but child care right now doesn't come close to meeting needs of the based."

—Female Officer

"Support services should be supportive of [Service members] with various, irregular schedules. At [installation], many jobs are 24-hour operations, and child care at the child development center is only available from 6 a.m. to 6:30 p.m. I think if there was more flexibility, people would feel better. If the support services were actually supporting the mission and the time [Service members] have to work. The gate opens at 6 a.m., and the child care facility opens at 6 a.m., ... so I can't even take my kid to school and be on time to my job. There is no process where I am able to take them early."

—Female Officer

3. Participants in some focus groups recommended implementing strategies to improve command climate and culture

Participants explained that commanders have a large impact on how Service members with children are perceived. They noted improvements in command climate and culture surrounding pregnancy and families would help support Service members who have or want to have children.

"If the [Service] and the military had a magic wand to make it better for female parents, it would be the sexist bias I've seen. I've seen it in all different configurations—a mom having to go home to take care of their kids, mom coming back from maternity leave. There are still males who say moms are on paternity leave—they don't even know or care to know the difference. There are things I am excited for when the younger generation becomes in charge. Younger folks, the ones I see now, when they interact with a female [Service member] coming back from maternity leave, they ask, 'How is your kid?' I don't hear those comments from senior leaders. Maybe I'm hearing it because I'm in the room [and I'm more senior], but I hear things in passing when they don't realize I'm there. I've heard more negative comments from senior leaders than junior ones."

—Female Officer

"More specific family care plans. Commanders have discretion on when those come into play, and many commanders don't have families, so their discretion doesn't always align with what is feasible."

—Female Officer

"True acknowledgment that family is actually important. It's thrown out there, but when it comes down to it, there seems to be a bit of a negative on someone saying this is an important family event or there's something important going on in the family so I would like to not go do this. Commanders or higher-ups will still look down on that person."

—Male Officer

4. Participants in some focus groups recommended implementing strategies to improve access and quality of care for women's health issues

In some female focus groups, participants thought that improving access and quality of women's healthcare would be a good strategy to support Service members who want to have children.

"Provide cryofreezing of eggs. If you want us to plan, that is the only way you can really plan. Unless you have a total hysterectomy. ... Tubal ligation, condoms, IUDs [intrauterine devices], and birth control don't always work. I can't take any of that because of my medical history. ... You have to provide ways if you want us to plan."

—Female Officer

"If you don't want to have kids and need birth control, that should be easier. My [unit's healthcare provider] gave me birth control that was discontinued years ago, so they had no idea what I could do to prevent pregnancy. That could be a local issue. I don't know if it's military wide."

—Enlisted Woman

"So from my experience, my wife is active-duty as well ... she is furious because ... I don't want to say reproductive, but the whole sexual health thing for women is not as ... important is the wrong word, but it sure doesn't seem that way. If a guy says things aren't working like they're supposed to, they are like, 'Here are some pills. Have a good day.' If a woman says that, they say, 'Read a romance novel.' I was like, 'You've got to be [expletive] me.' She was like, 'Yes, that's what my doctor actually said.'"

—Male Officer

5. Participants in some focus groups recommended implementing strategies to increase opportunities for geographic stability

In some focus groups, and particularly among officers, participants suggested that more opportunities to request geographic stability would be helpful for Service members who have or want to have children.

"Stability in one duty station would be a lot for smaller kids. Other services have this stability, but I haven't seen it in [the Service]."

—Enlisted Woman

"Geographic stability. That's why I'm retiring at 20. I don't want to move again."

—Enlisted Man

"I left this area because there was someone available who could have been put in my job. So I got sent to [a different State], and I loved it at the time, but would have preferred to stay in my own house. Why couldn't I just stay, you know?"

—Enlisted Man

E. Contraception and Reproductive Healthcare for All Service Members

DACOWITS asked participants about various aspects of seeking contraceptive or reproductive healthcare in the military. Participants in focus groups discussed how easy or difficult it was to make appointments for contraceptive or reproductive healthcare, estimates of how long it took to get a healthcare provider's appointment for contraception or reproductive healthcare, and how easy or difficult it was to access their preferred form of contraception.

Participants held conflicting perspectives on how easy or difficult it was to make appointments for contraceptive or reproductive healthcare. Participants in nearly all focus groups explained it was difficult to get an appointment with an OB/GYN or other reproductive healthcare specialist, and some groups reported challenges getting appointments for preventive reproductive care. In contrast, participants in most focus groups thought it was easy to get appointments for contraception, specifically. When asked how long it would take to get an appointment to discuss contraception or reproductive healthcare,

participant estimates varied widely, ranging from same-day appointments to waiting more than 3 months for an appointment.

Participants were divided on how easy or difficult they thought it was to get their preferred contraception. Participants in most focus groups reported it was easy to get their preferred contraception, and many who thought it was easy mentioned walk-in clinics specifically. However, participants in most focus groups also reported some difficulties, with women being more likely to report challenges getting their preferred type of contraception.

1. Participants were split on how easy or difficult it was to make doctor's appointments to discuss contraception or reproductive healthcare

DACOWITS asked participants how easy or difficult it would be for participants to make an appointment to discuss contraception or reproductive healthcare with their provider. Participants were divided on this topic and explained some of the nuances surrounding the availability of care. For example, participants in nearly all focus groups clarified that getting an appointment with an OB/GYN or other reproductive healthcare specialist was difficult, and some groups shared experiences where they encountered difficulties in seeking preventive reproductive care. However, for contraception specifically, participants from most focus groups thought it was easy to make an appointment.

Participant estimates of how long they would have to wait for an appointment ranged widely, likely because the question referenced both contraception and reproductive healthcare. Many mentioned getting contraception at a walk-in clinic or through their primary care manager (PCM) would be a shorter wait, while participants shared that referrals to specialty care typically take longer than other appointments.

a. Participants in nearly all focus groups reported difficulty getting appointments with OB/GYNs or other reproductive healthcare specialists

In almost all focus groups, participants explained it was difficult to get an appointment with an OB/GYN or other reproductive healthcare specialist. Participants identified two main reasons that getting specialty appointments was difficult—specialty provider shortages on base and challenges getting referrals off base. Regarding challenges getting referrals off base, participants discussed a few challenges such as having to pass a high threshold before a PCM would provide a specialty referral, referrals expiring, or not getting timely care because of how long the referral process takes.

"I think there is a large shortage of OB/GYNs. I can get an appointment with my primary care provider. His phone number is in my phone, but if I need an OB/GYN, it will be hard because we have a shortage in the [Service]."

—Enlisted Woman

"The [medical specialists] now don't do anything. We have one [medical specialist] for the whole [unit], no doctor, no medical officer. We are piggybacking off another unit. People's appointments get canceled, and sometimes the doctor just doesn't even show up."

—Enlisted Man

"I've had two very different experiences. In [the previous installation I was stationed at], there's a women's clinic, and you can talk and directly call them. Here, I had something similar and had to have a referral, and it's a high threshold to pass before you get to the appointment, which is a deterrent for reproductive health."

—Female Officer

b. Participants in some focus groups reported challenges in getting appointments for preventive reproductive care

In some focus groups, participants reported difficulties in scheduling or accessing preventive reproductive healthcare services, such as vaccines, pap smears, and mammograms.

"We're probably not getting some vaccines we should be getting. I have it, but what about the Gardasil shot or the human papillomavirus [HPV] shot. Human papillomavirus doesn't impact males negatively, but it can ruin women's reproductive systems, but they don't offer that in the military. I got my three shots in [international location] because they were giving it out [there]."

—Enlisted Woman

"I think the [Service] could make a better system to where you get a pap smear done annually. I've only had one pap smear in 11 years."

—Female Officer

"Similarly, I got [duty assignment], so I was given a PCM out in town, and I said, 'It's been 4 years since my last pap smear,' and my PCM said I needed to get one. I said, 'Well, I technically have an OB [obstetrician] on base,' so I went back to request a pap smear there, and they said my last one was normal, so you have to wait another 2 years. My PCM was wanting me to do this, and they were, like, nope."

—Female Officer

c. Participants in most focus groups reported that it was easy to get an appointment for contraceptive care, specifically

In most focus groups, participants thought it was easy to get an appointment for contraceptive care. Many of the participants who thought it was easy referenced contraception walk-in clinics, specifically.

"My wife got the arm implant [birth control]; it was super easy. At the [Service] hospital, you can walk in and get it that day. ... You go down there and say you want this, they do some bloodwork, and then it's in your arm."

—Enlisted Man

"I went to the [walk-in contraception] clinic, and she was amazing. I was having issues with my IUD, and she was able to get it out."

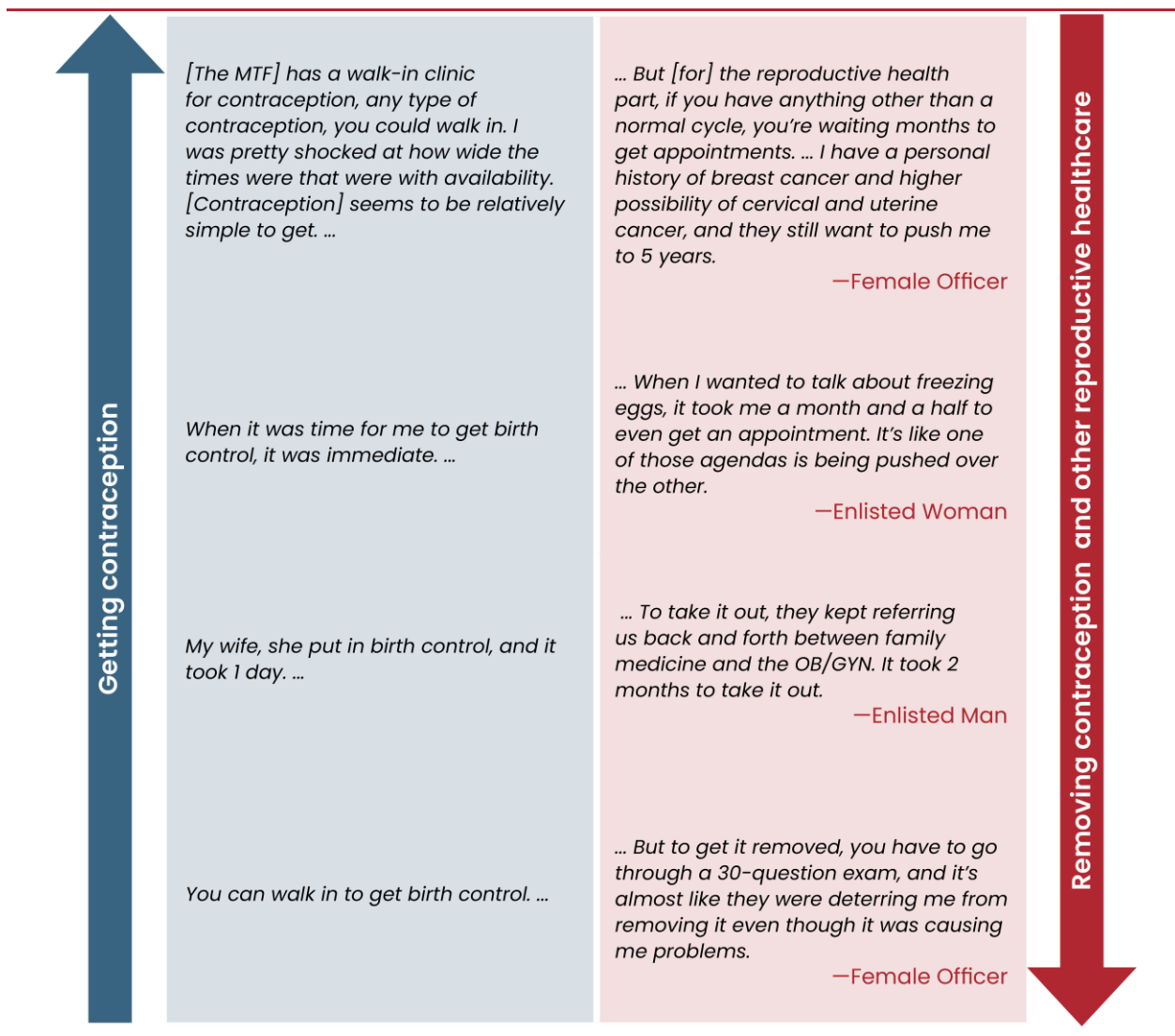
—Enlisted Woman

"I just went through med school for my vasectomy. I can't remember if I brought it up during my PHA [physical health assessment] or at a whole separate appointment. It's easy for contraception; we have quite a few people at our unit possibly having the [procedure]. ... There may be a misnomer on the process if people think it's a bigger deal than it is. It's quite easy to get the process done."

