

# HIV / AIDS, stigma and discrimination

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*Today, years after the discovery of the virus that causes AIDS, science has found the answers to many questions how to combat this illness. The progress in the last 20 years was, without a doubt, impressive. We know what causes the illness, how it can and cannot be transmitted, and how to protect ourselves from contracting it. There are HIV tests and potent antiretroviral drugs which slow the progression of the illness in infected persons, and with each day our knowledge of treating and preventing HIV/AIDS expands. However, despite the impressive progress we are still far away from a victory over this vicious illness which has claimed 5 million lives in 2003, and over 20 million lives across the world since the start of the epidemic.*

*To successfully fight HIV and AIDS we need to address and reduce the stigma and discrimination associated with the disease since the very beginning of the epidemic. The stigmatization and discrimination against persons who live with HIV/AIDS are produced by fear of disease, lack of knowledge, misconceptions about the ways of transmitting HIV and by prejudice against people under increased risk of contracting the illness. Stigma and discrimination often deprive those persons of their rights to education, health care, labour, freedom of movement and travel and right to a dignified life. These factors bring about divorce, humiliation, persons being shut out of their families and communities, lay offs, abandonment of educational institutions and poverty.*

*Stigmatization of persons living with HIV/AIDS (PLWA) remains a significant problem not only in Croatia but all over the world. The example of an HIV-positive girl that was refused admittance to school in Croatia in 2002, due to her HIV/AIDS status clearly demonstrates the magnitude of the problem.*

*One of the most efficient ways of fighting stigma and discrimination is educating the public about the ways of transmitting HIV and the methods of prevention. In this edition we have attempted to explain the basic terms connected with HIV/AIDS, how HIV is transmitted, testing, methods of protection and contemporary therapy of HIV/AIDS patients. Furthermore, we have pointed out that stigmatization and discrimination actually contribute to spreading of the epidemic.*

*In Croatia and elsewhere, offensive terms that promote stigmatization and discrimination are still too often used not only among the general population but also in the media and elsewhere.*

*As one measure against discrimination we suggest the exchange of stigmatizing terms often in use with new, more appropriate terms which are in steady use throughout the Western, English speaking countries. Finally, to demonstrate how the language and terms we use can act as powerful means of discrimination, we bring two fictitious newspaper articles which cover the same news. In the first article we have used the recommended – “anti-discriminating” terminology, and in the second one we have used the unacceptable stigmatizing terminology.*



# Basic terminology

## AIDS

**A**IDS is the final and most difficult stage of HIV infection, caused by heavy damage to the immune system.

AIDS is actually a designation for a group of diseases which appear as a consequence of a weaker immune system in persons infected by HIV. Various micro-organisms which humans face and successfully conquer every day cause a wide spectrum of diseases in AIDS patients. The patient eventually dies of an infection caused by micro-organisms (bacteria, viruses, fungi, rickettsia, etc...) which often do not pose a significant threat to a healthy person. HIV can also directly damage the cells of the nervous system which leads to severe neurological illnesses (HIV encephalopathy). A person infected with HIV does not necessarily have AIDS. AIDS is diagnosed based on the number of T-lymphocytes (CD4 cells) and the presence of opportunistic infections and malignant illnesses which appear during the HIV infection.

AIDS is an abbreviation of “Acquired Immunodeficiency Syndrome.”

**A** – “Acquired” because it is a condition acquired after infection with HIV; it is not a hereditary condition, i.e. it is not transferred genetically;

**I** – “Immune” because it affects the immune system, i.e. the specialised cells in the body that fight against various foreign bodies and micro-organisms (bacteria, fungi, viruses);

**D** – “Deficiency” because it causes the weakness of the immune system whose defence forces gradually lose the ability to fight various foreign bodies and micro-organisms;

**S** – “Syndrome” because it designates a group of conditions and symptoms which are characteristic for a certain illness; a person with AIDS can suffer from a wide spectrum of various illnesses and opportunistic infections.

The French abbreviation for the condition is SIDA – “syndrome d’immuno-déficience acquise”, which has identical meaning.

