ISSN (ELECTRONIC): 2945-3135

Anita Sudam Kale & Pandurang Shivram Patil (2026). Study on Evaluating the Efficacy of Community-Based Advocacy, Communication and Social Mobilization (ACSM) Activities for Tuberculosis Prevention in Maharashtra. International Journal of Multidisciplinary Research & Reviews, 5(7),226-238.

INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY RESEARCH & REVIEWS

journal homepage: www.ijmrr.online/index.php/home

STUDY ON EVALUATING THE EFFICACY OF COMMUNITY-BASED ADVOCACY, COMMUNICATION AND SOCIAL MOBILIZATION (ACSM) ACTIVITIES FOR TUBERCULOSIS PREVENTION IN MAHARASHTRA

Anita Sudam Kale[1] & Dr. Pandurang Shivram Patil[2]

[1]Research Scholar – (K. B. C. N. M. U. Jalgaon)

[2]Research Guide - (K. B. C. N. M. U. Jalgaon)

How to Cite the Article: Anita Sudam Kale & Pandurang Shivram Patil (2026). Study on Evaluating the Efficacy of Community-Based Advocacy, Communication and Social Mobilization (ACSM) Activities for Tuberculosis Prevention in Maharashtra. International Journal of Multidisciplinary Research & Reviews, 5(7),226-238.

https://doi.org/10.56815/ijmrr.v5i7.2026.226-238

Keywords	***Abstract***
Tuberculosis, ACSM, NTEP, Community Participation, Health Communication, Maharashtra.	Tuberculosis (TB) remains one of India's leading public health challenges despite the implementation of the National Tuberculosis Elimination Programme (NTEP). Advocacy, Communication and Social Mobilization (ACSM) has emerged as an important strategy for increasing awareness, reducing stigma, promoting early diagnosis, and improving treatment adherence. The present study evaluates the efficacy of community-based ACSM activities for TB prevention in Maharashtra. A descriptive cross-sectional research design was adopted using structured questionnaires administered to community members and stakeholders. The study assessed knowledge regarding tuberculosis, awareness of ACSM interventions, communication effectiveness, behavioural changes, stakeholder participation, programme reach, and barriers affecting TB prevention. Findings indicate that ACSM activities have significantly improved community awareness regarding TB symptoms, diagnosis, treatment, and

Anita Sudam Kale & Pandurang Shivram Patil (2026). Study on Evaluating the Efficacy of Community-Based Advocacy, Communication and Social Mobilization (ACSM) Activities for Tuberculosis Prevention in Maharashtra. International Journal of Multidisciplinary Research & Reviews, 5(7),226-238.

	preventive practices. However, misconceptions regarding ACSM objectives, persistent stigma, socioeconomic barriers, and inadequate healthcare accessibility continue to hinder programme effectiveness. Community participation, culturally appropriate communication, and multi-sectoral collaboration were identified as critical determinants of successful implementation. The study recommends strengthening community engagement, expanding digital and interpersonal communication strategies, improving frontline health worker training, and establishing robust monitoring and evaluation mechanisms to achieve India's TB elimination goals.

1. Introduction

Tuberculosis continues to be one of the world's most significant infectious diseases. According to the World Health Organization (WHO), India accounts for the highest burden of tuberculosis globally. Despite free diagnosis and treatment services under the National Tuberculosis Elimination Programme (NTEP), several barriers such as delayed diagnosis, stigma, poor awareness, and treatment interruption continue to affect disease control.

Advocacy, Communication and Social Mobilization (ACSM) was introduced as an important public health strategy to improve awareness, encourage early diagnosis, promote treatment adherence, and mobilize community participation. Maharashtra, being one of India's largest states, has implemented various ACSM activities through community health workers, NGOs, local self-government institutions, educational campaigns, and mass media.

Evaluating the effectiveness of these interventions is essential to improve programme implementation and contribute towards India's target of eliminating tuberculosis by 2025.

2. Objectives of the Study

The study aimed to:

- Evaluate the effectiveness of community-based ACSM activities for TB prevention.
- Assess community awareness regarding tuberculosis.
- Measure behavioural changes resulting from ACSM interventions.
- Identify barriers affecting TB prevention.
- Evaluate stakeholder participation.

Recommend strategies for strengthening ACSM implementation.

3. Research Questions

1. How effective are ACSM activities in increasing TB awareness?
2. Do ACSM activities influence behavioural change?
3. What barriers affect TB prevention?

