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INTRODUCTION (to be read aloud to the group) [5 minutes]

Hello, my name is _____ and I am accompanied by [**INTRODUCE OTHERS IN THE ROOM AND THEIR ROLES**]. We are from RAND, a Federally Funded Research and Development Center (FFRDC) that conducts nonpartisan public policy research for the Department of Defense. Thank you for taking the time to talk with us today. We are here to learn about service members perspectives on, and experiences with, family planning. Specific topics include family planning services, contraception and contraceptives, fertility and infertility, pregnancy, and policies and services surrounding reproductive health.

This focus group is part of a study funded by the Office of the Assistant Secretary of Defense for Health Affairs to develop a greater understanding of service member needs with respect to various aspects of family planning, including topics that are related to service members' decisions about whether and when to have a family, as well as birth control and contraception, fertility and infertility, pregnancy, and policies and services surrounding reproductive health. We will be asking about both your own experiences with family planning and how you have interacted with more junior service members under your command. The findings from this study are intended to help DoD better support service members and ultimately promote force readiness. For more information about the study and how the findings will be used, please refer to the information sheet [**HAND OUT INFORMATION SHEET**]. Our discussion today is designed to last no longer than 60 minutes.

CONSENT

Participating in this focus group is completely voluntary, and you may choose not to answer any (or even all) of the questions. You may choose not to participate or discontinue participation at any time without penalty. We will not tell anyone in your chain of command whether you participated in the discussion or not, the extent of your participation, or any of your responses. If you have questions about the study, you can contact the study leads; their contact info is on the consent form. If you have questions about your rights as a participant or need to report a participation-related injury or concern, you can contact RAND's Human Subjects Protection Committee using the contact information provided to you on the consent form. [**REFER TO THE INFORMATION SHEET**]

We will be taking notes during all discussions, but we will not record the name of anyone present or mentioned in this session. We will not use the names of individuals in the final report for the study. Nor will we provide your identifiable comments to your chain of command, anyone else in DoD, or anyone outside the research study.

You are free to share your own personal experiences during the discussion. However, if you do choose to provide examples about your personal experiences, especially those that involve other individuals who are not a part of the focus group, we ask that you do not provide details or information that could be used to personally identify those people (e.g., names, dates, locations).

We ask that you do not discuss anyone else's comments after the group is over. Although we are asking everyone in the group to keep each other's answers confidential, we cannot guarantee that the other participants here will do so. Please do NOT answer any questions in the discussion that you do not feel comfortable sharing in front of the group. You will have an opportunity to provide additional comments via a website after the group discussion.

Please keep in mind that we are each walking into this room with different histories and life experiences. Given some of the topics that we will cover, it is possible that, for some participants, these discussions could bring up difficult feelings. Please remember that you can step out of the room [or take breaks] at any time. The information sheet also contains contact information for additional resources, should you feel any discomfort and want or need additional resources after our discussion today. It is fine to disagree with opinions expressed by others, but please be respectful and appreciative of others' perspectives and experiences.

Do you have any questions before we begin?

Do you agree to participate in this discussion?

A. Warm Up

Let's start off by having you tell us a little bit about yourselves. Please go around the room and tell us where you are from, how long you have been in the military, and what your current military job or specialty is.

1. We would like to start with a definition that will guide our discussion today. When we say, "family planning," we are referring to access to and use of contraceptives (also known as birth control), fertility and infertility, pregnancy, and any other topics that are related to service members' decisions about whether and when to have a family. What family planning support programs, policies, or medical services are relevant to you right now? If you would prefer not to tell us what is relevant to you personally, you may also tell us about what you believe is relevant to your peers.
 - a. **Prompt:** Examples include medical services (for example, walk-in contraception services), support programs (for example, DoD-covered leave for fertility assistance), or policies at the DoD or service-level (for example, elimination of co-pays for contraceptives or the creation of walk-in contraceptive clinics).
 - b. **Probe:** Are there other relevant services or programs that are *not* currently covered by TRICARE at an MTF, clinic, or other network provider? These may be services or programs that you pay for out-of-pocket, in the civilian community.
2. Do you have conversations with your service members about family planning (e.g., when the ideal time to start a family is, possible impact on career, resources available)? Remember that if you do share specific real-life examples, please do not provide information that would identify the individuals involved.
 - a. **Probe:** If yes, are these conversations more formal (i.e., required) or informal? Can you describe what one of these conversations might look like?

