

Pathfinder Global Language Guidance

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Introduction to Pathfinder’s Global Language Guidance

This guidance document shares our language values and preferences for **global communications**. However, we recognize the importance of flexibility in meeting the needs of our country and project teams who work in culturally and geographically diverse contexts. And when a donor’s language, terminology, and style conventions differ from ours, we recognize the need to communicate in the donor’s terms. **Pathfinder’s language standards cannot uniformly apply to every situation and must be adapted to fit the needs of the audience, culture, and context in which we are communicating.**

Use this global language guidance for...	Defer to country or local conventions or values for...
Global technical briefs	Project- or country-specific clinical guidelines or job aids
Global program briefs	Country- or local-level project implementation materials
Global advocacy briefs	National, provincial, or district-level advocacy materials
Presentations and workshops at international conferences and other global forums	Presentations and workshops at national, provincial, district, or community level forums
Pathfinder.org and global social media channels, and talking points/materials for international media	Local media content
Proposals and other donor communication (if our guidance aligns with their language)	Proposals and other donor communication (if our guidance does not align with their language)
Manuscripts for international journals	Manuscripts for national journals

The following values guide Pathfinder’s word choices:

- **Mutuality.** Language can either help dismantle or reinforce uneven and unearned power dynamics. Pathfinder’s language should reflect that everything we do is built on a foundation of understanding and respect for the values, beliefs, knowledge, and capabilities of the people we serve, our local partners, and our staff. We do not bestow services on “beneficiaries” or bestow power by “empowering” people. We work hand in hand with local stakeholders to dismantle systemic inequity by building lasting and trusted partnerships to strengthen health systems, forging resilient pathways to sexual and reproductive health and rights (SRHR) for all.
- **Inclusivity.** Pathfinder’s language should be free of bias, discrimination, and judgement and should emphasize the dignity and agency of all people. Our preferred terminology centers people and not their health conditions, risk behaviors, socioeconomic status, or hardships. We strive for inclusive language that encompasses people of all genders, races, ethnicities, and abilities.
- **Specificity.** Being as specific as possible in our writing not only helps ensure medical, technical, and geographic accuracy. It also helps avoid harmful generalizations, stereotypes, and othering. Rather than being aspirational or broad, our language should be clear, direct, and descriptive. We should demystify our work as much as possible through terminology that is reflective of our bodies of work.

Gender-Inclusive Language

Pathfinder supports every person to make decisions about their lives. Across the countries where we work, we have advocated for policies and run programs that build gender equality. True inclusivity encompasses the words we use AND the actions we take. Gender-inclusive language aims to treat people equally and include people of all gender identities.

Gender-inclusive alternatives to historically gendered terms

Gender-inclusive terms	Gendered terms
client-centered care, person-centered care	woman-centered care
council member	councilman
humanity, humankind, people	mankind
human-made, human-caused, artificial, synthetic	manmade
spokesperson	spokesman
staff, workforce, workers	manpower

We acknowledge that gender-transformative work, which often involves shifting deeply held norms and beliefs, takes time, and we recognize that gender-inclusive phrasing may not resonate in many of the contexts in which Pathfinder programs operate. While we want to be inclusive, writers and communicators must tailor their language to be culturally and contextually appropriate so that it reaches and resonates with the intended audience.

Tailor your phrasing with respect for the context in which you are working, and an understanding that gender-inclusive language is ever-evolving. And consult directly with people of diverse gender identities and sexual orientations and organizations that serve them in the context where you are working to ensure you are using their preferred language.

Relationships

- Often it is necessary to speak or write specifically about men, women, boys, or girls, but when possible, speak inclusively about “people,” for example, using the terms “adolescents” or “young people” instead of “adolescent girls and boys.”
- Parent, child, sibling, spouse, and partner are good alternatives to mother/father, son/daughter, sister/brother, husband/wife, girlfriend/boyfriend, and other gendered relationship terms.
- Sometimes attempts to be inclusive can have the opposite effect. For example, if we say, “We work with men, women, and transgender people” to try to be inclusive of trans people, by separating them, we imply they are not men or women. It is more inclusive to say, “We work with men and women, including transgender men and women,” or, “We work with cisgender and transgender men and women.”

