IDSOG Style Guide for Abstracts, Posters, and Presentations

IDSOG strives to provide a space for community where scientific rigor, clinical excellence, advocacy, and diversity are embraced and celebrated. The fields of obstetrics and gynecology and infectious diseases serve people from a variety of backgrounds, communities, and experiences. Therefore, it is important that language in abstracts, posters, and presentations exhibited at our annual meeting reflects these values in an inclusive, respectful, and appropriate manner.

This document contains guidance on best language practices for your submissions and presentations in the areas of gender, sex, race, and ethnicity. Importantly, this guide was developed with the US context in mind and is not definitive or fully inclusive given the constant evolution of language and culture as well as the social and historical influences that shape language and identity in different settings. You are encouraged to use the language and terminology that your participants, patients, and communities use as they are the best resource on how they would like to be addressed.

General tips

- Avoid using the term "normal." This is often used in sexual health research when referring to cisgender or heterosexual individuals and potentially their behaviors, but implies the people of other identities are somehow not normal. It is always best to err of the side of descriptive as opposed to reductive.
- When reporting on research studies where individuals are enrolled in a study, we recommend referring to "participants" as opposed to "subjects." Additionally, in case reports, case series or any other description of clinical work that does not involve a research study where someone is enrolled, we recommend referring to these individuals as "patients."

Person-first language

IDSOG encourages the use of person-first language where appropriate in accordance with the Denver Principles. People-first language puts the person before the illness or label and describes who they are, not what they have been diagnosed with. It helps eliminate prejudice and remove value judgments. We provide a few examples of person-first language relevant to IDSOG members (**Table 1**).

Table 1. Person-first language examples

Use…	Instead of…
Person with a substance use disorder (SUD) or person who uses substances	Addict, substance or drug abuser
Person living with HIV	HIV-infected person
People experiencing homelessness	Homeless people
Persons experiencing unstable housing/housing insecurity/persons who are not securely housed	The homeless

A number of guides have been developed regarding person-first language; we share several resources below.

- NIDA's Words Matter: Preferred Language for Talking About Addiction
- CDC's Inclusive Communication Principles
- Why Language Matters: Facing HIV Stigma in Our Own Words | The Well Project
- Writing Respectfully: Person-First and Identity-First Language | National Institutes of Health (NIH)
- Guidelines for Writing About People With Disabilities

We acknowledge that person-first language is not always preferred. As noted above, the language and terminology that is preferred by your participants and communities should be prioritized.

Gender and Sex

We encourage presenters to be explicit about whether they are presenting data on sex or gender or both. Should data collection limitations preclude the collection of data that clearly captures these constructs, IDSOG recommends disclosing those limitations. Table 2 shows illustrative examples from *Tordoff et al.* on how to approach these limitations.

Table 2. Examples of How to Discuss Limitations of Existing Data Sources* *(Copied from Tordoff et al. STD (2021))*

Scenarios	Examples
Medical and/or insurance records that collect a binary male/female variable.	"The binary male/female categories available in our data likely reflects the legal gender marker of each patient. This is neither an accurate measure of sex assigned at birth or of gender identity, since many transgender and nonbinary individuals have a legal gender marker that does not reflect their gender identity, and few states allow for a gender-neutral gender marker. We are thus unable to identify transgender and nonbinary patients, who are misclassified in our source data. The direction of this misclassification is also unknown."
Survey or interview collects data using imprecise language that conflates sex assigned at birth and gender (eg, "Are you male or female?").	"The interview script does not distinguish between sex assigned at birth and gender identity, for example, by conflating individuals who are men with male sex assigned at birth. We assume that this measure may more likely reflect a participant's reported gender identity rather than their sex assigned at birth. Notably, this measure does not allow us to identify transgender.
Data source uses outdated or harmful language.	"We subsequently refer to individuals who selected transgender male to female or who reported female gender identity and male sex assigned at birth as transgender women."

*Examples are for illustrative purposes only. Text included in abstracts and posters/presentation may need to be more concise.

Pregnancy is possible for many people assigned female at birth, not just cisgender women. IDSOG recommends inclusive language when referring to pregnancy. This can include such wording as "people with the capacity for pregnancy" or "pregnant people" when referring to populations. Again, using the language that your research participants use is best practice.

The definitions below were copied or adapted from *the Stylebook on LGBTQ+ Terminology* by the Association of LGBTQ+ Journalists) and other sources cited below. In addition, we have provided examples of gender inclusive phrasing related to these definitions as well as some phrases or terms to avoid (see **Table 3**).

