

Language Do's and Don'ts of HIV and AIDS

HIV/AIDS language can shape public opinion, perception, and attitudes. Language should always be constructive, dispel myths and stereotypes, and not contribute to prejudice.

When writing about HIV/AIDS, use straightforward and non-judgmental language. Terms and language used to refer to HIV and AIDS may readily promote stigmatization and discrimination.

Choose your words carefully.

Appropriate language	Try not to say
<p>HIV and AIDS</p> <p>Distinguish between HIV and AIDS. HIV is the human immune deficiency virus which leads to Acquired Immuno Deficiency Syndrome. Use the term that is most specific and appropriate in the context to avoid confusion between HIV (a virus) and AIDS (a clinical syndrome). Examples include 'people living with HIV', 'HIV prevalence', 'HIV prevention', 'HIV testing and counseling', 'HIV-related disease', 'AIDS diagnosis', 'children orphaned by AIDS', 'AIDS response', 'national AIDS programme', 'AIDS service organization'. Both 'HIV epidemic' and 'AIDS epidemic' are acceptable, but 'HIV epidemic' is a more inclusive term.</p>	<p>HIV/AIDS</p>
<p>HIV</p> <p>There is no "AIDS virus." The virus associated with AIDS is called the Human Immunodeficiency Virus or HIV. Please note that 'virus' in the phrase 'HIV virus' is redundant, as HIV already includes in the word 'virus'. Use 'HIV'.</p>	<p>AIDS virus</p>
<p>HIV-positive/ HIV-infected/ person or people living with HIV/AIDS/ PWA / or PLWA</p> <p>Many people living with HIV are healthy and happy. People living with AIDS can have periods of relatively good health. They may object to being portrayed as suffering. The term implies that they are powerless with no control over their lives.</p>	<p>AIDS sufferers or AIDS victims</p>
<p>HIV-positive or HIV-infected</p> <p>No one is infected with AIDS; AIDS is not an infectious agent. AIDS describes a syndrome of opportunistic infections and diseases that can develop as immunosuppression deepens along the continuum of HIV infection from acute infection to death. Avoid 'HIV-infected' in favour of person living with HIV or HIV-positive person (if serostatus is known).</p>	<p>AIDS infected</p>

<p>Person living with HIV or HIV-positive</p> <p>No one carries AIDS. AIDS is the stage where an individual's immune system is damaged by HIV, leaving the person vulnerable to opportunistic infections.</p>	<p>AIDS carrier</p>
<p>Person living with HIV or HIV-positive</p> <p>Use "AIDS patient" only to describe someone who is infected with HIV and who is, in the context of a story, in a medical setting. Remember that most of the time a person infected with HIV is not in the role of a patient.</p>	<p>AIDS patient</p>
<p>To have AIDS or live with HIV</p> <p>People with HIV are not victims - to call someone a victim implies powerlessness.</p> <p>The word 'innocent' is generally used when talking about children who are infected. The use of the word 'innocent' to refer to children who have become infected is discriminatory because it implies that others are "guilty."</p>	<p>AIDS victims or innocent victims</p> <p>Avoid using descriptive adjectives.</p>
<p>Distinguish between Person with HIV or PLWHIV and person living with AIDS (PLWA)</p> <p>This term is sometimes used to cover the people <i>affected</i>, too - partners, parents, caregivers.</p> <p>The word victim has negative connotations. Use the less slanted phrase "person with AIDS." And use it only when the person you are referring to actually has AIDS. A person who is HIV-infected does not necessarily have AIDS.</p>	<p>AIDS victim or sufferers</p>
<p>To become infected with HIV / become HIV-positive</p> <p>People become infected with HIV (the virus that can lead to AIDS) - they don't catch AIDS. AIDS cannot be caught or transmitted.</p>	<p>Catching AIDS</p>
<p>It is more accurate to report that someone has died of an AIDS-related illness.</p> <p>People die from opportunistic infections or AIDS-related illnesses. AIDS is not a disease - no one dies of AIDS. People die of a disease such as tuberculosis (TB), pneumonia or bronchitis</p>	<p>To die of AIDS</p>

