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# The Ovulation Method of Contraception

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*The ovulation method of contraception is based on an interpretation of the patient's vaginal mucus discharge. The only major trial of it shows a failure rate of at least 25.4 pregnancies per 100 woman years: from these figures about 25 per cent of women using it in any one year would become pregnant. Despite this failure rate, the ovulation method continues to receive considerable government support.*

An alarming situation in the field of family planning has arisen in Melbourne in recent years. Government funds and facilities have been misused to promote a method of contraception, the ovulation method, which is scientifically unproven and which rests on a sectarian basis. Contrary to accepted family planning practice, the method is presented in isolation from other methods, and without giving accurate information about its effectiveness. It is presented in a context of fear of the social and physical consequences of other forms of contraception, while the attitude taken to procreation discounts failures as the patient's fault.

## HISTORY OF THE OVULATION METHOD

Before giving detailed information about these reasons for concern, it is necessary to give a brief history of the ovulation method, to explain how it differs from other Catholic methods, and to describe the controversy that has surrounded its development.

Natural methods of contraception originated in the thirties with the rhythm method. This method was given limited approval by Pius XI in *Casti Connubii,* for although 'the conjugal act is destined primarily by nature for the begetting of children', it was held legitimate for a couple to make use of the safe period provided by the rhythm method in certain serious circumstances. The disadvantages of the rhythm method have been often rehearsed. The chief among them (apart from the need to practise periodic abstinence, which is common to all natural

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methods) is that it cannot be made to work for women with irregular menstrual cycles. Such women do not necessarily form a special group for almost all women experience a degree of irregularity at some times, especially after childbirth and during menopause.

During the sixties the temperature method, which depends on the slight rise in basal body temperature that occurs after ovulation, was developed. It is more reliable than the rhythm method for the post-ovulatory phase, and in this it represents an advance, but it cannot specify pre-ovulatory safe days as the information it gives is retrospective. If a woman practises this method she cannot know in advance when she is going to ovulate: the rise in body temperature informs her after the event. She may or may not attempt to estimate pre-ovulatory safe days on the basis of the rhythm method.

The ovulation method is something else again. It is based on an interpretation of changes in the patient's vaginal mucus discharge. The mucus is said to change significantly in its nature when the woman is most fertile, and to be absent when she is infertile. This method's chief advantage over the temperature method is said to be that the onset of mucus symptoms *predicts* the time of ovulation, giving sufficient warning of this event to enable the use of pre-ovulatory safe days. As well as this, it does not require the use of any equipment nor, so it is claimed, does the method require either intelligence or continuing medical supervision. We are told that it has a 0.5 per cent failure rate, that it is based on sound scientific knowledge, can be used successfully by any woman who wishes to do so, and that it helps to establish physical and mental harmony in marriage. Further, it may end problems of poverty, illiteracy, infidelity and overpopulation, prove an especial blessing to the countries of India and Pakistan and liberate women from 'sexual drudgery'.[1]

The ovulation method has been developed in Melbourne over the last fifteen years principally by Dr J. J. Billings, who is current chairman of the Medical Research Advisory Committee of the National Health and Medical Research Council, and Dean of the Clinical School at St Vincent's Hospital. This is a public hospital under the jurisdiction of the Victorian Minister for Health. Dr Billings was also president of the Victorian branch of the Right to Life Association during the anti-abortion campaign of 1973. (Dr J. N. Santamaria, Director of Community Medicine at St Vincent's, acted as secretary during the same period.)

While it is generally accepted that there are some changes in vaginal mucus which some women can recognize, promoters of the ovulation method claim that all women experience them and, no matter how

uneducated, unintelligent or submerged in poverty, can be taught to recognize which changes indicate fertility and to avoid intercourse when they are present. 'Once a woman has learned the ovulation method . . . virtually every pregnancy will be able to be regarded as *wanted* or *irresponsible*.'[2]

Billings feels that he is more a rediscoverer than a developer of the method. In his view a misdirected scientific effort has, in its sophistication, overlooked the obvious. It is clear, he says, from *Genesis* that a knowledge of its principles is ancient history: Lot's daughters decide when to seduce their father, confident that their knowledge of ovulation will ensure conception.[3] This is a curious reading of Holy Writ (*Genesis* 19:31-34).

