

## Modern contraceptive methods: a new misleading definition

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Hubacher and Trussell propose a new definition of “modern” contraceptive method: “a product or medical procedure that interferes with reproduction from acts of sexual intercourse”. According to this definition, the authors classify the majority of the available methods as “modern”, whereas the fertility awareness methods are considered “non-modern”[1].

This definition of “modern” is arbitrary and misleading. The common meaning of “modern” is the one provided by the Oxford Dictionary of English: “characterized by or using the most up-to-date techniques, ideas or equipment”. The World Health Organization, in a fact sheet about family planning updated in 2015, classifies fertility awareness methods as “modern methods” and withdrawal and calendar or rhythm method as “traditional methods” [2], in accordance with scientific publications about fertility awareness methods [3]. When discussing about lactational amenorrhea method, the authors state that “women must experience pregnancy to use it. Thus, it does not meet a logical criterion to be considered modern”. Again, they are arbitrarily changing the meaning of “modern”.

For Hubacher and Trussell, the reason to re-define “modern” is to easily categorize family planning (FP) methods. But contraceptive methods are already classified in different useful ways, according to features such as effectiveness, reversibility, being hormonal or non-hormonal, mode of action, etc. Researchers and FP providers may choose and understand any of them as they are straightforward. Clear information from FP providers is essential to assure a proper informed choice [4]. Changing the meaning of these features would lead to misunderstandings among FP clients. For example, “modern” may be associated with “effective”. Therefore, “non-modern” could be wrongly considered as “non-effective” and it is well established that the symptothermal or the lactational amenorrhea method (classified by Hubacher and Trussell as “non-modern”) are more effective than condoms or spermicides [3]. The King Minos of Crete was thought to be the first one using a condom in about 3000 B.C. [5]; it seems awkward to call condoms “modern”.

In summary, changing the definition of “modern” may confuse couples and jeopardize their informed choice process. We see no real advantage in this new definition other than purposefully accepting an alternative drawback, i.e. to place all fertility awareness methods in the “non-modern” category. We note authors acknowledge that they have

served on advisory boards for several pharmaceuticals that manufacture contraceptives (Bayer HealthCare, Teva, Merck and Co. and OCON Medical).

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