LUMA RESOURCE SERIES | GUIDE 2

PrEP and Prevention

Protecting Yourself from HIV: A Complete Student Guide

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INTRODUCTION: WHY PREVENTION STILL MATTERS

Antiretroviral therapy has transformed HIV from a life-threatening illness into a manageable chronic condition. This is genuinely good news. But it has also, perversely, contributed to a decline in urgency around HIV prevention among young people. When HIV is no longer seen as a death sentence, some of the fear that drove prevention behaviour fades.

HIV prevention matters because treatment, while highly effective, requires lifelong medication and lifelong management. Prevention, where possible, is better than treatment. New infections in Nigeria continue at a significant rate, and young people remain disproportionately affected. The tools for prevention have never been better. The challenge is that many Nigerian university students do not know those tools exist.

LUMA's research at Kwara State University found that the majority of students surveyed had never heard of PrEP, despite it being available in Nigeria since 2017. This guide changes that.

CHAPTER 1: UNDERSTANDING YOUR PREVENTION OPTIONS

Effective HIV prevention in 2026 is not a single tool but a combination of overlapping strategies. Understanding your options allows you to make informed choices about which combination is right for your situation.

Condoms

Male (external) and female (internal) condoms remain among the most accessible and effective HIV prevention tools available. When used consistently and correctly, condoms reduce the risk of HIV transmission by approximately 85% in real-world use. They also protect against other sexually transmitted infections, which ART and PrEP do not.

Using Condoms Correctly

Check the expiry date before use. Expired condoms are more likely to break.

Open the packaging carefully. Never use teeth or sharp objects.

Leave space at the tip when putting on a male condom.

Use water-based lubricant with condoms. Oil-based lubricants degrade latex.

Use a new condom for each sex act.

After sex, remove and dispose of the condom carefully.

HIV Testing

Regular testing is itself a prevention strategy. Knowing your status removes uncertainty, allows you to access treatment or PrEP as appropriate, and enables informed conversations with partners. Testing also identifies new infections at the earliest possible stage, when treatment is most effective.

How often you should test depends on your situation. If you are sexually active with partners whose status you do not know, testing every three to six months is reasonable. Your healthcare provider can advise on the appropriate frequency for your specific circumstances.

Treatment as Prevention (TasP)

This is the principle that treating HIV-positive people effectively, getting them to an undetectable viral load, prevents new infections. This connects directly to U=U. When people living with HIV are on effective treatment, they cannot transmit the virus. This means expanding treatment access is one of the most powerful population-level HIV prevention strategies available.

Post-Exposure Prophylaxis (PEP)

PEP is emergency HIV prevention medication taken after a potential HIV exposure. It must be started within 72 hours of the potential exposure, and sooner is better: the earlier PEP is started, the more effective it is.

PEP is a 28-day course of antiretroviral medications taken daily.

It is used in situations such as unprotected sex with an HIV-positive partner, sexual assault, accidental needlestick injury, or sharing needles.

PEP is not a substitute for regular prevention strategies. It is an emergency measure.

Access PEP at any government hospital or clinic. Explain the situation and ask specifically for PEP. Time is critical.

PEP is available through the Nigerian government's national HIV programme, often at no cost.

CHAPTER 2: PREP IN DEPTH

What Is PrEP?

Pre-Exposure Prophylaxis, known as PrEP, is a medication taken by HIV-negative people before potential HIV exposure to prevent infection. When taken as prescribed, PrEP reduces the risk of getting HIV from sex by up to 99%. This makes it one of the most effective HIV prevention tools

ever developed.

PrEP does not treat HIV. It is a prevention strategy for people who do not have HIV but may be at risk. It works by maintaining drug levels in the body high enough to block HIV from establishing infection if exposure occurs.

How PrEP Works

The most common form of PrEP is a daily oral tablet containing a combination of two antiretroviral drugs: tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC). This combination is sold under various brand names in Nigeria.

The drugs in PrEP work by blocking reverse transcriptase, an enzyme HIV needs to make copies of itself. When PrEP drug levels are maintained in the body through consistent daily use, any HIV that enters the body is blocked from replicating before it can establish an infection.