Billings and his wife, Dr E. L. Billings, were originally on the medical board of the Catholic Family Planning Centre which had been established in Fitzroy, Melbourne, in 1968, with Father Frank Richards as director. The method taught was a combined one of mucus symptoms, temperature and, if desired, early safe days reckoned on the basis of the rhythm method. By early 1972 Billings had become convinced that it was possible to rely on mucus symptoms alone. He and his wife were unable to persuade fellow members of the medical board to adopt this approach and, for this reason, they resigned in February 1972. Dr Lidia Sans who, while not a member of the medical board, had been closely associated with the Catholic Family Planning Centre, followed them soon after. As senior medical officer in the Department of Maternal and Child Welfare, she occupies an influential position in the Victorian Health Department.

Previously the Catholic Family Planning Centre had used the name 'ovulation method' as a general description of the combined method they taught, but after his resignation Billings laid claim to the name under copyright and defined it as the identification of fertile and infertile days by the use of the mucus secretion alone. This dispute, both over methods and nomenclature, has naturally caused a degree of confusion among people seeking advice on the practice of natural methods.[4] After his resignation Dr Billings organized his system of instruction from St Vincent's Hospital. A number of lay teachers were trained in the method under the general supervision of Dr Santamaria. Later Cardinal Knox provided the organization with rooms in East Melbourne, now known as the Natural Family Planning Centre and having no connection with the Catholic Family Planning Centre. St Vincent's continues to train lay teachers and conduct ovulation method clinics, while instruction in the method is also available at the East Melbourne premises, fifteen suburban parish centres, Cabrini Hospital,

Sacred Heart Hospital, and in four of the family planning clinics run by the Department of Maternal and Child Welfare (Knox, Dandenong, Preston and Kensington). At these last the ovulation method is offered at separate sessions, in isolation from the other methods available in general sessions. It is taught by Dr Sans, who is assisted by lay teachers. The method is also available in sixteen Victorian country centres, including Colac Hospital and the Holy Cross Hospital at Geelong.[5]

The Catholic Family Planning Centre in Fitzroy continues to offer its combined method, both in person and by correspondence. It also has a number of subcentres in other parts of the state. However, the people connected with this centre tend to adopt a low profile: the authority and influence of the ovulation method's promoters, the Billings, Santamaria and Sans, command the greater share of public attention.

Thus, the Conference on Population and Ecology held during the course of the Fortieth International Eucharistic Congress in Melbourne 1973 emphasized the ovulation method, rather than any combined temperature and symptoms method, as the answer to any possible future world population problem. This emphasis reflects the local strength of the ovulation method rather than any international Catholic consensus, for though the ovulation method has been exported enthusiastically, the International Natural Family Planning Federation considers that its reliability is as yet unestablished.[6]

## EFFECTIVENESS OF THE OVULATION METHOD

As yet the objective evidence on which the claims of the ovulation method rest is slight. In *Lancet,* 1972, Billings, Billings, Burger and Brown sought to establish that 22 'normal housewife' volunteers, monitored for one menstrual cycle, could be taught to recognize mucus symptoms of fertility. The authors found that changes in the mucus symptoms reported by the women corresponded approximately with a time of ovulation estimated from daily hormonal analyses of blood and urine.[7] This study postdates the first edition of Billings' polemical *Ovulation Method* by eight years. The women, therefore, knew what they were expected to find and approximately when to find it. The influence of a desire to please cannot be eliminated from the results. Nevertheless, this small study is taken as proof that virtually all women have, and can recognize, mucus symptoms of fertility.

Dr J. Marshall, a leading English expert on the basal body temperature method, has disputed this.[8] He studied 166 women through 1,800 cycles and discovered that 75 per cent observed mucus in every cycle, 21

per cent in some cycles, and 4 per cent in none. (Four per cent of the women he had originally selected were unable to accept because they had a pathological discharge.) All but four of the 189 cycles without mucus showed a biphasic temperature curve which indicated that the women were in fact ovulating. In most cases the mucus appeared 19 to 14 days before the end of the cycle, though an appreciable number were outside this range. The average (mode) was 16 days—given sperm survival time, an onset of symptoms 16 days before the end of the cycle would in most cases give insufficient warning of ovulation. Many women would, therefore, have been fertile before the onset of erratic 'mucus symptoms'. It cannot be said, from the available evidence, that vaginal mucus symptoms provide an infallible indication of time of fertility for all fertile women. Yet a reliable indication must be regarded as essential if a valid method of birth control is to be based upon it.

