

The Union

International Union Against
Tuberculosis and Lung Disease



Centre for
Social and
Behaviour
Change

Nine Lessons on Addressing Behavioural Barriers to Diagnosing Pulmonary TB in India

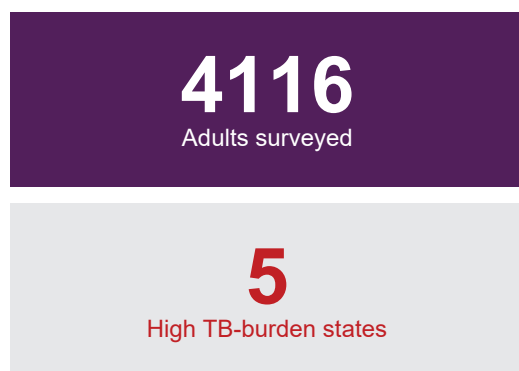


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Introduction

When you have a cough, do you visit the doctor?

Despite India's free diagnostic and treatment services under the National TB Elimination Programme, many people still delay seeking care for symptoms of pulmonary tuberculosis (TB). This delay harms individual health outcomes and increases the risk of transmission.



A 2024–25 survey conducted by the Centre for Social and Behaviour Change (CSBC), in collaboration with the International Union Against Tuberculosis and Lung Disease (The Union), captured the views and experiences of 4,116 adults in five high TB-burden states: Uttar Pradesh, Madhya Pradesh, Rajasthan, Himachal Pradesh and Haryana. The findings reveal nine key lessons to guide future TB behaviour change campaigns in India, highlighting mismatches between intentions and behaviour, behavioural biases that hinder early diagnosis, and opportunities to support effective communication.

Gaps in Perception and Risk Awareness

People say they will seek care, but many do not.

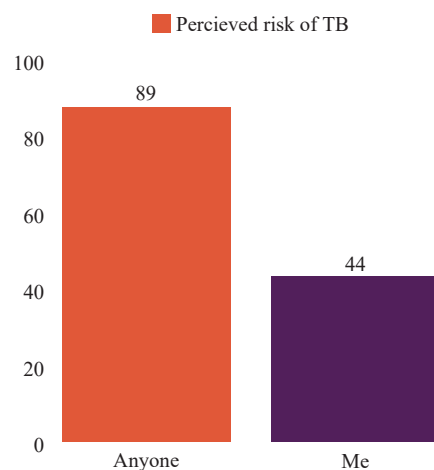
In the general survey, 92% of respondents said they would go to a doctor if they had a cough lasting more than two weeks. However, among the 446 respondents who had a cough or lived with someone who did at the time of the survey, only 68% actually sought advice. This **intention–action gap** illustrates **present bias**, where individuals plan to seek care but delay or deprioritise action when symptoms arise.

People do not see themselves at risk.

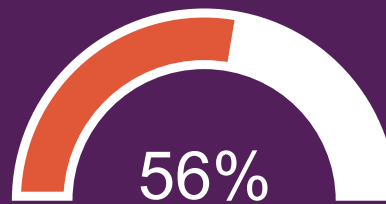
While 89% of respondents believe “anyone” can get TB, only 44% believe they themselves could. This **unrealistic optimism** reduces personal vigilance and contributes to delays in seeking diagnosis and treatment.

People underestimate the seriousness of a persistent cough.

Within the coughing subsample, 56% of those who did not seek advice believed their cough was “not serious” or “would go away on its own”. This reflects **optimism bias** and **normalcy bias**, where individuals believe they are unlikely to have TB and perceive persistent coughs as routine rather than signals of a serious condition.



Half of the coughing subsample who did not seek advice believed their cough was “not serious” or “would go away on its own”.



Knowledge and Misinformation

Misconceptions about transmission are common.

