



**BLUE STAR
FAMILIES**

**MILITARY
FAMILY
LIFESTYLE
SURVEY**



Health Care Access and Quality

2021 Military Family Lifestyle Survey Comprehensive Report

Family Building

In collaboration with



Syracuse University

**D'Aniello Institute for
Veterans & Military Families**



JPMorgan Chase & Co., Founding Partner

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Two-thirds of military-connected family respondents (67%) report challenges with family building, including a lack of medical coverage for fertility-related treatments, which may contribute to financial difficulties and stress for some families.

Family building challenges are a common experience among military families. However, it has yet to be well researched, especially in nontraditional or modern active-duty military families such as LGBTQ+. Existing research with civilian families often relies on clinical definitions of fertility (e.g., The Centers for Disease Control estimates that about 12% of women in their childbearing years have difficulty getting pregnant or carrying a pregnancy to term¹). The 2021 Military Family Lifestyle Survey (MFLS) sought to understand family building challenges more broadly, particularly as they relate to military service. The 2021 MFLS asked respondents about specific family building challenges, such as miscarriage or hormonal imbalances, and the impact of military service on respondents' family building efforts. The majority of military-connected family^a (67%), including active-duty family (64%), respondents have experienced at least one of the listed family building challenges in their lifetime. Of the listed challenges, the most commonly selected are fertility challenges, miscarriage, and hormonal imbalance (see Table 1).

"I suffered a miscarriage and required surgery while my husband was deployed. It was extremely hard on both of us because he couldn't be there."

Active-Duty Army Spouse

"I experienced an ectopic pregnancy in a remote location that was not well equipped to diagnose or treat it, resulting in a ruptured tube and invasive surgery, which basically ended the possibility for further unassisted pregnancies because of cysts on the opposite ovary."

Active-Duty Space Force Service Member

Table 1. Family Building Challenges Experienced

% of military-connected family respondents who indicate they or their spouse or partner have ever experienced any of the following family building challenges

	Active-Duty Service Members (n=344)	Active-Duty Spouses (n=1,826)	Veterans (n=665)	Veteran Spouses (n=399)	National Guard Families (n=143)	Reserve Families (n= 124)	Spanish-language Respondents ^b (n=45)
Fertility challenges	23%	27%	18%	23%	24%	27%	15%
Miscarriage ^c	25%	34%	21%	33%	27%	31%	13%
Still birth	2%	2%	3%	3%	3%	2%	9%
Low testosterone	10%	8%	25%	25%	12%	9%	9%
Hormonal imbalance	20%	27%	22%	32%	26%	25%	22%
Erectile dysfunction	11%	7%	38%	33%	12%	7%	11%
Sexual dysfunction	13%	11%	33%	30%	12%	5%	13%

^aMilitary-connected family respondents include active-duty, Veteran, National Guard, and Reserve family respondents.

^bIncludes all Spanish-language respondents; however, the majority (59%, n=27) are active-duty spouses.

^cThe proportion of active-duty spouse respondents reporting a lifetime experience of miscarriage (34%) is notably higher than the lifetime prevalence of miscarriage among civilian populations (26%). While miscarriage is only one of many family building challenges, the higher lifetime prevalence among comparatively young active-duty spouse respondents may indicate a need for further exploration of all family building challenges military families face.



The military lifestyle introduces unique challenges to family building, including unpredictable separations between partners, disruptions to treatment due to relocation and/or deployment, and challenges accessing care due to the location of duty stations and lack of coverage for potential treatments. Over 4 in 10 active-duty family respondents (42%) report the military created challenges to having children,^d specifically the desired number and/or spacing of their children (referred to as fecundity).² Infertility is defined as a lack of pregnancy in the 12 months prior (or six months for those over 35), despite having had unprotected sexual intercourse in each of those months with the same husband or partner.³ Meeting criteria is difficult for many military families, who do not experience 12 or even six consecutive months without a separation from their service member. One-third (31%) of active-duty family respondents report they have been separated for a total of six months or more within the past 18 months. Half (49%, n=245) of active-duty family respondents who report they or their service member was assigned to or supporting the United States Special Operations Command (SOCOM) indicate the military created challenges in family building, compared to 42% of their non-SOCOM peers. Additionally, family building challenges due to military lifestyle are much higher for female active-duty service members than their male peers (57%, n=263 vs. 28%, n=209).

