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Chapter 1
Background and situation analysis

1 Introduction

There is a bond that links all men and women in the world so closely and intimately that every difference of colour, religious belief and cultural heritage is insignificant beside. Never varying in temperature more than five or six degrees, composed of 55 per cent water, the life stream of blood that runs in the veins of every member of the human race proves that the family of man is a reality (Simon, 1990: 1666). For centuries in all cultures and societies, blood has been regarded as a vital, and often magical, life-sustaining fluid, marking all important events in life, marriage, birth, initiation and death, and its loss has been associated with disgrace, disgust, impotence, sickness and tragedy. Symbolically and functionally, blood is deeply embedded in religious doctrine; in the psychology of human relationships; and in theories and concepts of race, kinship, ancestor worship and the family. From time immemorial, it has symbolised qualities of fortitude, vigour, nobility, purity and fertility. Men have been terrified by the sight of blood; they have killed each other for it; believed it could work miracles; and have preferred death rather than receive it from a member of a different ethnic group (Titmuss, 1997: 57).

De Coning (2004:168) contends that South Africa is a country of which the people are as diverse as its geography. Many ethnic groups spanning African, Asian and European cultures encounter each other every day. The challenge to the South African Blood Service (SANBS) is to find the single common denominator that will encourage people to commit to donating safe blood for their communities. Each year, nearly 900 000 units of blood are procured to meet the needs of an ever-growing population.

Beliefs and attitudes concerning blood affect the work of transfusion services in appealing for and recruiting blood donors in varying degrees throughout the world. A deeply rooted and widely held superstition is that the blood contained in the body is an inviolable property and to take it away is sacrilege. In parts of Africa, for example, and particularly among the African population in South Africa during the 1960s, it was believed also that blood taken away cannot be reconstituted and that the individual will therefore be weakened, be made impotent, or be blinded for life; that the white man takes blood to ensure his domination over the African man; and that the needle piercing the skin is an act of aggression which results in the propagation of disease and sickness (Titmuss, 1997: 254). Such beliefs will be discussed in more detail later when covering some of the problems of donor motivation and recruitment. The growth of scientific knowledge about the circulation of

the blood, the composition and preservation of blood, and the distribution of blood group genes throughout the human race has provided us with a more rational framework. It is only more recently that scientific advances have made a blood transfusion service an indispensable and increasingly vital part of modem medicine.

Despite the development of plasma substitutes and other products, advances in the freezing and preservation of blood to permit longer-term stockpiling, and the use of specific blood components, there is no substitute for the vast majority of patients for the direct use of fresh whole human blood. No alternative to whole blood and its main component elements has yet been developed in the research laboratory. The human body remains the only source.

Only two research projects have been conducted on broad blood donation topics in South Africa to date. The 1966 study by the University of Natal (Titmus, 1997: 252) and a limited Markinor focus group study commissioned by SANBS during 2002. Due to the importance of a solid base of safe blood donors, it is believed that the stimulation and planning of voluntary blood donation, in common with other social and non-profit activities, can benefit from an approach based on the marketing concept. The SANBS has fallen into the trap of crisis communication and media appeals to the public to donate blood. The SANBS management (2005) acknowledge that this should be replaced by an appropriate longer term strategy to balance blood demand and supply. The proposed study will therefore aim to reach a better understanding of motivations and de-motivations to donating blood in an effort to recruit and retain voluntary, non-remunerated blood donors. These and other issues will be covered in more detail below.

1.1 Problem statement

1.1.1 Management problem

South Africa needs a sufficient, safe blood supply in order to fulfil its ever growing demands. Several factors make it difficult to achieve this, which include factors such as the high prevalence rate of HIV/AIDS, perceptions of racial discrimination, emigration of active donors and a loss of altruism among others. The management team of SANBS would like to ascertain to what extent these perceptions across donors and non-donors are true and how it impacts on the motivation of voluntary, non-remunerated donors for recruitment and retention purposes.

1.1.2 Research problem

The purpose of the study is to analyse factors influencing existing and lapsed blood donors in South Africa's motivation to donate blood, while comparing it to the motivating / influencing factors

for non-donors. A greater understanding of these factors will enable the SANBS to identify sound social marketing messages and practices in order to retain and recruit donors on an ongoing basis, thereby ensuring a future safe and constant blood supply for the country.

1.2 Research objectives

The research objectives can be summarised as follows:

- Determine the factors influencing existing and lapsed donors' motivation to donate blood.
- Determine why donors would stop donating and lapse.
- Determine why non-donors who would qualify to donate blood according to predefined criteria, opt not to donate blood.
- Determine the role of social marketing messages in the recruitment and retention of voluntary, non-remunerated donors.

1.3 The Delimitations

a. The Definition of Terms

Directed donation: Blood which is donated for a specific recipient.

Haemophilia: Congenital illness with a tendency to cause haemorrhage, through a coagulation factor deficiency.

Haemorrhage: Excessive bleeding.

Lapsed Donors: This refers to donors who have become inactive or donate blood irregularly. A donor's status is changed to 'inactive' if they have not donated blood for at least a one-year period.

Safe blood: For the purposes of this study 'safe' blood will refer to blood that is not affected by any transmittable diseases such as HIV or hepatitis. Potential donors therefore have to be honest about their lifestyle and disclose anything that could impact negatively on the safety of the blood supply. Ignorance could be assumed if the person is not aware of their partner's status as this could impact their 'safe' status without them being fully aware of this fact.

Window period: The period between infection by a virus and the development of laboratory detectable markers of the disease.

b. Abbreviations

SANBS: The South African National Blood Services

c. Assumptions

The first assumption is that there is potentially a greater proportion of citizens able to donate blood, but for some reason(s) they are not currently volunteering to serve in this manner.

The second assumption is that people generally understand what is meant by 'safe' blood and that individuals would not deliberately lie regarding their status as they understand the seriousness and possible implications of the matter. Unsafe blood could lead to transfusion transmittable diseases, which could result in serious illness or death.

1.4 Importance of the study

Blood happens to be a crucial medical resource factor as the future of surgical care and many forms of curative and preventive medicine are dependent on the supply of uncontaminated human blood and blood products. Yet, over large parts of the world today as in South Africa, blood for transfusion is scarcer than many other medical care facilities. The country is in desperate need of sustainable strategies to ensure a constant, safe blood supply. Due to the voluntary nature of the service, forecasting is highly problematic. Better retention would allow easier management of numbers to level extremes without recourse to the crude method of signing up more people or declaring a national disaster. The aim is consistency; an equilibrium of safe supplies. Simply put, sufficient safe blood saves lives.

1.5 Conclusion

Despite the importance of this topic globally and especially in South Africa given our unique challenges, little research exists to inform decision making. This is partly explained by the fact that non-profit organisations such as SANBS do not have the luxury of funds at their disposal to conduct extensive research studies on an ongoing basis. It is therefore critical to understand how those who have given blood in the past, but stopped for some reason (lapsed donors), active donors and non-donors should be encouraged and educated to ensure the availability of sufficient safe blood to fulfil in the country's requirements. A better understanding of the motivations and concerns regarding voluntary blood donation could inform appropriate action, affecting the long-term sustainability of the service. This study will aim to cast a light on pertinent issues for consideration regarding social marketing in the blood donation context.

Chapter 2
Literature review

2 Introduction

The Red Cross and Red Crescent Movement has always been one of the strongest advocates for voluntary, non-remunerated blood donation and it continues to work towards this goal worldwide (Cherpitel, 2002:1). In 1975, the World Health Assembly passed a resolution urging the World Health Organisation (WHO) member states to 'promote the development of national blood services based on the voluntary, non-remunerated donation of blood' (Cherpitel, 2002:5). Since that time, countries around the world have been working together to achieve this ultimate goal of a safe and sustainable global blood supply. The challenge is to invest in programmes that promote a safer blood supply through the recruitment and retention of voluntary, non-remunerated donors from low-risk populations. Many countries have already completed the transition from paid and family / replacement donation to voluntary, non-remunerated altruistic blood donation. Others are making significant progress towards this goal.

The objective in stressing the importance of the most rigorous standards in the selection of donors is that those who give blood should be healthy people and lead a sexually safe lifestyle; the patient who uses a donor's blood has the right to expect the application of such standards (Adler, 1995: 92). Few products of blood or whole blood itself can be considered to be entirely free of the risk of producing hepatitis. The subsequent condition of those who are recipients remains the ultimate test of whether the virus was present in the donation. In effect, therefore, the patient is the laboratory for testing the quality of 'the gift', which highlights the importance of various inputs such as safe blood, quality systems, comprehensive testing and the truthfulness of donors.

2.1 The importance of blood

Blood is vital to human life. It carries essential nourishment to all the tissues and organs of the body. Without it, the tissue dies of starvation (Cherpitel, 2002:8). The average person has 25 billion red blood cells, and in a normal healthy person, cells are constantly regenerated in the body. Without the protection of blood, no child could be born. In the womb, the mother's blood ensures that the fetus is supplied with oxygen and nutrients and benefits from the mother's inbuilt defences against disease.

About 45 percent of the total volume of blood is made up of:

- Red blood cells
- White blood cells
- Platelets (cells)

The remaining 55 percent of the total blood volume is plasma, which is the liquid portion in which the cells are suspended (Cherpitel, 2002: 9).

Red blood cells carry oxygen. The haemoglobin, which gives blood its red colour, is the agent that needs to be present for oxygen to be taken up from the lungs. Red blood cells also transport the used oxygen, transformed into carbon dioxide, back to the lungs for expulsion from the body. Iron is a key factor in the manufacture of haemoglobin. When iron supplies are deficient, people become anaemic, with a corresponding loss of oxygen-carrying ability. White blood cells defend the body against disease (Cherpitel, 2002:10). They make antibodies and fight infections. Platelets help to control bleeding by sticking to injured surfaces of blood vessels, and allowing clotting factors to accumulate at the injury site. Plasma is a fluid which carries all these cells, plus other substances such as proteins, clotting factors and chemicals.

Sometimes, through trauma such as haemorrhage, the volume of blood in the body is reduced to such a level that the body cannot replace it fast enough. Occasionally, some components of the blood are lacking and do not function correctly, as is the case in haemophilia, where clotting of the blood does not occur. At other times, the bone marrow does not produce sufficient haemoglobin, due to deficiency of the necessary building blocks. In many of these cases, blood and blood components will be transfused into patients. All the different components of blood can be used and each plays an important role in saving or improving the lives of different individuals in the community.

2.2 The uses of blood and blood derivatives

The transfer of blood and blood derivatives from one human being to another represents one of the greatest therapeutic instruments in the hands of modern medicine (Lawrence, 1994). It has made possible the saving of life on a scale undreamt of several decades ago and for conditions which would have been considered hopeless. The demand for blood increases yearly in every Western country as new uses are developed; as more radical surgical techniques are adopted which are associated with the loss of massive amounts of blood; with the increasingly widespread use of artificial heart-lung machines in open-heart surgery (first developed in England in 1950), and for numerous other reasons both for the saving of lives and the prevention of disease and disability. The conditions which may necessitate a blood transfusion are tiny. There are three main ways in

which transfusion can save a life:

- By supplying whole blood. Blood loss, arising from haemorrhage, caused by a wound, or in childbirth, results in a deficiency of both plasma and red cells. Replacement is achieved by the transfusion of whole blood.
- By supplying red blood cells. Anaemia may result from lack of red cells, for example, when the body produces red cells in insufficient numbers or when red cells are being rapidly destroyed. When blood is stored, the red corpuscles settle into the lower half of the bottle leaving the layer of plasma above. The plasma can then be removed and the concentrated red cells transfused. In this way the deficiency of red cells is repaired without giving plasma of which the anaemic patient has no need.
- By supplying plasma. Plasma alone may be lost when the small blood vessels or capillaries are damaged by crush injuries, by burning or by some types of intestinal disease. When plasma is lost the blood becomes thicker and the circulation slower, which means that the tissues are starved of the oxygen transported by the red blood cells. The transfusion of plasma dilutes the blood and, by restoring the volume of liquid, gets it flowing at the normal speed again.

Transfusions may be necessary in a number of major groups of cases (Titmuss, 1997), e.g. accidents, injuries, wound shock, burns and scalds; gynaecological and obstetrical cases and operative surgery - particularly for cancer, abdominal surgery, cardiovascular surgery, chest, surgery, neurosurgery, orthopaedic surgery, plastic surgery, etc. For these and many other reasons, those responsible for blood transfusion services have stressed the great importance of maintaining the most rigorous standards in the selection of donors (Adler, 1995). The state of health, the health history and the social habits of the donor become crucial because the laboratory cannot identify some transfusion transmittable viruses if still within the window period. Again, however, there are definite limits to the clinical assessment of 'health'; no single test or battery of liver function tests has yet been devised which will reliably distinguish carriers of the virus from 'normal' subjects.

A great deal depends, therefore, on the truthfulness of the donor in the processes of medical examination, history-taking and selection. Just as the recipient of blood has to trust the doctor, so the doctor has, within limits, to trust the giver (Andaleeb & Basu, 1995: 44). Those responsible for making medical decisions and administering blood have to act in certain circumstances on the assumption that donors have been truthful. In situations of total ignorance and total helplessness this is one social right the patient has: the right to truthfulness. Essentially, this is because he can exercise no preferences and because one man's untruthfulness can reduce another man's welfare

(Titmuss, 1997).

2.3 Blood as a scarce resource

Blood is a national resource. It is estimated that 80 percent of the global population has access to only 20 percent of the global supply of 'safe' blood (Lee & Allain, 2004: 176). One of the main reasons why the blood supply is inadequate in many countries is a lack of voluntary, non-remunerated donors who give blood regularly and a dependence on family and replacement donors. According to Goodnough, Shander and Brecher (2003:162) over 75 million units of blood are donated world-wide every year. Blood services and centres rely on the goodwill of voluntary donors for the supply of blood. Despite the importance of blood transfusions to the health care the donor base is diminishing for a variety of reasons including increased donor deferral and donor complacency (Chapman, Hyam & Hick, 2004: 143). The fragile nature of the blood supply emphasises the role of effective stock management both within blood services and the hospitals that they supply. Appropriate inventory levels are key to effective inventory management. The inventory levels will depend upon the type of centre, the hospitals it serves, or whether it is part of a national or independent blood service. It is estimated that if approximately 5 percent of the global population donates blood on a regular basis, an adequate supply will be maintained. Currently, many industrialised countries struggle to achieve that total, while many less developed countries report figures below 1 percent.

The scarcity of blood is also impacted by its perishability (Goodnough *et al*., 2003:161). After 21 days of storage under refrigeration, blood has lost some of its usefulness because many red cells have been altered and chemical changes have occurred, making it undesirable and harmful to be used for transfusion. In some countries where there are serious shortages of whole blood, the 'shelf-life' (as it is called) may be extended to 28 days. But in most countries it is accepted that the risks of blood transfusion are increased if the 21-day limit is exceeded (Allen & Butler, 1993: 26-33). This particular characteristic of '21-day perishability' presents great administrative and technical problems in the operation of transfusion services; in the estimation and prediction of demand from hospitals all over the country for blood of different groups; in the organisation, forward planning and execution of blood donor programs; in the technical organisation of compatibility tests and cross-matching; and in the distribution of supplies of whole blood in the right quantities and categories, at the right times, daily and even hourly, and to the right hospitals, operating theatres, wards and patients.

