LUMA RESOURCE SERIES | GUIDE 6

For Allies

How Non-Positive Students Can Actively Support, Advocate, and Break Stigma on Campus

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INTRODUCTION: WHY THIS GUIDE EXISTS

LUMA is built on the status-neutral approach. This means we do not separate the HIV-positive from the HIV-negative. We build one community, informed by the same information, committed to the same dignity for every member.

The status-neutral approach is not just a philosophical position. It is a strategy. HIV stigma is a social phenomenon. It is created, maintained, and replicated by people who are not living with HIV. This means it can only be truly dismantled by those same people.

Students who are not living with HIV make up the majority of every Nigerian university campus. The attitudes they hold, the comments they make or do not make, the way they treat classmates they know or believe to be HIV positive: these are the architecture of campus HIV culture. Positive change requires positive actors.

This guide is for those actors.

CHAPTER 1: UNDERSTANDING STIGMA

What Stigma Is

Stigma is a mark of disgrace or social unacceptability attached to a particular circumstance, quality, or person. HIV stigma is the devaluation, discrediting, and discrimination directed toward people living with HIV and, by extension, those perceived to be associated with HIV risk.

Stigma is not the same as prejudice or discrimination, though it is closely related to both. Stigma operates at multiple levels simultaneously:

Individual level: The beliefs, attitudes, and feelings a person holds about HIV and people living with HIV.

Interpersonal level: How people treat each other based on HIV status, real or perceived.

Institutional level: Policies, practices, and cultures in organisations and institutions that disadvantage people living with HIV.

Social level: The broader cultural norms and values that shape what HIV means in a given society.

Where HIV Stigma Comes From in Nigeria

HIV stigma in Nigeria draws on several interconnected sources:

Early epidemic messaging: When HIV was first identified in the 1980s, public health responses often used fear and blame. This messaging created associations between HIV and moral failure, sexual deviance, and death that persist today despite being scientifically inaccurate.

Religious and cultural frameworks: In contexts where sex outside marriage is morally censured, HIV can be framed as divine punishment. This framing is both theologically debatable and factually wrong: HIV is transmitted in many ways, including from parent to child, through blood transfusions, and through sexual violence.

Misinformation about transmission: Persistent myths about HIV being transmittable through casual contact fuel fear, and fear drives stigma.

Association with death: Despite the revolutionary impact of ART, HIV is still widely associated in public perception with terminal illness and death. This historical association shapes attitudes even when current reality is different.

How Stigma Operates on Campus

On Nigerian university campuses, HIV stigma typically operates through:

Social exclusion: Avoiding or excluding students known or perceived to be HIV positive.

Gossip and rumour: Spreading information or speculation about students' HIV status.

Discriminatory language: Using HIV-related terms as insults, or making jokes that dehumanise people living with HIV.

Peer pressure: Creating social environments where stigmatising behaviour is the norm and non-stigmatising behaviour is seen as deviant.

Silence: Refusing to speak up when stigmatising behaviour occurs, which normalises it.

CHAPTER 2: THE IMPACT OF STIGMA ON STUDENTS LIVING WITH HIV

Understanding the concrete impact of stigma on your classmates who are living with HIV is the foundation of effective allyship. Stigma is not an abstract social problem. It has direct, measurable, often severe effects on the lives of real people.

Mental Health Effects

Research consistently links HIV stigma to significantly higher rates of depression, anxiety, and psychological distress among people living with HIV. For university students, who are already navigating the pressures of academic life, the additional burden of managing a stigmatised identity is substantial.

Specific mental health effects of stigma include:

Chronic stress from the constant vigilance of managing disclosure and anticipating stigmatising responses.

Isolation from authentic social connection, because maintaining relationships involves managing what others know about you.

Internalised stigma: Absorbing society's negative messages about HIV until you begin to believe them about yourself. This is one of the most damaging effects of stigma.

Depression and anxiety rates significantly above those of the general student population.

Effects on Healthcare Access and Treatment

Stigma directly affects whether and how people living with HIV engage with healthcare:

Fear of being seen at an HIV clinic or pharmacy can prevent people from accessing treatment.

Fear of disclosure can prevent people from testing in the first place.

Stigmatising treatment from healthcare workers reduces willingness to engage with health services.

Internalised stigma reduces treatment adherence, as people who have absorbed negative messages about themselves may not believe they deserve to be well.

Effects on Academic Performance

Students living with HIV who are experiencing stigma and its mental health consequences are less able to engage fully with their studies. The cognitive load of managing HIV in a stigmatising environment, dealing with mental health challenges, and attending medical appointments creates a significant disadvantage in academic settings.

Effects on Relationships

Stigma shapes who students living with HIV feel able to be close to, who they can tell the truth to, and how they navigate romantic and sexual relationships. The fear of rejection based on HIV status can make intimacy feel risky and lead to isolation.

CHAPTER 3: WHAT ALLYSHIP ACTUALLY LOOKS LIKE

Allyship is often discussed in abstract terms. This chapter is concrete. What do you actually do?