## ANTIRETROVIRAL MEDICATION

These are effective drugs against retroviruses, one of which is HIV.

## CD4

CD4 is a molecule on the surface of CD4 lymphocytes that binds HIV and facilitates its entry into the cell.

## CD4 LYMPHOCYTES

CD4 lymphocytes are a type of white blood cell (part of the immune system) that HIV infects; the number of these cells in the blood reflects the level of damage caused to the immune system by HIV.

## ELISA

“Enzyme-Linked Immunosorbent Assay” is a laboratory test which detects antibodies to infective agents in the blood. This provides indirect information about an infection. The HIV test detects HIV antibodies. In case of a positive result, a confirmation test is necessary, e.g. a Western Blot test.

The test result can be:

- HIV positive
- HIV negative

**A confirmed HIV positive** result means the person has HIV antibodies.

**An HIV negative** result means the person does not have detectable HIV antibodies. It could mean that the person is not infected, or that there has not passed sufficient time since initiation of infection for the test to detect HIV antibodies. HIV antibodies are usually detectable 12 weeks after infection with the virus. If less than 12 weeks has passed from the moment of infection, there is a chance the HIV test will be negative, although the person is infected.

It must not be forgotten that the test only confirms the past and gives no guarantee for the future.

## HAART

HAART is Highly Active Antiretroviral Treatment. It is a combination of three or more medications that have a long term goal of halting HIV multiplication and enabling the recuperation of the immune system.

## HIV

**H**IV is a retrovirus which causes AIDS.

HIV is an abbreviation of “Human Immunodeficiency Virus”.

- H** – “Human” because it causes the illness after entering the human organism;
- I** – “Immunodeficiency” because the virus causes a deficiency of the immune system, i.e. the weakness and inability of the organism’s defensive system to fight various diseases;
- V** – “Virus”: the infective agent is a virus, a micro-organism which cannot reproduce independently, so it uses the material and energy of the cell it attacks for reproduction.

## HIV ILLNESS

HIV illness is a chronic progressive process which begins when the human immunodeficiency virus (HIV) enters the organism and in time (average of 10 years in adults) causes gradual destruction of the immune system. During the course of the infection the host becomes more and more vulnerable, and eventually dies of complications caused by opportunistic infections and cancers. According to the traditional classification, the HIV illness includes: acute HIV infection (which occurs shortly after the initial infection), asymptomatic, early symptomatic, advanced and late stage of the HIV illness.

**HIV infection** begins when the virus starts multiplying in a human host. A person in the early stage of HIV infection often feels well, frequently does not notice any change in health or demonstrate any specific external signs of infection. In this stage, the only way to discover the infection is by an HIV test.

## HIV TESTING

A person infected with HIV at first does not feel ill and can go without symptoms for years. For persons who have been exposed or think they have been exposed to the risk of infection, a test can clear up the dilemma. (However, these tests cannot reliably detect HIV infection until 3 months after the exposure.) Early HIV detection allows for early treatment and preventive therapy, and associated counselling and education can help infected people to minimize transmission of the virus to others. The advisability of testing must be discussed with an expert HIV/AIDS counsellor before every test.

## OPPORTUNISTIC INFECTIONS

Opportunistic infections are illnesses which develop when the immune system is severely weakened. The infective agents are bacteria, viruses, fungi and parasites which usually do not affect persons with healthy immune systems. They usually appear when the number of CD4 lymphocytes drops under 200 cells per millilitre of blood. Persons with advanced stages of HIV infection are prone to opportunistic infections of lungs, eyes, brain and other organs. When diagnosing AIDS, these are the most common opportunistic infections: *Pneumocystis carinii* pneumonia, cryptosporidiosis, histoplasmosis, tuberculosis, certain unusual types of cancer, and other infections caused by viruses, bacteria and parasites.

## PREVENTION

Prevention of HIV transmission is directed at the methods of spreading the virus and is accomplished through:

- information,
- education,
- testing.

**It is highly improbable that you will contract HIV by an accident** you could not influence, and much more probable that you will be infected due to risky behaviour which stems from your free will, ability to choose, but also social norms and pressures.