For medical reasons, and in the interests of both donors and recipients, blood should not be drawn too frequently from donors (Lawrence, 1994). If a donor is bled too frequently, iron deficiency

anaemia develops due to the loss of red-cell iron. In Britain, the standard set and followed is two donations (or units) a year with five to six months elapsing between donations. In the United States, both the standards adopted and the actual practices appear to vary considerably. In some of the community blood banks which are recognised to have strict standards (such as the New York Blood Bank and the King County Central Blood Bank of Seattle) the practice is five donations a year with appropriate intervals between donations. Men and women between the ages of 18 and 65 are in most countries accepted as donors; these are the age limits set in Britain in 1970. A healthy donor can spare 400-500 ml of blood with no more ill effect than at the most a transient dizziness and can make good this loss in about six weeks. In South Africa, regular blood donors are encouraged to donate blood between 4-6 times per year (De Coning, 2004).

It is of the utmost importance, however, that all blood donors should be carefully screened on each occasion. The transfusion of blood can be a highly dangerous act. Quite apart from the problems of compatibility and cross-matching, and the need for the highest standards in the preparation of apparatus, and in the collection, storage, recording, labelling, transporting and transfusion of blood, there are serious risks of disease transmission and other hazards (Oswalt, 1977). In addition to the importance of careful medical examination and supervision, what is also crucial is the truthfulness of the donor in answering questions about his present health and past medical history. This applies particularly in the case of serum hepatitis, malaria and syphilis which constitute the most serious risks in Britain and the United States of infecting patients with disease (Martlew, 1997: 45). Due to the high HIV prevalence rate in South Africa, the situation is made more difficult by requesting people to also be truthful about their lifestyle and sexual orientation. Therefore, the individual blood donor is as uniquely important as he ever was and, indeed, even more so than in the past because of the growing demand for blood. 'In fact, the collection of blood or more precisely the blood donor himself is the fundamental question and remains the essential problem of transfusion through the world.'

2.4 Low risk blood donors

A low-risk blood donor is a donor who has a low risk of transmitting infection through the blood donated. If we exclude direct donation, blood donors fall roughly into three categories (Cherpitel, 2002: 15):

- Paid or commercial donors
- Family or friend replacements
- Voluntary, non-remunerated donors

Evidence from many countries (Hantchef, 1961) shows that the safest donors are voluntary, non-remunerated donors from low risk populations who give blood regularly.

2.4.1 Paid or commercial donors

People who make their living by selling blood, or who supplement their income by doing so, are at most risk of transmitting communicable disease through their blood. Their prime motive is the receipt of monetary reward, not the wish to help save lives or improve the quality of life of other people. For this reason they are unlikely to reveal any reasons why they may be unsuitable to donate blood. The highest prevalence of transfusion-transmittable infections is found among paid or commercial donors (Titmuss, 1997: 265).

With regard to the issue of truthfulness, again it has been repeatedly shown that paid donors - and especially poor donors badly in need of money - are, on average and compared with voluntary donors, relatives and friends, more reluctant and less likely to reveal a full medical history and to provide information about recent contacts with infectious disease, recent inoculations, and about their diets, drinking and drug habits that would disqualify them as donors. The paid seller of blood is often confronted with a personal conflict of interests. To tell the truth about himself, his way of life and his relationships may limit his freedom to sell his blood in the market (Titmuss, 1997: 219). Because he desires money and is not seeking in this particular act to affirm a sense of belonging, he thinks primarily of his own freedom; he separates his freedom from other people's freedoms. The social costs of untruthfulness are clear and they fall randomly on rich and poor alike. The dishonesty of donors can result in the death of strangers.

Dr. Wheeler of Kansas City, as referenced in Titmuss (1997), commented as follows on this issue in 1964:

> *'I take the position that blood obtained from commercial blood banks is, all things considered, more dangerous than blood obtained from non-profit banks. . . it is my honest conviction that, all of the above things, being true, there are more deaths caused by the use of blood from paid donors than from the use of blood from volunteer donors'* .

With the steep rise in demand in many countries of the world for blood for transfusions and blood components, there seems to have been as great, or even greater, rise in the national proportions of blood that are purchased. In some countries, as in the United States and Japan, the commercialisation of blood is discouraging and downgrading the voluntary principle. Both the sense of community and the expression of altruism are being silenced (Evans & Chang, 1998, Gaugnano, 2001 and Andreoni & Miller, 2002).

2.4.2 Family or friend replacement donors

In many countries where blood supplies were scarce, where there is no history of blood banking or blood donation is not an accepted norm within the culture, it is common practice to require family members or friends of a patient needing a transfusion to donate blood to replenish the blood stock. While generally safer than paid donors, family / replacement donors have a higher incidence and prevalence of transfusion-transmittable infections than voluntary, non-remunerated donors (Burnett, 1982). This may be because there is emotional pressure on people to donate, making them less likely to be truthful about their health status or high-risk behaviour.

The situation with replacement donors has to be approached carefully, with a balance drawn between encouraging healthy, eligible replacement donors to become voluntary, non-remunerated donors and discouraging those who may be at risk of passing on infection. Treated with care and exposure to appropriate education, replacement donors may be the foundation of a system of voluntary, non-remunerated donation for humanitarian motives (Baden, 1985 and Clarke, 2003). When the life of a family member of community has been saved through a transfusion – or has been jeopardised by the lack of safe blood – they may recognise the need for a sustainable supply of blood which can only be achieved through regular, voluntary, non-remunerated blood donation.

Donors who are coerced, whether through emotional pressure or threat, into giving blood cannot be considered 'safe' (Adler, 1995:93). In some countries there is a great deal of dependence on military blood donors or prisoners who are ordered to give blood and who cannot be considered as voluntary donors, even though they receive no payment. Excessive pressure from family, employers or peers can also, often unknowingly, lead to coercion and reluctance to disclose any factors why the donor is unsuitable to give blood (Holmes, 1990:140-149). Some health authorities require donation before scheduled surgery or a planned hospital stay. Any donor who does not give blood voluntarily through altruistic motives poses a threat to the safety of the blood supply.

2.4.3 Voluntary, non-remunerated donors

Voluntary, non-remunerated donors who give blood regularly are the foundation of a safe and adequate blood supply. These donors are defined as (Cherpitel, 2002: 16): 'A person who gives blood, plasma or other blood components of their own free will and receives no payment for it, either in the form of cash, on in kind which could be considered a substitute for money. This includes time off work, other than that reasonably needed for the donation and travel. Small tokens, refreshments and reimbursement of direct travel costs are compatible with voluntary, non-

remunerated blood donation'. Edmundson (1986:49) concludes that a regular donor is a result of 'a pattern of lifelong giving begins when the donor feels a personal link with the organisation'.

Unlike gift-exchange in traditional societies, there is in the free gift of blood to unnamed strangers no contract of custom, no legal bond, no functional determinism, no situations of discriminatory power, domination, constraint or compulsion, no sense of shame or guilt and no gratitude imperative. In not asking for or expecting any payment of money, these donors signified their belief in the willingness of other men to act altruistically in the future, and to join together to make a gift freely available should they have a need for it. As individuals they were, it may be said, taking part in the creation of a greater good - the good of self-love. To 'love' themselves, they recognised the need to 'love' strangers (Clarke, 2003:109). By contrast, one of the functions of atomistic private market systems is to 'free' men from any sense of obligation to or for other men regardless of the consequences to others who cannot reciprocate, and to release some men (who are eligible to give) from a sense of inclusion in society at the cost of excluding other men (who are not eligible to give).

The main reasons for promoting voluntary, non-remunerated blood donation are as follows:

- Protection of the recipient of donated blood and blood products:

Voluntary, non-remunerated blood donors invariably have the lowest prevalence of transfusion-transmissible infections because they have no reason to withhold any information about their health status that may make them unacceptable as donors. Repeat donors are generally safer than new donors, because they are better informed about the significance of low-risk behaviour and the importance of self-deferral when donation might harm the recipient.

- Protection of the donor:

The blood service has a duty to prevent exploitation and protect the health of the donor as well as the recipient. Donors who give blood for monetary rewards or because of pressure from others may conceal information that would otherwise cause them to be deferred, either temporarily or permanently, because donation may be harmful to their own health.

- Ethics:

The International Federation of Red Cross and Red Crescent Societies, the World Health Organisation and many others (Cherpitel, 2002:17) believe that it is morally unacceptable for any aspect of health care to be based on purchase of body parts, including blood.

2.5 Recruiting low-risk blood donors

As derived from the section above, it is recognised that the safest donors are regular, voluntary, non-remunerated blood donors from low-risk population groups who donate blood for humanitarian reasons. The starting point is the promotion of healthy lifestyles and the eradication of disease. In this respect, the needs of a blood service are linked with the wider community. Programmes such as sex education campaigns and support for health promotion activities become part of a long-term strategy to establish a base of safe blood donors. Programmes for HIV/AIDS prevention and control help build up low-risk population groups and education in schools about good nutrition, hygiene and healthy lifestyles prepares the way for healthy blood donors of the future (Noring, 2000). Non-governmental organisations, such as voluntary blood associations, social societies, community organisations and religious groups, as well as the media can play an important role in promoting a healthy lifestyle (Crane, 1996). Blood donors themselves are an excellent means of carrying positive messages about healthy lifestyles into the wider community.

Although important, supporting efforts to build long-term populations is a long-term strategy, so the next step is to identify populations who are at low risk for transfusion-transmissible infections, target them as potential blood donors and educate them about the need for safe blood donors (Oswalt, 1977:133). However, some people who are motivated to become blood donors will not be suitable to donate blood. It is therefore important to educate potential donors about the reasons why some people are ineligible to give blood, and to define criteria for safe blood donation and to ensure that all blood donors meet these criteria. Finally, the challenge is to encourage donors to give blood regularly on a voluntary, non-remunerated basis.

2.6 Donor motivations

Research into altruistic behaviour is relatively limited (Hibbert, 1995: 8). One area on which researchers have focused in the last two decades is people's motivations for giving to charity or special causes. It has been suggested by some social scientists (Silver, 1980 & Wilson, 1978) that the motivation for altruism is that it increases the chances of survival of the human species. Others argue that it is not due to genetic motives but is learned behaviour which results from socialisation (Grusec, 1982). Scientists from the field of consumer behaviour have noted the perceived benefits of making a donation to include feelings of self-esteem, public recognition, the satisfaction of expressing gratitude for one's own wellbeing and relief from feelings of guilt and obligation (Dawson, 1988). Guy and Patton (1989:24) and Bruce (1994), however, emphasise that donation behaviour appears to be driven by the anticipation of the intrinsic benefits of giving to help others.

Bruce (1994, 238) proposes that, ‘if there were one overarching reason for giving…it is because [individuals] feel better as a person afterwards’.

Schenk (1987) and Humphrey (1997) state ‘Men are not born to give; as newcomers, they face none of the dilemmas of altruism and self-love’. So the questions is how can they and how do they learn to give - and to give to unnamed strangers irrespective of race, religion or colour - not in circumstances of shared misery, but in societies continually multiplying new desires and syndicalism private wants concerned with property, status and power? Perhaps it is because of our turbulent past, but De Coning (2004:168) concludes that volunteerism or altruism is not a South African phenomenon. Certainly, it is never seen on the scale at which it is practices within the USA, Canada or the National Societies of the Red Cross / Red Crescent (Johnson-Coffey, 1997:61 and Thompson, 2002). The ‘New South Africa’ has one of the most liberal constitutions in the world. Over the last few years, blood donation has become a political issue and the right to be a blood donor has been viewed as a basic human right. This has led to a spate of bad publicity – especially during November and December 2004 (http:www/news24.co.za: Manto: ‘Blood Service Racist’ (02/12/2004); Race won’t determine risk (03/12/004); Bad blood about black donors (02/12/2004) as the blood service was perceived as using racist methods to screen and profile blood.

In an effort to better understand donor motivations, a pilot study in certain areas of England for some 3,800 donors was conducted (Titmuss, 1997). Some examples of individual replies to the question *'Could you say why you first decided to become a blood donor?*' are listed below. They were selected because they seemed to express more vividly different categories of replies than many stereotyped answers like 'Because I want to help to save lives in hospital'.

This is what some of the donors had to say in their own words about their reasons for giving. The vividness, individuality and diversity of these responses add life and a sense of community to the statistical generalities. The study called attention to the facts and included donors' own statements. Over two-fifths of all the answers in the whole sample fell into the categories altruism, reciprocity, replacement and duty. Nearly a third represented voluntary responses to personal and general appeals for blood. A further 6 per cent responded to an 'awareness of need.' These seven categories accounted for nearly 80 per cent of the answers, suggesting a high sense of social responsibility towards the needs of other members of society.

Category of motivation	Percentage	Statement samples
Altruism	26.4%	▪ 'Knowing I might be saving somebody life' (single woman, aged 40, power press operator, £10-15 a week, 10 donations). ▪ 'I felt it was a small contribution that I could make to the welfare of humanity' (married man, aged 45, four children, bank manager, £30-50 a week, 26 donations).
General appeal	18%	▪ 'I became a donor when the Unit came to the firm at which I worked, and ask for donors because of a shortage of blood' (married man, aged 42, six children, glass furnace operator, £15-20 a week, 19 donations).
Personal appeal	13.2%	▪ 'A workmate convinced me of the need for more donors' (married man, aged 35, one child, form grinder/miller, £20-30 a week, 20 donations).
Reciprocity	9.8%	▪ 'Some unknown person gave blood to save my wife's life' (married man, aged 43, two children, self-employed window cleaner, £15-20 a week, 56 donations). ▪ 'I have a motor bike and someday I may need blood to help me, so why shouldn't I give mine to help someone who may have had an accident' (married man, aged 50, two children, waterman textiles, 15-20 a week, four donations).
War efforts	6.7%	▪ 'I first gave blood during the last war to try and help save people from the results of war to which I am very strongly opposed – prefer to preserve life as against destroying it' (married woman, aged 53, one child, part-time actress and housewife, £30-50 a week, husband television producer, 20 donations).
Awareness of need for blood	6.4%	▪ 'A sister had to receive five pints after an illness and I realised how much benefit could be had by receiving blood from a donor' (married woman, aged 62, three children, husband company director, £30-50 a week, 17 donations). ▪ 'In order to help maintain the supply of blood so urgently needed at all times' (married man, aged 59, three children, postman, £10-15 a week, 10 donations).