<p>from their damaged immune system as a result of HIV infection.</p>	
<p>HIV Antibody Test or HIV Test</p> <p>There is no test for AIDS. The test is a blood test to determine if antibodies to HIV are present.</p>	<p>Test for AIDS/ AIDS Testing/ AIDS Blood Test</p>
<p>Testing positive</p> <p>This is the result of an HIV test showing antibodies are present in the blood. The body develops antibodies against a virus with which it is infected.</p>	<p>Turned positive</p>
<p>Risk behavior (e.g. unsafe sex, sharing needles) /affected communities</p> <p>Erroneously identifying risk groups increases stigmatization and discrimination. It also lulls people who don't identify with a high risk group into a false sense of security. Behaviors put people at risk for infection, not the groups they belong to.</p> <p>Use key populations at higher risk (both key to the epidemic's dynamics and key to the response). Key populations are distinct from vulnerable populations, which are subject to societal pressures or social circumstances that may make them more vulnerable to exposure to infections, including HIV.</p>	<p>Risk group</p> <p>MARPS most at risk populations</p>
<p>Blood, semen, pre-ejaculate, vaginal fluids, breast milk</p> <p>Confusion about the body fluids that can transmit HIV is a common cause of fear and misunderstanding about HIV and contributes to the discrimination against PLWHIV. Explain which body fluids contain HIV in sufficient concentrate to be implicated in HIV transmission (i.e. blood, semen, pre-ejaculate, vaginal fluids, and breast milk.) HIV cannot be transmitted through body fluids such as saliva, sweat, tears, or urine.</p>	<p>Body fluids</p>
<p>Children affected by HIV/AIDS/ children infected with HIV</p> <p>Children who have lost either or both parents to AIDS-related illnesses are orphans. Yet they may or may not be infected with HIV. The term AIDS orphan sets them apart from other orphans while the issues affecting their health and well-being are the same. Distinguishing children as "AIDS orphans" furthers stigmatization and discrimination. It is always better to say:</p>	<p>AIDS orphans</p>

children orphaned by AIDS-related illnesses.	
<p>Drug therapy / HIV-related drugs (ARVs)</p> <p>AIDS-related drugs are used to combat specific opportunistic infections, such as tuberculosis or pneumonia. AIDS is not a single disease. There are no drugs for AIDS.</p>	Drugs for AIDS
<p>HIV epidemic or pandemic</p> <p>Avoid using negative and sensationalist terms for HIV or AIDS, which may fuel panic, stigmatization, discrimination, and hopelessness.</p>	Scourge/ plague
<p>Safer sex</p> <p>No sex with a partner is ever completely risk-free, even when using a condom. Condoms may greatly reduce but never fully eliminate the risk.</p>	Safe sex
<p>Having multiple partners</p> <p>Avoid using judgmental and accusatory language, such as the word promiscuous.</p>	Promiscuous
<p>Drugs are injected subcutaneously, intramuscularly, or intravenously. Use person who injects drugs to place emphasis on the person first. A broader term that may apply in some situations is person who uses drugs. (Reference UNAIDS 2011)</p> <p>Intravenous drug user/ IV drug user (UNAIDS no longer approves this usage ... see above) / person who injects drugs / injecting drug user/ people who inject drugs illicitly /person using illegal drugs</p> <p>References to users as addicts or abusers are alienating. Illicit drug use is only one part of a drug user's life. Terms such as junkie rely on a stereotyped image, which is not accurate.</p> <p>Injecting with a contaminated needle can transmit HIV, not the drug itself. In some countries clean needles and syringes are made available to drug users. This is termed harm reduction in "HIV speak"</p> <p>Avoid 'sharing' in favour of use of non-sterile injecting equipment if referring to risk of HIV exposure or use of contaminated injecting equipment if the equipment is known to contain HIV or</p>	<p>Intravenous drug user</p> <p>Drug abuser /drug addict / junkie</p> <p>Sharing needles , syringes</p>

if HIV transmission occurred through its use.	
Men who have sex with men or MSM (already plural)	Homosexual
The word homosexual is not appropriate in many countries and regions of the world. Where this concept of identity is not yet widely accepted. In many parts of the world, men who have sex with men do not necessarily have a gay or homosexual identity.	

