Marketing, psychological and social factors influencing blood donation: A case of South African Millennials

By

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THESIS

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ABSTRACT

The disparity between blood supply and demand is a grave concern for the healthcare sector globally, including South Africa. According to the South African National Blood Services for example, less than 1% of South Africans are regular blood donors; yet an estimated eight out of ten people will need blood during their lives. These facts draw attention to the exigent need for incessant recruitment of new blood donors and the retention of existing blood donors to meet the demand for blood in South Africa. A good source of donors can be the millennials, who are large in size and can easily influence and mobilise their peers through their high social media presence and engagements. The factors that would however influence millennials' blood donation attitudes and intention is yet to be studied.

Studies have assessed blood donation awareness, attitudes and motivations. While these psychological factors provide some explanation of blood donation, there is limited knowledge on the driving roles of social media marketing and social factors. Also limited are insights into the behavioural outcomes of attitudes toward blood donation, especially among a large, but fickle consumer segment like the millennials. This study therefore had three main objectives: 1) to examine the impact of social media marketing in terms of communications posted on its various platforms on awareness, perceptions, motivations, peers, family, attitudes and behavioural intention to donate blood, 2) to assess the extent to which some psychological and social factors impact on millennials' attitude towards blood donation. 3) to examine the extent to which the attitude influences millennials' behavioural intention to donate blood. To achieve these objectives, a conceptual model was developed guided by the social cognitive theory which posits that learning occurs in a social environment with some mutual interactions, the Health Belief Model suggesting psychological drivers of health-related behaviour and the Theory of Planned Behaviour suggesting the relationship between attitude and behavioural intention.

The testing of the conceptual model with fifteen proposed hypotheses required quantitative methods. Data was collected from 650 respondents with self-administered questionnaires from the University of the Witwatersrand, Gauteng Province in South Africa. For the empirical testing of the hypothesised relationships in the model, a structural equation modelling was applied, utilising the AMOS 23 software. The study results revealed that out of the fifteen hypotheses tested, fourteen were supported. Specifically, social media marketing was found to have a positive effect on both psychological factors (i.e. awareness and motivation),social factors (i.e. peer and family groups) and on attitudes and behavioural intention. Out of the three psychological factors that were examined, motivation and awareness and not perception positively and significant influenced attitudes. Attitudes positively influenced blood donation intention.

The research contribution is twofold. Firstly, and theoretically, by examining the impact of social media marketing, psychological and social factors on blood donation attitude and behavioural intention, this study contributes to contextual knowledge of social marketing as well as social media marketing literature. For example, it revealed that even for a health and life-saving product like blood, social media marketing can aid social marketers' efforts to build attitudes and propensity to act. Secondly, by revealing that social media marketing does create blood donation awareness and motivations among millennials and affect their peers and family, social marketers can use these findings to intensify the dissemination of blood donation information in all social media sites. These sites could include Twitter, YouTube, Facebook and even Instagram. These study findings also provide valuable insights to blood banks, social marketers, NPO's, marketers, academics and policy makers particularly from a perspective of understanding Millennials and their attitudes towards prosocial behaviour such as blood donation. With the attitude positively impacting on behavioural intention as found in this study, these stakeholders should find ways to incentivise this large market segment of millennials to convert their intention into actual behaviour.

Keywords: Social media marketing, Blood donation, Generation Y, Awareness, Perceptions, Motivation, Peer, Family, Attitudes, Intention.

DECLARATION

I, Nandi Dabula, hereby declare that, except where appropriate acknowledgment is made to authors whose studies were cited, this thesis, entitled: ***"Marketing, psychological and social factors influencing blood donation: A case of South African Millennials",*** submitted in fulfilment of the requirements for the degree of Doctor of Philosophy in Marketing at the University of the Witwatersrand, Johannesburg, is entirely my own independent work. This thesis has not been submitted before for any degree or professional qualification in this or any other university.

Nandi Dabula

Signed at…….

On the……day of……20……..

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As I submit this thesis and reflect on what a journey this has been, this quote comes to mind: **"*The chances you take, the people you meet, the people you love, the faith that you have. That's what's going to define you".*** Therefore, I sincerely thank the following people who played a pivotal role in making this journey surmountable.