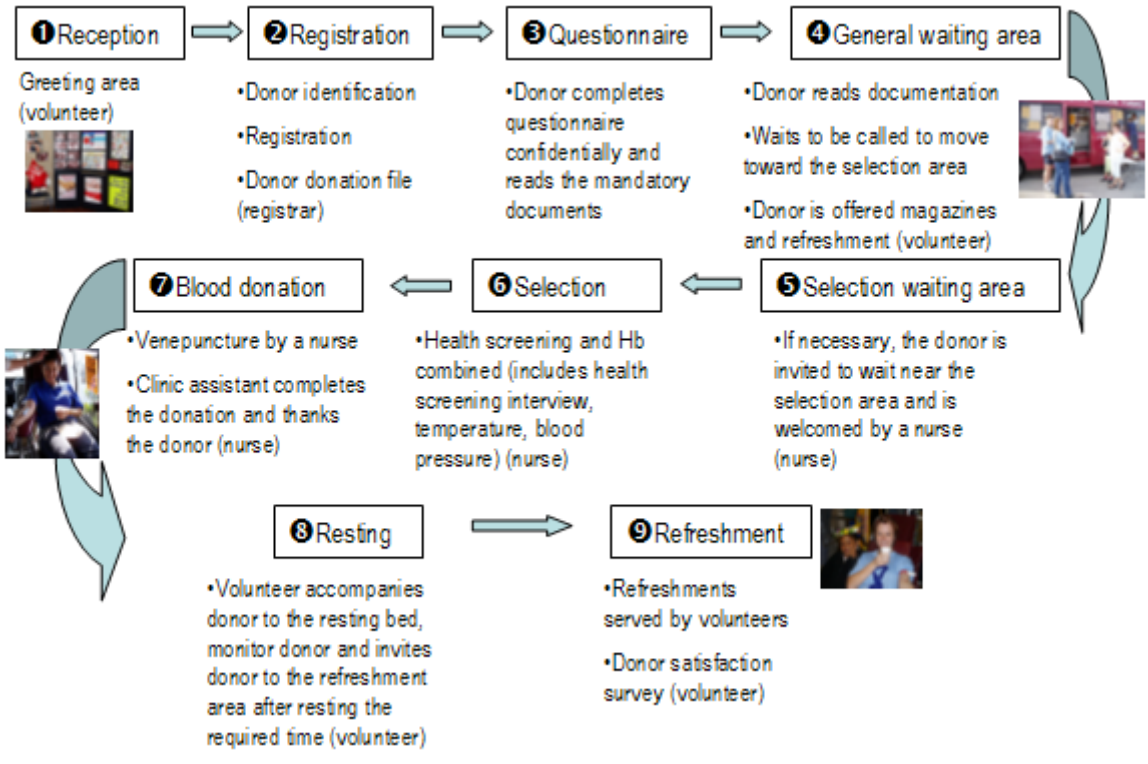
The Defence Services after 1945	5%	▪ 'It was a good excuse for a good cup of tea and the afternoon off duty whilst serving in the Navy' (married man, aged 42, three children, maintenance engineer printing, £30-50 a week, 49 donations).
Miscellaneous	5%	▪ 'No money to spare. Plenty of blood to spare' (married man, aged 35, two children, painter and decorator, £15-20 a week, 19 donations). ▪ 'After seeing fellow hitch-hikers in Greece selling their blood for a few pounds a pint to raise some money for food. It made me realise what a good system the voluntary system is' (single man, aged 23, industrial chemist (abrasive wheel industry) £15-20 a week, two donations).
Duty	3.5%	▪ 'Sense of duty to the community and nation as a whole' (married man, aged 31, three children, chargehand fitter, £15-20 a week, seven donations).
To obtain some benefit	1.8%	▪ 'From being a boy I had suffered from constant nose-bleeding and since I became a donor I have not had a single nose bleed' (married man, aged 43, two children, newsagent, £30-50 a week, 17 donations). ▪ 'I wanted to do something to convince myself I was 18 and I always wanted to be a blood donor – snob appeal' (married woman, aged 20, no children, donor attendant blood transfusion service, husband car fitter £15-20 a week, six donations).
Gratitude for good health	1.4%	▪ 'To me it is a form of thanking God for my own good health' (married woman, aged 64, two children, clerk, £20-30 a week, husband also clerk, 47 donations).
Rare blood group	1.1%	▪ 'Curiosity first. Then continued when I discovered I had a rare blood group. I like to think that a life may be saved by my blood' (married man, aged 53, two children, engineering toolmaker, £15-20 a week, 25 donations).
More than 1 type of answer	0.9%	▪ 'My group is rather rare. I drive everyday. I see blood on the road every week. One day it may be mine. With that cheerful thought one may regard donating as an investment' (single man, aged 25, advertising copywriter, £20-30 a week, four donations)

Replacement	0.8%	▪ 'My mother was a donor for a number of years and when she died in 1958 I decided to carry on in her place' (married man, aged 49, five children, bricklayer, £20-30 a week, 16 donations).

2.7 The donation experience

A positive experience should be created in order to attract voluntary blood donors. Daigneault & Blais (2004: 72) mentions that a satisfying experience, rapid service and a respectful and courteous treatment by staff members have been identified by donors over the past few years as the most important incentives for giving blood. On the other hand, service that is too slow and a lack of courtesy by staff members remain among the major irritants or disincentives for giving blood. A typical diagram for service delivery throughout the blood donation process is indicated in Figure 1 below.

Figure 1: The Blood Service Delivery Process



As the process can be quite lengthy as illustrated above, according to Daigneault and Blais (2004: 74) the keys to success remain staff involvement, constant teamwork, the quality, relevance and coherence of the messages communicated to employees, as well as post implementation follow-up on a daily basis.

2.8 Education and Social Marketing

Around the world, approaches to the education and recruitment of voluntary, non-remunerated blood donors vary tremendously. In general however, successful recruitment occurs as a result of well-planned marketing and education campaigns that are firmly rooted in the culture, attitudes and expectations of the country's population (Cousins, 1997). What works in one country may need to be adapted to work in another. As such it is important to understand how education and social marketing principles can be used effectively to attain the purposes of recruiting and retaining voluntary, non-remunerated donors via commitment-led marketing (Hofmeyr & Rice, 2000).

2.8.1 Social Marketing

Social or cause marketing aims to change behaviour to improve the quality of individuals or the community as a whole (http://www.turningpointprogram.org/about). Social marketing applies a commercial marketing model to social ideas. However, it involves market research into planning, pricing, communication, distribution, and evaluation of methods designed to encourage a desired behavior change rather than a product (Marcell, Agyeman, & Rappaport, 2004:3). The act of blood donation therefore qualifies as a social marketing activity as its soul aim is the recruitment and retention of sufficient safe blood donors to supply the country's ever increasing demand. Social marketing is a term that implies that the product or service being marketed, such as blood donation has a social relevance (Crane & Desmond, 2002). And therefore seeks to influence social behaviors not to benefit the marketer, but to benefit the target audience and the general society. Social marketing strategies usually aim to persuade people to change their behaviour patterns (Earle, 2000). Therefore, social marketing is using marketing principles to influence human behaviour to improve health or benefit society (Yavas & Riecken, 1997:267). Some of the fundamental marketing principles that are critical to the success of social marketing include:

- Being aware of the '4P's of Marketing' (Product, Price, Place, Promotion) and how they apply to your program
- Understanding your audience, their needs and wants, their barriers and their motivations
- Being clear about what you want your audience to do; changes in knowledge and attitudes are good if, and only if, they lead to action
- Understanding the concept of exchange; you must offer your audience something very appealing in return for changing behaviour
- Realising that competition always exists; your audience can always choose to do something else

- Understanding the role that policies, rules and laws can play in efforts to affect social or behavioural change.

Some of these aspects as it relates to social marketing within the blood donation context will be discussed next.

2.8.2 Application of the '4Ps' of Marketing

The 4Ps as well as some additional Ps highlighted by Weinreich (2005: http://www.social-marketing.com/Whatis.html) will be covered in the section below.

- *Product*

In order to have a viable product, people must first perceive that they have a genuine problem, and that the product offering is a good solution for that problem. The role of research here is to discover the consumers' perceptions of the problem and the product, and to determine how important they feel it is to take action against the problem. If people are not aware of the health and life giving properties of blood, they will remain disinterested to act on their convictions.

- *Price*

"Price" refers to what the consumer must do in order to obtain the social marketing product. This cost may be monetary, or it may instead require the consumer to give up intangibles, such as time or effort, or to risk embarrassment and disapproval (Weinreich, 2005). If the costs outweigh the benefits for an individual, the perceived value of the offering will be low and it will be unlikely to be adopted. However, if the benefits are perceived as greater than their costs, chances of trial and adoption of the product is much greater. These perceptions of costs and benefits can be determined through research, and used in positioning the product.

- *Place*

"Place" describes the way that the product reaches the consumer. An important element of place is deciding how to ensure accessibility of the offering and quality of the service delivery. By determining the activities and habits of the target audience, as well as their experience and satisfaction with the existing delivery system, researchers can pinpoint the most ideal means of distribution for the offering (Johnson-Coffey, 1997: 61).

- *Promotion*

Finally, the last "P" is promotion. Because of its visibility, this element is often mistakenly thought of as comprising the whole of social marketing. Promotion consists of the integrated use of advertising, public relations, promotions, media advocacy, personal selling and entertainment vehicles. The focus is on creating and sustaining demand for the product. Public service announcements or paid ads are one way, but there are other methods such as coupons, media events, editorials, "Tupperware"-style parties or in-store displays (Weinreich, 2005). Research is crucial to determine the most effective and efficient vehicles to reach the target audience and increase demand. The primary research findings themselves can also be used to gain publicity for the program at media events and in news stories.

- *Additional Social Marketing "P's"*

Publics--Social marketers often have many different audiences that their program has to address in order to be successful and refer to both the external and internal groups involved in the program. External publics include the target audience, secondary audiences, policymakers, and gatekeepers, while the internal publics are those who are involved in some way with either approval or implementation of the program (Weinreich, 2005).

Partnership--Social and health issues are often so complex that one agency can't make a dent by itself. SANBS needs to team up with other organisations in the community to really be effective. One needs to figure out which organisations have similar goals to yours--not necessarily the same goals--and identify ways to work together.

Policy--Social marketing programs can do well in motivating individual behavior change, but that is difficult to sustain unless the environment they're in supports that change for the long run. Often, policy change is needed, and media advocacy programs can be an effective complement to a social marketing program.

2.8.3 Further social marketing and recruitment process fundamentals

In the case of the recruitment of voluntary, non-remunerated blood donors, social marketing may be used to reinforce existing positive attitudes towards blood donation, as well as to change more negative attitudes and behaviours. Social marketing implies much more than ‘selling’ (Earle, 2000). A process of information, education, and motivation is needed to change attitudes and behaviour. In the context of voluntary, non-remunerated blood donation, education and recruitment are totally interrelated (Oswalt, 1977: 127). Good social marketing is based on

research. It is well planned and has clear, measurable objectives. It is undertaken in such a way that its results and impact can be evaluated.

The basic steps in the social marketing and recruitment process are:

- Situation analysis
- Identification of target markets
- Market research
- Development of an education campaign and marketing plan
- Evaluation of the impact of education and marketing

Following these steps according to the International Federation of Red Cross and Red Crescent Societies Manual (Cherpitel, 2002) will enable you to develop an effective donor recruitment campaign that will reflect local differences in culture, attitudes and behaviour as well as requirements for information and education.

a) Situation analysis

The main purpose of a situation analysis is to obtain wide-ranging information from a variety of sources that helps both to place the organisation in context (the local culture, environment and needs) and to examine its strengths and weaknesses in order to determine the most effective and efficient use of scarce or costly resources (Hass, 1999 and Yang, Kuo, & Jones, 2003). For the purposes of education and marketing, you will need to analyse:

- The needs of potential donors for information and education
- The ability of your service to meet those needs

In order to do this, you will need to be familiar with your target markets and seek out potential donors who are most likely to meet defined criteria for low-risk donors. Resources are always scarce and targeting enables you to use what you have in the most efficient and cost-effective way (O'Shaughnessy, 1996). You might also need to conduct some market research, examining your target audience and their motivations and concerns, together with their requirements for information and education.

b) Target audience

A successful campaign for the education and recruitment of voluntary, non-remunerated blood donors will achieve:

- A lower risk of transfusion-transmissible infections in the blood supply

- An adequate and sustainable supply of blood

A safe and adequate blood supply depends on the recruitment of suitable donors.

i) Suitable donors

'Suitable; donors are people who meet the donor selection criteria i.e. for South Africa the person has to (De Coning, 2004; http://www.sanbs.org.za):

- Be 16 years and over
- Weigh 50 kg or more
- Be in good health
- And most important of all live a safe lifestyle. Which in turn means:
  - Having only one faithful partner
  - Using condoms
  - Not having multiple sex partners
  - Not having casual or unprotected sex
  - No man to man sex
  - Not abusing drugs because when you're under the influence of drugs or alcohol, you can't always judge right from wrong and then it's easy to behave in a high-risk manner.

An understanding of donor selection criteria and the reasons why they are so important is fundamental in planning effective education and marketing campaigns because they will underlie the messages that you promote.

ii) Low-risk populations

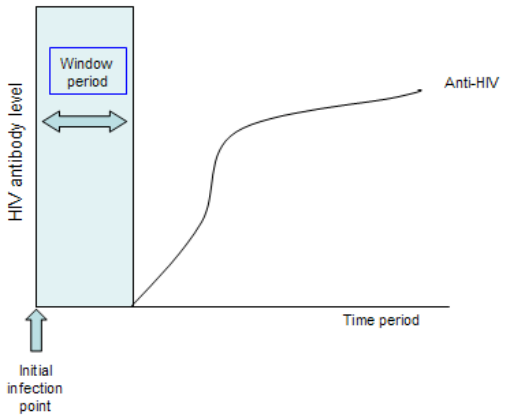
Donors who meet defined selection criteria are likely to come from low-risk populations. There are many people who live in high-risk environments, such as being resident in malarial areas. There are others however, whose personal behaviour may put them at risk in acquiring transfusion-transmissible infections. These people are a main target of education campaigns, designed to identify and publicise at risk behaviours in order both to encourage self-deferral or self-exclusion by unsuitable donors, and to promote healthy lifestyles (Cue, 1999 and Noring, 2000). At-risk behaviours include:

- Intravenous drug use
- Sexual activity between males
- Prostitution
- Tattooing and blood rituals

- Use of non-sterile sharps, for example illegal circumcision of children
- Engaging in sexual activity with other people involved in risk behaviour of any kind.

The process of testing blood cannot guarantee the detection of transfusion-transmissible infectious agents. In the case of HIV, for example, there is a delay between the infection and the production of antibodies which are detectable in the blood (Martlew, 1997). This delay, called the 'window period', gives a risk of infection via transfusion even when blood has been screened (see figure 2 below). Errors in laboratory testing and documentation can also contribute to the use of unsafe units of blood.

