



**Lawyers Alert**  
...Promoting Human Rights

# NIGERIA: HUMAN RIGHTS VIOLATIONS ASSOCIATED WITH TUBERCULOSIS (TB).



## 2022 - 2023



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# **LAWYERS ALERT**

## **NATIONAL TUBERCULOSIS, LEPROSY, AND BURULI ULCER CONTROL PROGRAMME (NTBLCP)**

### **LAGOS STATE MINISTRY OF HEALTH**



### **WITH SUPPORT OF STOP TB PARTNERSHIP.**



## **MARCH 2024**

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## **FOREWORD**

To my friends at Lawyers Alert, this is a really exciting initiative that we hope can have a meaningful impact.

Stop TB Partnership is committed to supporting countries and communities to reach the Tuberculosis United Nations High-Level Meeting Political Declaration targets and commitments and ending TB by 2030. The Political Declaration calls for a "rights-based" TB response - one that sees an end to stigma and discrimination, is gender-sensitive, meaningfully engages communities affected by TB, and advances equity and social inclusion. All themes that feature in this new tool and assessment report.

Given the commitments on TB and human rights, Stop TB has developed a number of TB Community, Rights, and Gender (CRG) tools to help build evidence in identifying, monitoring, and overcoming human rights and gender-related barriers in the TB response. These tools include the TB CRG Assessment, the TB Stigma Assessment, TB OneImpact Community-led Monitoring, TB key and vulnerable populations (KVP) Size Estimation, the TB Legal Environment and Human Rights Scorecard, TB CRG Costed Action Plan Guidance, and under the leadership of TB people, the Declaration of the Rights of People Affected by TB. All of these tools have been, or currently are, being implemented in Nigeria with the support from the Challenge Facility for Civil Society. This demonstrates the commitment of Nigeria to ending TB and to an equitable, rights-based TB response. Through this work, we have the seven pillars of TB CRG. Accessibility, availability, acceptability, quality; discrimination and equal treatment; health-related freedoms; gender; key and vulnerable populations; participation; and, remedies. This tool helps us to further document, demand, and realise accountability in these important areas of the TB response.

Stop TB applauds this initiative of Lawyers Alert and also recognizes the commitment and leadership of the National TB Program in Nigeria to CRG component of the TB response. This is a tool that can help to ensure people with TB can now and in the future overcome human rights barriers and access TB prevention, diagnosis, treatment, care, and support services throughout the country. Hopefully, this tool also can be adapted and utilized by other Challenge Facility for Civil Society grantees in other countries as well.

Congratulations, and together we can end TB!

James Malar  
StopTB Partnership.

## PREFACE

Tuberculosis (TB) remains a significant global health challenge, affecting millions of people worldwide. Beyond the medical dimensions, TB also intersects with broader human rights issues. Nigeria, like many countries around the world, grapples with the dual burden of tuberculosis (TB) and human rights violations. Despite significant strides in TB control efforts, the intersection of TB and human rights remains a pressing issue in Nigeria. This report delves into the often overlooked aspect of rights violations associated with TB, shedding light on the multifaceted ways in which this infectious disease infringes upon the rights of individuals and communities in Nigeria. From stigma and discrimination to human rights barriers in accessing healthcare, the intersection of TB and human rights unveils a complex web of challenges that demand attention and action.

Often, efforts at ending stigma and discrimination associated with TB are met with challenges, even with the knowledge of the science around its spread. There is no evidence to validate the position of TB advocates and human rights activists on TB violations. So, while we all agree on the human rights violations associated with TB, there is a paucity of data to validate this. It is for this reason that Lawyers Alert, with the support of Stop TB Partnership, is not only monitoring rights violations associated with TB but also documenting this to have evidence to support efforts at ending TB violations and the actualisation of a robust gender and human rights-based TB Response. Producing this very *first report* on TB human rights violations in Nigeria aligns with the Human Rights and Gender Action Plan for Tuberculosis Care and Prevention in Nigeria 2021 – 2025.

Lawyers Alert's documentation process sits on our existing data production structure in other spheres. Lawyers Alert has an online tool, "LadockT", automatically analyses data according to geographic locations (774 LGAs), age, sex, type, etc. This Tool has given us the avenue to produce data in Nigeria on several issues ranging from Sexual and Reproductive Health and Rights (SRHR) to Violence Against Women and Girls (VAWG) to Sexual Minorities and Petty Offenses. In producing the data on TB, LadockT was expanded to also capture human rights violations associated with TB. Violations report came from the six (6) geo-political zones of Nigeria. This accounts for the national spread of the data produced, even though this project is for Lagos and the Federal Capital Territory, Abuja.

In the compilation of findings, the following consequences of TB violations were measured: Emotional and Psychological Abuse, Denial of Sexual Intimacy, Lack of Provision, Denial of Family Life, Unlawful denial of child custody, Loss of Compassion, Denial of Freedom to Associate, Denial of Access to Institution of Learning, Experienced Stigma, Anticipated Stigma,

Internalized Stigma, Limited Physical Access to TB Medication, Denial of Accurate Information on TB Treatment and Services, Denial of Quality Health Care, Breach of Confidentiality, Ostracised from work and public space, Improper Diagnosis and Medical negligence, Unlawful Employment Practices, Denial of Housing or Eviction on grounds of TB Infection, Denial of Adequate Information, Lack of Proper Nutrition, Forced Financial Dependence and Economic Abuse, Lack of Access to TB Diagnosis for Children, and Lack of Access to TB Vaccines.

In this report, Stigma and Discrimination take the lead among other TB violations at 53%. This was closely followed by Broken Conjugal Rights and disruption of family life, which came second at 43%. Violations in Medical and Health Care ranked third at 6%, and Wrongful Social Economic Practices had an insignificant reportage of less than 1%.

In terms of Geo-political Zones with the highest TB violations, the North Central Zone ranked highest at 51%, closely followed by the South West Zone at 21%. The South-South Zone was third at 12%, while the North East and North West were next at 6%, with South East Zone ranking fourth at 4%. For States with the highest violations, the FCT and Benue topped that chart at 22%, closely followed by Lagos State at 12%. Enugu, Bauchi, Nasarawa, Kano, Delta, and Edo came third at 4%. The states with the least reportage at 2% each were Cross River, Ogun, Kaduna, Oyo, Plateau, Ekiti, Gombe, Osun, and Akwa Ibom. At the LGA level, Abuja Municipal ranked highest at 20%, with Guma in Benue State coming second at 14%, Alimosho in Lagos State was third at 8%, and in fourth place was Bauchi LGA in Bauchi State and Bomadi LGA in Delta at 4%. Other LGAs were recorded at 2%, respectively.

The data offered is verifiable, and the report produced is scientific regarding violations associated with TB in Nigeria. The data on TB violations was collated through PATBs, DHDC under the One Impact Project, and our partners working within communities across the Country. The information received was inputted into our Online Tool and analysed accordingly. The data is therefore tested, and the integrity/reliability is hereby assured. As evidenced in this report, interventions for TB can be better informed than when situated against scientific data.

