HIV & AIDS: Leaving no child behind
a media guide
“Every child and young person deserves to live in a world free from HIV and AIDS. We are all that you have. We are your future.”

Nur Syakirin Husnal “Az” Hari, 16
- Launch of the Unite for Children, Unite Against AIDS campaign in Malaysia, 2005
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It has been 27 years since the world first woke up to the reality of AIDS. Since then it has galvanised itself to launch an unprecedented global effort to stop the spread of HIV, the virus that causes it.

For too long, however, HIV and AIDS-related initiatives – whether for communal, national or international platforms – forgot that children and young people were affected in different ways. Their lives are shaped not just by direct exposure to HIV but by losses that AIDS leaves in its wake.

More often than not, children suffer silently in the shadow of AIDS. The vulnerability to missed opportunities, possible exploitation and the risk of HIV infection increases manifold as a result of myths and fears which fuel stigma and discrimination in society.

Information that is insufficient, incorrect or confusing often leads to the stigmatisation of children living with HIV. For example, many still incorrectly believe that HIV can be passed through casual contact, such as touching, playing or even insect bites.

The aim of this media guide, therefore, is to make journalists our partners in spotlighting the special needs of children and young people in Malaysia’s response to HIV and AIDS. Through accurate, responsible and original journalism, the media will help to de-stigmatise the disease and break the silence that surrounds it, all of which can help prevent the spread of the virus.

We are in a position to do much more for our young. Even in the heat of our response against HIV and AIDS, it is our collective responsibility to make certain that children are treated as they are meant to be – as the vessel of all our best hopes.
Children: The Missing Face of HIV and AIDS

The global response to HIV and AIDS involves governments and advocates, doctors and scientists. Their efforts have created legal frameworks to protect the rights of those living with HIV and improve their medical options.

For all the advances they have made, however, one group has remained alarmingly vulnerable and in desperate need of protection: Children.

- 1 in 16 people living with HIV is a child younger than 15 years old
- Every hour, 42 children younger than 15 years old get infected with HIV
- Daily, 740 children younger than 15 years old die of AIDS
- Women account for half of all people living with HIV worldwide.
- Young people aged 15 – 24 years old represent 45% of new infections in 2007.

When HIV and AIDS enter the lives of children, the results go beyond the expected medical consequences. They can range from the psychosocial distress of losing one or more parents to AIDS to the loss of access to schooling, from economic hardship to the risk of increased exposure to HIV.

It causes, in short, nothing less than the loss of hope and a productive, meaningful life for an entire generation of humanity.

Children on the frontlines of HIV

In order to ensure that children are included in international initiatives, other frontline responses to HIV and AIDS must also be reviewed.

The situation for girls is especially urgent as they are often more vulnerable than boys to the direct and indirect impact of HIV. Social biases against their right to education, for example, or being targeted for sexual exploitation, all work to put girls at greater risk.

Mother-to-child transmission of HIV is an important initiative that requires assessment for children. In Malaysia the percentage of total new infections from mother-to-child transmissions increased from 0.2 per cent in 1991 to two per cent in 2007. The education and protection of women, therefore, is clearly a vital part of safeguarding children from HIV.

Paediatric care for infants and children with HIV is another battlefront that needs greater attention, for timely medical treatment can effectively delay the onset of AIDS and allow them to remain healthy for longer periods of time. While children receive free treatment in Malaysia, more needs to be done to encourage pharmaceutical companies to produce antiretroviral medication that is suitable to the specific needs of children. Stigma can also severely limit a child’s access to treatment as families may fear being ostracised should the child’s condition become known.

Besides mother-to-child transmissions, children and young people are also at risk of HIV either through voluntary or involuntary unprotected sex, so sex education and the protection of children are two other top priorities.

Substance use, specifically of drugs and alcohol, is another potential flashpoint. Injecting drug users, for example, increase their level of direct exposure to HIV, while alcohol can affect young people’s ability to make safe decisions and lead to risky behaviour.

While prevention is a key aspect to any response, protecting the rights of children and young people infected and affected by HIV and AIDS cannot be ignored. Legal frameworks and proactive mechanisms must be established to ensure that the rights of affected and infected children and young people – to up-to-date and timely health care, education, treatment and protection – are provided for.
The Convention on the Rights of the Child (CRC), which Malaysia ratified in 1995, recognises that children are entitled to the same fundamental rights to peace, freedom and justice as adults. Key principles of the CRC are applicable in the global agenda for HIV and AIDS, including:

**The Right to Survival, Development and Protection**

Governments are responsible for protecting their children and young people, including by providing them with treatment, counselling, care and the ability to protect themselves and others from HIV.