Figure 2: The window period explained



In addition to the screening of blood, therefore, the selection of donors is an essential safeguard for any blood service. One without the other may open the door to disaster (Schlegelmilch, Love & Diamantopoulos, 1997: 548). It is essential to recognise the limitations of any donor recruitment campaign that does nothing to deter unsuitable donors from attending the blood centre (Hibbert & Horne, 1996 and Knight, 2001). The ultimate goal is to recruit and retain safe donors. The key to the recruitment and retention of low-risk blood donors is ongoing education of the local community, not only about the need for voluntary, non-remunerated blood donors but also about the importance of safe blood donation, risk behaviour and the reasons for stringent donor selection criteria.

c) Market research

Learning all you can about the present and potential donors is an integral part of the responsibility of donor recruiters (Nonic, Ford, Logan & Hudson, 1996). Social attitudes and behaviour change all the time, with each generation, and blood services need to keep up with those changes

(Hibbert, 1995:10). Finding out what motivates and demotivates people to donate blood will form an important basis for your messages.

i) Beliefs about blood

Wherever you are in the world, blood has very important cultural meaning. The findings of a study of blood donor motivation in South Africa as referenced in Titmuss (1997:252) were published by the University of Natal in 1966. This study 'Blood Donation: The Attitudes and Motivation of Urban Bantu in Durban' represented the most thorough and intensive study of its kind yet undertaken in South Africa, however this should be seen in the light of the political context (namely Apartheid) of its time. It was commissioned by the Natal Blood Transfusion Service and carried out in Durban and its immediate environments by H L Watts and C D Shearing of the Institute of Social Research. Some of the beliefs about blood included:

- The concepts of blood held by the average African manual worker closely linked blood with health and were unfavourable to blood donation. Good blood - rich blood - was thought of as being a source of health. There were connections also with ancestor worship (our blood is their blood and we have no right to give it away). Bad blood - thin or weak blood – was associated with illness and disease. Blood was also seen by some as a possible carrier of witchcraft, so there were resistances to the idea of receiving blood which might be used as a medium for bewitching. It seemed to be widely held belief that blood was an irretrievable substance; once lost, it cannot be replaced.
- 'Blood is my life.' These concepts appeared to reflect to a considerable extent the traditional views held by the Zulus, with some Xhosa and other less numerous language groups in Durban. It is not unimportant that the Zulu word used to denote 'giving' or 'volunteering' to give blood has connotations of 'sacrifice' .
- While beliefs in witchcraft were still widely held among African adults, these did not seem important in producing resistances to donation.
- Fears and anxieties about pain were fairly widespread in the blood donor clinics. These were not relieved when there is ignorance about the processes and purposes of blood donation - as there was - and when the atmosphere in the clinics is impersonal, cold and authoritarian.
- A marked characteristic of the African blood donor is that he tended to give blood only once or twice. In 1965 the mean number of times that blood had been given by African donors on the active list in the region served by Durban was 2.77 times. It was estimated that only one-eighth of those who had given blood were still active donors.
- In the African population at large there was widespread ignorance about, and fear of, blood donation. These beliefs and attitudes were not in general dispelled at the bleeding

sessions. 'It is remarkable that again and again the observers noted that many donors did not seem to understand fully why they were donating.' Often there was little or no communication. In one clinic where the staff was White, it was reported: 'In general the donors were very respectful and subdued once they were inside the tent, although they talked quite a lot while they were standing outside the tent. They never asked the nurse anything, or initiated a conversation'. On the application form an eight-point knowledge score, it was concluded that at least one-third of the donors had little or no knowledge about donation (which in part explains the high wastage rate).

- The image held by some African adults of the Blood Transfusion Service was a negative one, in that it was seen as a governmental organisation and 'White'. Suspicion and fear of the 'Government' and the White man were transferred to the Service. One of the observational reports said: 'There can be no running away from the fact that most of those donors (that is, those at a particular session) 'are afraid of European nurses and doctors. They fear them in just the same way as they fear their bosses'. Some donors were forced by their employers to donate. These attitudes appear to have been reinforced by the 'rather impersonal and cold atmosphere during donation'. Moreover, donors had to queue outside; no provision for seating was made at the bleeding sessions.
- The knowledge among some of the Africans that blood donors (or suppliers) were paid in the Southern Transvaal (on the gold mines) presented, a problem to the Natal Blood Transfusion Service. They felt they were being cheated; some thought that employers were being paid by the Service to recruit donors or were withholding the money from them. These beliefs may have been reinforced by the fact that hospital patients in Natal were charged for blood transfusions.

Overcoming negative feelings about blood donation is a major step in any recruitment campaign. With correct planning and a good mix of education and information, sometimes over a long period, all barriers to blood donation can be overcome. Demotivating factors as identified by the International Federation of Red Cross and Red Crescent Societies Manual (Cherpitel, 2002) include:

- Lack of knowledge about the need for blood donation or what is involved in the blood collection process
- Fear of needles
- Fear of the unknown
- Religious beliefs
- Myths and superstition
- Tradition

First-time donors may be reluctant to return if the experience was unpleasant or may lose confidence in the blood service because of experiencing or hearing about supply problems or other negative factors. Young people are likely to be better educated than their parents and may have quite different attitudes. The SANBS has successfully implemented several Club 25 initiatives where high school children and students are encouraged to donate 20 times before their 26th birthday (De Coning, 2004: 169). The club aims to retain school leavers as blood donors in order to increase the representation of the youth on the blood donor base.

ii) Deterring unsuitable donors

Some people are ineligible to be donors because giving blood could cause them discomfort or harm their health in some way. Others are ineligible because of the risk of transfusion-transmissible infections. The selection of donors therefore has, as its basis, consideration both for the voluntary donor and the patient in order to ensure no harm comes to either through the donation. Finding a way of motivating potential blood donors, while at the same time deterring unsuitable people is a challenge (Knight, 2001). Not only can a deferral be frustrating and disappointing for the person volunteering to give blood, it is also wasteful of staff time and resources. It is therefore important to educate potential donors about any reason why they may be unsuitable so they do not attend the blood centre. If a donor fails to meet selection criteria, careful counselling is required to explain the reasons for temporary or permanent referral.

Stable financing for a blood programme is vital for its maintenance, viability and ability to effect continuous quality improvement (Hass, 1999: 700 and Sekhar, 2004: 480). All stakeholders should recognise that, even when blood donors are voluntary and non-remunerated, safe blood is not obtained without cost (Cherpitel, 2002: iv). Maintaining a quality service, where high priority is given to meeting the needs and expectations of voluntary donors requires an adequate budget. It is important to note, however, that an investment in the recruitment and retention of voluntary, non-remunerated blood donors cannot only result in a safer blood supply, but should also result in significant cost savings for the service through a reduction in the number of units of donated blood that have to be discarded due to evidence of infectious disease markers. “No effort should be spared in ensuring that appropriate standards of service are provided for those blood donors who are the foundation of a safe and adequate global blood supply” (Cherpitel, 2002:iv).

2.8.4 Education

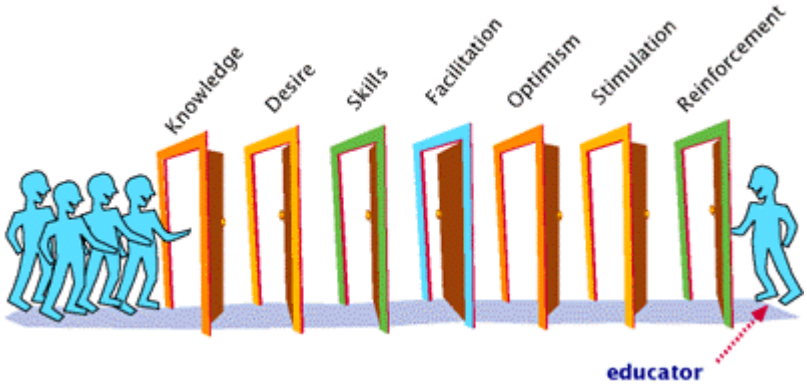
As mentioned before, education plays an important role in social marketing as various interventions might be required to change behaviour on a sustainable basis. Robinson (1998)

suggests that a seven-step process be considered in order to achieve social change. These steps are graphically depicted in Figure 3 and 4 below.

Figure 3: 7 Steps to social change

Each one of these conditions is actually an obstacle, so you can think of this model as a set of 7 doors as illustrated in Figure 4.

Figure 4: The 7 doors to affecting social change



The 'education strategy' is therefore about clearing away obstacles rather than awareness building and the educator or social marketer has the humble role of a door opener, rather than a font of ultimate truth. Robinson (1998) therefore suggests that education within the social marketing context has to follow a logical sequence in overcoming fears and objections. Knowledge should therefore be considered as the most basic foundation in order to reach the reinforcement stage to motivate committed, regular donors.

2.9 Research questions

The research will aim to answer the following research questions:

- What factors influence existing and lapsed donors' motivation to donate blood?
- Why would donors stop donating and lapse?
- Why would non-donors who would qualify to donate blood according to predefined criteria, opt not to donate blood?
- What role can social marketing messages play in the recruitment and retention of voluntary, non-remunerated donors?

2.10 Conclusion

The literature review up to this point focused on various issues around blood and blood donation, while also addressing the education and social marketing aspects of recruiting and retaining suitable donors. The literature study forms the basis of the research study and responses will be evaluated in order to determine in what way it supports or contradicts findings as recorded in this chapter. The purpose of the study is therefore to analyse factors influencing existing and lapsed blood donors in South Africa's motivation to donate blood, while comparing it to the motivating or influencing factors for non-donors. A greater understanding of these factors will enable the SANBS to identify sound marketing messages and practices in order to retain and recruit donors on an ongoing basis, thereby ensuring a future safe and constant blood supply for the country. The importance of recruiting and retaining voluntary, non-remunerated blood donors cannot be stressed enough. Every effort should be taken to ensure the availability of a sustainable, safe blood supply for the ever growing blood demand of South Africa. The specific research methodology applied will be discussed next.

Chapter 3
Methodology

3 Research design

3.1 Method selected

The researcher made use of focus groups as an inquisitive qualitative research technique. Qualitative research methodologies are designed to provide the researcher with the perspective of target audience members through immersion in a culture or situation and direct interaction with the people under study. These methods are designed to help researchers understand the meanings people assign to social phenomena and to elucidate the mental processes underlying behaviours. There are many definitions of a focus group in the literature, but features like organised discussion (Kitzinger 1994), collective activity (Powell, Single & Lloyd, 1996a), social events (Goss & Leinbach 1996) and interaction (Kitzinger 1995) identify the contribution that focus groups make to social research.

Powell *et al*. (1996b: 499) define a focus group as 'a group of individuals selected and assembled by researchers to discuss and comment on, from personal experience, the topic that is the subject of the research. Focus groups are a form of group interviewing, but it is important to distinguish between the two. Group interviewing involves interviewing a number of people at the same time, the emphasis being on questions and responses between the researcher and participants. Focus groups however rely on interaction within the group based on topics that are supplied by the researcher (Morgan 1997: 12). Hence the key characteristic which distinguishes focus groups is the insight and data produced by the interaction between participants.

Focus groups involve analysing the responses of a relatively small number of individuals and a single focus group would range from 6 to 12 individuals (Dillon, *et al.*, 1993:135). The objective is not to generalise these results to the entire population, but rather to gain insight and understanding of what factors contribute to the motivation or barriers of voluntary blood donations. The researcher acted as moderator of the groups with the role of keeping discussions focused on the topic of interest within a certain time. An additional responsibility was to ensure that every member of the focus group participated in the discussion, without allowing one or two strong personalities to dominate the discussion.

Merton and Kendall's (1946) influential article on the focused interview set the parameters for focus group development. This was in terms of ensuring that participants have a specific

experience of or opinion about the topic under investigation; that an explicit interview guide is used; and that the subjective experiences of participants are explored in relation to predetermined research questions. As such, a group of individuals were asked to respond to specific questions from the research instrument, namely a pre-drafted discussion guide. The discussion guide established the plan of the focus group interview, including the topics to be covered and an indication of the time that should be allocated to each topic (Dillon, Madden & Firtle, 1993:138). The full discussion guide can be reviewed in Appendix A.

i) Advantages of this method

The advantage of using qualitative methods is that they generate rich, detailed data that leave the participants' perspectives intact and provide a context for health behaviour. The focus upon processes and "reasons why" differs from that of quantitative research, which addresses correlations between variables (Non-profit World, 1996:37). The strength of focus group research is derived from its qualitative nature. The small group setting provides the kind of understanding you can only get from both listening to and watching responses. Focus groups are especially effective for non-profit organisations because of their identification with emotional and complex human causes. Much of a non-profit's market niche is defined by its culture, values and service style; such subject matter can be developed effectively in focus group sessions. Kitzinger (1994, 1995) argues that interaction is the crucial feature of focus groups because the interaction between participants highlights their view of the world, the language they use about an issue and their values and beliefs about a situation. Interaction also enables participants to ask questions of each other, as well as to re-evaluate and reconsider their own understandings of their specific experiences.

Another benefit is that focus groups elicit information in a way which allows researchers to find out why an issue is salient, as well as what is salient about it (Morgan, 1988). As a result, the gap between what people say and what they do can be better understood (Lankshear, 1993). If multiple understandings and meanings are revealed by participants, multiple explanations of their behaviour and attitudes will be more readily articulated.

The benefits to participants of focus group research should not be underestimated. The opportunity to be involved in decision making processes, to be valued as experts, and to be given the chance to work collaboratively with researchers (Goss & Leinbach, 1996) can be empowering for many participants. If a group works well, trust develops and the group may explore solutions to a particular problem as a unit rather than as individuals (Kitzinger, 1995). Not everyone will experience these benefits, as focus groups can also be intimidating at times, especially for inarticulate or shy members. Hence focus groups are not empowering for all participants and other

methods may offer more opportunities for participants. However, if participants are actively involved in something which they feel will make a difference, and focus group research is often of an applied nature, empowerment can realistically be achieved.

Another advantage of focus groups to clients, users, participants or consumers is that they can become a forum for change, both during the focus group meeting itself and afterwards. For example, in research conducted by Goss & Leinbach (1996), the participants in the research experienced a sense of emancipation through speaking in public and by developing reciprocal relationships with the researchers.

ii) Disadvantages of this method

Although focus group research has many advantages, as with all research methods there are limitations (Weinreich, 2005) e.g. data collection and analysis may be labour intensive and time-consuming and qualitative methods are not yet totally accepted by the mainstream public health community therefore qualitative researchers may find their results challenged as invalid by those outside the field of social marketing.

Some limitations can be overcome by careful planning and moderating, but others are unavoidable and peculiar to this approach. The researcher, or moderator, for example, has less control over the data produced (Morgan, 1988) than in either quantitative studies or one-to-one interviewing. The moderator has to allow participants to talk to each other, ask questions and express doubts and opinions, while having very little control over the interaction other than generally keeping participants focused on the topic. By its nature focus group research is open ended and cannot be entirely predetermined.

It should not be assumed that the individuals in a focus group are expressing their own definitive individual view. They are speaking in a specific context, within a specific culture, and so sometimes it may be difficult for the researcher to clearly identify an individual message. This too is a potential limitation of focus groups.

As mentioned before - on a practical note, focus groups can be difficult to assemble. It may not be easy to get a representative sample and focus groups may discourage certain people from participating, for example those who are not very articulate or confident, and those who have communication problems or special needs. The method of focus group discussion may also discourage some people from trusting others with sensitive or personal information. In such cases personal interviews or the use of workbooks alongside focus groups may be a more suitable

approach. Finally, focus groups are not fully confidential or anonymous, because the material is shared with the others in the group.

