A STUDY OF THE RHYTHM METHOD IN EXPLORING THE PATTERNS OF LIBIDO IN THE HUMAN FEMALE

DR. (MISS) A. SENGUPTA

(Family Planning Research Unit, Indian Statistical Institute, Calcutta)

1.0 Introduction

With a total population of 439 million in 1961, and a population prediction of 560 million by 1971, and 630 million by 1976, and with the latest available authoritative indications that the current rate of increase in population is more than 2.4 per cent and that the rate of population growth for the Third and Fourth plans may be 2.8 or 2.9 per cent, India is apparently confronted with a gigantic population explosion.[1] This estimate of population growth assumes a continuing decline in mortality, no decline in fertility and no migration.

The rapid increase in population is the outcome of a combination of a low death rate and a high birth rate, which is almost typical of countries like India that have introduced lately, comparatively effective public health measures to reduce mortality without launching comparable programmes to reduce fertility. Moreover, educating for the prolongation of life is a much simpler problem than educating for the control of conception. The high rate of natural increase is posing a threat to the programme of economic and social development which is being undertaken with a view to making India economically self-sustaining.

To help solve the population problem, the Government of India provided funds in the First, Second and Third Five Year Plans and an official and national Family Planning Programme was founded.[2] As a part of various national and local efforts in this field, a number of demographic and attitude studies were conducted and pilot service programmes were inaugurated. Researches on the communications-motivation aspects of family planning are now being conducted in some parts of the country. Family planning workshops and study teams are becoming regular features of programme operations. The extended family planning programme, with a view to mobilising every section of the population for making it a people's programme, is the latest trend in the action dynamics.

Studies have also been made on the effectiveness of certain contraceptive methods.[3] One of such major efforts, although adversely

commented on by some,[4] was that of the Government of India with WHO and UN participation when it launched two pilot studies on the use, acceptance, and effectiveness of the rhythm method.[5] The National Sample Survey, Sixteenth Round, collected data on abstinence along with data on other methods of contraception from urban areas in India.[6]

2.0 The Study And Its Limitations

2.1 Object

The present small study was made in 1962 in Baranagar, a suburb of Calcutta. The aim of the study was not merely collection of data on knowledge, acceptability and effectiveness of the rhythm method, but primarily to explore the possibility of the existence of some relationship between the menstrual cycle and the libido or the sex urge prompting any sexual activity on the part of the human female. In case a positive relationship is discovered then the promotional task of the family planning movement apparently may be simplified and the rhythm method may assume a new dimension, because if the sex urge is found to occur during non-baby days then the matter of planning becomes simpler. In case of no apparent relationship the rhythm method will tend to become less important. On the other hand, if libido occurs during the baby days, then the use of contraception needs careful planning.

2.2 Method of enquiry and coverage

This case study report is based on data collected through a questionnaire and limited to a few items on desired family size, attitude towards and knowledge and practice of family planning including the rhythm method, coital frequency, menstrual cycle and some demographic characteristics.

The above particulars were collected by interviewing a few currently mated married urban Hindu women in the reproductive age range, selected at random, who visited the Baranagar Maternity Clinic (antenatal and postnatal). After interviewing 60 cases it became apparent that very few women had any idea about the rhythm method and, moreover, only a few were aware of any relationship between the menstrual cycle and the sex urge. It was thought, therefore, that in future a larger sample belonging to different socio-economic backgrounds, and different age groups, should form the subjects of further study. Both the married partners should be interviewed for this type of behaviour study for perception of the nature of dyarchical roles in the whole complex of sex government.

23. Limitations of the Study

In respect of accuracy of data it should be noted here that the interview was conducted personally by the writer of this report. But the population studied is very small, being limited to only 60 cases. Nevertheless, the results give us some idea at least about the knowledge, attitude, and practice of family planning and libido-experience of a few married urban women visiting a suburban maternity clinic.

3.0 Concepts, Definitions And Basic Assumptions

3.1 Definitions of terms

The concepts and definitions of some of the terms used here are explained below.

Family planning: Measures taken by married couples to postpone for a period (i.e. spacing), or to prevent conception.

