



Our Language Matters

Improving communication with and about people with diabetes in South Africa.



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 South Africans with Diabetes

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The way we speak about people makes a difference.



Let's change the conversation

South Africa is joining the global #LanguageMatters movement, calling for “a new language for diabetes”. Diabetes Australia, the International Diabetes Federation, and diabetes organisations in the US, UK, Italy, France, India, Costa Rica and Canada have published similar statements.

Our language matters.

The words we choose, and the way we use them, influence, persuade and affect how people view the world. Words do more than reflect reality: they create reality.

Words are powerful.

They can create a culture in which people feel valued, understood, and supported – or one in which people feel misunderstood, undermined, stigmatised, and excluded.

Words can express conscious or unconscious bias.

The words used to talk about diabetes affect the physical and emotional health of people living with diabetes. They also affect how people in society view people living with diabetes, or those at risk of developing diabetes.

“People with diabetes, their families, and people at risk of diabetes need and deserve clear and accurate communication that is respectful, and inclusive – and free from judgement and bias.”

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*“Words are, of course,
the most powerful drug
used by mankind.”*

Rudyard Kipling

The power of words

Words can reinforce **myths, stereotypes and misconceptions about diabetes**, specifically:

Sexual dysfunction as
a given for men with
diabetes.

(myth)

Referring to brittle
diabetes in Type 1
diabetes, which then
spills over to labelling
a child with Type 1 as
brittle.

(stigma)

Referencing Type 1
diabetes as insulin
dependent and Type
2 diabetes as non-
insulin dependent,
which inadvertently
delays insulin therapy
in Type 2 diabetes.

(dangerous)

Referencing diabetes
as chronic, and
thereby not urgent or
needing policy
attention.

(false)

Words can have **different meanings for different people and cultures**. It is important to ask and listen, both to individuals and diverse communities. Words and language need to be culturally sensitive and appropriate.

This position statement is about helping everyone to **respect and understand the person who is living with diabetes**.

Why our language matters



The way we communicate has consequences.

There is significant evidence that the current words and language used for and about diabetes have serious problems:

In the media and general use, diabetes language:

- often stigmatises people with diabetes and those at risk
- can contribute to discrimination
- can impact the wellbeing and motivation of people with diabetes
- can alienate or isolate people with diabetes.

In healthcare settings, language:

- at diagnosis can have a lasting effect on the person with diabetes
- is often confusing, unrealistic, inaccurate, frustrating and harmful
- can affect willingness to adopt behaviour change or use medicines
- can affect the glucose levels of people with diabetes
- can affect other healthcare professionals' attitudes and treatment recommendations
- can contribute to diabetes distress and burnout.

“Better communication doesn’t take more time; it can save time – and misunderstandings.”



Why be offensive when you can be inclusive?

Let's talk about the word 'diabetic'.

"People with diabetes call themselves diabetic, so why shouldn't I?"

People with diabetes are free to use whatever words they wish. Other people – whether they are working in healthcare, the media, industry or elsewhere – have a responsibility to engage people affected by diabetes in positive, constructive ways. Labelling a person as diabetic runs the risk of causing offence or alienating that person. **People are rarely offended when they are referred to as a person.**

This is just one small part of why language matters. It is so much more than whether we use the words 'diabetic' or 'person with diabetes'.



More than words

Language is more than just the words we use. Body language, tone and attitude are also important. In addition to words, #LanguageMatters draws attention to the need for positive attitudes to diabetes and to people with diabetes – particularly in healthcare settings.

Type 2 diabetes is often called a lifestyle disease, which disregards the strong hereditary component, and lays the blame firmly on the person with diabetes.

This kind of judgemental attitude towards people with Type 2 diabetes can lead to stigma, which may dissuade people with diabetes from getting the care they deserve.

Similarly, Type 2 diabetes is not 'mild' and Type 1 diabetes is not 'bad'. Both types are serious and need to be managed.

Our words need to show we CARE

Curious – **Ask a person how they are feeling**, how things are going in their life, and how that might be affecting their diabetes.