Behaviours of individuals that contribute to increased risk of exposure to and acquiring HIV infection is called **risky behaviour**. By responsible, low-risk behaviour of an individual and his/her sexual partner an effective protection can be accomplished and the risk of infection can be brought down to a minimum.

**Effective preventive measures** are mostly easy to apply and they imply a lifestyle without elements of risky behaviour or with a minimum of those elements.

The following preventive measures are most important:

**A)** avoiding sexual intercourse outside a relationship based on justified mutual trust

Scientific research suggests that monogamous sexual behaviour (with an uninfected partner who is also monogamous) confers the least risk for HIV infection as well as other sexually transmitted diseases.

**B)** using condoms

It is necessary to stress how protection with condoms is highly successful only if you strictly adhere to the following rules:

- Always, without exception, use a condom when having risky sexual intercourse. Risky sexual intercourse means intercourse with someone who is or who might be infected. If you don't know if someone is infected, use a condom. Remember, you can't tell if someone is HIV infected by looking at them, and HIV tests take 3 months to work after someone has been infected.

- Use only latex condoms which are in their original packs, undamaged, and, of course, unused and are not old or have not been exposed to sunshine or heat.

- Put on the condom on time, before each form of sexual intercourse, and leave a space for sperm on top.

- During and after sexual intercourse, prevent the condom from bursting or slipping off so you would prevent the sperm from flowing out and any direct contact between mucous membranes or between a mucous membrane and bodily fluids.

The experts' attitudes towards the quality of protection from sexually transmitted diseases by condoms differ somewhat. However, almost all of them agree that, although their usage does not provide absolute protection, **with proper usage condoms provide a very high degree of protection** from sexually transmitting the disease.

**C)** unconditional avoiding of injecting drug use

If a person is an injecting drug user, we recommend treatment and the exclusive use of disposable sterile kits no one else has used before or after. (DO NOT, UNDER ANY CIRCUMSTANCES, USE USED NEEDLES, SYRINGES OR OTHER EQUIPMENT FOR INTRAVENOUS DRUG USE! AND DO NOT USE DRUGS PREPARED WITH HUMAN BLOOD.) Injection is an extremely efficient means of transmitting HIV, so this is of the utmost importance.

With injecting drug users the need for drugs is so strong that they often do not consider the consequences of using previously used or shared kits. That is one of the reasons why a significant portion of injecting drug users is among the HIV infected.

**D)** avoiding sexual intercourse while under the influence of drugs or alcohol which lower the power of judgement and heighten the probability of irresponsible sexual behaviour

Harmful and irresponsible behaviour while intoxicated is also one of the reasons HIV and hepatitis B and C are greatly spread among drug addicts.

**E)** using tattoo and piercing services only where you are certain they are under health services supervision and where sterile equipment is used

**F)** using precaution measures and protective equipment (gloves, masks, etc.) when handling blood, organs or bodily fluids

This primarily pertains to persons who professionally come in contact with potentially infected persons and material.

It is important to point out that the partners of HIV positive persons who have a steady relationship or wish to form one have no reason to abandon them only because they are HIV positive. With precautionary measures and today's effective treatment, both partners can enjoy a long and fulfilled life together.

## ▶ **HARM REDUCTION PROGRAMS**

The operating principle within a harm reduction program can best be defined by a statement: “If a drug user is not able or willing to give up his/her addiction, he/she should be helped to lessen the damage they cause to themselves and others”. When we talk about harm reduction as a consequence of addiction and the high-risk way of life of injecting drug users, we primarily refer to stopping the spread of infectious diseases transmitted by blood like hepatitis B and C and HIV/AIDS. The activities consist of organising free and anonymous distribution of syringes and needles for the needs of intravenous drug users, and collecting and destroying used syringes and needles in “drop-in” centres or mobile units; distribution of educational material (“How to avoid a hepatitis B or hepatitis C infection”, “How to avoid an HIV/AIDS infection”, “Safer sex”, “Hepatitis C”, “Overdose”, etc.), distribution of condoms to stop the spread of sexually transmitted diseases, giving out information about various forms of treatment and advisory activities aimed at changing the views and habits of intravenous drug users.