Start With What You Know

The foundation of allyship is accurate knowledge. You cannot challenge myths you believe yourself. Read the LUMA Campus Truth Series. Read this guide series. Understand the science of HIV transmission, treatment, and U=U. Know the legal rights of students living with HIV. When you encounter misinformation, you need to be confident enough in the facts to challenge it.

Challenge Stigmatising Language and Behaviour

This is often the hardest part of allyship and the most important. Stigmatising language and behaviour in your social circle are not just unkind; they create the environment in which your classmates living with HIV feel unsafe.

When you hear a stigmatising comment or see stigmatising behaviour:

You do not have to make a confrontation of it. A simple, calm, factual response is enough. For example: 'Actually, HIV is not transmitted through casual contact. That's a common myth.'

You can note your discomfort without providing a lecture. 'I don't think that's fair' or 'That's not accurate' shifts the social dynamic without requiring a lengthy debate.

If a direct challenge feels too difficult in the moment, address it with the person privately afterwards.

Consistency matters more than perfection. You will not catch every instance. But doing it regularly changes the culture around you.

Do Not Participate in HIV Gossip

Gossip about a classmate's HIV status, including speculation about whether someone might be HIV positive, is one of the most harmful forms of stigma in university settings. It violates the person's privacy, spreads misinformation, and can cause real psychological harm.

Do not participate in HIV gossip, even passively.

If someone starts sharing information or speculation about a classmate's HIV status with you, it is appropriate to say: 'I don't think we should be talking about this. That's their private health information.'

Do not share or amplify information about someone's HIV status, even if the information comes directly from the person. Disclosure to you is disclosure to you, not permission to tell others.

Respect Disclosure as a Gift

If a classmate or friend discloses their HIV status to you, they are extending a significant act of trust. Respond to that trust with care:

Thank them for trusting you. Disclosure takes courage.

Listen without immediately moving to reassurance or advice. Sometimes people need to be heard before they need solutions.

Ask what kind of support they need. Do not assume.

Do not tell anyone else. Disclosure to you is not permission to tell others. Keeping this confidence is non-negotiable.

Do not treat them differently after disclosure. Continuing to engage normally, without excessive concern or avoidance, is one of the most affirming things you can do.

Educate Without Making It About You

Allyship is about supporting the people you are allied with, not about demonstrating your own enlightenment. When advocating for better HIV awareness on your campus:

Centre the experiences and voices of people living with HIV, not your own advocacy journey.

Amplify existing voices and resources rather than creating new content that may duplicate or unintentionally misrepresent.

Share LUMA's Campus Truth Series, resources, and social media with your network.

Invite classmates to engage with LUMA's materials rather than trying to educate them entirely from your own knowledge.

CHAPTER 4: HAVING DIFFICULT CONVERSATIONS

Conversations About HIV With Peers

Conversations about HIV in peer settings are often driven by misinformation, cultural assumptions, or discomfort. As an ally, you can redirect these conversations without making them confrontational.

When Someone Claims You Can Get HIV from Casual Contact

Response: 'That's not actually accurate. HIV can only be transmitted through specific bodily fluids, like blood or semen. You can't get it from sharing food, using the same toilet, or sitting in the same class. The research is really clear on this.'

When Someone Makes a Stigmatising Comment About HIV Positive People

Response: 'I don't think that's fair. HIV is a health condition. People living with HIV deserve the same respect as anyone else. Making comments like that makes things harder for them and it's based on incorrect assumptions.'

When Someone Asks if You Know Anyone Who Has HIV

Response: 'I don't share people's private health information. But it's worth knowing that most people with HIV look and feel completely normal, especially on treatment. The idea that you can tell is a myth.'

Conversations With Family

Allyship extends beyond campus. When HIV comes up in family conversations, you have an opportunity to challenge misinformation in contexts that may be harder to reach:

Approach family HIV conversations with curiosity rather than confrontation.

Share information rather than delivering judgements.

Acknowledge that misinformation was widely circulated and that changing beliefs takes time.

Share reliable sources including LUMA and official health organisations.

Conversations With Lecturers or University Staff

When a lecturer or staff member makes a stigmatising comment about HIV in class or in a professional context:

You can raise the issue in class if you feel safe doing so: 'I just wanted to note that that information may not be current. Research shows...'

You can speak to the lecturer or staff member privately after class.

You can raise a concern through student feedback mechanisms or the student union.

These conversations are more challenging than peer conversations but carry particular weight because of the platform that lecturers have.

CHAPTER 5: ACTIVE CAMPUS ADVOCACY

Individual allyship in social interactions matters enormously. Systemic change on campus requires collective action. Here are ways to move from individual ally to campus advocate.

Use Your Student Union

Student unions are the primary formal mechanism through which students can influence university policy. As a student who is not living with HIV, you can advocate for HIV-inclusive policies without being associated with having HIV. This matters because it demonstrates to university administration that concern for HIV-related rights and wellbeing is not limited to affected students.

Raise awareness with student union welfare officers about the absence of anti-discrimination policies for HIV-positive students.

