Introduction
- In 2016, 2.79 million Indian people became infected with tuberculosis, and 435,000 died as a result of the infection (USAID 2017).
- Direct Observed Treatment-Short Course (DOTS) technology became the standard for global tuberculosis care in 1994.
- Lack of patient privacy under the DOTS regimen, combined with the social stigmas surrounding tuberculosis, leads to incomplete treatment or care-seeking in the unregulated private sector.

Objective of the Study
Characterize the factors that lead to noncompliance with the DOTS regimen from the perspective of healthcare workers.

Methods
- Work in conjunction with Department of Preventative and Social Medicine (PSM) at JIPMER.
- Interview pulmonary disease medical doctors and medical social workers about barriers to tuberculosis care under current DOTS regimen.

Results
- Conducted 12 medical social worker interviews, 12 medical doctor interviews.
- Determined general consensus amongst healthcare workers that DOTS noncompliance is a result of lack of education or negative stereotypes of government medical facilities.

Discussion
- Conducted 12 medical social worker interviews, 12 medical doctor interviews.
- Determined general consensus amongst healthcare workers that DOTS noncompliance is a result of lack of education or negative stereotypes of government medical facilities.

Questions
- To what extent do institutions under state and national governments collaborate to promote care compliance and tuberculosis research?

Conclusion
- Research to improve tuberculosis care is complicated by the disconnect between state and national-government affiliated medical institutions.

Acknowledgements
I would like to thank the Center for Health and Wellbeing (CHW), The GHP Program, the Program for Community Engaged Scholarship (ProCES), the Office of Undergraduate Research, and the Anthropology Department for making this project possible.