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Gerald J. Schnepf

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Sociological Implications of Rhythm Method Practice

GERALD J. SCHNEPP, S.M., Ph.D., AND JOSEPH P. MUNDI, M.A.

*Department of Sociology
St. Louis University*

WHILE THERE SEEMS to be an adequate amount of information concerning the effectiveness and extent of practice of contraception, the same does not seem to be true regarding the rhythm method. In speaking of the effectiveness of any various effects of contraception and the rhythm method, we are considering only the scientific aspects. We take it as well known to the readers of this magazine that contraception is always morally wrong; whereas rhythm as a method of conception-control can be licit. We use the term "contraception" to designate conception-control through the use of chemicals or mechanical devices. ("Withdrawal" is, of course, another method, but it did not enter into our study.) The term "rhythm method" denotes the method of conception-control based on calculations of the woman's fertile period, the couple abstaining from intercourse during that period. Synonyms used by various writers include: rhythm theory, periodic abstinence or continence, the safe period, Ogino-Knaus method or theory, natural birth control, and natural conception-control.

Within the past fifteen years, several surveys of the opinions of both laymen and doctors have been made on the broad subject of birth control and the various forms of conception-control taken as a whole.¹ From these and the study summarized here, there is evidence that the knowledge and practice of the relatively new Ogino-Knaus method of conception-control is becoming widespread. The fact of cycles of fertility and sterility has been known, of course, for centuries; but the method is "relatively new" (1929) in the sense that it provides a rather accurate means of determining the fertile and sterile periods within narrow limits. There are statements that it is becoming widespread.² If this method is being used by an increasing number of married couples, it is important that sociologists, marriage counselors, students of the family, demographers, doctors, and clergymen know the direction and extent of spread, as well as the sociological implications of this development.

A survey of St. Louis doctors was undertaken in 1949 to add to our information on the practice of the rhythm method. The survey was limited to gynecologist-obstetricians, general practitioners, and internists, in the belief that these would be in the best position to answer our questions. A summary of the results follows. Only those results pertinent to the sociological implications are given here. Other articles give more details.³ (1) Of almost 10,000 patients of the doctors, about 31 per cent were reported to be using the rhythm method—24 per cent exclusively, and 7 per cent in combination with artificial contraceptives. (2) About 50 per cent of the doctors thought there has been an increase in the use of the rhythm method. When asked to distinguish by religious affiliation, two-thirds thought there had been an increase among Catholics, 30 per cent said there had been an increase among Protestants, 22 per cent among persons unaffiliated with any religion, and 12 per cent among Jews. (3) In answer to the question "Is the rhythm method too complicated for effective use by most women?", two-thirds of the doctors said that it was not. About 83 per cent of the gynecologist-obstetricians said that it was not too complicated, as compared with 63 per cent of the internists and 54 per cent of the general practitioners. (4) The mean percentage effectiveness of artificial contraceptives, according to the opinions of the doctors, was 85 per cent (S. D. 8.8); the corresponding figure for the rhythm method was 65 per cent (S. D. 25.0). The median percentage effectiveness was 93 per cent for contraceptives, 71 per cent for the rhythm method. (5) Younger doctors tended to ascribe a higher degree of effectiveness to the rhythm method; mean age of those giving it a 70-plus effectiveness was 44 years, of those giving it a 69-minus effectiveness was 48 years.

From this study, and others previously cited, it seems clear that the use of the rhythm method is on the increase, particularly among Catholic married couples but to some extent among all religious groups. As the use of the method spreads, it may be expected that more and more people will learn of the technique and its effectiveness. Two-thirds of the doctors queried did not think the method too complicated for effective use by most women, and their average estimate of its effectiveness was 65 per cent. It is true that the high standard deviation—25 per cent—indicated considerable difference of opinion among the doctors, but the fact that younger doctors gave it a higher rating may be interpreted to mean that similar studies made five, ten or more years hence will show a higher average estimate of effectiveness and a lesser scatter of opinions, particularly in view of the fact that clinical studies give a higher per cent effectiveness than the average given by the doctors.⁴ Half of the doctors thought that the practice of the rhythm method is increasing; this does not necessarily mean

that it is gaining favor, since the use of contraceptives has also probably increased. Even so, a larger number of couples is apparently using the method, a fact that may be expected to have certain effects both on population and on the family.

