HIV #LanguageMatters: Addressing Stigma by Using Preferred Language

#NotYourInfection *is important to me because people living with HIV deserve respect. A word can be correct, but that doesn't make it nice. I am living with HIV, not an HIV-infected person. I am NOT an infection!* –Mina, a teen living with HIV

The language we use to describe HIV can either empower or stigmatize people living with HIV (PLHIV). Researchers, clinicians, advocates and other professionals often use terms such as "HIV infected" and "HIV infections" which further stigmatize PLHIV. Being referred to as "infected" repeatedly by medical professionals, the media, and others begins to have negative consequences on a person's self-worth and confidence. Though these terms have been used for decades, a growing number of individuals in the HIV community have expressed concerns over the unintentional stigma conveyed by these terms. The language we use often does not reflect the current science or the ways that PLHIV feel about themselves. The use of preferred/less stigmatizing language is important in reducing stigma and empowering PLHIV. Reducing stigma can help reduce HIV transmission by increasing disclosure and encouraging HIV testing.

What language could I use to be more respectful?
One of the first steps would be to use *People First Language*, which puts the person before their diagnosis. A person is more than their medical diagnosis. *People First Language* puts the person before the illness or medical condition and describes what a person has, not who a person is. *People First Language* helps to eliminate prejudice and it removes value judgements about the person. When we describe people by labels or medical diagnoses, we devalue and disrespect them as individuals.

Another important factor is to be respectful of aspects of a person's identity that often coincide with elevated rates of HIV. For example, many people of color identify as same-gender loving (SGL) rather than "gay". Transgender people or gender-diverse people may use a pronoun that is different from what you might assume, so asking *everyone* what pronouns they use can help show trans people they are welcome in your organization. Respecting people's core identity and the words they use to describe themselves is at the heart of putting *People First*.

Additionally, as numerous social determinants of health also impact HIV rates, particularly in marginalized groups such as women, youth, and people of color, it is important to use non-judgmental terminology to be inclusive of PLHIV whose lifestyle choices, relationships, household compositions, living arrangements, etc. may differ from that of more privileged groups.

We want to promote understanding, respect, and dignity for all people no matter what medical conditions they may be diagnosed with. Using appropriate language (Table 1) can help reduce stigma and change the general public's opinion about people living with HIV.   The more awareness we bring to the issue the more change we can make for people ***living*** with HIV.

What can we do?

- [Sign on to this letter](#) committing yourself and/or your organization to using preferred, less stigmatizing language (Table 1)*.
- Use People First Language when referring to people living with a medical condition.
- Talk with colleagues and friends and educate others! Encourage use of People First Language and other preferred terminology. [Download](#) and share this letter!
- Change organizational documents and educational materials to reflect preferred language when possible.
- Create future organizational documents and educational materials that reflect preferred language.
- Include people with diverse backgrounds disproportionately impacted by HIV, such as MSM of color, transgender people, women, and youth in the creation of organizational documents and materials. This will help ensure that language is culturally appropriate beyond just the issue of HIV.
- Save [this image](#) to use on your website and/or share on social media.

Table 1

Stigmatizing	Preferred
HIV infected person	Person living with HIV (PLHIV), Stage 1 HIV (acute, Stage 2 HIV (clinical latency), or Stage 3 HIV (AIDS)
HIV patient, AIDS patient	
Positives or HIVers	
AIDS or HIV carrier	
HIV infected woman	Woman living with HIV (WLHIV)
HIV infected mother	Mother living with HIV
HIV infected man	Man living with HIV (MLHIV)
HIV infected infant	Infant with HIV/Infant living with HIV
Died of AIDS, to die of AIDS	Died of AIDS-related illness, AIDS-related complications or end stage HIV

AIDS virus	HIV (AIDS is a diagnosis not a virus it cannot be transmitted)
Full-blown AIDS	There is no medical definition for this phrase, simply use the term AIDS, or Stage 3 HIV.
HIV virus	This is redundant; use HIV.
Zero new infections	Zero new transmissions/acquisitions
HIV infections	HIV transmissions, diagnosed with HIV
Number of infections	Number diagnosed with HIV/number of acquisitions
Became infected	Contracted/Acquired
HIV-exposed infant	Infant exposed to HIV
Unprotected sex	Condomless sex; sex not protected by condoms or antiretroviral prevention methods such as TasP &/or PrEP
Serodiscordant couple	Serodifferent/magnetic/mixed status couple
Mother to child transmission	Vertical transmission, perinatal transmission
Victim, Innocent Victim, Sufferer, contaminated, infected	Person living with HIV (never use the term "infected" when referring to a person), survivor
AIDS orphans	Children orphaned by loss of parents or guardians who died of AIDS related complications
AIDS test	HIV test.
To catch HIV	To contract HIV, diagnosed with HIV
To contract AIDS, To catch AIDS	Develop AIDS, diagnosed with AIDS. AIDS is a diagnosis and not a virus, AIDS is cannot be transmitted or "passed" to someone else.
Compliant	Adherent
Prostitute or prostitution	Sex worker, sale of sexual services, transactional sex

Promiscuous	This is a value judgment and should be avoided. Use "having multiple partners".
Death Sentence, "HIV is not a death sentence anymore."	HIV, chronic health condition, manageable health condition
"HIV does not have to be a life-threatening/fatal condition."	HIV, chronic health condition, manageable health condition
"Tainted" blood; "dirty" needles	Blood containing HIV; shared needles
End HIV	End HIV transmission / related deaths / stigma. (PLHIV feel threatened by this, like they need to disappear for HIV to end.)
End AIDS	Be precise whether or not we are trying to end HIV (avoid, see above) or end AIDS related deaths or diagnoses.

"If we spoke a different language, we would perceive a somewhat different world" - Ludwig Wittgenstein

Resources Regarding the Appropriate Use of Language

Collins, S., Franquet, X., Swan, T. (2015). HIV-positive vs HIV-infected: Reducing barriers to clinical research through appropriate and accurate language. Conference: AIDS 2010 - XVIII International AIDS Conference: Abstract no. THPE0516., At Vienna, Austria.

Denver Principles (1983)

Dilmitis S, Edwards O, Hull B et al (2012). Why do we keep talking about the responsible and responsive use of language? Language matters. Journal of the International AIDS Society, 15(Suppl 2)

Kaiser Family Foundation. Reporting Manual on HIV/AIDS
http://kff.org/hivaids/reporting-manual-on-hivaids-updated-aids-organizations/

UNAIDS (2015) Terminology Guidelines
http://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf

Unesco (2006) UNESCO Guidelines on Language and Content in HIV-and AIDS related Materials
http://unesdoc.unesco.org/images/0014/001447/144725e.pdf

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