Accurate – **Be clear and concise**. Use simple language that describes the change, action, or behaviour you recommend, without judging the person.

Respectful – **Provide information in a way the person can understand**; acknowledge their preferences and decisions; recognise their cultural practices and values; and accept they are doing the best they can.

Empathetic – **Empathy shows that you understand the person** and their personal circumstances. People with diabetes don't want to be judged, they want help and support.

Our words need to remove BIAS

Blame – **Feeling blamed or shamed can prevent a person from managing their diabetes** to the best of their ability, for fear of judgement or a negative response.

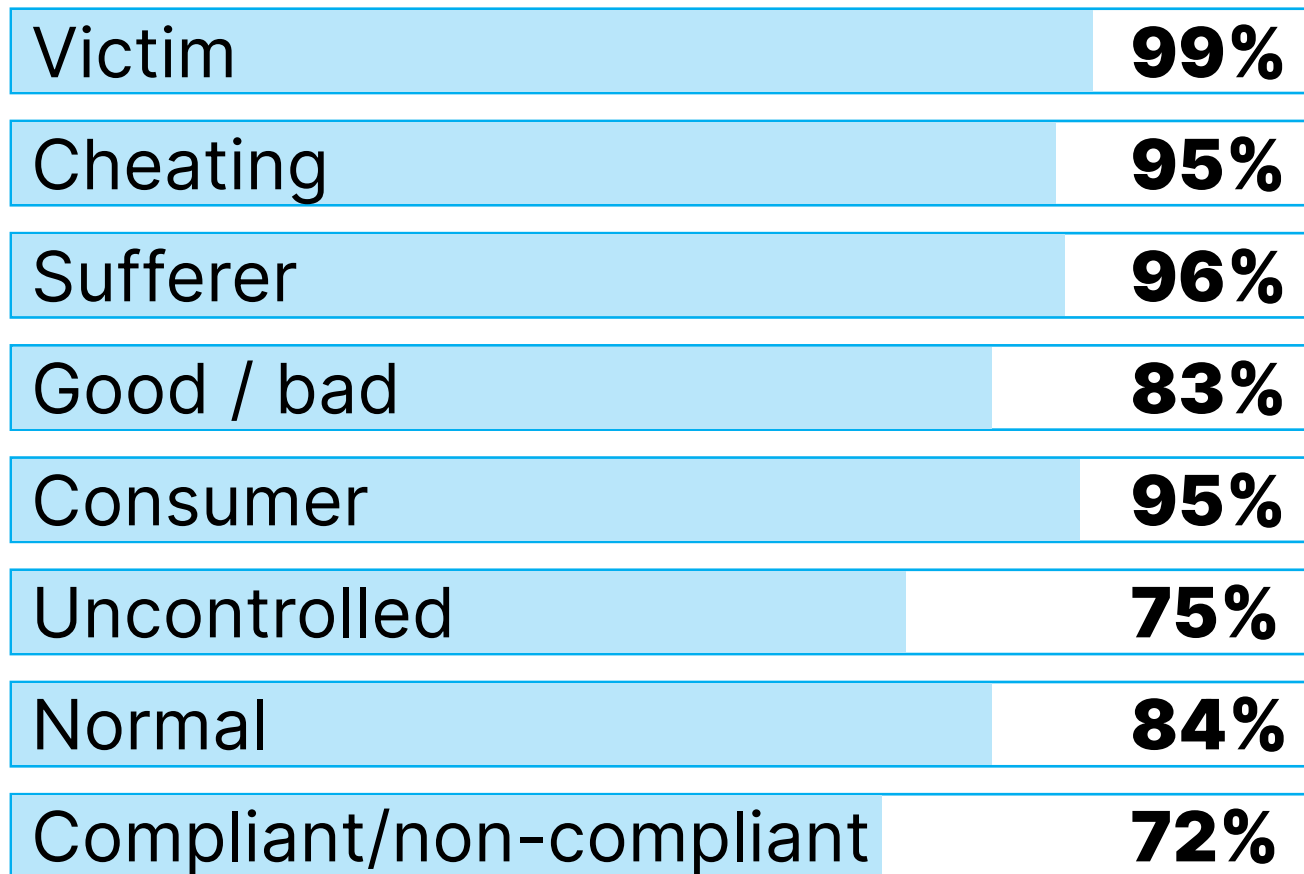
Irreverence – **Showing a lack of respect to people with diabetes is offensive**. Using diabetes as a punchline in jokes is not clever or funny; it is insensitive and harmful.