—Male Officer

Some participants who thought it was easy to get contraception contrasted their positive experiences seeking contraception with their negative experiences seeking other kinds of reproductive healthcare, or in a few cases, negative experiences trying to change or stop using contraception (Figure 4.6).

Figure 4.6. Participant Experiences With Getting Contraception Compared With Participant Experiences With Removing Contraception or Seeking Other Reproductive Healthcare Services

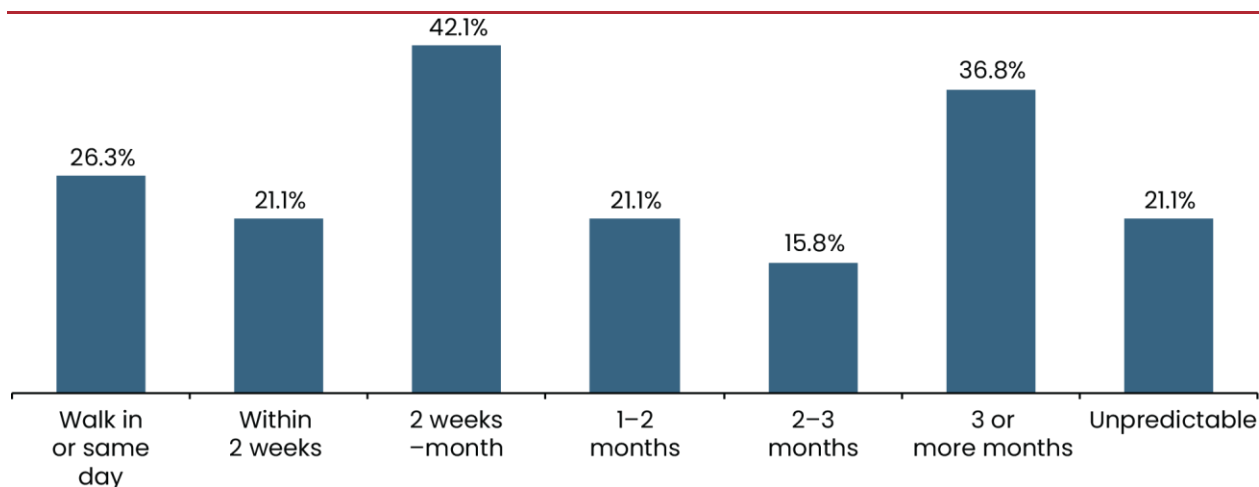


MTF = military treatment facility; OB/GYN = obstetrician/gynecologist
Source: Focus group transcripts

d. Participant estimates of how long it would take to see their healthcare provider to discuss contraception or reproductive healthcare varied widely

Participant responses as to how long it would take to see their healthcare provider to discuss contraception or reproductive healthcare were categorized according to the timeframe they shared (Figure 4.7). The most common responses in order were a wait time of 2 weeks to 1 month, more than 3 months, or walk-in/same-day availability. This wide range of responses likely reflects the different timelines for different types of care. Some installations have contraception walk-in clinics available where services are available the same day. Others who reported longer timeframes may have been referencing the time it takes to get a referral through their PCM and then make an appointment with a reproductive healthcare specialist off base.

Figure 4.7. Participants' Estimates of How Long It Would Take to See Their Doctor to Discuss Contraception or Reproductive Healthcare



Source: Focus group transcripts. Percentages may not total to 100 percent because some participants' responses matched to multiple categories. The percentage represents the proportion of participants who shared that response out of the number of participants who responded to the question, not the total number of focus group participants.

e. Participant in a few focus groups highlighted that providers leveraging telehealth or other virtual care mechanisms helped them get informal care between appointments

In a few focus groups, participants indicated that virtual mechanisms, such as telephone calls, interactive data systems, and email support enable providers to respond quickly to patient questions between appointments.

You know, for refilling prescriptions, they want to see you. We do telehealth appointments. Those are quicker, and I think it's because I've been on the medicine in my records for a while. She calls to make sure I'm good and all that from time to time. If everything is status quo, I'm good. If I need to see her, it's a 2-4 week wait.

—Female Officer

The good thing, though, is we have MHS Genesis [the new electronic health record system], and you can shoot a note to your PCM [Primary Care Manager through that system], and typically their nurse will answer it.

—Male Officer

I have very long delays with getting appointments in general, but my doctor will email back and forth with me, which is great, but the appointment availability is not good.

—Male Officer

When you make changes in the healthcare here regarding birth control, the provider said we have to give birth control whenever someone asks for it. They don't have to go through an appointment anymore; they can refill if they have had the birth control before. [In] the patient portal, you can message your provider for refills—it's easier.

—Enlisted Woman

2. Participant perceptions of how easy or difficult it was for Service members to get their preferred contraception were split, including differences by gender

DACOWITS asked how easy or difficult it was for Service members to get their preferred type of contraception. Participants held conflicting perceptions on this. Participants in most focus groups had participants who thought it was easy to get their preferred contraception and participants who thought it was hard to get their preferred contraception. Female participants were more likely to report difficulties getting their preferred type of contraception compared with male participants.

a. Participants in most focus groups reported that it was easy for Service members to get their preferred contraception

In most focus groups, participants thought it was easy to get their preferred type of contraception. About half of participants who thought it was easy mentioned contraceptive walk-in clinics, specifically. Enlisted personnel were more likely to bring up walk-in clinics than officers.

"There is one on [street]. In September, I was on the Depo [Depo-Provera] shot, which is every 3 months, which is not ideal for someone [who is deployed]. I checked in and said I need an update with my Depo shot, and a nurse came in and offered Nexplanon and said, 'Do you want to give it a try?' That is an insert that goes into your arm. And I was like, 'How long would it take to get?' And she was like, 'You'll just have to wait 20 minutes to see an OB/GYN, and then you'll be out in 30 minutes.'"

—Female Officer

"Here at [military hospital], the gyno [there], every month they do a contraceptive clinic. I wanted to change my birth control. I went from Depo shot to an IUD within 2 weeks. It was an easy process rather than trying to schedule an appointment."

—Female Officer

"Easy. They even have a contraception clinic, so you can go in during certain hours, get it done, and go about your day."

—Enlisted Woman

b. Participants in most focus groups, and women in particular, reported Service members face some difficulty getting their preferred contraception

Though many thought it was easy to get their preferred contraception, a similar proportion of participants thought it was difficult. About half of participants who thought it was difficult said that they could access contraception relatively easily, but they had challenges getting their preferred type of contraception. Some participants mentioned challenges getting hysterectomies or vasectomies or getting IUDs or implants removed, specifically. Nearly all the participants who reported difficulty in getting their preferred form of contraception were women.

"It depends on supply. We're just out of some stuff. Like I walked in and wanted something, and they said they were out of it for 2 weeks."

—Female Officer

"In my experience with medical, you don't get any preferences; they tell you what you do. You say you want this, and they say, 'Too bad.' Doesn't matter what it's for."

—Enlisted Man

"I've had two friends—one male and one female. They didn't have and didn't want kids. Both of them had trouble with tube tying and getting a vasectomy. The doctors gave them a hard time because they didn't have kids. He told the female, What if your husband eventually wants kids?" and she said, "It's not his choice."

—Enlisted Man

F. Contraception and Reproductive Healthcare for Servicewomen

In addition to exploring contraception and reproductive healthcare access issues with all focus group participants, DACOWITS asked certain questions related to contraception and reproductive healthcare in *female focus groups only*. Because the total sample of focus group participants was about three-quarters of women and one-quarter of men, several findings from Section E. Contraception and Reproductive Healthcare for All Service Members overlap with findings described in this section. Because these questions were asked only in female focus groups, “female participants” is used in place of “participants,” and language related to the frequency of a finding reflects the proportion of female focus groups. Questions asked only in female focus groups covered whether participants had felt pressured to use contraception, their experiences with making an appointment to see an OB/GYN or other women’s health provider, and their experiences receiving care from an OB/GYN or other women’s healthcare provider.

In nearly all focus groups, female participants reported feeling pressured by a healthcare provider to use contraception. In the majority of focus groups, female participants stated it was difficult to make an appointment with an OB/GYN because of challenges with the referral process or being unsure how to initiate an appointment. Female participants in most focus groups shared negative experiences they had with OB/GYNs or other women’s health providers, largely referencing care received from providers on base. Female participants described several examples of negative experiences including challenges getting timely care, difficulties getting an appointment with their preferred provider, or experiences with disrespectful or dismissive providers.

In contrast, female participants in some focus groups reported positive experiences receiving care from an OB/GYN or other healthcare provider focused on women’s health. These female participants often explained that their positive experiences with care had occurred off base with specialty providers they had been referred to.

1. Female participants in nearly all focus groups reported feeling pressured by a healthcare provider to start using contraception or to use a form of contraception they did not want to use

In nearly all female focus groups, participants shared stories of feeling pressured to start using contraception or to use a type of contraception they did not want to use. Female participants reported examples of being pressured to start using contraception early in their careers when they first joined the military, but some officers later in their careers also reported similar experiences. In some cases, female participants shared how providers were reluctant to remove or switch from a form of contraception that was not working well for them.

"When I came in, I was told to get on it and didn't get much of an explanation. I was just told to take this pill. You shouldn't be on something unless you understand."

—Enlisted Woman

"When I had my last child, my doctor kept coming in trying to give me birth control, even though my husband was having a vasectomy. It was very annoying. Even after the conversation telling him I don't need it, he kept pushing it. I don't want to be on it anymore."

—Female Officer

"I got my IUD taken out. We weren't actively trying, but as soon as I did that, my doctor asked if we were going to start trying, and I told her not necessarily. At that point, she said this is stupid, and I should go back on it because we have to use some kind of protection. So I said it wasn't really any of her business."

—Female Officer

2. Female participants in most focus groups indicated it was difficult to make an appointment to see an OB/GYN or healthcare provider focused on women's health issues

DACOWITS asked female participants about how easy or difficult it would be for them to make an appointment to see an OB/GYN or other healthcare provider focused on women's health issues. In most focus groups, and particularly among officers, female participants stated it was difficult to make an appointment. Most who thought it was difficult mentioned difficulties in getting or using referrals for specialty care. Female participants in some focus groups who discussed difficulties in making appointments pointed out that appointments were difficult to initiate or that they were not sure where to go to make appointments.

a. Servicewomen in most of these focus groups explained they had experienced challenges with getting or using referrals for specialty care

Similar to the challenges with referrals mentioned previously, female participants in most focus groups brought up challenges with the referral process. For some, the difficulty was getting the referral in the first place. Other participants noted difficulties with referrals getting canceled or running out of time to use referrals despite still needing follow-up care.

"You have to convince your PCM with everything you've got to try and give you a referral. Come with all your reasoning, and if you really want the referral, that's how you are going to get it."

—Female Officer

"It's annoying to go through your PCM, get a referral, and then go see someone if they feel there's a need."

—Enlisted Woman

"Even my postnatal care after I had my son, I got referred to an OB out in town. They were actually really great. I had an uncomplicated pregnancy until the very end. I had the referral in for my OB, but then my postnatal care ... I had to move up one of my postnatal appointments where I was also going to get my IUD put in. The referral was going to run out. It was such a hassle to get the referral in the first place to get a doctor who would accept TRICARE. And they said, 'You either need to move up your appointment 2 weeks, or you need to get another referral.' Thankfully I was recovering well, so I didn't mind moving up my appointment, but I felt almost cut off. You're not pregnant anymore. There's your referral gone. Anything can happen. Those postnatal checkups are really important."

—Enlisted Woman

b. Female participants in some of these focus groups explained that appointments were hard to initiate or that they were not sure where to go to make appointments

Aside from challenges with the referral process, female participants in some focus groups brought up that initiating an appointment with an OB/GYN or other women's health provider was generally difficult. Participants had trouble finding the right person to call to make an appointment and experienced difficulties in finding the right facility to handle their particular health issue.

"Trying to get in contact with anyone at [MTF] through a phone call, it's impossible. You end up going around in a circle. Other than that, I've never had an issue but getting the initial phone call through is difficult."

—Enlisted Woman

"I don't know who to call [to make an appointment with an OB/GYN or other women's health doctor]. ... It's hard to figure out."

—Enlisted Woman

"My entire time in the military, I've only had one pap smear. I didn't even know where to go. ... I didn't even know I needed one. ... And I was, like, where do I go? Who do I call? And when I did go, it was a runaround."