Lawyers Alert acknowledges Stop TB Partnership for believing in and supporting this project. We are indebted to several individuals and organisations, including PATBs, TB Survivors, the National Tuberculosis, Leprosy, and Buruli Ulcer Control Programme (NTBLCP), the Lagos State Ministry of Health, DHDC, etc., who referred cases to us, as their contributions significantly enriched our efforts in populating the Tool.

Lawyers Alert is a human rights organisation that promotes and protects the rights of the poor and vulnerable in society through monitoring and documentation of rights violations of these marginalised populations,

provision of free legal services for them, literacy campaigns, and advocacy on policy and legal issues associated with discrimination of vulnerable groups. We envision a world where women and vulnerable groups are free from injustice.

Rommy Mom  
President, Lawyers Alert

LAWYERS ALERT



## **NIGERIA GENDER AND HUMAN RIGHTS PROFILE IN TB RESPONSE**

The human rights-based TB approach, the basis of Lawyers Alert TB interventions, recognises and upholds the fundamental rights of all people affected by TB, including the right to health, non-discrimination, and participation in decision-making. The approach is founded on the dignity and autonomy of people affected by TB and the critical role they must play in all aspects of the disease response. The violations report that has been captured used community-led monitoring, where partner groups and primary stakeholders were at the forefront of documenting the violations. TB People and PATBs shared experiences and were the primary sources of data collation.

Undoubtedly, Global interventions in TB have evolved from exclusive medical interventions to broader themes focusing on communities, human rights, and gender considerations. Lawyers Alert Community, Rights, and Gender approach is multifaceted as is the practice. It seeks to understand the underlying factors, influences, and impact of rights and gender considerations in the TB response in Nigeria. In carrying out this work, we prioritized the experiences and participation of communities affected by TB, including key and vulnerable populations<sup>1</sup>.

The Nigeria TB situation, as highlighted in the data by Stop TB above, highlights the state and gaps in CRG in Nigeria. These factors significantly influence TB prevention, treatment, and care. The Lawyers Alert report teases the existing human rights violations under the 8 CRG themes.

It is worth noting that Stop TB Partnership conducted assessments of the TB situation in Nigeria in 2017/2018, noting the following CRG gaps.

Accessibility Barriers, Distance, and cost of transportation to clinics make accessing TB services difficult, as unavailability of counselling services, quality issues, acceptability issues, stigmatizing and discriminatory treatment by healthcare workers (HCWs), and, Gender-specific challenges, access to justice for people with TB

This data violation mainly builds on the above using the life experiences of PATBs and the wider community. It is necessary to note that not much has changed from the Stop TB report in 2021 within this scope. The Lawyers Alert 2023 report enriches the findings by providing empirical data on rights violations in other themes incorporating the country's six geo-political zones. While violations can be linked to factors including the existence of laws and

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<sup>1</sup> Health and Human Rights Journal. <https://www.hhrjournal.org/2021/12/building-the-evidence-for-a-rights-based-people-centered-gender-transformative-tuberculosis-response-an-analysis-of-the-stop-tb-partnership-community-rights-and-gender-tuberculosis-assessment/>



policies and access to justice, the analysis of laws is not the report's focus but the live experiences of PATBs using the broader concept of human rights.

This holistic approach, encompassing community engagement, human rights frameworks, and gender-sensitive strategies, is essential for effectively combating tuberculosis (TB). By incorporating the CRG approach into TB interventions, policymakers and healthcare practitioners can address the underlying social, economic, and cultural determinants that fuel the TB epidemic. This strategy recognizes that TB is not solely a medical issue but also a social justice issue, requiring interventions that respect the dignity, autonomy, and rights of individuals and communities.

Furthermore, by incorporating the experiences and voices of those most affected by TB, including marginalised populations such as prisoners, migrants, and people living with HIV/AIDS, interventions can be tailored to address their specific needs and challenges. By adopting a CRG approach, the global response to TB can become more inclusive, equitable, and effective in achieving sustainable TB prevention, treatment, and care outcomes.

According to the USAID's Global Tuberculosis (TB), STRATEGY 2023–2030, individuals with TB have long had to endure societal, cultural, racial, and other forms of stigma, which has led to feelings of rejection, isolation, and psychological co-morbidities. While TB treatment is free in most countries, there are many indirect costs associated with TB diagnosis and treatment (e.g., pre-diagnostic and monitoring tests, palliative medications, transport to facilities, etc.), among others.

## **METHODOLOGY**

Lawyers Alert engaged key sector stakeholders between 2022 and 2023 to map, identify, and define indicators for rights violations on TB. Participants included PATBs, technical experts, human rights actors, lawyers, and civil society organisations alongside the NTBLCP, the TB coordinating body in Nigeria.

The meetings in Abuja and Lagos outlined what constitutes human rights violations associated with TB using real-life scenarios and past reported violations. Subsequently, the Lawyers Alert Documentation Tool, LadockT, for documenting SRHR violations was expanded to capture human rights violations related to TB. LadockT is an online tool that automatically analyses qualitative data according to segments/themes around rights violations, including geographic locations (774 LGAs), age, sex, type, etc.

The personnel on the violations and documentation on the LadockT were trained, and refresher engagements were made to ensure consistency in the data collated. The One Impact platform in Nigeria was key in the collation of

violations, even as Lawyers Alert was delivering free legal services to persons who suffered violations. Engagements with stakeholders such as civil society organizations (CSOs).

## **LIMITATIONS**

The Report of Human Rights Violations Associated with Tuberculosis (TB) in Nigeria is subject to limitations. First, while the work is not conclusive, it contributes to and complements existing work on TB interventions, such as the Global Plan to End TB 2023-2030, the existing suite of TB CRG tools, the TB Stigma Assessment, the TB CRG Costed Action Plan, the TB OneImpact CLM, the TB KVP Size Estimation, and the TB Legal Environment and Human Rights Scorecard.

At the start of the work, PATBs were reluctant to report violations. Lawyers Alert initiated mobilization efforts and conducted meetings to educate PATBs, providing them with confidence and assurance of legal services before they felt comfortable coming forward with violations they experienced.

Geographical spread. While the project locations are Abuja and Lagos, violations were reported from all the states. However, due to Lawyers Alert's inability to verify reports from those locations, the violations analysed were narrowed to the country's six geopolitical zones as samples. This report is a sample and living research contributing to existing tools in TB interventions in Nigeria and globally, and is open to subsequent expansion.

While the violations were collated using a uniform set of qualitative research criteria and case identification indices, some cases cut across many rights violations. For instance, a PATB would report both GBV and discrimination associated with TB.

In certain cases, violations were reported by family members rather than the affected individuals themselves. Consequently, these reports, originating from third parties, sometimes exaggerated or minimized the extent of the violations.

We acknowledge that there is a nexus between HIV and TB, and in some instances, PLHIVs are also affected by TB and consequently suffer violations; the focus of this report is on those who suffer violations as a result of their TB status.