Similarly, a higher percentage of female Veteran respondents report the military created challenges in family building than their male peers (30% vs. 19%). More than half (54%, n=142) of LGBTQ+ active-duty family respondents,^e also reported family-building challenges due to military service. While family building challenges are common among military and civilian families, the added obstacles introduced by military life may cause families to leave service. One in 10 active-duty service member respondents (11%) indicate family building challenges as one of the reasons they would leave the military, and 5% of Veteran respondents say one reason they left the military was family building challenges.

One in four (44%, n=57) Spanish-language respondents also note challenges to family building due to military service. Responses to the open-ended question that asked respondents to “share your story about your family building experience” in the Spanish-language survey^e indicate that language is a barrier to accessing family building resources and support services for some of these respondents.

Among those military families who seek or use resources related to family building challenges, access to and affordability of care create added hardship. Of those active-duty family respondents who report they or their spouse or partner have experienced at least one of the listed family building challenges (e.g., fertility challenges, hormonal imbalance, etc.) and they have used resources (e.g., assisted reproduction, gestational carrier, etc.) to build their family, 73% sought care from a civilian medical provider and 60% sought care from a military treatment center. Of those who sought care from a civilian medical provider (n=298), 12% report they did not receive the reproductive support they were looking for, compared to 36% of

“Pregnancy and postpartum recovery time affects a woman’s chances of promotion. **Obligations of motherhood and military service commitment limit how many children I felt like I could have.**”

Active-Duty Air Force Service Member

“We were beginning our third attempt at IVF when I was notified that I was deploying (in 30 days) for OIF [Operation Iraqi Freedom] in 2004. We were at the far end of the age range in which IVF is a viable option. **By the time I returned from deployment, I was 46 and my wife was 43, and we determined that we had lost our last opportunity.**”

Army Veteran

“La barrera ha sido el idioma, para acceder a más servicios que el Army ofrece.”

Spanish-Language Active-Duty Army Spouse

(“The barrier to gaining access to more services that the Army offers has been language.”)

^dQuestion: Did military service create challenges to having children, the desired number of children, and/or the desired spacing of children?

^eQualitative responses include all Spanish-language respondents.



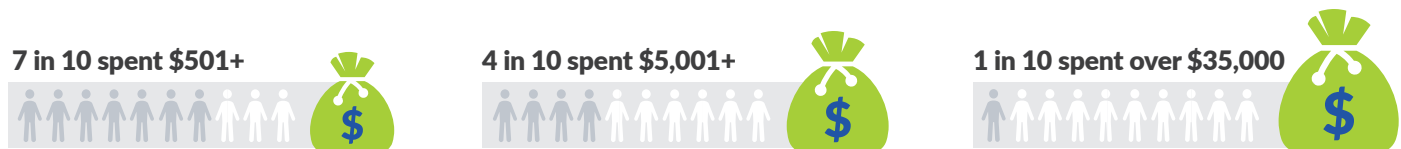
those who sought care from a military treatment facility (n=239).^f This discrepancy is intensified for families who do not qualify for certain types of family building care under DOD restrictions, such as same-sex couples and single service members. In the MFLS, a higher percentage of LGBTQ+ active-duty family respondents report they did not receive the reproductive support they were looking for from a military treatment facility (45%, n=11), compared to 5% (n=20) of those who sought care from a civilian provider.

Family building challenges often lead to major costs and financial stressors. Some active-duty military family respondents note they incurred out-of-pocket costs when attempting to receive care due to lack of coverage for assisted reproduction under TRICARE. Of those active-duty family respondents who state they have tried to build their families through adoption, medical treatments, surrogacy, and/or fostering to adopt, over three-quarters (77%) of active-duty military family respondents report out-of-pocket expenses associated with family building issues. Of those with out-of-pocket expenses, nearly 7 in 10 respondents (67%) report they spent at least \$501, 4 in 10 (42%) spent over \$5,001, and 1 in 10 (11%) spent over \$35,000.