—Enlisted Woman

3. Female participants in most focus groups reported having negative experiences receiving care from an OB/GYN or healthcare provider focused on women's health while in the military

When asked how they would describe their experience receiving care from an OB/GYN or other healthcare provider focused on women's health in the military, female participants in most focus groups reported negative experiences. In many of these cases, female participants noted they were referencing care received on military bases specifically, rather than referred care off base. Examples of negative experiences included difficulties accessing timely care, issues related to provider preferences, and dismissive or disrespectful providers.

a. Female participants within some of these focus groups noted they had difficulties accessing timely care for women's health issues

Some participants with negative experiences explained they had challenges getting care in a timely manner. Participants shared several different examples of this, including the following:

► **Limited daily or weekly clinic hours**

"Until 4:30 p.m., access is good, but after that, it's bad. I had a miscarriage right before a 4-day weekend, and they suggested I come in Monday rather than dealing with me that day, even though it can be life-threatening."

—Female Officer

► **Preventive care schedules that limit the option to have more frequent screenings**

"Defense Health Agency [DHA] timelines are unfortunate because they prevent me from getting what I want. When I go asking for a pap smear, and the age categories say I don't need one for 5 years, that makes no sense. I just want peace of mind. It's a concern I have. I don't feel like my healthcare should be dictated by a chart"

standard that prevents me from getting it what I want. I had an irregular pap smear in the past too."

—Enlisted Woman

► **Long wait times to receive test results back**

"For a pap smear, it really takes long. It takes 3 months to get your results back because they send it to [a different State]."

—Enlisted Woman

► **Seeing providers less frequently than needed due to staffing shortages**

"[Installation] just got an OB/GYN. She's great, but she's swamped because she's only one for women [for two installations]. I was seeing her every 2 months when I was pregnant, and she asked me if I was comfortable not seeing me again until she delivered my baby because she was so busy. So I didn't have another appointment until I delivered."

—Enlisted Woman

b. Female participants in some focus groups brought up issues related to provider preference

Though not asked specifically about preferred provider types, female participants in some focus groups discussed issues and negative experiences related to the types of providers they receive reproductive care from. Among female participants who discussed provider preference, many mentioned the provider they received reproductive care from was not specialized or adequately trained in women's health issues.

"Recently, I didn't have a positive experience. Going back to seeing a different doctor every time until 20 weeks. I don't think they see a lot of [a certain medical condition] at the military hospitals. A certain level of care is expected from an OB/GYN, but they'd say they don't know what we're looking at—that's not a reassuring thing to say to someone who is pregnant. We asked questions, and they said they don't know. We went out of town to get an ultrasound because they couldn't give me a basic answer from an ultrasound. It was a stressful experience. Our last ultrasound, the OB/GYN was doing the ultrasound over my clothes."

—Female Officer

"I would give you my experiences with an OB/GYN if I had one, but we only have [doctors embedded in units] playing OB/GYN."

—Female Officer

"Before I had my second daughter, I had a miscarriage at 12 weeks; I was still passing tissue. After [an] hour and a half [during my doctor's appointment], they dug around in my cervix and were pulling pieces out, I started shaking and crying. The doctor was like, 'I'm almost done'; the poor med student was in the back. I was not offered ibuprofen or [a] heating pad. He was like, 'I can get this all out; don't worry about it,' and later a female doctor walked past and asked him what he was doing and was like, 'You need to stop.' She was horrified."

—Female Officer

Other female participants mentioned that they did not want to receive reproductive care from someone embedded in their unit or someone they knew and had to work with regularly.

"One medic who did my IUD, I saw her in the hallway a week later. It's weird."

—Female Officer

"As far as the OB stuff and trying to get a pap, I asked to go to the OB clinic and I was asked why not just go see your doctor. Well, yeah, I don't want to go see [officer] so-and-so I see on the regular looking at my vagina (lots of agreement from other participants). Why do I need to tell you why I don't want to see this person? I had to wait for one of the other sister units' providers to be available because they denied me to go see an OB."

—Female Officer

"I don't want to have the doctor I'm sitting across from the table in the board room do my pap smear. ... I have to have meals with these people."

—Female Officer

Several female participants mentioned that there was a lack of continuity of care because of high staff turnover. They explained the difficulty in having to reexplain health conditions at every visit.

"Primary care managers change at a high rate, I don't even know who mine is now. I've had four in the last 3 years, so every time they are seeing my record for the first time, and I have to explain my medical history every time. They turn over so fast, and we get what we need, but it's frustrating."

—Enlisted Woman

"It's been easy for me to get an appointment, but the problem is that I have never seen the same doctor for my basic well-woman appointment, and it's usually some guy who isn't even an OB/GYN. Then I have to ask questions to a random person who I won't see again. You can't make a relationship, and you want consistency there."

—Female Officer

A few female participants said they would have preferred to see a female provider for reproductive health concerns.

"Lack of privacy is big and uncomfortable. Lack of female physician's assistants [PAs], too. It shouldn't be so hard to see a female. I'd rather not do a pap smear with a male, but also I don't know what they're talking about half the time, and I'm not sure they know. I had an intrauterine device inserted wrong, and I made [an] appointment to get it fixed, but I just pulled it out myself. They don't know what to do. I've had people who complain about the military messing with their birth control, which also messes with their weight and mental health. So I don't like working with male physician's assistants. But it will take like 4 months to get to a female."

—Female Officer

c. Female participants in some focus groups also shared experiences where providers disrespected them or dismissed their concerns

Female participants in some focus groups described negative encounters when military health providers disrespected or dismissed them.

"When I gave birth, I had a doctor that came in to help me out. He was ... disrespectful. He said, 'You need to walk around for dilation,' and he was just rough the whole time, and I stayed quiet."

—Enlisted Woman

"When I was giving birth, I was induced. ... I never had the same doctors see me, and because I was induced, I was at the hospital for a few days. They kept trying to push a balloon in there to dilate me, and I said no to the nurse because I'd been sexually assaulted before, and I didn't want anything up there. The OB/GYN and nurse were like, 'Why did you get pregnant if you have sexual trauma?' They asked if I did counseling for it and all of that. The same OB/GYN the next day said you have 15 minutes to decide if you're getting the balloon, or you're getting a C-section. I did cervical checks, and I asked if I could have anxiety medication because I hadn't had one in 24 hours. He didn't listen though. He was a male OB/GYN; he told me, 'You shouldn't have gotten pregnant' if I was sexually assaulted."

—Enlisted Woman

"I think I've had a horrible experience. I've had two miscarriages being in this command. I don't talk about it all. [starts crying] With my second miscarriage, when I knew I was miscarrying, I called ahead to see where I should go. I went to the [installation] hospital. They were so dismissive. They were like, 'I don't even know why you came here. We don't have the tools to help. Your only options were to go to [other nearby installation hospitals].' I was like, 'How long will it take?' and they said, 'You'll have to wait and see.'"

—Enlisted Woman

4. Female participants in some focus groups reported having positive experiences receiving care from an OB/GYN or healthcare provider focused on women's health while in the military

Although many female participants shared experiences of poor care, female participants in some focus groups had positive experiences with OB/GYN or other women's healthcare. Many women who reported a positive experience clarified they were referencing referred care they received off base, though a few participants had positive experiences with OB/GYNs on base.

"I loved it at [installation]. People who got OB/GYNs off post for pregnancy have great experiences, but on post is usually terrible because they're waiting for the appointments, and they don't get seen every month for prenatal care ... I should add, [that installation] doesn't have an OB/GYN on post, which is why people went off post."

—Enlisted Woman

"When my son was born, we didn't have a[n] OB/GYN on base where I was stationed. So I picked someone off base, and it was great. I never questioned what was going on. It was a blessing to have that say in my care."

—Female Officer

"I was lucky that we got sent out in town. No one should be worried about the hospital they're giving birth at. It's sad that I was celebrating the day I got a referral to go somewhere else."

—Female Officer

G. Recommendations to Improve Reproductive Care for Servicewomen

DACOWITS asked female participants what important changes the military could make to support servicewomen's reproductive health and family planning. Because this question was asked only in female focus groups, "female participants" is used in place of "participants," and language describing

the frequency of a finding reflects the proportion of female focus groups with that finding out of the total number of *female* focus groups.

Among the recommendations participants shared, the most common was for servicewomen to be given more choice in who they see for reproductive care, including the option to receive care off base. Female participants in about half the focus groups recommended various ways to make the referral process smoother, and female participants in about half the groups suggested the military dedicate more resources to women's health and healthcare. Lastly, female participants in some focus groups recommended increased efforts to educate Service members about reproductive healthcare resources and policies.

1. Female participants in most focus groups recommended offering more choice in providers women can go to for reproductive healthcare

Female participants in most focus groups discussed wanting more choice in what providers they are able to see for reproductive healthcare. Among female participants who made this recommendation, nearly all wanted the option to receive reproductive care off base, though some also wanted more choice in provider on base.

a. Female participants in nearly all these focus groups said they wanted the option to seek reproductive care off base

In nearly all these focus groups, female participants wanted the option to receive reproductive care off base. Many of these participants mentioned specifically wanting the option to receive pregnancy care and deliver off base.

"Allow us to choose our providers. If we want to go off post, we should be able to."

—Female Officer

"I got a referral to go out in town with my son, and that's simplified everything. If we could get that all around—like the maternity care automatically gets referrals when pregnant to have the choice if they don't have [an] appointment right away. If we could get automatic referrals, that would solve so many problems. I was in [location], and we were allowed to go to any TRICARE provider in town to get our OB stuff done. That was my first experience in the [Service]. Now I am experiencing everything people are talking about. The medical sector is so understaffed, and maybe our care needs to be outsourced."

—Female Officer

"As active-duty, we should have the option to go off base to have a child."

—Enlisted Woman

b. Female participants in some focus groups said they wanted more provider choices on base

While less common than the suggestion to offer the choice to go off base for women's healthcare services, female participants in some focus groups wanted more choice in providers on base. Several female participants explained they would prefer to receive reproductive care from a provider in a different unit for privacy reasons or just to get a second opinion. Other female participants explained they would prefer to have a female provider.

"I don't understand why I have to get a pap smear from my PCP [primary care physician]; he's in my unit; he's a fellow [officer]. He's rated against me, and in addition, the pap smears are ... why does it hurt so much? They say it's not supposed to hurt, but it always hurts with a PCP. Maybe an OB would do a better job?"

—Female Officer

"We should be able to request someone from a different unit, especially for women's care."

—Female Officer

"There's a large group of us in maintenance; we have the same doctor. Maybe something to more easily get a second opinion? But have more manning within medical among other things. But just more people to go to for a second opinion, to choose."

—Enlisted Woman

2. Female participants in about half the focus groups recommended changing policies and practices for referrals

In about half the focus groups, female participants offered suggestions based on negative experiences with the referral process. The most common suggestion was to stop requiring referrals for OB/GYN care altogether. Other less common participant recommendations related to referrals included training healthcare staff to properly enter and follow up on referrals and keeping up-to-date lists of providers who accept TRICARE in the local area.

"Blanket coverage without a referral for an OB/GYN."

—Enlisted Woman

"Change TRICARE policy to not require referrals. They're very stingy about giving referrals."

—Female Officer

"You shouldn't have to fight for a referral if you want to do a water birth or something military hospitals here don't offer. You should be able to have whatever birth option you want."

—Female Officer

3. Female participants in about half the focus groups recommended dedicating more resources toward servicewomen's health and healthcare

In about half the focus groups, female participants shared an overarching recommendation to dedicate more resources toward servicewomen's health and healthcare in the military. This recommendation was more common among officers than enlisted personnel. Participants shared several examples of what further investment in women's healthcare could look like, including the following:

► Increasing the number of providers specialized in women's healthcare

"Get a general medical officer or a specialist medical officer. If they have actual doctors on board for ED [erectile dysfunction] and all of this for men ... I get it that you have 80 percent men and 20 percent women. If you were to accommodate us and put a doctor on there just for female stuff—female, medical, pap smears, mammograms, it could go a long way instead of waiting months and months for specialists."

—Enlisted Woman

► **Covering additional types of women’s health providers (e.g., doulas)**

“Having doulas funded would help a lot. A lot of moms do have traumatic experiences delivering their child but would feel better with doulas. I had my second child and gave birth a month early during COVID. My husband was deployed at the time, and I had to fight to have my doula in the room during delivery. But I paid for her, and it was expensive. I wanted some kind of support. I know it was a choice I made, but it was worth the cost to me.”

—Female Officer

► **Increasing funding for servicewomen’s healthcare facilities and equipment**

“I know this isn’t your focus, but if you just quadrupled the medical budget so you could get an appointment for anything. It’s extra bad for women’s healthcare, and I get we are undervalued because we are so few, so our priorities and problems seem smaller.”

—Female Officer

► **Collecting data on servicewomen’s healthcare access issues**

“I would also say collecting more data points locally ... so all the times I’ve tried to request a pap smear. Are they compiling information to try and see how many people are affected? So [that the Service will be aware] when you cut funding for this, how many people are you impacting?”