**The Right to Non-discrimination**

Just as children’s rights should be protected regardless of their race, ethnicity, religion, language, disability or any other factor, these rights must remain intact if they are HIV-positive. They should not be subjected to discrimination of any kind which could isolate them from the community, or deprive them of opportunities to health care, education, treatment and other social and care services.

**The Right to Having their Best Interests Protected**

Any HIV-related programme, treatment, policy or mechanism should also be made suitable for the needs of children and young people. HIV treatment, for example, which is normally designed for adults, should also be made in formulas and dosages to meet the specific needs of children and young people.

**The Right to Participation**

Children have the right to participate in the response against HIV by expressing their opinions, helping to raise awareness, and having their perspectives and experiences taken into account in the formulation of relevant policies and programmes.

**The Right to the Best Possible Health Care and Education**

Health care helps stop the spread of HIV among children and young people, and will also provide them with treatment options if they are living with HIV. Education is another key preventive tool, not just from exposure but also in mitigating discrimination against those with living HIV. Children orphaned by AIDS need additional support systems to safeguard them from harm and exploitation. This includes protecting their inheritance rights and continued access to healthcare and education.
The Right to be Protected from Kidnapping, Child Trafficking, Violence, Sexual Abuse and Exploitation

Any time a child’s personal safety is compromised, the risk of exposure to HIV increases.

The Right to Obtain and Share Information

The effective dissemination of the latest information about HIV and AIDS through the mass media, the Internet, schools, support groups or a network of peers or other individuals is a vital tool in stopping the spread of HIV.

“Challenging the norms surrounding sex—which is at the heart of HIV prevention—has never been a task best left to men in white coats,” says a representative from UNAIDS. “We need doctors and nurses to provide treatments, but when it comes to HIV prevention, more lives will be saved by journalists, clergy, teachers and politicians.”

The Right to Privacy

No one has the right to disclose the status of children or young people living with HIV, or to discuss anything about their lives or health.

The Right to Remain with Parents

Children should be able to live with their parents, regardless if anyone in the family is living with HIV. Should one or both parents die from AIDS, children should retain the right to remain with their siblings, or be cared for by surviving family members.

The Right to Suitable Alternative Care if Necessary

Children who have no surviving family members who can care for them still have the right to be looked after within alternative family settings, for example by foster parents. Orphanages and institutional care should always serve as a last resort for children and not the primary option.

The Right to Have their Birth Officially Registered

Official birth registration is essential to children’s access to other rights, such as education and health care. It also helps to protect them from abuse and exploitation, especially if they have no family member to care for them.
According to 2007 statistics from Malaysia’s Ministry of Health, 80,938 people have tested HIV-positive since 1986 and 10,334 people have died from AIDS related opportunistic infections.

• An average of 12 people tested HIV-positive while 3 people died of AIDS each day in 2007.

• 4,549 new HIV cases were reported in 2007, while 1,179 people died due to AIDS.

• As at end 2007, 70,604 people in Malaysia were known to be living with HIV

• Four in 10 new reported cases of HIV in 2007 were among people aged 13 to 29. HIV infection might have been detected in a number of them only on the onset of illnesses, which means they may have been infected in their early 20s or even during their teens.

• There is a worrying rise in infections among women and girls through heterosexual transmission. In 1998, only six per cent of new reported HIV cases were amongst women and girls. In 2007, new reported cases amongst women rose to 16 per cent. This is cause for great concern as the vulnerability of women and children to HIV are directly linked to each other.

• As in other parts of the world, young people are increasingly making up the biggest number of HIV infections every year.

Other statistics from the Ministry of Health include:

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Around the world:

1981:
The US Centers for Disease Control and Prevention (CDC) issues a warning about a rare form of pneumonia affecting a community of gay men in Los Angeles. That illness was later confirmed to be AIDS-related.

1982:
The CDC formally establishes the term Acquired Immune Deficiency Syndrome (AIDS).

1984:
HIV is identified as the virus that causes AIDS.

1985:
The first HIV antibody test becomes available.

1991:
The red ribbon is introduced as an international symbol for AIDS awareness and becomes a unifying force for individuals and organisations involved in the response to HIV and AIDS.