There is only one major trial of the ovulation method that has been written up in the scientific literature. This took place in the Islands of Tonga.[9] The method was used by 282 women for a total of 2,503 cycles; that is, for an average of just under nine months each. At the end of the period of study 81 were pregnant. But the authors are not dismayed. Only one of these pregnancies is reported as a failure of the ovulation method itself, while two others are classified as 'user-failures': that is, they occurred because the users failed to understand the method. A further 50 pregnancies are attributed to couples breaking the rules. Although we are not told how this particular diagnosis was made, Billings later writes: 'They all knew quite well why they became pregnant and that they need not have done so . . .'[10]

Twenty-eight women, we are told, abandoned the method because they wanted more children. The study was not designed to show whether these pregnancies were in fact planned, or whether they were rationalized as planned after conception. Of 395 couples who were initially instructed in the method, 113 had been eliminated from the study for various reasons, including that they wanted more children. So if these 28 couples had chosen pregnancy, they had changed their minds within a fairly short period, and in spite of already having an average number of 4.8 children. Nevertheless, even with these pregnancies *excluded,* the study shows a failure rate of 25.4 pregnancies per 100 women years by the Pearl formula. (If the 28 are included, the rate increases to 38 failures per 100 woman years.) It is interesting that the 'extraordinarily high success rate' of the trial is in part attributed to the fact that the teacher of the method, Sister M. C. Weissman, a member of the missionary order of Marist nuns, had taught most of the women during their school days. That she was their ex-school teacher may indicate

that the subjects were under a degree of moral pressure to adopt the method (instruction sessions were usually announced after mass on a Sunday) but, be that as it may, this unique circumstance largely invalidates what claims the study might have had to results that could be duplicated elsewhere.[11]

Marshall's English study 'A Field Trial of the Basal-Body-Temperature Method of Regulating Birth'[12] provides a striking contrast to the Tonga trial of the ovulation method. From a sample of 502 couples, he found a failure rate of 6.6 per 100 woman years for the group which confined intercourse to the post-ovulatory phase, and of 19.3 per 100 woman years for those using the pre-ovulatory phase as well. Marshall does not attempt to eliminate from his results pregnancies supposedly due to 'breaking the rules' and he is also aware that people may rationalize as 'planned' a pregnancy that was in fact unplanned at conception. If a couple did not give prior notice of their intention to withdraw from the study because they wished to conceive, and if they had continued to keep temperature records in the cycle in which they conceived, he classes their pregnancy as accidental. A similarly rigorous attitude to the data is lacking in the Tonga study.

Subjects for such studies as there are of natural methods are, in the nature of things, selected. They are selected both by their own willingness to cooperate with the investigators and by further criteria that the investigators themselves may impose. In addition, their motivation may be increased by the attention that is paid to them. It is therefore probable that the failure rates of methods involving periodic abstinence in everyday life would be higher than those found in special studies. The couples in Marshall's study who elected to use pre-ovulatory as well as post-ovulatory safe days showed a failure rate approaching that of the ovulation method. Those couples who were sufficiently motivated to restrict themselves to the post-ovulatory phase showed a much lower failure rate. They were also older and had more children already. It appears, both from the Tonga study and from Marshall's, that failures diminish with the age of couples and with the number of children already born to them. Thus, the survivors who persist with such methods may in the end achieve a comparatively low failure rate. It is also probable that the social and psychological cost of their achievement is more than many people would care to pay.

In summary, it has not been established that mucus symptoms provide a reliable indication of time of fertility and, for this reason, a method of birth control based on abstinence during the presence of such symptoms is more than usually unreliable.

## USE EFFECTIVENESS

The term 'use effectiveness' is used to describe the effectiveness of a contraceptive technique in actual practice, as opposed to laboratory conditions. Most family planners use the concept of 'user failure' to assist selection of the method of birth control best suited to a couple's social and psychological needs: they do not use it to exonerate failure of a method and to blame patients.

