

## TUBERCULOSIS (TB), INDIA

### **The Field and the Participants:**

Fieldwork was carried out among TB patients in Delhi, India, from August 2023 to January 2025. A chest clinic in North Delhi served as the primary field site for the study, where patients undergoing TB treatment were identified and included in the study after obtaining consent. A total of 70 patients participated in the survey interviews, with 15 of them followed up for qualitative interviews.

Ethnographic methods, such as observation, interviews, and the use of audio-visual aids, were employed.

**Biological Samples:** The biological samples consist of sputum and stool

specimens. The project's laboratory team processes these samples. These include *Mycobacterium tuberculosis* (MTB) isolates collected through the clinical laboratory framework. These isolates were cultured, drug susceptibility tests (DSTs) performed, and DNA were extracted for subsequent genomic analysis. Additionally, follow-up sputum specimens from patients were collected during field surveys.

Similarly, stool samples from 68 participants have been collected, from which *E. coli* and *K. pneumoniae* isolates have been identified through DSTs and biochemical tests, and DNA was extracted for subsequent genomic analysis.

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### **PRELIMINARY FINDINGS:**

**Migration Trajectories:** Majority of the TB patients under the study were residents of Delhi; however, there were also some migrants, mostly from Uttar Pradesh and Haryana.

**Treatment of Tuberculosis:** Healthcare services for TB patients are provided by both the public and private sectors under the National TB Elimination Programme (NTEP), which is the centrally sponsored public health initiative of the Government of India that organises its anti-tuberculosis efforts. Patients are generally provided with anti-tuberculosis treatment (ATT) through the DOTS centres nearest to their respective residences.

The treatment trajectories among patients before the TB clinic differ on a case-by-case basis. While some patients had first gone to other government hospitals and then been referred to the Chest Clinic for further

diagnosis, other patients had initially sought treatment from private practitioners before the Chest Clinic.

**TB and Co-Morbidities:** Along with TB, it has been observed that patients also suffer from other medical conditions. The most common condition was diabetes. Other conditions include asthma, hypertension, jaundice, gallstones/ kidney stones, etc.

**Medicines and Diagnostic Tests:** As a consequence of their medical condition, the patients were found to undergo various diagnostic tests before, during and after their treatment. The medicine load among the patients were also found to be high.

**Vulnerabilities:** The patients are subjected to environmental stresses that adversely impact their situation. Congested living conditions, lack of ventilation, poverty, and unemployment are some of the stresses that increase vulnerability to the disease.