Knowledge and practice of family planning: These terms refer to methods that are followed for family planning through control of births.

Rhythm Method: There is a rhythm of fertile and infertile days in a woman's menstrual cycle. During the fertile days, a woman can conceive and during the infertile days, no pregnancy can occur. The infertile days are called the "safe period". Conception occurs when a sperm deposited by the man unites (fertilisation) with an ovum produced by the woman. This can occur only during certain days of the menstrual cycle. It is generally assumed that a woman produces one ovum during a menstrual month. This process is called ovulation.[7] Moreover, the ovum (24 hours) and the sperm (48 hours) are short-lived. Conception is possible only if intercourse takes place during the fertile period. This period lasts from two days before ovulation (48 hours' life of the sperm) through one day after ovulation (24 hours' life of the ovum). So approximately this period lasts for 72 hours or three days only. Pregnancy can be avoided if copulation takes place in the infertile days or safe period. It is believed that the ripening of the female egg takes place 12-16 days before the next menstruation.[8]

If exploratory studies could establish some relationship between the female sexual urge and the menstrual cycle as regards time, then the promotion of family planning would be an easier task. The sex act takes the female through a cycle of pregnancy, birth and lactation—a long range engagement. However, there are some factors which hinder the solution of the problem. No one is certain if only one ovum ripens each month, the exact time of its ripening is not known, how long it is kept alive and how long the sperms live are questions on which perfect knowledge is lacking.[9] It is for this reason

that oral contraceptives must be taken every day at the same time of day for twenty days, beginning from the 5th day of the menstrual cycle until the 24th. The effect of these hormone-like pill products is to prevent the monthly release of an ovum (egg) by the ovary of the female.[10]

Libido : "Libido is an expression taken from the theory of the emotions. We call by that name the energy of those instincts which have to do with all that may be comprised under the word 'love'. The nucleus of what we mean by love naturally consists in sexual love with sexual union as its aim."[11] Libido goes through a series of developments, beginning from the early infantile period to the latency period to pre-genital and then genital organisation. The libido function goes through a series of successive phases, and the turning point of this development is the subordination of all the sexual component-instincts under the primacy of the genital zone, and sexuality is employed in the service of the reproductive function. This is called 'normal fixation of libido'. Libido development depends on such factors as the hereditary sexual constitution and predisposition acquired in early childhood and accidental experience of an adult.[12]

4.0 The Collected Data

4.1 The Schedule

The small schedule consists of identification particulars of the household, some demographic characteristics including age, education of the informant and occupation of the male head, size of household, socio-economic data such as household expenditure, place of birth, age at consummation of marriage, number of children living including male children, and information regarding the menstrual cycle of the informant.

The questionnaire consists of 13 questions on : (1) ideal number of children, (2) interspousal communication on sex, (3) use of birth control methods, (4) information on libido and sexual relations, (5) knowledge of the safe period method of contraception, and (6) coital frequency.

5.0 Analysis Of The Data

5.1 Practice and knowledge of family planning

In this section, respondents belonging to different socio-economic groups have been examined in respect of their family planning practices including the nature of the steps taken. The tables presented below include figures showing the relationship between family planning practice and (1) occupational groups, (2) educational standard, (3) number of living children, (4) size of households, and (5) monthly expenditure of the household.

TABLE 1

Occupational composition of the male head of the family by knowledge and practice of family planning

Occupational Group	Practice of family planning							
	Everpractised by methods used							Never practised
	Mode of use of methods	Rhythm or safe	Withdrawal	Appliances	Chemical	Sterilisation	Others including abstinence, homeopathy, abortion	
A. White-collar								
1. Services	single			1			2	21
	comb.	5	1	4	1	1	–	–
2. Business	single		–	–	–	1	–	3
	comb.		3	3	2		1	–
3. Profession								4
4. Small business								6
B. Manual worker	single						1	11
C. Unemployed								1
Total	single	5		1		1	3	46
	comb.	9 5	4	7	3	1	1	

Table 1 shows that out of 60 cases, only 14 or 23 per cent have used family planning at some stage of their married life. In this group, only five followed the rhythm or safe period method of family planning combined with other methods. Ten couples used double methods and one treble methods. Among the single users, one used abstinence, one abortion, one homeopathy, one vasectomy and another ligation as the only methods of control. The ligation case used the rhythm method before getting herself sterilized.