▶ **NEEDLE EXCHANGE** – organising a free and anonymous distribution of syringes and needles for the needs of intravenous drug users, and collecting and destroying used syringes and needles in “drop-in” centres or mobile units.

▶ **OUTREACH WORK** – operating at meeting-places of people under increased risk with the goal of providing better health and lowering the risk of infection with diseases transmitted sexually or by blood. Programs aim to support individuals and groups who are not efficiently involved in other existing forms of prevention through heightening the awareness of health risks, encouraging abandonment of high-risk behaviour and encouraging positive changes in behaviour.

▶ **OUTREACH WORKER** – a person whose basic task is to start and maintain contact with people living under increased risk (intravenous drug users, commercial sex workers, etc.). Outreach workers gather information about their behaviour, provide information about available services, dangers and threats of high-risk behaviour (sexual relations without the use of condoms, used needles, etc.), support groups, forms of treatment and approaches to treatment. They represent the needs and interests of user groups and execute damage control measures.

## ▶ VOLUNTARY COUNSELLING AND TESTING (VCT) –

Besides getting tested for HIV, during VCT, individuals have the opportunity to get expert advice on all matters regarding HIV/AIDS. The expert and the individual openly and confidentially discuss different ways in which the individual can protect himself/herself from the HIV infection.

VCT involves a confidential relationship between persons in the process of testing and counselling, and complete anonymity of the tested person is guaranteed, regardless of the test results.

Since anonymity is guaranteed, the tested person decides for himself /herself whether to inform the public, family, acquaintances and friends of his or her HIV status.

VCT is conducted by experts who also deal with other public health activities, and is organized in venues where other activities also take place, so there is no danger that the tested person could be marked as a possible HIV carrier.

The goal of VCT is that each individual should, with expert guidance and counselling, find his/her own way of dealing with the dangers of HIV infection.

## SEROSTATUS

Serostatus marks the results of the blood tests for specific antibodies in relation to the infective agent – in the case of HIV testing, the detection of antibodies for HIV. It is marked as positive or negative.

## THE IMMUNE SYSTEM

The immune system is the body's defence against infective agents (bacteria, viruses, fungi, parasites) and cancer cells.

## TREATMENT

For now there are no medications which can cure the infection, that is to say, eliminate HIV from the organism. But there is potent and highly active antiviral treatment (HAART) which prevents the multiplication of HIV, i.e. reduces the quantity of the virus in the blood to an unmeasurable quantity,

restores the damaged immune system, prevents diseases which mark the onset of AIDS (opportunistic infections) and prolongs life significantly. The treatment combines several medications, and its success depends on constant use of the medications. Only the consistent use of medications results in unmeasurable quantity of virus in the blood and the gradual reconstitution of the immune system.

## VERTICAL TRANSMISSION

Vertical transmission is the transmission of the virus from mother to child during pregnancy or delivery. Antiretroviral treatment reduces the probability of HIV transfer from mother to child. If a pregnant woman has an unmeasurable quantity of virus in the blood during pregnancy and birth, the probability of the child being infected is less than 2%.

## VIREMIA

Viremia is the presence of a virus in the blood. It is expressed as quantity of virus, i.e. the number of copies of the viral RNA per millilitre of blood. In treating and monitoring the HIV infection, it is important to track the quantity of virus in the blood. This is used to monitor the effectiveness of treatment and the development of antiretroviral resistance. It has also been demonstrated that there is a correlation between viral levels in the blood and transmission of the virus to others. The greater the quantity of virus in the blood, the greater is the possibility that there is a larger quantity of HIV in the semen or vaginal secretions. Uninfected persons engaging in risky behaviours and are thus exposed to body fluids with a high viral load are at greater risk of becoming infected.

## WESTERN BLOT

“Western Blot” is a test which detects specific antibodies and is used as a confirmation test in case the ELISA test is positive.

Two consecutive positive ELISA tests confirmed by a positive Western blot test mean that the tested person is HIV positive (infected with HIV).