1996:
Protease inhibitors (PIs), used in a cocktail of antiretrovirals, revolutionise HIV treatment. Although falling short of a cure, PIs turns HIV into a chronic but treatable condition.

2005:
UNICEF and UNAIDS launch the “Unite for Children, Unite Against AIDS” global campaign to ensure that children are included in the HIV and AIDS agenda.

2007:
The first Global Parliamentary Meeting on AIDS calls for rights-based response to the epidemic and an end to HIV-related travel restrictions.

2008:
UNAIDS reports that young people aged 15-24 account for an estimated 45 per cent of new HIV infections worldwide.

Note: A more detailed timeline is available on the accompanying CD.
Malaysia:

1985: Chaired by the Director-General of Health, the National AIDS Task Force is formed to create policies and coordinate AIDS prevention and control activities.

1986: The first case of HIV is diagnosed in Malaysia.

1986: Malaysia proposes a safe-blood programme. By 2003, 53 screening centres in the country are screening all donated blood.

1992: The Malaysian Government establishes an Inter-Ministerial Committee to advise the Cabinet on policies, issues and strategies related to HIV and AIDS.

1992: The Malaysian AIDS Council (MAC) is formed, creating an umbrella body of Non-Governmental Organisations to spearhead the fight against HIV and AIDS.

1996: The Ministry of Health creates a large-scale education programme on HIV and AIDS called Healthy Living Without AIDS for Youth (PROSTAR), targeted at those between the ages of 13 and 25.

1998: The Ministry of Health develops the first HIV and AIDS National Strategic Plan and introduces antiretroviral medication.

1998: The Ministry of Health initiates the Prevention of Mother to Child Transmission Programme (PMTCT), under which women at Government antenatal clinics are tested for HIV. Those who test positive are given counselling and free anti-retroviral treatment, while babies also receive treatment after birth to prevent mother-to-child transmission of the virus.

2005: The Government establishes a harm reduction programme for drug users, which includes methadone drug substitution therapy, the distribution of free needles and condoms, outreach services and counselling.

2007: The Malaysian Society of HIV Medicine and the Public Health Physicians of Malaysia organises the first National AIDS Conference, with the support of the Ministry of Health and UNICEF. In conjunction with the Conference, UNICEF organises the first national HIV Youth Forum for young Malaysians.
Unite for Children, Unite Against AIDS

Unite for Children, Unite against AIDS is a global campaign launched by UNICEF in 2005 to ensure an AIDS free generation. The Campaign has four objectives:

**Prevent mother-to-child HIV transmission**

Timely medical treatment reduces the transmission of HIV from a mother to her unborn child, yet many countries don’t have the resources or political will to provide this care.

*Goal: To ensure that 80 per cent of mothers in need will have access to the necessary treatment.*

**Provide paediatric treatment**

Children are particularly vulnerable to HIV, but low-cost drugs that prevent infections and delay the need for antiretroviral treatments are available. The antibiotic cotrimoxazole costs as low as US$0.03 (10 sens) a day and brightens the living prospects of any child with HIV.

*Goal: To provide either antiretroviral treatment or cotrimoxazole, or both, to 80 per cent of children in need by 2010.*

**Prevent infection among adolescents and young people**

An integrated network of strategies that are timely, comprehensive and practical can help young people protect themselves and others from HIV.

*Goal: To reduce the percentage of young people living with HIV by 25 per cent globally by 2010.*

**Protect and support children affected by HIV and AIDS**

An integrated strategy – involving education, economic aid, and psychosocial support, among others – is needed to protect and support affected children.

*Goal: Reach 80 per cent of children most in need by 2010.*
How has the media covered HIV and AIDS over the last 20 years?

Surveys conducted in the United States and the United Kingdom in 2003 showed that almost 70 per cent of respondents identified television, radio and newspapers as their primary source of information about HIV and AIDS.

Around the same time, a major survey in India also indicated that television – not doctors, family and friends – was the main channel through which 70 per cent of respondents acquired facts about HIV and AIDS.

Clearly, media organisations play a pivotal role in educating and empowering individuals to protect themselves from HIV infection, and holding policy makers and opinion leaders (government, religious groups, etc) to account. Doing so effectively, however, requires an understanding of the challenges and the obstacles to widespread and effective HIV-prevention education.