While 65% knew that TB spreads through the air, misconceptions persist, with 44% believing it spreads through shared food and utensils and 21% through surfaces. This is the **availability heuristic**, where people rely on easily recalled information, such as the visible act of sharing a meal, rather than less vivid, accurate facts.

Lower education levels correlate with specific misconceptions about transmission and treatment.

Less educated respondents were more likely to believe that TB spreads through shared food and utensils and to view TB treatment as difficult.

Stigma and Vulnerable Groups

Stigma around TB remains widespread but does not necessarily prevent care-seeking.

While stigma is widely expected, very few coughing respondents avoided seeking care because of it. This indicates **pluralistic ignorance**, where people overestimate the impact of stigma on others' behaviour, even when they themselves are willing to seek care.

Vulnerable groups largely mirror overall patterns, with only minor differences.

Smokers and respondents who drink everyday show slightly lower TB knowledge than others, while those with a family history of TB display somewhat higher knowledge and lower perceived stigma. Women report slightly higher perceived stigma.

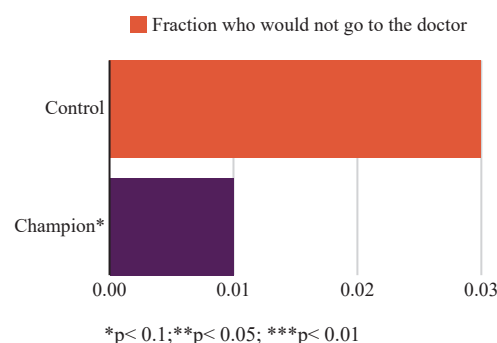
What People Prefer and Respond To

Most respondents recommended government facilities for hassle-free treatment of general illnesses.

The recommendation was more common among rural respondents and those from TB-affected households, and less common among women and smokers. Despite India's general preference for private care, respondents tended to endorse government providers, suggesting a **default effect**, where public services are viewed as the standard, cost-free option.

Simple, relatable messages increase intention to seek care.

In a survey-based messaging experiment- using a public figure – “Anyone can get TB. Amitabh Bachchan also had TB.” – reduced reluctance to seek care by 67% compared to the control group. This demonstrates the power of **social proof** and the **availability heuristic**, where seeing familiar, respected individuals normalises TB and encourages timely action.



Recommendations for Behaviour Change Campaigns

- 01** **Make persistent coughs salient and actionable.** Communication should convince people that a cough lasting two weeks or more is serious and requires a visit to a qualified doctor. Early diagnosis is essential to identify the cause, including ruling out pulmonary TB, and begin timely treatment.
- 02** **Highlight that anyone can get TB,** and a persistent cough should never be dismissed. Stress the benefits of early action, such as simpler treatment and protecting family members.
- 03** **Use clear, memorable messages from public figures** who have recovered from TB. Appeals to responsibility and emotions may be more effective than increasing salience of TB prevalence.
- 04** **Invest in outreach for low-literacy audiences** through radio, ASHA workers, and village health platforms. Tailor the delivery but keep the messaging consistent.
- 05** **Avoid assuming that reducing stigma alone will increase care-seeking.** There is no conclusive evidence from the survey that anti-stigma campaigns will directly improve care-seeking rates, although they may serve other important goals such as preserving livelihoods or promoting social justice. Efforts to reduce TB-related stigma and social isolation should focus on correcting misconceptions about transmission—for instance, clarifying that TB spreads through the air, not through sharing utensils or contact with surfaces.

About the Survey

A total of 4,116 adults participated across five states with high TB prevalence and poor health-seeking behaviour according to the National TB Prevalence Survey (2019–2022).

The sample was quasi-representative at the state level and included both rural and urban households, with quotas to ensure inclusion of women, youth, marginalised communities, and vulnerable groups such as smokers and drinkers.

A subsample of 446 respondents who had a cough or lived with someone with a cough at the time of the survey provided detailed insights into the intention–action gap in care-seeking. Survey methods included stratified state-level sampling and behavioural messaging experiments to test communication approaches.