“Lesbian couple trying to get pregnant [...] very few providers accepted TRICARE — we only lived there for 11 months & could not continue with fertility treatment with the team we had established. We currently live overseas [...] and **the Navy Hospital provides ZERO help with same-sex couples’ fertility.** We have traveled to [another country] for fertility treatment since [the one we are currently at] doesn’t have the best stance on LGBTQ+ matters.”^g

Active-Duty Navy Spouse

Active-Duty Families’ Out-of-Pocket Expenses Associated with Family Building



LGBTQ+ family members face additional barriers associated with family building, such as extra costs to prove infertility/fertility and barriers to adoption in some states.⁴ Further, 88% (n=24) of LGBTQ+ active-duty military family respondents who state they have tried to build their families through adoption, medical treatments, surrogacy, and/or fostering to adopt report out-of-pocket expenses, compared to 77% of all active-duty family respondents. This financial burden can also be a constant reminder of the pain and mental stress placed on families who are struggling to build their family. Infertility and family-building challenges can negatively affect overall health and well-being.⁵ Active-duty family respondents who have experienced family building challenges are more stressed than their peers who have not, as is also reflected in the civilian population that shows significantly higher levels of anxiety^h and depression.⁶

“I am in a same-sex marriage. At a previous duty station, we were wanting to try to have a child. I didn’t know where to begin, so I asked my PCM for a referral to women’s health. **I was denied the referral because, according to my PCM, ‘You have to be trying to have children with a man before you can be referred.’** He would not refer me bc [because] I wasn’t having sex with a man! It was very upsetting, and I felt like I couldn’t get the medical resources (even just information!) that I felt other women were able to receive.”

Active-Duty Air Force Spouse

“For medical treatments, it cost me \$800 for sperm, \$200 for shipment, and \$300 for the IUI procedure **EVERY TIME WE TRIED. It took 5 tries before we got pregnant.**”

Active-Duty Air Force Spouse

^fIt is important to note that of the six military treatment facilities that offer care, there is a lack of consistent patient care standards and criteria for care, making it difficult to transfer from one to another.

^gElements of this quote have been redacted to protect the respondent’s privacy.

^hUp to 60% of infertile individuals reported psychiatric symptoms with significantly higher levels of anxiety and depression than fertile individuals.



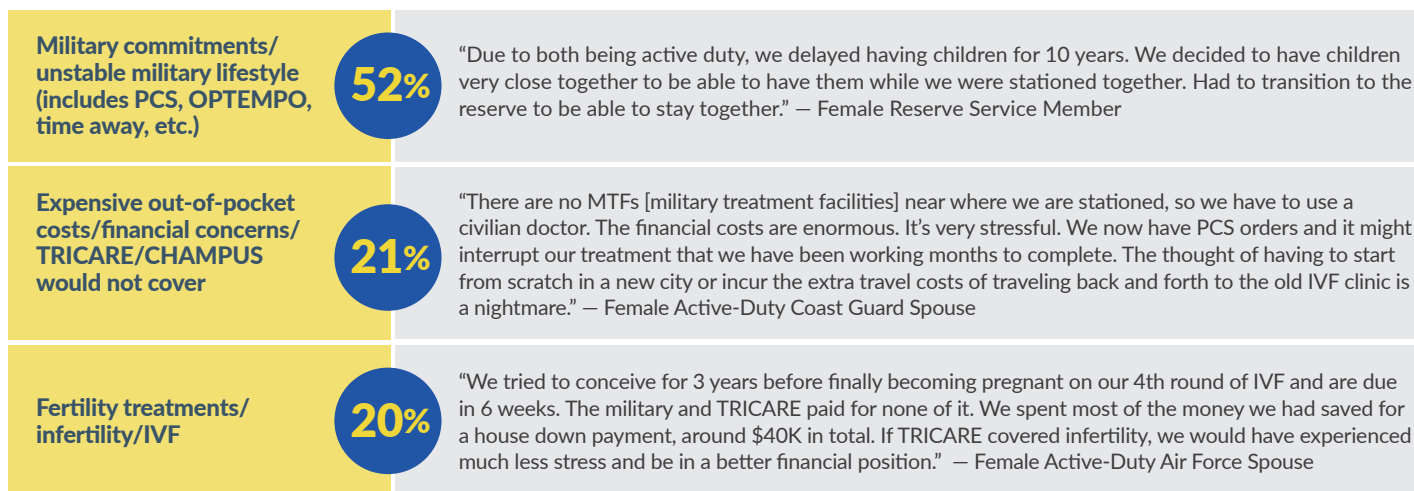
When asked to share family building stories in an open-ended question, currently-serving families report the top challenges to family building are military commitments (52%), excessive out-of-pocket costs (21%), and the stress of fertility treatment (20%).

