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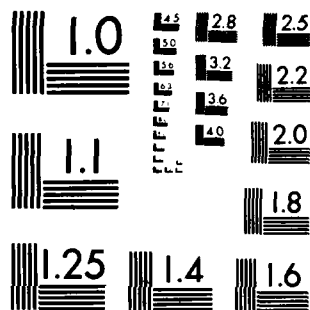
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WOMEN IN THE NAVY: PERFORMANCE, HEALTH, AND MOTHERHOOD

A. HOIBERG

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Women in the Navy:
Performance, Health, and Motherhood

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Abstract

The purpose of this study was to examine the current status of all Navy women who enlisted during the years 1973 through 1977 by identifying trends in occupational assignments, rates of premature attrition, and reasons for hospitalizations. Results showed that during recent years a significantly higher percentage of women became Aviation mechanics whereas significantly fewer has been assigned to Clerical/Administrative or several other traditional occupations. Premature separations from the Navy tended to have little association with a specific occupation; between 72 and 99 percent of all separated women had not been assigned to a specific specialty. The most frequent reasons for being separated were either pregnancy/parenthood or unsuitability for service. Other comparisons showed that most hospitalizations occurred because of pregnancy-related conditions, respiratory diseases, and mental disorders. Pregnancy-related conditions accounted for 10.9 percent of all separations and 21 percent of all hospitalizations. Several recommendations were made in an effort to enhance the transition of integrating 20,000 additional enlisted women into the Navy by 1983.

Women in the Navy:
Performance, Health, and Motherhood

During the summer of 1978, Chief of Naval Operations James L. Holloway, III, issued a request for women officers and enlisted personnel to volunteer for sea duty in the event Congress approved a bill permitting women to serve aboard noncombatant ships. In response to this request, considerably more women officers volunteered than were needed whereas several enlisted billets were left unfilled due to shortages of women in the specified occupations or at the required experience levels (Thomas, 1979). With the October 1978 passage of the congressional amendment, approximately 450 women were assigned to duty aboard five designated ships! This monumental event represented the culmination of a series of policy changes which, since 1972, have increasingly expanded the role of Navy women. Several of these changes are discussed in this study, followed by an examination of the current status of Navy women in relation to these issues. The purpose of this research, therefore, is to analyze women's progress in the Navy from 1973 to the present.

The most important advance in women's utilization was the implementation of the all volunteer force. Beginning in 1972, plans were made to increase women's enlistments in an effort to offset the anticipated manpower shortages of the nondraft military. Within a year's time, the number of Navy women had increased from 6,000 in 1972 to 10,744 by the end of 1973. Since then, an annual increment of about one percent was observed to a current total of over

20,000 active duty enlisted women.

The Equal Rights Amendment also was passed in 1972 and the Department of Defense intensified efforts to enhance the military's image as a model of equal opportunity. For this reason, most noncombat occupations in each service were opened to women; in the Navy all 109 occupational specialties had been opened to women by December 1974 (Comptroller General of the U.S., 1976). Limitations on occupational assignments, however, had to be imposed because the laws (10 U.S.C. 6015 and 8549) prohibited women from serving on vessels or aircraft engaged in combat missions. By definition, all ships and most aircraft were fulfilling combat objectives: "to seek out, reconnoiter, or engage an enemy," which precluded women's participation (Deputy Secretary of Defense, 1978). As a result, most women trained in occupations primarily performed aboard ships were unable to use their skills and were assigned duties in other specialties. Sea-to-shore rotations for men also had to be considered in that all shore billets could not be filled by women to ensure the availability of jobs ashore for men returning from sea duty. Thus, the restrictions placed on women's occupational and duty assignments tended to detract from the lofty goal of providing equal opportunities for all Navy personnel. An increased utilization of Navy women, however, would be realized with the abolition of the two aforementioned restrictive laws, an issue that is currently being debated in Congress. Even under these laws, the number of Navy enlisted women is expected to reach 40,000 by 1983.