—Female Officer

► **Starting a program for servicewomen’s health**

“During my pregnancy on post, I continuously felt like I had to compete against military spouses who were also giving birth on post. I think [the] best thing we can do is ... We have the wellness center where you can get preventative medicine checks, but there should be a building that is just for the health of female [Service members]. I’m not saying we have to exclude family members, but maybe just one center for female [Service members], so there aren’t competing interests of spouses and [Service members]. We have different requirements than military spouses. They’re not going to be taking a physical fitness test. They’re not going to [be] participating in pregnancy physical fitness activities. So maybe on installation, we have a center for women’s health that is just for female [Service members].”

—Enlisted Woman

4. Female participants in some focus groups recommended providing education on resources and policies related to reproductive care to servicewomen

In some focus groups, female participants recommended the military provide better education on reproductive healthcare resources and policies so servicewomen know what is available to them. Participants suggested this information should be advertised or included in training for Service members in general but also particularly for commanders.

“I’m sure there are resources, I’d hope, but they should be advertised better. They’re not going down to the troops.”

—Enlisted Woman

"Enforce educating senior leaders. I guess that's advice I would give everyone. Senior leaders should know the regulations, and they should be presented to them in black and white. There should be a program for senior leaders where they're told point blank, this is the regulation, and this is how [Service members] should be treated. I had a commander—she tried to make me go on shorter parental leave. If I didn't have a regulation, it would have happened."

—Enlisted Woman

"Awareness all around is a problem. I don't have kids, but I want to know about child development centers and fees, so I can tell my troops."

—Female Officer

H. Fertility Treatment for Service Members

DACOWITS asked both female and male focus group participants about their perceptions and opinions about the availability of fertility treatments in the military. Specifically, participants were asked what kinds of fertility treatments were available to servicewomen and what fertility treatments they thought should be available to servicewomen. DACOWITS also explored how fertility treatment might influence the retention of servicewomen by asking if participants thought the options to freeze eggs, embryos, or sperm would affect Service members' ability to family plan while continuing to pursue a military career. Participants were also asked whether they thought increasing access and coverage for fertility treatments would affect servicewomen's likelihood of staying in the military longer.

Participants held conflicting perceptions on whether fertility services were covered under TRICARE for servicewomen, with participants in most focus groups reporting they were not covered, participants in some groups thinking they were covered, and participants in about half the groups stating they were not sure what fertility services were covered. Participants in some focus groups also explained they thought access to fertility treatment was location dependent.

1. Participants had conflicting perceptions of what, if any, fertility treatments were covered and accessible to Service members under TRICARE

DACOWITS asked participants about what kinds of fertility treatments are covered or available to servicewomen, to their knowledge. Participants held conflicting perceptions and uncertainty on this topic. Participants in most focus groups reported fertility treatments were not covered, participants in some groups reported they were covered, and participants in about half the groups reported they were not sure what types of fertility treatments were covered, if anything. Participants in some focus groups also thought the availability of treatment was location dependent.

a. Participants in most focus groups thought fertility treatments were not covered or not fully covered for Service members under TRICARE

In most focus groups, participants held the perception that TRICARE had no coverage or limited coverage for fertility treatments. Some participants thought TRICARE covered nothing at all, while some mentioned TRICARE would cover the initial diagnostic testing for infertility but no further treatment past that point. Participants mentioned various types of services they thought were not covered, including IVF, freezing and storing eggs, and surrogacy.

"After a year of trying to conceive a child, if you're under a certain age, they'll help you identify infertility problems. They'll do tests to figure out what's wrong, but I don't think they cover in vitro fertilization."

—Female Officer

"I had a friend that just got out of the military a year ago because she was trying to have a baby. So she went somewhere that offered insurance that would pay for IVF."

—Female Officer

"In all my time, I've never heard of it, and I've been exposed to thousands of [enlisted Service members]. I've never actually met [an enlisted Service member] who's [received fertility treatment]."

—Male Officer

b. Participants in some focus groups thought fertility treatments were covered for Service members under TRICARE

In some focus groups, participants thought fertility treatments were covered or assumed they would be covered for Service members.

"I'm sure they're all available, but it's just a lengthy process. I've heard of in vitro fertilization and hormone therapies happen, but it's not going to be an easy process."

—Enlisted Woman

"I do remember seeing they posted the requirements in order to do IVF, they lowered it you can be a single [Service member] now and do it, be a single parent through IVF. There's also, I don't know if this is true—I read it online—unmarried couples that the military can do it now."

—Enlisted Woman

"[Military hospital], they said they can do it here. [Another military hospital], they said they could do IVF, I'm assuming, but I don't know. It should be [available] here as well."

—Enlisted Man

c. Participants in about half the focus groups said they weren't sure what fertility treatments were covered for Service members under TRICARE, if any

In about half the focus groups, participants expressed uncertainty about what, if any, fertility treatments were covered for Service members. Participants explained it can be difficult to find information, and Service members are left to seek out relevant policies for themselves.

"It is not easy to find information; you can't find a pamphlet on it."

—Female Officer

"I think for us, [occupational specialty] is mainly populated with men; many things that may pertain to women or benefits we may not know about because we are working with only men. I don't know what's covered unless I specifically went to go ask."

—Enlisted Woman

"The options are not talked about, you have to find out when you want to know, when it's relevant to you."

—Enlisted Man

d. Participants in some focus groups thought fertility treatment was only available to Service members at certain MTFs

In some focus groups, participants explained that the availability and level of coverage for fertility treatment is dependent on where a Service member is stationed and what services are covered at their nearest MTF. Participants reported only certain MTFs provide fertility services.

"The reproductive centers in military are in specific locations and are few and far between."

—Female Officer

"It depends on where you are stationed. IUI is available at [MTF], and it's not available at [MTF]."

—Female Officer

"Certain facilities, they can do egg freezing no charge for the female if there is a specific procedure, and it's considered elective. Some of the doctors will still want to get the experience. You would have to pay for the drugs, supplies. ... You wouldn't have to pay for the procedure. It's discounted that would otherwise be elected but you pay some cost; certain things aren't clear because it depends on the individual hospital and what the doctors can do."

—Male Officer

2. Participants in nearly all focus groups thought the military should cover fertility treatments under TRICARE

When participants were asked whether they thought any fertility treatments should be covered under TRICARE, nearly all focus groups thought fertility treatment, in general, should be a covered benefit for Service members. Some mentioned specific types of care they thought should be covered, such as fertility testing, IVF, and freezing eggs and sperm. A few participants noted they thought travel costs for receiving treatment should also be covered, and one participant explained they thought holistic or natural treatments for infertility should be covered.

"All of them [all fertility treatments should be covered]."

—Enlisted Man

"I would 100 percent expect [fertility treatment] to be covered, and if it's not, I think that's wrong."

—Male Officer

"I do have concerns; I am awash with hazmat. ... They should do fertility testing so you know where you stand, and then every couple years after that to track it. I have a friend who paid out of pocket for hers; she's on the lower side of what's normal for her age range. Is that because she already was less fertile to begin with, or [have the hazardous exposures of her occupation] taken that from her?"

—Female Officer

"Freezing your eggs should be covered. You spend 10 years in your career and then realize it's too late. We dedicate our fertile years."

—Female Officer

3. Participants in most focus groups thought having the option to freeze eggs, embryos, or sperm would affect Service members' ability to have children when desired

In most focus groups, participants expressed the opportunity to freeze eggs, embryos, or sperm would positively affect Service members' ability to have a family while continuing to pursue a military career. They noted that having this option would enable them to better plan around career milestones and deployments.

"But also, freezing eggs or sperm, [Service members] want to wait until they're set in their career, and that might be when they're 40 years old. So that should be covered. They might want to wait [to have kids] to serve the [Service]."

—Enlisted Woman

"I think it would be extremely helpful, especially for people who join the military later in life, where they have that flexibility to pursue or get into a comfortable position in their career, ... but maybe their body is not able to [have children] at that point. I think being able to freeze both [eggs and sperm] would be helpful."

—Male Officer

"I would have looked into that. My wife had the question of getting older and the term 'geriatric pregnancy,' ... and then if you started looking to family history of preeclampsia and ways to mitigate it. If I had to go on a deployment, that's during a window when she's trying to have another kid before she reaches that age range; we'd have some options to work with."

—Male Officer

4. Participants in nearly all focus groups thought increasing access to and coverage of fertility treatments would affect servicewomen's likelihood of staying in the military longer

In nearly all focus groups, participants shared that they thought increasing access and coverage for fertility treatments would affect the likelihood of servicewomen serving in the military longer. These focus group findings align with mini-survey results in which about 80 percent of servicewomen reported that a hypothetical addition of reproductive healthcare benefits, such as fertility treatment, would influence their desire to stay in the military longer. About 6 of 10 said it would have a high impact on their desire to serve for longer, and about 2 of 10 said it would have a low impact on their desire (Figure 4.8).

Figure 4.8. Proportion of Female Participants Indicating Additional Reproductive Healthcare Benefits Such as Fertility Treatment Would Have an Impact on Their Desire to Stay in the Military Longer



Source: DACOWITS mini-survey. These proportions represent the percentage of responses out of the total number of nonmissing responses for this question. Of 443 women, 437 responded to this question.

"I'd stay in longer if they covered that."

—Enlisted Woman

"Something as important as starting a family, you won't get that on the outside. It could be the thing: I want to have a family, and this organization will help me. It could be good for retention to keep them in."

—Enlisted Man

"Giving servicewomen an option might, in my mind, help only if they are aware of that perspective or far planning enough to think that way. I hear it from some of my female friends who are still serving, 'I don't want to regret not starting a family. That's why I'm leaving,' and that is where the whole family planning option [would be helpful]."

—Male Officer

"If you tell women they'd get IVF covered if they stay in, that's a huge incentive. Just like any healthcare that costs a lot of money."

—Enlisted Woman

I. Recommendations for Fertility Treatment to Support Servicewomen

DACOWITS asked participants what the most important change would be related to fertility treatments the military could make to support servicewomen. In most focus groups, participants recommended covering fertility treatments under TRICARE. Participants in some focus groups also thought the military should make efforts to better disseminate information about fertility treatment access and coverage.

1. Participants in most focus groups recommended the military cover fertility treatments under TRICARE

When asked what change related to fertility treatment the military could make to support servicewomen, participants in most focus groups recommended the military cover fertility treatment under TRICARE.

"Options to freeze eggs or go out of town. I know this would cost more money, but if it would help retention and quality of life. Figuring out when to have kids and having appointments feels like a full-time job."

—Female Officer

"What he's dealing with [referencing another focus group participant who's been trying to have kids for 11 years], I could only imagine what he's going through and what his wife has to go through. ... If they [Service] could [cover fertility treatment], it would be fantastic. I've never experienced these stories, so it's eye opening. I didn't realize how important it is."

—Enlisted Man

"Pay for [fertility treatments]. And if you need to take a day off, 2 weeks off, the pot of time off should be an authorized absence instead of personal time off."

—Enlisted Woman

2. Participants in some focus groups recommended increased dissemination of information about access to and coverage of fertility treatments

Like other family planning recommendations to improve information sharing, participants in some focus groups recommended the military increase the dissemination of information about access to and coverage for fertility treatments. A few participants suggested having a representative or staff member available who can answer questions for Service members. This recommendation came up more often among female participants compared with men and more commonly among enlisted participants compared with officers.

"Education on what they cover."

—Female Officer

"Advocacy and awareness and access to planning. Making it part of a [Service member's] mentorship when they talk about family planning. People talk about career education post military, but they don't talk about family planning, probably because it's not in the best interest of the military to talk about family planning. But if it's going to be a retention tactic, then they should do more advocacy and awareness."

—Male Officer

"There is no proactive education though. It happens when the person reaches the obstacle. Then they start the research, and that can expand timelines, while you also have personal stress. So, like, in the event you're not trying to have kids, it would be good to market those reproductive assistance services when you're [in your] early career. It would be good to know beforehand."

—Female Officer

Chapter 5. General Comments

At the conclusion of each focus group, DACOWITS asked participants a shared set of general questions intended to provide space for participants to discuss other issues affecting women in the military not already discussed within the topical protocol. Specifically, participants were asked about the biggest challenge women face in the military today, recommendations they would send to the Secretary of Defense related to women in the military, and any other thoughts related to servicewomen they would like to share (see general question sections of protocols in Appendix C).

When time permitted, participants in all 59 focus groups were asked the general questions, including focus groups with enlisted Service members (E4–E7) and officers (O2–O5/W1–W5). This chapter summarizes the most common themes from these general questions and is organized into the following sections:

A. Biggest challenges for women in the military today

B. Recommendations for the Secretary of Defense related to women in the military

Several themes covered in this chapter were also addressed by participants as they discussed the primary topics for each focus group. Chapters 2 through 4 present these responses and provide additional information on each topic.