In Malaysia, a media audit by UNICEF and a team of former editors from Salt Media Consultancy Sdn Bhd revealed a growing understanding of the issues and concerns surrounding HIV and AIDS. A sample of 80 news and feature articles gathered from various newspapers from 1985 to July this year shows that reporting about HIV and AIDS in the last 25 years or so has shown a gradual positive transformation, with media providing more sensitive reporting about the issue.
Generally, there is greater consideration in the language used, particularly in the features section of the English media. While there has been an improvement in the language used in news reports, journalists still unwittingly encourage discrimination by using terms such as “drug addict”, “prostitute” and “AIDS victim”.

Overall, stories tend to appear on days commemorating World AIDS Day and when conferences or events related to HIV and AIDS are organised, either locally or at the international level. In most instances, reporters have become more careful when it comes to children infected or affected by HIV. One disastrous article that appeared two years ago however, published the names and faces of HIV-positive children and their school. As a result, several parents whose children attended the same school called for the HIV-positive students to be expelled.

Around 1988, the term HIV began appearing as the “HIV virus”, and the term AIDS continued to be misused. “HIV/AIDS” began to be used in 1991 and only in recent years has there been a clear distinction between HIV and AIDS; unless the reporter is writing about the issue for the first time and does not have a reference of correct terminology. Again, reporters writing feature stories generally tend to be more careful and informed about their use of language.

Early articles focused on how AIDS was a “gay disease” and how men who had sex with men were the only ones who were contracting and spreading HIV. English newspapers tend to publish a wider range of articles pertaining to HIV and AIDS, but in both English and Malay newspapers, the tone of each article can vary depending on the writers’ personal attitudes towards the epidemic.
How should HIV be reported?

Human interest stories about children and young people can capture the public’s attention and help to convince them of the need for positive change.

The most important elements of these stories are accuracy, informed use of language and unbiased treatment, in which HIV is interwoven into other daily issues such as health, education and science. Stories should not run down or disparage people with HIV, but instead can recognise the courage of those who deal with it in their daily lives, such as parents who care for their HIV-positive children. Stories that vilify people with HIV can have repercussions for everyone in their lives, including their children.

It’s also important to maintain a regular output of stories about HIV and AIDS, as a one-off, sensationalistic piece will not lead to a beneficial change in public opinion or policy. Journalists must also be mindful of how they portray children and young people in their stories, as it affects how the public perceives and treats them.

Protecting the rights of the child is of the utmost importance in all coverage of HIV and AIDS. Each journalist must strike a balance between the value of news and the interests of individuals and communities — but the rights of children, and those of any individual affected by publicity, should never be compromised. The UN Convention on the Rights of the Child acts as a guiding document in this instance.
Letting Them Speak

The reality is there are very few HIV-positive children who are in a position to speak publicly and in an informed manner about their situation. But the voices of young people – even if they do not live with HIV themselves – can be a powerful tool in preventing the transmission of the virus.

They can also provide a more insightful and compelling perspective of how children living with HIV should be protected. Being run by adults, the media often focuses more on problems the young allegedly create rather than the problems they face, and why.

Some other things to consider when working with children:

• Avoid putting words in their mouths. Encourage them to say what they want to say.

• Listening is already a vital skill for a reporter, but it is crucial when reporting on children and young people.

• Ask clear questions so that the child or young person you’re interviewing will understand you.

• Respect their right to say ‘NO’ if they so decide.

• Sit or stand at the same level they’re at. Never tower above them.

When reporting on children and young people, be guided by the Hippocratic Oath and Do No Harm. UNICEF and other organisations have developed ethical guidelines for reporting on children to make sure that their rights are respected. Among them are:

• Informed Consent: Children and young people may not understand the potential risks of cooperating with you for a story. Therefore, the child or young person and a parent, guardian or other adult in a position to protect their best interests should give their informed consent for any interview, picture, etc.

• Confidentiality: UNICEF urges you to never identify young victims of sexual abuse or exploitation, perpetrators of physical or sexual abuse, those charged or convicted of a crime, or children and young people living with HIV (barring fully informed consent). Be mindful of the risks they could face if their identity is exposed.

• Impartiality: Never discriminate against a child or young person because of race, religion, gender, socioeconomic status, political viewpoints, or other reasons.

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Reaching Child and Youth Audiences

Rather than being preached to, young people are more likely to respond positively when issues are explained to them in their own language. Let them learn from positive peer role models who have achieved their goals despite the odds.

They are also fully capable of appreciating the complexities of a given issue, again if it is explained to them in familiar language. When young people know how and where they can find help and support, they can change their own lives for the better.