Regarding population, there seem to be several possibilities. First, if one believes that the rhythm method is a radical improvement in technique (and there are many who do)⁵ it is possible that it could have a depressing effect on the birthrate, if the method is used solely for conception prevention. The opinion of T. J. Woofter, arrived at by deductive reasoning, that there is a possibility that "we are approaching . . . a point when the spread of family limitation is beginning to show diminishing returns,"⁵ may have to be modified. In fact, Woofter foresees this possibility when he says:

We may, therefore, deduce that *barring some radical improvement in technique*, the effects of future diffusion of birth control methods may be expected to exert a progressively weaker depressing force on the birth rate, especially in the urban white population.⁷ (Italics ours).

Since the rhythm method is most appealing to the group which, according to Pearl,⁸ has been most resistant to contraceptive practices—the Catholics—its wider use among this religious group may have just such a depressing effect. While it is possible that some couples may be abandoning contraceptives in favor of the rhythm method—thus leaving the net effect on population about the same—there is some reason to believe that the method is being used by some couples who have not used contraceptives. For example, Dr. C. E. Gorman says:

Even the most scrupulous of people are not offended at this type of birth control. It is a selective means and not a preventive or contraceptive system. It is accepted and approved by the medical profession as the ideal if it can be removed from the realm of theory and placed among the natural laws. Furthermore it has received the approbation of the clergy of all denominations, and the public in general.⁹

Second, if one believes with Dr. Gorman, just cited, that the rhythm method "is a selective means and not a preventive or contraceptive system," knowledge of fertility rhythm could have a stimulating effect on the birthrate. That this is more likely than the first, or negative possibility, at least for Catholics, is indicated by the fact that Catholic writers on the subject are careful not to advocate the rhythm method but limit themselves to discussing the conditions under which it may be permitted. Perhaps the most complete discussion is that of Orville Griese. He considers four types of reasons: (1) ordinarily sufficient for permanent practice of the rhythm method;

(2) ordinarily sufficient for temporary practice; (3) doubtfully sufficient motives; and (4) insufficient motives.¹⁰ In the most widely used manual of the method,¹¹ every effort is made to impress on the couple their obligation of parenthood. In other words, there is no organized campaign by church authorities to induce Catholic couples who may have grave and valid reasons to avoid pregnancies to practice the rhythm method as a means of conception-control, although it is probable that few Catholic couples marrying today are ignorant of the existence of the method, even though they may not be fully acquainted with the details of its operation. Thus, the weight of Catholic official action and unofficial advice tends toward an increase, rather than a decline of population.

Further evidence to support this stimulating-effect theory might be uncovered if studies were undertaken to determine the conception-control practices, if any, of a sample of the millions of couples responsible for the upsurge in the U.S. birthrate during and since World War II.

Regarding marriage and the family, it would seem that wider use of the rhythm method could have three possible effects. First, since one of the major factors in marital discord is assumed to be emotional immaturity,¹² it may be argued that the modicum of self-control required for successful practice of the rhythm method will contribute to emotional maturity; hence, its wider use could mean fewer disorganized families in the future, certainly a desirable social effect.

Second, although no definite statement can be made regarding all women and all contraceptives, yet it seems clear that for some women the use of certain types of contraceptives results in harmful psychological effects. If it be assumed that these effects will influence the marital relationship unfavorably, the replacement of contraception by the rhythm method could increase the ratio of happily married couples. One of the doctors in the study calls attention to this possibility:

Being reasonably assured that their relationship will not result in pregnancy, couples much prefer the use of rhythm to the use of chemical and mechanical barriers and the donning of armor. Rhythm is definitely a deterrent to infidelity. At one period it renews the [continence] of the courtship, the next period is a recapture of the delight of the honeymoon.

Finally, for those couples who desire to build a family, knowledge of fertility rhythm can be used in a positive way to plan for children. As a number of doctors in our study remarked, when the calculations of the method are supplemented with the basal temperature chart (basal temperature is a check on the rhythm method since the temperature curve gives added information concerning the time of ovulation¹³), the time when con-

ception is most likely to occur can be predicted within very narrow limits. Various doctors cited cases of childless couples who succeeded in satisfying their desire for children by applying the method. Its more widespread use could result in more children and especially in more children who are desired. It might be argued that the simple abandonment of artificial contraceptives could have the same effect. However, this qualification should be made: mere abandonment of contraceptives will tell the couple nothing about the time when conception is most likely to occur.

