

Attitudes to tuberculosis in East London

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Dear editor

We read with great interest the article by Nyasulu et al¹ exploring the knowledge, beliefs, and perceptions of tuberculosis (TB) among community members in Ntcheu district, Malawi. As medical students based in East London, we frequently encounter TB and recognize its burden of disease on patients. London accounts for 39% of TB cases across the whole of England,² with East London particularly affected.³ We therefore feel the issues captured in this article are very relevant to the patient population we hope to be treating one day.

Understanding people's attitudes toward TB is vital when producing community outreach programs and health education models, as the efficacy of such interventions relies on addressing population specific beliefs and misconceptions. Reviewing the literature, we found very sparse research investigating the knowledge and perceptions of TB within London communities – especially South Asian communities which are most at risk of infection. In fact, large-scale literature reviews such as by Offer et al⁴ have also identified a “critical gap in the evidence base with regards particularly to the beliefs and attitudes of South Asian communities in the UK and its possible impact on TB infection rates.” We therefore recommend that the article by Nyasulu et al¹ be used as a platform to lead the way for similar research in the UK, ultimately serving to reduce the disease burden of TB within communities in the future.

The study by Nyasulu et al¹ is to be admired in many ways; however, one potential limitation is how qualitative methods of data collection were used via focus-group discussions and interviews. Discussing sensitive topics, such as TB and its association with HIV, can be difficult and qualitative approaches might not completely reflect the perspectives of communities. An additional source of data collection could have been implemented, such as a quantitative survey where participants respond to questions with a simple “yes” or “no” or answer questions using a scale; for example, from 1 to 10. A study by Bisits-Bullen et al⁵ found that when discussing barriers to family planning with women in Malawi their quantitative survey elicited different responses compared to qualitative approaches. Using this methodology is particularly important in situations where the meaning may be altered due to subtle nuances of language often lost in translation. This issue is also relevant for London where 86% of TB patients are from ethnic minority groups³ – groups which tend to have poorer proficiency in spoken English.

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We agree with the authors of this study on the importance of gaining insights into people's attitudes and understandings of TB to produce better health education models. Due to lack of exploration regarding cultural viewpoints on TB, we believe this study, with the modifications suggested, can form an excellent foundation for future research in the UK.

Disclosure

The authors report no conflicts of interest in this communication.

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