3.2 Sampling

The population of donors was defined as active and lapsed donors. Lists were supplied by SANBS for recruiting purposes. Non-donors were selected on a random basis within the areas as indicated below. The sample will include respondents from Gauteng, the Eastern Cape and Kwa-Zulu Natal. The Western Cape is specifically excluded as this falls outside of the mandate of SANBS. The Western Cape Province has another independent blood services operator in this region. The contact details of the full population of donors and lapsed donors in the Johannesburg / Pretoria, Port Elizabeth and Durban areas were obtained from the SANBS database. These areas were specifically selected due to the number of average donors in these areas, perceived differences in donor behaviour and the density of services in these centres. Non-donors were recruited from members of the public at large, located close to a permanent SANBS clinic within the areas stated above. The process of obtaining focus group members was facilitated by using a screening questionnaire that clearly set forth the qualifications that a person must possess in order to be in the focus group. The three primary types of respondents of interest for purposes of this study were defined as follows:

- Current donors – had donated in the last year and were planning to continue donating
- Lapsed donors – had donated previously, but not in the last year or so and were not planning to donate in the future
- Non-donors – had never donated nor were planning to begin donating, but needed to be aware of SANBS

The researcher anticipated obtaining a weaker response from lapsed-donors as it was anticipated that they might not be open to participate in focus groups for personal reasons. For this reason two focus groups consisted out of a majority of donors and some lapsed donors. In-depth telephonic interviews were also conducted to obtain additional feedback from this group as it proved to be difficult to recruit lapsed donors to focus groups. A given focus group was limited to participants who have similar backgrounds and experiences. Special consideration was given to regular and lapsed donors versus non-donors. Issues such as age and cultural differences were considered as far as possible to ensure that respondents did not feel inhibited and gave guarded responses in accordance with what they might feel is an expected answer. The focus groups had an average of 10 people per group; therefore the opinions of at least 70 individuals informed the outcome of the study. Area distribution of groups is presented in the table below:

Province	*# of groups*	*Group constitution*
1.Gauteng	***3***	*1–Lapsed and current donors (White)* *1-Non- Donors (Coloured)* *1-Non-Donors (African)*
2.KwaZulu Natal	***2***	*1–Lapsed and current donors (Indian)* *1-Non-donors (White and Indian)*
3. Eastern Cape	***2***	*1–Lapsed and current donors (Coloured)* *1- Lapsed and current donors (African)*
TOTAL	***7***	

3.2.1 Reliability and validity

The study aimed to satisfy the requirements of both reliability and validity. Validity asks the question: "Are we measuring what we want to measure?" (Dillon *et al.*, 1993:293). The attitudes and motivations underlying voluntary blood donation as well as the evaluation of specific messages were specifically explored using a measurement scale with multiple items to ensure that the domain of characteristics to be measured was appropriately measured. Reliability means that events are reproducible. Repeated measurement of the same characteristics would yield similar scores over time and across situations. In the qualitative paradigm, the researcher becomes the instrument of data collection, and results may vary greatly depending upon who conducts the research. It should be noted that the sample was not statistically representative of the entire population and should rather be considered as valuable formative input for the quantitative research planned by SANBS to follow. The quantitative research will be analysed in far greater detail with a national representative sample and as such was considered out of scope for the purposes of this study.

3.2.2 Facilities and special resources

A database of regular and lapsed voluntary donors was obtained from SANBS. A computer with word-processing software e.g. MS Word and presentation software e.g. PowerPoint was used. Suitable venues for focus groups were identified. No additional special resources were required.

3.3 Conclusion

The researcher made use of focus groups as the primary method to obtain insights from respondents as a qualitative technique. The results will be discussed in the next chapter.

Chapter 4
Results and findings

4 Introduction

The results will be analysed within the context of the stated research questions. Focus group results will therefore be combined and discussed under the relevant heading as opposed to following the sequence or structure of the questionnaire. Throughout the report, quotes from the groups are shown in italics, with reference to the profile of the group as follows: DONOR/ LAPSED OR NON DONOR (NON) AND REGION (GAUTENG, PE OR DURBAN). It should also be noted upfront that donor and lapsed donor responses were fairly consistent and are therefore discussed together in most cases. Where views diverge – these would be specifically mentioned. Non donors mostly expressed a unique view and as such separated from the opinions of donors and lapsed donors. Differences according to demographic profile will only be mentioned if strong views were apparent within a specific focus group and differed significantly from the views of other respondents.

4.1 What factors influence existing and lapsed donors' motivation to donate blood?

Various explanations were given by existing and lapsed donors as possible factors influencing their decision to donate blood. The main reasons given is summarised under relevant headings below.

4.1.1 Awareness of the blood issues –in terms of need for, utilisation and cost of blood

All groups indicated that they were aware of regular blood shortages due to media appeals to donate blood as a result of low blood stock levels. All respondents therefore believed that there was a shortage of blood and that supply often exceeded the demand. Some acknowledged that people are becoming more fearful of donating and so fewer people are coming forward, yet the demand will always be there and has to be met. ***Donors*** stressed the fact that everyone might need blood some day and therefore they consider it vital to contribute to the pool as a future investment in their own lives. This was explained in the context of 'give and take' – donors were happy to give and felt good about their ability to save lives, since they might need it themselves one day.

Donors were also aware that shortages are often experienced with certain blood types i.e. Group O donors as their blood is universal and can be used for more patients. Regular donors (especially from Group O) mentioned that they would get SMS reminders or phone calls more

often than friends and relatives from other blood groups and they were therefore aware that a greater commitment was expected from them. Donors also mentioned that blood had a shelf life and had to be replaced on a regular basis, but did not know how long blood could last until it had to be discarded. No respondents were prepared to guess how many units of blood South Africa needs and have never given this any thought. They also did not know how many lives could potentially be saved with one unit of blood. A female respondent commented that her blood was once donated into multiple smaller bags meant for babies. Knowing how the blood was intended to be used made her feel special and reinforced her belief that she is making a real difference. Respondents found it hard to believe that no substitute for blood could be invented in our scientific day and age. Some donors commented that this is yet another reason why people should be urged to donate blood as the general awareness that only human blood can be used to save human lives was lacking. Donors believed that if more people knew that they are walking around with a vital substance that could save people's lives, they might be prepared to act on this conviction.

Respondents generally regarded the need for blood as necessary for saving lives in situations such as accidents, blood loss during pregnancy or child birth, emergencies, illness or blood related diseases, operations and crime scenes. Donors were aware that blood shortages were seasonal in nature e.g. during winter months where many regular donors could not donate due to health reasons or during holiday periods where people would be away, yet demand would increase due to more road accidents etc. Respondents from PE specifically mentioned stab wounds or fights over weekends as a possible cause for blood shortages.

"*Maybe it's because of the growing amount of accidents on the road. The growing amount of surgery that is taking place in hospitals where blood is required*". DONOR/ LAPSED DURBAN
"*We need blood for every day, for accidents, hijackings, we are talking about shortages. The appeals are quite public, so it's pretty evident*." DONOR GAUTENG
"To help people who are sick, people who lose blood in accidents and those who get into a fight and are stabbed, and people who are giving birth and they over bleed". NON GAUTENG

The costs associated with the service and who needs to ultimately pay raised several concerns and questions amongst donors and non-donors. Overall respondents acknowledged that some cost element had to be present, but expectations were varied and not realistic. There was some recognition that the blood had to undergo costly testing and therefore mentioned that the cost of receiving blood is probably very high. *"I think it should cost something, because it has to be tested before used in transfusion- but the thing is, if you pay the cost of testing the blood, and the cost they charge you for one pint, it doesn't really match up"* NON DURBAN. ***Donors*** also mentioned

that the donor clinic infrastructure, staff salaries, logistical management etc. probably '*had to come from somewhere'*. ***Donors/ lapsed donors*** described it as costing anything from R500 to R1000 per unit, whilst some non-donors indicated a cost of around R800 per unit *"The costs are a bit high, looking at the +/- R800 for the pint of blood … and it is being donated not bought"* NON DURBAN, or varying according to hospital *("the person at Sandton will pay more than the person at Bara.")* Many respondents had no idea of the cost and considered it impossible to put a price on saving lives via blood transfusion. Only two respondents mentioned that they knew someone who had to pay up to R6000 for a blood transfusion and therefore would compare it to the cost associated with other medical procedures. It was generally felt that these costs could be contained primarily by attracting more donors or for government to intervene and provide subsidisation. *"And if it's high the government should subsidise blood because it is used to save lives"* NON DURBAN "*Government should recognise the contributions of ordinary citizens to make a difference for their fellow man and take blood donations more seriously. They should contribute to ensure the quality and supply remains the best possible"* DONOR PE

There was a clear sense of unhappiness about the fact that people had to pay so much for receiving blood when it was being given or donated for free, *"It is wrong to pay for blood that was donated from the heart"* NON GAUTENG, despite the fact that there was some recognition of costs involved in the process – this was evident amongst both ***donors/ lapsed and non donors***. It was felt to be a right to receive blood and that less well-off individuals should not be barred access to blood just because they were not on a medical aid or did not have money to pay for it. *"Are you saying that people who do not have medical aid should die?"* NON GAUTENG. ***Lapsed*** donors were particularly indignant that it should cost so much even when you were a donor. *"But it is something being given for free, why is the price so high?"* DONOR/ LAPSED DURBAN; *"I think it is very expensive, especially since they do not consider if you are a donor or not"* LAPSED GAUTENG. ***Donors*** felt that they should not have to pay for blood if they have been diligent in their donations e.g. if you have donated more than 15 times and maintain a good annual contribution, it should become a privilege of regular donors not to pay for the service.

4.1.2 Perceived health benefit

Amongst some of the ***donors*** there was a sense that donating blood had health benefits. They believed that it gave their body an opportunity to rejuvenate itself as it could get rid of old blood. *"There is a health benefit to donating blood. It's a bit like staying fit, it makes your body able to make better iron – there was an article and that's why I started doing it"* DONOR GAUTENG; *"I thought donating blood was healthy"* LAPSED GAUTENG. Some therefore described it as a cleansing process and believed that it is particularly useful if you have a condition such as high blood pressure or suffer from regular nose bleeds. Some men were also of the opinion that it is

the only sensible way for men to rid their bodies of old or redundant blood as females naturally lose blood on a monthly basis due to menstruation.

4.1.3 A positive / altruistic attitude towards donating blood

In commenting on the reasons for people to donate blood, all respondent profiles were fairly consistent with their answers. The most common reason sited for blood donation was in terms of helping people or saving lives, yet there was also an added dimension from those who had donated before (current and lapsed). They mentioned a strong emotive or moral driver – the "right thing to do", the opportunity to do something for somebody else, and that it made them feel good about themselves. *"We live a busy life, we almost run out of opportunity or time to help other people. You need to help somebody … it's a bit like a Good Samaritan scenario. Its one of the reasons why I do it, because somebody is going to benefit"* DONOR GAUTENG. The act was therefore considered as part of your social responsibility and that it could ease your conscience as it made you feel good about making a real contribution where you had to sacrifice something personal. *"I know when I started doing it you felt good about yourself"* DONOR/ LAPSED DURBAN

Respondents also believed that certain people simply had an attitude of giving back and making a difference in this way, as illustrated by their involvement in other activities such as participation in charitable events or a career in social service. In general, respondents felt that people in civic society e.g. police, the army, the medical profession, social services, government etc. should donate blood as an extension of their service to the country. They felt that these people are more likely to donate blood than professionals who might not have time or consider this as unimportant.

4.1.4 Motivated by a trusted relative or friend

Donors and lapsed donors often indicated they had been prompted by some sort of external intervention in the form of a friend or family member that took them along, a response to a blood shortage plea or the fact that the blood services came to their school or workplace. Being accompanied by a trusted friend or relative (especially for the first donation) was considered as the most effective way to encourage new donors to donate blood on a regular basis.

4.1.5 Being reminded to go to a convenient location

Convenient access to a donation point is critical since the decision to donate should be concluded by an actual donation as soon as possible. *"The only reason why I go to donate blood is because*

it's at my convenience. I would never go out of my way personally to donate blood." DONOR GAUTENG, PE. Respondents mentioned that the opportunity to donate should present itself on a regular basis and that a phone call or reminder from SANBS helps them to take action. Dedicated donors awaited their next donating date with excitement and specifically planned for this event. It was scheduled in their diaries and they were adamant that they would honour this commitment.

4.1.6 As a result of someone being affected

Many donors mentioned that they started and continued to donate blood when someone close to them needed blood. *"Others were donating all along but because somebody they know was without blood to the extent that they died"* NON GAUTENG. After realising the difference it made to someone close to them – that it literally gave them a second chance to live a normal life – they felt compelled to return the favour and help others out of gratitude in the same way. *"Somebody close to them needed blood and then they get into donating themselves"* NON DURBAN.

4.1.7 Incentives and tokens of appreciation

In general all respondents believed that incentives were necessary to reward and acknowledge the efforts of donors. ***Donors and lapsed donors*** tended to suggest smaller, less valuable incentives that would provide them with some form of recognition. To them the value lay more in the thought and surprise element, than in the actual value of the incentive. Specific examples given included small gifts on merit e.g. badges or t-shirts; reward ceremonies; making people feel good through personal communication e.g. birthday cards, sms; loyalty scheme with a card and wrist band and medical aid points.

Out of all of the above, the medical aid points (e.g. Vitality from Discovery) were mentioned as the only form of indirect remuneration. ***Donors*** felt that medical aids have a role to play in encouraging people with a clean medical history record to become active donors. This would also eliminate more non-suitable donors from coming forward. Working with the medical aid and insurance industries was interpreted as a win-win for all as it is also in their best interest to ensure the availability of a sufficient, safe blood supply. Respondents acknowledged that you would possibly attract 'the wrong kind of people' to donate blood if incentives were excessive. In the end, people have to donate blood because they believe in and support the cause. If monetary incentives were offered, the blood supply is likely to not be as safe and additional precautionary measures will have to be implemented.

4.1.8 Loyalty towards SANBS and its staff

The current image of the organisation was also explored as an area that could affect people's motivation to donate blood. Donors need to trust the institution as the bridge between the donor and recipient as they should act in the best interest of both parties. Regular donors illustrated a loyalty towards the organisation as well as towards the staff at their regular donation venue. The local representatives of SANBS fulfill a critical role in the recruitment and retention efforts and are perceived as the face of SANBS on the ground. The results therefore confirmed observations by Daigneault & Blais (2004: 72) who mentioned that donors value a satisfying experience, rapid service and respectful and courteous treatment by staff members as the most important incentives for giving blood.

4.2 Why would donors stop donating and lapse?

Lapsed donors mentioned several reasons why they have stopped to donate blood. These reasons are summarised below.

4.2.1 Accessibility or convenience aspect changed

Several examples were cited e.g. their lives had become too busy and they could not find time in their busy schedules to go to a site, SANBS staff stopped coming to their offices on a regular basis, or the fixed site donation clinic moved to a less convenient location. *"They are too far out and if they want my blood they should come to me"* LAPSED GAUTENG; *"I have no time, I am very busy and the blood services centre closes early"* LAPSED GAUTENG. Where clinics stayed open for a bit later during the day (e.g. until 7pm on Tuesdays and Thursdays), people felt that this would help them to get to honour their commitments outside of work hours.

4.2.2 Health reasons

Some change in their health prevented them from being able to donate e.g. on medication, high blood pressure, had operation, anaemia, weight loss, pregnancy etc. Discussions also pointed to a key learning in this regard, namely if donors are deferred for health or medical reasons, the donors should clearly understand if the situation is of a temporary or permanent nature. Often ***donors*** felt disappointed that they could not donate and would be reluctant to return, thinking that they would not be able to donate for a very long period due to a temporary situation e.g. low iron levels. The growing fear of becoming infected by HIV / AIDS during donation was also raised: *"I spoke to one of my colleagues at work and the reason why he stopped was because of the fear of*

AIDS - he just got scared about it" LAPSED DURBAN. As sterile equipment is used, this fear is unfounded. It should also be noted that lapsed donors from the Eastern Cape mentioned that they were aware of people who stopped donating blood since they have changed their lifestyles and it was no longer perceived as safe to donate blood. This presents a good reason for people to self-exclude from future donations as it presents a risk to patients. The awareness of what constitutes a 'healthy' or 'safe' lifestyle was not as clear and respondents mentioned anything from being overweight; smoking; not exercising; using drugs; getting a tattoo; alcohol abuse; having multiple sexual partners or having sex with the same gender as possible indicators of an unsafe lifestyle.