Normalising HIV, and creating HIV-positive heroes can go a long way in overcoming prejudice: In Sept 2002, for example, South Africa’s Sesame Street (Takalani Sesame) created a HIV-positive muppet called Kami (Tswana for “acceptance”) to challenge HIV and AIDS-related stigma. The show included storylines in which Kami copes with being ostracised at school because of her status, but overcomes the prejudice of her friends and teaches them the value of tolerance.

Ethical Guidelines

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- **Confidentiality**: UNICEF urges you to never identify young victims of sexual abuse or exploitation, perpetrators of physical or sexual abuse, those charged or convicted of a crime, or children and young people living with HIV (barring fully informed consent). Be mindful of the risks they could face if their identity is exposed.

- **Impartiality**: Never discriminate against a child or young person because of race, religion, gender, socioeconomic status, political viewpoints, or other reasons.
Language shapes beliefs and influences behaviour. As such, the use of appropriate language can elicit the right response to HIV and AIDS.

Good HIV and AIDS related stories are sometimes marred by terminology relating to death, ruin, immorality signaled by words and phrases such as scourge, deadliest disease, single biggest killer, sinner, victim, innocent, and patient (except in a medical context). Likewise, television stories too often associate HIV with hopelessness, and reports often repeatedly hammer home the idea that “victims” are at death’s door.

It is generally best to maintain precision without over-complication: Complex epidemiological or medical terminology carries the weight of science, but readers or audiences might not understand some terms.
Stories relating to HIV and AIDS are often complicated by value judgements, religion and moral concerns. Injecting drug users, sex workers, and those who have sex with multiple partners engage in high-risk behaviour, but we are not in a position to determine who is “good” or “bad”. Just because a person is an injecting drug user does not make him/her also HIV-positive. It is important to remember that it is not the group someone belongs to that makes them vulnerable to HIV infection, but their behaviour and the social or economic circumstances they may find themselves in.

To help reporters, UNAIDS has developed a list of preferred terms and phrases for HIV and AIDS. The guidelines, now being translated into many other languages, were developed in 2007 for staff and colleagues in UNAIDS and its ten co-sponsoring organisations, one of which is UNICEF. The preferred terminology has also been adopted by other partners working in the global response to HIV.

The UNAIDS Preferred Language is a living, evolving document which is reviewed regularly. Please see the full list on page 23. You can offer comments and suggestions to terminology@unaids.org

Using the correct terms and phrases essentially means that the public will not be misled about the virus and those living with HIV will not be ostracised and denigrated.
How can Reporters Deal with HIV and AIDS Fatigue and Generate Fresh Interest?

Reporters are one of the best protectors of children who live with HIV or who are at risk of getting HIV. Through news and feature stories and documentaries, reporters can stimulate and lead open and frank discussions on the topic.

They can provide a platform for those most affected by the epidemic to air their concerns and views, especially people living with the virus.

By reporting responsibly and providing positive images and role models of infected and affected people, reporters offer the best chance of changing stubborn assumptions and removing destructive discrimination against people with HIV.

Reporters who have regular contact with leaders and opinion-makers can also encourage these individuals to take action, and keep policy-makers and service providers on their toes.
“There is a lack of sufficient, accurate and timely sex education, which should ideally be introduced in late primary school,” says Dr Kamarul Azhar Mohd Razali, Paediatric Consultant and Infectious Diseases Consultant at the Kuala Lumpur Hospital.

“This is not about glorifying the sexual act, but about talking to children about sexual rights and responsibilities. Too many young Malaysians, even university students, believe that you can only get HIV if you belong to a lower social group. But the virus cuts across the board – it doesn’t care who you are.”

The most common way children are infected with the virus is by vertical transmission. “Even one HIV-positive baby means intervention has come too late,” Dr. Kamarul says, “and we have in place the Prevention of Mother-to-Child Programme (PMCT), in which antenatal screenings are carried out, and treatments instituted, to cut down the risk of transmission from mothers who test positive for HIV.

“However, young people are at greater risk of horizontal transmission, in which the virus is transmitted through unprotected sexual encounters and risky behaviour as a result of substance abuse.

“This is a real area of concern. We see cases of incest and multiple exposures to unprotected sexual encounters, which is basically a social ailment that manifests itself clinically,” says Dr. Kamarul.

Taking definite and creative steps to give the epidemic the attention it deserves on the news agenda will help prevent AIDS fatigue or complacency from creeping in.