Bodies, contraceptive methods, and other reproductive health topics

- When possible, avoid gendered references to contraceptive methods. Refer to specific methods rather than “male contraception” or “female contraception.” When culturally acceptable, refer to “condoms,” “external condoms,” or “internal condoms” rather than “male condoms” and “female condoms.”

- When talking about clients receiving perinatal services, consider using gender inclusive terminology such as “pregnant people” and “birthing people.”

Sex classification versus gender

- Sex classification at birth (e.g., male, female, intersex) should only be used when necessary for clinical purposes. If there is a reason to refer to someone’s birth sex, use the terms “assigned male at birth” or “assigned female at birth.” When it is necessary to refer to gender identity (e.g., woman, man), be as specific as possible to ensure the correct term or identity is applied.
- When referring to any activity that engages with gender norms, roles, and practices, use gender identity terms (“engaging men and boys”) instead of “male engagement.”
- We recognize the importance of distinguishing and specifically noting gender and/or sex when discussing data disaggregation. In many cases, projects, surveys, and service statistics may capture data on sex, but not gender identity. In these cases, it may not be possible to determine if the variables represent gender or sex, and it is best to explain how data were collected (i.e., third party report or self-identification) and how you will be using the terms gender and sex in your write-up.

Key Definitions*

A note on the difference between gender identity and sexual orientation: People often confuse these concepts, but one way to think of the difference is that **gender identity** is about **who one is**, while **sexual orientation** is about **whom one is attracted to**.

Gender identity: One’s internal knowledge and understanding of their own gender

Sexual orientation: One’s enduring physical, romantic, and/or emotional attraction to another person

Sex classification at birth: Determination based on medical factors, including hormones, chromosomes, & genitals. Most people are assigned male or female. When someone’s sexual & reproductive anatomy does not seem to fit the typical definitions of female or male, they may be described as **intersex**.

Gender: Roles, responsibilities, characteristics, & behaviors a society associates with our identities as women, girls, men, boys, or non-binary people. Gender is socially and culturally constructed, so our understandings of gender differ across contexts and over time. Gender influences what is expected of us, the power we have in society, how we relate to others, & the norms to which we are expected to conform.

Cisgender: One’s gender identity aligns with their sex classification at birth

Gender nonbinary: One who experiences their gender identity as falling outside the binary categories of “man” and “woman.”

Transgender: One whose gender identity differs from their sex classification at birth

*Source: <https://glaad.org/reference/trans-terms/>

TERMINOLOGY FOR GENDER IDENTITY & SEXUAL ORIENTATION ¹		
Preferred terms	Avoid if possible	Why?
<ul style="list-style-type: none"> • Gay • Gay man • Lesbian • Gay person • Gay people 	Homosexual	Because of the clinical history of the word “homosexual,” anti-LGBTQ activists use it to suggest that people attracted to the same sex are diseased or psychologically disordered.
LGBTQIA+ community	Gay community	To reflect the diversity of the community, use the acronym for lesbian, gay, bisexual, transgender, queer, intersex, asexual, + to recognize all non-straight, non-cisgender identities.
Pronouns	Preferred pronouns	All people, cisgender and transgender, use pronouns. Pronouns are a fact, not a preference.
<ul style="list-style-type: none"> • Sexual orientation • Orientation 	Sexual preference	<p>Sexual preference inaccurately suggests that attraction to the same sex is a choice and can or should be “cured” or changed. Sexual orientation describes a person’s physical, romantic, and/or emotional attraction to people of the same gender and/or a different gender.</p> <p>People often confuse sexual orientation and gender identity, but one way to think of the difference is that <i>gender identity</i> is about <i>who one is</i>, while <i>sexual orientation</i> is about <i>whom one is attracted to</i>. (See box on previous page.)</p>
<ul style="list-style-type: none"> • Girl • Woman • Transgender girl • Transgender woman • Transfemme (transfeminine) • Boy • Man • Transgender boy • Transgender man • Transmasc (transmasculine) • Cisgender • Transgender • Nonbinary • Assigned male/female at birth 	<ul style="list-style-type: none"> • Identifies as... • Born a woman • Born a man • Biologically female/male • Biological girl/boy • Genetically male/female 	Avoid saying that transgender people “identify as” their gender. That implies that gender identity is a choice. Avoid phrases that oversimplify a complex subject and are often used by anti-transgender activists to inaccurately imply that a trans person is not who they say they are. A person’s biology does not determine a person’s gender identity. When describing a person’s gender in relation to their assigned sex at birth, the terms cisgender, transgender, and/or nonbinary will usually be sufficient. Not all nonbinary people identify as transgender. And finally, language around nonbinary people should be gender-neutral (in other words, not aligned with feminine or masculine language).