The Lawyers Alert Human Rights Violations Associated with TB is a compilation of human rights violations associated with TB in Nigeria. It analyses qualitative data around key findings on rights violations and the themes around the right to health framework: Availability, accessibility,

acceptability, and quality (AAAQ), Non-discrimination and equal treatment, Health-related freedoms, Gender perspective, TB Key and vulnerable populations, Participation, Remedies and accountability, Social protection, including analysis of rights violations based on geographical, sexual, and social constructs.

## **REPORT FINDINGS**

### **Availability, Accessibility, Acceptability, and Quality (AAAQ)**

The report findings reveal that PATBs' accessibility to healthcare facilities remains a significant concern, particularly for Key Vulnerable Populations (KVPs). Despite the availability of services, physical accessibility and ease of reach without significant transport expenses, especially for KVPs, pose challenges in ensuring timely diagnosis and treatment. AAAQ is also impacted by discrimination of PATBs by family members who are not supportive and healthcare facilities that restrict clinic days to specific days of the week.

### **Non-discrimination and equal treatment**

Stigma and Discrimination against Persons Affected by TB (PATBs) and TB survivors constitute 53% of reported incidents of rights violations associated with TB. This prevalent issue stems from various factors. There is a widespread lack of understanding among the general populace regarding TB, including its causes, modes of transmission, and appropriate treatment methods. This ignorance often leads to unfounded fears and misconceptions, which fuel stigma and discrimination against individuals affected by TB. Furthermore, socioeconomic factors such as poverty, overcrowded living conditions, and limited access to healthcare exacerbate the situation, making it harder for affected individuals to seek timely diagnosis and treatment.

Cultural beliefs and practices are also reported as significant factors in perpetuating the stigma surrounding TB. In those societies, TB is associated with notions of impurity or moral failing, leading to ostracisation and discrimination against PATBs and TB survivors. The lack of confidentiality and privacy in healthcare settings, including the segregation of PATBs from other patients and feelings of shame and isolation among affected individuals, compound the issues.

### **Health-Related Freedoms**

Medical and healthcare care violations ranked third at 6%. This encompasses privacy, confidentiality, and ill-treatment of PATBs. Practices such as segregating PATBs in healthcare facilities compromise their rights and perpetuate stigma and discrimination. Intensified advocacy efforts are

necessary to end discriminatory practices and ensure equitable access to healthcare services for all individuals affected by TB.

### **Gender Considerations**

Gender considerations play a significant role in understanding TB violations and how the treatment regime works in gender diversities. Women face additional challenges due to traditional roles and economic dependencies. The report revealed a 41% gender implication, especially as it affects women. There is reported a reduction of earnings exacerbated financial problems, and subsequent marital breakdown in some instances.

The gender perspectives and dimensions are far-reaching. The data revealed that the psychological toll on PATBs and dependents resulted in broken conjugal rights, disruptions in family life, and strained relationships with family members due to the fear of transmission, leading to feelings of rejection and isolation.

All genders reported economic consequences of loss of employment opportunities resulting from TB.

The absence of a full spectrum of gender-sensitive TB programming and interventions is an area that needs the development of targeted interventions that address the specific needs of different gender groups affected by TB.

### **Key Vulnerable Populations (KVPs)**

Key Vulnerable Populations (KVPs), including prisoners and individuals living with HIV/AIDS, reported significant barriers to accessing (TB) diagnosis and treatment, exacerbating their risk of infection and hindering their healthcare access. The existing interventions and structures do not factor in the key vulnerable populations, especially PLWDs. The category of data revealed limited AAAQ service.

The data also reveal an inadequate TB services within prisons and discriminatory practices within healthcare facilities deter KVPs from seeking care. Additionally, the lack of informed consent and awareness of patient rights violations undermine treatment adherence and outcomes, with some jurisdictions even criminalising TB non-adherence.

To address these violations, a comprehensive approach involving governments, healthcare providers, and civil society is imperative to ensure equitable access to TB services, eliminate stigma, and uphold the rights and dignity of all TB patients, particularly KVPs.

## **Participation**

TB survivors played a vital role in compiling the violations related to TB, ensuring that the report reflects their firsthand experiences and challenges. Including TB survivors in the process made the report more inclusive and representative, leading to more informed strategies for addressing violations and improving outcomes. The One impact platform in Nigeria was a source of data and a vent to provide free legal services to PATBs.

## **Remedies and Accountability**

The report revealed that PATBs do not have adequate access to justice and legal services and that there is limited information where such exists. The Nigeria legal framework does not make room for confidence in the process. High cost of legal fees, long and tortuous trials, non-availability of TB-specific laws, etc., hinder remedies and accountability for TB rights violations.

### **1. Lawyers Alert Response/ Approach to reported cases**

As a legal-based organization dedicated to legal representation, Lawyers Alert provides free legal services to persons affected by tuberculosis (PATBs) who report and consent to representation. For PATBs who report violations but are unwilling to pursue legal action or continue treatment due to the timing of the incident, Lawyers Alert offers sensitization, advice, and referrals to medical facilities while assuring them of free legal representation for future occurrences.

## **ANALYSIS OF HUMAN RIGHTS VIOLATIONS ASSOCIATED WITH TB**

### **Findings Based on Types of Violations**

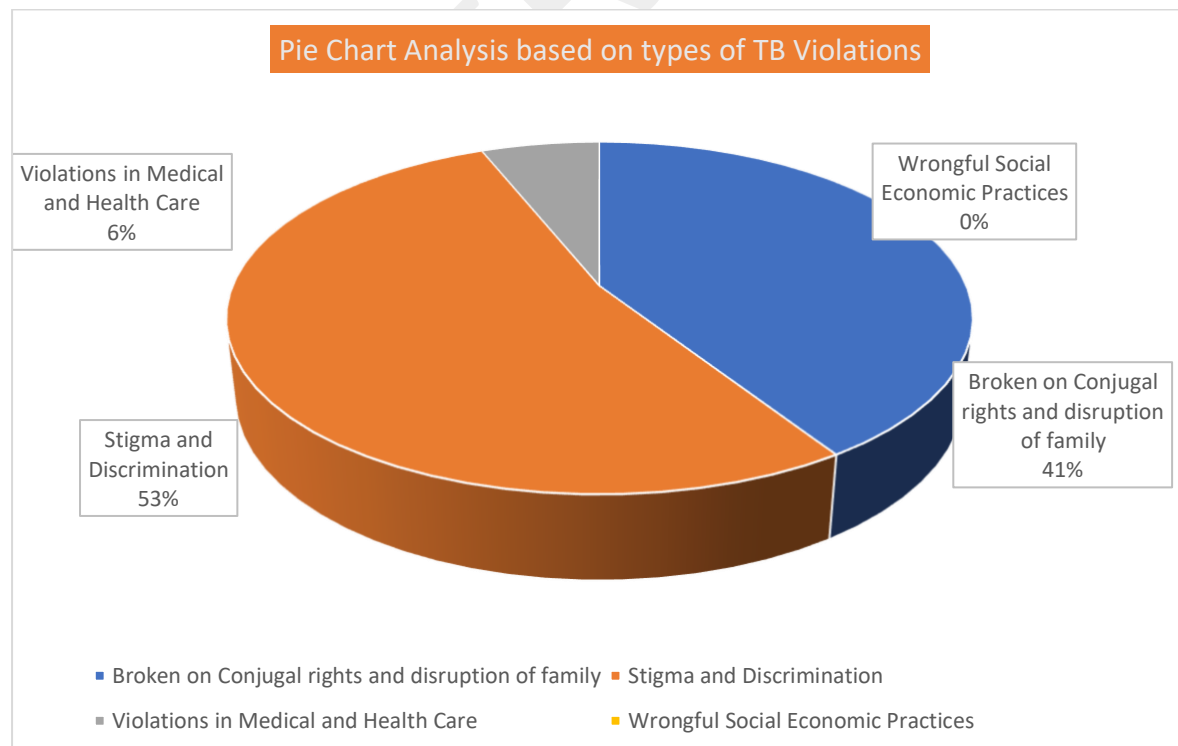
This report on TB violations was based on the mutually endorsed violations by PATBs, TB Survivors, State Programs, NTBLCP, Civil Society Groups, and Activists dedicated to addressing stigma and discrimination for PATBs in Nigeria. Documentation was therefore focused on:

- Broken Conjugal rights and disruption of family life.
- Stigma and Discrimination.
- Violations in Medical and Health Care.
- Wrongful social economic practices.

On the above listing, Stigma and Discrimination ranked the highest, accounting for 53% of total reported incidents of TB violations. The reason for this is not farfetched. It can be attributed to the limited understanding among the general populace on TB, its causes, transmission, and treatment; poverty, overcrowded living conditions, and poor access to healthcare; cultural beliefs and practices; and the lack of confidentiality and privacy arising from the separation of PATBs from other service users in hospitals, amongst others. It

is, therefore, not surprising that Stigma and Discrimination against PATBs and TB survivors rank highest in this reporting period. Broken Conjugal rights and disruption of family life follow closely at 41%. This could be a result of the psychological impact of stigma associated with TB, which strains family relationships and the ability to cope with the illness. It results from economic consequences resulting in the loss of employment by PATBs owing to stigma and discrimination, which reduces potential earnings, exacerbates financial hardship, and the eventual separation. Lastly, partners of PATBs' refusal to engage in intimate activities for fear of transmission strains marital relationships and leads to feelings of rejection and isolation. Violations in Medical and Health Care ranked third at 6%. Reported violations in this instance were largely related to privacy, confidentiality, and ill-treatment. In some facilities, PATBs are attended to on specific days and in specific locations. What this implies is that everyone who visits that zone within the facility on a specific day and time is either a PATB or a TB survivor. Advocacy engagement needs to be intensified to end this so that PATBs and TB survivors are free to visit facilities, receive medications, and live healthy lives as others without TB. Wrongful Social Economic Practices ranked fourth with an insignificant reportage of less than 1%. This thought experienced by PATBs was largely underreported given that PATBs believe that if stigma and discrimination, medical violations, etc., are addressed, they will have an enabling environment to fend for themselves and earn a living.

The charts below reflect the above;



*Fig 1: Pie Chart analysis of TB violations.*

### Geo-Political Zones with the Highest Violations.

This report encompasses the entirety of Nigeria, as the online documentation tool efficiently captures all States spanning the six geo-political zones of the Country. In this reporting period, the North Central Zone ranked highest at 51%. The North Central Zone, referred to as the Middle Belt, comprises the following States – Benue, Kogi, Kwara, Nasarawa, Niger, Plateau, and the FCT. The South West Zone, which consists of Lagos, Ekiti, Ogun, Ondo, Osun, and Oyo States, ranked second at 21%. The South-South Zone came third at 12% and encompasses the following States – Akwa Ibom, Bayelsa, Cross River, Delta, Edo, and Rivers. The North East and North West Zones were fourth at 6%, respectively. States in the North East are Adamawa, Bauchi, Gombe, Taraba, and Yobe, while states in the North West are Jigawa, Kaduna, Kano, Katsina, Kebbi, Sokoto, and Zamfara. The zone with the least reportage in this reporting period is the South East Zone at 4%. States within the zone are Abia, Ebonyi, Anambra, Enugu, and Imo.

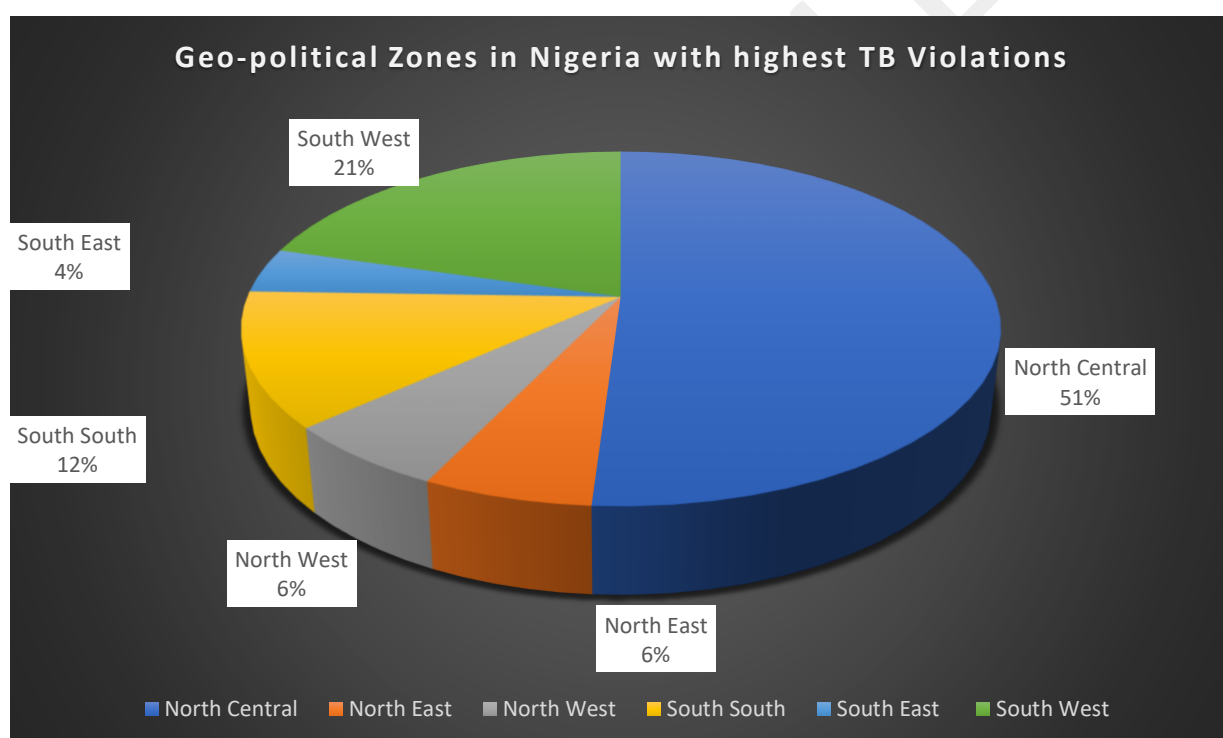


Fig 2: Pie Chart analysis of Geo-Political Zones with the highest TB violations.

