



Principles of Language Use

Background

Because language both conveys and shapes our thinking, we set forth these principles with the goal of ensuring our language—written and spoken—helps us effect the changes we wish to see in the world. To that end, our language should be consistent with EngenderHealth’s Theory of Change, our Do No Harm framework, our Strategic Plan, our Organizational Values and our adherence to the Guttmacher-Lancet Commission’s definition of sexual and reproductive health and rights (SRHR), noted in the textbox on the next page.

The principles outlined below provide overarching guidance on how we think about and use language in our work. The concepts outlined here and their application are spelled out in more detail in language guides related to specific topic areas or language questions that come up most often as points of discussion, such as language on abortion, youth, and gender. We will develop additional such guides as needed.

(Note: While these principles focus on written and spoken language, the concepts outlined here are also applicable to visual materials, such as photos, videos, icons, signage, etc.)

Principles

- **Everyone plays a role:** Careful use of language is the responsibility of everyone in the organization. We should all strive to employ the most accurate, inclusive, and sensitive language.
- **Accuracy is important:** We value accuracy, especially medical and technical accuracy. By using language that is accurate and current, we can help ensure we convey our ideas effectively.
- **Be inclusive and convey respect:** Our language should be deliberately and explicitly inclusive of diverse populations. Just as we are committed to advancing a full spectrum of sexual and reproductive healthcare for all people, free of bias and discrimination, our language should be free of discrimination and bias. Our words should respect all forms of SRHR, as well as the people who provide or receive SRH care. Our language should amplify the dignity and agency of the people with whom we work, be intentionally nonjudgmental and destigmatizing, and reflect our respect for our partners—funding agencies, host-country governments, international and local institutions, healthcare providers, and the communities in which we work. This principle requires us to think about when and how we refer to specific groups, including learning from people we work with about how the communities of which they are part prefer to be identified. Being inclusive and conveying respect may not always lend itself to simple “use these words/not these word” rules. For example, we have historically had a tendency in our language to focus on “women and girls.” While much of our work is programmed to support girls and women, as an organization that strives to be gender transformative, we are working to reduce our reliance on the phrases “women and girls” and “girls and women,” as overuse of those terms can lead to binary—and thus exclusionary—thinking about gender. That does not mean we never use the words “girls and women,” but it does mean we need to be careful about their use.
- **We are a learning organization:** Our Strategic Plan and our Organizational Values both emphasize the importance of reflection and learning. Just as we learn and adjust our actions over time, we adjust our language as we learn. The evolution of language sometimes requires us to eradicate terms and phrases we used in the past as new insights lead us to better language that more closely aligns to our ideals. Similarly, just as we must continuously improve our technical knowledge and skills and operational approaches, we must continuously challenge our thinking about language (including by learning from others who are doing the same) and advance progressive ideas and language to support our work. For example, a few years ago we commonly used phrases such as “women’s empowerment” or “empowering women.” Today, we see these phrases as problematic, as they imply that women do not have inherent power, that they can only receive power from someone else. Thus, we are working to reduce or even eliminate those phrases.
- **Tailor language to the audience:** EngenderHealth works with and communicates with multiple audiences. While the *EngenderHealth Style Guide* preferences American English as our organizational standard to ensure consistency across global materials, our usage of English may vary across geographies, programs, and communities, as appropriate for differing audiences. When communicating to technical audiences, we often use acronyms and technical terms, which we should avoid or explain when communicating with lay audiences. Some major donors and other partners prefer to the term “family planning” over “contraception.” We may work in communities where gender is understood as a binary construct, rather than a spectrum. In order to effectively communicate with these various audiences, we must adjust our language in order to meet the audience where they are, without compromising our world view, values, or programmatic goals. Such adjustments require a thoughtful and nuanced approach to language.

Guiding Questions

The following questions may help us identify and eliminate problematic language. If the answer to any of these questions is “yes,” consider how you can revise the language in question. Does the language:

- Undermine the agency of the people or communities we serve?
- Normalize a certain group of people while portraying other groups of people “others”?
- Reduce impact populations to victims or emphasize victims while ignoring perpetrators?
- Position EngenderHealth (including our staff, partners, donors, or programs) as saviors?
- Stigmatize any form of healthcare (including information, counseling, or services) or the people who provide or receive such care?
- Further entrench inequalities based on gender, age, ability, sexual orientation, race, ethnicity, economic class or capability, caste, or other individual or community traits?
- Reflect personal, community, or cultural discrimination or biases against any population?

Guttmacher–Lancet Commission’s Definition of SRHR*

SRH is a state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity. Therefore, a positive approach to sexuality and reproduction should recognize the part played by pleasurable sexual relationships, trust, and communication in the promotion of self-esteem and overall wellbeing. All individuals have a right to make decisions governing their bodies and to access services that support that right. Achievement of SRH relies on the realization of sexual and reproductive rights, which are based on the human rights of all individuals to:

- have their bodily integrity, privacy, and personal autonomy respected
- freely define their own sexuality, including sexual orientation and gender identity and expression
- decide whether and when to be sexually active
- choose their sexual partners
- have safe and pleasurable sexual experiences
- decide whether, when, and whom to marry
- decide whether, when, and by what means to have a child or children, and how many children to have
- have access over their lifetimes to the information, resources, services, and support necessary to achieve all the above, free from discrimination, coercion, exploitation, and violence

Essential SRH services must meet public health and human rights standards, including the Availability, Accessibility, Acceptability, and Quality framework of the right to health. The services should include:

- accurate information and counseling on SRH, including evidence-based, comprehensive sexuality education
- information, counseling, and care related to sexual function and satisfaction
- prevention, detection, and management of sexual and gender-based violence and coercion
- a choice of safe and effective contraceptive methods
- safe and effective antenatal, childbirth, and postnatal care
- safe and effective abortion services and care
- prevention, management, and treatment of infertility
- prevention, detection, and treatment of sexually transmitted infections, including HIV, and of reproductive tract infections
- prevention, detection, and treatment of reproductive cancers

*Starrs, A.M., Ezeh, A.C., Barker, G., Basu, A., Bertrand, J.T., Blum, R., Coll-Seck, A.M., Grover, A., Laski, L., Roa, M., Sathar, Z.A., Say, L., Serour, G.I., Singh, S., Stenberg, K., Temmerman, M., Billedecom, A., Popinchalk, A., Summers, C., and Ashford, L. 2018. “Accelerate Progress—Sexual and Reproductive Health and Rights for All: Report of the Guttmacher-Lancet Commission.” *The Lancet* 391 no. 10140 (May): 2642–2692. [https://doi.org/10.1016/S0140-6736\(18\)30293-9](https://doi.org/10.1016/S0140-6736(18)30293-9).