Unfortunately, health stories must compete with crime, politics and economics and disasters – all of which have strong news value. Unless stories on HIV and AIDS can be front-paged, they are likely to be relegated to the back pages of a newspaper or only aired during off-peak hours.
To avoid this, reporters must engage their editors in the drive to inform and educate the public. There are many creative ways to tell the HIV and AIDS story. Below, we offer you some ideas:

- Use Hari Raya, Chinese New Year, Deepavali, Christmas or New Year’s Day to show how families living with HIV celebrate and eat together because there is no risk of HIV transmission in the act of sharing and giving food.

- Find fresh angles in scientific reports and statistics.

- Pay close attention to seminars or conferences where papers on the latest research on the disease are delivered.

- Scrutinise government newsletters and gazettes – often the most interesting details are hidden in bureaucratic language.

- Review public-health strategies in various countries such as compulsory testing, quarantine, or the expulsion of people with HIV from employment or education. Experience has shown that such strategies undermine the effectiveness of government or public efforts against HIV and AIDS. In fact, punitive and coercive health strategies actually reduce participation in prevention programmes, alienate people from health and social services, and increase isolation and suffering.

- Check out programmes like Harm Reduction which has proven effective in several countries.
• Identify local experts who can help debunk the common and persistent myths linked to HIV and AIDS. In East Timor, for example, there was a belief that snakebites could transmit HIV. In South Africa, having sex with a virgin was thought to offer adequate protection from the virus -- which is untrue. However, because of the paucity of accurate information on HIV and AIDS, such beliefs have led to sexual abuse of very young girls and boys in many countries. Demystifying the disease means learning how HIV is transmitted and how the disease progresses.

• Mapping the movement of the epidemic is also another story idea. This can be done by monitoring stories across continents and over time. Federal budgets, allocations for healthcare and the amount allotted to HIV and AIDS in one year will have ripple effects down the line and across the years.

• Finding out how HIV and AIDS affect individuals on a day-to-day basis makes for interesting copy. For instance, when a woman becomes a wife, is she at greater risk of being infected? When every member of a family has AIDS, how do children cope?

• Use tracking features like Google Alerts to keep abreast of news on HIV and AIDS stories in other countries. Your editor, health officials and your peers will soon recognise your expertise in this area and before you know it, all kinds of information on HIV and AIDS will land on your desk!

• Technological innovation also helps keep stories fresh. For World AIDS Day 2003, for example, the BBC World Service generated worldwide interest through a two-week season of programming that included news reports, documentaries and online coverage such as webchats with public figures.
Encouraging professional coverage

The objective of professional media coverage should be to challenge, or at least avoid, the myths and stereotypes surrounding people living with HIV. Journalists should aim to give HIV-positive people a voice in the media, and should never publish details that put people at risk.

Constructive and supportive debate should be encouraged between media professionals about how to report HIV and AIDS, and the use of images of people living with HIV—including children—and media editors and managers should make clear their opposition to biased and sensationalist coverage through reporting guidelines and codes of conduct.

The media is instrumental in breaking the silence that surrounds HIV and AIDS, and in challenging prejudice that violates human rights and denies assistance and support to those needing them.

Through responsible journalism, the media can create an enabling environment that protects the vulnerable and defends the rights of the child against the discrimination and stigma associated with HIV and AIDS that are still prevalent in many societies today.
UNAIDS terminology guidelines

Summary of preferred terminology

Don’t use this -- HIV/AIDS
Use this -- Use HIV unless specifically referring to AIDS. Examples include people living with HIV, the HIV epidemic, HIV prevalence, HIV prevention, HIV testing, HIV-related disease; AIDS diagnosis, children made vulnerable by AIDS, children orphaned by AIDS, the AIDS response. Both HIV epidemic and AIDS epidemic are acceptable.

Don’t use this -- AIDS virus
Use this -- The virus associated with AIDS is called the Human Immunodeficiency Virus, or HIV. Please note: the phrase HIV virus is redundant. Use HIV.

Don’t use this -- AIDS-infected
Use this -- Use Person Living with HIV or HIV-positive person. People can be infected with HIV but no one can be infected with AIDS because it is not a virus. AIDS is a syndrome of opportunistic infections and diseases that can develop at the end stage of the continuum of HIV disease.

Don’t use this -- AIDS test
Use this -- There is no test for AIDS. Use HIV or HIV antibody test.

Don’t use this -- AIDS sufferer or victim
Use this -- The word “victim” is disempowering. Use person living with HIV. Use the term AIDS only when referring to a person with a clinical AIDS diagnosis.