### States with the Highest Violations.

While this project is situated in 2 states within Nigeria, i.e. Lagos and the FCT, the data gathered reflects a broader national picture. In this reporting period, FCT and Benue emerged first, accounting for 22% of TB violations reported. Following closely is Lagos State at 12%. Enugu, Bauchi, Nasarawa, Kano, Delta, and Edo states ranked third at 4%, respectively. The following states – Cross River, Ogun, Kaduna, Oyo, Plateau, Ekiti, Gombe, Osun, and Akwa Ibom, had the least reportage at 2% each.



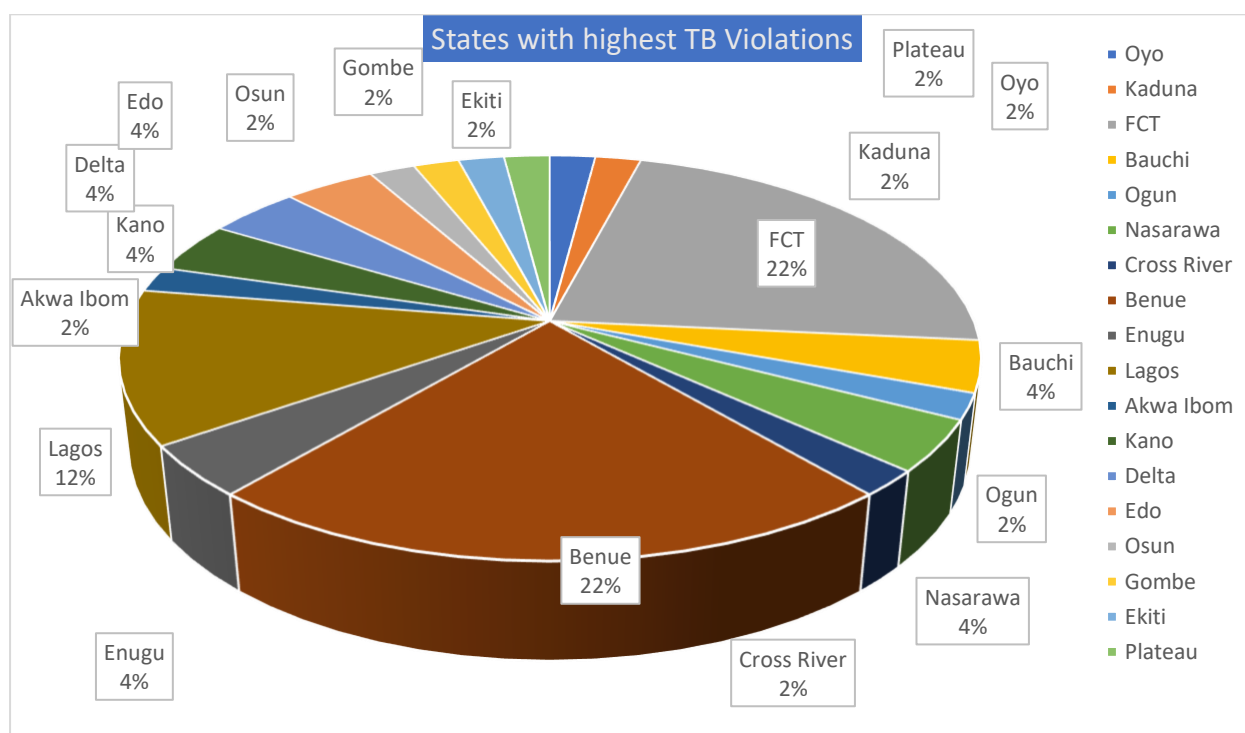


Fig 3: States with the highest TB Violations

### Violations Based on Local Government Areas (LGAs).

Violations across LGAs were not restricted to LGAs of project states but covered the entire 774 LGAs of Nigeria. In this reporting period, the Abuja Municipal Area Council (AMAC) in the Federal Capital Territory (FCT) ranked highest with 20%. Guma LGA in Benue State came second at 14%. Alimosho LGA in Lagos State ranked third with 8%. Bauchi LGA in Bauchi State and Bomadi LGA in Delta ranked fourth at 4%, respectively. Iseyin LGA in Oyo State; Kagarko LGA in Kaduna State; Ifo LGA in Ogun State; Karu and Toto LGAs in Nasarawa State; Obubra LGA in Cross River State; Okpokwu, Makurdi, Kwande, and Gwer West LGAs in Benue State; Nsukka and Aninri LGAs in Enugu State; Kosofe and Epe LGAs in Lagos State; Etinan LGA in Akwa Ibom State; Dala and Garum LGAs in Kano State; Oredo and Ikpoba LGAs in Edo State; Ila LGA in Osun State; Dukku LGA in Gombe State; Kuje Area Council in the FCT; Ikere LGA in Ekiti State; and Mangu LGA in Plateau State, were all documented at 2% respectively.