It appears that out of nine couples using the male method (condom, withdrawal) four are co-operating husbands, two are persuaded to be co-operative, two are domineering, and one wife avoided the husband by sleeping separately. In the case of three couples using female methods (ligation, homeo, abortion) husbands are co-operative. In the case of abstinence and vasectomy, the relationship is mutually satisfactory. However, it appears that the husband tends to be in command in matters of sex when male methods are used, whereas when female methods are used, the husband co-operates.

Out of 60 cases, both everpractised and never-practised groups, in 21 cases, the wife has to yield to the sexual desire of the husband, in 21 cases, the husband co-operates, in 6 cases both co-operate, in 10 cases such a situation never arises, in one case it rarely arises, and again in one case the wife sleeps separately to avoid such a situation.

TABLE 2

Educational status of wives interviewed in relation to practice of family planning

Educational standard	Everpractised	Never practised
Illiterate	1	8
Literate, but below primary ..	—	5
Primary	1	9
Middle	—	5
Secondary	8	16
Undergraduate	4	2
Post-graduate	—	1
Total	14	46

Table 2 shows the relationship between practice of family planning and education. All the 14 everpractised women are literate except one. Twelve of them have at least reached secondary education level. But among the 46 never-practised group, only 8 are illiterate, and 19 have at least attained secondary education. So the positive relationship between practice and education is not very clear here except that 8 out of 9 illiterates belong to the non-practised group.

TABLE 3

No. of living children in relation to practice of family planning

No. of living children	Number of women	
	Everpractised	Never practised
None	1	1
Pregnant for the first time .	1	9
1	2	8
2	5	6
3	1	13
4	3	6
5	1	1
6	—	—
7	—	1
8	—	—
9	—	—
10	—	1
Total	14	46

Table 3 shows that it is mainly women with more living children who belong to the never-practised group.

TABLE 4

Size of household in relation to practice of family planning

Size of household	No. of couples residing	
	Everpractised	Never practised
3	—	5
4	4	2
5	1	12
6	3	6
7	2	4
8	2	4
9	1	2
10	—	—
11	—	4
12	—	3
13	—	1
14	1	2
15	—	1
Total	14	46

Table 4 reveals a negative correlation between the size of household and the practice of family planning. It is usually believed that family planning practices are not generally prevalent in households with many members, because of such reasons as lack of privacy.

TABLE 5

Monthly expenditure of households of everpractised couples

Monthly family expenditure (Rs.)	Everpractised	Never practised
51-100	1	9
101-150	—	9
151-200	—	7
201-300	5	7
301-500	6	9
501 and above	2	5
Total	14	46

Table 5 shows the relationship between level of living and family planning practices. It is interesting to note that most of the ever-practised women maintain a middle class living standard.

5.2 Family size and ideals

This section deals with (i) the question of fertility and the age of the mother, (ii) discrepancies between ideal size of family and actual number of living children, (iii) preference regarding sex of offspring, (iv) choice of time period before the birth of the first child with reasons.

TABLE 6

Number of children surviving in relation to age of women

No. of surviving children	Age of women						Total number of women
	15-19	20-24	25-29	30-34	35-39	40 and above	
0	1 (1P)*	10 (9P)	1	—	—	—	12
1	1 (1P)	4 (1P)	4	—	—	1	10
2	—	5 (1P)	3 (1P)	1	1	1	11
3	—	3 (1P)	7 (2P)	4	—	—	14
4	—	—	5	2 (1P)	3	—	10
5 or more	—	—	2	—	—	1	3
Total	2	22	22	7	4	3	60

*P in bracket indicates pregnancy.

Table 6 shows that in the age group 20-24, 9 women were pregnant for the first time. It appears that in the age group 25-29, out of 22 women, 14 already had 3 or more children. This group of women were married between the ages 15-18, except one married at 13 and another at 22. From this table it appears that in the age group 20-24, 12 out of 22 were pregnant, while 3 out of 22 were pregnant in the age group 25-29. This shows that in the lower age group the fertility is higher.