B. Contraception

3. Let's now talk a little bit about contraception, to include different methods of birth control and emergency contraceptives. If a service member in your command wanted or needed contraceptives, how would you advise they go about getting them? Remember that if you do share specific real-life examples, please do not provide information that would identify the individuals involved.
 - a. **Probe:** What are some barriers to obtaining contraceptives? Do these vary by type of contraceptives (for example, emergency contraceptives)? The location of where you are trying to get them, to include a deployed environment? The type of provider ones tries to get them from?
 - b. **Probe:** Did the elimination of co-pays for medical care associated with contraception through civilian network providers, or the creation of walk-in contraception services make it easier to obtain contraceptives? How so?
4. Can you describe for us what your conversations about contraceptives with military health care providers look like? What topics do you discuss? If you would prefer not to tell us what is relevant to you personally, you may also tell us about what you believe is discussed in the conversations your peers have with military health care providers.

- a. **Prompt:** For example, your family planning needs and goals, different types of methods, side effects, efficacy for pregnancy prevention, menstrual management, prevention of sexually transmitted infections, concerns about effects on future fertility or your career?
- a. **Probe:** When do these conversations happen (for example, during annual well-woman exams, during pre-deployment visits, during PHA visits)? Do you initiate these conversations or do providers?
- b. **Probe:** How often do these conversations occur?
- c. **Probe:** How comfortable are you speaking with your military health care provider about contraception?
- d. **Probe:** If you have used walk-in contraception services (WiCS), what did you find most helpful? What improvements are needed? Similarly, if you have used a Women's Health Clinic (WHC), what did you find most helpful? What improvements are needed?

C. Fertility and Infertility

5. The next few questions are about topics related to fertility, to include aspects of infertility. What concerns about fertility influence service members decisions to stay in or leave the military?
 - a. **Prompt:** What about the availability of services (for example, fertility assistance like IVF, egg or sperm freezing [cryopreservation]); concerns about ability to have a child in the future; support for service members who have fertility issues or are undergoing fertility treatment(s)?
6. If you wanted to access assisted reproductive technology not covered by the MHS (these are commonly called IVF), how likely would you be to request an administrative absence to obtain such services?
 - a. **Probe:** What would prevent you from using this option if you wanted or needed fertility treatments not covered by the MHS?

D. Policies and Services Related to Reproductive Health and Family Planning

7. Finally, we want to ask a few questions about DoD policies and services related to reproductive health and family planning. Examples might include health care benefits related to the provision of assisted reproductive technology (ART), availability of walk-in contraception services and women's health clinics (WHCs), and other policies surrounding family planning. How, if at all, do you think these types of policies and services impact people's decisions to join the military?
 - a. **Probe:** Relative to other factors that might influence someone's decision to join the military, how important are concerns related to DoD's policies and services for reproductive health and family planning?
8. How, if at all, do you think these types of policies and services impact service members' decisions to stay or remain in the military?

- a. **Probe:** Relative to other factors that might influence a service member's decision to remain or stay in the military, how important are concerns related to DoD's policies and services for reproductive health and family planning?
9. How, if at all, do you think these types of policies and services contribute to force readiness?
 - a. **Probe:** Relative to other factors that might influence force readiness, how important are reproductive health and family planning?

E. Closing

10. Thank you for taking the time to speak with us today. We are very appreciative of your participation. Before we close today's discussion, is there anything else that we did not discuss related to family planning or reproductive health care in the military that you would like to share?

We have one last activity for you. To help us better understand the demographic and military characteristics of all of our focus group participants, we would like you to please complete this very brief anonymous survey. It should take about 2-3 minutes. **[HAND OUT SURVEY]**

For anyone who feels uncomfortable talking about any topics in the group, we also have a secure site where you can send us additional comments securely and confidentially. To access this site, please go to **[INSERT WEB ADDRESS]**. You will also need the following passcode: **[INSERT PASSCODE]**. Please do not share this website or passcode with anyone outside the focus group.

This information will not be shared outside the research team. Research team members will monitor the website and will incorporate your feedback in our project notes without your name attached.