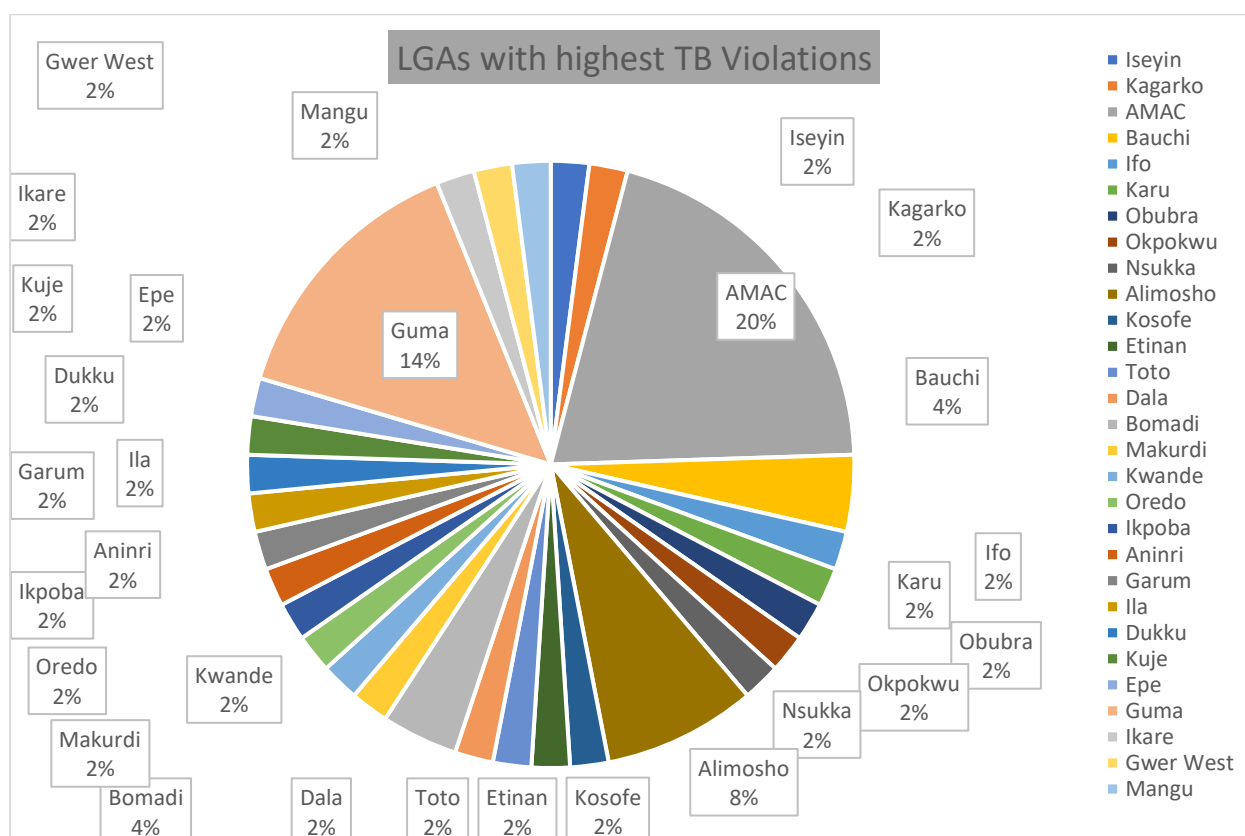


Fig 4: LGAs with the highest TB Violations

## Perpetrators of TB Violations

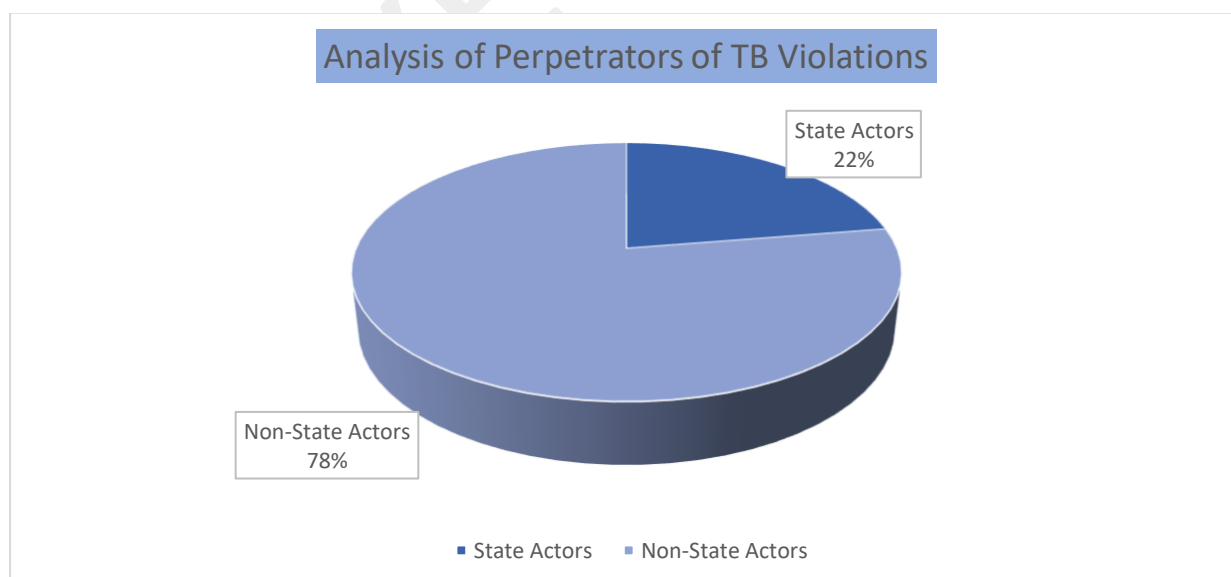


Fig 5: Analysis of Perpetrators of TB Violations

From the above analysis, Non-State Actors ranked first at 78%. This encompassed spouses, family members, landlords, private employers of labour, etc. The stigma of PATBs within the domestic space calls for further

enlightenment and literacy on TB science. State Actors, which include Medical Care Givers, Nurses, Schools, etc., ranked second at 22%. There is also the need to further enhance the knowledge of State Actors on the rights of PATBs and TB survivors in Nigeria.

### Types of Perpetrators of TB Violations

The chart below further breaks down the types of State and Non-State perpetrators of TB violations. In this reporting period, violations within the Family ranked first at 29%. This is closely followed by male spouses, i.e. Husbands at 21%. Even though Males have the highest TB prevalence, it is worrying that they are the top perpetrators of TB violations. Violations from Medical Caregivers were reported at 16%, with Nurses at 4%, and a collective total of 20% within the confines of medical treatment. The overall implication of this is an increase in further harm with PATBs stopping treatment. Employers of labour is at 12%, further stretching thin the ability of PATBs to live quality lives. Violations from Fathers and Wives were captured at 4% respectively. Violations from Schools, Children, Friends, and Neighbours were recorded at 2% each. In addressing discrimination and stigma with regard to TB, it is important that we intensify our awareness campaigns, especially at grassroots and domestic levels, and engage medical facilities to sustain the gains made so far.