# Stigma and discrimination

**S**tigma and discrimination related to HIV/AIDS present the greatest obstacle in the prevention of virus transmission, and in making the appropriate care, support and treatment available. The stigma and discrimination related to HIV/AIDS appear universally and in every country and region of the world. They are provoked by various phenomena, such as the insufficient understanding of nature of the disease, the myths about the way this virus is transmitted, the social phobias related to sexuality, the irresponsible media reports on the epidemic, the fact that AIDS is incurable, the fears related to death, the fears related to drug consumption etc.

Stigma and discrimination are not recent phenomena. They have accompanied this epidemic from its very beginning. Today we also know that there are three stages of the HIV/AIDS epidemic within a certain society. First is the stage of the HIV infection. A virus enters the community and spreads, silent and unnoticed. The next stage is the HIV/AIDS epidemic, which begins when the virus starts causing the terminal disease. And finally, the third is the epidemic of stigmatization, discrimination, accusations and collective denial which makes it difficult to deal with the two previous stages.

Stigma can be defined as the phenomenon that considerably discredits an individual in the eyes of other people. Also, the consequences of stigma considerably affect the way individuals perceive themselves. It is important to point out that stigmatization is a process and it should be defined as a process of devaluation and not as static phenomena. Stigmatization is rooted in the system of negative attitudes that normally exist within certain communities and cultures. It develops in the context of relating people having HIV/AIDS to socially stigmatized behavior involving sexuality, drug abuse or commercialization of sexual services. Therefore it is commonly known that HIV/AIDS, as well as some other sexually transmitted diseases, is often perceived as the disease of some other people, starting with the members of the gay community, and lately it has been strongly related to sub-Saharan Africa, and even more specifically, to the so called “African

sexuality”. In this case, racism and xenophobia create dominant images and cultural constructions, and such negative attitudes are full of these images, but they are also used for further reproduction of such images.

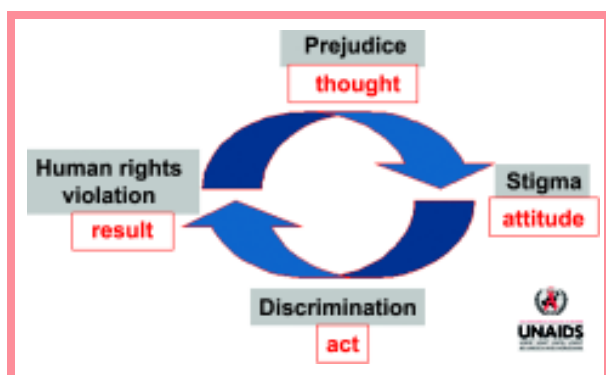
Stigma is related to the power relations and domination in a certain society and it reinforces these power-based relations. In other words, the stigma creates social inequality, and the social inequality intensifies the stigma. If a structure of a certain society is based on the relationships of inequality and furthermore, if the non-societal norms are rigid, it is more likely that certain groups within the society will be stigmatized and by that, devaluated and made to feel ashamed, which in turn will lead to the feeling of superiority in the other social groups.

On the level of an individual, the stigma is a devastating feeling since it leads to the feelings of shame, guilt and isolation. Furthermore, such negative attitudes lead to the fact that the negligence or actions of the others cause and intensify the suffering of the stigmatized groups, since those others advocate that certain services, like the right to medical treatment or education, should be denied to the stigmatized. Actions of this kind represent discrimination and they lead to the violation of human rights.

Discrimination is caused when a certain individual is put, due to the real or assumed affiliation to a certain group (e.g. the sexual minority) into unequal and unfavorable position compared to the others. Since the stigma is almost always accompanied by discrimination, people having HIV/AIDS are unable to achieve human rights and fundamental liberties derived from the merit of human dignity and equality.

The effects of stigma and discrimination lead not only to the violation of human rights of people living with HIV/AIDS, but they also have a negative influence to the epidemic of this disease, at the individual, family and social level...