In addition to the role expansion for Navy women, several other policies were enacted that influenced the career opportunities of Navy women. Perhaps the most important was the abolition of a mandatory separation for reasons of pregnancy or parenthood. In 1975, all services adopted an optional discharge policy whereby a pregnant woman could request a separation or remain on active duty during pregnancy and after childbirth. This policy stipulated that the active duty pregnant woman would be assigned, in accordance with her doctor's recommendations, to light duty, sick in quarters, or the hospital (Olson & Stumpf, 1978). She was allowed 30 days of convalescent leave that was not charged to annual leave. Among other requirements, the pregnant woman had to notify designated authorities that satisfactory arrangements had been made for infant care (York, 1978). Although the pregnancy policy continues to be debated, perhaps most vehemently by those who feel that a pregnant co-worker adversely affects morale and readiness, it seems unlikely that a return to the mandatory discharge policy will occur in light of the EEOC guidelines regarding the retention and treatment of pregnant workers. In either case, Navy child care centers have been expanded or established, and maternity uniforms have been designed, constructed, and issued.

The legalization of abortions was a societal change that also affected Navy women and their retention. Approved prior to the optional discharge policy in 1975, this U.S. Supreme Court decision was instrumental in reducing the numbers of pregnancy-related separations from the Navy. As a result of

this ruling, hospitalizations for abortions increased substantially in naval medical facilities and represented the most prevalent hospital diagnosis among enlisted women during the 1972 to 1975 time period (Hoiberg, 1979). The "abortion policy," however, ceased to exist in October 1978 when federal funding of abortions was discontinued, which included allocations for those performed in naval medical facilities. A concession of sorts was made at overseas duty stations in that a woman seeking an abortion would be flown on military air transport to the nearest country where this surgical procedure could be legally performed. All medical expenses incurred would be paid by the woman.

Under these fluctuating conditions in an organization dominated by men and the business of seafaring, the utilization and effectiveness of Navy women have become issues of considerable research interest. The effects upon women's health of these changes as well as the fairly recent "intrusion" of women into a nearly closed men's organization also should be determined by examining frequencies and diagnoses of hospitalizations, especially those designated as stress-related. The purpose of this study, therefore, was to examine the current status of all Navy women who enlisted during the years 1973 through 1977. To be specific, the objectives of this project were to: (1) determine the extent of changes in occupational assignments across these five cohorts of women, (2) compare reasons and rates of premature attrition including pregnancy/parenthood separations among the five groups, (3) identify reasons for

hospitalizations with special emphasis on pregnancy and stress-related disorders.

Method

Participants

Participants for this study included all women who enlisted in the Navy from 1973 through 1977 ($N = 27,503$). Each cohort, which was defined as the total of all women who enlisted during a calendar year, consisted of the following totals: 5,321 for 1973; 6,670 for 1974; 5,857 for 1975; 4,607 for 1976; and 5,048 for 1977. These groups generally were quite similar on the pre-service variables of age and level of schooling: the average age at time of service entry was 20.4 years and the average years of education achieved was 12.3. Less than three percent of these women had not completed high school whereas 18 percent had attended college for one or more years.

Procedure

Data for this research were obtained from medical inpatient and service history files maintained at the Naval Health Research Center in San Diego. Information on hospitalizations of active duty women was extracted from computerized inpatient files which were made available to the Center by the Naval Medical Data Services Center in Bethesda. Every year, the previous year's hospitalization data are added to existing historical files or new records are created for those individuals with a first hospital admission. Data available for this study included all hospital admissions that occurred

from 1973 through 1976; during this time period, a total of 6,924 women accounted for 10,025 hospitalizations. In order to assess the health status of Navy women, the frequencies and percentages or relative incidence rates of all primary diagnoses were tabulated for each of the four cohorts. The diagnostic coding classification used for this study was the Eighth Revision of the International Classification of Diseases Adapted for Use in the United States. Only the diagnostic categories and specific diagnoses with the highest relative incidence rates or those identified in the literature as being associated with stress were included.