4.2.3 No perceived value in the process

A small percentage of ***lapsed donors*** commented that they stopped donating due to a lack of communication or feedback. *"They did not call me again to come and donate"* LAPSED GAUTENG; *"I was not motivated to continue, I wanted at least some feedback on my blood"* LAPSED GAUTENG. Lapsed donors mentioned that they would have liked to know whose life was saved or how many lives they have saved at any given point in time. This information was not available and as such they did not feel the results of their donation were tangible. Some stopped donating after they had to pay for blood themselves despite being a regular donor. Some ***donors*** were very disappointed to learn that they had to pay for something that they have been giving 'for free' over many years. They believed that they should enjoy the benefit of free blood and could not be held accountable for any costs incurred due to processes followed after donation such as testing, logistics, equipment etc. This presents a real problem as costs have to be recovered and any discount to regular donors would be considered as a form of remuneration – which is not allowed.

4.2.4 Poor service received from staff

Staff was described as professional overall, but some donors indicated that staff was not consistent in their behaviour towards donors. Two lapsed donors mentioned that they have been encouraged to ask questions, but staff was not prepared to answer as they were either ill-informed or unwilling to disclose the information. This led to a negative perception of the organisation as it was felt that staff is not empowered or educated to answer more complex questions. There was definitely a perception that the staff needed more training in order to consistently adhere to the standard operating procedures (e.g. opening the needle in front of the donor) and also not to injure or bruise donors in the process of finding a vein. Any injury would cause donors to think twice about donating again. Three lapsed donors also mentioned that a member of staff did not treat them with care and respect or that an incompetent nurse really hurt them as she could not find a

vein. Staff competence and responsive attitudes to donors are therefore critical to ensure donors feel valued and compelled to return.

4.3 Why would non-donors who would qualify to donate blood according to predefined criteria, opt not to donate blood?

Respondents mentioned several reasons why others might not consider donating blood. The primary reasons are listed below.

4.3.1 A poor attitude

Donors primarily felt that the loss of altruism and lack of time were the primary reasons why non-donors would not donate. It was believed that people are more focussed on their own needs and do not pay much attention to the needs of fellow humans. The more materialistic and time-deprived people become, the less likely they are to take out time to donate blood where the benefits and rewards are not tangible. Donors described this as a 'taker' attitude as opposed to a 'giver' attitude, which they perceived as the downfall of society.

4.3.2 Lack of incentives

The social and mental rewards associated with blood donation were not considered to be sufficient. Some ***non-donors*** were aware that small incentives for donation exist e.g. certificates, files, medals etc., but felt that these were inadequate and would not motivate them to sacrifice time to donate towards this cause. Several respondents felt that various incentives should be used to encourage and motivate people to donate. They believed that people would consider donating blood if rewards were more tangible and as such non-donors mentioned several materialistic incentives such as money; cell phones, airtime vouchers; televisions (after many donations); vouchers or small gifts on merit e.g. badges or t-shirts as possible motivators.

4.3.3 Lack of awareness

It became evident that ***non-donors*** were less aware of the genuine need for blood and what it was used for. *"There is little we know about blood services – blood is needed, but I don't know what they do with it"* NON DURBAN. Some thought blood is used for research purposes only e.g. to keep track of HIV and other diseases. *"People conducting HIV/ AIDS research, they need blood in order to check the level of the virus"* NON GAUTENG. They therefore had no compelling reason to act and thought enough others perform this duty already. In most cases, they have also never

been directly affected by someone close to them needing a blood transfusion or know of someone whose life has been saved or improved as a consequence of receiving blood.

Respondents were not aware of the process that follows any blood donation. Some people had no idea what happened to the blood other than it was used for transfusions. Those who had donated indicated awareness of the fact that it was sent off for testing and HIV screening, and then separated into the blood groups. People are interested in knowing what process the blood follows from donation to transfusion. *"Firstly you don't know when the blood goes into the lab and when it was screened in the first place. And technically you don't know exactly what process is involved in the lab. So if they were to explain these kind of processes maybe it would be easier for people … for example school pupils going to the blood lab as an excursion to see what is happening"* DONOR DURBAN. It should be described in non-technical terms so that the donors have a better sense of how they specifically contributed to saving lives. Improvements in general awareness was considered as an important goal of any campaign in future.

4.3.4 Risks and Fears – Donating and Receiving Blood

Respondents acknowledge that it would be difficult to motivate people to become regular donors, particularly in the light of perceived risks and fears. "*Some people want to donate but they are not sure … they are scared of it"* NON DURBAN The general fear of needles came up a couple of times as a reason why people would not donate blood. *"I think the first thing is the fear of needles, that's what most people fear"* DONOR DURBAN

Staff generally (as part of the standard operating procedure) explain that only sterilised equipment is used, therefore donors felt there were no risks associated with donating blood, yet some lapsed donors believed old equipment such as used needles could lead to infections. This belief was triggered by isolated incidents where a needle was already open when the staff member approached the donor. ***Donors and lapsed donors*** acknowledged some risk in terms of receiving blood. Most of the risk stems from the fear of HIV or other transmittable diseases. ***Donors*** suggested that the process of what happen to the blood once it leaves the blood centre, should be better explained as a greater understanding of the extensive testing would put people at ease. Respondents acknowledged that even though SANBS should apply rigour in their testing to ensure the safety of the overall blood supply, they also rely on the honesty of donors as the window period could cause a small percentage of risk to remain. This makes finding and keeping low risk donors even more critical as people should take responsibility of their own and others' lives. ***Donors*** acknowledged that risk had to be managed as blood donation should save lives and not threaten the lives of innocent patients.

Non donors had mixed views on risk – both in terms of donating and receiving blood – as they have never given it much thought. The biggest element of risk in terms of donating blood was the risk of getting HIV or other infections through used needles. *"I think people have got a misconception about giving blood. They think if staff put a needle in them, they will get AIDS immediately"* DONOR GAUTENG. People were also scared to donate blood as they might find out that they are HIV positive. *"There is a risk in that what if you go and donate and then you find out that you are HIV positive and then you take it in a negative way. When you could have just sat at home and remained in the dark about your status"* NON GAUTENG. When it came to receiving blood, some felt there was little risk since they knew the blood was tested and administered by trained staff. On the other hand, there were also some who were concerned about receiving the wrong blood type, and again a concern surrounding HIV since it was believed that each person's blood was not tested (random tests are used). *"They don't test the blood for HIV – they don't test each person's blood"* NON DURBAN. *"They are scared to donate blood because they might find out about their HIV status. That has reduced the number of people coming forward"* NON GAUTENG. One focus group also mentioned that they would be concerned that their body would never be able to recover from the loss of blood. *"You become weak when you donate blood. It is gone forever and your body have to cope without it"* NON DURBAN. They were not aware that the body will recover fully after a donation and see their blood as a limited supply, only sufficient for their own needs.

All respondent groups realised the importance of truthful responses and honesty on the part of the donor to ensure the safety of the blood supply. Some scepticism remained as peer pressure or ignorance might cause a person to endanger the lives of others without malicious intent. The quality of blood was felt to be suspect as respondents had often been exposed to stories in the media of people being infected during blood transfusions. *"The problem is there are a lot of cases where people were infected with blood they received from the blood service. So I am really scared about receiving blood from them"* NON DURBAN. They were also aware that the safety of the blood supply is brought to the public's attention on a regular basis and therefore one could assume that this presents a risk. ***Donors*** were under the impression that random tests were conducted and mentioned the risk of the window period as a real concern. No group was aware of what the testing process entails, but mentioned that expensive imported equipment is used during the process which adds to the overall cost of blood. *"Up to taking your blood there is transparency, after that they become very oblique"* DONOR DURBAN. Greater awareness could increase the confidence of donors and non-donors in the service.

When asked how risk could be minimised, respondents felt staff should receive more training and potentially unsuitable donors should be encouraged to self exclude them from the process. 'State of the art' equipment was also mentioned as a tool to reduce risk as all blood should be tested. The importance of education and public awareness was also mentioned to ensure people know under what circumstances they should not donate blood.

4.3.5 Racial sensitivity

Some ***non-donors*** indicated that sensitivity towards certain race groups could cause people not to donate blood. Negative perceptions towards the organisation as reported during the research study by the University of Natal during 1966 in Titmuss (1997:252) were still evident. African respondents did not express a high regard for the organisation as its statistical risk grading model used race as an indicator of the likelihood of HIV / AIDS infections due to the high HIV / AIDS prevalence rate amongst especially the African population in South Africa. Since HIV is a highly sensitive issue in the South African context, any reference to AIDS, coupled with a specific racial grouping would be ill received as the disease is increasingly affecting people from all race groups. The technical risk profile based on statistical indicators of high risk donors is therefore considered as unfair and discriminatory. The decision taken by SANBS to eliminate race as a risk indicator and to rather use the number of donations as the primary measure was therefore welcomed by African respondents. They believed that the organisation needs to be representative of all population groups in South Africa, while ensuring the overall safety of the blood supply via interventions on an individual level.

There was a feeling amongst ***African non-donors*** that SANBS do not communicate effectively in the townships etc. because they do not want African donors and no donor sites are available in these areas. African non donor respondents also indicated that the blood was stored on a racially segregated basis. *"In this country people have a tendency to separate blood. They take the white people's blood and black people's blood, it is stored separately at the Blood Bank … there is blood for whites and blood for blacks and we do not know why they are doing this … maybe our people who are black like us might run out of blood either because its not available, there is only blood for whites"* NON GAUTENG. Some were aware that the separation was motivated by risk measures according to HIV / AIDS statistics, but felt that this practice was unfair and discriminatory. *"I think the issue was more that they were black blood categorised as black blood instead of having it mixed with Indian, White and Coloured. They weren't supposed to be doing that."* DONOR DURBAN.

There was also a concern expressed by the non donors that there was insufficient blood for African people, that there was "*only blood for whites*" as the White population has formed the core of blood donors in the past. Race has been used as an indicator of risk in the past and therefore some respondents believed that staff would give preference to respondents from certain demographic profiles, while neglecting others. *"A black man came in and wanted to donate. It was his first time so he had to answer many questions, but some of the staff didn't make it at all comfortable for him. They questioned his motives and asked him openly about his AIDS status - I just think that was a problem … they didn't make it comfortable for him"* DONOR GAUTENG. African ***non donors*** believed that African blood would only go to other Africans or be discarded as the media explained that race was used as a risk indicator. It was felt that the media highlighted the fact that SANBS is not transparent in its methods or reasoning behind it. *"The blood transfusion service refused to take blood from a black person"* NON DURBAN. None of the beliefs could be substantiated and was based on perceptions only. Various cultural perceptions and superstitions were also mentioned e.g. bloodline supremacy and DNA issues. The thought of someone else 'living inside you' was simply too much for some to bear. They believed that their blood had to remain pure and therefore they could not contribute to or accept blood from strangers.

Almost all respondents indicated that they would prefer to receive blood from a family member or trusted friend since this would be someone they would trust with their lives and could at least verify their lifestyles. Other respondents indicated that just being healthy and of the same blood type would be the key issue. Some sensitivities regarding race was mentioned, but overall respondents acknowledged the fact that this was a minor concern – given all possible testing procedures were followed and reasonable precautions were taken to ensure the safety of the blood supply.

4.3.6 Lack of access and transport

Some respondents mentioned that they were either not aware of where to go in order to donate blood or that the locations were very inconvenient and would cause them to literally go out of their way at a huge expense in terms of cost and time to get involved. *"We don't have enough clinics in close proximity to the donating public out there"* NON DURBAN. People from poorer communities also indicated that a lack of transport in general excluded them from participating in such activities unless the service was brought to them in person.

In the absence of dedicated donation points, several venues were mentioned as possibly suitable for blood donation e.g. schools, churches and community centres as most people have access to these facilities. Shopping centres were not considered as private enough and respondents were concerned that parking was unsafe, insufficient or expensive. Convenience was a very big issue in

terms of whether people donated or not. Insufficient operating times were also considered as a reason why people would not donate blood. After hours, weekends and public holidays were suggested as the most appropriate time in order to accommodate professionals and people in fulltime employment – especially if their offices are not visited on a regular basis. Some non-donors also mentioned that they could not stand the thought of waiting in a queue to donate blood and that having a specific appointment would give them the reassurance that their time would not be wasted.

4.3.7 Poor facilities

The quality and professional image portrayed by the facilities were also mentioned as a possible reason why people would not donate blood. The main perception was that SANBS was a Government organisation with old, out-dated and dilapidated technology and that the Government should provide more money to fund donation points. There was a general lack of trust in the equipment that was used by blood services. There was reference by donors of staff having to use double elastic in order to get their veins or measure their blood pressure.

The following facilities were not preferred by some (reason given in brackets):

- Clinics in remote areas (blood could get stolen for personal gain)
- Mobile units (the vehicle could get hijacked with them inside)
- Hospitals (too many germs present)
- Shopping centres (not private enough)
- Places without safe and convenient parking

People would be less likely to donate blood if they had to use the facilities at one of the above venues.

4.3.8 Negative perceptions and poor recognition of SANBS as an organisation

To become a donor, you have to trust the organisation that acts as a middleman between the donor and receiver. The perception of SANBS as an organisation was therefore considered as an important factor which could influence people's decision to donate blood. The donors and non-donors who believed SANBS is a governmental institution questioned the quality and commitment of the service. As mentioned before, African non-donors were skeptical about the transparency of the organisation, which influences their perceptions of the organisation and the service it provides to the community.

Both donors and non-donors believed that the organisation should do more to ensure its symbols and icons are recognised by the public. *"I saw it when they were donating blood last week at Eastgate, I saw this logo but I did not know what it was about"* NON GAUTENG. *"They do not communicate with the people, you just see a mobile van – put a Vodacom sign or logo and a two year old will know what it is and I will tell you that is a Vodacom sign, but I do not know that sign (SANBS SIGN).* Several symbols representing the organisation such as the SANBS logo and acronym, the blue ribbon and blood buddies were evaluated during focus groups. Respondents had positive associations with the blood buddy: *"The blood buddy is the best with or without the words, it actually appeals to anybody. It makes it look fun to be donating blood"* DONOR DURBAN. Respondents were not in favour of the blue ribbon as a way to recognise blood donors and rather associated this symbol with AIDS as opposed to blood donation. *"I associate the blood ribbon with the AIDS campaign, but it's normally red. But no matter what the colour I see I will always associate it with the AIDS campaign"* NON DURBAN. Most respondents referred to SANBS as 'the blood bank' / 'blood services' and saw the SANBS acronym as non-descriptive and confusing. *"Why don't they just call it what it is? It is the blood service and not some fancy letters no one can remember*" DONOR PE.

4.3.9 Having to complete questionnaires and disclose personal information

The current questionnaire used before each donation was considered as a reason why people would be reluctant to donate blood. Respondents questioned the reason behind having to complete a lengthy medical questionnaire every time before a donation and believed the blood tests should reveal any risks in the blood. The questionnaire was considered as an academic exercise and ***lapsed donors*** were not convinced that SANBS refers to this information to inform any future decisions. ***Donor*** groups felt that information should be computerised and just updated when they get there i.e. if you swipe a card or offer some form of identification, the computer should generate a form that they could check and update if necessary. They would rather sign that off every time than to have to take time to complete information that SANBS should already know or have access to. Many information areas were felt to be repetitive and unnecessary – like having to supply your contact details or your family medical history every time. Because information from the system is never reviewed, wrong information might be captured in the process e.g. a wrong address or telephone number due to bad handwriting or data capture problems. If you had one record, SANBS's data would be more up to date and they could keep track of their donors much easier. ***Non donors*** saw the form as an excuse not to give, as the administration involved in the process seemed onerous.