*The vicious circle of stigma, discrimination and human rights violation*



## The relation between prejudice, stigma and discrimination

Besides their devastating effect on the individual, the worst influences of stigma and discrimination are also visible in the following:

1. The efficacy of programs for prevention – it creates the dread of establishing one's own HIV status. People are afraid to be tested, primarily due to the dread of the possible reaction their community would express if the result was positive. (In Australia 30% of the population are aware of their HIV status).
2. The fear of stigmatization prevents people to use condoms as the means of protection against the virus transmission. This is especially true of women, who mainly fail to insist on the usage of protective means, fearing they would be considered promiscuous or already infected.
3. The stigma and discrimination create a false feeling of security which in turn reduces efficiency. Namely, stigma and discrimination are based on the existing patterns of prejudice and social exclusion. When HIV is related to certain social groups this creates an idea that others are not themselves at risk, which in turn could lead to their own risky behavior.
4. The fear of discrimination prevents people from seeking aid in HIV/ AIDS treatment or in getting other medical services. The medical community is not exempt from engaging in stigmatizing and discriminating behaviors. According to some research, over 50% of people at the Philippines experienced some form of discrimination within the medical system. The peculiar type of dread regarding discrimination within the medical system is visible in the fear that information about HIV status could leak into the public domain.



## ▶ WHY DO WE ADVISE THE USAGE OF ACCEPTABLE TERMS?

The discriminative attitude towards individuals and minority groups is expressed in language and everyday speech. By labeling, the unaware majority involuntarily deepens the gap between the majority and different minority groups and thus prevents the complete integration of minority into the society. At the same time, the members of stigmatized groups feel that many expressions are derogatory and insulting. Among them the effects of thus created feeling of shame are extremely devastating. They do not want to be labeled as such (*whores, faggots, junkies, AIDS spreaders*), which is why they spend their life hiding and living a lie, without seeking any aid for solving their problems. Some are full of anxiety; they become addicted to alcohol or other stimulants, they become ill and very often commit suicide.

In the history of the major world civilizations, human sexuality was a taboo. Various limitations have been imposed even within the educational system. We all know how deeply rooted is the feeling of shame related to the expression of one's own sexuality. That is why sometimes it is more comfortable to be silent, even if you are suffering, then to talk truthfully and openly about intimacy, even if you are addressing your nearest and dearest ones. Let's think about it! What is in the core of the so called «foul» words, that is, vulgarities? There is not a single «foul» word for an eye, nose or a hip, but there are a considerable number of them for a penis or vagina. There are no «foul» words for cooking, sewing or sleeping, but there are plenty of them for sexual intercourse. And there are also expressions for the other sexual activities, like e. g. masturbation or oral sex, which we would consider inappropriate, non-academic or distasteful. Human sexuality was actually so mystified through the centuries that it was used as an excuse for committing violence, even murders, justified by the wide spectrum of accusations like: *infidelity, prenuptial intercourse, masturbation, fornication, adultery, unnatural acts, divorce etc.*

HIV/AIDS is closely related to human sexuality. This disease is the most contemporary example of the relationship between sexuality, the feeling of shame and fear on one side; ignorance, prejudices and stigma on the other and finally, discrimination and unfortunately, the harsh violation of human rights on the third side. Here, the core of the problem lies in the fact that HIV is a sexually transmitted disease.

Only due to such a treatment of human sexuality, the terms we are using in our everyday speech are often laden with the possibility of misinterpretation, and they can also carry additional stylistic meaning, the most common being the one of the ironical connotation, moralizing or condemnation. Regarding the usage of politically correct expressions, a society can also prove its political maturity by accepting the proposals stated by the minorities themselves.

The 20th century has engendered sexual revolution, development of the feminist movements, female emancipation and then emancipation of sexual and gender minorities. At that time, needs occurred to name and identify a whole range of minority groups. It was then that the discussions on the appropriate terminology started and have continued ever since.

One of the examples is the usage of terms describing a male of homosexual orientation. The differences in the terminology did not originate from the very phenomenon of homosexuality. On the contrary, the homosexual identity, the need for naming and afterwards also the movement for emancipation of homosexuals in the 20th century, were the consequence of condemnations, non-acceptance and persecutions.