Anita Sudam Kale & Pandurang Shivram Patil (2026). Study on Evaluating the Efficacy of Community-Based Advocacy, Communication and Social Mobilization (ACSM) Activities for Tuberculosis Prevention in Maharashtra. International Journal of Multidisciplinary Research & Reviews, 5(7),226-238.

4. Which communication methods are most effective?
5. How does community participation influence programme success?

4. Hypotheses

H1: ACSM activities significantly improve community awareness regarding tuberculosis.

H2: ACSM interventions positively influence behavioural change.

H3: Community participation significantly improves ACSM effectiveness.

H4: Socioeconomic barriers negatively affect TB prevention.

5. Review of Literature

The WHO End TB Strategy emphasizes community engagement and communication as key components for tuberculosis elimination. Previous studies by Kaur et al. (2020), Sharma and Gupta (2021), and Central TB Division reports indicate that ACSM interventions improve awareness and treatment adherence while reducing stigma. However, literature also identifies persistent challenges related to poverty, healthcare access, misinformation, and inadequate stakeholder coordination.

6. Research Methodology

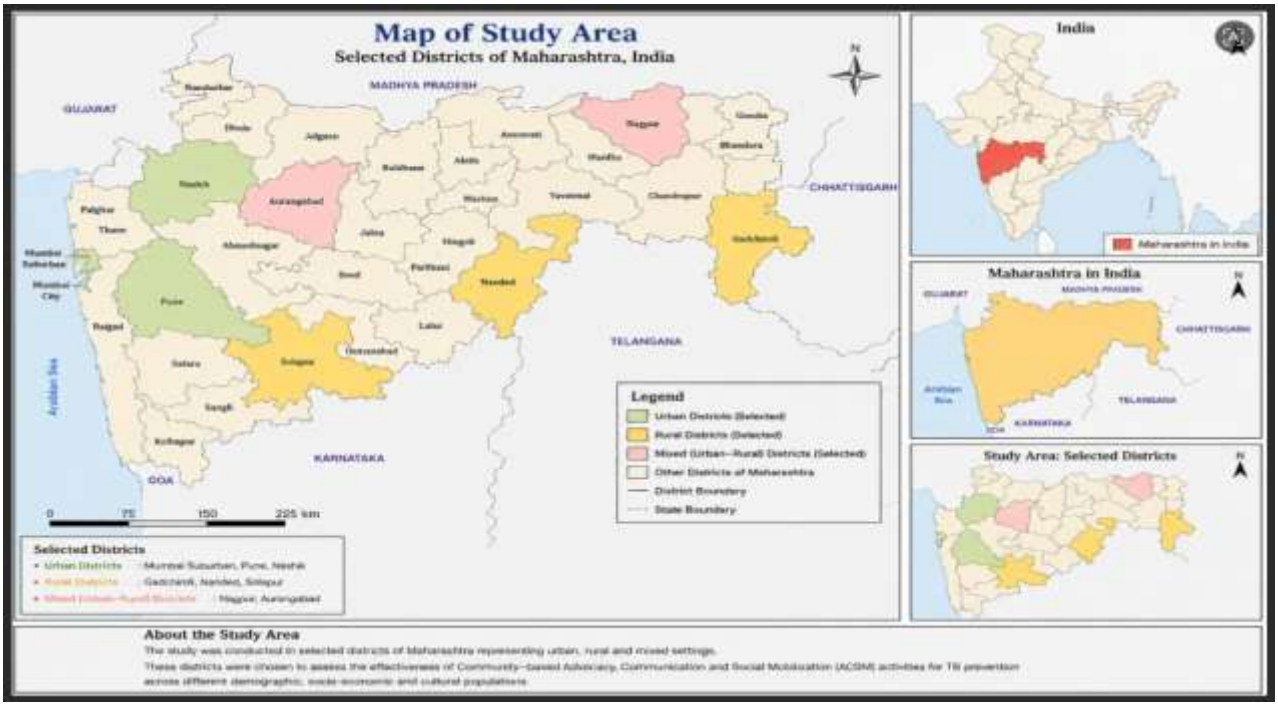
Research Design

The present study adopted a descriptive cross-sectional survey research design to evaluate the efficacy of community-based Advocacy, Communication and Social Mobilization (ACSM) activities for tuberculosis (TB) prevention in Maharashtra. A descriptive research design was considered appropriate because it enables the systematic collection and analysis of information regarding the existing level of awareness, perceptions, attitudes, behavioural changes, and community participation related to ACSM interventions. The cross-sectional approach facilitated the collection of data from respondents at a single point in time, thereby providing a comprehensive overview of the current status and effectiveness of ACSM activities. This design also allowed the researcher to identify associations between community awareness, communication strategies, and TB prevention practices without manipulating any study variables.