Billings defends his method against its critics by asserting that the only factors which should be included in assessing the effectiveness of a method are those which are beyond the control of the husband and wife 'such as intolerable ill-effects of medication, and an inability to understand the method'. He says that it is a 'gratuitous assumption to suppose that people misusing a method cannot help themselves.'[13] Nevertheless, where abstinence is an integral part of the method, failures due to the difficulty of abstinence cannot be discounted as 'not method failures'. Sister Weissman's own expanded version of the Tonga trial illustrates that it is as much a 'gratuitous assumption' to suppose that couples, or more especially wives, who take risks can help themselves:

> [Some of the men] find the abstinence exacting. We have had pregnancies through husband insistence . . . In some instances when a husband would be leaving his wife for three, six or more months it is quite understandable that he would find abstinence difficult . . . A similar situation is conceivable on his return. Also when the husband is drinking heavily, insistence can be a problem. But we are taking a look at a community which is very family centred. It would be unrealistic to say that this type of thing should not happen; it does, and it will probably continue.[14]

Leaving aside the question of whether or not people who cannot or will not use a method correctly should be blamed for their actions (and, if so, whether they should be blamed as a couple or individually) Billings' stance obscures an important problem in meaning. When a device is involved we can distinguish between its theoretical effectiveness on the one hand, and its actual effectiveness on the other. When a method has no separate physical existence, but is in its entirety the ability and motivation of its users to make subjective observations and judgments, and to repress desire on the basis of these judgments, it is most difficult to separate the method from the user of the method.

Whatever meaning is attached to contraceptive failures, a method with low use effectiveness is of little use. The final criterion by which a contraceptive technique is judged is its capacity, in actual practice, to prevent unwanted pregnancies. By this criterion the ovulation method

is inadequate: the claims made for it are without foundation. But it fails safe. For if you are pregnant it is your own fault, and if you are not it is another triumph for the ovulation method.

## REASONS FOR CONCERN ABOUT THE OVULATION METHOD

The extravagant claims made for the method have no basis in fact: on the contrary, the available evidence suggests that it is an inadequate method of contraception. Nevertheless, these claims have been made authoritatively and repeatedly and consequently many people have come to accept them. One effect of this may have been that people who look upon some version of 'rhythm' in much the same way as withdrawal, that is as a method which they can practise without recourse to professional advice, have been made over-confident. According to a survey conducted by the Melbourne University Health Service more than 77 per cent of the 51 unmarried students who became pregnant had been practising the rhythm method.[15] While it is unlikely that they were practising any natural method seriously and systematically, misleading public claims for the ovulation method could well have given them a false sense of security.

A greater danger than this lies in the fact that in Victoria the ovulation method has become institutionalized. St Vincent's, a public hospital, conducts an ovulation method clinic twice a week and continues to train lay teachers. It offers no other method. (The Mercy, likewise a public hospital, offers only the combined natural method.) In offering natural methods only, and in excluding medically reliable methods, these public hospitals have become the instruments of sectarian interests. It is difficult to understand how this can have occurred. The Department of Maternal and Child Welfare confidently offers the ovulation method in its family planning clinics as the best natural method available: even the responsible authorities have been misled.

It may be argued that, given the religious beliefs of some Catholics, public family planning clinics should offer natural methods as part of their range of services. If so, such methods should be offered honestly, with full information about the probability of their success. One of the most disturbing doctrines of the ovulation method is that it must be offered in isolation from other methods and taught by one who is devoted to its success. Billings deplores what he calls a 'cafeteria' approach to family planning, and speaks of the need to insulate ovulation method patients from the demoralizing opinions of outsiders.[16] Contraception should not have to depend on techniques more appropriate to faith healing.

Exponents of natural family planning devote considerable attention

to the dangers of other forms of contraception: but they do not mention that almost all possible side effects are less hazardous than pregnancy. In addition, couples who persist in using illicit contraception are told that they run the risk of serious social and emotional damage. Their practices may lead to infidelity and loss of respect for one another. Love cannot survive in the face of degrading contraceptive practices.[17] Promoters of the ovulation method claim that a large proportion of their clients are not Catholics. This claim should be considered in the light of the fears that have been generated about other forms of contraception. The words 'natural' and 'artificial' have a strong emotive force: it is deplorable that people who are not compelled to use unsatisfactory methods by religious beliefs, should be led to them by fears of another kind.