Although the word «homosexual» is not itself derogatory, the fact that it was first being used in medical circles (the Austrian journalist *Karl-Maria Kertbeny* coined it in 1869.), it still reminds many gay men too much of the past, when they were considered ill or mentally disturbed. However, if we talk about the homosexual behavior in people or animals, then the terms “homosexuality” and “homosexual” are correct, because they are used against a scientific and biological background.

But if we refer to the identity of a person belonging to a certain community, which includes much more than the mere sexuality, then it is best to use the

word «gay», as it is best accepted by the very people belonging to that community.

However, if we refer to the sole sexual encounter, especially in the context of the HIV/AIDS and the other sexually transmitted diseases, the correct term is a “man having sex with men”. Namely, if someone is gay, it does not necessary mean that they have sexual intercourse with men (they could be practicing celibacy). On the contrary, it is possible for a man of a heterosexual identity to sometimes have sex with another man (out of curiosity, or when forced and similar), and in this situation the said man is facing increased risk, especially if he was not using any protection.

Stigmatizing terms like faggot and homo should never be used.

The term that became common for the female homosexual in English is a «lesbian» and this term is commonly accepted by the lesbian community. Stigmatizing terms like homosexual and dyke should always be avoided.

We also advise the use of term “transgendered person” as opposed to stigmatizing terms like “trans-sexual” and “pansy”.

Expression «of the same sex» is more acceptable than the term «homosexual» when referring to the relationship between two people of the same sex. That is why we promote the terms «same sex relationships» and “same sex partnerships”, and not «homosexual relationships» or “homosexual” marriages”.

The terms we use related to the drug abuse should also be carefully chosen. Since not all of injecting users are also drug addicts, we advise the usage of a term «injecting drug user (IDU)» as compared to the term «addict». Since the increased risk applies only to heroin injecting, it is preferred that we use the singular instead of plural, that is, «drug user» and not «drugs user». This way we will point to the core of the problem, which is the usage of needles coming in direct contact with blood. Stigmatizing terms like junkie or drug addicts should always be avoided.

To put on emphasis on life and hope, instead of AIDS, disease and death, we suggest the use of term “People Living with HIV/AIDS” (PLWHA) instead of terms like People dying of AIDS or People with AIDS.

In this booklet you have seen many examples of discrimination the persons living with AIDS could experience. But we should keep in mind that many of them would not only be discriminated due to the HIV positive status, but also due to the possible affiliation to some other stigmatized group. In order to reduce the stigma that surrounds them, we suggest the use of term “people under increased risk instead” instead of “risk groups”

If you can avoid using the derogatory terms like «faggot», «whore» or «junkie» and instead carefully use terms that are less stigmatizing, you yourself could help diminishing the stigma and discrimination of the HIV positive persons.



## DEFINITIONS

**sex** – the entirety of physiological and psychological features by which we can distinguish between men and women, that is, between the male and the female representative of the same species. Sex is a biological and genetic characteristic.

**gender** – a socially constructed definition of a man and woman. Gender is a sociological characteristic, culturally and historically determined. As opposed to sex, gender is not biologically determined; it changes from one culture to another and within the economic, social and political context. Gender also changes in time. We learn our gender role, which means it can be changed. People behaving differently from their gender role could experience disapproval.

**sexual orientation** – permanent emotional, romantic and sexual attraction towards other people.

There are three types of sexual orientation:

- **heterosexuality** – attraction towards people of the opposite sex;
- **homosexuality** – attraction towards people of the same sex;
- **bisexuality** – attraction towards people of both sexes.