In addition to the medical inpatient historical files, the Center also maintains computerized service history records on all enlisted personnel who served on active duty for any time period since July 1965. The data in these files were extracted from Naval Military Personnel Command loss and gain files which were provided to the Center by the Naval Personnel Research and Development Center. The files are updated every six months with such personnel changes as disciplinary action, promotions, separations, increases in number of dependents, etc. Information selected for this study included occupational assignment at the time of the most recent update and active duty status/reason for separation. Each cohort was divided into 10 occupational clusters consisting of: Hospital Corpsman, Clerical/Administrative, Communications, Miscellaneous, Service/Mess Management Specialist (culinary work), Electronics, Aviation (mechanics), Engineering/Deck/Ordnance, Electrical/Construction, and

Nondesignated. Frequency and percentage distributions were computed for each cohort by the 10 occupational groups; comparisons across cohorts indicated whether or not changes had occurred over time in the occupational assignment of Navy women. Using the separation codes, tabulations of frequencies and percentages of premature attrition were conducted for each cohort from the time of enlistment through March 1978. For those women who were administratively separated, comparisons of occupational assignments were conducted to determine if certain jobs had higher frequencies of discharges than others. Tests for the significance of differences among groups were performed using the χ^2 technique and the z-test.

Results

Occupational Assignment of Navy Women, 1973-1977

Table 1 is a presentation of the frequencies and percentages for each of the 10 occupational groups across the five cohorts. Significant increases or decreases in percentages of occupational assignments would reflect policy changes that have been implemented since 1972. As shown, the highest percentages of assignments were observed for the Nondesignated category, a classification for individuals who had not been assigned to one of the 109 occupational specialties. For the most recent cohorts, the high percentages corresponded with the fact that the time on active duty was insufficient to meet a specific job's requirements for training and pay grade advancement. To illustrate the importance of these factors in a highly specialized occupation, the percentage of assignments in the Electronics category for the 1976 cohort was quite

Table 1

Frequencies and Percentages of Occupational Assignments for
Navy Enlisted Women by Year of Enlistment

<u>Occupational Group</u>	<u>Year of Enlistment</u>					
	<u>1973</u>		<u>1974</u>		<u>1975</u>	
	<u>f</u>	<u>%</u>	<u>f</u>	<u>%</u>	<u>f</u>	<u>%</u>
<u>Traditional</u>						
Hospital Corpsman	739	13.89	999	14.98	1,156	19.74
Clerical/Administrative	1,031	19.38	940	14.09	737	12.58
Communications	526	9.89	792	11.87	938	16.02
Miscellaneous	637	11.97	644	9.66	482	8.23
Service/Mess Management	458	8.61	662	9.93	439	7.50
Electronics	205	3.85	264	3.96	180	3.07
<u>Nontraditional</u>						
Aviation (Mechanics)	50	.94	106	1.59	109	1.86
Engineering/Deck/Ordnance	52	.98	106	1.59	89	1.52
Electrical/Construction	32	.60	73	1.09	71	1.21
<u>Nondesigned</u>						
	1,591	29.90	2,084	31.24	1,656	28.27
Total	5,321	100.01	6,670	100.00	5,607	100.00
					2,205	47.86
					3,950	78.25
					5,048	99.99

low which was related to the extensive training program required to qualify for assignment in such occupations as Electronics Technician.

