

Introduction

More than one billion people worldwide—approximately 15%—live with some form of disability, and this number is continually increasing (WHO 2021). People with disabilities (PWD) routinely experience overwhelming barriers when accessing healthcare, including negative attitudes of service providers (for instance, the common misconception that PWD are asexual and unfit to parent), inadequate facility accommodations, a lack of appropriate communication resources and services, and financial challenges (WHO 2021). Therefore, expanding disability-inclusive care is critical at all levels of the health system, especially as we work to achieve universal health coverage. Supporting our vision of a gender-equal world where all people achieve their sexual and reproductive health and rights, and reflecting our overarching **Principles of Language Use**—all EngenderHealth language related to PWD should be (1) current and technically **accurate**, (2) consciously **nonjudgmental** and **destigmatizing**, and (3) deliberately and explicitly **inclusive** of the diversity of our partners and impact populations.

Key Terms

The term “disability” covers an array of diverse conditions. The table below explains select terms related to various disabilities.

Explanations of Common Terms

Ableism refers to any form of bias, discrimination, or prejudice against PWD or any subcategory of PWD and is frequently linked to a belief that nondisabled people are superior to PWD.

Accessible describes any context in which PWD have the opportunity to obtain the same information or services and engage in the same activities as a person without a disability in an equitable, integrated manner. Similarly, **accessibility** refers to the ability to be accessed, particularly by PWD, and particularly in reference to the design of products, services, or spaces; for instance, “accessible parking” or “accessible restroom.”

Assistive devices, or **assistive technology**, are any products or services that support PWD, such as canes, crutches, glasses, hearing aids, prostheses, speech-to-text and text-to-speech technologies, and wheelchairs.

A **blind person**, or a **person who is blind**, is a person with a profound sight loss; including those with a complete lack of vision as well as those with minimal vision. A **visually impaired person**, or a **person with a visual impairment**, may experience mild, moderate, or severe sight loss.

A **deaf person**, or a **person who is deaf**, is a person with profound hearing loss (i.e., little to no hearing capabilities). **Note:** The Deaf community in the United States who use American Sign Language capitalize “Deaf.” A **person with a hearing loss**, or a **person who is hard of hearing**, is a person with mild to moderate hearing loss. **Note:** The term “hearing impaired” is **not** accepted by the Deaf community in the US.

Disability refers to a health condition that limits a person’s ability to complete certain activities or participate in certain interactions. This includes **developmental and intellectual disabilities** (e.g., autism and dyslexia), **mental illnesses** (e.g., anxiety and depression), **mobility and physical disabilities** (e.g., cerebral palsy and paralysis), and **sensory disabilities** (e.g., blindness and hearing loss). A **person with a disability** is one who experiences activity limitations and participation restrictions due to a health condition.

Invisible disability refers to any disability that is not easily recognized and is thus often discounted.

Identity-First Language versus Person-First Language

Identity-first language leads with a descriptor or label, e.g., disabled person. Person-first language places the person before the characteristic or condition, e.g., person with a disability. Some groups within the disability community prefer identity-first language while some prefer person-first. Additionally, preferences can change over time and vary from place to place and from person to person. For instance, in the US, “blind person” is acceptable and often preferred, whereas in Tanzania, “person who is blind” is preferred and “blind person” is considered inappropriate. It is important to recognize and respect the preferences of individuals and individual communities. If the language preference of the overall community is unknown, we recommend defaulting to person-first language. When referring to a specific individual, ask for and respect their preferences—understanding that their preference may differ from the overall community’s preference.



Core Principles

Our core principles related to PWD include the following:

- All people—including PWD—have the right to make decisions about their bodies and lives.
- All people—including PWD—should be treated with respect and dignity when accessing healthcare; this includes confidential and unbiased contraceptive and abortion care as well as maternal and obstetric care.
- All people—including PWD—have the right to explore and engage in consensual, healthy, respectful sexual activity—for emotional, mental, social, and physical pleasure as well as for reproduction.
- All people—including PWD—have the right to determine if, when, and with whom to have children.
- All people—including PWD—have the right to maintain relationships and live lives free from violence.
- PWD, including those with developmental and intellectual disabilities and mental illnesses, are experts on their bodies and lives and are capable of making informed sexual and reproductive health decisions that affect both.

Recommended Language

The PWD community has faced extensive discrimination and stigma and there are, unfortunately, far too many derogatory terms associated with this group to include in this guide. Therefore, the table below provides only a few examples of accurate, inclusive, unbiased language related to PWD—as well as language to avoid, some of which is considered pejorative—that most directly corresponds to our sexual and reproductive health and rights work. For more comprehensive guidance around respectful language within the PWD context, please refer to the Additional Resources section of this guide.

✓ Say this...	✗ Not that!
Person with a disability	Cripple or crippled person or freak or handicapped person or differently abled person or handi-capable person
Person without disabilities or nondisabled person	Able-bodied, healthy, normal, or whole person
Deaf person or a person who is deaf	Deaf and dumb person or deaf-mute
Hard-of-hearing person or person with hearing loss	Hearing-impaired person or hearing-deficient person or person with impaired hearing
Person who uses a wheelchair	Wheelchair-bound person or person confined to a wheelchair
Person with a substance use disorder and substance misuse	Drug abuser or drug addict and drug abuse
Person with an intellectual or developmental disability	Mentally challenged or retard or slow person
Person living with HIV	AIDS- or HIV-infected person or AIDS patient/victim or HIV+ person or person living with HIV and AIDS (PLWHA)

Additional Considerations for Inclusive and Respectful Language

It is critical that we do not use offensive language or language that perpetuates negative stereotypes about PWD, including terms such as “lame” or “crazy.” Similarly, we should not use language that frames PWD as inspiring or special simply for living with their disabilities. And, as previously noted, it is important to respect the language PWD request be used when referencing them.

Additional Resources

- Invisible Disability Project. n.d. “Words Matter.” <https://www.invisibledisabilityproject.org/words-matter>.
- National Center on Disability and Journalism (NCDJ). 2021. *Disability Language Style Guide*. Phoenix, AZ: NCDJ. <https://ncdj.org/style-guide/>.
- World Health Organization (WHO). 2021. “Disability and Health.” Geneva: WHO. <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>.

Acknowledgments: We appreciate Fredrick Msigallah, Advocacy and Alliance Programme Manager at the Comprehensive Community-Based Rehabilitation in Tanzania, and Priyanka Ghosh, Communications Director at the National Organization on Disability, for contributing their expertise and experience to a review of this guide.

Suggested citation: Agarwal, A. 2022. *EngenderHealth Language Guide for People with Disabilities*. Washington, D.C.: EngenderHealth.