¹ “GLAAD Media Reference Guide, 11th Edition.” GLAAD. Accessed March 18, 2024. <https://glaad.org/reference>.

TERMINOLOGY FOR GENDER IDENTITY & SEXUAL ORIENTATION		
Preferred terms	Avoid if possible	Why?
<ul style="list-style-type: none"> • Transgender • Transgender people • Transgender person 	<ul style="list-style-type: none"> • Transgenders • A transgender • Transgendered • Transwoman • Transman 	<p>Transgender should be used as an adjective, not a noun. The adjective transgender should never have an extraneous “-ed” tacked onto the end. An “-ed” suffix adds unnecessary length to the word and can cause tense confusion and grammatical errors. Not using the “-ed” suffix also brings transgender into alignment with lesbian, gay, bisexual, and queer.</p>

Rights-based Language for Climate Resilience and SRHR

While increasing access to some SRHR services has the potential to affect demographic trends, **contraception is not a climate mitigation solution, and we never promote or participate in population control.** A lower fertility rate does not necessarily mean lower greenhouse gas emissions. Many countries that are the world’s biggest contributors to greenhouse gas emissions have lower fertility rates, and many areas with higher fertility rates are lower contributors to greenhouse gas emissions.² Women’s reproductive choices did not cause climate change, and we must not restrict anybody’s rights. In the past, some reproductive health programming violated human rights, aiming to reduce specific populations based on racial or ethnic identity, or economic or disability status, in some cases without an individual’s consent. Given this history, it is critical that we ensure bodily autonomy, include a range of SRHR services, and—when communicating about SRHR and climate change—avoid population-centered language. When we do talk about voluntary contraception as a part of SRHR and climate action, we should use a rights-based lens.

RIGHTS-BASED LANGUAGE FOR CLIMATE RESILIENCE & SRHR		
Preferred framing	Avoid if possible	Why?
<ul style="list-style-type: none"> SRHR is essential to bodily autonomy and gender equity. When people have bodily autonomy and access to the resources needed to live a healthy life of their choosing, they’re better able to participate in their communities. 	<ul style="list-style-type: none"> Contraception is a way to reduce greenhouse gas emissions. 	<ul style="list-style-type: none"> Curtailing the fertility of women and girls in lower income regions moves away from a rights-based approach and has a long history of harmful and coercive practices. This framing treats the bodies of women and girls as tools for climate mitigation, burdens those least responsible for climate change but most affected by it, and distracts from the structural drivers of climate change.
<ul style="list-style-type: none"> Access to contraception improves the ability of all people to adapt to climate change by allowing them to plan for their futures and build the families they want. To build the climate resilient future we know is possible, we need everyone’s participation. 	<ul style="list-style-type: none"> Contraception benefits climate efforts by slowing population growth. Any mention of population control 	<ul style="list-style-type: none"> Framing population size as the problem driving climate change distracts from systemic injustice and inequity. It implicitly directs attention toward lower income countries instead of the practices in higher income countries that drive climate change and puts the blame for population growth on women and girls. Slowing population growth will not inherently mitigate climate change or environmental degradation.