In comparing percentages of assignments among the five cohorts, the most noteworthy (statistically significant) trends were the steady decreases in percentages for the Clerical/Administrative and Miscellaneous categories and an increase for the Aviation (mechanics) group from 1973 to 1976. Considerable variability in percentages across cohorts was evidenced for the categories of Hospital Corpsman, Communications, and Service/Mess Management Specialist. Fluctuations in percentages among the remaining occupational groups tended to be minimal. Overall, these comparisons indicated that significant decreases in two traditional categories were evidenced whereas increases in occupational assignments for nontraditional occupations performed on ships or in construction were nonsignificant. However, when the frequencies of assignments for all nontraditional jobs were totaled and compared with those for all traditional occupations between 1973 and 1976, a highly significant χ^2 of 170.79 ($p < .001$) was obtained. The contingency table for this statistic is presented in Table 2. This result showed that significantly more women had been assigned to nontraditional jobs in more recent years than was observed in 1973, which was primarily attributed to the significant increase in women's assignments as Aviation mechanics.

Separations from the Navy among Enlisted Women, 1973-1977

The policy changes related to pregnancy and parenthood were discussed at

Table 2
Comparisons of Occupational Assignments for Navy Enlisted Women
between 1973 and 1976

<u>Occupational Category</u>	<u>Year of Enlistment</u>			
	<u>1973</u>		<u>1976</u>	
	<u>f</u>	<u>%</u>	<u>f</u>	<u>%</u>
Traditional Occupations	3,596	96.4	2,106	87.7
Nontraditional Occupations	134	3.6	296	12.3
Total	3,730	100.0	2,402	100.0

$\chi^2 = 170.79$

$P < .001$

the outset as factors instrumental in reducing rates of premature attrition. To determine whether or not decreases in discharge rates occurred, the frequencies and percentages of separations were computed for each of the five cohorts from the time of enlistment through March 1978. These values are presented in Table 3.

As shown, the differences in total percentages over time were related to the variable time periods covered by each cohort. Thus, the 45.3 percent of all separations for the 1973 cohort encompassed the four-year enlistment which included such reasons as early discharges (subsumed under the category of Convenience of the Government) whereas the percentages for the 1977 cohort accounted for losses only during the first year of an enlistment. The highest percentages for each of the five cohorts were either those for pregnancy/parenthood or the category of Unsuitability for reasons other than inaptitude. With increased years of active service, the 1973 and 1974 cohorts had higher percentages of separations for pregnancy-related reasons while rates were somewhat lower for Unsuitability. The more recent cohorts (1975-1976) had higher Unsuitability separation rates, followed by the pregnancy/parenthood category. The relatively comparable percentages of Unsuitability separations across cohorts suggested that these were most likely to occur during early phases or the first two years of an enlistment. Other comparisons showed that numbers of separations for inaptitude accounted for a very small proportion of all discharges among cohorts which reflected the fairly high mental

Table 3

Frequencies and Percentages of Separations for Navy Enlisted Women by Year of Enlistment

<u>Separation Reason</u>	<u>Year of Enlistment</u>					
	<u>1973</u>		<u>1974</u>		<u>1975</u>	
	<u>f</u>	<u>%</u>	<u>f</u>	<u>%</u>	<u>f</u>	<u>%</u>
Medical/Temporary Disability	229	4.3	171	2.6	100	1.7
Convenience of the Government	388	7.3	409	6.1	284	4.8
Dependency/Hardship/Minority	24	.5	37	.6	75	1.3
Pregnancy/Parenthood	907	17.0	1,050	15.7	693	11.8
Unsuitability (Inaptitude)	101	1.9	31	.4	4	.1
Unsuitability (Other)	658	12.4	844	12.7	704	12.0
Misconduct	98	1.8	112	1.7	85	1.5
Bad Conduct	4	.1	2	0	0	0
Total of Premature Separations	2,409	45.3	2,656	39.8	1,945	33.2
					1,159	25.2
					617	12.2

standards required of women for service eligibility, i.e., a high school diploma and above average aptitude scores. Percentages of disciplinary separations (misconduct and bad conduct) also were quite low for each cohort.

