EDITORIAL

The role of qualitative research in ending TB

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'I want to understand the world from your point of view. I want to know what you know in the way you know it. I want to understand the meaning of your experience, to walk in your shoes, to feel things as you feel them, to explain things as you explain them. Will you become my teacher and help me understand?'

James P Spradley¹

Spradley's quote precisely describes the goal and the approach of qualitative research and the relationship between researcher and research participants. Because the qualitative methodology is sensitive in capturing the nuance of human behaviour, it helps us understand the perspectives and behaviours of patients and health providers and the complex relations in health care systems. Qualitative research also complements operational research by facilitating data triangulation, context clarification and elaboration of information.² Although qualitative research has contributed to improving policy and practice in public health and medicine, the methodology is quite new to many health care professionals whose knowledge, perspectives and research experiences are influenced by biomedical science and the positivistic research paradigm.³ Health care professionals are usually familiar with clinical trials or experimental research, which report the results of statistical analysis.

In this issue of *Public Health Action*, Skinner and Claassens applied a qualitative method by interviewing patients diagnosed with tuberculosis (TB) in South Africa. TB case detection was increased by providing TB screening for patients seeking medical care at primary health care facilities and by outreach campaigns in the community. However, some patients were not aware that health staff were screening them for TB.

Biomedically, all patients were diagnosed as TB and required TB treatment. However, not everyone started TB treatment. There are no benefits in detecting additional TB cases if the patients do not receive treatment or if they do not adhere to and complete treatment. This qualitative study would have had a greater impact on TB case finding policy and practice if the study could have reported the actual reasons for pa-

tients not initiating TB treatment despite being diagnosed with the disease. Whether the perceptions about TB, stigma against TB or poverty or other factors caused the initial loss to follow-up are unknown in the current study.

Several qualitative studies have reported on the health-seeking behaviour of patients with TB symptoms who actively consulted the TB services.⁴ However, research into the attitudes and behaviours of persons from TB screening programmes who are initially lost to follow-up is lacking, and this should be investigated through a well-designed qualitative method.

TB is a major infectious disease that kills more than a million people every year. The World Health Organization recently endorsed the End TB strategy, with ambitious targets for 2035.⁵ End TB is a comprehensive strategy combining biomedical and social interventions to tackle TB. The strategy is composed of three pillars and components, including 1) integrated, patient-centered care and prevention, 2) bold policy and supportive systems and 3) intensified research and innovation. Qualitative research can contribute to every component as long as human attitudes and behaviours are involved. Nevertheless, the greatest challenge in conducting qualitative research for ending TB is again, as suggested by James P Spradley, 'Can health care professionals regard TB patients and community people as their teachers?'

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