A. Biggest Challenges for Women in the Military Today

As it has done in past years, DACOWITS asked participants to identify the biggest challenges women face in the military today. The most common challenges participants reported included toxic military culture, family planning and maintaining a family, pregnancy, and sexual assault and sexual harassment.

1. Participants in most focus groups cited perceptions of toxic military culture as the biggest challenge servicewomen face today

Most commonly, participants cited various aspects of toxic military culture as the biggest challenge servicewomen face today, including toxic and uninformed leadership, gender bias and inequitable treatment of women, assumptions about or perceived grouping of all women as representing their entire gender, and the belief that servicemen do not know how to appropriately interact with servicewomen. Women were much more likely than men to mention this finding.

"If we could force retire people that have been in 40 years ... They are stuck in their ways. No matter how strong you are or how feminine you are, there are a small percentage of men in very high leadership roles who are like, 'You're good, but you're still a woman.'"

—Enlisted Woman

"Culture. Like fighting for your place at the table wherever you go. It's different for men."

—Enlisted Woman

"Being judged for being female. Everyone assumes if you're ahead, if your [physical fitness assessment score] is higher, it's because you're female."

—Female Officer

a. Participants in some focus groups cited issues stemming from toxic and uninformed leadership as the biggest challenge servicewomen face today

Participants in some focus groups reported the biggest challenge servicewomen face today is toxic and uninformed leadership, including bullying, a lack of awareness of servicewomen's needs, and failure to adapt to new policies and procedures.

"Suicide, sexual harassment, and assaults, it's all swept under the rug. What I want to stress is high echelon leaders get away with so much, and it's totally unchecked. I think they're untouchable."

—Male Officer

"A lower-level action group at every [unit] to make sure women are getting what they need would be helpful. If we have to wait for DACOWITS to get stuff funneled through, it could take a while, but if we could get stuff done regularly, it would be better. I went to a base in another country where they don't have women's underwear for sale. Like why [does leadership] not know these things? Why doesn't leadership know about this? Unit level action groups."

—Enlisted Woman

"Leadership, especially senior leadership, is failing to adapt to the new regulations. There's always a problem with the nail color. Generally for women, the new hair policy, the new nail colors we can wear. They are always trying to nitpick at it. You shouldn't do that! 'You need to go change your hair.' Um, no it's in the regulations this person can do this. I can wear this nail polish. I keep getting my nails done. I have a long nailbed, so I am always getting told I need to shorten my nails, but they just look long; I don't need to go change my nails prior to me getting in the shop. I used to work with a [E9], and the senior females would tell me I needed to put my hair in a bun. Why when I'm allowed to wear a ponytail? It was, 'Well, you work for the [E9], and you need to keep a professional look.' I don't have to do that anymore. I won't do that to satisfy you. I won't come to work looking a mess. Just because that's what you want me to look like. ... I can keep up with things, so I can do it."

—Enlisted Woman

b. Participants in some focus groups reported servicewomen are often ignored or dismissed in the field when doing their jobs

"I'm the only female in my shop, and I guess we are 'dirt boys,' HVAC, plumbers, and stuff like that. I'm the only woman. If something is going on at a building, if there are other sections there, I'm the only woman. And when I go on a job, I have to point out that I'm going to take point on this. Even if I'm the most knowledgeable person there, they'll look through me and talk to whatever male is with me and keep talking to them."

—Enlisted Woman

"Bringing women into the conversation from the get-go. In the past, all my senior leaders were men, and they would have meetings, [and] they would shove me out. You're not getting a full perspective without women."

—Enlisted Woman

"I think as we move toward joint operations, it will be hard to combine. I do physical training at 54 bases and recently briefed [the Military Service] on a call, but they ended up asking a male on the line questions about physical training rather than myself, even though I was the lead. So I had to let the man tell them information even though I have the information."

—Female Officer

2. Participants in nearly half the focus groups reported family planning and maintaining a family as the biggest challenges facing servicewomen today

Participants in nearly half the focus groups described family planning and maintaining a family in the military as the biggest challenges faced by servicewomen today, including accessing child care, pregnancy-related challenges, and maintaining a reasonable work-life balance.

a. Participants in some focus groups highlighted challenges associated with becoming pregnant in the military

In some focus groups, participants reported various challenges associated with becoming pregnant in the military and how pregnancy can negatively affect servicewomen's careers. For example, participants highlighted difficulties servicewomen face meeting body composition standards upon returning to their jobs, negative impacts on servicewomen's career progression, determining when to become pregnant during servicewomen's military careers, and the stigma of becoming pregnant.

"The weight program. I'm struggling ever since I had my kids with height and weight. I have to hit a certain weight, and I'm from [State]. You know, we like to eat down there. Even if I diet, the waist is still there. It's a struggle."

—Enlisted Woman

"The culture. Even if you time family right, you still have the issue with culture."

—Enlisted Woman

"We all said feeling sort of guilty for our time off due to pregnancy [earlier in the focus group]. I'm sick of that. I knew what I'd have to give up to be in the military, but it should be okay for us to go through process when we want and not have men and [emphasized 'and'] women saying, 'You knew what you were doing.'"

—Female Officer

b. Participants in some focus groups reported challenges accessing child care make it difficult to maintain a family in the military

Participants in some focus groups cited challenges accessing child care, including more limited access to child care for junior enlisted Service members due to the expense of child care; on-post CDC challenges, such as hours that do not align with Service members' irregular work hours and long waitlists; and off-post child care challenges, such as a lack of availability and high costs.

"Not biggest challenge but, child care on post. It so huge. I have kid in child care, but it's a full year wait to get child care on post, and it's a smaller wait off post, but so much more expensive. So you have to apply for child care immediately when you become pregnant, but it's not an option on post all the time. It's so hard for those younger enlisted [Service members] with less resources to deal with that."

—Female Officer

"My last command ... it's not necessarily just women. ... We had 900 enlisted [Service members]. Of them, a lot were young parents. Working hours were 6 a.m. to 2:30 p.m., but the CDC doesn't open until 6:30 a.m. I was there for 2 years before this got changed. Somebody got their head out of their [expletive] and said, 'You can be here at 7, and we'll still get the mission done.' Some people are like, 'This is great' and other people are like, 'How stupid. We have to change our working hours for people who can't control their personal lives.'"

—Male Officer

"I pay \$3,200 a month for two kids off post. \$18,000 for one for 1 year, one 3-year-old—sweet precious angels. On post, it would not be that expensive. It would be based off of rank; I would not be paying that much. The only way we can make it more affordable currently is we have to go to a different system, Child Care Aware; it's not DoD; it's a welfare system for poor people. We'll pay the difference for what's on post. There are specific ways you qualify, but that's not DoD taking care of it; that's a welfare system feeling sorry for us and helping us, not the DoD. The DoD needs to figure that out."

—Female Officer

c. Participants in some focus groups reported poor work-life balance in the military makes it difficult to maintain a family

In some focus groups, participants reported their workload and schedules in the military negatively affect their family life and ability to maintain a family, including being away from family during deployments and travel, assumptions about women being responsible for caring for children, and the belief that servicewomen are much more likely than servicemen to leave the military to care for their family.

"I feel like we've talked about it a lot, but it's the family life and lifestyle. Like being away from your kids and spouse. That's a big deterrent."

—Male Officer

"Stop assuming women are the default parent. Stereotypically, I'm the primary earner but also the default parent. Schools call me, doctors call me, you know? My husband works ... on [the] civilian side, but when I was deployed, he was the default parent. There are assumptions he misses things, though, because he's the man, so I have to share things with him, and sometimes that gets mixed. I'm the default parent now because I'm not deployed, but like, when I am deployed, I don't know if he gets the information. We put him as primary, but they automatically call me. It needs to stop."

—Female Officer

"It's tricky to speak broadly, but I know female officers in the [Military Service] who left because it's much more demanding. I see they don't have families because it's hard to be [a] female officer and have a family and succeed. It's different depending on your rate."

—Enlisted Man

3. Participants in some focus groups highlighted the threat of sexual assault and their Services' responses as the biggest challenges facing servicewomen in the military today

Participants in some focus groups highlighted that, although the Military Services are making efforts to address sexual assault, the threat of sexual assault and ineffective responses to sexual assault incidents

are still the biggest challenges facing servicewomen in the military. Participants also shared their beliefs that the threat of sexual assault is more prevalent in male-dominated career fields.

a. Participants in half these focus groups highlighted that military and unit leader response to sexual assault claims is inappropriate and ineffective

In half these focus groups, participants indicated the Military Services' responses to sexual assault claims are inappropriate and ineffective, including the belief that minority Service members may be less likely to get justice from their sexual assault claims, perceptions that sexual assault claims are swept under the rug by military and unit leaders, and suggestions that offenders who are friendly with leadership responsible for addressing sexual assault claims may receive lesser or no punishment.

"I don't want to offend, but race plays a factor. The two sexual assault examples I mentioned happened to Black and Hispanic women. What if those things happened to a White girl. They might turn the pillows upside down to get her justice, but if she is African American or Hispanic, they don't get the same justice. Why not? Because we have a different skin color. That's just something I see."

—Male Officer

"Sexual assault is not just in the [Military Service]. It's a human problem, but it is extremely difficult to feel like you'll have a fair trial because it still feels like it'll be brushed under the rug. And there's the rumor mill and preconceived notions."

—Female Officer

"My offender, he was friends with the [E8]. He got a slap on the wrist. I got [told] that I was overreacting (tears up)."

—Enlisted Woman

b. Participants in some of these focus groups shared their beliefs that the threat of sexual assault is more prevalent in male-dominated units and occupational specialties

Participants in some of these focus groups believed the threat of sexual assault is more prevalent in male-dominated units and occupational specialties.

"It's a problem, but I've never experienced it. We verbally heard it so much before I went to a [recruit training program] When I was in combat arms, it was so male dominated that there was a lack of awareness that led to [sexual assault] complaints. I can't even explain it. The things they say and the gestures."

—Female Officer

The sexual harassment, how a male-dominated organization speaks in general. I'm a [unit Executive Officer], and the large majority of the [unit] is male, and the females won't stay in the barracks on the weekend because they're getting their doors knocked on in the middle of the night, underwear getting stolen. It's disgusting. A question was posed if you'd encourage your daughter to join, and I'd probably say no because of those factors."

—Female Officer

"I would say do not join, because like I was saying earlier, there are so many cases that don't get reported; it does depend on the unit. The infantry units—if there is a female in there, it's just the nature of the beast; it's more toxic. If you have a place like in my brigade ... people are looking out for each other, but with other units, you are more isolated. It's a case-by-case basis."

—Enlisted Man

B. Participants' Recommendations for the Secretary of Defense

When asked what suggestions they would make to the Secretary of Defense about women in the military, participants offered recommendations on a variety of topics, including strategies to address toxic military culture, expand access to child care and healthcare access, mitigate and improve responses to sexual assault incidents, and other topics. Some of the recommendations stemmed from discussions held earlier in the focus groups related to the primary topics of interest as reported in Chapters 2 through 4.

1. Participants in half the focus groups recommended efforts to improve aspects of the military that preserve and promote toxic culture

In half the focus groups, participants recommended efforts to address aspects of the military that preserve and promote toxic culture. For example, participants recommend more initiatives to support women's concerns and needs, such as support groups, increased representation of deserving women in leadership roles, and mechanisms to allow junior Service members to provide feedback to the highest levels of leadership. Alternatively, participants from a few focus groups suggested the Military Services implement fewer initiatives focused on women to avoid singling them out.

"We need to have more of the younger generation make recommendations. The younger generation experiences things that the older didn't."

—Enlisted Woman

"I recently got introduced to Women, Peace, and Security and gender focal points and all that. It shouldn't be at senior levels, though, where we're learning about them. We have to look at that at the lower levels before it impacts someone. Instead of going back and fixing something, we can do it right from the get-go by having people wear those hats at lower levels."

—Enlisted Woman

"This kind of discussion is important. Hearing from those of us in the field with lower ranks is important, and leadership should consider stuff that's said. Also, continue promoting deserving women leaders. Having women leaders has been amazing."

—Enlisted Woman

2. Participants in some focus groups recommended the Military Services implement strategies to expand access to child care

In some focus groups, participants recommended the Military Services identify and implement strategies to expand access to child care for Service members. Participants recommended offering 24-hour CDCs; efforts to improve staffing and CDCs or expand the number of off-base child care providers, such as partnering with au pair programs and creating child care positions in the military; and conducting studies to identify and address child care needs.