Preferred HIV-related terminology

A selection from the UNAIDS' UNAIDS Terminology Guidelines (revised) 2011)

Old usage	Current preferred usage
Commercial sex work	Sex work or commercial sex, or the sale of sexual services. The terminologies keep changing and now there is use of sex workers.
Prostitute, prostitution	These words should not be used. For adults, use terms such as sex work, sex worker, commercial sex, transactional sex, or the sale of sexual services. When children are involved, refer to commercial sexual exploitation of children.
Fight against AIDS	Response to AIDS
HIV/AIDS	HIV unless specifically referring to AIDS
HIV/AIDS epidemic	AIDS epidemic or HIV epidemic
HIV/AIDS prevalence	HIV prevalence
HIV/AIDS prevention	HIV prevention
People living with HIV/AIDS	People living with HIV

The terms below give some background to other terms we should use correctly.

AIDS RESPONSE

The terms AIDS response, HIV response, response to AIDS and response to HIV are often used interchangeably to mean the response to the epidemic

Through advances in knowledge, we are **responding** through medical or social interventions. We are not "at war" or "fighting".

EPIDEMIC

In epidemiology, an epidemic is the occurrence in a community or region (e.g. everyone in a given geographic area; a university, or similar population unit; or everyone of a certain age or sex, such as the children or women of a region) during a given period of cases of an illness, specific health behaviour or other health-related event clearly in excess of normal expectancy. Defining an epidemic is subjective, depending in part on what is "expected". An epidemic may

be restricted to one locale (an epidemic) or global (a pandemic). Common diseases that occur at a constant but relatively high rate in the population are said to be “endemic”. Widely known examples of epidemics include the plague of mediaeval Europe, the Influenza Pandemic of 1918–1919, and the current HIV epidemic which is increasingly described as pandemic.

GENDER and SEX

The term “sex” refers to biologically determined differences, whereas the term “gender” refers to differences in social roles and relations between men and women. Gender roles are learned through socialization and vary widely within and between cultures. Gender roles are also affected by age, class, race, ethnicity and religion, as well as by geographical, economic and political environments. Since many languages do not have the word gender, translators may have to consider other alternatives to distinguish between these concepts.

Homophobia

Homophobia is fear, rejection, or aversion, often in the form of stigmatizing attitudes or discriminatory behaviour, towards homosexuals and/or homosexuality.

Homosexual/homosexuality

The word homosexual is derived from the Greek word ‘homos’, meaning ‘same’. It refers to people who have sex with and/or sexual attraction to or desires for people of the same sex. This should not be confused with the Latin word ‘homo’, which describes humanity as a whole.

Injecting drug user (IDU)

The term ‘injecting drug users’ is preferable to ‘drug addicts’ or ‘drug abusers’, which are derogatory terms that are not conducive to fostering the trust and respect required when engaging with people who use drugs. Note that the term ‘intravenous drug users’ is incorrect because subcutaneous and intramuscular routes may be involved. A preferable term that places the emphasis on people first is ‘person who injects drugs’. A broader term that may apply in some situations is person who uses drugs.

Key populations at higher risk of HIV exposure

The term ‘key populations’ or ‘key populations at higher risk of HIV exposure’ refers to those most likely to be exposed to HIV or to transmit it – their engagement is critical to a successful HIV response i.e. they are key to the epidemic and key to the response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender persons, people who inject drugs, sex workers and their clients, and seronegative partners in serodiscordant couples are at higher risk of HIV exposure to HIV than other people. There is a strong link between various kinds of mobility and heightened risk of HIV exposure, depending on the reason for mobility and the extent to which people are outside their social context and norms. Each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context. Don’t use the term ‘high-risk group’ (see group).

Men who have sex with men (MSM)

MSM is an abbreviation used for ‘men who have sex with men’ or ‘males who have sex with males’. The term ‘men who have sex with men’ describes males who have sex with males, regardless of whether or not they have sex with women or have a personal or social gay or bisexual identity. This concept is useful because it also includes men who self-identify as

heterosexual but have sex with other men. However, abbreviations should be avoided whenever possible. Writing out the term is preferred.

MILLENIUM DEVELOPMENT GOALS (MDG's)

Eight goals developed at the Millennium Summit in September 2000. Goal six refers specifically to AIDS but attainment of several goals is being hampered by the HIV epidemic.