Authority – **It is futile to try to 'make' people change**. Using words like 'should', 'must', and 'allowed', can make a person with diabetes feel like a failure.

Stigma – **People with diabetes often feel criticised, judged and/or misunderstood**. This can affect a person's emotional, mental and physical health.

Choosing our words

An international survey in 2019 found that the following words are **unacceptable** to many people with diabetes:



(% shows number of people, with diabetes, that find the word unacceptable)

We can change the way we **communicate about people**

Instead of...

Diabetic
Sufferer
Patient
Consumer

Normal, non-diabetic, healthy (person)

Difficult/challenging patient
In denial
Unmotivated/unwilling

Subject
Patient (noun; research setting)

Carers

Health provider(s)
Clinicians

Try...

Person
Person with diabetes
Person living with diabetes

Person without diabetes

Finding it difficult
Has concerns about...
Has other priorities right now

People with diabetes
Participant(s)
Respondent(s)

Family/friends

Health professional(s)
Diabetes care team



We can change the way we communicate about **diabetes and complications**

Instead of...

Try...

Disease
Disorder

Condition

Mild diabetes

Diabetes

Mild hypoglycaemia

Self-treated hypoglycaemia

Obese (weight)
Normal weight

Healthy/unhealthy weight

Diabetic (complications)

Diabetes
Diabetes-related or
Diabetes-specific (complications)

We can change the way we communicate about **managing diabetes**

Instead of...

Adherence/compliance: (non-)adherent or (non-)compliant

Cheating
'Being a bad diabetic'

Control (referring to diabetes, HbA1c or glucose levels): poor control, good control, well controlled, badly controlled, uncontrolled

Correct(ing) glucose levels

Fail, failing to, failed

Good/bad poor (glucose levels)

Intensify/escalate treatment

Try...

Words that describe collaboration or specific behaviours: taking medication, checking glucose levels

Making choices/decisions

Manage glucose levels
High/low glucose levels
Within/outside your target range

Adjust(ing) glucose levels

Did not, has not, does not...

Use the numbers, refer to choices or in-range/below-range/above-range

Tailor/personalise/change to more effective or appropriate treatment(s)

Instead of...

Should (not)

Have to

Can't

Must (not)

Test

Testing (glucose)

Treating diabetes, treating patients

Try...

You could try/consider...

Let's consider your options...

You could choose to...

Check(ing)

Monitor(ing)