² “IPPF Position Paper: The Climate Crisis and Sexual and Reproductive Health and Rights.” International Planned Parenthood Federation, March 2021. <https://www.ippf.org/resource/ippf-position-paper-climate-crisis-and-sexual-and-reproductive-health-and-rights>.

Regions and Countries

Pathfinder generally follows US State Department conventions to refer to the world's regions and countries.

GEOGRAPHIC TERMINOLOGY		
Preferred terms	Avoid if possible	Why?
<ul style="list-style-type: none"> • Specific country or region names • Countries where we work • Low- and middle-income countries • High-income countries • Conflict-affected areas • Areas affected by climate change • Fragile settings 	<ul style="list-style-type: none"> • Third world (never use) • Developing countries • Developed countries • South-to-South • Global North • Global South 	<p>Be as specific in naming countries or regions. Describing a country as “developing” can feel condescending, implying that it is not complete. We prefer “low- and middle-income countries,” but it is not a perfect term, as it frames health in terms of a country’s economic status but does not account for race, gender, and other contextual and cultural factors within a country. Global South and Global North may be ok to use only if the terms are geographically accurate and there is a reason to decouple the term from any economic classification; however, some see these terms as codes for “rich” and “poor” or “powerful” and “dependent.” It is important not to homogenize vastly different parts of the world.</p>
<ul style="list-style-type: none"> • In specific regions (e.g., East Africa, South Asia), countries, states • In or with communities 	<ul style="list-style-type: none"> • In the field • On the ground 	<p>Talking about our work “in the field” conveys separation between our offices and the communities where we work, perpetuating the concept of staff parachuting into the contexts where the work takes place, when most Pathfinder staff live in the communities in which they work, many of which are urban. When possible, name specific countries, states, and communities.</p>
Côte d’Ivoire	Ivory Coast	In 1986, the country’s government declared République de Côte d’Ivoire and Côte d’Ivoire the only official forms of the name. The nation does not officially recognize any translations of the name.
Dar es Salaam	Dar-es-Salaam	

GEOGRAPHIC TERMINOLOGY		
Preferred terms	Avoid if possible	Why?
Democratic Republic of the Congo (DRC)	Democratic Republic of Congo	
Eswatini	Swaziland	In 2018, to mark the 50 th anniversary of Swazi independence, King Mswati III renamed the country the Kingdom of Eswatini, meaning "land of the Swazis."
<ul style="list-style-type: none"> • Myanmar • Burma 		<ul style="list-style-type: none"> • UN agencies recognize the country as Myanmar, so when working with them, use Myanmar. • The US government recognizes the country as Burma, so refer to Burma when working on USAID and other US-funded projects.
Timor-Leste	East Timor	The country's official name in English under its constitution is Democratic Republic of Timor-Leste.
US	<ul style="list-style-type: none"> • USA • U.S. • U.S.A. 	
Vietnam	Viet Nam	
Washington, DC	Washington, D.C.	