Study Area

The study was conducted in selected districts of Maharashtra, one of the largest states in India with diverse geographical, socio-economic, and cultural characteristics. Maharashtra has implemented various tuberculosis control initiatives under the National Tuberculosis Elimination Programme (NTEP), including community-based ACSM interventions through government health institutions, Accredited Social Health Activists (ASHAs), Non-Governmental Organizations (NGOs), and community-based organizations. The selected districts represented both urban and rural settings, enabling the researcher to assess the effectiveness of ACSM activities across different demographic

and socio-economic populations. The study area was selected to obtain a comprehensive understanding of community engagement and TB prevention efforts in varied healthcare settings.



Study Population

The target population comprised individuals and stakeholders directly or indirectly involved in tuberculosis prevention and community health promotion. The study included community members, Accredited Social Health Activists (ASHA workers), healthcare professionals, representatives of Non-Governmental Organizations (NGOs), and local community leaders. Community members were included to assess awareness, attitudes, and behavioural changes resulting from ACSM activities, while ASHA workers and healthcare professionals provided valuable insights into programme implementation and service delivery. NGO representatives and community leaders were included because of their significant role in advocacy, social mobilization, and community participation in tuberculosis prevention programmes.

Sampling Technique

A stratified random sampling technique was employed to ensure adequate representation of all relevant stakeholder groups. Initially, the study population was divided into homogeneous strata based on respondent categories, including community members, ASHA workers, healthcare professionals, NGO representatives, and local leaders. Thereafter, respondents were selected randomly from each stratum in proportion to their representation within the study population. The use of stratified random sampling minimized sampling bias, improved the representativeness of the

sample, and enhanced the reliability and generalizability of the study findings by ensuring that each stakeholder group was adequately represented.

Sample Size

The study included a total sample of 300 respondents selected from the identified stakeholder groups. The sample size was considered adequate to provide reliable and meaningful statistical analysis while ensuring sufficient representation of different categories of respondents. The selected sample enabled the researcher to compare responses across various groups and to examine the effectiveness of community-based ACSM interventions in promoting tuberculosis awareness, behavioural change, and community participation.

Data Collection Tools

Primary data were collected using a structured questionnaire, interview schedule, and observation method. The structured questionnaire consisted of both closed-ended and multiple-choice questions designed to gather quantitative information on respondents' socio-demographic characteristics, knowledge of tuberculosis, awareness of ACSM activities, communication effectiveness, behavioural changes, stakeholder participation, and barriers to TB prevention. An interview schedule was used to collect detailed qualitative information from healthcare professionals, ASHA workers, NGO representatives, and community leaders regarding programme implementation, challenges, and recommendations for improving ACSM interventions. In addition, the observation method was employed during community awareness programmes and health promotion activities to assess community participation, communication practices, and the implementation process of ACSM activities. The use of multiple data collection tools facilitated triangulation of data and enhanced the validity and reliability of the research findings.

Data Analysis

The collected data were systematically coded, classified, tabulated, and entered into the Statistical Package for the Social Sciences (SPSS) for analysis. Descriptive statistical techniques such as frequency distributions, percentages, and mean scores were used to summarize respondents' demographic characteristics, levels of awareness, perceptions, and behavioural responses regarding tuberculosis prevention and ACSM activities. Inferential statistical analysis was carried out using the Chi-square test to examine the association between categorical variables, such as respondents' socio-demographic characteristics and their awareness, attitudes, and behavioural changes related to ACSM interventions. The findings were presented through tables, charts, and graphs to facilitate interpretation and comparison. The use of SPSS ensured accurate data management, statistical computation, and objective interpretation of the results, thereby enhancing the scientific rigor and credibility of the study.

Anita Sudam Kale & Pandurang Shivram Patil (2026). Study on Evaluating the Efficacy of Community-Based Advocacy, Communication and Social Mobilization (ACSM) Activities for Tuberculosis Prevention in Maharashtra**.** International Journal of Multidisciplinary Research & Reviews, 5(7),226-238.