TABLE 7

Number of children considered ideal

Ideal No. of Children			No. of respondents
M	F	T	
1	—	1	1
2	1	3	14
1	1	2	11
3	1	4	1
2	2	4	9
Unspecified but must		2	4
have sons		3	12
		4	5
		5	2
		6	1
Total			60

It appears from Table 7 that 26 women (14 specified and 12 unspecified) desire three, and 11 women consider two as the ideal number of children. But the discrepancy table will indicate the difference between the ideal and actual practice.

TABLE 8

Discrepancies between ideal size of family and actual number of living children

Same as ideal number or less ..	29
One more than ideal number ..	12
Two or three more than ideal number	5
Four or more than ideal number ..	2
No children born yet but ideal two ..	2
Pregnant for the first time ..	10
Number of respondents	60

Of 10 pregnant women

Ideal 1 child	1
Ideal 2 children	4
Ideal 3 children	2
Ideal 4 children	3
Number of respondents	10

There is evidence pointing in the direction of small family ideals because 29 out of 48 have the same number of children as the ideal number and 19 have exceeded the ideal number. It appears that no planning was adopted immediately after marriage and so the discrepancies. The ideal number as stated is merely a matter of opinion now. In the present small group, the average age of women is only 26.75, and the women have already had an average of 2.65 pregnancies. The figure is low because of 12 women, 2 of whom have no children yet, while 10 are pregnant for the first time. They might have not taken into account the dead children and still-births, while reporting about the births of children.

Apparently there are some hurdles which have to be overcome in order to practise the ideals of the small family size. One of them evidently is low communication between the spouses. Of the 60 women who answered the question: "Do you discuss sexual matters with your husband?" 21 said "yes", 37 said "no", and 2 gave answers which suggested that their discussion on the subject was limited. Probably the modesty pattern early developed in the girls also keeps people away from the subject of sex, as has been found in other studies also.[13]

TABLE 9

Preference for sex of offspring

Preference for only boy	1
Preference for more boys	18
Preference for equal number	19
Unspecified	22
Number of respondents	60

It appears from Table 9 that there is preference for male offspring. This aspect of our culture causes an increase in the number of children in the family.

TABLE 10

Choice of time period before the birth of the first child with reasons

Reasons	Interval between marriage and the birth of the first child (in years)							Total
	1	2	3	4	5	6	7	
	No. of respondents							
Freedom to enjoy life	–	5	17	10	7	–	–	39
Completion of education	–	1	–	–	1	–	–	2
Health reasons	–	1	1	1	1	–	–	4
Enjoyment of companionship	–	–	3	–	–	–	–	3
Maturity for mother's responsibility	–	–	2	1	1	–	–	4
Marital adjustment	–	1	1	–	–	–	–	2
Economic planning	–	2	2	2	1	–	1	8
Psychological readiness to receive the child	–	–	1	1	–	–	–	2
Easy to raise quickly	1	4	–	–	–	–	–	5
To avoid loneliness	1	–	–	–	–	–	–	1

Table 10 shows that 39 women out of 60 wanted to defer the birth of children if they could for enjoying life, because they have been involved in child-bearing and child-rearing practices too soon in their married life. Some women gave more than one reason for postponing child birth. Only eight were concerned with economic problems and only three gave as the reason a desire to enjoy the company of the husband although 39 respondents desiring to enjoy life might have included the company of the husband in their programme preferences. These 39 cases wanted a gap of between 2-5 years before they could welcome the birth of the first child. This desire might have helped family planning.

5.3 Patterns of libido

In this section, information regarding the menstrual cycle, safe period method of birth control, and sexual activities and frequencies has been analysed.

TABLE 11

Duration of menstruation of the respondents

Duration of menstruation in days	Number of women
2	2
2-3	6
3-4	16
4-5	18
5-6	14
6-7	3
7-8	1
Total	60

Of the 60 respondents, only two spoke of irregularity in the menstrual cycle. Regularity in the monthly period will tend to help libido. Fifty-five women said that they had no serious complications during the monthly period. Out of the five respondents who complained of complications during menstruation, one said she suffered from profuse bleeding, two complained of scanty bleeding and two respondents complained of pain during menstruation.