Technical Terminology

TECHNICAL TERMINOLOGY		
Preferred terms	Avoid if possible	Why?
<ul style="list-style-type: none"> • Very young adolescents (ages 10 to 14) • Adolescents (ages 10 to 19) • Older adolescents (ages 15 to 19) • Youth (ages 15 to 24) • Young people (ages 10 to 24) 	Avoid using different terms interchangeably if you are writing about one specific age group. In a given document, if possible, choose one term and use it consistently.	Pathfinder follows WHO guidance on classifying young people. We recognize the overlap among categories. Be as specific as possible about the age range and segment of the population with whom you are working and define the term with its age range at first use.
<ul style="list-style-type: none"> • Contraception • Family planning (FP) • Healthy timing and spacing of pregnancy (HTSP) • Modern contraception 	Birth control (never use)	Avoid terms that hint at population control or reproductive coercion. Pathfinder prefers “contraception” since “family planning” is not always applicable or relevant to young people, but writers should use the appropriate term for the cultural context of the audience.
<ul style="list-style-type: none"> • Condom • External condom³ 	Male condom	Use gender-inclusive language when possible. In contexts where “external condom” will not be understood or “condom” is too general, it is ok to refer to the male condom.
Internal condom ⁴	Female condom	See above. In contexts where “internal condom” will not be understood, it is ok to refer to the female condom.
<ul style="list-style-type: none"> • DMPA • DMPA-SC • Implants • Hormonal IUD 	<ul style="list-style-type: none"> • Depo-Provera • Sayana Press • Implanon • Mirena 	When discussing specific methods, Pathfinder avoids brand names unless specifically referencing a particular brand of contraception.
Hormonal IUD	<ul style="list-style-type: none"> • LNG-IUS • LNG-IUD • Hormonal IUS 	WHO guidance ⁵ prefers “hormonal IUD,” because it makes clear that this product releases a hormone, and it encompasses existing levonorgestrel-releasing IUDs.

³ “Condoms.” Geneva, Switzerland: World Health Organization, February 12, 2024. <https://www.who.int/news-room/fact-sheets/detail/condoms>.

⁴ Ibid

⁵ “WHO Statement on Levonorgestrel-Releasing Intrauterine Device Nomenclature.” Geneva, Switzerland: World Health Organization, 2021. <https://apps.who.int/iris/bitstream/handle/10665/340378/9789240021730-eng.pdf>.

TECHNICAL TERMINOLOGY (cont.)		
Preferred terms	Avoid if possible	Why?
<ul style="list-style-type: none"> • Tubal ligation • Permanent method 	Female sterilization	Use gender-neutral language for contraceptives when possible. Given some countries' histories of forced sterilization, avoid this term.
<ul style="list-style-type: none"> • Vasectomy • Permanent method 	Male sterilization	See above.
<ul style="list-style-type: none"> • Person with disability⁶ • Person with (type of disability) • Persons with disabilities • People who require specific accommodations • Neurodivergent 	<ul style="list-style-type: none"> • Disabled person • Handicapped • Wheelchair-bound • Person with special needs • Atypical • Person living with a disability • Differently abled • People of all abilities 	In general, use people-first language that centers the person and not the disability, and avoid what can feel to some people like condescending euphemisms (e.g., special needs) Consult directly with persons with disabilities and organizations that serve them in the context where you are working to ensure you are using their preferred language.
<ul style="list-style-type: none"> • Person without a disability • Non-disabled • Neurotypical 	<ul style="list-style-type: none"> • Normal • Healthy • Able-bodied • Typical • Of sound body/mind 	
Have [disability or condition]	<ul style="list-style-type: none"> • Suffer from • Afflicted by • Stricken by • Victim of 	Avoid language that frames disability as a health condition to be fixed or cured or a problem that persons without disabilities must solve.
<ul style="list-style-type: none"> • Person with a mental health condition⁷ • Person who has been diagnosed with [condition] 	<ul style="list-style-type: none"> • Mentally ill • Abnormal/not normal • Suffers from [condition] • Define someone by their condition 	

⁶ Guidance on language use for disability informed by: "Disability-Inclusive Language Guidelines." Geneva, Switzerland: United Nations, 2019. <https://www.ungeneva.org/sites/default/files/2021-01/Disability-Inclusive-Language-Guidelines.pdf>.

⁷ "Mental Health Inclusive Language Guide." Stampede Stigma: A Wellways Initiative, n.d. <https://www.stampedestigma.org/stop-stigma/language-guide>.