7. Results

Major Findings of the Study

The study evaluated the effectiveness of community-based Advocacy, Communication and Social Mobilization (ACSM) activities for tuberculosis (TB) prevention in Maharashtra. Analysis of data collected from 300 respondents demonstrated that ACSM interventions have significantly contributed to improving community awareness, promoting positive behavioural changes, and encouraging early healthcare-seeking behaviour. Nevertheless, several socioeconomic and healthcare-related barriers continue to affect programme implementation and TB prevention efforts.

The findings revealed that more than four-fifths (82%) of the respondents were able to correctly identify the major symptoms of tuberculosis, including persistent cough, fever, weight loss, and night sweats. This indicates that ACSM campaigns have substantially improved public knowledge regarding TB symptoms, thereby increasing the likelihood of early diagnosis and timely treatment.

The study further found that 78% of respondents reported that ACSM activities had enhanced their awareness regarding TB diagnosis, free treatment services available under the National Tuberculosis Elimination Programme (NTEP), and the importance of completing the full course of medication. These findings suggest that community-based communication activities have played an important role in disseminating accurate health information.

Community meetings, interpersonal communication, and counselling by ASHA workers were identified as the most effective communication approaches. Approximately 70% of respondents preferred direct interaction with health workers and community leaders over television, radio, or newspaper campaigns. Respondents reported that face-to-face communication allowed them to ask questions, clarify misconceptions, and receive culturally appropriate guidance regarding tuberculosis prevention.

The study also demonstrated a positive influence of ACSM interventions on health-related behaviour. Nearly 75% of respondents reported adopting improved hygiene practices, while 68% expressed greater willingness to seek early diagnosis after participating in community awareness programmes. These behavioural changes indicate that ACSM interventions have contributed not only to increasing knowledge but also to encouraging preventive practices and reducing delays in healthcare utilization.

Despite these achievements, the findings revealed that 35% of respondents continued to have misconceptions regarding the objectives of ACSM. Many participants incorrectly believed that ACSM primarily involved free medicine distribution or financial assistance rather than advocacy, health communication, and community mobilization. These misconceptions highlight the need for continuous education and clearer communication strategies.

Anita Sudam Kale & Pandurang Shivram Patil (2026). Study on Evaluating the Efficacy of Community-Based Advocacy, Communication and Social Mobilization (ACSM) Activities for Tuberculosis Prevention in Maharashtra. International Journal of Multidisciplinary Research & Reviews, 5(7),226-238.

Furthermore, the study identified several persistent barriers that continue to influence TB prevention outcomes. Respondents reported that social stigma (65%), poverty (58%), limited healthcare accessibility (52%), and inadequate healthcare infrastructure (46%) remain major challenges affecting early diagnosis, treatment adherence, and community participation. Addressing these barriers is essential for strengthening the effectiveness of ACSM interventions and achieving the national goal of tuberculosis elimination.

Table 4.1 Major Findings of the Study (n = 300)

Findings	Frequency (n)	Percentage (%)
Recognized TB symptoms	246	82
Increased awareness regarding diagnosis and treatment	234	78
Preferred community meetings/interpersonal communication	210	70
Improved hygiene practices	225	75
Willingness for early diagnosis	204	68
Misconceptions regarding ACSM objectives	105	35
Social stigma as a barrier	195	65
Poverty as a barrier	174	58
Healthcare accessibility issues	156	52
Inadequate infrastructure	138	46

Interpretation

The findings clearly indicate that community-based ACSM interventions have been successful in improving public awareness, encouraging behavioural change, and promoting community participation in tuberculosis prevention across Maharashtra. However, the persistence of misconceptions regarding ACSM, together with socioeconomic challenges such as poverty, stigma, and inadequate healthcare infrastructure, continues to limit the overall effectiveness of TB control efforts. These results suggest that future ACSM programmes should emphasize sustained community engagement, strengthened interpersonal communication, improved access to healthcare services, and targeted educational interventions to address misconceptions and reduce stigma.