In the financial year 1973/74 the Family Planning Association was granted $200,000 by the federal government, and Catholic agencies $100,000. The figures for 1974/75 were $250,000 and $125,000 respectively. It is not known what proportion of the federal grant for Catholic family planning was spent on the ovulation method, and what on other natural methods, but it may be assumed (if only from the scope of their activities) that the ovulation method's promoters have not been lethargic in laying claim to their share. Beyond this general grant, the federal government directly funded the Ovulation Method Workshop at St Margaret's Hospital in Sydney, 3-5 August 1973.

Government support of Catholic family planning is probably based on the premise that, since approximately a third of the population is Catholic, they should have a third of the money. (Actually only 26 per cent of Australia's people described themselves as Catholic in the 1971 census but at 29 per cent, the proportion was higher in Victoria.) We do not know exactly what proportion of Catholics use Catholic methods of contraception, but what studies there are indicate that the majority do not (see appendix). Estimates of the percentage of contraceptors using natural methods range from 1 per cent through to 14 per cent, but the rapid fall in the birth rate since 1970-71 when this latter figure was calculated, and differences in the samples from which the figures were taken, indicate that a figure of lower than 14 per cent would be more accurate today. It appears that where alternatives are available, methods requiring periodic abstinence attract few people. This being so, there is no numerical justification for diverting such a large proportion of government money to Catholic family planning agencies.

One pregnancy in two in Australia is unplanned.[18] In these circumstances it is questionable whether governments should support unreliable

methods in any circumstances. There is grave cause for concern in the fact that, in Victoria, public instrumentalities are offering the ovulation method either in total isolation from other methods, or in circumstances that limit a patient's access to information.

## CONCLUSION

What evidence there is suggests that mucus symptoms of fertility are neither universally experienced nor can they be used by all women as reliable indicators of fertility. Therefore, a method of contraception based on abstinence during the supposed presence of such symptoms is inherently unreliable. From Marshall's results it appears that couples sufficiently motivated to use the temperature method, and to confine intercourse to the post-ovulatory phase of the cycle, have a comparatively low failure rate. However, even a failure rate per 100 woman years of 6.6, compared with less than 0.5 for the pill, and less than four per 100 woman years for the intra uterine device (IUD),[19] seems unacceptable when the effort and deprivation involved in achieving it are considered.

It appears that most couples practising methods involving periodic abstinence experience a high failure rate. But it is probable that further advances in pinpointing ovulation would have only a marginal effect on this failure rate, as the basic problem is abstinence. (In the unlikely event of a quick, simple and cheap test being developed for self use to accurately predict ovulation, this problem, together with the variable time factor in sperm survival, would remain to contribute to such a method's failure.) Nevertheless, if people making a free choice, wish to practise natural methods that is their business alone. However, it becomes a matter for public concern if facts are misrepresented, and if government funds and facilities are misused. It is possible that many people, unmarried and married, look upon some version of 'rhythm' in the same way as they see the practice of withdrawal since these are both methods which can be practised without professional help. But it is undesirable that people should resort to inherently unsafe methods because they are afraid to seek help. It is equally undesirable that people seeking help should receive medically unreliable advice.

If it is considered necessary for the state to underwrite the Catholic Church's position on birth control, the combined symptoms and temperature method should be made available in government supported clinics for those who wish to use it. It should be offered as part of the general range of contraceptive methods available, and full information about the probability of its success should be given. It should not be offered separately in isolation by different personnel and without accurate

information. If the combined method were offered in this way, there would be no need for it, or the ovulation method, to enjoy separate government support. Such support encourages sectarian feeling in the community, is inequitable in view of the numbers actually using natural methods and, especially in the case of the ovulation method, lends an unmerited aura of reliability. If private agencies offer natural methods separately, efforts should be made to ensure that these methods are offered honestly and without misrepresentation.

It has been suggested to me that future trials may vindicate the ovulation method. But even if this is regarded as an open question, it is deplorable that a method as yet unproven should be so widely promoted. It would not, for example, have been possible to market the contraceptive pill before its safety and reliability had been established.