Don’t use this -- AIDS patient
Use this -- Use the term patient only when referring to a clinical setting. Preferred: patient with HIV-related illness.

Don’t use this -- Risk of AIDS
Use this -- Use risk of HIV infection; risk of exposure to HIV.

Don’t use this -- High(er) risk groups; vulnerable groups
Use this -- It is often more accurate to refer directly to “higher risk of HIV exposure”, “sex without a condom”, “unprotected sex” or “using non-sterile injection equipment.” Membership of groups does not place individuals at risk, behaviours may. With married or cohabitating people, for example, it may be the risky behaviour of the sexual partner that places them in “a situation of risk”.

Don’t use this -- Commercial sex work
Use this -- Sex work or commercial sex or the sale of sexual services

Don’t use this -- Prostitute
Use this -- Use only in respect to juvenile prostitution; otherwise use sex worker.

Don’t use this -- Intravenous drug user
Use this -- Use injecting drug user. Drugs may be injected subcutaneously, intramuscularly or intravenously.

Don’t use this -- Sharing (needles, syringes)
Use this -- Use non-sterile injecting equipment if referring to risk of HIV exposure; use contaminated injecting equipment if the equipment is known to contain HIV or if HIV transmission has occurred.

Don’t use this -- Fight against AIDS
Use this -- Response to AIDS

Don’t use this -- AIDS/HIV carrier
Use this -- Rather than focusing on the diseased status of the individual, it is important to emphasise that HIV can be managed. Use person living with HIV or HIV-positive person.

Further explanations of relevant terms can be found in the accompanying CD.
Resources

WEBSITES

United Nations Joint Program on HIV/AIDS (UNAIDS)


Unite for Children, Unite Against AIDS

http://www.uniteforchildren.org/index.html

Ministry of Health Malaysia (AIDS/STI section)

http://www.dph.gov.my/aids/

UNICEF Malaysia – The HIV Response

http://www.unicef.org/malaysia/hiv_aids.html

Voices of Youth – HIV and AIDS

http://www.unicef.org/voy/explore/aids/explore_aids.php
PUBLICATIONS

UNAIDS – AIDS EPIDEMIC UPDATE
Annual global and regional statistics and reports from 2001-present.
http://www.unaids.org/en/KnowledgeCentre/HIVData/EpiUpdate/EpiUpdArchive/

UNICEF – CHILDREN AND AIDS: SECOND STOCKTAKING REPORT
A 2008 report on actions and progress since the 2005 UNICEF-UNAIDS joint call to action.

UNICEF – EAST ASIA: CHILDREN AND AIDS CALL TO ACTION
The original 2005 call to action containing situational assessments, impact reports and future recommendations.

HIV AIDS MEDIA GUIDE
International Federation of Journalists’ media guide and research report on the media’s reporting of HIV/AIDS
www.ifj.org/pdfs/IFJ%20media%20guide%20FINAL%20low%20res.pdf

GETTING THE MESSAGE ACROSS: THE MASS MEDIA AND THE RESPONSE TO AIDS
data.unaids.org/publications/irc-pub06/jc1094-mediasa-bp_en.pdf

THE MEDIA AND HIV/AIDS: MAKING A DIFFERENCE
A report prepared by UNAIDS in 2004
data.unaids.org/Publications/IRC-pub06/JC1000-Media_en.pdf

GLOBAL MEDIA AIDS INITIATIVE: PARTICIPATING MEDIA COMPANIES
A 2004 list valuable descriptions of initiatives each agency took in their responses to HIV and AIDS.
data.unaids.org/UNA-docs/globalmedia_participatingcompanies_15jan04_en.pdf
### UN and other relevant action dates

