What we say *and* how we say it...

Language is fundamental – it is dynamic, visual, varied and constantly evolving. What we say and how we say it can have a profound effect – the words we use can open doors or close them, create worry or hope, facilitate or hinder. Language is the best communication tool we have, but just how well do we communicate as professionals working in sexual health?

Anything to do with reproduction, contraception and sex continues to embarrass or be shrouded in myth, something that affects professionals as much as the public. This means that enabling, accessible *and* correct communication about sex and sexual health is vital if we are to break down barriers, remove myths and engender common understanding. To do this we must address the way we communicate about sexual health issues and really improve the language and approach we use.¹ Some examples to consider follow.

Defining sexual health – Sexual health is a broad term that promotes positive sexual well-being and encompasses contraception, pregnancy planning and choices, abortion and sexually transmitted infections. We have a national strategy on sexual health for England with similar initiatives in the rest of the UK, which provide a framework for *all* sexual health services. However, discussion of sexual health very often narrows the definition to just sexual infections and excludes other equally important sexual health issues. Why is this? People using sexual health services often come with a complexity of needs. For example, a request for emergency contraception may highlight issues of abuse or non-consensual sex, the possibility of infection or difficulties in using contraception. How can we move to the holistic provision of sexual health services and become client-centred if we continue to discuss sexual health in such a limited way?

Understanding sex and sexuality – These concepts are inseparable but continually muddled. We are all sexual but we may not all be sexually active or exclusively heterosexual. Words we use in consultations such as he, she, wife, husband, can offend; by contrast, substituting the word 'partner' can enable. Sex is commonly equated with penetration, thus ignoring all other forms of sexual expression. This can lead to feelings of inadequacy where illness, disability or medicines create problems in achieving full intercourse. When talking about sexual practices we need to understand why we should use the words 'safer' sex rather than 'safe' sex.

Providing contraception – Do we talk about contraception, family planning or birth control? Are these terms interchangeable, do they mean the same thing? Contraceptive choices have improved dramatically over many years, but our language about contraception has not. Why do we talk about 'the pill' – suggesting only one choice – when there are 33 brands of oral contraceptives and of these 24 are different? High- and low-dose pills are discussed without a common understanding. The progestogen-only pill, so often referred to wrongly as the progesterone-only pill or 'mini-pill' – what does 'mini' mean? Why are intrauterine devices (IUDs) called 'coils' or, worse still, why is the intrauterine system (IUS) commonly referred to as the Mirena® coil?! The Saf-t-coil®, an IUD introduced in the 1960s, and from which the term coil originated, has not been available for over 20 years. The term coil conjures up images of the many negative aspects associated with first-generation plastic-only devices, which in turn can create problems when

trying to give information about modern IUDs. Why do we use 1960/1970s language in 2003? We do not talk about automobiles, record players or gramophone records; we do talk about cars, hi-fi, CDs and DVDs. Diaphragms and caps also get lumped together by the descriptor of 'the cap', yet there is a choice of three vaginal diaphragms and five cervical caps. How do we facilitate choice if our words limit this possibility? We need to remove the derogatory term 'rhythm method' from our vocabulary – natural family planning and our understanding of fertility awareness has evolved too – since this method can be effective, can be learned and represents another choice. We should discuss 'emergency contraception', not the 'morning-after pill', since the latter term compounds confusion about timing and completely omits the IUD as another postcoital choice. Questions about 'safety' of a method often mean efficacy. There is a need to be clear when listening and responding to clients.

Discussing risk, benefit and uncertainties – Just how well do we talk about this subject? This discussion is important and has to be seen as more than just a tick list for litigious reasons. What sort of words do we use to talk about possible risk or harm? Risk is so often described as negligible, minimal, small, large, and so on. What do these terms mean, and do they mean the same to everyone? Calman² proposes a system to standardise the language of risk whereby terms are equated linguistically and numerically. For example, minimal risk would mean a risk in the range of 1 in 1 000 000 (one million) to 1 in 100 000, low risk would be between 1 in 10 000 and 1 in 1000 and a high risk would be an event with a likelihood greater than 1 in 100. Calman also argues for the need to understand the use of value-laden words that are commonly used, such as avoidable, unacceptable, serious and non-serious. Wouldn't it be good if we all used a common approach that was widely known and understood?

Patients, consumers, users, clients or people – How do we refer to people who use sexual health services, and does this affect how we communicate and share knowledge? If we stop calling people who use sexual health services 'patients' – after all, they are generally well people – would this shift the balance of power between provider and user to one of shared discussion and decision?

The provision of good, accessible and correct information around sexual health is important. How we communicate information and the words we use – 'what we say *and* how we say it' – has potential to influence people's lives and the decisions they take. This is an enormous responsibility – so let's get it right.

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