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## REFERENCES

1. Billings, J. J., *The Ovulation Method*, Melbourne: Advocate Press, 1972 (first published 1964), pp. 24-27, 53, 94-96; Billings, J. J., The contribution of family planning programmes, in Santamaria, J. N. (ed.), *Man—How Will He Survive?*, conference on population and ecology, 40th International Eucharistic Congress, Melbourne 1973, Adelaide: Lutheran Publishing House, pp. 85-88; Billings, J. J., The ovulation method around the world to-day, *Ovulation Method Workshop*, Sydney: Responsible Parenthood Association, 1973 (mimeograph); Billings, J. J., Abortion aids birth control figures, *The Age*, 4 February 1974; Billings, E. L., Birth control, *Herald*, Melbourn: 12 November 1974; Gordon, M., New birth control method may yet beat poverty, *The Age*, 11 July 1974.
2. Billings, J. J., in Santamaria, *op. cit.*, p. 86.
3. *Ibid.*
4. Interview with Father F. Richards, Catholic Family Planning Centre, 19 February 1975.
5. Interview with Dr Wilmot, director of Maternal and Child Welfare, and Dr Sans, senior medical officer, 19 February 1975; List of ovulation method clinics, Natural Family Planning Centre, East Melbourne.
6. Lanctot, C. (Secretary, International Natural Family Planning Federation), *An evaluation of the ovulation method (mucus method)*, (mimeograph).
7. Billings, E. L., Billings, J. J., Brown, J. B. and Burger, H. G., Symptoms and hormonal changes accompanying ovulation, *Lancet* 1972, 1, 282-284.
8. Marshall, J., The prevalence of mucous discharge as a symptom of ovulation, unpublished. See also summary in *Human Life Foundation Newsletter*, Washington, 1974, 4, 2. Journal of Biosocial Science '75, 7, 49-55
9. Weissman, M. C., Foliaki, L., Billings, E. L. and Billings, J. J., A trial of the ovulation method of family planning in Tonga, *Lancet* 1972, 2, 813-816.
10. Billings, J. J., Correspondence, *Lancet* 1973, 1, 44.
11. See Mosley, W. H., Correspondence, *Lancet* 1972, 2, 1027-1028. Many of Billings' medical colleagues question in correspondence his interpretation of the data produced by the Tonga study. See: Marshall, J., Rochat, R. W., Mosley, W. H., *Lancet* 1972, 2, 1027-1028; Vollman, R. F., *Lancet* 1972, 2, 1085-1086; James, W. H., *Lancet* 1972, 2, 1308.
12. Marshall, J., A field trial of the basal-body-temperature method of regulating births, *Lancet* 1968, 2, 8-10.
13. Billings, J. J., *Lancet* 1972, 2, p. 1193.

14. Weissman, M. C., *Further experiences of the ovulation method in Tonga,* mimeographed letter, 1973.
15. Students ignorant on sex: survey, *The Age,* 25 February 1975.
16. Weissman *et al., op. cit.*; Billings, in Santamaria, *op. cit.*, p. 85; see also Billings, J. J., in *Ovulation Method Workshop,* pp. 39-40.
17. See *Bulletin of Christian Affairs* 30 and 37; Billings, in Santamaria, *op. cit.*; Billings, J. J., in the *Ovulation Method Workshop,* p. 10.
18. Leeton, J., The incidence of unwanted pregnancy in Australia, *Medical Journal of Australia* 1975, 1, 821-824.
19. These figures are taken from Leeton, J. and Eyles, M., A study of 2,245 women attending a hospital family planning clinic in Melbourne and the effect of the clinic on the hospital birth rate, *Medical Journal of Australia* 1973, 2, 67-70.
20. *Ibid.*
21. Leeton, J., A survey of family planning methods in general practice in Melbourne, *Australian Family Physician* 1973, 2, 464-465.
22. Caldwell, J. C., Young, C., Ware, H., Lavis, D. and Lavis, A. T., Knowledge, attitudes and practice of family planning in Melbourne, 1971, *Studies in Family Planning* 1973, 4 (3), 49-59.
23. Bertuch, G. and Leeton, J., The effect of publicity on oral contraceptive practice, *Medical Journal of Australia* 1971, 2, 1027.