4.3.10 Ignorance

Respondents were aware that legitimate reasons for not donating existed and believed several people would use this as a reason not to become involved as a result of their own ignorance. Several factors were mentioned as legitimate reasons for people not to donate blood e.g. if a person is aware of any condition or activity that might endanger the lives of others and they self-exclude from donation, this was seen as a wise and responsible act. Specific categories were mentioned e.g. HIV/AIDS positive people; people with more than one sexual partner; homosexuals; drug addicts etc. Leading a 'safe lifestyle' was therefore often misunderstood and someone would not donate blood simply because they are not exercising enough, are overweight or have used alcohol etc. In general respondents believed that non-donors are not necessarily aware of the legitimate reasons and that simply knowing that there is a way out, was enough reason for them not to get involved. The broad interpretation of 'leading a safe lifestyle' as a precondition to donating blood is therefore often misinterpreted.

4.4 What role can social marketing messages play in the recruitment and retention of voluntary, non-remunerated donors?

As per the literature study, social marketing can be described as marketing principles to influence human behaviour to improve health or benefit society (Yavas & Riecken, 1997:267). Various comments relating to fundamental marketing principles were highlighted in the focus groups. Some of the more pertinent issues influencing donor recruitment and retention will be discussed below.

4.4.1 Understanding the audience

Upon analysing the SANBS database of active ***donors***, the current donor profile can be described as conservative, mostly white Afrikaans males who started donating as part of their military service and continued out of loyalty to the country. This group share a strong altruistic motive as their primary reason for donating blood and feel good about making a difference in society via this manner. From focus group discussions with donors, it seems clear that the traditional audience is motivated almost entirely by altruism. ***Donors*** can further be classified as those who have made a firm commitment and donate according to a predefined schedule versus those who react to crisis appeals or out of guilt on an infrequent basis. Time and convenience are contributing factors, but donors essentially become more determined and committed once their decision to donate becomes habitual or they are trying to reach personal milestones. From discussions, clear differences were evident in the traditional versus future donor profiles. Compared with the

traditional donor profile, the new audience that SANBS must reach and recruit is younger, more cosmopolitan, less conservative, more ambitious, more self confident, more time starved, more analytical, and increasingly non-racial. They retain a strong sense of social responsibility, but it is tempered by their need to live a busy, sociable and rewarding lifestyle. They are not reckless, but they do try and pack a lot in to their lives. "*I believe you have to make the most of each and every day. Today's decisions influence tomorrow's outcome*" NON GAUTENG. They don't live only for today, but nor are they prepared to sacrifice all present enjoyment for future benefits. Crucially, they recognise that you can only take out of the body what you put in, so they try to keep themselves in reasonably good shape, "banking" some stamina and energy for whenever they might need it next. *"You have to look after your own body – it's all you have for your entire lifetime".* DONOR, GAUTENG.

Almost 70 percent of the ***non-donor*** respondents mentioned that they would be willing to donate blood if the process was quick, easy and convenient. Once they realised the real need for blood and that they could make a difference on a personal basis, they were more likely to consider becoming regular donors. This highlighted the need for personal outreach campaigns or communication with individuals who might qualify as donors.

Discussions with ***lapsed donors*** clearly illustrated that this group could prove to be very difficult to re-recruit as they have become disillusioned somewhere along the line and actually discourage others from donating blood. If people started to lapse due to legitimate health reasons, it is considered responsible and respected. The incidence of donors who lapse due to poor treatment by staff should be monitored as this represents a major risk for donor retention. Staff should receive the necessary technical and soft skills training to ensure this risk is minimised.

Donors would play a critical role in recruiting like-minded people by taking someone along and encouraging them to try it out. Being accompanied by someone you trust was generally seen as the best method to overcome anxieties of a first donation. ***Donors and lapsed donors*** also tended to put a lot of emphasis on the social responsibility aspect of donating, making people aware of the need to save lives and triggering a sense of social responsibility via social marketing activities, as this was their primary motivation, while ***non donors*** tended to mention materialistic incentives as a great way to motivate people. There was a clear sense from ***donors*** that there was a need for the public to be better educated in terms of the need for and the process of donating blood in order to dispel fears and perceptions of risks that are often unfounded. Schools were often suggested as a key target in order to start young people off with the right frame of reference for donating blood, and also as a way to get to the parents. Two ***lapsed*** donors suggested that more valuable incentives e.g. actual payment should be considered.

4.4.2 The use of appropriate communication messages for recruitment purposes

Respondents were shown three different ways that SANBS could communicate the need for blood to the general public in order to identify the most appropriate message per target market. After commenting on the individual statements, respondents were also asked to identify other possible messages they would consider to be appropriate. The commentary on each statement follows the actual statement given in italics within the section below.

> *a) "I have to donate blood because there might come a day that I/a member of my family/a friend of mine, might need blood"*

Several ***donors*** mentioned that they started donating blood after a life threatening incident affected the lives of a friend or family member and therefore validated that the statement is correct, however concluded that the statement was 'selfish' as it excludes other members of the public who would also benefit from blood donations. In other words – if every donor had to have this as a primary motive, the country's blood supply would never be sufficient to service the ongoing demand for blood. ***Non donors*** rejected it as selfish and wrong - *"you should donate and not expect to receive/ give wholeheartedly".* It is worth mentioning that the ***Indian non donors*** from Durban did feel it was the right approach for them since this was the only time that people were affected by an appeal for blood. They considered this statement as an honest reflection of what actually happens.

> *b) "I have to donate blood because when you donate blood you are giving someone who needs it another chance to life"*

Most respondents agreed that this was the right approach – the unselfish "Good Samaritan" approach acting out of love and compassion for people. ***Donors*** indicated that they would value knowing whose lives they saved. It could be in the form of letters from people who are grateful for their new chance on life as a result of the donors' effort or more personal communication from SANBS. Communication should focus on the positives of 'celebrating life' and 'making another tomorrow possible'.

> *c) "I have to donate blood because it is my duty and I am expected to do so"*

This approach was rejected by most, except for one group of young ***non-donor coloureds***. Mandatory community work was described as acceptable if all had to participate in it. However, this statement was felt to be 'too strong' by most – *"it's not right, it's like you are forcing that person to do it even if they do not want to".* Respondents mentioned that every person is free to choose what cause they want to support and forcing people into any situation will cause anger and resentment. Non-donors believed that their first duty is towards themselves and once this need has been fulfilled, they could potentially reach out to others.

No additional statements were offered as alternatives by respondents; however ***donors*** suggested that testimonials from patients who benefited from a successful blood transfusion be used with greater effect to make it real for people. Once people realise that they could save the life of a perfect stranger and how little it would actually take from them, the sacrifice would become negligible. A small percentage of ***non donors*** admitted that nothing would motivate them to donate blood as their fear of needles or being infected by HIV would stop them from acting on any appeal.

4.4.3 The importance of the right communication mediums for recruitment purposes

Selecting the right mediums for communication is just as important as having the right message. The message will not be as effective if it is shared at the wrong time and place. Certain mediums have a much greater chance of reaching the correct target audience. ***Donors*** mentioned that they would either respond to personal communication or general appeals by the media. Some received a newsletter from SANBS and knew that several brochures were available at donation points, but they found it difficult to recall any other advertising or promotional activities from SANBS.

Respondents from less literate communities mentioned that they would value more basic and visual communication as well as personal interaction with informed staff to take action and get involved. They did not believe that any of the current messages would be effective to motivate people from their community to support the cause. Workshops and appeals by community leaders were considered as good alternatives to printed communication messages.

4.4.4 Specific recruitment campaigns and methods

Retention of current donors will remain critical, but as ten percent of donors lapse on an annual basis, it is important to continue to grow the future pool of safe donors. This can only be achieved via a number of initiatives aimed at active recruitment. It could take on the form of various targeted initiatives such as corporate and mobile clinics; partnerships and campaigns with relevant

parties e.g. community service organisations, church groups, etc.; youth programme outreaches to schools or encouraging targeted autologous donations where donors donate blood for their personal use before a major operation etc. These donors and their relatives can then be encouraged to become regular donors. When the life of a family member or the community has been saved through a transfusion – or has been jeopardised by the lack of safe blood – they may recognise the need for a sustainable supply of blood which can only be achieved through regular, voluntary, non-remunerated blood donation.

Various other ideas for recruitment purposes were highlighted by focus groups, which could all make part of an overall social marketing strategy for SANBS. ***Donors*** mentioned that recruitment drives at schools should be maintained as it exposes children to the cause from a young age and might encourage them to lead sexually safe lifestyles and avoid other high risk activities e.g. using drugs or getting tattoos. SANBS was seen as fulfilling an important social role in this regard via its educational programmes to schools. Some non-donors also commented that they were aware of blood-groupings conducted by SANBS in public places like shopping malls where you have the opportunity to obtain your specific blood group details and some information about the service. Respondents commented that it could raise awareness of and interest in the topic. Appeals and testimonials for specific people in the community have also proven to be a successful method for recruiting new donors. This has proven to be highly successful as the 'life at stake' is someone people can relate to with more tangible results. People realise that not all blood will go to the specific individual, but feel compelled to act as a reaction to a specific cause or need. If the perceived need is big enough, this will motivate the individual to take action and overcome fear. First time donors can then be converted to regular donors once their overall awareness has increased and the habit is formed.

Donors also mentioned that community 'rallies' to donate a certain amount of blood by a certain date, helped to create the sense of urgency and community spirit. Special holiday appeals or projects aimed at reaching certain targets e.g. a Guinness World Record was considered as highly effective to recruit first time donors. Respondents acknowledged that the safety of the blood supply could be jeopardise via such initiatives, but still felt that it is important to get people in via generating some momentum in the community and trying to convert them to regular donors later.

Despite all the methods highlighted above, current donors are the most important way to reach first time donors. If a trusted family member or friend takes you along to a first donation for support and reassurance, the decision becomes a lot less threatening.

4.4.5 The need for general awareness creation

Although ***donors*** were better informed due to their exposure to specific messages at donation sites or SANBS correspondence over the years, all respondents indicated that they would be able to make a more informed decision if provided with sufficient information. Respondents highlighted several specific information gaps i.e.

- Why is there a need – why do you want my blood?
- What is the blood used for – who gets my blood?
- The blood products themselves
- What tests are done, why and what happens with the results – I would like to know the results of my blood?
- Details of the whole process from donation to transfusion
- How is blood classified?
- How are recipients selected?
- Was my blood used – have I saved a life, how many? DONORS
- How costs are incurred – why is receiving blood so expensive? DONORS
- Various 'did you know…' brief factual information, provided in an interesting way

Donors in Gauteng also recommended that SANBS invest in good videos and TV equipment where educational programmes can take you 'behind the scenes' to see the evidence of what happens to blood. They were not interested in seeing 'the gory detail', but rather interviews with survivors and their family members or people who desperately needed blood, testimonials from other donors with 'why they donate' and inspirational material that would be informative and you can watch while you donate blood. They did not want to only 'read a pamphlet', but believed that a more multi-channel approach should be followed. Visual communication is currently not available.

Overall, marketing efforts were felt to be insufficient, and campaigns from the past were not considered as effective. *"They need to go on a marketing drive. The majority of the people don't even know processes involved in actually making a donation, is it safe or not"* NON DURBAN; *"They do not do it properly, it's like their posters there and ask you DO YOU WANT TO DO IT, we don't have time"* NON GAUTENG. The messages that were used, were not positive and encouraging, but rather focused on the negative. *"it makes you feel sorry for the one in the advert rather than motivate you to donate"* NON GAUTENG.

In general, it was felt that communication should be adapted in order to be applicable to the intended target audience. Generic communication 'intended for all' should be replaced by more

specific communication messages. The youth communication was seen as 'different', but the needs of other communities were neglected. In areas with predominantly Afrikaans-speaking donor communities e.g. the Free State, Pretoria etc., communication should also be made available in their language since this reinforces the pride of being a South African and making a difference for your country. This was considered as recognition for who they are. English was accepted as the primary communication language and is the preferred language in most areas of KZN. As SANBS reaches more communities, other languages such as Zulu should also be considered for pamphlets and educational material.

4.4.6 Competition in terms of alternatives

South Africa has many good causes the public can get involved in. Donors were generally involved in various other charitable causes as well for example AIDS orphans; The Cancer Association; Homeless projects etc. All of these causes are supported out of an altruistic motive to give something back to society out of either gratitude or guilt. If a person has limited time and resources, they can choose to support a variety of worthwhile causes which form the basis of competition for SANBS. Donors therefore commented that SANBS should stress the fact that blood donation is special in that it requires a personal sacrifice which could make the difference between life and death. The level of commitment is therefore greater and as a consequence the reward of being able to make a difference in this way exceeds the 'cost' to the individual.

4.4.7 Relevance of the 4P's of marketing

All the elements of the 4Ps (Place, price, promotion, product) have been referred to in focus groups, however respondents also made special mention of People and Process as part of the extended P's of services marketing. Some of the 4Ps have been commented on before and as such a brief discussion as it relates to the above will follow.

- Place

Respondents have mentioned the importance of the venue in terms of its convenience and safety. Some donors only donated when the 'place' was literally brought to them i.e. when donor clinics were held at their offices and they did not have to go out of their way to donate. The availability of suitable donation points has therefore been highlighted throughout the study as a relevant factor influencing the decision to donate.

- Price

Price was mentioned in two different contexts. The first being the 'price' of giving i.e. taking the time and putting in the effort to donate blood. The sacrifice does not cost you money, but rather time – which was considered to be the 'price' one pays. The second context where price was considered as important is the cost of procuring blood when one needs it. As discussed before, donors and lapsed donors were of the opinion that they should not have to pay as much for something that they have contributed to for free. People were not able to justify the cost of blood as they were not aware of the logistics, testing, salaries etc. that had to be paid by someone in order to make this blood available at the right time and place. Price was not perceived as transparent. Expectations around price were therefore unrealistic due to people's general lack of awareness regarding the process involved.

- Promotion

As mentioned before, various promotional activities are required to motivate people to act. Communication campaigns, events and incentives all form part of promotional efforts. Respondents felt that promotional efforts should be reevaluated as messages are currently lost in the clutter and could be more effective if specifically targeted at the right audience. In general it was felt that fewer campaigns should be executed better for greater impact as opposed to multiple small campaigns where resources are not leveraged optimally. ***Donors*** made specific mention of the commitment campaign, which they enroll in at the beginning of the year. The objective of the campaign is to ensure that donors commit to at least four donations in the calendar year in exchange for a small incentive once their personal goal has been reached.

- Product

The quality of the blood (in this case the product) has been mentioned as the most important feature to consider. The safety of blood is critical and therefore the additional tests were considered as not negotiable, however the risk of the window period was also mentioned in this context. As there are no alternative to human blood and it is required on a daily basis for various needs, the supply of sufficient safe blood was acknowledged as a real need.

- People

Staff represents the organisation and has a major impact on donors' motivation to donate blood. If staff is seen as considerate, friendly, competent and caring, donors feel safe and motivated to give. Several lapsed donors mentioned that they stopped donating because of an unpleasant incident involving a staff member. Specific examples included being bruised because the person could not find a vein, feeling unappreciated since the staff member did not pay much attention to them or were rude and did not thank them for their contribution afterwards. Attitude and service ethics therefore play a critical role in the recruitment of staff to ensure they can fulfill the important

task of connecting with donors on a personal basis. If donors feel welcomed and appreciated, they are more likely to return.

