Language Guide Philanthropic Communications

Our Language Principles and Commitments

All EngenderHealth language—including the language we use when communicating in our philanthropic communications—should reflect our organizational vision and mission and our overarching **Principles of Language Use** by being (1) current and technically **accurate**, (2) consciously nonjudgmental and **destigmatizing**, and (3) deliberately and explicitly **inclusive** of the diversity of our partners and impact populations. We have also established fundamental commitments for our communications with our audience (see text box) that align to our broader organizational approach to philanthropy. These include:

Defining Our Audience

Our philanthropic partners are primarily individuals living in the United States and Europe (where we are legally able to solicit contributions). This includes those who have been supporting our work for years and thus bring some understanding of our sector as well as aspirational supporters who may be new to EngenderHealth but are eager to learn more about sexual and reproductive health and rights and gender equality.

- We are committed to upholding or organizational value of integrity by representing our expertise, activities, and impact accurately and honestly. This includes being transparent with our supporters about what we do, what we do not do, and where we have combined our efforts with the efforts of others to achieve broader change.
- We recognize that we work in challenging environments and sensitive subject areas. We also recognize and respect that while our supporters may not be experts in the technical details of our work, they are passionate about this work and interested in and capable of learning more—including learning with us as we continue to evolve. Therefore, we commit to employing language that can be readily understood and providing continuous clarifications to promote understanding.
- We understand that our supporters are not a homogenous group and have different priorities. For instance, some are interested in learning about our work through individual client impact stories while others are interested in change demonstrated through health outcome data. We are committed to sharing information that accurately reflects the importance and impact of our work, without exaggerating or sensationalizing our work.
- We recognize that the communities we serve are not passive recipients of assistance but rather active participants in change and we recognize that members of our philanthropic community are interested in more than simply donating dollars, they are interested in investing in change. Therefore, just as we are working to transform harmful norms and practices within the communities in which we work, we are likewise committed to upending power imbalances within the philanthropy sector—including through shifting the language we use with our supporters.

Updating the Language of Philanthropy

Our recommendations aim to facilitate a more equitable paradigm, one that emphasizes the agency of the communities we support, eradicates the saviorism rhetoric, and creates a new narrative of shared power. The table below provides examples of preferred language—as well as language to avoid—when engaging our supporters. Please note, however, that some of the terminology that we do not wish to use externally, we may continue to use internally, as needed, particularly as such language remains prevalent in the external systems and platforms that we employ for managing our operational procedures.

✓ Say this…	× Not that!
Impact population *or* individuals we support	Beneficiaries
Contribution *or* philanthropic investment	Gift
Financial supporter *or* philanthropic partner	Benefactor
Invitation	Appeal *or* solicitation
Multi-year investment *or* commitment	Pledge
Sustainer *or* recurring contributer *or* supporter	Monthly donor

Explaining EngenderHealth's Programmatic Lexicon

The table on the following page provides accessible explanations for terms that we regularly use in describing our programming. Note that these explanations provide a foundation for understanding and consistently communicating our work; however, we often adapt our language based on our audience. For instance, despite our differentiation between "contraceptive care" and "family planning," we recognize that many of our institutional partners and supporters use family planning as the umbrella term—thus, materials we develop for and about projects supported by these instutions will align with this preference.

Explanations of Common Technical Terms

As part of our broader portfolio in sexual and reproductive health and rights, EngenderHealth actively works to expand access to **comprehensive abortion care**. Comprehensive abortion care includes all components of postabortion and safe abortion care. Safe abortion care involves an induced abortion performed by a trained provider, under sanitary conditions, and using modern techniques (e.g., vacuum aspiration) in the case of surgical abortion, or with access to high-quality medication and provision of clear guidance for medical abortion, accompanied by client-centered counseling as part of voluntary, informed care. Postabortion care includes the provision of: (1) medical treatment of incomplete and unsafe abortions and related complications, (2) contraceptive counseling and services, (3) pre- and postabortion counseling to identify and respond to any physical and emotional concerns (including pain management needs), (4) sexual and reproductive healthcare (on-site or via referral), and (5) community support services to generate awareness and support for those who needing care.

