

Research Brief

Women Veterans' Reproductive Health Preferences and **Experiences: A Focus Group Analysis**

Publication: Women's Health Issues (2011); 21(2). 124-129.

Keywords: Women veterans, reproductive health, Veterans Affairs health services, focus groups

Research Highlights:

- Almost 50% of women who served in Operation Iraqi Freedom (OIF) and/or Operation Enduring Freedom (OEF) are enrolled in the Veterans Administration health care programs. Because of the increasing number of women veterans, especially those of childbearing age, VA health centers have expanded services to meet their needs, including reproductive health services.
- In addition to reproductive health care, women preferred to use VA women's clinics for primary medical care. Many veterans visiting the women's clinics for comprehensive healthcare were unaware of the reproductive health care services available at the VA, including contraception, pap smears, and infertility care.
- Although women generally had very positive views of reproductive health care at the VA, they did state some areas for improvement: gender discrimination in clinics other than VA women's clinics, fewer choices in eyeglasses and orthotics compared to male veterans, a lack of access to advanced reproductive technologies, and a lack of health coverage for newborns.

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Abstract:

"Objective: Although women veterans are seeking care at the Veterans Administration (VA) in record numbers, there is little information regarding women veterans' experiences and preferences for reproductive health care services. We sought to characterize women veterans' experiences with, and preferences for, reproductive health services in the VA. Methods: We conducted five focus groups with a total of 25 participants using a semi-structured interview guide to elicit women veterans' experiences and preferences with reproductive health care. Women veterans' utilizing VA health care at two VA facilities who responded to advertisements were selected on a firstcome basis to participate in the study .We analyzed transcripts of these audio recorded sessions using the constant comparative method of grounded theory. Results: Five main themes emerged from the focus group discussions: 1) Women veterans prefer VA women's clinics for comprehensive medical care; 2) Women veterans have had both positive and negative reproductive health experiences in the VA; 3) Women veterans experience knowledge gaps regarding VA coverage for reproductive health services; 4) Women veterans believe the VA should provide additional coverage for advanced infertility care and for newborns; and 5) Perceived gender discrimination shapes how women veterans view the VA. Conclusion: As the VA continues to tailor its services to women veterans, attention should be given to women's reproductive health care needs."



Implications

For Practice

Overall, women veterans expressed positive views of the reproductive health care provided by the VA, noting recent expansions in available services and improvements in quality of care. However, many women were unaware of what reproductive health services were available in terms of infertility and prenatal care. Administrators at the VA should expand efforts to inform women veterans of the range of services available in VA reproductive health care facilities. These services are especially important for women receiving care in VA centers without women's health providers or a women's clinic because these centers may have more limited reproductive health services. VA centers should also invest in more advanced fertility care, as women veterans in this study experienced difficulty obtaining access to in vitro fertilization and other technologies. Veterans also discussed the issue of perceived gender discrimination present in the provision of VA services. Women veterans cited many examples where male veterans had a wider range of choices available to them than female veterans, including access to eyeglasses and orthotics/orthopedic shoes. VA administrators should widen the range of choices available to women and provide employee training where necessary so that women veterans receive care in a safe and comfortable environment.

For Policy

An important aspect of providing high quality care for women veterans is creating a health care environment where they can receive comprehensive care, including reproductive health care. Because the number of women veterans is growing rapidly, it is essential that the VA address women veterans' health care needs adequately. National policy recommendations should focus on both raising awareness of women veterans' health needs and meeting those needs by providing a broad range of services. Policy makers and hospital administrators should also implement staff training programs focusing on providing person centered care and ending discriminatory

practices that impact women veterans. Women veterans also discussed a need for the VA to cover healthcare for newborns and to expand access to infertility services including in vitro fertilization. Because women veterans sacrifice a share of their reproductive years serving in the military, they argue that providing care for newborns and infertility services is a way for the VA to acknowledge that sacrifice. Policy makers could expand veterans' health policies to cover these services for women who have spent a number of years in military service.

For Future Research

Future researchers should aim to gather information from a random, nationally representative sample of women veterans, as the population for this study was limited to a convenience sample of women veterans in Pittsburgh, Pa., and West Haven, Conn. The sample should also be extended to women veterans who have attended Vas with and without a women's heath program already in place, to get a sense of the experiences of all women veterans under VA care. Women veterans in this study also spoke of perceived gender discrimination in the VA health care system, which is an important topic for future study. In previous studies, experiences of discrimination have led women vets to avoid health care institutions, resulting in lowered health care utilization and poor health outcomes. Future studies should investigate whether gender discrimination impacts women veterans' quality of care, and whether this differs between institutions with and without women's clinics.

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