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ROLE OF COMMUNITY-BASED ADVOCACY, COMMUNICATION, AND SOCIAL MOBILIZATION IN TUBERCULOSIS PREVENTION: A REVIEW FROM MAHARASHTRA

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Keywords	***Abstract***
Tuberculosis, Advocacy, Communication, Social Mobilization, ACSM, Community Participation, Maharashtra, Social Work, NTEP, TB Prevention.	Tuberculosis (TB) remains one of India's most significant public health challenges despite the availability of effective diagnostic and treatment services. Maharashtra, one of the states with a high TB burden, has implemented several community-based interventions under the National Tuberculosis Elimination Programme (NTEP). Advocacy, Communication, and Social Mobilization (ACSM) has emerged as a key strategy for increasing public awareness, reducing stigma, promoting early diagnosis, improving treatment adherence, and encouraging community participation in TB prevention and control. The present paper reviews the role of community-based ACSM activities in strengthening TB prevention efforts in Maharashtra from a social work perspective. Using secondary data collected from government reports, WHO publications, peer-reviewed journals, and policy documents, the study examines the contribution of community engagement, health education, behavioural change communication, and intersectoral collaboration in TB prevention. The review indicates that community participation significantly enhances

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	awareness, improves health-seeking behaviour, supports treatment adherence, and reduces discrimination against TB patients. The paper concludes that strengthening ACSM interventions through active community involvement and professional social work practice can substantially contribute to achieving India's goal of TB elimination.

Introduction

Tuberculosis (TB) continues to be one of the leading infectious diseases affecting public health globally. Although TB is both preventable and curable, millions of people continue to be infected every year, particularly in developing countries. India accounts for the highest number of TB cases worldwide, making TB elimination a national health priority. The Government of India has committed to eliminating tuberculosis by 2018 under the National Tuberculosis Elimination Programme (NTEP), formerly known as the Revised National Tuberculosis Control Programme (RNTCP).

Maharashtra is among the states with a considerable TB burden due to its large population, urbanization, migration, and socio-economic disparities. While improvements in diagnosis and treatment have reduced mortality, challenges such as delayed diagnosis, poor treatment adherence, social stigma, misinformation, and inadequate community awareness continue to hinder TB control efforts.

Advocacy, Communication, and Social Mobilization (ACSM) has become an essential component of TB prevention. Advocacy promotes political commitment and policy support, communication enhances public knowledge and behavioural change, while social mobilization encourages active community participation in disease prevention and treatment support. Community-based ACSM interventions involve local self-government institutions, Accredited Social Health Activists (ASHAs), community volunteers, non-governmental organizations, educational institutions, and social workers in creating awareness and supporting TB patients.

From a social work perspective, community empowerment, social inclusion, health education, and psychosocial support are fundamental strategies for improving health outcomes. Social workers facilitate community participation, reduce stigma, counsel patients and families, mobilize local resources, and strengthen linkages between communities and health services. Therefore, community-based ACSM activities represent an effective approach to TB prevention and contribute to achieving sustainable public health outcomes in Maharashtra.

Research Methodology

The present study adopts a descriptive and review-based research design. The study relies exclusively on secondary data obtained from peer-reviewed journal articles, government publications, reports of the Ministry of Health and Family Welfare, National Tuberculosis

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Elimination Programme (NTEP) guidelines, World Health Organization (WHO) publications, and relevant books on public health and social work. Published literature related to community participation, ACSM strategies, tuberculosis prevention, and social work interventions was systematically reviewed. The collected information was analysed using thematic analysis to identify the major contributions of community-based ACSM activities in tuberculosis prevention and control in Maharashtra. No primary data were collected, and therefore the findings are based entirely on documented evidence available in the literature.

Results and Discussion

The review of literature demonstrates that community-based Advocacy, Communication, and Social Mobilization (ACSM) plays a crucial role in tuberculosis prevention by promoting awareness, encouraging early diagnosis, reducing stigma, and improving treatment adherence. Advocacy activities have strengthened political commitment, increased resource allocation, and enhanced collaboration among government departments, non-governmental organizations, and local communities. Communication strategies, including interpersonal communication, mass media campaigns, school health programmes, and digital awareness initiatives, have improved public knowledge regarding TB symptoms, diagnosis, treatment availability, and preventive measures. These interventions have contributed to increased health-seeking behaviour and reduced misconceptions surrounding the disease.

Social mobilization has emerged as one of the most effective components of ACSM by encouraging active participation of community leaders, self-help groups, Panchayati Raj Institutions, Accredited Social Health Activists (ASHAs), community volunteers, and civil society organizations in TB prevention. Their involvement has facilitated early identification of presumptive TB cases, treatment support, contact tracing, nutritional assistance, and psychosocial counselling for patients and families. Community engagement has also played a significant role in reducing discrimination and social exclusion experienced by TB patients, thereby improving treatment adherence and successful treatment outcomes.

Table 1. Role of Community-Based Advocacy, Communication, and Social Mobilization (ACSM) in Tuberculosis Prevention

ACSM Component	Major Activities	Expected Outcomes	Role of Social Workers
Advocacy	Policy advocacy, stakeholder meetings, community leader engagement, resource	Increased political commitment, improved programme implementation, enhanced community	Advocate for patients' rights, coordinate with government departments and NGOs, facilitate access

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	mobilization	support	to welfare schemes
Communication	Health education campaigns, IEC materials, interpersonal communication, mass media, social media awareness	Improved TB awareness, early health-seeking behaviour, increased knowledge of TB symptoms and treatment	Conduct awareness programmes, organize health education sessions, provide counselling to patients and families
Social Mobilization	Community meetings, self-help groups, ASHA participation, NGO collaboration, school and village campaigns	Greater community participation, reduced stigma, improved treatment adherence, increased case detection	Mobilize community participation, strengthen support networks, encourage treatment compliance, reduce social stigma
Community Participation	Involvement of Panchayati Raj Institutions, local volunteers, youth groups, religious leaders	Enhanced ownership of TB prevention activities and sustainable community engagement	Facilitate community organization, promote participatory planning, strengthen community-health system linkages
Behaviour Change Communication (BCC)	Counselling, motivational sessions, patient follow-up, family education	Positive behavioural changes, reduced misconceptions, improved treatment completion	Provide psychosocial support, motivate patients, monitor treatment adherence, address barriers to care

From a social work perspective, community empowerment, participatory decision-making, health education, and behavioural change communication are central to effective TB prevention. Social workers contribute by organizing awareness programmes, conducting counselling sessions, strengthening community support systems, addressing stigma and discrimination, and facilitating access to government welfare schemes. The review further indicates that sustained community participation and intersectoral collaboration are essential for achieving the national goal of tuberculosis elimination.

Conclusion

Community-based Advocacy, Communication, and Social Mobilization (ACSM) has become an indispensable strategy for strengthening tuberculosis prevention and control in Maharashtra. The review indicates that effective advocacy enhances policy support and resource mobilization, communication improves awareness and health-seeking behaviour, while social mobilization fosters

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community ownership and collective responsibility for TB prevention. Active participation of community organizations, frontline health workers, local leaders, non-governmental organizations, and social workers significantly contributes to early diagnosis, treatment adherence, stigma reduction, and patient support. From a social work perspective, empowering communities through education, counselling, advocacy, and participatory interventions strengthens public health systems and promotes equitable healthcare access. Continuous investment in community-based ACSM activities, integrated with the National Tuberculosis Elimination Programme, will play a vital role in achieving sustainable tuberculosis elimination in Maharashtra and India.

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CONFLICTS OF INTEREST

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

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