With regards to the sexual orientation, a man could be:

- **heterosexual / “straight”**
- **gay / homosexual**
- **bisexual**

For women we use the following terms:

- **heterosexual / “straight”**
- **lesbian**
- **bisexual**

**LGBT** – abbreviation marking sexual and gender minorities (lesbians, gays, bisexual and transgendered people)

**queer** – contemporary and universal term for the sexual and gender minorities, as well as for the people whose lifestyle is not heteronormative

**heterosexism** – heterosexual domination over sexual minorities

**heteronormativity** – standardization of the entire society under the presumption that heterosexuality is the only thing normal and acceptable

**homophobia** – the fear, repulsion, and/or hatred and discrimination of homosexual people

**biphobia** – the fear, repulsion, and/or hatred and discrimination of bisexual people

**transphobia** – the fear, repulsion, and/or hatred and discrimination of transgendered people

**sexism** – the segregation based on sex, the most common being oppression of women by men

The following are two fictitious articles describing the same situation. One using unacceptable stigmatizing terminology, the other using less stigmatizing terminology that we recommend. The following articles clearly show that the language and terms that we use can act as powerful means of stigmatization.

## **A free phone line for homosexual, bisexual and transgendered persons**

A group for the rights of sexual and gender minorities «Iskorak» (Stepping out) has established a free SOS phone line where homosexual, bisexual and transgendered persons, as well as commercial sex workers and injecting drug users, would be able to get medical, psychological and legal aid. Every day from 12 to 18 experts will volunteer at the number 0800 444 404, informing users about the possible ways of contracting this disease, on the possibilities of taking the HIV and hepatitis C tests, on the medical services work, on responsible and protected sexual behavior

practice, on condom and lubricant procurement and usage and the like. As pointed out in «Iskorak», the establishment of this line was necessary since each day the affiliates of sexual and gender minorities face stigma and discrimination within the family, in school, at work and generally, within their community. This line was started within the «Iskorak» program named «Prevention of the HIV/AIDS among men having sex with men or STOP-MSM-AIDS». Furthermore, they have established on-line consultation at their web site [www.gay.hr](http://www.gay.hr).

## **Homosexuals, lesbians and transvestites got a free phone line**

The homosexual's association "Iskorak" (Stepping out) initiated a free SOS phone line where faggots, lesbians and transvestites can get medical, psychological and legal advice. Every day from 12 to 18, at number 0800 444 404, homosexuals, as well as junkies and whores can inform themselves about AIDS and hepatitis C testing, as well as about similar diseases related to this population. Also, they can be informed about the medical services, the purchase and use of

Vaseline and prophylactics. The faggots from "Iskorak" point out that such a phone line was indispensable because every day they were allegedly discriminated against in schools, at work, within their family or community. The line was started within the Iskorak program on the "Prevention of HIV/AIDS among the faggots or the so called STOP-MSM-SIDA" (MSM-men having sex with men, that is hommies or faggots, c. o. a). They have also started with the counseling practice at their web site.



## Can you help?

International day dedicated to the issue of HIV/AIDS is the 1st of December. On that day, various events and media activities promote the awareness of the problems related to the HIV/AIDS infection. The people living with HIV/AIDS, as well as those who have experienced the loss of their nearest and dearest due to this disease, or simply those who believe that this world could and should be changed, are getting more and more organized each day. Their work and voice are an important factor in the battle against this disease. However, it seems that the fact that most of our school systems lack the systematic education on the issues of sex, gender and sexuality, represents the main cause of widely spread ignorance and prejudice. That is why we need strong political will in order to raise and educate future generations in accordance with the scientific facts and the human rights principles.

If our goal is establishment of equal rights for anyone – no matter what their attributes or lifestyle, achieving this goal requires political commitment and the support of the population.

### How can you help?

**You too can help win the battle against stigma and discrimination.**

**Promote tolerance and human rights.**

**Use the anti-discriminating” terminology this booklet promotes.**

**Inform your colleagues and friends about the things this booklet talks about.**

If you know someone who uses discriminatory and derogative terms – **advise them on the alternative, recommended terms.**

If there is a person in your vicinity, in the neighborhood or at work, being condemned or rejected by the others – **help them feel accepted.**

If you notice that someone, working or living in your vicinity feels uncomfortable because of the way they think or the way they are – **support them and together try to increase other people's awareness.**

**This booklet on HIV/AIDS is a small step** in the battle against stigma and discrimination. **Maybe you could take the next step.** And you should try and take it today. Because these small steps will help all the people live their life to the fullest, free of fears, condemnation and rejections.