<http://www.un.org/millenniumgoals/>

The eight goals are to:

- 1) Eradicate extreme poverty and hunger
- 2) Achieve universal primary education
- 3) Promote gender equality and empower women
- 4) Reduce child mortality
- 5) Improve maternal health
- 6) Combat HIV/AIDS, malaria and other diseases
- 7) Ensure environmental sustainability
- 8) Develop a global partnership for development

Most at risk (don't use)

Terms such as 'most-at-risk adolescents' (MARAs), 'most-at-risk young people' (MARYP), and 'most-at-risk populations' (MARPs) should be avoided because communities view them as stigmatizing. *It is more appropriate and precise to describe the behaviour each population is engaged in that places individuals at risk of HIV exposure*, for example unprotected sex among stable serodiscordant couples, sex work with low condom use, young people who use drugs and lack access to sterile injecting equipment, etc. In specific projects where such expressions continue to be used, it

Needle-syringe sharing (don't use in general)

When referring to the risk of HIV transmission via injecting, 'use of contaminated injecting equipment' indicates actual HIV transmission and 'use of non-sterile injecting equipment' or 'multi-person use of injecting equipment' refers to risk of HIV exposure. People who inject drugs rarely 'share' their needles in the usual sense of the word—with the exception of sexual partners who inject together. In the absence of needle-syringe distribution programs, people may use discarded needles (which are anonymous), may bargain away drugs for a needle, or may be injected by professional injectors. They do not regard this as sharing. As in wider communities, 'sharing' has positive connotations in injecting drug use communities that are not appropriate in writing about HIV risk. It is preferable to place emphasis on the availability of injecting equipment rather than on the behaviour of individuals when it is in short supply.

Needle-syringe programme. The term 'needle-syringe programme' is increasingly replacing the term 'needle exchange programme' because exchange has been associated with unintended negative consequences compared with distribution. Both terms refer to programs aimed at increasing the availability of sterile injecting equipment.

PEPFAR

The US President's Emergency Plan for AIDS Relief announced by President George W. Bush in his State of the Union Address 28 January 2003, the plan is a US\$15 billion initiative aimed at

turning the tide in combating the global HIV/AIDS pandemic.

<http://www.inf.org/external/np/prsp/prsp.asp>

Mother-to-child transmission (MTCT)

MTCT is the abbreviation for 'mother-to-child transmission'. PMTCT, the abbreviation for 'prevention of mother-to-child transmission', refers to a 4-prong strategy for stopping new HIV infections in children and keeping mothers alive and families healthy. The four prongs are: halving HIV incidence in women (Prong 1), reducing unmet need for family planning (Prong 2), providing antiretroviral prophylaxis to prevent HIV transmission during pregnancy, labour and delivery, and breastfeeding (Prong 3), and providing care, treatment and support for mothers and their families (Prong 4). PMTCT is often mistakenly used to refer to only Prong 3— the provision of antiretroviral prophylaxis. Some countries prefer to use the term 'parent to-child transmission' or 'vertical transmission' as more inclusive terms to avoid stigmatizing pregnant women, to acknowledge the role of the father/male sexual partner in transmitting HIV to the woman, and to encourage male involvement in HIV prevention. UNAIDS preferred terminology to cover the 4 programmatic prongs is 'eliminating (or stopping) new HIV infections in children and keeping mothers alive'. It has no acronym. See also maternal mortality.

PTCT

Parent-to-child transmission. A term preferred in some countries over MTCT. So the prevention of this form of HIV infection becomes PPTCT instead of PMTCT, acknowledging the role of both parents. Some researchers argue that strictly speaking, the main intervention is about preventing transmission from **mother** to child during pregnancy, labour or breastfeeding. Others emphasize that the role of men (in the infection of the mother) should be acknowledged and that the term PTCT is more inclusive (both parents), because it also indicates the supportive role men can play in all the phases of preventing transmission to the child. Field workers report that the term PMTCT can make mothers feel very guilty about having infected the child, hence the shift to PPTCT.

Risk

Risk is defined as the risk of exposure to HIV or the likelihood that a person may become infected with HIV. Certain behaviours create, increase, or perpetuate risk. Behaviours, not membership of a group, place individuals in situations in which they may be exposed to HIV. Avoid using the expressions 'groups at risk' or 'risk groups'. People with behaviours that may place them at higher risk of HIV exposure do not necessarily identify themselves with any particular group.