




PLAN 4 RING TOOLKIT

# PrEP Ring Language Considerations





This resource is part of the  
**PLAN 4 RING** TOOLKIT,  
a suite of resources and tools designed  
to support planning for PrEP ring  
introduction and scale-up.

The toolkit contents, listed below, can be downloaded at  
[www.prepwatch.org/plan4ring-toolkit](http://www.prepwatch.org/plan4ring-toolkit).



### PrEP Ring Language Considerations

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#### PLANNING

- Introduction Framework
  - Situation Analysis Template
  - Guidelines Template
  - Rollout Scenarios Analysis Template
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#### DELIVERY

- Service Delivery Channel Analysis Template
  - Facility Readiness Assessments
  - Health Care Provider Training Considerations
  - Implementation Study Protocol Template
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#### PROMOTION

- Demand Creation Design Guide
  - Demand Creation Lessons Learned
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#### Considerations for Monitoring and Evaluation

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# Language and Terminology Considerations for the Plan 4 Ring Toolkit

Implementers, policymakers, and other key stakeholders in the HIV prevention field have the opportunity to reduce stigma by using language that is **precise, inclusive, and person-first** in their trainings, policies, and other communications regarding HIV prevention. Below is a suggested framework for choosing language when modifying and utilizing tools within the Plan 4 Ring Toolkit, along with a table of suggested replacements for specific terminology.

Much of the content in this document has been adapted or taken directly from the [2020 National Institute of Allergy and Infectious Diseases \(NIAID\) Language Guide](#), which contains further considerations for a positive approach to language.

Suggested overarching language shifts are as follows:

- Minimize use of the terms “risk” and “risky.” These terms can have many different definitions and may stigmatize certain behaviors, impose labels on individuals, and stigmatize living with HIV. They are also imprecise and do not account for the context in which people live.
- Avoid using the language of contagion, such as “infection,” “infected,” and “infectious,” to describe HIV transmission and people who are living with HIV. More precise terms, such as “acquisition” and “transmission,” and people-first terms, such as “people living with HIV”, help to destigmatize communities impacted by HIV and put their personhood first.

This is an ongoing process, one that requires accountability and constant learning, but the motivation is clear: word choice can lead to tangible, positively consequential experiences on a spectrum from individual well-being to public health outcomes.

INSTEAD OF...	CONSIDER USING...	BECAUSE...
Both genders/ either gender*	<b>Individuals of all genders</b> <b>OR</b> <b>specify (cisgender men, cisgender women, trans men, trans women, etc.)</b>	Using "both" or "either" assumes a gender binary and excludes many other people — nonbinary individuals, other gender minorities — and is often used in ways intended to exclude transgender people.
Risk (when referring to the possibility of something happening)	<b>Likelihood, chance</b>	Unless you are speaking about relative risk in the context of a piece of scientific literature, using "likelihood" or "chance" is likely more precise and does not carry with it the stigma that "risk" carries.
Serodiscordant	<b>Serodifferent</b>	"Discordant" implies a couple is at odds, clashing, or unsuitable for one another. "Serodifferent" focuses on what is different — the HIV serostatus. This change reinforces that while the HIV status of people can be different, it does not put them in discord. It is okay for people to have different HIV serostatuses.
High risk, risky or at-risk (when referring to a person or population)	<b>Individual/population with a higher likelihood of exposure to HIV, high-incidence population</b>	The terms "high risk," "risky," and "at-risk" are not descriptive of what is meant and may contribute to external and internal stigmatization of individuals or groups. The terms to consider using more precisely address societal or cultural dynamics and better reflect disease epidemiology.



INSTEAD OF...	CONSIDER USING...	BECAUSE...
High risk or risky (when referring to a behavior)	<b>When appropriate, use terms that describe behaviors – condomless sex, sharing injection equipment, etc. – or behavior that may expose someone to HIV.</b>	Labeling behaviors as “high risk” or “risky” may contribute to stigmatization of those behaviors or populations who engage in them while failing to recognize that it is potential exposure during a behavior that should be addressed.
The ring prevents HIV among women.	<b>The ring prevents HIV acquisition for users during receptive vaginal intercourse.</b>	The suggested language is specific and inclusive. It does not assume gender or exclude nonbinary people or others with diverse genders.
Infect	<b>Transmit</b>	The language of contagion may perpetuate stereotypes about people living with HIV and should be avoided. It can carry the stigma of a threat or of being unclean or contagious, all of which can be damaging to people living with HIV and their experiences accessing or seeking treatment.
Infections	<b>HIV transmissions, new HIV diagnoses, new incidences of HIV</b>	
Prevents HIV infection	<b>Prevents HIV, prevents transmission of HIV, prevents HIV acquisition</b>	Keep in mind that acquisition and transmission are two separate actions, so be accurate in word choice. For example: voluntary medical male circumcision helps prevent acquisition but does not help prevent onward transmission.

**\*A note on sex, sexuality, and gender:** The [2020 NIAID Language Guide](#) also includes a rich section on sex, sexuality, and gender terminology alternatives and vocabulary. Please reference pages 10–15 of the guide for the full list, which is not included in the tables above.