TECHNICAL TERMINOLOGY (cont.)		
Preferred terms	Avoid if possible	Why?
<ul style="list-style-type: none"> Female genital mutilation Female genital cutting 	Female circumcision	WHO defines the harmful traditional practice FGM as “all procedures that involve the partial or total removal of external female genitalia or other injury to female genital organs for non-medical reasons.” ⁸
Gender-based violence (GBV)	Sexual and gender-based violence	GBV is an umbrella term that encompasses sexual violence, so the term “sexual and gender-based violence” is redundant.
<ul style="list-style-type: none"> People who have experienced GBV Survivor People living with intimate partner violence 	Victim	<p>The term “victim” is used in the legal and judicial sectors to convey the person who has suffered a criminal act. However, in health programming and health sector response, the term “survivor” conveys (1) that GBV can be lethal and health workers are fortunate to be able to help those who have survived, and (2) a reminder to survivors that they have been strong enough to make it through the violence they experienced.</p> <p>“People who have experienced GBV” may be used when writing in general terms and encompassing the full range of this population, including those no longer living.</p> <p>“People living with intimate partner violence” helps convey that intimate partner violence is usually an ongoing issue and that health programs and services need to take this reality into account. Using the active tense “living with” is important.</p>

⁸ “Female Genital Mutilation.” Geneva, Switzerland: World Health Organization, February 3, 2020. <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>.

TECHNICAL TERMINOLOGY (cont.)		
Preferred terms	Avoid if possible	Why?
Discuss HIV and AIDS as two separate conditions with separate prevention and treatment measures. ⁹	<ul style="list-style-type: none"> • HIV/AIDS • HIV and AIDS • HIV virus • AIDS virus • Full-blown AIDS 	Most people with HIV do not have AIDS. HIV prevention (correct, consistent condom use, use of sterile injecting equipment, PrEP) differs from AIDS prevention (ART, good nutrition). There is no AIDS virus; the virus associated with AIDS is human immunodeficiency virus. "HIV virus" is redundant, and AIDS is simply AIDS; "full-blown" is irrelevant.
People living with HIV	<ul style="list-style-type: none"> • HIV-positive people • HIV-infected people • PLHIV 	The preferred term centers the person and not the virus. UNAIDS denounces the use of acronyms (PLHIV) to refer to people as dehumanizing and recommends that the name or identity of the group be written in full, except in charts or graphs where abbreviations might be necessary.
<ul style="list-style-type: none"> • Acquire HIV • Become HIV positive • Be diagnosed with HIV • Transmit HIV 	<ul style="list-style-type: none"> • Catch HIV • Pass on HIV • Spread HIV 	Avoid terms that imply value judgement or blame.
HIV is no longer a terminal condition.	HIV is no longer a death sentence.	Death sentence refers to capital punishment for a criminal prosecution.
Died of an AIDS-related illness	Died of AIDS	One cannot die of AIDS, because AIDS is a group of illnesses and conditions that weaken the immune system.
Response to AIDS	Fight against AIDS	We avoid combat language. (See Power and Program Terminology, p. # 16.) AIDS prevention, treatment, and control are responses to AIDS and not battles.
<ul style="list-style-type: none"> • Person who injects drugs • Injecting drug user 	Intravenous drug user	Drugs may be injected subcutaneously, intramuscularly, or intravenously.
<ul style="list-style-type: none"> • Sex work/sex worker • Person who sells sex 	<ul style="list-style-type: none"> • Commercial sex work/worker • Prostitution/prostitute 	The terms "commercial" and "work" have the same implications; it is redundant to use both. Prostitute is a derogatory term.

⁹ Guidance on language use for HIV and AIDS informed by: "UNAIDS Terminology Guidelines." Geneva, Switzerland: UNAIDS, 2015. https://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf.

