

DACOWITS 2024

Focus Group Protocol C: Family Planning

Session Information

Location:

Date:

Time:

Facilitator:

Recorder:

Number of participants present:

Focus Group Kickoff: Key Points to Cover

1. Welcome attendees.

- ▶ I am **[INSERT FIRST NAME]**, and I am a member of the Defense Advisory Committee on Women in the Services, known as DACOWITS, and this is **[INTRODUCE PARTNER'S FIRST NAME]**, also a member of DACOWITS.
- ▶ We have **[INSERT FIRST NAME(S)]** here with us from the DACOWITS staff.
- ▶ Our research contractor, **[INSERT FIRST NAME]**, is with a research organization hired to transcribe these sessions, and they are part of the DACOWITS research team.

2. Introduce DACOWITS and its purpose.

- ▶ Again, DACOWITS stands for the Defense Advisory Committee on Women in the Services. DACOWITS was established in 1951 and is one of the oldest Federal Advisory Committees at the Department of Defense. The Committee is composed of women and men, some of whom have prior military service. We have been appointed by the Secretary of Defense to provide advice and recommendations on matters and policies related to the recruitment, retention, employment, integration, well-being, and treatment of servicewomen in the Armed Forces.
- ▶ Every year, DACOWITS studies specific topics and prepares a report for the Secretary of Defense. Since 1951, the Committee has submitted more than 1,000 recommendations to the Secretary of Defense for consideration. As of 2023, approximately 95 percent have been either fully or partially adopted by the Department.

- ▶ Each year, DACOWITS visits several military installations and talks to hundreds of Service members like you about their experiences in the military. Today, we will talk about family planning and reproductive healthcare. We are meeting with groups of women and men, both officer and enlisted personnel. We would like to spend this time discussing these topics, but we will also set aside time at the end to discuss any other topics that you'd like to talk about related to women serving in the military.

3. Describe how the focus group session will work.

- ▶ A focus group is a guided, carefully planned discussion. As facilitators, we have a set of scripted questions that we'd like to cover today, but we encourage open conversation.
- ▶ The session will last approximately 90 minutes, and we will not take a formal break. Restrooms are located **[INSERT RESTROOM LOCATION]**. Please don't hesitate to step out at any time for whatever reason.
- ▶ Your opinions and attitudes are important to us. Although we would like to hear from everyone, feel free to answer as many or as few questions as you prefer.
- ▶ Our job today is to listen and collect information about your experiences and perceptions. Our job is not to provide information. That means we will not correct any inaccuracies or misperceptions that may be shared by an individual or the group, so you should not assume everything you hear today from other participants is accurate.

4. Explain the ground rules.

- ▶ Please speak clearly and one at a time to make sure our research contractor can capture the discussion. Please do not engage in sidebar conversations during the focus group.
- ▶ Try to avoid the use of acronyms. If you use an unfamiliar acronym, we may ask you to stop and explain it.
- ▶ We want to hear your opinions. There may be times in the discussion when you feel differently from other people, and we want to hear about that. Even though you may feel differently than people in this room, you represent others who aren't here today who may have similar feelings. Please be respectful of others' opinions that are shared today.
- ▶ We have a lot of questions to cover, so we may need to interrupt you to keep the conversation moving. Please don't take it personally; it's simply to ensure we cover all our questions today.
- ▶ Our team will make sure we're sticking to the schedule and will alert us if we need to move on to the next question.

5. Emphasize that participation is voluntary and that privacy and confidentiality will be maintained.

- ▶ Your participation in this session is completely voluntary. If you prefer to excuse yourself from the focus group at any time, you are free to do so.

- ▶ We treat the information you share as confidential. We do not record your names, and no information will be reported in our findings that can identify you. All members of the DACOWITS team have signed agreements pledging to safeguard the confidentiality of the information we gather during these sessions.
- ▶ Our notes and what we discuss today will not be shared with anyone in your chain of command or at this installation.
- ▶ It is important that each of you agrees to respect and protect one another's privacy. We expect you to keep any information you hear today in the strictest of confidence. We also expect you not to share the identities of other participants with anyone outside this group.
- ▶ We are required to report some behaviors. If we learn that you are being hurt or plan on hurting yourself or others, or others are being hurt or plan on hurting themselves or others, the law requires that we share this information with someone who can help and with the appropriate authority.
- ▶ If you have questions following the focus group, we encourage you to speak with your installation's Equal Opportunity Advisor, your Command Managed Equal Opportunity Coordinator, or command representatives.
- ▶ In front of you are a few short forms.
 - The first is a participant rights form for you to read. You do not need to sign this form. If you stay for the group discussion, your participation will indicate your consent. If you do not agree to the terms in the form, you will not be able to participate in the group today.
 - The second is a mini-survey for you to complete anonymously. Please do not write your name on the form. This mini-survey enables us to compile demographic data on the participants we speak with. Because the mini-survey is anonymous, we will not be able to link any responses you make during the discussion today with your responses to the mini-survey. Please be sure to fill out the front and the back of the form.

[PAUSE until everyone is finished completing the mini-survey]

- ▶ Once we have completed the focus groups for this year's selected installations, our team will compile the results into a report that we will use to write our annual report to the Secretary of Defense **[SHOW COPY OF 2023 REPORT]**. Copies of our annual reports are available online at dacowits.defense.gov. At the conclusion of our focus group, you will receive a DACOWITS brochure containing information about the Committee.

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>(MODERATOR: Ensure each person answers all three questions before moving on to the next person.)</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>[PROBE IF NEEDED:] 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>[PROBE IF NEEDED:] 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? [NOTE TAKERS: COUNT THE NUMBER OF HANDS OUT LOUD.]	
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 to get contraception that suits their needs and preferences?	

Question Number	Topic	Notes
17	What has been your experience with seeking contraception or reproductive healthcare in the military?	
	[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?	
OBGYN Care		
Now, we are transitioning to talk about healthcare services provided by an obstetrician gynecologist, OBGYN, or other doctor focused on women’s health issues. OBGYNs 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 OBGYN 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 OBGYN 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 OBGYN? How long do you think you would have to wait to see an OBGYN? Is there adequate OBGYN 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?	

Question Number	Topic	Notes
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 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		

Question Number	Topic	Notes
		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.

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[illegible]

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[illegible]