Our study has suggested certain lines for future research, including the following: (1) Is the rhythm method being used for controlling or for preventing conception? To answer this question, such matters as family size, child-spacing, economic status, and opinions of the married people themselves would have to be known. As suggested earlier, a sample study of the conception-control practices, if any, of the millions of couples who have contributed to the high war and post-war birthrates in the U.S. might show that wider practice of the rhythm method has had a stimulating, rather than a depressing effect on population. (2) Are the results of this study typical of large cities or specific to St. Louis? Research in other cities and in rural areas might reveal significant differences. (3) Suggested by this study is the possibility that the spread of the rhythm method as a culture trait has been much more rapid than the earlier spread of contraceptives. If this is true, the possible factors involved readily suggest themselves but should be subjected to empirical research and critical analysis.

BIBLIOGRAPHY

1. "Clinical Contraception in U.S.; Report of 212 Birth Control Centers for 1939," *Human Fertility*, 5 (October 1940), 153-54.
A. F. Guttmacher, "Conception Control and the Medical Profession: The Attitude of 3,381 Physicians toward Contraception and the Contraceptives They Prescribe," *Human Fertility*, 12 (March 1947), 1-10.
John W. Riley and Matilda White, "Use of the Various Methods of Contraception," *American Sociological Review*, 5 (December 1940), 890-903.
Regine K. Stix and Frank W. Notestein, "Effectiveness of Birth Control—A Study of Contraceptive Practice in a Selected Group of New York Women," *Milbank Memorial Fund Quarterly*, 12 (January 1934), 57-68.
Regine K. Stix and Frank W. Notestein, "Effectiveness of Birth Control—A Second Study of Contraceptive Practice in a Selected Group of New York Women," *Milbank Memorial Fund Quarterly*, 12 (April 1935), 162-78.
Marie Pichel Warner, "Contraception: A Study of 500 Cases from Private Practice," *Journal of the American Medical Association*, 115 (July 1940), 279-85.
2. Virginia Clay Hamilton, "The 'Safe Period,' a Report on 36 Cases," *Human Fertility*, 5 (December 1940), 165-69.
"Contraception and Birth Control," *Journal of the American Medical Association*, 103 (September 1934), 756-57.
Thomas R. Goethals, "Consideration of the 'Rhythm' as a Measure for Birth Control," *New England Journal of Medicine*, 216 (January 1937), 104-09.
C. E. Gorman, "Rhythm Theory of the Menstrual Cycle," *New Orleans Medical and Surgical Journal*, 87 (February 1935), 560-61.
3. "What Doctors Think of the Rhythm Method," *American Ecclesiastical Review*, 123 (August 1950), 111-16.
Joseph Mundi, *The Opinions of a Select Group of St. Louis Doctors on the Effectiveness of the Rhythm Method and the Extent of its Practice*. Unpublished M. A. dissertation, St. Louis University, 1949.
4. Stephen Fleck, Elizabeth F. Snedeker, and John Rock (For clinical studies) "The Contraceptive Safe Period," *New England Journal of Medicine*, 223 (December 1940), 1009.
A. G. Miller, C. H. Schulz, and D. W. Anderson, "Conception Period in Normal Adult Women," *Surgery, Gynecology and Obstetrics*, 56 (June 1933), 1020-25.
A. G. Miller, "Progress in the Study of Physiologic Sterility," *Clinical Medicine and Surgery*, 42 (January 1935), 19-22.
A. G. Miller, "The Fertile Period in Practice," *Surgery, Gynecology and Obstetrics*, 66 (April 1938), 723-31.
Dr. Thomas R. Goethals (*loc. cit.*)
5. Goethals, *loc. cit.*
6. T. J. Woofter, "Factors Sustaining the Birth Rate," *American Sociological Review*, 14 (June 1949), 357.
7. *Ibid.*, 359.
8. Raymond Pearl, *The Natural History of Population*, New York: Oxford University Press, 1939, 242.
9. C. E. Gorman, "Rhythm Theory of the Menstrual Cycle," *New Orleans Medical and Surgical Journal*, 87 (February 1935), 560.
10. Orville Griese, *The Morality of Periodic Continence*, Washington: Catholic University of America Press, 1942.
11. Leo J. Latz, *The Rhythm of Sterility and Fertility in Women*, Chicago: Latz Foundation, 1947. (Over 400,000 copies of this manual have been printed.)
12. Meyer F. Nimkoff, *Marriage and the Family*, Boston: Houghton Mifflin Co., 1947, 731.
Ernest W. Burgess and Harvey J. Locke, *The Family*, New York: American Book Co., 1945, 339-H.
13. Esther M. Greisheimer, *Physiology and Anatomy*, 5th ed., Philadelphia: J. P. Lippincott Co., 1940, 670.