TABLE 12

Coital frequency by duration of effective married life

Duration (yrs.)	No. of women	Total frequency (per month)	Mean frequency (per month)
Below 2	4	54	13.5
2-4	10	44	4.4
5-9	21	168	8.0
10-14	14	57	4.07
15-19	5	18	3.6
20-24	3	18	6
25 and above	3	27	9
Total	60	386	6.4

The frequency of coitus is of great importance in a study of fertility because it is one of the variables which affects fertility. Libido or sex urge is reflected in coital frequency. Some studies have shown that the pattern of coital frequency varies from group to group, from individual to individual, from age to age and is also influenced by socio-economic status.[14] Certain prevailing sexual and cultural

beliefs have helped to make certain days in a menstrual cycle taboo for sexual relations.[15] So some beliefs tend to curtail the coital frequency in India. However, the family planning data collected by the National Sample Survey, Sixteenth Round (draft) for urban India gives only 6.70 per cent of the husbands in the sample population as having practised abstinence.[16] The norms of sexual behaviour operate as a check on the maximum expressions of any given sexual pattern. It is necessary for this reason to make an assessment of the degree to which sexual norms are carried out in practice in a given society.[17] Generally speaking frequency decreases gradually with an increase in the duration of married life. However, the average coital frequency of 6.4 per month in Table 12 apparently is an underestimate, although another urban study gives a lower estimate.[18]

TABLE 13

Sexual relations during baby and non-baby days

No discrimination	51
During baby days	8
During non-baby days	1
Respondents	60

It appears from Table 13 that no distinction is made between baby and non-baby days for having sexual relations. Here the terms 'baby' and 'non-baby' days have been used in accordance with the current scientific view.

TABLE 14

Meaning of safe period to the respondents

No idea	32
15 days after period not safe	19
21 days after period not safe	1
8-10 days after period safe	1
15 days after period safe	2
21-24 days after period safe	2
28 days after period safe	1
One week before and 1-6 days after period starts less danger	2
Number of respondents ..	60

It appears from Table 14 that the respondents in most cases have no idea or a very vague conception about the safe period.

TABLE 15

Adoption of the safe period as understood by the respondents

Followed	10	(5 never-practised group)
Sometimes follow	2	(both never-practised group)
Not followed	43	
Not followed because of husband	3	
Not followed because they want more children	1	
Not followed because children are born every three years ..	1	
Number of respondents ..	60	

In Table 15, 7 never-practised women say that they followed the safe period and 5 everpractised women followed it with other methods. It appears that 7 never-practised women probably did not consider the safe period as a method of contraception because in response to another question they said they did not use any method or when they abstained from having relationship they got it mixed up with the idea of the safe period. Forty-eight women never used the safe period.

Another study shows that 237 out of 551 upper middle class urban Hindu couples of Calcutta City, 17 out of 167 of the lower middle class urban Hindus and 22 out of 50 lower middle class urban Muslims used the safe period method. The enquiry also collected information as to what was considered the safe period. The feeling among the women seemed to be that the period of risk was either immediately preceding or succeeding the menstrual period, which is contrary to the current scientific view.[19]

In answer to the question, "It is said in general, that during the middle two weeks of the menstrual cycle, sexual libido is at a minimum—do you agree ?" there are four groups of answers as Table 16 indicates : (A) Don't know ; (B) Disagreed with the statement ; (C) Experience of greater desire instead of minimum desire ; and (D) No desire. Let us consider the groups, one by one :

Group A : It appears from Group A that about 50% of the respondents gave the answer "don't know". This might mean that they have not experienced libido at all or they have experienced it all the time, so they are not able to discern the variation, or they are not

TABLE 16

Experience of libido

A.	Don't know	30
B.	Don't agree that libido is minimum during middle two weeks of the menstrual cycle	4
C.	Desire greater	
	(i) Before period and continuing after	
	(a) 1-2 days before and not after period ..	1
	(b) 7 days before period until 8-9 days after start of period	6
	(ii) After period	
	(a) immediately after period is over	6
	(b) 4-7 days after period is over	4
	(c) 9-10 days after period is over	1
	(d) 14 days after period is over	6
D.	No desire	
	(i) At any time	1
	(ii) Urge before birth of children but not now ..	1
	Number of respondents ..	60

inclined to disclose anything about it. There may be several reasons for this kind of non-committal negative answer, which may be grouped under (i) dietary factors, (ii) physical and psychical factors, (iii) marital relations, and (iv) cultural factors.