Although findings suggested that pregnancy-related separations seemed to be decreasing, a comparison of separations during the first two years of an enlistment revealed similar percentages (approximately six percent) across the 1973 to 1975 cohorts (Hoiberg & Ernst, 1979). Another year or two of follow-up should be included in such comparisons before a definitive statement can be made about the effects of the optional discharge policy. Future comparisons, however, may be confounded because of the abolition of performing abortions in naval hospitals, which could result in increased numbers of pregnancy-related discharges.

Frequencies and percentages of separations for each occupational group also were computed for those women who were separated administratively for such reasons as Unsuitability (inaptitude and other reasons), Misconduct, and Bad Conduct. These distributions by year of enlistment are presented in Table 4. In comparing the tabulated values with those in Table 1, it was possible to determine that specific occupational groups were either under or overrepresented in the separated sample. As shown, a highly disproportionate number of separations came from the Nondesignated group. These findings corresponded with those reported above in that the majority of premature administrative separations occurred during the early phases of an enlistment, prior

Table 4

Frequencies and Percentages of Occupational Assignments for
Navy Enlisted Women Administratively Separated by Year of Enlistment

<u>Occupational Group</u>	<u>Year of Enlistment</u>					
	<u>1973</u>		<u>1974</u>		<u>1975</u>	
	<u>f</u>	<u>%</u>	<u>f</u>	<u>%</u>	<u>f</u>	<u>%</u>
<u>Traditional</u>						
Hospital Corpsman	48	5.6	72	7.3	61	7.8
Clerical/Administrative	34	3.9	30	3.0	30	3.8
Communications	51	5.9	65	6.6	64	8.1
Miscellaneous	38	4.4	25	2.5	19	2.4
Service/Mess Management	17	2.0	20	2.0	17	2.2
Electronics	15	1.7	16	1.6	9	1.1
<u>Nontraditional</u>						
Aviation (Mechanics)	3	0.3	5	0.5	9	1.1
Engineering/Deck/Ordnance	3	0.3	7	0.7	3	0.4
Electrical/Construction	3	0.3	8	0.8	5	0.6
<u>Nondesigned</u>	649	75.4	740	74.9	568	72.4
Total	861	99.8	988	99.9	785	99.9
					534	89.7
					595	99.8
					367	99.4
					369	100.0

to the assignment of an occupational specialty. Less readily identifiable were the somewhat higher proportions of discharges from the Hospital Corpsman and Communications groups and underrepresentation of separations among Clerical/Administrative and Miscellaneous personnel.

Hospitalizations of Navy Enlisted Women, 1973-1976

In comparing frequencies and percentages of hospitalizations across the 1973-1976 cohorts, the differences in percentages revealed considerable information about the temporal factors associated with illness rates among Navy personnel, as can be seen in Table 5. For example, the hospitalization data for the 1976 cohort included only the admissions that occurred during the first year of an enlistment which reflected those disorders related to adjusting within such unique Navy settings as recruit training, occupational training, and the first duty assignment. Thus, the high percentages of hospitalizations for respiratory diseases, mental disorders, and injuries were most likely associated with the close-living conditions of barracks life, difficulties in adapting to a regimented way of life, and inexperience with the physical activities performed in training or required on the job. These findings supported results reported elsewhere on the high incidence rates for these conditions during the initial phases of a Navy career (Plag & Phelan, 1970; Hoiberg, 1978a).

With increasing years of service, a decline in percentages was evidenced among the other cohorts for these disorders. At the same time, increases in

Frequencies and Percentages of Hospitalizations for Selected Diagnostic Categories among Navy Enlisted Women by Year of Enlistment