8. Discussion

The findings of the present study demonstrate that community-based Advocacy, Communication and Social Mobilization (ACSM) interventions have made a substantial contribution to improving tuberculosis (TB) awareness and promoting positive health behaviours among the population in Maharashtra. The implementation of ACSM activities under the National Tuberculosis Elimination

Programme (NTEP) has significantly enhanced public knowledge regarding the symptoms, modes of transmission, diagnosis, treatment, and prevention of tuberculosis. Community awareness campaigns, health education programmes, interpersonal communication, and advocacy initiatives have encouraged individuals to seek timely medical care, adhere to prescribed treatment regimens, and adopt preventive practices, thereby supporting national efforts toward TB elimination.

One of the most significant findings of the study is the crucial role of community participation in determining the success of ACSM interventions. The active involvement of local communities, self-help groups, community-based organizations, non-governmental organizations, and local leaders strengthened the implementation of awareness programmes and increased public acceptance of TB-related health messages. Community participation not only facilitated the dissemination of accurate information but also helped build trust between healthcare providers and the public. Such participatory approaches promoted collective responsibility for disease prevention and created a supportive environment for individuals affected by tuberculosis.

The study further highlights the indispensable contribution of frontline healthcare workers, particularly Accredited Social Health Activists (ASHAs), in the successful implementation of ACSM activities. ASHA workers acted as an important link between healthcare institutions and the community by conducting household visits, organizing awareness meetings, identifying presumptive TB cases, providing counselling, promoting treatment adherence, and addressing misconceptions related to tuberculosis. Their regular interaction with community members enabled them to deliver culturally appropriate health messages, encourage early diagnosis, and support patients throughout the treatment process. The dedication and accessibility of ASHA workers significantly enhanced the effectiveness of community-based TB prevention initiatives.

Despite these encouraging outcomes, the findings indicate that increasing awareness alone is insufficient to overcome the complex structural barriers that continue to impede tuberculosis prevention and control. Several respondents identified poverty, social stigma, discrimination, poor transportation facilities, limited access to diagnostic services, and inadequate healthcare infrastructure as major obstacles affecting timely diagnosis and treatment. Individuals from economically disadvantaged households often experienced financial difficulties in accessing healthcare facilities despite the availability of free TB treatment. Similarly, inadequate transportation and long distances to diagnostic centres discouraged many patients from seeking early medical attention, particularly in rural and remote areas.

Social stigma emerged as one of the most persistent challenges affecting TB control. Fear of discrimination, social isolation, loss of employment, and negative community attitudes prevented many individuals from disclosing their illness or seeking prompt diagnosis and treatment. Such stigma contributes to delayed case detection, poor treatment adherence, and continued disease transmission within communities. These findings suggest that future ACSM interventions should

place greater emphasis on stigma reduction through community education, counselling, patient support groups, and sustained advocacy involving community leaders and local influencers.

The study also revealed that inadequate diagnostic facilities and shortages of trained healthcare personnel continue to affect the overall effectiveness of tuberculosis control programmes in several areas of Maharashtra. Although ACSM activities have improved awareness, the benefits of communication interventions cannot be fully realized unless they are supported by accessible, affordable, and high-quality healthcare services. Therefore, strengthening healthcare infrastructure, expanding diagnostic services, and improving referral systems should complement community-based communication strategies.

The findings of the present study are consistent with the recommendations of the World Health Organization (WHO) and the End TB Strategy, which emphasize integrated, people-centred, and community-based approaches for tuberculosis prevention and control. WHO advocates that successful TB elimination requires not only biomedical interventions but also comprehensive strategies involving advocacy, effective communication, social mobilization, community empowerment, and multi-sectoral collaboration. The present findings support this perspective by demonstrating that community engagement, frontline health worker participation, stakeholder collaboration, and continuous health communication are fundamental to improving TB awareness, promoting behavioural change, reducing stigma, and enhancing treatment outcomes.

Overall, the study confirms that community-based ACSM activities constitute an effective public health strategy for tuberculosis prevention in Maharashtra. However, sustaining their effectiveness requires continuous investment in community participation, capacity building of healthcare workers, strengthening of health systems, reduction of socioeconomic barriers, and regular monitoring and evaluation of programme implementation. An integrated approach combining effective communication with accessible healthcare services and supportive social policies will be essential for achieving India's goal of eliminating tuberculosis.

9. Major Findings

ACSM significantly improves TB awareness.

Behavioural change has increased following community campaigns.

Community leaders and frontline workers enhance programme credibility.

Digital communication can further improve programme reach.

Stigma remains a major obstacle.

Continuous monitoring improves programme effectiveness.