(i) *Dietary factors*: Is it due to low diet that women do not experience any variation in the cycle? But most of them belong to the middle class and their calory intake cannot be too low and unbalanced to warrant such a position. Their sexual desire may be naturally low so that no fluctuation is noticeable.

(ii) *Physical and psychical factors*: Perhaps the variations of sexual temperament are due to physical and psychical characters. Some women are supposed to be subjected to sexual frigidity and autoerotic experiences and so may not be responsive. On the psychical plane, the scientific attitude towards sex is only a new development and still seems rather strange to most people. Moreover, girls receive very little sex education before marriage.[20] There is, then, a fundamental difference between a man and a woman with res-

pect to erotic experience. "A woman differs erotically from a man in having a far larger number of erotic centres and far more varieties and degrees of sexual satisfaction, thus quite unlike a man with his uniform and strictly limited orgasm essential to coitus, while no kind of orgasm is essential to coitus in woman."[21] For these varieties and degrees of sexual satisfaction as stated, a woman may not be particularly aware of her libido aiming at sexual union only.

(iii) *Marital relations* : This introduces the question of differential status ideologies of the sexes. Every society uses sex as a means of status ascription. Almost universally, the woman is seen inferior to the man and a system of rationalization is typically constructed by society to justify the beliefs,[22] the customs and the mores with regard to sex. Some important aspects of the sex ideology are the strength and so the dominance of the male, the machismos or the maleness and the virginity cult. In support of this "maleness" ideology, one study refers to spermatorrhoea (loss of semen) complained of by many respondents, who probably developed some kind of anxiety neurosis as a result of the fear of the problem of sexual potency.[23] It is not uncommon also to find advertisements recommending some cure for weakness and for regaining virility. As a result of this dominance ideology, in marital relations, the wife, in general, probably hesitates to express her sexual desire. Moreover, as we have seen before, there is very limited interspousal communication on sexual matters. Two sisters, as respondents in this study, told the writer that they did not enjoy sex. Perhaps they have not been motivated to have sex and they do not like the coital techniques either. They would have abstinence and repress the sex impulse rather than adopt family planning. The interspousal communication on sex according to one study[24] would result in (i) concurrence—similar attitudes on family size and family planning, (ii) communication—discussion of matters relating to family size and the means to be adopted, and (iii) empathy—correct perception of the ideas and attitudes of the other. The lack of communication may raise the total exposure to pregnancy without satisfying the urge.

Some writers[25] look at the husband-wife relationship in India more in the nature of companionship rather than as a romantic type. Mutual faithfulness, bond and social tie are some of the characteristics of this relationship. The husband and wife, in most cases, do not have any common outside interest. A study on the upper and middle classes, conducted in Mysore, presented the following interesting table on emotional attitudes of family members towards each other.

TABLE 17

Emotional attitudes of family members towards each other[26]

Relationships	Affection and love	Dislike and hatred
Mother—son	115	5
Brother—sister	90	1
Brother—brother	75	1
Father—son	74	16
Grandparent—grandchild ..	48	4
Mother—daughter	42	—
Mother—children	29	—
Father—daughter	27	1
Father—children	24	5
Husband—wife	16	10
Sister—sister	5	—

The above table represents the rank order of the feeling for various family members compiled from direct and indirect statements of the interviewees. The data shows that the mother-son relationship is still much more often stressed as being one of love and affection than any other and that the brother-sister tie is extremely close. The fact that the feelings of husband and wife were so seldom mentioned and when they were, were spoken of as entailing dislike and hatred (10) as well as affection (16) tends to suggest that the rechannelling of emotions which has occurred in the western world with the change to a predominantly nuclear type of family structure has not yet progressed very far among Hindu families.[27] It might also mean that the respondents were rather reluctant to discuss these sentiments because of shyness, although such discussion is not unbecoming of the classes to which they belonged.