Diagnostic Category/Disorder	1973			1974			1975			1976		
	f	%		f	%		f	%		f	%	
Infectious and Parasitic Diseases	335	9.6		320	8.6		191	8.9		52	7.6	
Mental Disorders	337	9.7		403	10.8		265	12.3		97	14.2	
Psychoses	36	1.0		37	1.0		22	1.0		9	1.3	
Neuroses	81	2.3		107	2.9		67	3.1		34	5.0	
Personality Disorders	79	2.3		105	2.8		62	2.9		24	3.5	
Alcoholism	32	0.9		37	1.0		37	1.7		10	1.5	
Drug-related Conditions	10	0.3		22	0.6		17	0.8		0	0	
Transient Situational Disturbance	75	2.2		66	1.8		40	1.9		13	1.9	
Diseases of the Respiratory System	344	9.9		427	11.5		241	11.2		107	15.7	
Diseases of the Genitourinary System	280	8.0		329	8.8		157	7.3		30	4.4	
Pregnancy-related Conditions	806	23.2		836	22.5		411	19.2		53	7.8	
Complications	148	4.3		159	4.3		100	4.7		9	1.3	
Abortion	380	10.9		409	11.0		232	10.8		40	5.9	
Delivery	278	8.0		268	7.2		79	3.7		4	0.6	
Symptoms and Ill-defined Conditions	197	5.7		209	5.6		149	6.5		55	8.0	
Symptoms Referrable to Abdomen and GI Tract	94	2.7		108	2.9		66	3.1		24	3.5	
Injuries	262	7.5		290	7.8		179	8.3		89	13.0	
Total of Listed Hospitalizations	2,561	73.7		2,814	75.6		1,584	73.8		483	70.7	
All Other Hospitalizations	915	26.3		906	24.4		562	26.2		200	29.3	
Total of All Hospitalizations	3,476	100.0		3,720	100.0		2,146	100.0		683	100.0	

hospitalization rates were noted for pregnancy-related diagnoses, which accounted for the highest percentages of hospitalizations for each of the 1973-1975 cohorts. Percentages of abortions were higher for cohorts with fewer years of service whereas percentages of deliveries and pregnancy complications were somewhat higher for the 1973 and 1974 cohorts. Overall, the leading reasons for being hospitalized after the first year of service included: pregnancy-related conditions, respiratory diseases, and mental disorders.

Hospitalization percentages for such stress-related conditions as neuroses and symptoms referable to the abdomen and lower gastrointestinal tract also declined significantly with increased years of service. Hospitalization percentages for psychoses and transient situational disturbance tended to be fairly comparable across cohorts. Percentages for these diagnoses fell below those for the pregnancy-related category; however, with the discontinuation of abortions, differences in admissions between mental disorders and these diagnoses should narrow unless considerably more women remain on active duty after childbirth. With the observed relatively high percentages of Unsuitability separations, perhaps many potential patients with stress-related problems had been separated during early phases of their enlistments.

Discussion

In describing the current status of Navy women, an important factor to consider is the transformation that the organization as a whole has been undergoing during the same time period. Characteristically, all of the services are

becoming increasingly more similar to large-scale corporations and less identifiable as a stronghold of traditionalism. According to Moskos (1976), the military has shifted from a vocation stressing institutional values to an occupation with rewards in the marketplace. To complete its multifaceted mission, the Navy must recruit and train personnel in 109 occupational specialties which are as diverse as air traffic controller and boiler technician or as highly skilled as a Polaris Electronics Technician. During recent years, the Navy has had to compete with industrial personnel managers who have attempted to lure away many highly trained Navy personnel. In the less technologically sophisticated past, many men enlisted because of the camaraderie and elitist aspects of shipboard life while others joined for travel and training opportunities or in response to a judge's offer of prison or military life. Prior to 1955, less than 40 percent of all active duty personnel was married (Goldman, 1976). By 1977, nearly two-thirds of all Navy enlisted personnel were married and the Navy has had to become responsive to the needs and demands of the enlistee's family. In addition to these transitions, the Navy changed compositionally with increases in women's enlistments as well as by the impact of this increment.