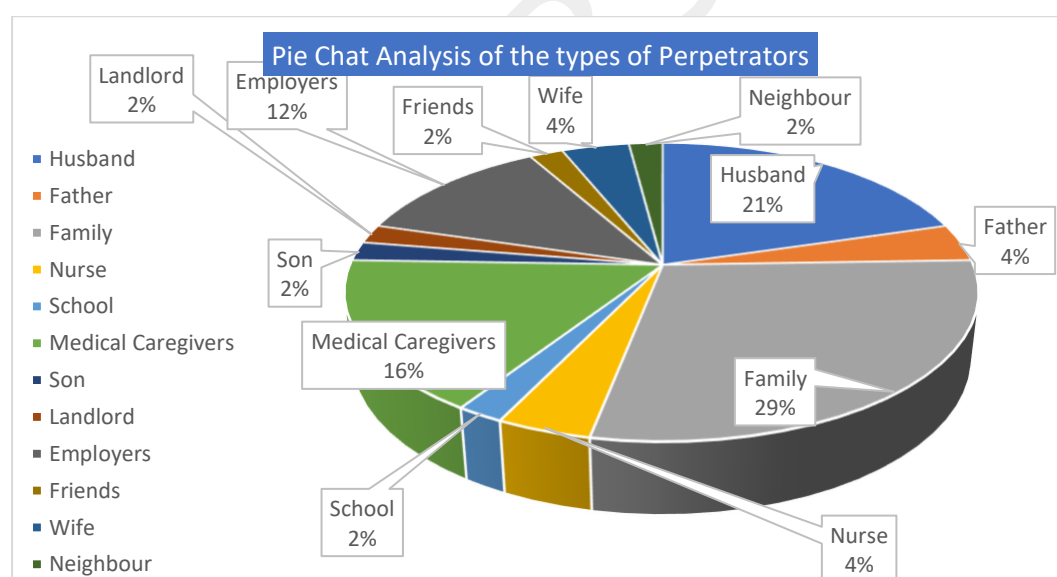
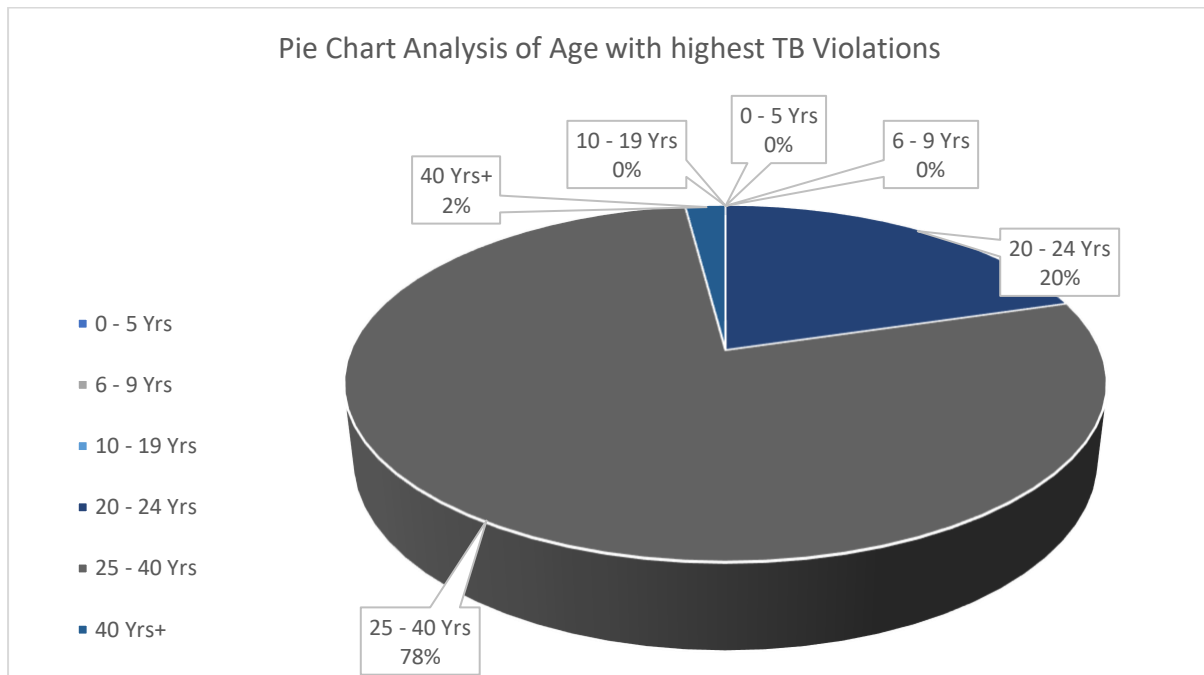


Fig 6: Analysis of Types of Perpetrators of TB Violations

### Violations Based on Age

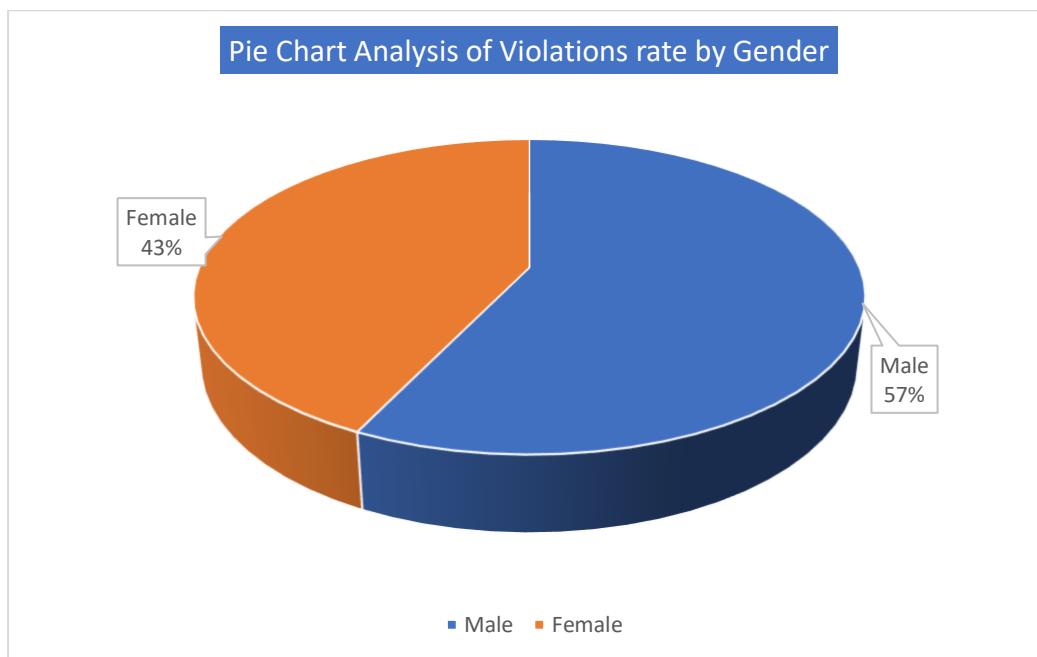
The pie chart below provides a breakdown by age, illustrating that the highest incidents of TB violations occur in the 25-40 years group, accounting for 78%. The 20 – 24 years age bracket follows closely behind at 20%, while the 40 years + ranks third at 2%. The age bracket of 40 years+ comes in fourth at 9%. The 0-5, 6-9, and 10 – 19 years groups had an insignificant reportage at less than 1%.



*Fig 7: Age with the highest TB violations.*

### **Violations Based on Gender**

The pie chart in figure 8 reflects incidents of TB violations by gender, demonstrating a higher occurrence among males than females. Specifically, male TB violations in this report accounted for 57% of the total, with female TB violations recorded at 43%. The potential reasons for the elevated male violation rate may include differences in occupational exposure, healthcare-seeking behaviour, societal roles, or biological susceptibility.



*Fig 8: Gender with the highest TB violations.*

### Impact of Violations

The chart below provides an overview of the consequences of violations related to TB as captured. Emotional & Psychological Abuse and Experienced Stigma ranked highest at 13%, respectively, closely followed by Anticipated Stigma at 12%. Loss of Compassion ranks third at 11%, while Denial of Freedom to Associate and Internalized Stigma follows at 9%. Denial of Family Life ranked fifth at 8%, with Denial of Housing or Eviction on the grounds of TB Infection at 4%. Denial of Sexual Intimacy, Lack of Provision, and Denial of Quality Health Care are all reported at 3%, respectively. Limited Physical Access to TB Medication, Denial of Accurate Information on TB treatment & services, Ostracised from work and public space, and Lack of Access to TB Vaccines each stand at 2%, respectively. Improper Diagnosis & Medical Negligence, and Unlawful Employment Practices are recorded at 1%. Breach of Confidentiality, Forced Financial Dependence, & Economic Abuse both had an insignificant amount of less than 1%.