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Lastly, I dedicate this milestone to my late dad, Vuyani Mgubuli and two special people that I love very much, my son, Lonwabo ("Loni") Dabula and my niece Iminathi Dindi. May it inspire you to always believe in your dreams and all that you are. Know that there is something in you that is ALWAYS greater than any obstacle.

"I will praise the name of God with song and shall magnify Him with thanksgiving".

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LIST OF ACRONYMS

AGFI: Adjusted goodness-of-fit-index

AMOS: Analysis of moment structures

ANOVA: Analysis of variance

AVE: Average variance extracted

CB-SEM: Covariance-based SEM

CFA: Confirmatory factor analysis

CFI: Comparative fit index

EFA: Exploratory factor analysis

Gen X: Generation X

Gen Y: Generation Y

Gen Z: Generation Z

GFI: Goodness-of-fit index

HBM: Health Belief Model

HBV: Hepatitis B Virus

HCV: Hepatitis C Virus

HIV: Human Immunodeficiency Virus

NSMC: National Social Marketing Centre

NFI: Normed fit index

NNFI: Non-normed fit index

NPO: Non-Profit Organisation

PGFI: Parsimony goodness-of-fit index

PI: Performance improvement

PLS-SEM: Partial least squares SEM

PNFI: Parsimony normed fit index

RMSEA: Root mean square error of approximation

RMSR: Root mean square residual

RNI: Relative non-centrality index

SANBS: South African National Blood Services

SEM: Structural equation modelling

SPSS: Statistical Package for Social Science

SRMR: Standardised root mean square residual

Stats SA: Statistics South Africa

TLI: Tucker-Lewis index

TPB: Theory of Planned Behaviour

SCT: Social Cognitive Theory

WHO: World Health Organisation

WPBTS: Western Province Blood Transfusion Service

χ^2/df: Normed-chi-square

χ^2: Chi-square

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CHAPTER 1: INTRODUCTION AND BACKGROUND TO THE STUDY

1.1. Introduction

Blood is an essential element for sustaining human life. As there is no substitute for blood, availability of safe blood becomes an acute facet in enhancing health care (Agrawal, Tiwari, Ahuja & Kalra, 2013; Ingram & Bellairs, 2014). Albeit blood transfusion saves millions of lives annually, adequate and safe blood supply continues as a global challenge (Akhtar, Sultana, Farzana, Ahmed & Rubby, 2017). As intricate medical and surgical procedures requiring transfusion advance, the need for blood also continues to escalate. The deficiency of safe blood impacts victims who have lost blood due to road accidents and trauma, complicated pregnancies, cancer patients and those undergoing major surgeries (Verma, Sharma, Sharma & Pugazhendi, 2016). The shortage of blood is further compounded by population growth, a rapidly snowballing aging population which requires more medical care, a dwindling pool of suitable donors due to risky health behaviours and new screening methods and exclusion criteria, which have been introduced in line with improving and ensuring blood safety (Juwaheer, Vencatachellum, Pudaruth & Saib, 2012; Mustafa, Abdelfattah & Al, 2015).

Young people tend to be healthy, active, receptive and represent a greater proportion of the population, which makes them the hope and future of a safe blood supply (Raghuwanshi, Pehlajani & Sinha, 2016). It is thus crucial that they are encouraged, educated and motivated to donate blood voluntarily (Mustafa et al., 2015). If blood banks can start motivating Generation Y to be regular blood donors now, they are likely to develop an enduring commitment to giving blood, which

would aid in alleviating the blood shortages for years to come (Finck, Ziman, Hoffman, Phan-Tang & Yuan, 2016).

Blood donation is the process in which a volunteer, who is a healthy person, has his blood voluntarily drawn for transfusion to those who may require it (Skarbaliene & Bikulciene, 2016). Donating blood saves lives in many parts of the world and it is the main source to meet patients' needs for blood. According to the South African National Blood Services (SANBS Annual Report, 2016), less than 1% of South Africans are regular blood donors; yet an estimated eight out of ten people will need blood during their lives. SANBS has about 500 000 blood donors, 3000 units of blood must be collected every day and a unit of blood only lasts 42 days after donation. SANBS collects 805 000 donations per annum from voluntary non-remunerated donors. These donors are mainly tertiary students and pupils under the age of 26 years. In South Africa, consistent blood availability and supply is even more imperative on public holidays and during peak holiday seasons, as the rate of accidents increases during this period. These facts draw attention to the exigent need for incessant recruitment of new blood donors and the retention of existing blood donors to meet the demand for blood in South Africa.