The expansion of women's enlistments after 1972 brought to the Navy higher average levels than men for such variables as education, age, mental aptitude, and socio-economic status (Binkin & Bach, 1977). For most specific occupations, however, the average aptitude scores on required measures were

comparable between men and women although with their higher scores nearly all women were considered school eligible as contrasted with an eligibility rate of about two-thirds for men (Hoiberg, 1978b).

Added to these disparities have been the observed differences in occupational and duty assignments as well as instances of preferential treatment for women. For example, Kane (1977) reported that women assigned to tug boat duty were not required to stand watch or perform the work tasks of the worst, bottom-of-the-rung jobs as had been the case with recent male arrivals. Supervisors assumed a paternalistic role toward the women and an autocratic form of leadership with the male crew members. Given this type of environmental setting and a work group consisting of members with varying levels of physical and mental abilities, it was not surprising that many men became increasingly resentful toward their female counterparts. Manifestations of this resentment took the form of verbal abuse or harassment about women's skills or capabilities as well as comments about their lack of femininity and moral standards. Such examples of men's reactions to women's arrival, primarily in nontraditional jobs or previously all-male duty assignments, have been reported in studies conducted in the Army and at the service academies (Hicks, 1978; Woelfel, 1978; Wood, 1978; Priest, Vitters, & Prince, 1978; Durning, 1978; DeFleur, Gillman, & Marshak, 1978). Interestingly enough, women who entered federal civil service for the first time in the 1880s were met with similar treatment (Baker, 1977).

Even under these conditions, considerably more women than could be accepted applied for enlistment in the Navy. The most important reasons given for enlisting by a sample of 1,000 Navy women (and 1,000 men) included a desire to make something of their lives and to receive training or future educational benefits (Thomas, 1977). Also of importance has been the higher pay available in the military than could be earned in civilian organizations for women with less than a college degree (Binkin & Bach, 1977).

In addition to this increased interest, women have accepted the challenge of entering several nontraditional occupational fields and duty assignments. Results of this study showed that occupational assignments in two traditional groups decreased significantly while the proportion of Aviation mechanics increased substantially. Shifts in women's assignments to other nontraditional specialties were not statistically significant. Explanations for such few changes in occupational assignments included: (1) Because of the overall rapid increase in women's enlistments, many women have not been assigned to an occupational specialty; percentages in the Nondesignated group fell within a range from 28 to 78 percent in 1977. (2) Women have been restricted to occupations primarily performed on shore duty and those that will not disrupt ship-to-shore rotations for men. (3) Because women on the average enlist at an older age than men, they have been employed prior to enlistment, undoubtedly in a traditional field. As a result, more women are assigned to clerical or other traditional jobs at the suggestion of the recruiter who based his recom-

mentation on a woman's previous experience. (4) According to a study conducted by the U.S. Government Accounting Office (1976), many women stated that they preferred work in clerical and medical occupations. (5) Another reason is that recruiters often fail to tell women about their occupational options. (6) Because women are required to have higher general aptitude scores than men just to enlist, it seems likely that many women are overqualified for several nontraditional jobs. Conversely, many women may not have high enough scores on mechanical or specialized aptitude tests to meet the qualifications for assignment to a number of nontraditional jobs. The Air Force, for example, is currently developing a mechanical aptitude test that is more appropriate for women (Guinn, 1978). (7) A final consideration is the fact that women may have insufficient strength to satisfactorially perform the work in many nontraditional occupations. At present, the services are determining the strength requirements of each job. These will be outlined and both sexes will be eligible for assignment to a specific job if the physical requirements can be met. The Air Force, which has been leading the way in the establishment of job requirements over the past few years, reported that nearly all of the noncombat jobs in the military require no more strength than that needed to lift 40 pounds to elbow height. Virtually all women tested by the Air Force could pass this test whereas a total of 28 percent of the women were able to pass the most strenuous test of lifting 70 pounds to a height of six feet (U.S. Department of Defense, 1977).