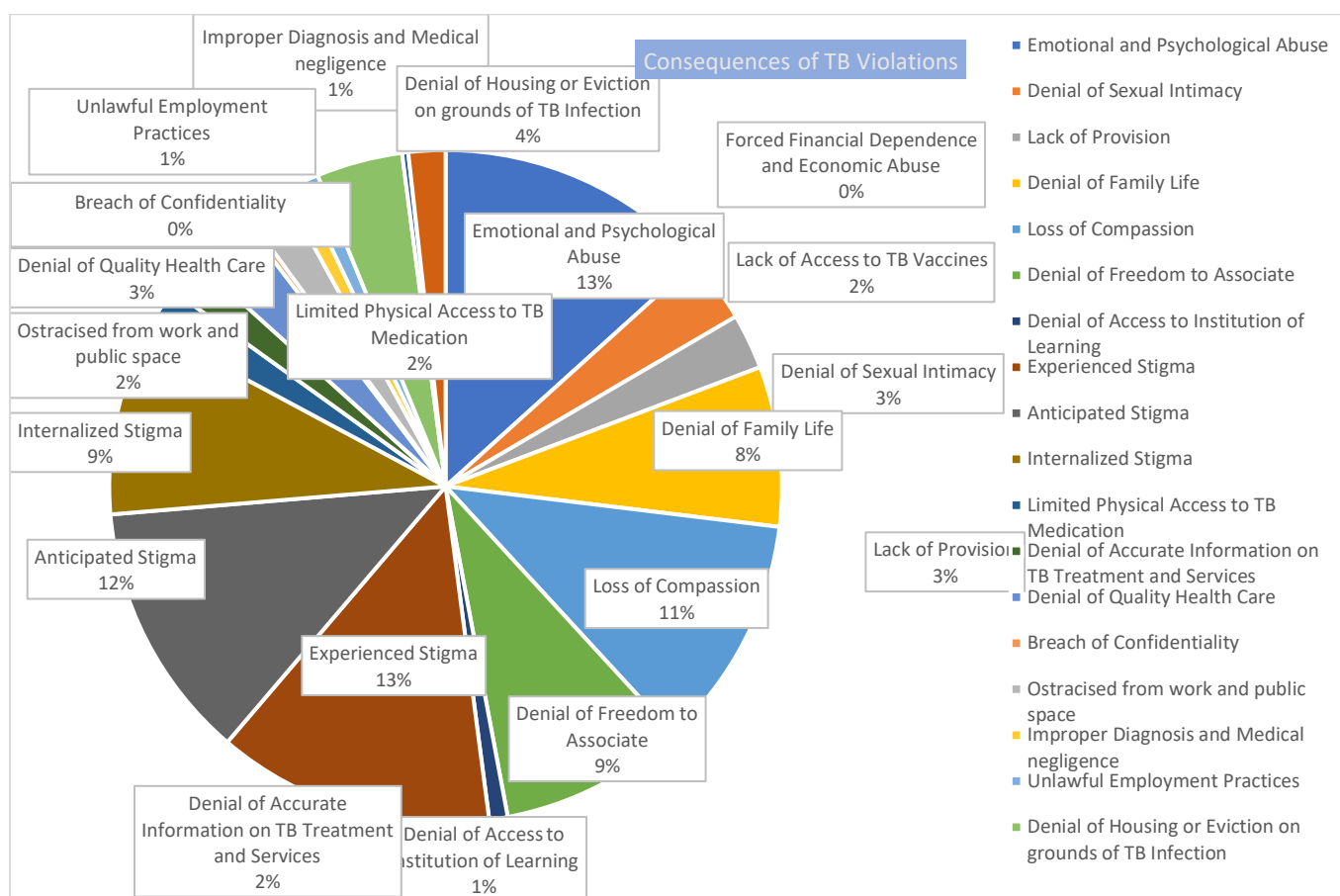


Fig 9: Consequences of TB Violations

### Emotional and Psychological Impact

The data provided above sheds light on the profound emotional and psychological toll inflicted by TB violations, particularly through the lens of stigma and discrimination. With stigma and discrimination representing the predominant violation, individuals facing TB-related challenges confront not only the physical burden of the illness but also the weight of societal judgment and marginalization. This pervasive stigma is a contributory factor to the heightened levels of emotional and psychological distress, eroding self-esteem and exacerbating feelings of isolation and shame.

Broken conjugal rights and disruption of family life potentially fracture familial support networks crucial for mental well-being, further exacerbating the psychosocial impact of TB-related discrimination. These adverse experiences significantly impact mental health, exacerbating conditions such as anxiety, depression, and post-traumatic stress disorder, all contributing to further harm and non-treatment adherence.

The emotional and psychological impact of TB violations on PATBs requires priority to enhance quality of life. In addressing these challenges, a holistic approach encompassing not only medical interventions but also psychosocial support be introduced to combat stigma at both individual and societal levels fostering resilience and recovery.

## **RECOMMENDATIONS**

Below are the following recommendations that NTBLCP, State Programs, CSOs, etc. can adopt to strengthen efforts at ending stigma and discrimination associated with TB:

1. Community-Led Monitoring and Engagement – Actors working within this sector should be intentional in encouraging community-led monitoring initiatives. This entails empowering PATBs to continually document, share experiences, and more importantly actively participate in decision-making processes related to TB interventions.
2. Capacity Building and Sensitization – All actors need to prioritize capacity-building efforts to enhance the knowledge of healthcare workers, community members, and the citizenry to reduce TB violations. Sensitization campaigns should focus on debunking myths, stigma reduction, and inclusivity in TB prevention, treatment, and care. This will in turn lead to a surge in PATBs freely visiting medical facilities, receiving/adhering to treatment, and reporting violations when they occur.
3. Policy and legal reforms – Actors should advocate for a TB-specific law or reforms that protect the rights of PATBs. Laws should be enacted to prohibit discrimination, enhance access to justice, and provide remedies for rights violations. Actors should also advocate for the integration of human rights and gender perspectives into existing health policies that apply to TB, to address other determinants exacerbating TB violations.
4. Advocacy Engagement – Actors to develop a joint advocacy plan with strategies developed to strengthen health systems to improve the availability, accessibility, acceptability, and quality of TB services.
5. Monitoring and Evaluation – Actors need to develop a joint robust monitoring and evaluation framework to track progress, identify gaps, and measure the impact of interventions aimed at addressing human rights violations associated with TB.

## **CONCLUSION**

The violation analysis, as captured above, is the representation of documented incidents from the period of February 2023 to March 2024. While it may not be entirely inclusive of the entire Country, it is certainly accurate,



credible, and a valid representation of the state of human rights violations associated with TB in Nigeria. It is also important to note that the data presented in this report is exclusively based on data obtained from the online portal (Lawyers Alert Documentation Tool "LadockT"). By uncovering these violations, Lawyers Alert firmly believes that these scientific findings will serve as a huge resource for evidence-based advocacy efforts to end stigma and discrimination for PATBs and TB Survivors in Nigeria. It is also hoped that this data will pave the way towards a more inclusive, rights-based approach to TB prevention, treatment, and care, ensuring that TB programming would be geared towards actualising a robust gender and human rights-based TB Response.