# APPENDIX

CONTRACEPTIVE USE IN MELBOURNE: A COMPARISON OF THREE STUDIES

| | *Queen Victoria Clinic 1971 Jan-Dec*[20] | *General Practice Survey Dec 1972*[21] | *Melbourne Family Survey 1970-71*[22] |
|---|---|---|---|
| | % | % | % |
| *Periodic Abstinence | 1 | 5 | 14 |
| Withdrawal | 1 | 5 | 19 |
| Contraceptive pill | 73 | 58 | 38 |
| IUD | 20 | 13 | 8 |
| Sterilization | 4 | 7 | 3? (category described as other methods) |
| Diaphragm | 0.5 | 2 | 5 |
| Condom | 0.5 | 7 | 9 |
| Spermicides | 0 | 3 | 3 (includes douching) |
| Abstinence | — (not included in these two surveys) | — | 1 (specifically for contraceptive reasons) |
| Total number in each sample | 2,245 | 1,340 | 1,737 |

* This category is named differently in each of the studies. In the Queen Victoria study it is definitely the ovulation method. In the General Practice survey it is both the ovulation method and the temperature method. The Melbourne Family Survey simply refers to it as 'rhythm' though some of the respondents could have been practising the ovulation or the combined method.

These studies are based on different samples and are difficult to compare. The Queen Victoria group were all women and therefore

male methods (including vasectomy) are under-represented. As they were all actively seeking contraceptive advice at the hospital's family planning clinic, methods not requiring medical advice, like withdrawal and the condom, are under-represented. The same cannot be said of the ovulation method as a special ovulation method clinic was provided under the direction of E. L. Billings. It proved to have a poor attraction rate. Sixty-six of the 2,245 women opted to receive initial instruction in the method. But 45 did not attend for their follow up interview and, of the remaining 21, four became pregnant. At the end of the twelve month period of study only 11 patients were still using the method. There were 735 Catholic patients attending the clinic.

The survey of patients in general practice represents a higher socio-economic sample. It includes men as well as women, but no unmarried subjects. As the subjects were not seeking medical advice on contraception, methods not requiring such advice, like the condom, withdrawal and spermicides, are more highly represented. It is not possible to know whether the higher figure of 5 per cent for the ovulation/temperature methods is due to greater religious observance in this group, or to other factors. The Queen Victoria sample consisted mainly of women in the post partum stage, and therefore would have had a youthful bias. This may account for the comparatively higher incidence of more traditional methods in the General Practice survey.

The Melbourne Family Survey was based on a representative sample drawn up by the Commonwealth Bureau of Census and Statistics: the 1970-1 data is confined to all once married women under 45, living with their husbands, and practising some method of contraception. Like the General Practice survey, it does not have the presumed youthful bias of the Queen Victoria post partum group. The implied tendency of older age groups to use more traditional methods may be compounded by the fact that the Melbourne Family study included many subjects from lower socioeconomic groups. These people (especially Southern European migrants) may prefer to use methods which do not require medical advice.

There is a time difference of nearly two years between the Melbourne Family study and the General Practice survey. This time difference is significant in the context both of the recent drop in the birth rate, and of the intense anti-pill publicity of 1970 concerning the possible risk of thrombo-embolism. During this period 120,000 Australian pill-contraceptors discontinued its use.[23]

Figures compiled by Department of Maternal and Child Welfare show that in 1974, 158 (8.2 per cent) of their 1,944 family planning patients attended Sans' ovulation method clinics. While this percentage

may owe something to the special facilities offered to the ovulation method (after all the figures for St Vincent's would be 100 per cent) some may wish to accept it as a mid point between 1 per cent and 14 per cent. Even so, it must be remembered that the figures are not really describing the same phenomena: there is a big difference between practising a natural method seriously, with charts, thermometers and calculations and having a hazy impression of safe and unsafe days from some women's magazine description of rhythm.

The Melbourne Family Survey findings indicate that there was, at that time, a high proportion of people at risk using inadequate methods (if unmarried people could have been included the proportion would probably have been higher). These findings indicate the serious need for accessible medical help with contraception for all socioeconomic groups.

Everything is so easy for you now, women are told. You have the Pill, and so no longer need worry about unwanted pregnancies. You have fewer children than your mother or grandmother did, so your housework and child-care responsibilities are easier. With everything on your side . . . you have only yourself to blame if you fail. Only yourself—or your body. If you cannot succeed with all the advantages you now possess, it can only mean that you are biologically incapable of full and free participation in the world and our original opposition to your leaving the home is vindicated (Anne Summers, *Damned Whores and God's Police*, Ringwood, Victoria: Penguin, 1975, p. 233).