Critically, PrEP needs time to build up to protective levels in the body:

For anal sex, PrEP reaches full protective levels after approximately seven days of daily use.

For vaginal sex and injection drug use, PrEP reaches full protective levels after approximately 21 days of daily use.

This means PrEP is not effective as an emergency measure taken immediately before or after exposure. That is what PEP is for.

Long-Acting Injectable PrEP

Injectable PrEP (cabotegravir, brand name Apretude) is a newer form of PrEP given as an injection every two months. Clinical trials showed it is even more effective than daily oral PrEP. Injectable PrEP is approved by the World Health Organization and is becoming available in some settings in Nigeria, though access is still limited. Ask your healthcare provider whether it is available at your facility.

Who Should Consider PrEP?

PrEP is appropriate for HIV-negative people who are at higher risk of HIV infection. This includes:

People who have sex with partners whose HIV status is unknown and who do not consistently use condoms.

People in a relationship with an HIV-positive partner who has not yet achieved undetectable status or whose viral load is unknown.

People who have recently been diagnosed with a sexually transmitted infection, which indicates recent unprotected sex and thus HIV risk.

People who inject drugs and share equipment.

Anyone who feels their current risk level warrants additional prevention beyond condoms alone.

PrEP is not only for people who feel they are in specific risk groups. It is for anyone who wants an additional layer of protection and has discussed it with a healthcare provider. You do not need to justify your decision to take PrEP to anyone.

PrEP Does Not Protect Against Other STIs

This is important to understand. PrEP prevents HIV and only HIV. It does not protect against gonorrhoea, chlamydia, syphilis, hepatitis B, or any other sexually transmitted infection. This is why combining PrEP with regular condom use and regular STI testing is the most comprehensive prevention approach.

CHAPTER 3: ACCESSING PREP IN NIGERIA

PrEP has been available in Nigeria since 2017 through government health programmes. Yet awareness is critically low and access, while improving, is uneven. Knowing specifically how to access PrEP is the difference between knowing it exists and actually being protected by it.

Step-by-Step: How to Start PrEP in Nigeria

Find a facility that provides PrEP. Government hospitals, PEPFAR-supported clinics, and some state-level HIV treatment centres provide PrEP. Search online for PEPFAR-supported facilities near your university or ask at your campus health centre.

Go to the facility and ask specifically for PrEP. Reception or outpatient staff may not proactively mention PrEP, so you need to ask by name. Say: 'I would like to speak to someone about starting PrEP for HIV prevention.'

Receive pre-PrEP counselling. A healthcare worker will discuss your risk level, what PrEP is, how it works, and what to expect.

Take an HIV test. PrEP is only for HIV-negative people. You will need to test negative before starting. The test is simple and the result is available quickly.

Receive additional baseline tests. These typically include a kidney function test and a hepatitis B screening. Most antiretrovirals in PrEP can affect kidney function in some people, so monitoring is important.

Receive your first prescription. Most people start with a 30-day supply and return for monitoring.

Return every three months for monitoring. Regular check-ins include HIV testing (to confirm you remain negative), kidney function monitoring, and STI screening. This is also when you collect your next PrEP supply.

Cost of PrEP in Nigeria

PrEP is subsidised through government health programmes in Nigeria and is often available free of charge at government facilities. There may be nominal fees for some associated tests. Ask your facility specifically what is covered and what costs you may need to pay. Costs should not be a

barrier to accessing PrEP; if the first facility you visit charges amounts you cannot afford, ask about alternatives or contact LUMA for guidance.

What to Bring to Your First PrEP Appointment

A form of identification, such as your student ID, national ID card, or birth certificate.

Any information you have about your recent sexual health history, though you will not be judged for what you share.

Questions you want to ask about PrEP, side effects, or the monitoring process.

Side Effects of PrEP

Most people tolerate PrEP well. Some experience mild side effects in the first few weeks, including:

Nausea or stomach discomfort, usually mild and temporary.

Headaches.

Fatigue.

Loss of appetite.

These side effects typically resolve within the first month. If they are severe or persist, speak to your healthcare provider. In rare cases, PrEP can affect kidney function, which is why regular monitoring is important.