"Having more 24/7 child care options. On their duty days, they are struggling trying to find people for after hours. There are no options in [location]. It is extremely expensive to find an in-home nanny, and the CDC is so overbooked, they can't get in for after hours."

—Female Officer

"Flexible options for facilitating having a family, better child care facilities and availability, and delaying PCS [if child care is unavailable at Service members' duty station], if needed. Different options that can be available based on different flexibility."

—Male Officer

"I recommend doing a base [study], each base [does] a child care study because I know for [location] and each direction you go, there's a deficit of available options for child care that are affordable. Ones that are covered are full, and then on base doesn't have an option for 24/7 care. I don't know if any base does. There's nothing to keep us [the military] from starting it other than approval. For women it would help; it wouldn't do the opposite of that. It could only help if we had better child care options."

—Male Officer

3. Participants in some focus groups recommended improved access to healthcare services and coverage in the military

In some focus groups, participants recommended improved access to various aspects of military healthcare services and TRICARE coverage, including strategies to improve referral processes for specialist healthcare services; efforts to improve access to mental health providers and reduce the stigma of seeking mental health treatment in the military; and better dental TRICARE coverage, including coverage for dependent and family dental needs. Additionally, participants in most of these focus groups recommended improved access to high-quality, affordable women's healthcare services.

a. Participants in most of these focus groups recommended improved access to reliable and affordable women's healthcare services

Participants in most of these focus groups recommended the Secretary of Defense implement efforts to improve servicewomen's access to high-quality, affordable women's healthcare services, including their desired contraceptive and contraceptive options; easier access to specialists for women's health issues; increased access to and coverage of fertility treatments, including in vitro fertilization and the freezing of eggs; and options for outsourcing women's healthcare.

"Women's healthcare in general. There is a lot of room for improvement. Access to birth control options and the general overall women's healthcare is not good."

—Female Officer

"Recognize women's healthcare is healthcare. I have had so many struggles getting my healthcare, so I think ... focus on improving specific women's healthcare services, like fertility treatment, endometriosis services, and stuff like that. There aren't enough military doctors that know how to deal with those things. I still have endometriosis even without a uterus, so I had to have my specialist doctor send my military doctor a note on how to handle that."

—Enlisted Woman

"I would say covered fertility care and freezing your eggs for TRICARE. Specialized fertility care."

—Female Officer

4. Participants in a few focus groups recommended efforts to improve responses to sexual assault claims in the military and mitigate sexual assault incidents

In a few focus groups, participants recommended the Secretary of Defense consider strategies to improve responses to sexual assault claims and mitigate sexual assault incidents in the military. Recommendations included better barracks security, efforts to take sexual assault more seriously and hold offenders accountable no matter their rank, improved training for Sexual Assault Prevention and Response Office (SAPRO) investigators, and improvements to the sexual assault response and prevention programs.

"Take [sexual assault response and prevention programs] seriously. I've talked to many women, and the two issues I hear most is when women are sexually assaulted, it takes forever for accountability or geographic separation to happen. That's what I've heard. There are exceptions too. ... So we get [sexual assault response and prevention programs] shoved down our throats a lot in policy, but in practice, it doesn't happen. I get the budget and training constraints, but that is a way to show female members that they matter, and we're going to take action."

—Enlisted Man

"Most sexual assault happens in junior [Service member] barracks, and they don't know what their rights are. The biggest change is separate living accommodations with control of access. I have had someone in [a] position of authority using that access to hurt someone. I can't change behavior, but I can make female [Service members] harder targets. The [Military Service] is willing to spend millions on barracks after inspections, so I can't think of a better time."

—Female Officer

"The Secretary of Defense needs to make a sexual assault zero-tolerance policy."

—Enlisted Woman

5. Participants highlighted other recommendations for the Secretary of Defense

Participants also offered the following suggestions for the Secretary of Defense:

- ▶ Improved leadership and leadership training
- ▶ Greater flexibility in co-location requirements
- ▶ Opportunities for expanded stabilization opportunities
- ▶ Preference considerations for PCS locations
- ▶ Expanded, optional, maternity leave opportunities
- ▶ Development of strategies to support servicewomen's career progression after pregnancy

Appendix A. Installations Visited for 2024 Focus Groups

Service	Installation	State	Date of Site Visit
Space Force	Peterson Space Force Base	Colorado	April 8–9, 2024
Air Force	United States Air Force Academy*	Colorado	April 10, 2024
Army	Fort Carson	Colorado	April 11–12, 2024
Marine Corps	Camp Pendleton	California	April 15–16, 2024
Navy	Naval Base San Diego	California	April 18–19, 2024
Marine Corps	Marine Corps Air Station Miramar	California	April 22–23, 2024
Coast Guard	Sector Puget Sound	Washington	April 24, 2024
Air Force	Joint Base Lewis-McChord	Washington	April 29–30, 2024
Army	Joint Base Lewis-McChord	Washington	May 2–3, 2024
Navy	Naval Base Kitsap	Washington	May 6–7, 2024
Coast Guard	Training Center Yorktown	Virginia	May 9–10, 2024

* The visit to the United States Air Force Academy was a supplemental visit for the Committee. Therefore, no installation visit focus groups were conducted.

Appendix B. 2024 Mini-Survey

1. What is your Service branch?

- ☐ Army
- ☐ Navy
- ☐ Marine Corps
- ☐ Air Force
- ☐ Space Force
- ☐ Coast Guard

2. Are you a member of a Reserve or National Guard unit?

- ☐ Yes
- ☐ No

3. What is your age?

- ☐ 17–20 ☐ 35–39
- ☐ 21–24 ☐ 40–44
- ☐ 25–29 ☐ 45–49
- ☐ 30–34 ☐ 50 or older

4. What is your sex?

- ☐ Female
- ☐ Male

5. What is your pay grade?

- ☐ E-1–E-3
- ☐ E-4–E-6
- ☐ E-7–E-9
- ☐ W-01–W-03
- ☐ W-04–W-05
- ☐ O-1–O-3
- ☐ O-4 or higher

6. How many total years have you served in the military? Please round to the nearest year.

_____ year(s)

7. Are you Hispanic or Latino?

- ☐ No, not Hispanic or Latino
- ☐ Yes, Hispanic or Latino

8. What is your race or ethnicity? Select all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White

9. What is your marital status?

- ☐ Never married
- ☐ Married to a current Service member (Active Duty, Reserve, or National Guard)
- ☐ Married to a civilian or veteran (not currently serving)
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

10. Do you have any dependent children?

- ☐ Yes, living in my home
- ☐ Yes, not living in my home
- ☐ No

11. How easy or difficult do you feel it is for male and female members of your Service to have a family (spouse and/or children) and continue serving in the military? Please indicate level of difficulty for both male and female Service members below:

- | Servicewomen | Servicemen |
|---|---|
| <input type="checkbox"/> Very easy | <input type="checkbox"/> Very easy |
| <input type="checkbox"/> Somewhat easy | <input type="checkbox"/> Somewhat easy |
| <input type="checkbox"/> Somewhat difficult | <input type="checkbox"/> Somewhat difficult |
| <input type="checkbox"/> Very difficult | <input type="checkbox"/> Very difficult |

Turn over →

12. If a Service member came to you asking for resources and support related to domestic abuse¹, how confident do you feel that you would know where to refer them for help?

☐ Very confident
☐ Somewhat confident
☐ Not too confident
☐ Not at all confident

13. Which of the following best describes your intentions for your military career?

☐ Stay until I am eligible for retirement or longer
☐ Stay beyond my present obligation but not necessarily until retirement
☐ Probably leave after my current obligation
☐ Definitely leave after my current obligation
☐ Transition to the Reserve or National Guard after my current obligation
☐ Currently eligible for retirement
☐ Undecided/not sure

14. If you have stayed or plan to stay beyond your current obligation of military service, which of the following best describes why? Select all that apply.

☐ I do not plan to stay beyond my obligation
☐ Benefits (including medical, education, commissary, and exchange stores)
☐ Enjoyment of military lifestyle
☐ Family's desire to stay in
☐ Lack of civilian job opportunities
☐ Mission or purpose
☐ Pay and allowances (including retirement, housing allowance, and tax-free pay)
☐ Pride in service
☐ Satisfaction with career experience, training, and professional development
☐ Other _____

15. Rate the likelihood a change to the benefits or policies below would increase your desire to stay in the military *beyond* your current service obligation. Please rate each hypothetical change as having a high, low, or no influence on your desire to stay in the military:

Increased base pay

☐ High ☐ Low ☐ None

Housing allowance

☐ High ☐ Low ☐ None

Geographic stability (fewer PCS moves)

☐ High ☐ Low ☐ None

Expanded co-location opportunities for dual-military couples

☐ High ☐ Low ☐ None

Additional reproductive healthcare benefits (such as access to fertility treatment)

☐ High ☐ Low ☐ None

Increased access to on-installation childcare

☐ High ☐ Low ☐ None

Expanded retirement options

☐ High ☐ Low ☐ None

Other _____

16. What factors *most* affect servicewomen's ability to start or have a family when desired during their military service? Select all that apply.

☐ Military career progression
☐ Availability and affordability of childcare
☐ Healthcare quality and access
☐ Operational tempo or deployments
☐ Negative stereotypes of pregnancy or having children
☐ Perceived incompatibility of military service and family life
☐ Other _____
☐ None of these factors

¹ DoD defines domestic abuse as domestic violence, or a pattern of behavior resulting in emotional or psychological abuse, economic control, or interference with personal liberty that is directed toward a 1) a current or former spouse; 2) a person with whom the alleged abuser shares a child; 3) a current or former intimate partner whom the alleged abuser shared a common domicile; or 4) a person who is or has been in a social relationship with the accused abuser and determined to be an intimate partner.

Appendix B.1. 2024 Mini-Survey Findings by Gender

Participant Characteristic	Women (n = 443)		Men (n = 150)		Percentage of All Participants (n = 596)	
	Count	Percentage	Count	Percentage	Count	Percentage
Gender						
Female	-	-	-	-	443	74.3
Male	-	-	-	-	150	25.2
Missing	0	-	0	-	3*	-
Total	443	74.3	150	25.2	596	100
Service Branch						
Air Force	67	15.1	21	14.0	89	14.9
Army	102	23.0	34	22.7	136	22.8
Coast Guard	71	16.0	32	21.3	103	17.3
Marine Corps	96	21.7	33	22.0	129	21.6
Navy	92	20.8	24	16.0	118	19.8
Space Force	15	3.4	6	4.0	21	3.5
Missing	0	-	0	-	0	-
Total	443	100.0	150	100.0	596	100.0
National Guard or Reserves						
Yes	10	2.3	1	0.7	11	1.9
No	431	97.3	149	99.3	583	97.8
Missing	2	0.5	0	-	2	0.3
Total	443	100.0	150	100.0	596	100.0
Age						
17–20	10	2.3	3	2.0	13	2.2
21–24	88	19.9	21	14.0	109	18.3
25–29	123	27.8	39	26.0	162	27.2
30–34	95	21.4	30	20.0	126	21.1
35–39	82	18.5	34	22.7	116	19.5
40–44	35	7.9	17	11.3	53	8.9
45–49	6	1.4	3	2.0	9	1.5
50 or older	4	0.9	3	2.0	7	1.2
Missing	0	-	0	-	1	0.2
Total	443	100.0	150	100.0	596	100.0
Pay Grade						
E1–E3	8	1.8	4	2.7	12	2.0
E4–E6	180	40.6	66	44.0	247	41.4
E7–E9	35	7.9	13	8.7	49	8.2
O2–O3	141	31.8	41	27.3	182	30.5
O4 or higher	59	13.3	16	10.7	75	12.6
W01–W03	18	4.1	10	6.7	28	4.7
W04–W05	2	0.5	0	-	2	0.3
Missing	0	-	0	-	1	0.2
Total	443	100.0	150	100.0	596	100.0