- Process

It was clear from focus group discussions that the process of blood donation and transfusion is not understood at all. This has an impact people's perception of where value is created as well as the role of the organisation. Donors would not only find it interesting, but this understanding will also increase the credibility of the organisation as people reach a greater understanding of the complexities and what SANBS does to ensure the supply of sufficient, safe blood. Donors indicated that they could then act as ambassadors for the organisation as they would be able to educate others by being better informed.

4.4.8 Final comments regarding donor retention

All respondents understood the need for donor retention as more regular donors are likely to present less of a risk to the safety and sufficiency of the blood supply. The following factors were specifically mentioned as impacting the retention of donors:

- **Session availability:** Donor frequency and donor retention are largely driven by session availability. Non-appointment options should be available at each collection centre and all donors should be processed in a timely manner. If people are forced to wait for unacceptable periods of time while at the donation centre they perceive the staff to be inefficient, unenthusiastic, and ungrateful. If beds are empty while people are waiting to donate, these negative impressions tend to be reinforced. Donors mentioned that an appointment system has various benefits for SANBS such as being able to plan staff and resource requirements, being able to more accurately forecast and match supply vs. demand, reduced donor waiting times etc. A combination of appointment and non-appointment options can therefore be used to ensure session availability.
- **Good treatment of donors promotes retention:** Donors must be treated as individuals. The manner in which thanks, rewards and recognition is applied has an effect on retention, as does giving more bedside care to first-time donors. The aura of a professional and organised "medical" environment is also essential to maintain motivation. Donors tend to be put off if they have bad experiences, such as failed puncture of the vein or bruises. Needles should be opened in front of donors while assuring them that only sterile equipment is ever used.
- **Continued reinforcement keeps donors involved:** Donors should constantly be made to feel good about belonging to a select group of people – not elite, but special. They must be

educated about the need of blood, as the knowledge that blood donation is essential to prevent deaths is a strong motivation. Written communication can be used to inform and educate, but must appear in jargon-free language and not give the perception of waste.

- Repeat blood donors perceive that there is a **constant need for blood and approach blood donation with feelings of duty, responsibility and pride**. They tend to feel that the service they receive from staff is professional, caring and appreciative, and are more willing to forgive or ignore any negative experiences that they might have had.
- Explain **deferrals**. People are more likely to return after a temporary deferral if a valid explanation is offered. It could be very demotivating if this is not handled in the correct way.
- Reminding people of their **personal milestones** and valued contribution. Very active donors become ambassadors who encourage and inspire others.

4.5 Conclusion

In this chapter, all the results of the study were discussed within the context of the research questions posed. The next chapter will conclude with a summary of the findings as well as highlight the managerial and future research implications of this study.

Chapter 5

Conclusion, managerial implications and future research

5 Introduction

The study set out to obtain answers to the following research questions:

- What factors influence existing and lapsed donors' motivation to donate blood?
- Why would donors stop donating and lapse?
- Why would non-donors who would qualify to donate blood according to predefined criteria, opt not to donate blood?
- What role can social marketing messages play in the recruitment and retention of voluntary, non-remunerated donors?

The results of the study were provided in Chapter 4. The results will be summarised and concluded in this chapter.

5.1 Conclusion

The factors highlighted as influencing existing or lapsed donors' motivation to donate blood are summarised and compared to why people either stopped or have never donated blood in the table below. For more detail, please refer to the detailed findings in Chapter 4.

Table 1: Motivations and reasons given for donating / not donating

Motivation to donate	Reasons given for lapsing	Reasons given for not donating
Positive attitude / belief in the cause	Accessibility / convenience aspect has changed	Poor attitude / not compelled to give
Perceived health benefit	Poor health	Lack incentives
Encouragement from a friend or relative	No perceived value in the process	Lack awareness
Reminded to donate	Poor service received from staff	Risks and fears associated with donating and receiving blood
Access to a convenient location		Racial sensitivities
As a result of someone being affected		Lack access or transport
Incentives and tokens of appreciation		Poor facilities

Loyalty towards SANBS and its staff		Negative perceptions and poor recognition of SANBS
		Having to complete a lengthy questionnaire and disclose personal information
		Ignorance

Despite general awareness of blood shortages, this awareness did not necessarily translate into action and SANBS should therefore focus on creating relevant awareness among people from low-risk communities who have a greater likelihood of acting on their convictions. This should however not be done in a manner that could be described as 'exclusive' or 'discriminatory' as SANBS has to reach out to more communities throughout South Africa in order to ensure a safe and consistent supply of blood.

Unfortunately, there were many fears and concerns around giving and receiving blood. Donation was often felt to be a high risk: high cost experience (risk of HIV / AIDS, time consuming, not accessible) and was described as a sacrifice. Various aspects gave a perception of little value received in return for example the lack of donor recognition, having to still pay for blood transfusions despite being a regular donor etc.

The study confirmed many of the findings Titmuss (1997) described in his book 'The Gift Relationship'. Beliefs and attitudes concerning blood do affect the work of SANBS in recruiting and retaining blood donors. Blood donation is indeed unlike any other gift-exchange activity as voluntary, non-remunerated donors believe they are taking part in creating the greater good and trust others to act altruistically and truthfully in future should they have a need for it. Also, the blood supply is inadequate as in many other countries around the world, due to the lack of voluntary, non-remunerated donors who give blood regularly. The study provided further evidence that the donor base is diminishing due to reasons such as increased donor referrals and donor complacency, as also recorded by Chapman, Hyam and Hick (2004:143). Racial sensitivities and the real impact of HIV / AIDS were identified as additional challenges in the South African context.

Several key areas of concern have been raised as hurdles in terms of raising the levels of voluntary donation in South Africa such as the considerable lack of information about every aspect of the process; poor access to facilities – both in terms of location of donation points and operating times; ineffective marketing and communication activities; poor image and identification of SANBS as an organisation (including its representative symbols) and changing attitudes of the community – less willing to participate in altruistic causes.

The evidence from the study clearly indicates that the better informed people are regarding the need for blood and what it is used for, the greater their motivation and likelihood to donate blood on a regular basis. Accordingly, raising general awareness and continued educational outreaches will remain important as part of the social marketing initiatives. General awareness is necessary, but not sufficient to lead to action or convince donors to commit to the cause. Various other factors would therefore impact on a person's decision to become a regular donor. Current donors are primarily motivated by altruistic drivers such as the opportunity to save or improve someone's life. They also realise that they might one day need blood and therefore see their contribution as a possible investment in their own futures. When someone close to them has been affected by a blood transfusion, people are also more compelled to donate. Once a donor has made the commitment to becoming a regular donor, a feeling of guilt often overwhelms them to honour their commitment as they would like to make good on their promises. Secondary motivations then include 'hygiene' factors which mostly influence the relative ease or convenience of donation.

Various elements influencing donor retention have been mentioned within the findings such as ensuring their participation in the commitment campaign, good treatment received by staff, regular and relevant communication, convenient access to venues and times etc. It is important that SANBS understand why people donate and reinforce their motivation by displaying appropriate behaviour towards the individual. Some donors need more positive reinforcement and encouragement to donate than others. Knowing and caring for individuals are the most effective methods to ensure donors remain loyal to the cause. Current donors also fulfill a critical role in the recruitment of new donors as they can effectively motivate other potentially safe donors who share their value system to get involved.

Recruiting safe, voluntary, non-remunerated donors presents various challenges. The starting point is the promotion of healthy lifestyles and the eradication of disease. In this respect, the needs of a blood service are linked with the wider community. A process of information, education, and motivation is needed to change attitudes and behaviour. In the context of voluntary, non-remunerated blood donation, education and recruitment are totally interrelated. Programmes such as sex education campaigns and support for health promotion activities become part of a long-term strategy to establish a base of safe blood donors. Programmes for HIV/AIDS prevention and control help build up low-risk population groups and education in schools about good nutrition, hygiene and healthy lifestyles prepares the way for healthy blood donors of the future. Non-governmental organisations, such as social societies, community organisations and religious groups, as well as the media can play and important role in promoting a healthy lifestyle.

Given the results as described above, the challenges SANBS will continue to face in future will necessitate the implementation of a relevant social marketing approach. If all strategy is ultimately about moving from where we are now (point A) to where we want to be (point B), then a marketing strategy is an articulation of how SANBS will move from its current situation to point B. In broad terms, the marketing strategy will identify the areas in which the marketing of SANBS can contribute to the achievement of the organisation's corporate objectives, and will identify the areas and activities that will need to be tackled to achieve this. Social marketing best practice can therefore be considered as an effective way to reach the correct target audiences and motivate people to take action. SANBS could benefit from utilising social marketing approaches to strengthen its existing recruitment and retention efforts.

5.2 Limitations of the study

The experience of setting up and running the focus groups, confirmed some of the disadvantages of this method as mentioned in Chapter 3. Morgan (1998) warned that focus groups might be difficult to assemble. The groups set up in Port Elizabeth had a poor turnout, and thus a decision was taken to complement these with an additional two groups in Gauteng. Furthermore, the white lapsed donor group planned for Gauteng was replaced with 20 telephonic interviews since considerable difficulties were experienced with regard to finding respondents fitting the recruitment criteria who would agree to participate. Non-donors from the Indian population group were not included in this study. The final sampling for the groups was as follows:

	GAUTENG	**PORT ELIZABETH**	**DURBAN**
CURRENT DONOR	1 (White)	1 (Coloured) – combined with lapsed 1 (African) – combined with lapsed	1 (Indian) – combined with lapsed
LAPSED	20 x telephonic interviews	1 (Coloured) – combined with current donor 1 (African) – combined with current donor	
NON-DONOR	1 (African) 1 (Coloured)		1 (White)
TOTAL	3	2	2

Focus groups are also not fully confidential or anonymous, therefore some people might have been reluctant to share personal or possibly controversial information. This might explain why specific superstitions were not mentioned more often as a reason to not donate, despite being

identified in the literature study as a key factor. Focus groups are useful in terms of identifying the most pertinent issues, but a more robust quantitative study should follow this qualitative phase. Actual statistical data might be useful to determine to what extent people agree or not in order to set benchmarks for future interventions.

5.3 Managerial implications

Various managerial implications are evident within the results of this study. The recommendations below are based on certain strategic assumptions as informed by the results of this study:

- That a significant and sustainable increase in the level of blood donations is required in order to obviate the periodic critical shortages that have historically bedeviled SANBS' service delivery
- That the required increase is unlikely to be achieved purely from optimising donation frequency from current donors, or from reactivating a realistic proportion of lapsed donors
- It is essential therefore that part of the marketing and communications campaign be directed at a new market segment, one that is currently not giving serious consideration to becoming regular blood donors
- Nevertheless, a single consistent message is required, one that will simultaneously reassure the "traditional" donor market and motivate new donors to join up
- Demographic profiling of candidate donors is unacceptable; target audiences need to be identified by lifestyle and behaviour rather than by demographics (although the latter will inevitably correlate to some extent with the former).

Non-donors consistently requested incentives of a more materialistic nature as encouragement to donate blood, while donors rather stressed the importance of recognition by receiving small tokens of appreciation. The likely change in the future donor profile will therefore necessitate a different approach and SANBS needs to ensure the cooperation of various partners to get people behind the cause. The active support from corporations, medical aids, other non-profit and social groups, international transfusion services, the World Health Organisation etc. are all necessary to ensure the future supply of sufficient safe blood to adequately serve our country's needs.

It seems clear that the traditional audience is motivated almost entirely by altruism. But societal change in South Africa is causing this "purist" pool of donors to dwindle in numbers. If SANBS don't redirect their communications efforts towards new audiences, the organisation runs the risk of having to run all the harder simply to stand still, or even to regress. And these new audiences, while retaining a latent sense of community responsibility, are generally motivated by the need to know "what's in it for me?" It is by answering this question in a relevant and persuasive manner

that brands such as Vitality and Virgin Active have been so successful in the new South Africa; it is also why the light beer category has become well established, and why social or cause related marketing (such as Nedbank's Affinity products – Green Trust etc.) has risen up most marketers' agendas in recent years.

We can bemoan the loss of an entirely unselfish and generous spirit within society, a loss that explains why campaigns such as the SABC's licencing drive, or Masakhane, or SARS, have all had limited success. We can bemoan this loss, but we cannot reverse it. But there are alternatives, and the clue is provided in the previously mentioned concept of social marketing. Here is a tactic that combines social responsibility with commercial efficacy. To take the example of the Nedbank Green Trust, it demands no extra effort of the customer, yet gives them the attitudinal reward of having made a difference in some small way to the well being of society. It is no coincidence that this has been one of Nedbank's most successful initiatives, and explains why the Green Trust concept has been extended to the Sports Trust, the Arts Trust, and now the Children's Trust. It works. This is what needs to be achieved with the SANBS brand – give people the opportunity to contribute to society, and simultaneously derive some personal benefit from it. Where previously the focus was entirely on "we", SANBS should introduce an element of "me" into the proposition. All that will differ from market segment to market segment will be the ratio of "we" to me".

SANBS should therefore consider two separate, but parallel, communications initiatives. The first targets the traditional donor segment, which is motivated primarily by altruism and a strong sense of social responsibility. The challenge here is to optimise both the medium and the message. The former involves a hard-nosed evaluation of all current communications initiatives, followed by a ranking of those that deliver the greatest return on marketing investment, with the objective of doing fewer things, but doing them better. The latter (the message) is about adopting a strategy and promise that is still relevant to this altruistic audience, while permitting a subtly different interpretation to be directed towards the new audiences.

Literature on social marketing (Cousins, 1997) indicated that successful recruitment occurs as a result of well-planned marketing and education campaigns that are firmly rooted in the culture, attitudes and expectations of the country's population. It has not sufficiently anticipated or addressed the diversity that exists within the South African population as the study indicated that greater care regarding racial sensitivities were necessary. This is to be expected given South Africa's history and diverse culture. Future donors therefore have to be carefully selected and highly targeted campaigns are required in order to reach the right audiences. The 7 step

education process as suggested by Robinson (1998) should be considered as a method to enforce positive social change.

5.4 Future research considerations

The study has been useful in highlighting several important motivations and barriers to voluntary blood donation in South Africa. Despite the fact that general characteristics of donors became evident, it is not yet easy to identify potential donors and as such, more should be done to understand where and how to reach people who would be able and willing to become regular blood donors. Future studies should explore any shifts in public perception and attitudes towards blood donation in order to react appropriately.

Future quantitative studies could provide further insights in motivations and barriers affecting voluntary donation in South Africa. It would be useful to compare South Africa's results with international markets to highlight specific similarities and differences. It would also be important to track any changes in racial sensitivities regarding this topic as it will continue to have a significant impact on SANBS as an organisation going forward.

The study also highlighted the reality of HIV / AIDS as a major risk for the future safety of the blood supply. Joint initiatives with other organisations should aim to educate people regarding how to prevent the devastating impact of HIV / AIDS in their lives. Future research could focus on how best to achieve relevant awareness regarding HIV / AIDS.

The loss of altruism in the South African society is a cause for concern and future studies could explore the apparent loss in more detail across various categories. Many vital community services and causes are dependent on the altruistic behaviour of its citizens. Without the willing support from members of the public, many critical services could not be performed as the Government is unable to sufficiently fund such initiatives. Future studies around this topic could be extremely useful in understanding how to alter this behaviour in order to benefit society at large.

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