(iv) *Cultural factors*: Patterns of sexual behaviour as pointed out by Kinsey, may be affected by the individual's age, educational attainment, occupational class, religious background and other social factors. Some of the dominant cultural and social factors operating in India which act as social control are (a) family patterns of behaviour and (b) a non-permissive attitude towards the sexual instinct. Boys are still preferred in India as this study also indicated, and this affects the development of libido in girls. Moreover, due to the dominance of husbands, there seems to be suppression of libido. Although the brother-sister relationship is based on affection and love, still there is some kind of far-reaching concept of incest.[28] This rela-

tionship has been idealised through some rituals such as *rakhi bandhan* and *bhatri dwitiya*.

Society is not very permissive about the sexual instinct. Once while giving some particulars including information on coital frequency for filling in a clinic case card, one ISI worker asked the writer very bluntly, "Is the total number of coital frequency too much ?" Perhaps an American here would have asked, "Is that enough ?" These additional queries are related to the degree of permissiveness of sexual behaviour. The ideas of lower frequencies and sublimation of instincts are part of the cultural thinking. For "sexuality remains always something detrimental, dangerous, seductive. A young man's sex life is restrained by many factors, by his wife's being not of his own choice, by his living in his parents' house, and his having to deny sexual life while in their presence, by his phantasies concerning woman, of whom the demon-goddess is a paradigm, and not least by his phantasy of his father as a gigantic rival threatening instant destruction if he dares to re-assert his infantile claims upon his mother."[28]

Group B : Under this group, four respondents did not agree with the statement but did not indicate their experience either.

Group C : The experience of a group of 24 respondents here is interesting and may be divided into two categories : (i) 6 respondents start having increasing desire 7 days before the period and the desire continues for another 8/9 days, calculating from the onset of the period. The desire of one is very short-lived, in fact 1-2 days before the period and never during or after. This group of 7 women, broadly speaking, experience greater libido during the safe period according to the current scientific view. In category (ii) there are 17 women who experience greater desire after the period, 6 amongst them immediately after. This group of 6 probably also experiences the urge in the safe period. The remaining 11 belonging to this category, expressed increasing desire during the non-safe period.

Group D : Both the cases are of a less common type.

In another study it was found that 59% women experienced increasing desire around the time of menstruation, while 34% showed no particular pattern and 6% showed an increase at the time of ovulation.[30]

Kinsey also states that individual variation in the frequencies of marital coitus can be considerable. It depends on differences in the interests and capacities of the individual females and males. "The average frequencies of marital coitus in the sample had begun at

nearly three (2.8) per week for the females who were married in their late teens. They had dropped to 2.2 per week by thirty years of age, to 1.5 per week by forty years of age, to 1.0 per week by fifty years of age, and to once in about 12 days (0.6 per week) by age sixty."[31] For this reason he divided his sample into four categories : (i) having high levels of sexual activity, (ii) having low levels of sexual activity, (iii) usual types of behaviour, and (iv) less common types of behaviour.

6.0 Summary

(1) There were 14 everpractised (23.3%) and 46 neverpractised couples in the study.

(2) The characteristics of the everpractised couples are (a) they maintain a middle class living standard, (b) they have a tendency towards smaller households, (c) all except one are literate and 12 have at least reached secondary education level, and (d) five used the rhythm method combined with other methods.

(3) (i) Attitude towards family size of the group—26 women desire 3 children ; 11 desire 2.

(ii) Attitude towards sex of the offspring—19 had a preference for more boys.

(4) (i) Meaning of the safe period—32 respondents had no idea and the rest had a very vague conception.

(ii) Adoption of the safe period method—48 never used it. Twelve said they followed it.This group includes seven of the non-practised group. Perhaps this group of seven were confusing temporary abstinence with the safe period method of control.

(5) Sex life (i) average coital frequency 6.4 per month.

(ii) Libido—30 respondents said they "don't know."

24 respondents experienced greater desire before or after menstruation.

2 had no urge at all.

4 did not specify their desire.

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