Participant Characteristic	Women (n = 443)		Men (n = 150)		Percentage of All Participants (n = 596)	
	Count	Percentage	Count	Percentage	Count	Percentage
Length of Military Service						
Less than 3 years	35	7.9	11	7.3	46	7.7
3–5 years	115	26.0	44	29.3	159	26.7
6–9 years	103	23.3	21	14.0	125	21.0
10–14 years	84	19.0	21	14.0	105	17.6
15–19 years	66	14.9	29	19.3	96	16.1
20 years or more	26	5.9	19	12.7	45	7.6
Missing	14	3.2	5	3.3	20	3.4
Total	443	100.0	150	100.0	596	100.0
Race						
Asian	31	7.0	8	5.3	39	6.5
Black	41	9.3	17	11.3	59	9.9
American Indian or Alaska Native	8	1.8	2	1.3	10	1.7
Native Hawaiian or Pacific Islander	10	2.3	5	3.3	15	2.5
White	301	68.0	103	68.7	405	68.0
Multiple races	35	7.9	12	8.0	47	7.9
Missing	17	3.8	3	2.0	21	3.5
Total	443	100.0	150	100.0	596	100.0
Hispanic or Latino Ethnicity						
Yes	108	24.4	32	21.3	141	23.7
No	334	75.4	118	78.7	453	76.0
Missing	1	0.2	0	-	2	0.3
Total	443	100.0	150	100.0	596	100.0
Relationship Status						
Divorced	46	10.4	7	4.7	53	8.9
Married to a civilian or veteran	98	22.1	80	53.3	179	30.0
Married to a current Service member	146	33.0	20	13.3	166	27.9
Never married	145	32.7	42	28.0	189	31.7
Separated	5	1.1	1	0.7	6	1.0
Widowed	1	0.2	0	-	1	0.2
Missing	2	0.5	0	-	2	0.3
Total	443	100.0	150	100.0	596	100.0
Dependent Children						
Yes, at home	152	34.3	65	43.3	218	36.6
Yes, not at home	10	2.3	4	2.7	14	2.4
No	280	63.2	81	54.0	363	60.9
Missing	1	0.2	0	-	1	0.2
Total	443	100.0	150	100.0	596	100.0

Participant Characteristic	Women (n = 443)		Men (n = 150)		Percentage of All Participants (n = 596)	
	Count	Percentage	Count	Percentage	Count	Percentage
Total	443	100.0	150	100.0	596	100.0
Family Balance for Servicewomen						
Very easy	5	1.1	11	7.3	16	2.7
Somewhat easy	37	8.4	18	12.0	55	9.2
Somewhat difficult	242	54.6	74	49.3	318	53.4
Very difficult	147	33.2	29	19.3	177	29.7
Missing	12	2.7	18	12.0	30	5.0
Total	443	100.0	150	100.0	596	100.0
Family Balance for Servicemen						
Very easy	85	19.2	12	8.0	98	16.4
Somewhat easy	150	33.9	41	27.3	192	32.2
Somewhat difficult	99	22.4	70	26.7	169	28.4
Very difficult	20	4.5	19	12.7	40	6.7
Missing	89	20.1	8	5.3	97	16.3
Total	443	100.0	150	100.0	596	100.0
Domestic Violence Resources						
Very confident	249	56.2	83	55.3	335	56.2
Somewhat confident	161	36.3	60	40.0	221	37.1
Not too confident	29	6.6	6	4.0	35	5.9
Not at all confident	4	0.9	0	-	4	0.7
Missing	0	-	1	0.7	1	0.2
Career Intentions						
Staying beyond obligation	61	13.8	12	8.0	73	12.3
Staying to retirement	207	46.7	79	52.7	289	48.5
Eligible for retirement	11	2.5	8	5.3	19	3.2
Leaving active component	15	3.4	3	2.0	18	3.0
Probably leaving	48	10.8	17	11.3	65	10.9
Definitely leaving	40	9.0	10	6.7	50	8.4
Undecided	55	12.4	20	13.3	75	12.6
Missing	6	1.4	1	0.7	7	1.2
Total	443	100.0	150	100.0	596	100.0
Reasons for Staying						
Do not plan to stay	73	16.5	23	15.3	96	16.1

Participant Characteristic	Women (n = 443)		Men (n = 150)		Percentage of All Participants (n = 596)	
	Count	Percentage	Count	Percentage	Count	Percentage
Benefits (medical, education, commissary and exchange stores, VA home loan)	260	58.7	87	58.0	349	58.6
Enjoyment of military lifestyle	100	22.6	35	23.3	136	22.8
Family's desire to stay in	30	6.8	14	9.3	44	7.4
Lack of civilian jobs	39	8.8	11	7.3	50	8.4
Mission or purpose	132	29.8	58	38.7	191	32.1
Pay and allowances	241	54.4	77	51.3	319	53.5
Pride in service	159	35.9	64	42.7	225	37.8
Satisfaction with career	153	34.5	60	40.0	215	66.7
Other	32	7.2	8	5.3	41	6.9
Missing	9	2.0	4	2.7	13	2.2
Potential Benefits to Encourage Staying in Military (High Likelihood)						
Housing allowance	330	74.5	116	77.3	449	75.3
Geographic stability	264	59.6	94	62.7	360	60.4
Expanded co-location opportunities	261	58.9	54	36.0	317	53.2
Increased base pay	346	78.1	124	82.7	473	79.4
Additional reproductive healthcare benefits	251	56.7	41	27.3	294	49.3
Expanded retirement options	310	70.0	97	64.7	410	68.8
Increased access to child care	260	58.7	72	48.0	334	56.0
Other	17	3.8	9	6.0	26	4.4
Missing	6	1.4	4	2.7	10	1.7
Total	443	100.0	150	100.0	596	100.0
Factors Most Affecting Servicewomen's Ability to Have Families When Desired						
Career progression	337	76.1	72	48.0	411	69.0
Child care	268	60.5	89	59.3	359	60.2

Participant Characteristic	Women (n = 443)		Men (n = 150)		Percentage of All Participants (n = 596)	
	Count	Percentage	Count	Percentage	Count	Percentage
Healthcare	156	35.2	44	29.3	200	33.6
Perceived incompatibility	276	62.3	68	45.3	345	57.9
None of these	7	0.9	6	4.0	10	1.7
Operational tempo	334	75.4	95	63.3	432	72.5
Other	44	9.9	5	3.3	49	8.2
Negative stereotypes	264	59.6	49	32.7	315	52.9
Missing	1	0.2	7	4.7	8	1.3
Total	443	100.0	150	100.0	596	100.0

Note: Some percentages do not sum to 100 because of rounding or because participants were asked to select all responses that applied to a question.

Three participants did not select a gender. These participants are included in the “all participants” column.

Source: DACOWITS mini-survey (data from all the groups)

Appendix C. 2024 Focus Group Protocols

Appendix C contains the three focus group protocols fielded in 2024: Recruitment and Retention, Key Influencers on Servicewomen's Career Paths, and Family Planning.

C.1. Focus Group Protocol: Recruitment and Retention

Question Number	Topic	Notes
Warmup/Introductions		
Before we get started with our discussion about joining the military and retention factors, let's do some introductions.		
1	<i>(MODERATOR: Ensure each person answers all three questions before moving on to the next person.)</i> Let's go around the room and have each of you tell us— <ul style="list-style-type: none">▪ How many years you've served in the military▪ Your job in the military▪ How long you've been with your current unit	
Joining the Military		
Thank you. Now, we will move to an open discussion format, so you do not need to respond in any particular order.		
Let's start off by talking about factors that might encourage or discourage women from joining the military. We're interested in learning about the factors that might influence women to join the military and whether these factors differ for men.		
2	By a show of hands, how many of you would recommend military service to a young man today? [NOTE TAKERS: COUNT THE NUMBER OF HANDS OUT LOUD.]	
3	By a show of hands, how many of you would recommend military service to a young woman today? [NOTE TAKERS: COUNT THE NUMBER OF HANDS OUT LOUD.]	
4	Are there any factors more likely to encourage women to join the military compared with men? If so, what are those factors?	
5	Do you think any factors are more likely to discourage women from joining the military compared with men? If so, what are those factors?	
6	what, if anything, did you know about the benefits offered by the [Service] before joining?	

Question Number	Topic	Notes
7	In recent years, most Services have experienced significant challenges meeting their recruitment goals. What do you think are the biggest reasons your Service has been unable to meet recruitment goals over the last few years?	
8	What could your Service do to make young women more interested in joining the military?	

Recruiters and the Recruitment Process

Now, let's talk about your experience with the recruitment process and Military Entrance Processing Stations, also referred to as MEPS. We are most interested in your experiences with your main recruiter or the person who was your primary point of contact during the period when you joined your Service. We're interested in how well your recruiter prepared you for life in the military and what you liked or did not like about your experience with MEPS.

[FOR OFFICER GROUPS:] We understand that, as officers, you may not have gone through a traditional recruitment process. For example, you may have commissioned through the Military Service Academies; ROTC; or be prior enlisted. Today, we're most interested in hearing about your experiences with the primary point of contact you interacted with before becoming an officer in your Service.

9	By a show of hands, how many of you had a female recruiter as your main recruiter? [NOTE TAKERS: COUNT THE NUMBER OF HANDS OUT LOUD.]	
10	Do you feel that your recruiter provided you with accurate information about life in the military? Why or why not?	
11	How well do you think your recruiter prepared you for MEPS?	
12	What, if anything, did you like about your experience with MEPS?	
13	What, if anything, did you dislike about your experience with MEPS?	
14	Some Service members may require a medical waiver to join the military. Without sharing any information about your own medical history or the medical history of someone you know, are there any medical conditions that currently require a waiver that you think should be eliminated? [PROBE IF NEEDED:] ADHD, conduct and other behavioral disorders, cartilage surgery, or recurrent tendon disorders, such as tendonitis	
15	What recommendations, if any, would you make to your Service to improve the recruitment process or MEPS?	

Question Number	Topic	Notes
Dual-Military Couples and Retention		
Next, let's discuss dual-military couples and retention. By a "dual-military couple," we mean a relationship in which one active-duty Service member is married to another active-duty, Guard or Reserve Service member. The Committee is interested in learning about how the challenges dual-military couples face during their service affect their decisions to stay in or leave the military. Although some of you may not be part of a dual-military couple, some of the challenges these couples face may affect your units or someone you know.		
16	What unique challenges do dual-military couples face during their service?	
17	Do you think women and men in dual-military couples face similar or different challenges? How so?	
18	What factors may encourage one or both members of a dual-military couple to stay in the military beyond their service obligations?	
	[PROBE IF NEEDED:] Do you think these factors are different for women and men, and, if so, how?	
19	What factors may lead one or both members of a dual-military couple to leave the military after their service obligations?	
	[PROBE IF NEEDED:] Do you think these factors are different for women and men, and, if so, how?	
20	What else could the [Service] do, if anything, to improve retention of both members of dual-military couples?	
Co-Location Policies		
Now, let's discuss your Service's co-location policies. The Committee is specifically interested in your understanding of and experience with your Service's co-location policies. By "co-location policy," we mean the rules some Services establish to support dual-military couples and/or nonmarried Service member parents by stationing them within a certain proximity of each other.		
21	By a show of hands, have you or someone you know had experience with your Service's co-location process? [NOTE TAKERS: COUNT OUT LOUD THE NUMBER OF HANDS.]	
22	What do people like about your Service's co-location policies?	
23	What do people dislike about your Service's co-location policies?	

Question Number	Topic	Notes
Geographic Stability		
Now, let's discuss geographic stability. By "geographic stability," we mean accommodations or policies established by your Service to support Service members who want to stay in one location for an extended period. Your Service may refer to this as stabilization. The Committee is specifically interested in your understanding of and experience with geographic stability in your Service.		
24	To begin, please raise your hand if you or someone you know has had experience requesting geographic stability. [NOTE TAKERS: COUNT OUT LOUD THE NUMBER OF HANDS.]	
25	Next, please raise your hand if geographic stability would encourage you to remain in the military after your current service obligation. [NOTE TAKERS: COUNT OUT LOUD THE NUMBER OF HANDS.] If so, why or why not?	
26	As far as you are aware, what policies does the [Service] have regarding geographic stability?	
27	What factors, if any, affect someone's use of the [Service]'s geographic stability accommodations?	
Retention		
Now we would like to discuss factors we haven't already addressed that may encourage or discourage Service members from staying in the military. We are interested in what influences someone's decision to stay in or leave the military and whether these factors are similar or different for women and men.		
28	What factors might discourage servicewomen from staying in the military beyond their current service obligation?	
29	Are the factors that discourage women from staying in the military similar or different from the factors that might discourage men? Why?	
30	What recommendations, if any, do you have for your Service to improve the retention of servicewomen?	
General Questions		
We're also interested in hearing about other issues we haven't yet discussed that may affect women in the military. Please note, we may use your ideas as future topics of DACOWITS research.		
31	What do you feel is the biggest challenge for women serving in the military today?	

Question Number	Topic	Notes
32	If you could send one recommendation back to the Secretary of Defense related to women in the military, what would it be?	
33	Is there anything else you'd like to share or discuss related to servicewomen that we haven't talked about today?	

(MODERATOR: Reinforce confidentiality) This concludes our discussion. Thank you for taking the time to share your knowledge with us. Your thoughts are valuable to our efforts to inform the Secretary of Defense on these matters. We will keep your information confidential—please do so as well by not sharing what you heard with anyone else. As a reminder, you should not assume everything you heard today from other participants or the group is accurate, and we ask you to defer to your Service's current regulations and policies for the most accurate and up-to-date information. Once again, thank you very much for participating.