CHAPTER 4: COMPREHENSIVE PREVENTION FOR UNIVERSITY STUDENTS

Sexual Health as Part of Overall Wellbeing

Approaching sexual health thoughtfully is part of taking care of yourself as a whole person. University is often the first time young people are navigating romantic and sexual relationships with real independence, away from family oversight. This can be both liberating and risky.

Thinking about sexual health does not mean being afraid of sex or avoiding intimacy. It means being informed enough to make choices that protect both yourself and the people you are intimate with.

Communication with Partners

Conversations about sexual health, including HIV status, testing history, and prevention preferences, are part of healthy, respectful relationships. These conversations can feel awkward, but they get easier with practice and are worth having.

Ask partners when they last tested for HIV and other STIs.

Share your own testing history.

Discuss your preferences around condom use, PrEP, and testing.

Listen without judgement. Your partner's history is theirs to share on their terms.

Regular STI Testing

HIV prevention is part of broader sexual health. Regular testing for sexually transmitted infections including gonorrhoea, chlamydia, syphilis, and hepatitis B protects your health and your partners. Some STIs increase the risk of HIV transmission if untreated.

If you are sexually active, a full sexual health check-up at least once a year (and every three to six months if you have multiple partners) is good practice. Many of the same facilities that provide HIV testing also provide broader STI screening.

Alcohol, Substances, and Risk

Alcohol and substance use can lower inhibitions in ways that affect sexual decision-making. Research consistently shows that unprotected sex is more likely in the context of alcohol or substance use. This is not a judgement about alcohol or substance use itself; it is a practical consideration for prevention. If you drink, planning ahead, including having condoms available and discussing expectations with a partner before the evening rather than during it, reduces risk.

Addressing Stigma Around Prevention

In some social and cultural contexts in Nigeria, accessing HIV prevention services is itself stigmatising. Students who access HIV testing or PrEP may face assumptions about their sexuality or behaviour. This is unjust, and it is one of the reasons HIV prevention remains underprovided on campuses.

LUMA's status-neutral approach exists specifically to address this. Prevention is for everyone, regardless of HIV status, relationship type, sexuality, or behaviour. Accessing prevention tools is a sign of responsibility and self-respect, not a signal of behaviour to be judged.

CHAPTER 5: PREVENTION AND RELATIONSHIPS

Serodiscordant Relationships

A serodiscordant relationship is one where one partner is living with HIV and one is not. These relationships are common, healthy, and can be navigated safely with the right information.

With U=U, a partner living with HIV who is on effective treatment and undetectable cannot transmit HIV sexually. This fundamentally changes what it means to be in a serodiscordant relationship. For the HIV-negative partner who wants additional reassurance beyond U=U, PrEP provides an extra layer of protection.

Disclosure in Relationships

An HIV-negative person starting a relationship with someone they later discover is HIV-positive, or vice versa, may have strong feelings about this. Working through these feelings is a normal part of navigating a serodiscordant relationship. Resources to support this process include:

Counselling services at HIV treatment facilities.

Peer support through communities like the LUMA Peer Circle.

Open, informed conversations using the framework provided in this guide.

HIV Prevention During Pregnancy

People living with HIV who are pregnant, or who want to become pregnant, can have children with very low or zero risk of passing HIV to their baby. This is achieved through:

Consistent ART for the HIV-positive parent, reducing viral load to undetectable levels.

Specific antiretroviral medication for the baby in the days after birth.

Guidance from healthcare providers on safe feeding options.

For HIV-negative people whose HIV-positive partner wants to try for a pregnancy, conception planning with healthcare provider guidance can identify the safest approach. This is a conversation to have with a specialist.

PREVENTION QUICK REFERENCE

Your Prevention Toolkit

■ Condoms: Use consistently and correctly for HIV and STI prevention

■ PrEP: Ask your nearest government hospital about starting PrEP if you are at risk

■ PEP: Go to a hospital within 72 hours of a potential HIV exposure and ask for PEP

■ Regular HIV testing: Test every 3 to 6 months if sexually active

■ Regular STI testing: Treat this as part of your routine health care

■ Know U=U: Understand that partners on effective ART who are undetectable cannot transmit HIV

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