We employ a rights-based approach that emphasizes full, free, and informed choice regarding all aspects of sexuality and reproduction, including **contraceptive care** and **family planning**. While these terms both refer to methods for preventing pregnancy and may seem interchangeable, we recognize there are important differences and nuances and aim to use each precisely in our communications. Contraceptives are devices, medications, and procedures—including cervical caps, condoms, diaphragms, emergency contraceptives, implants, injectables, intrauterine devices, oral contraceptives patches, spermicides, sponges, sterilization, and vaginal rings—used to prevent pregnancy. Select contraceptive methods are also used to manage menstruation and protect against sexually transmitted infections. Family planning methods include both contraceptives as well as natural family planning methods, which are behavioral approaches to pregnancy prevention, including fertility awareness (period abstinence), lactational amenorrhea method (breastfeeding), and withdrawal. Modern contraceptives, generally, are more effective at preventing pregnancy than natural methods and are routinely tracked by national health programs. The term contraceptive care itself may also be more appealing to young people who may not be thinking about their healthcare in terms of planning a family. Natural methods, however, may be more appealing to other clients, for instance, those unable to use modern contraceptive methods due to cultural or religious barriers.

EngenderHealth frequently uses **gender-neutral language** to be as inclusive as possible and to respect a diversity of individuals and relationships when speaking in generalities. For instance, we routinely employ the singular they/their/them pronouns (rather than he/his/him, she/her/hers, or dual constructs like he/she and his/hers) and generic terms like individual(s) or person(s) (e.g., pregnant person). When we are referring to those accessing health services, we commonly use terms like clients or patients to be as inclusive as possible. *Note: We continue to use "patient" for those seeking obstetric care but have generally shifted to "client" otherwise to reflect the collaborative type of relationship we aspire to promote in healthcare decision-making*. We similarly use gender-neutral terms like partner or significant other and caregiver or parent to reflect acceptance of individuals engaged in various familial and relationship constructs—including both married and unmarried persons and those in heterosexual as well as LGBTQ+ (lesbian, gay, bi, trans, queer/questioning, and other) relationships. We continue, however, to use binary language where appropriate, for instance when referencing a particular individual who identifies as "she" or when referencing tools that purposefully focus on a particular population, such as our Men As Partners© approach to programming.

EngenderHealth recognizes **gender-based violence (GBV)** as a major public health problem that profoundly impacts gender equality; therefore, we work to prevent GBV and strengthen services and referral mechanisms for survivors. GBV most commonly affects women, girls, and gender minorities but may also affect men and boys. GBV includes physical, sexual, emotional and psychological, economic and educational abuse, coercion, and threats directed at an individual based on their biological sex or gender identity. There are many forms of gender-based violence. Our philanthropic audiences may already be familiar with common forms of GBV, such as domestic violence and intimate partner violence, sexual abuse and assault (including rape), and sexual harassment. Additional forms of GBV that are relevant for our work include sexual exploitation (including sex trafficking); child, early, and forced marriage; female genital cutting and mutilation; and GBV perpetuated in school settings and during violent conflicts.

EngenderHealth recognizes that historically marginalized and minoritized populations—such as girls, women, and gender and sexual minorities; adolescents and youth; people with disabilities; economically disadvantaged groups; and those living in rural and other hard-to-reach areas—are particularly vulnerable to discriminatory practices that can prevent them from leading healthy lives. We therefore use a **gender, youth, and social inclusion (GYSI) lens** to ensure inclusion of these populations. We do this by developing and implementing various tools to help our staff and partners carefully consider and respond to the different challenges experienced by and varying needs of these different groups—from project design and throughout implementation stages. For instance, in an area with high teenage pregnancy rates, we may prioritize training providers on youth-friendly services and developing awareness campaigns specifically aimed to reach young people.

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