Other results of this study showed that the majority of women who were administratively separated from the service were most likely to have no designated occupation and had received a separation for reasons of unsuitability. Another point made by Kane (1977) with regard to women's performance in physically demanding jobs was that many women reacted to men's verbal abuse by becoming increasingly more helpless, which he described as "learned helplessness" that was used to cope with the situation. Through this show of inability to perform numerous physical tasks, these women "proved" their femininity to the jeering men who in turn leveled additional abuse on them for shirking their duties. Under such conditions in which peer pressure exerted considerable control over women's behavior, a likely outcome would be an elevated separation rate for women. Results of this study, however, showed a relatively stable discharge rate for most administrative separations across the years. The premature attrition rates between men and women have been fairly comparable in that women have much lower rates than men for inaptitude and disciplinary discharges as well as somewhat lower rates for other reasons of unsuitability which when combined with the pregnancy-parenthood separations resulted in a similar overall discharge rate for both sexes (Hoiberg, 1978c).

Another, and perhaps the ultimate, way to prove one's femininity was to have a baby, particularly for those women assigned to nontraditional jobs (Stiehm, 1978). In comparing traditional and nontraditional occupational groups, however, the highest childbirth rates among Navy women were for those

assigned to the traditional specialties (Hoiberg, 1978a). Findings of the present research identified a total of 629 women who gave birth in naval medical facilities during a four-year period while 1,061 had an abortion. Of the total number of women who gave birth after the implementation of the optional discharge policy in May 1975, 84 percent remained on active duty after the delivery and about 10 percent reenlisted. The highest proportion of these active duty mothers were assigned to Clerical/Administrative and Miscellaneous specialties. Approximately 10.9 percent of all women who enlisted since 1973 were separated for reasons of pregnancy or parenthood. In comparisons with live birth and abortion rates for civilian women of comparable age levels, the Navy women's rates were substantially lower (Bureau of the Census, 1977). With increases in nontraditional occupational assignments, the number of pregnancy-related conditions would be expected to decline if the trends noted in this research continue.

Findings on hospitalizations for mental disorders were that significantly more admissions for neuroses and personality disorders occurred during the early phases of an enlistment which undoubtedly were associated with adjustment difficulties and administrative separations. Another significantly higher percentage related to initial adjustment was observed for abdominal symptoms. Differences among cohorts for the other diagnoses subsumed under stress-related conditions tended to be relatively minimal and statistically nonsignificant. Overall, the results on comparisons of mental disorders

across cohorts revealed the importance of assisting enlistees in their adjustment to Navy life, i.e., during recruit and occupational training.

With increases in women's enlistments anticipated for at least the next four years, the findings reported here suggest several areas in which this expansion might progress more smoothly. One recommendation would be to make enlistment requirements somewhat more comparable between men and women which would narrow the rather large differences noted for such variables as education, age, mental aptitude, and socio-economic status. An expanded orientation program both for use by recruiters and recruit training company commanders would be helpful in more accurately informing women about Navy life, their co-workers, and occupational specialties. In preparation for their subsequent jobs, women should be more than sufficiently trained which would reduce the number of derogatory comments pertaining to their capabilities and skills. Efforts to enhance women's self-esteem would serve as an initial step in learning to ignore adverse peer pressure. The introduction of women into all-male work settings also requires advanced preparation and psychological conditioning of their male co-workers and management alike. Such implementations would prove beneficial in reducing adjustment difficulties and premature attrition, particularly as more women are assigned to nontraditional occupations and shipboard life.

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with a specific occupation; between 72 and 99 percent of all separated women had not been assigned to a specific specialty. The most frequent reasons for being separated were either pregnancy/parenthood or unsuitability for service. Other comparisons showed that most hospitalizations occurred because of pregnancy-related conditions, respiratory diseases, and mental disorders. Pregnancy-related conditions accounted for 10.9 percent of all separations and 21 percent of all hospitalizations. Several recommendations were made in an effort to enhance the transition of integrating 20,000 additional enlisted women into the Navy by 1983.

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