- *Gender:* A social construct that refers to a person's self-identity, unlike sex, which refers to biological characteristics.
    - Gender, along with sex, is usually assigned to a person at birth by an attendant or parent who bases the decision on visible genitalia of the infant. That *assignment* may not match the person's actual gender, knowledge of which may emerge latera person's social identity. Not synonymous with *sex*.
- *Sex:* Biological and physiological characteristics used to classify someone as male, female or intersex. Not synonymous with *gender.*
    - Assigned male sex at birth (AMAB) or assigned female sex at birth (AFAB) are commonly used phrases/abbreviations to describe sex assigned at birth.
- *Cisgender:* An adjective describing people whose gender identity aligns with their sex assigned at birth.
    - It is useful in distinguishing people by gender identity when relevant and without assuming that cisgender is the neutral or normal state. It is acceptable to shorten on subsequent references to *cis*. *Cisgender* is neutral terminology and not a slur, though some opponents of transgender rights attempt to portray it as such.
- *Transgender:* A term used to describe people whose gender identity and/or expression differs from their sex assigned at birth.
- *Nonbinary:* An umbrella term used to describe a person whose gender identity and/or expression is not strictly male nor female and includes many different genders, including: genderqueer, gender nonconforming, gender fluid, non-binary, agender, bigender, and more. Nonbinary people may identify as somewhere between male and female or reject a binary categorization of gender altogether.

- *LGBTQ+:* An abbreviation used to reference individuals who identify as lesbian, gay, bisexual, transgender, queer and/or questioning, and other sexual and gender minorities.
    - There is not universal agreement on a name. LGBT leaves out many people who identity in ways that may be similar to but not the same as lesbians, gays, bisexuals and transgender people.
    - Some alternatives exist but may be less inclusive, cumbersome or unfamiliar to general audiences and could require explanation. *LGBTQ* includes people who identify as queer or who are questioning their sexual orientation; *LGBTQIA* includes intersex, asexual and agender people; LGBTQIA2S+ specifically includes *two-spirits* and other sexual and gender minorities. Writers and organizations should decide for themselves, based on their audience and intent, whether more or less specificity is needed.
- *Two-spirit*: Two-Spirit is a term coined by Indigenous lesbian, gay, bisexual, transgender, queer, and/or non-heterosexual (LGBTQ+) leaders at the Third Annual Intertribal Native American/First Nations Gay and Lesbian Conference in Winnipeg in 1990. Two-Spirit is a community organizing strategy or tool and a way to describe one's self. It is a way to organize the Indigenous Peoples of Turtle Island who embody diverse sexualities, gender identities, roles and/or expressions. While Two-Spirit is an umbrella term for various identities, it is ultimately a Pan-Indian term, meaning it exclusively refers to Indigenous people.

Table 3. Examples of Trans-Inclusive and Gender Affirming Terminology *(adapted from Tordoff et al. STD (2021))*

Instead of…	Use
Sex, biological sex, or natal sex	Sex assigned at birth
Male-to-female or MTF	Transgender women or trans women
Female-to-male of FTM	Transgender men or trans men
Biological female or female-bodied	Assigned female at birth
Biological male or male-bodied	Assigned male at birth
Female reproductive tract	Name specific anatomy (e.g., vaginal, cervical), or people with vaginas
Male reproductive health	Name specific anatomy (e.g., penile, urethral), or people with penises
Women's health	Sexual and reproductive health
Pregnant women	Pregnant people
Cross-sex hormones	Gender affirming hormone therapy
Sex change or sex reassignment surgery	Gender affirming surgery, or name specific procedures

Race and Ethnicity

Race and ethnicity are social constructs and do not denote any scientific or biological significance. Historically, medical literature has cited these entities as biological constructs, but this approach is becoming increasingly recognized as inaccurate and a source of bias. It is important to recognize that "race" and "ethnicity" are terms that have experienced significant linguistic evolution over many centuries and the definitions of and distinctions between the two are muddled. In addition, these constructs are context specific and terms and meaning may differ in different contexts. As noted in JAMA style guide, *"The reporting of race and ethnicity should not be considered in isolation but should be accompanied by reporting of other sociodemographic factors and social determinants, including concerns about racism, disparities, and inequities, and the intersectionality of race and ethnicity with these other factors*."