TECHNICAL TERMINOLOGY (cont.)		
Preferred terms	Avoid if possible	Why?
Sexually transmitted infection (STI)	Sexually transmitted disease	Many people with an STI do not experience it as a symptomatic disease. "Disease" also perpetuates stigma.
<ul style="list-style-type: none"> Local epidemic Exact location of outbreak 	Hotspots	Hotspot can have a negative connotation or alternate meanings (e.g., a WIFI hotspot). Instead, describe the context or situation as specifically as possible.
Unintended pregnancy	<ul style="list-style-type: none"> Unwanted pregnancy Unplanned pregnancy 	"Unintended" encompasses mistimed (earlier than desired), unplanned (when the woman used a contraceptive method or did not want to become pregnant but did not use a method), and unwanted (when no children, or no more children, were desired) pregnancies. ¹⁰ If you are specifically referring to one of these circumstances, it is fine to use the term; otherwise, use "unintended."
<ul style="list-style-type: none"> Restricted safe abortion services Legally restricted safe abortion Legally available safe abortion Safe abortion Unsafe abortion Comprehensive abortion care Postabortion care¹¹ 	<ul style="list-style-type: none"> Illegal abortion Clandestine abortion 	The safety and legality of abortion are separate but connected concepts. When provision of safe abortion is restricted by law, women opt for clandestine services that are often unsafe. It is possible for women to have safe services in clandestine settings. And unsafe abortion can happen in settings where services are legally available. Never use the term "illegal" or "clandestine" to mean unsafe. See Pathfinder's Definitions for Abortion Care for more in-depth definitions and information on abortion terms.

¹⁰ Santelli, John, Roger RoCHAT, Kendra Hatfield-Timajchy, Brenda Colley Gilbert, Kathryn Curtis, Rebecca Cabral, Jennifer S. Hirsch, and Laura Schieve. "The Measurement and Meaning of Unintended Pregnancy." *Perspectives on Sexual and Reproductive Health* 35, no. 2 (March 2003): 94-101. <https://doi.org/10.1363/3509403>.

¹¹ When writing about abortion in a particular country context, always ask the country team to review the language for contextual appropriateness and accuracy.

TECHNICAL TERMINOLOGY (cont.)		
Preferred terms	Avoid if possible	Why?
<ul style="list-style-type: none"> Newborn health Neonatal health 	<p>Do not use “infant” or “child” health or wellbeing if specifically referring to health status or outcomes during the first 28 days of life.</p>	<p>Newborn or neonatal refers to the period between birth and the 28th day of life, during which the neonate is completing its transition to life outside the uterus and most at risk of death.¹²</p> <p>The infant period covers birth to 12 months of age. Child health refers to wellbeing and outcomes for a range of ages, most commonly 0 to 5.</p> <p>Programs working to improve mother-baby outcomes around delivery and the postpartum and neonatal period should be referred to as maternal and newborn health programs.</p> <p>Programs that address integrated management of child illness, nutrition beyond the neonatal period, and/or immunizations beyond those given around the time of birth should be referred to as maternal, newborn, and child health programs.</p>
<ul style="list-style-type: none"> Fetus Infant in utero Products of conception 	<p>Unborn child (never use)</p>	<p>Health services during pregnancy (ANC, PMTCT) focus on the health of the woman and the pregnancy. When discussing services or clients prior to delivery, it is not appropriate to discuss the “baby”—“fetus” is the term that should be used. “Infant in utero” is commonly used in some regions in provider-client interactions, as it feels less clinical than “fetus.”</p> <p>“Products of conception” is more commonly used regarding CAC, miscarriage, and the period before the fetus becomes viable at 9+ weeks post-conception. In <u>no case</u> should the term “unborn child” be used in Pathfinder communications.</p>

¹² “Newborn Health.” Geneva, Switzerland: World Health Organization. Accessed November 11, 2021. <https://www.who.int/westernpacific/health-topics/newborn-health>.