Military families sacrifice to serve their country in multiple ways. Still, the unique characteristics of the military lifestyle, such as long separations and interrupted treatment due to deployments and relocations, add an additional obstacle to those struggling to build their families. Across all branches, military family respondents note the toll these struggles take on mental health and personal finances. Furthermore, the combination of military-related obstacles and broader family building challenges may be intensified for LGBTQ+ couples, military members who choose to parent without a partner, or individuals who require alternative ways to support fertility due to disease, genetic variance, or anatomical dysfunction. Many open-ended question responses illustrate that financial struggles are in large part due to the lack of insurance coverage from TRICARE and the lack of military treatment facilities that could provide service, which disproportionately impacts single service members and LGBTQ+ families. Supporting these families, particularly as military service generally encompasses the ideal reproductive age range of 18-35, is vital to helping them thrive throughout their military service and beyond.

“We did IVF out of pocket and lost twins. **We had to pay a loan (reminder) for three years after. If we were able to afford the unlimited tries, we would have a baby together. Him being gone a lot is also a factor.”**

Active-Duty Army Spouse

Top Challenges to Family Building



Limitations

While we had a robust response to our family building section (over 5,000 respondents, including over 3,000 active-duty family respondents, answered the initial items, and over 1,600 respondents answered the qualitative question), the sample size drops due to the nature of the survey logic. For example, only those who experienced family building challenges were asked if they sought treatment and only those who sought treatment were asked if they incurred out-of-pocket expenses (n=412 active-duty family respondents). Additionally, the list of family building challenges is not limited to respondents’ time in service or direct result of service, so we cannot determine if respondents experienced difficulties before, after, or during service. We are also unable to make direct comparisons to the civilian population due to differences in definitions, sample characteristics, etc. While much of the research in civilian populations includes medical diagnoses, it was important to expand the definitions within the 2021 MFLS to capture the wide variety of experiences and challenges related to family building in military families.



Recommendations

*More information in Recommendations Chapter of Comprehensive Report



Military

- Provide instruction (Department of Defense Instruction (DODI) or other policy change) and encourage military treatment facility providers to loosen “time trying” requirements when working with military families due to frequent time apart.
- Provide education and guidance to human resources commands to expand compassionate reassignment eligibility to include family building challenges.
- Provide Spanish translation/Spanish-language resources to close the gap for Spanish speakers who experience language barriers.



Defense Health Agency

- **Expand family building support to ensure equitable treatment and treatment options for special populations.***
- Increase the number of military treatment facilities offering full fertility services.



Veterans Health Administration

- Expand access to intrauterine insemination (IUI), in vitro fertilization (IVF), and assisted reproductive technology (ART) for female Veterans who are single, in same-sex relationships, and meet the service-connected infertility requirement to ensure they have equal access to use the benefits they deserve.



Congress

- Require a comptroller report to explore fertility and family building challenges for military and Veteran families, to include exploration of inequitable impacts of existing policies on specific subgroups.
- Consult with advocacy groups and government stakeholders to identify and remove barriers to implement the aforementioned recommendations.
- In the absence of movement towards the aforementioned recommendations, pass legislation requiring them.

Acknowledgments

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