Definitions (copied from Flanagin et al 2021)

- Race- broad categories of people that are divided arbitrarily but based on ancestral origin and physical characteristics
- Ethnicity- description of one's culture identity (e.g., language, customs, religion)
- Ancestry- a person's country or region of origin or an individual's lineage of descent

Although race and ethnicity have no biological meaning, the terms have important, albeit contested, social meanings. Neglecting to report race and ethnicity in health and medical research disregards the reality of social stratification, injustices, and inequities and implications for population health,[3,4] and removing race and ethnicity from research may conceal health disparities. Thus, inclusion of race and ethnicity in reports of medical research to address and further elucidate health disparities and inequities remains important at this time.

Should data collection limitations preclude the collection of data that captures these concepts, IDSOG recommends disclosure those limitations. Suggestions for reporting data related to race and ethnicity in scientific writing (adapted from Flanagin et al 2021). We recognize that word limit constraints may impact the level of detail that can be include in an abstract.

- The Methods section should include an explanation of who identified participant race and ethnicity and the source of the classifications used (eg, self-report or selection, investigator observed, database, electronic health record, survey instrument).
    - In order to reduce unintentional bias in this space, we recommend avoiding the reporting of race or ethnicity in isolation but rather as they pertain to health outcomes and disparities. It is recommended that these demographics be presented along with other sociodemographic factors and social/structural determinants (i.e., structural racism, disparities, inequities) given that intersectionality of these factors combined with race and ethnicity often contextualizes these disparities.
    - Specific racial and ethnic categories are preferred over collective terms, when possible. Authors should report the specific categories used in their studies and recognize that these categories will differ based on the databases or surveys used, the requirements of funders, and the geographic location of data collection or study participants.
    - Race and ethnicity categories of the study population should be reported in the Results section.
        - Categories should be listed in alphabetical order in tables.
        - If categories are aggregated due to small numbers, the groups included in the aggregate category should be defined. It is preferred to refer to such categories as "*Another race"* or "*Another ethnicity*" rather than "other."
        - The terms *multiracial* and *multiethnic* are acceptable in reports of studies if the specific categories these terms comprise are defined or if the terms were predefined in a study or database to which participants self-selected. If the criteria for data quality and confidentiality are met, at a minimum, the number of individuals identifying with more than 1 race should be reported. Authors are encouraged to provide greater detail about the distribution of multiple racial and ethnic categories if known.
        - The names of races, ethnicities, and tribes should be capitalized, such as African American, Alaska Native, American Indian, Asian, Black, Cherokee Nation, Hispanic, Kamba, Kikuyu, Latino, and White.
        - Racial and ethnic terms should not be used in noun form (eg, avoid *Asians*, *Blacks*, *Hispanics*, or *Whites*); the adjectival form is preferred (eg, *Asian women, Black patients*, *Hispanic children*, or *White participants*) because this follows AMA style regarding person-first language. The adjectival form may be used as a predicate adjective to modify the subject of a phrase (eg, "the patients self-identified as Asian, Black, Hispanic, or White")
        - Most combinations of proper adjectives derived from geographic entities are not hyphenated when used as racial or ethnic descriptors. Therefore, do not hyphenate terms such as *Asian American*, *African American*, *Mexican American,*

- The general term *minorities* should not be used when describing groups or populations because it is overly vague and implies a hierarchy among groups. Instead, include a modifier when using the word "minority" and do not use the term as a stand-alone noun, for example, *racial and ethnic minority groups* and *racial and ethnic minority individuals*. However, even this umbrella term may not be appropriate in some settings. Other terms such as *underserved populations* (e.g., when referring to health disparities among groups) or *underrepresented populations* (e.g., when referring to a disproportionately low number of individuals in a workforce or educational program) may be used provided the categories of individuals included are defined at first mention.
- For specific guidance on the appropriate words to use for people of various races and ethnicities, refer to the University of Iowa DEI Style Guide.

References

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- https://data.unaids.org/pub/ externaldocument/2007/ gipa1983denverprinciples_ en.pdf
- https://nida.nih.gov/research-topics/addiction-science/words-matter-preferred-language-talking-about-addiction
- https://www.cdc.gov/healthcommunication/Preferred_Terms.html
- Meet the Methods series: "What and who is Two-Spirit?" in Health Research - Two-Spirit Dry Lab (twospiritdrylab.ca)
- What Does It Mean to Be Two-Spirit? | Them

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