

Commentary

A definition of modern contraceptive methods^{☆,☆☆,★}

David Hubacher^{a,*}, James Trussell^b

^aFHI 360, 359 Blackwell Street, Suite 200, Durham, NC 27701, USA

^bOffice of Population Research, Professor of Economics Public Affairs, Emeritus Wallace Hall, Princeton University, Princeton, NJ 08544-1005, USA

Received 20 May 2015; revised 4 August 2015; accepted 10 August 2015

Modern contraceptive methods were invented so couples could act on natural impulses and desires with diminished risks of pregnancy. Modern contraceptive methods are technological advances designed to overcome biology. In this regard, modern methods must enable couples to have sexual intercourse at any mutually-desired time.

The term modern contraceptive is rarely defined. Instead, organizations and individuals who use the term simply name contraceptives and approaches that fit into their perception of that label. Thus, researchers who measure levels of modern contraceptive prevalence often differ in how they categorize particular methods. For example, the United Nations Population Fund (UNFPA) and the Guttmacher Institute [1] name lactational amenorrhea as a traditional method, while the World Health Organization [2] and researchers with the Demographic and Health Surveys label it as a modern method [3]. These organizations differ on other classifications as well. The UNFPA places some types of periodic abstinence in the modern category while the United Nations Population Division labels all periodic abstinence techniques as traditional methods [4].

We propose the following definition:

Modern Contraceptive Method: A product or medical procedure that interferes with reproduction from acts of sexual intercourse

With a clear definition of modern contraception methods, the various products and approaches can be categorized easily. The methods that do not fit under the definition of modern can alternatively be labeled as “Non-Modern Methods” (Table 1).

We emphasize that our classification does *not* address concepts of contraceptive effectiveness or efficacy. Specifically, the word modern should not be equated with higher efficacy. Indeed, in terms of effectiveness, some modern methods are demonstrably inferior to some of the non-modern methods [5].

Some non-modern methods use technological enhancements to improve effectiveness. For example, a bead necklace was developed for the Standard Days Method to help women keep track of the fertile period; in addition, electronic calendars can aid in avoiding sexual intercourse during the fertile period. High-technology devices have been developed to predict the fertile period. However, all of these technological improvements do not convert the approach to a modern contraceptive since they still require couples to avoid sex, or use a different method, on specific days of the menstrual cycle.

Lactational amenorrhea is not a modern method by our definition either. Though lactational amenorrhea can rival efficacy of the best modern approaches, women must experience pregnancy to use it. Thus, it does not meet a logical criterion to be considered modern in that respect.

Some have argued that the term modern contraceptive method should be abandoned in favor of other terms [6]. For example, one classification scheme that is very useful for counseling [7] is based on a three-tiered effectiveness chart (<1, 6–12, and 18+ pregnancies per year) [8]. Researchers may have many good reasons to use this and other classifications in the

[☆] The views expressed in this publication do not necessarily reflect those of FHI 360 or Princeton University.

^{☆☆} David Hubacher has served on Advisory Boards for Bayer HealthCare Pharmaceuticals, Inc., Teva Pharmaceuticals, and OCON Medical.

[★] James Trussell has served on Advisory Boards for Teva Pharmaceuticals, Merck and Co., Inc., and OCON Medical and has been a consultant to Bayer HealthCare Pharmaceuticals, Inc.

* Corresponding author. 359 Blackwell Street, Suite 200, Durham, NC 27701, USA. Tel.: +1-919-544-7040.

E-mail address: dhubacher@fhi360.org (D. Hubacher).

Table 1
Classifying different contraceptive methods.

Modern Methods	Non-Modern Methods ^a
Sterilization (male and female)	Fertility awareness approaches ^b
Intrauterine devices and systems	Withdrawal
Subdermal implants	Lactational amenorrhea
Oral contraceptives	Abstinence
Condoms (male and female)	
Injectables	
Emergency contraceptive pills	
Patches	
Diaphragms and cervical caps	
Spermicidal agents (gels, foams, creams, suppositories, etc.)	
Vaginal rings	
Sponge	

^a The label Non-Modern was selected for ease of use and because labels incorporating terms such as traditional, natural, physiology, and others had many drawbacks.

^b This category includes the following: Standard Days Method, Calendar Rhythm Method, Two-Day Method, Billings Ovulation Method, Symptothermal Method, and the use of devices that help predict the fertile period.

context of evaluating family planning programs and measuring impact. In summary, our definition of modern contraceptive methods, based on clear and simple criteria, may help establish consistency for those who need this type of classification.

References

- [1] Singh S, Darroch J, Ashford L. Adding it up: the costs and benefits of investing in sexual and reproductive health. New York: Guttmacher Institute and United Nations Population Fund; 2014 [Available at: <http://www.unfpa.org/sites/default/files/pub-pdf/Adding%20It%20Up-Final-11.18.14.pdf>, Last accessed 4 August 2015].
- [2] World Health Organization Family Planning Fact Sheet No 351. Updated May 2013, Available at: <http://www.who.int/mediacentre/factsheets/fs351/en/> [Last accessed 4 August 2015].
- [3] ICF International. Demographic and Health Surveys; 2012 [Available at: <http://www.measuredhs.com/>, Last accessed 4 August 2015].
- [4] World Contraceptive Patterns. United Nations, Department of Economic and Social Affairs, Population Division; 2013 [Available at: <http://www.un.org/en/development/desa/population/publications/family/contraceptive-wallchart-2013.shtml>, Last accessed 4 August 2015].
- [5] Trussell J. Contraceptive efficacy. In: Hatcher R, Trussell J, Nelson A, Cates W, Kowal D, & Policar M, editors. 20th revised edit. Atlanta, GA: Ardent Media, Inc.; 2011. p. 779-863.
- [6] Cates W, Stanback J, Maggwa B. Global family planning metrics — time for new definitions? *Contraception* 2014;90:472-5.
- [7] Trussell J, Guthrie K. Lessons from the contraceptive CHOICE project: the Hull long-acting reversible contraception (LARC) initiative. *J Fam Plann Reprod Health Care* 2015;41:60-3.
- [8] Trussell J, Guthrie KA. Choosing a contraceptive: efficacy, safety, and personal considerations. In: Hatcher RA, Trussell J, Nelson AL, Cates W, Kowal D, & Policar M, editors. *Contraceptive Technology*. 20th revised edit. New York NY: Ardent Media; 2011. p. 45-74.