Anita Sudam Kale & Pandurang Shivram Patil (2026). Study on Evaluating the Efficacy of Community-Based Advocacy, Communication and Social Mobilization (ACSM) Activities for Tuberculosis Prevention in Maharashtra**.** International Journal of Multidisciplinary Research & Reviews, 5(7),226-238.

10. Recommendations

The study recommends:

Strengthening community participation.

Expanding interpersonal communication.

Increasing awareness campaigns in rural areas.

Training healthcare workers regularly.

Enhancing NGO-government collaboration.

Reducing stigma through community education.

Improving monitoring and evaluation systems.

Using digital media and social media for health promotion.

Increasing financial investment in community outreach.

11. Conclusion

The present study concludes that Community-Based Advocacy, Communication and Social Mobilization (ACSM) activities have played a significant role in strengthening tuberculosis (TB) prevention efforts in Maharashtra. The findings demonstrate that ACSM interventions have effectively increased community awareness regarding tuberculosis symptoms, modes of transmission, diagnosis, treatment, and preventive practices. Through community meetings, interpersonal communication, mass media campaigns, and the active involvement of frontline health workers, particularly Accredited Social Health Activists (ASHAs), ACSM initiatives have promoted positive behavioural changes, encouraged early healthcare-seeking behaviour, improved treatment adherence, and enhanced community participation in TB prevention programmes.

The study further highlights that community engagement has emerged as one of the most important determinants of programme success. The collaborative efforts of healthcare providers, community leaders, local self-government institutions, non-governmental organizations (NGOs), and community-based organizations have strengthened public trust, increased programme acceptance, and facilitated the dissemination of accurate health information. These partnerships have contributed to reducing misconceptions regarding tuberculosis and have encouraged greater community ownership of TB prevention activities.

Despite these encouraging outcomes, the study reveals that several persistent challenges continue to limit the overall effectiveness of ACSM interventions. Socioeconomic inequalities, poverty, social stigma, inadequate healthcare infrastructure, limited diagnostic facilities, poor transportation, and misconceptions regarding tuberculosis remain significant barriers to early diagnosis, treatment

adherence, and healthcare utilization. Fear of discrimination and social isolation continues to discourage many individuals from seeking timely medical care, thereby affecting disease control efforts. These findings emphasize that awareness alone cannot eliminate tuberculosis unless communication interventions are supported by accessible, equitable, and people-centred healthcare services.

The study also demonstrates the importance of adopting evidence-based communication strategies that are culturally appropriate, linguistically accessible, and responsive to local community needs. Continuous training of frontline health workers, regular community awareness campaigns, integration of digital communication platforms with interpersonal communication, and sustained stakeholder collaboration are essential for strengthening the impact of ACSM activities. Furthermore, regular monitoring and evaluation should be institutionalized to assess programme performance, identify implementation gaps, and facilitate evidence-based decision-making for future interventions.

In conclusion, strengthening community-based ACSM activities within the framework of the National Tuberculosis Elimination Programme (NTEP) will remain essential for achieving India's goal of tuberculosis elimination. A comprehensive approach combining effective advocacy, strategic communication, active social mobilization, strengthened healthcare systems, and multi-sectoral collaboration will significantly improve TB prevention, reduce disease transmission, and enhance the overall health and well-being of communities across Maharashtra. The findings of this study provide valuable evidence for policymakers, programme managers, public health professionals, and researchers to further strengthen community-based tuberculosis control strategies and contribute to the realization of a TB-free India.

AUTHOR(S) CONTRIBUTION

The writers affirm that they have no connections to, or engagement with, any group or body that provides financial or non-financial assistance for the topics or resources covered in this manuscript.

CONFLICTS OF INTEREST

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

PLAGIARISM POLICY

All authors declare that any kind of violation of plagiarism, copyright and ethical matters will take care by all authors. Journal and editors are not liable for aforesaid matters.

SOURCES OF FUNDING

The authors received no financial aid to support for the research.

Anita Sudam Kale & Pandurang Shivram Patil (2026). Study on Evaluating the Efficacy of Community-Based Advocacy, Communication and Social Mobilization (ACSM) Activities for Tuberculosis Prevention in Maharashtra**.** International Journal of Multidisciplinary Research & Reviews, 5(7),226-238.

REFERENCES

Central TB Division. (2023). India TB Report 2023. Ministry of Health and Family Welfare, Government of India.