Power and Program Terminology

POWER AND PROGRAM TERMINOLOGY		
Preferred terms	Avoid if possible	Why?
<ul style="list-style-type: none"> • Clients • Communities • Constituents • Countries • End users • Individuals we serve • Participants • Partners • People we work with • Service users 	<ul style="list-style-type: none"> • Beneficiaries • Patients 	<p>“Beneficiary” can patronize people by describing them in terms of support they receive, implying passive dependency rather than agency, and leaving out context that explains the disparity or challenge a program is working to address. The term can also connote that organizations are deciding who deserves a particular benefit.</p>
<ul style="list-style-type: none"> • Capacity developing • Capacity enhancing • Capacity sharing • Capacity strengthening • Peer-to-peer knowledge sharing • Supporting 	Capacity building	<p>“Capacity building” implies that groups, communities, or organizations had no capacity to begin with, though they are the experts on their context. When possible, denote specific activities (e.g., knowledge sharing, mentoring, partnering, supervising, providing technical assistance, training).</p>
Client	Patient	<p>In some cases, “patient” might be the most accurate term. Often, “client” is preferred. For example, the global HIV community considers “client” more respectful than “patient.”</p>
<ul style="list-style-type: none"> • Agency • Autonomy • Claim rights • Claim power • Enable • Equality • Equip • Equity • Exchange/share knowledge • Inform • Train • Remove structural barriers to people exercising their power 	Empower/ empowered	<p>Talking about “empowering” marginalized groups gives the impression that we do not believe that they have power on their own and that we believe power is ours to bestow. Instead, use more specific verbs like those suggested here and focus on who or what is driving these actions.</p> <p>In some cases, the term “empowerment” may be used—for example, regarding programs for economic and social empowerment. Economic empowerment implies that financial solvency empowers people—not that one person or organization bestows power on another.</p>
<ul style="list-style-type: none"> • Experiencing poverty • Living in poverty 	<ul style="list-style-type: none"> • Poor • Impoverished 	<p>Talking about ‘poor people’ can be patronizing and imply that being poor defines who someone is rather than their situation. It also implies that people who live in poverty are a homogenous group, characterized by their economic situation.</p>

POWER AND PROGRAM TERMINOLOGY		
Preferred terms	Avoid if possible	Why?
<ul style="list-style-type: none"> • Act • Address • Initiate • Manage • Respond • Take measures 	<ul style="list-style-type: none"> • Battle • Fight • Struggle • War 	<p>Avoid terms associated with war and violence (e.g., “the fight against AIDS.”) Among the reasons to do so are to avoid equation of the “fight” against a disease or condition to a fight against people affected by the disease or condition.</p>
<ul style="list-style-type: none"> • Key populations • Marginalized populations • Be explicit about what people are at risk of or vulnerable to if using these terms 	<ul style="list-style-type: none"> • High-risk groups • Most-at-risk groups • Vulnerable populations 	<p>Terming groups “high risk” and “vulnerable” can imply that the risk is contained within these groups. This gives people who have risk behaviors but do not identify with these groups a false sense of security—all social groups are interconnected. These terms can also perpetuate stigma and discrimination.</p>
<ul style="list-style-type: none"> • Activity • Initiative • Program 	<p>Intervention (unless referring to a clinical or health-systems strengthening activity)</p>	<p>“Intervention” is appropriate when describing clinical treatment or structural or systemic action, but in a community setting, it can imply the act of doing something to someone rather than a participatory approach. Pathfinder commonly uses “intervention” to describe program activities, and it is ok to do so if there is no appropriate alternative.</p>
<ul style="list-style-type: none"> • Design for and/or by • Engage • Focus • Involve • Reach • Serve • Segment 	<p>Target (verb)</p>	<p>To “target” a group implies a paternalistic, non-participatory approach.</p> <p>If describing how strategies or activities will be tailored to different clients’ needs and desires, consider the term “segment.”</p>
<ul style="list-style-type: none"> • Clients • Communities of focus • Constituents • End users • Individual served • Key populations • Participants • Priority populations 	<p>Target population</p>	<p>See above.</p>
<ul style="list-style-type: none"> • Excluded • Historically not listened to • Unheard • Underrepresented • Historically marginalized 	<p>Voiceless</p>	<p>No one is voiceless. We cannot be a “voice” for someone else. Rather, some people and groups have been excluded, unheard, and underrepresented. We aim to listen, to amplify, to provide platforms and create brave spaces for those whose voices need to be heard.</p>

PATHFINDER

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