Propose that the student union adopt a formal position supporting students living with HIV.

Request that the student union advocate with university administration for better campus health services including HIV testing and PrEP provision.

Organising Campus Awareness Activities

Awareness activities on campus can significantly shift the cultural environment:

World AIDS Day (December 1) is an annual opportunity for HIV awareness events. Plan ahead.

Campus health fairs, orientation events for new students, and departmental seminars are opportunities to integrate HIV information.

Film screenings followed by discussions can be particularly effective for shifting attitudes.

Inviting speakers, including people living with HIV who want to share their experience, can humanise HIV in ways that statistics cannot.

Becoming a LUMA Campus Ambassador

LUMA's Campus Ambassador Programme is open to students regardless of HIV status. Ambassadors are the first LUMA presence on their campuses, spreading accurate HIV information, challenging stigma, and connecting students to LUMA's resources.

As an ambassador who is not living with HIV, you demonstrate concretely that HIV advocacy is not only for people directly affected. This is itself a powerful statement about the status-neutral approach.

Apply at luma.org.ng.

Creating Safe Spaces

A safe space for students living with HIV is not a designated room. It is a social environment in which HIV positive students know they will be treated with dignity, their privacy will be respected, and their humanity will not be reduced to their health status.

You create safe spaces through consistent behaviour: challenging stigma when you encounter it, refusing to participate in gossip, treating classmates you know are living with HIV the same way you treat everyone else.

CHAPTER 6: COMMON BARRIERS TO ALLYSHIP AND HOW TO OVERCOME THEM

Fear of Saying the Wrong Thing

Many people want to be supportive but worry they will say something ignorant, hurtful, or inappropriate. This fear is understandable but should not be paralyzing. Some guidance:

It is better to ask honestly than to avoid engaging. 'I'm not sure what the right words are, but I want you to know I support you' is a perfectly valid thing to say.

If you do say something wrong, apologise simply and without excessive self-flagellation. 'I'm sorry, that came out wrong' and moving forward is more useful than prolonged guilt.

Learning is ongoing. No one has it perfectly right all the time.

Social Cost of Challenging Peers

Challenging a friend or peer group's stigmatising comments or behaviour carries social risks. You may be mocked, dismissed, or temporarily frozen out. This is real and it is unfair.

Some things to hold onto:

The discomfort of challenging stigma is temporary. The harm that unchallenged stigma causes to students living with HIV is ongoing.

Over time, consistent allyship changes the culture around you. People adjust to the reality that you will speak up.

You are not alone. Other people in the room often share your discomfort but have not yet found their voice. Your challenge gives them permission.

Concern About Being Seen as HIV Positive

Some students worry that visible allyship and HIV advocacy will lead others to assume they are HIV positive. This concern reflects how deeply stigmatising campus culture can be. A few thoughts:

If people assume you are living with HIV because you advocate for HIV rights, that assumption reveals more about their stigma than about you.

The more students who are visibly supportive of HIV awareness, the less the assumption that advocacy signals personal status.

Consider whether your discomfort at being mistakenly perceived as HIV positive reflects some residual stigma of your own worth examining.

Not Knowing Enough

You do not need to be an HIV expert to be an ally. You need to know enough to challenge the most common myths and to treat people living with HIV with dignity. The LUMA Campus Truth Series, this guide, and the other guides in the LUMA Resource Series provide a strong foundation. You are not expected to know everything. You are expected to keep learning and to act on what you know.

CHAPTER 7: THE STATUS-NEUTRAL VISION

LUMA's status-neutral approach is the belief that HIV status should be irrelevant to how a student learns, lives, and thrives on campus. Not irrelevant in the sense of pretending it does not exist, but irrelevant in the sense that it does not determine your worth, your access, your relationships, or your future.

This vision is not achievable without allies. It requires a campus culture in which the majority of students, who are not living with HIV, actively refuse to participate in stigma and actively support the dignity and rights of those who are.

That is what this guide is asking of you. Not perfection. Not expertise. Not constant visibility or activism. Simply this: know the facts, challenge the myths when you encounter them, treat every classmate with the dignity they deserve, and be the kind of person that students living with HIV can trust to be safe.

ALLYSHIP IN PRACTICE: YOUR CHECKLIST

Knowledge

- ■ I understand how HIV is and is not transmitted
- ■ I know what U=U means and why it matters
- ■ I know the legal rights of students living with HIV in Nigeria
- ■ I can identify common HIV myths and explain why they are wrong

Behaviour

- ■ I challenge stigmatising comments about HIV when I encounter them
- ■ I do not participate in or amplify HIV gossip
- ■ I treat classmates I know are living with HIV the same way I treat everyone else
- ■ I respect disclosures as private and do not share them without permission
- ■ I use accurate language about HIV (not slurs or stigmatising terms)

Advocacy

- ■ I share LUMA resources with my network
- ■ I have raised or am considering raising HIV inclusion with the student union
- ■ I have considered applying to be a LUMA Campus Ambassador
- ■ I am willing to speak up about HIV in academic and professional settings

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