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION DAY</th>
<th>STORY IDEAS</th>
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<tbody>
<tr>
<td>8 March</td>
<td>International Women's Day</td>
<td>How and why do women and girls continue to be more vulnerable to HIV than men and boys?</td>
</tr>
<tr>
<td>7 April</td>
<td>World Health Day</td>
<td>How are children and young people being marginalised in medical developments for the treatment of AIDS?</td>
</tr>
<tr>
<td>15 May</td>
<td>International Day of Families</td>
<td>What do Malaysian parents face in caring for their HIV-positive children?</td>
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<tr>
<td>3rd Sun in May</td>
<td>International AIDS Memorial Day</td>
<td>How are Malaysian children who have been orphaned by AIDS coping with the loss of their parents?</td>
</tr>
<tr>
<td>26 June</td>
<td>International Day Against Drug Abuse and Trafficking</td>
<td>What kind of impact can a harm reduction programme have on the spread of HIV?</td>
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<tr>
<td>12 August</td>
<td>International Youth Day</td>
<td>What would a man-on-the-street survey of young people in Malaysia reveal about their attitudes and knowledge about HIV?</td>
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<tr>
<td>8 September</td>
<td>International Literacy Day</td>
<td>What kind of impact does HIV have on children's access to education?</td>
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<tr>
<td>16 October</td>
<td>World Food Day</td>
<td>How does food insecurity affect a community's exposure to HIV?</td>
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<tr>
<td>17 October</td>
<td>World Day for Elimination of Poverty</td>
<td>How are some of the poorest communities working to prevent the spread of HIV?</td>
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<tr>
<td>25 October</td>
<td>Unite for Children, Unite Against AIDS</td>
<td>How are young people getting involved in helping to prevent the spread of HIV?</td>
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<tr>
<td>19 November</td>
<td>World Day for Prevention of Child Abuse</td>
<td>What are some of the lingering sexual myths about HIV and AIDS that may be fueling child abuse?</td>
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<tr>
<td>20 November</td>
<td>Universal Children’s Day</td>
<td>What do HIV-positive children dream for themselves? Where do they see themselves in 10 years?</td>
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<tr>
<td>25 November</td>
<td>Elimination of Violence Against Women</td>
<td>How can girls learn to protect themselves better from sexual exploitation, including unprotected sexual encounters?</td>
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<tr>
<td>1 December</td>
<td>World AIDS Day</td>
<td>What would interviews with people in the last stages of AIDS reveal about their insights into their lives and that of their families?</td>
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<tr>
<td>10 December</td>
<td>Human Rights Day</td>
<td>What first-hand perspective does a human rights activist have on the relationship between the protection of human rights and the spread of HIV?</td>
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</table>
It has been 27 years since the world first woke up to the reality of AIDS. Since then it has galvanised itself to launch an unprecedented global effort to stop the spread of HIV, the virus that causes it.

For too long, however, HIV and AIDS-related initiatives – whether for communal, national or international platforms – forgot that children and young people were affected in different ways. Their lives are shaped not just by direct exposure to HIV but by losses that AIDS leaves in its wake.

More often than not, children suffer silently in the shadow of AIDS. The vulnerability to missed opportunities, possible exploitation and the risk of HIV infection increases manifold as a result of myths and fears which fuel stigma and discrimination in society. Information that is insufficient, incorrect or confusing often leads to the stigmatisation of children living with HIV. For example, many still incorrectly believe that HIV can be passed through casual contact, such as touching, playing or even insect bites.

The aim of this media guide, therefore, is to make journalists our partners in spotlighting the special needs of children and young people in Malaysia’s response to HIV and AIDS. Through accurate, responsible and original journalism, the media will help to de-stigmatise the disease and break the silence that surrounds it, all of which can help prevent the spread of the virus.

We are in a position to do much more for our young. Even in the heat of our response against HIV and AIDS, it is our collective responsibility to make certain that children are treated as they are meant to be – as the vessel of all our best hopes.
UNICEF would like to thank Dewan Bahasa dan Pustaka for their invaluable assistance in developing a Bahasa Malaysia version of the UNAIDS Preferred Terminology.

We would also like to thank the Malaysian media agencies who graciously sent their editors and reporters to the UNICEF Editors Seminar on Language for HIV Reporting, which was held on 1 November 2007. The seminar was important in helping UNICEF develop and translate the UNAIDS Preferred Terminology into local languages.

The participating agencies were:

- Berita Harian
- Bernama
- Harian Metro
- Kosmo
- Majalah Al-Islam
- Majalah Aniqah
- Majalah Perempuan
- Mingguan Wanita
- New Straits Times
- Sin Chew Daily
- Sinar Harian
- Sunday Star
- Tamil Nesan
- The Star
- Utusan Malaysia
Contact

United Nations Children’s Fund

Wisma UN, Block C, 2nd Floor,
Kompleks Pejabat Damansara,
Jalan Dungun, Damansara Heights,
50490 Kuala Lumpur, Malaysia
Tel: (+603) 2095 9154
Fax: (+603) 2093 0582
Email: kualalumpur@unicef.org
URL: www.unicef.org/malaysia