Managing diabetes

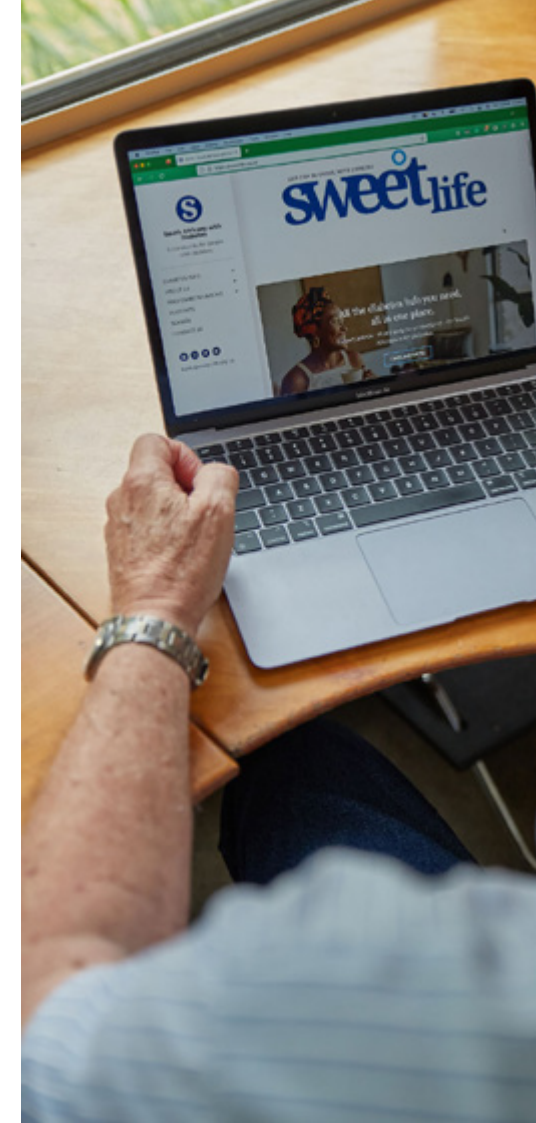
The language of imagery

Alongside the words we use being more conscious and empowering, it's essential to consider the images we use when talking about diabetes. This applies to healthcare settings, the media, social media and general use.

We need to use imagery that is accurate, representative and empowering. If Type 2 diabetes is always referenced alongside images of fast food, it leads to judgement and stigma; and if Type 1 diabetes is only referenced alongside images of needles, it does the same. **People with diabetes can live full and healthy lives – and our imagery should represent that.**

To make it as easy as possible to use empowering imagery, we have uploaded 150+ positive images of people with diabetes taking medication, checking blood glucose, cooking and eating healthy food, working, chatting with friends and exercising.

You can find all these at www.sweetlife.org.za/languagematters



Access the image library directly!



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“When someone makes a joke about diabetes, I laugh with them and then use it as an opportunity to open a healthy dialogue.”

Changing the conversation

1. Start with yourself

- **Be aware of the words you use every day** and take your language seriously. Language is personal, and so is diabetes. Think carefully about how your words might be heard and understood by others.
- **Remember that language reflects attitude** – don’t use words when talking or writing about people with diabetes that you wouldn’t use when talking with them.
- **Choose to create new habits.** This may need to be a conscious, deliberate choice. Choose to be respectful and inclusive, not stigmatising and exclusive.
- **Be aware that we all have unconscious biases** – try to minimise these.

2. Call out inappropriate words and language

- **Don't just accept or ignore it, challenge it.** If you hear or read words that are inappropriate, make your views clear.
- **Don't just accept it, change it.** If it's in your power to change inappropriate language, do it.
- **Focus on the behaviour and avoid labelling.** Remember to be respectful, assume the person meant no harm, and be constructive in your critique.
- **Appeal to the person's better judgement:** "I'm sure you didn't mean to suggest...", "Perhaps you haven't thought about it before, but..."

3. Remember, our words have power

- **Communication is something we all do, every day** – and small changes make a big difference.
- **It is one area in which we have very little training,** and we can all practise using new words and language. While it may seem to take more time, it will soon flow smoothly in conversations and writing.
- **Although communication needs our careful attention, it's not rocket science either,** and we can all learn to communicate better about diabetes.
- **We all make mistakes** – aim for progress, not perfection.

Thank you for helping us create meaningful change in the social perception of diabetes in South Africa.

In collaboration with:

These South African diabetes organisations endorse #LanguageMatters wholeheartedly.



And with the support of:



All logos are provided to support the #LanguageMatters position statement and cannot be used for any other purposes whatsoever.

With enormous thanks to Diabetes Australia for the excellent work involved in creating the original position statement.

Read the full version below:

Speight J, Skinner TC, Dunning T, Black T, Kilov G, Lee C, Scibilia R, Johnson G. ur language matters: Improving communication with and about people with diabetes. A position statement by Diabetes Australia. Diabetes Research and Clinical Practice, 2021; 173, 108655.

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