Ministry of Health and Family Welfare. (2021). National Tuberculosis Elimination Programme (NTEP): Technical and Operational Guidelines. Government of India.

Ministry of Health and Family Welfare. (2020). National Strategic Plan for Tuberculosis Elimination 2017–2025. Government of India.

National Health Mission. (2022). Annual Report 2021–22. Government of India.

Stop TB Partnership. (2022). Community, Rights and Gender Strategic Initiative. Geneva, Switzerland.

Stop TB Partnership. (2023). Global Plan to End TB 2023–2030. Geneva, Switzerland.

World Health Organization. (2015). The End TB Strategy. World Health Organization.

World Health Organization. (2023). Global Tuberculosis Report 2023. World Health Organization.

World Health Organization. (2024). Global Tuberculosis Report 2024. World Health Organization.

World Health Organization. (2021). WHO Consolidated Guidelines on Tuberculosis: Module 2 – Screening. World Health Organization.

World Health Organization. (2022). WHO Consolidated Guidelines on Tuberculosis: Module 5 – Management of Tuberculosis in Children and Adolescents. World Health Organization.

Kaur, R., Singh, M., & Sharma, A. (2020). Community participation in tuberculosis control programmes in India. Indian Journal of Public Health, 64(2), 145–151.

Sharma, S., & Gupta, P. (2021). Advocacy, communication and social mobilization strategies for tuberculosis prevention. Journal of Family Medicine and Primary Care, 10(4), 1580–1587.

Chadha, V. K. (2019). Tuberculosis epidemiology in India: A review. Indian Journal of Tuberculosis, 66(1), 5–15.

Bhargava, A., Bhargava, M., & Meher, A. (2020). Tuberculosis control in India: Progress, challenges and opportunities. Indian Journal of Medical Research, 152(5), 489–500.

Uplekar, M., Weil, D., Lonnroth, K., Jaramillo, E., Lienhardt, C., Dias, H. M., Falzon, D., Floyd, K., Gargioni, G., Getahun, H., Gilpin, C., Glaziou, P., Grzemska, M., Mirzayev, F., Nakatani, H., Raviglione, M., & WHO Global TB Programme. (2015). WHO's new End TB Strategy. The Lancet, 385(9979), 1799–1801.

Lönnroth, K., Jaramillo, E., Williams, B. G., Dye, C., & Raviglione, M. (2009). Drivers of tuberculosis epidemics: The role of risk factors and social determinants. Social Science & Medicine, 68(12), 2240–2246.

MacPherson, P., Webb, E. L., & Choko, A. T. (2015). Stigma in tuberculosis control: A systematic review. BMC Public Health, 15, 848.

Anita Sudam Kale & Pandurang Shivram Patil (2026). Study on Evaluating the Efficacy of Community-Based Advocacy, Communication and Social Mobilization (ACSM) Activities for Tuberculosis Prevention in Maharashtra**.** International Journal of Multidisciplinary Research & Reviews, 5(7),226-238.

Pai, M., Behr, M. A., Dowdy, D., Dheda, K., Divangahi, M., Boehme, C. C., Ginsberg, A., Swaminathan, S., Spigelman, M., Getahun, H., Menzies, D., & Raviglione, M. (2016). Tuberculosis. Nature Reviews Disease Primers, 2, Article 16076.

Horton, K. C., MacPherson, P., Houben, R. M. G. J., White, R. G., & Corbett, E. L. (2016). Sex differences in tuberculosis burden and notifications: A systematic review and meta-analysis. PLoS Medicine, 13(9), e1002119.

Raviglione, M. C., & Sulis, G. (2016). Tuberculosis 2015: Burden, challenges and strategy for control and elimination. Infectious Disease Reports, 8(2), 6570.

Sreeramareddy, C. T., Qin, Z. Z., Satyanarayana, S., Subbaraman, R., & Pai, M. (2014). Delays in diagnosis and treatment of pulmonary tuberculosis in India: A systematic review. International Journal of Tuberculosis and Lung Disease, 18(3), 255–266.

Government of Maharashtra. (2023). Maharashtra State TB Elimination Programme: Annual Report 2022–23. Public Health Department, Government of Maharashtra.

United Nations. (2015). Transforming Our World: The 2030 Agenda for Sustainable Development. United Nations.

United Nations Development Programme. (2022). Human Development Report 2021/2022. United Nations Development Programme.