

Prevalence, Attitudes, and Willingness Towards Tuberculosis Testing Among the Market Women of Karu Local Government Area, Nasarawa State, Nigeria

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ABSTRACT

Introduction: Tuberculosis (TB) is a major public health challenge in Nigeria, caused by *Mycobacterium tuberculosis*. It primarily affects the lungs and spreads through airborne transmission. Market women in Karu are highly vulnerable due to overcrowded workspaces, poor ventilation, limited healthcare access, and lack of health education. Stigma and misconceptions around Tuberculosis can discourage healthcare-seeking behavior. Understanding the prevalence, attitudes, and willingness towards Tuberculosis testing among market women is crucial for informing targeted interventions. This study aimed to: Assess prevalence of suspected Tuberculosis cases among market women. Explore market women's attitudes toward Tuberculosis. Assess willingness to be tested for Tuberculosis. Identify barriers to Tuberculosis diagnosis and treatment. Recommend strategies to improve awareness, screening, and Tuberculosis uptake.

Methodology: A descriptive cross-sectional survey was conducted among 423 market women using interviewer-administered questionnaires. Masaka Market was randomly selected from 10 markets in Karu LGA, Nasarawa State, through simple random sampling. Data analysis involved descriptive statistics and chi-square tests to identify associations between key variables.

Results: Prevalence (TB Diagnosis/Testing): Only 4.3% had been diagnosed; 8.7% had ever been tested. Attitudes: 51.1% had positive attitudes; 48.9% expressed stigma and shame. Willingness to Test: 73.3% were willing, rising to 78.3% if testing was free. Only 30% would test without symptoms; 35.2% were willing to pay.

Barriers: High cost (76.4%), fear of discrimination (70%), and stigma (91.3%).

Influences: Age and education significantly affected attitude ($p = 0.011$, $p = 0.016$). Conclusion: Low formal Tuberculosis diagnosis despite high Tuberculosis related symptoms. Stigma, financial barriers, and limited access were major challenges to testing.

Recommendations: Intensify Tuberculosis education, reduce stigma, and offer free/subsidized diagnostic services to improve early detection and lower Tuberculosis burden.