C.2. Focus Group Protocol: Key Influencers on Servicewomen's Career Paths

Question Number	Topic	Notes
Warmup/Introductions		
Before we get started with our discussion about key influencers on Service members' careers, let's do some introductions.		
1	<p><i>(MODERATOR: Ensure each person answers all three questions before moving on to the next person.)</i></p> <p>Let's go around the room and have each of you tell us—</p> <ul style="list-style-type: none"> ▪ How many years you've served in the military ▪ Your job in the military ▪ How long you've been with your current unit 	
Overview of Key Influencers		
Thank you. Now, we will move to an open discussion format, so you do not need to respond in any particular order.		
In today's discussion, we're going to talk about factors that influence Service members' career paths in the military. When we say "career path in the military," we mean the time you've already served and any additional years of service you are planning for. Specifically, DACOWITS is interested in learning about the factors that influence or shape Service members' careers, including people, opportunities, events, circumstances, or other aspects, such as military culture or your personal or professional motivations.		
2	<p>In general, what factors do you think influence Service members' career paths in the military?</p> <p><i>[PROBE IF NEEDED:]</i> People, motivations for service or continuing to serve, events or circumstances, family, military culture, roles, opportunities, policies, benefits, and regulations</p>	
3	<p>Within the military, who would you say has had the biggest influence on your military career—peers, supervisors, leaders, mentors, role models, or others?</p> <p><i>[PROBE IF NEEDED:]</i> In what ways have these individuals influenced your career?</p>	
4	<p>Now, I want you to think about people in your life outside the military, such as family or friends. Who, if anyone, has had the biggest influence on your decisions about your career in the military?</p> <p><i>[PROBE IF NEEDED:]</i> In what ways have these individuals influenced decisions about your military career?</p>	
5	What opportunities, events, or circumstances have most influenced your career path in the military? How so?	

Question Number	Topic	Notes
6	What benefits, policies, or regulations, if any, have influenced or shaped your decisions about your career path in the military?	
7	We've discussed many factors that may shape a career in the military. What factors, if any, uniquely influence servicewomen's careers as compared with servicemen's careers?	
Key Influencers Across Service Members' Career Phases Now, we'd like to continue our discussion by thinking about influencers across a military career—from joining the military to retirement. We'll begin by talking about the period of time when you joined the military.		
<i>Joining the Military and MOS selection</i>		
8	Who, or what factors, were most influential in your decision to join the military?	
9	What factors were most influential in determining your current occupational specialty or career field?	
10	What factors might encourage or discourage women from entering previously closed career fields, such as combat roles or special operations?	
<i>Early Career</i>		
11	Before we discuss your early career influencers, let's get a better understanding of where each of you are in your careers. By a show of hands, how many of you are within your first 4 years of service? [NOTE TAKERS: COUNT THE NUMBER OF HANDS OUT LOUD.]	
12	By a show of hands, how many of you have served between 5 and 12 years? [NOTE TAKERS: COUNT THE NUMBER OF HANDS OUT LOUD.]	
13	By a show of hands, how many of you have served more than 12 years? [NOTE TAKERS: COUNT THE NUMBER OF HANDS OUT LOUD.]	
14	Now let's discuss your early career or your first few years of military service. How might a Service member's first few years of military service influence their career path in the military? [PROBES IF NEEDED:] How did you feel about your ability to promote and advance?	
15	By a show of hands, how many of you had another Service member whom you considered to be a mentor	

Question Number	Topic	Notes
	within the first 4 years of your career? [NOTE TAKERS: COUNT OUT LOUD THE NUMBER OF HANDS.]	
16	For those who raised their hands, by another show of hands, how many of you had at least one mentor in the military who was the opposite gender [male/female]? [NOTE TAKERS: COUNT OUT LOUD THE NUMBER OF HANDS.]	
17	In the first few years of your military service, how, if at all, did mentors influence your career decisions?	
18	If you could go back and give yourself, or someone like you, advice about navigating the first few years of your military career—what would you say?	
Midcareer		
19	Now we want to talk about your mid-career influencers. We consider your mid-career to be between 5 and 12 years of service. When considering whether to stay in or leave the military during your midcareer, what people or factors are most influential? [PROBES IF NEEDED:] How, if at all, is this different for women and men?	
20	Do you think personal or professional factors play a bigger role in someone's military career decisions during the midcareer point? Please describe. [PROBES IF NEEDED:] How, if at all, is this different for women and men?	
21	Research has shown servicewomen leave the military at a higher rate than men at the midcareer point. What do you think are the main reasons women choose to leave at a higher rate during this time?	
22	What is the most important change the military could make to enable or encourage women to stay in the military beyond 10 years of service?	
Late Career to Retirement		
23	Finally, let's now discuss your experiences with or plans for your late career and retirement. What factors have the biggest influence on Service members' career decisions after they've served at least 15 years or as they near retirement?	

Question Number	Topic	Notes
24	Do you believe the factors that shape women's and men's military careers after 15 years of service are similar or different? How so?	
25	If you have decided to retire after your Service, what key influences led to that decision?	

General Questions

We're also interested in hearing about other issues we haven't yet discussed that may affect women in the military. Please note, we may use your ideas as future topics of DACOWITS research.

26	What do you feel is the biggest challenge to women serving in the military today?	
27	If you could send one recommendation back to the Secretary of Defense related to women in the military, what would it be?	
28	Is there anything else you'd like to share or discuss related to servicewomen that we haven't talked about today?	

(MODERATOR: Reinforce confidentiality) This concludes our discussion. Thank you for taking the time to share your knowledge with us. Your thoughts are valuable to our efforts to inform the Secretary of Defense on these matters. We will keep your information confidential—please do so as well by not sharing what you heard with anyone else. As a reminder, you should not assume everything you heard today from other participants or the group is accurate, and we ask you to defer to your Service's current regulations and policies for the most accurate and up-to-date information. Once again, thank you very much for participating.

C.3. Focus Group Protocol: Family Planning

Question Number	Topic	Notes
Warmup/Introductions		
Before we get started with our discussion about family planning and reproductive healthcare, let's do some introductions.		
1	<p><i>(MODERATOR: Ensure each person answers all three questions before moving on to the next person.)</i></p> <p>Let's go around the room and have each of you tell us—</p> <ul style="list-style-type: none"> ▪ How many years you've served in the military ▪ Your job in the military ▪ How long you've been with your current unit 	
Career Progression and Feasibility of Having a Family in the Military		
Thank you. Now, we will move to an open discussion format, so you do not need to respond in any particular order.		
Let's begin by talking about how easy or difficult it is to have a family while pursuing a military career. We realize that you may not have children or may not plan to have children, but we want to hear from many different perspectives. Ultimately, these issues are relevant to all Service members.		
2	Before you joined the military, did you think having a family was compatible with military service? Why or why not?	
3	<p>Now that you are in the military, do you think having a family is compatible with military service? Why or why not?</p> <p><i>[PROBE IF NEEDED:]</i> What, if anything, changed your perception?</p>	
4	<p>In your opinion, what are the biggest challenges Service members face when trying to start a family?</p> <p><i>[PROBE IF NEEDED:]</i> Are the challenges different for women compared with men?</p>	
5	By a show of hands, how many of you became parents during your time in the military? <i>[NOTE TAKERS: COUNT THE NUMBER OF HANDS OUT LOUD.]</i>	
6	What advice would you give other Service members who want to have kids during their time in the military?	
7	How, if at all, does having children affect a Service member's ability to progress in their military career?	
8	Are there differences in how a woman's military career is affected by having a child compared with a man's military career? If so, how?	

Question Number	Topic	Notes
9	How has your career in the military affected your decisions or plans about when and whether to have children?	
10	For someone in your career field, are there times when having a child would be more advantageous or more detrimental to a Service member's career?	
11	Are you aware of any unique challenges related to family planning or having a family for Service members who are OCONUS or stationed in remote or rural locations?	
12	What unique challenges, if any, do Service members encounter when planning to have a family through nontraditional means, such as adoption, foster care, surrogacy, or fertility services?	
13	What is the most important thing the military could do to support Service members' ability to plan for and have a family while pursuing a military career?	

Reproductive Healthcare

Now, let's talk about aspects of family planning that relate to healthcare. We want to understand your experiences with contraception and reproductive healthcare. For the purposes of today's discussion, contraception is defined as any method used to prevent pregnancy, such as condoms; birth control pills; intrauterine devices, or IUDs; or more permanent means of contraception, such as vasectomies.

Another term we will use is reproductive healthcare. Reproductive healthcare includes any treatments for conditions related to female and male reproductive systems. Female reproductive healthcare includes treating conditions such as endometriosis, menstrual problems, reduced fertility, and infertility. Male reproductive healthcare includes treating conditions such as erectile dysfunction, low sperm counts, and impotence.

We realize you may not have personal experience with any or all of these topics, but we want to hear from many different perspectives. To start, I'd like you to think about the doctor you normally visit when you need regular healthcare.

14	How easy or difficult would it be for you to make an appointment with your doctor to discuss contraception or reproductive healthcare?	
15	If you were to reach out today, how long do you think it would take to see your doctor to discuss contraception or reproductive healthcare?	
16	In your opinion, how easy or difficult is it for Service members who desire contraception to get contraception that suits their needs and preferences?	
17	What has been your experience with seeking contraception or reproductive healthcare in the military?	

Question Number	Topic	Notes
	[PROBE IF NEEDED:] Have you been able to access the care you wanted or needed?	
	[PROBE IF NEEDED:] Did you feel that your preferences about treatment options were taken into account? Why or why not?	
MALE FOCUS GROUPS: Skip to the “Fertility Treatments and Healthcare” section		
18	[Female groups only] Have you ever felt pressured by a doctor in the military healthcare system to start using contraception or to use a form of contraception you didn’t want to use?	
	[PROBE IF NEEDED:] If so, what was it about the doctor’s behavior, actions, or words that made you feel pressured or limited in your choice?	
OB/GYN Care		
Now, we are transitioning to talk about healthcare services provided by an obstetrician gynecologist, OB/GYN, or other doctor focused on women’s health issues. OB/GYNs specialize in treating female reproductive conditions and caring for women and their babies during pregnancy and childbirth.		
19	[Female groups only] How would you describe your experience receiving care from an OB/GYN or other doctor focused on women’s health during your time in the military? Why?	
20	[Female groups only] How easy or difficult would it be for you to make an appointment to see an OB/GYN or other doctor focused on women’s health issues if you wanted or needed to? [PROBES IF NEEDED:] How far would you need to travel, if at all, to see an OB/GYN? How long do you think you would have to wait to see an OB/GYN? Is there adequate OB/GYN care available on-installation?	
21	[Female groups only] What is the most important change the military could make to support servicewomen’s reproductive health and family planning?	
Fertility Treatments and Healthcare		
One specific aspect of reproductive healthcare is fertility treatments. Fertility treatments refer to any treatments or procedures intended to increase the likelihood of a person successfully conceiving a child. Examples include fertility medications, intrauterine insemination—commonly referred to as “IUI,” and in vitro fertilization—commonly referred to as “IVF.” Additionally, various services exist to help Service members with planning their family, including freezing eggs, embryos or sperm, among other options.		
22	Considering the terms we just mentioned, to your knowledge, what kinds of fertility treatments are covered	

Question Number	Topic	Notes
	or available to servicewomen in the military healthcare system?	
23	Are there fertility treatments you think the military should cover that it currently does not?	
24	In your opinion, how, if at all, would the option to freeze eggs, embryos, or sperm affect Service members' ability to have children when they want to while pursuing a military career?	
25	Do you think increasing access to and coverage of fertility treatments or family planning services would affect servicewomen's likelihood of remaining in the military longer? Why or why not?	
26	What is the most important change related to fertility treatments the military could make to support servicewomen?	

General Questions

We're also interested in hearing about other issues we haven't yet discussed that may affect women in the military. Please note, we may use your ideas as future topics of DACOWITS research.

27	What do you feel is the biggest challenge for women serving in the military today?	
28	If you could send one recommendation back to the Secretary of Defense related to women in the military, what would it be?	
29	Is there anything else you'd like to share or discuss related to servicewomen that we haven't talked about today?	

(MODERATOR: Reinforce confidentiality) This concludes our discussion. Thank you for taking the time to share your knowledge with us. Your thoughts are valuable to our efforts to inform the Secretary of Defense on these matters. We will keep your information confidential—please do so as well by not sharing what you heard with anyone else. As a reminder, you should not assume everything you heard today from other participants or the group is accurate, and we ask you to defer to your Service's current regulations and policies for the most accurate and up-to-date information. Once again, thank you very much for participating.