The disparity between blood supply and demand has compelled blood banks to constantly search for more efficient ways to recruit and retain blood donors (Skarbaliene & Bikulciene, 2016). Although the methods adopted by different countries to attract blood donors differ based on their socio-economic structure, principles of social marketing have been devised to recruit blood donors (Juwaheer et al., 2012). Even though many individuals are eligible to donate blood and numerous awareness campaigns are implemented to promote its importance, many South Africans still do not donate blood (Muthivhi et al., 2015). Whilst harnessing marketing principles and techniques can facilitate the increase in blood

donations, the approach cannot simply entail a direct transferal of marketing strategies and principles utilised in the private sector. Conversely, a long-term and robust approach, which requires both the establishment of an efficient voluntary blood donor programme, as well as enhanced community awareness and acceptance of the value of blood donation as a social practice, is needed. Furthermore, by applying social marketing principles, to create and foster a more sustainable source of safe blood donors, nations would be in a better position. Additionally, blood donation campaigns should not be once-off initiatives that only receive consideration and priority when blood reserves are running down but should be entrenched as part of people's daily lives.

Social marketing, as defined by Lee and Kotler (2015), entails the employment of marketing principles to create, communicate and deliver value which impacts on the target audience behaviours for the benefit of both the target audience and the community. Essentially, social marketing is about marketing social change (Agrawal, 2016). While social marketing applies similar principles as commercial marketing, it is more concerned with changing human behaviour for the benefit of humanity rather than increasing consumption, company earnings or market share (Gordon, Carrigan & Hastings, 2011). The aim may be to foster a change in sustainable health and social behaviour. An important feature of social marketing is consumer orientation, which can be effective at converting people, engaging them, motivating them and empowering them as individuals or within communities. In doing so, behaviour change that can be of value to the individual and to society can be achieved (Manikam & Russell-Bennett, 2016). As pointed out by Lee and Kotler (2015) in their definition, blood donation is one of the significant community organisation-related behavioural issues that could benefit from social marketing.

1.2. Research Problem

An increasing demand for more blood is a grave concern for the healthcare sector globally. As many eligible donors globally still do not donate blood despite numerous awareness campaigns, a plethora of studies exploring social marketing campaigns aimed at recruiting and retaining blood donors have been conducted (Lefebvre, 2011; Gordon, 2012; Gilaninia, Taleghani & Amenien, 2013; Muthivhi et al., 2015; Carvalho & Mazzon, 2015). Copious studies found minimal variation in the tactics employed by blood agencies. Radio and TV, written materials (such as posters, newspapers, magazines), community events, talks in schools and churches and utilising celebrities as brand ambassadors seem to be the most popular methods (Moussaoui, Naef, Tissot & Desrichard, 2016; Zanin, Hersey, Cone & Agrawal, 2016; Akhtar, Sultana, Farzana, Ahmed & Rubby, 2017).

The major lacuna with blood donation campaigns is that the crucial role played by marketing factors such as social media marketing communications in driving blood donation of the youth, particularly in South Africa has not been maximally harnessed. While the employment of social media within the blood donation environment has been investigated (Foth, Satchell, Seeburger & Russell-Bennett, 2013; Cameron et al., 2013; Centola, 2013; Saleem et al., 2014; Gaonkar, Nalini, & Abhishekh, 2015; Agrawal, 2016; Mulatu, Hailu, Yegezu & Tena, 2017), there is paucity of such studies in South Africa amongst Millennials.

While social media is still a new phenomenon in South Africa, its adoption and usage has grown exponentially over the past few years. However, the knowledge and experience of utilising these platforms effectively within the South African health sector still warrant further advancement. Due to the inherent features of social media which encompass being interactive, rapidity, open discourse, multi-modality, customisation and two-way communication among others, its potential

value in transforming health behaviour cannot be under-estimated (Neuhauser & Kreeps, 2010; Fayoyin, 2016). Furthermore, other aspects of social media such as support, interactive emotion sharing, building of on-line communities and empowerment can play an enormous role in creating awareness and perceptions, motivating and influencing blood donation attitudes and intention. To study attitudes and behavioural intention, the Theory of Planned Behaviour (TPB) has been mainly employed. While it provides some psychological (e.g. beliefs, perceived behavioural control and attitudes) and social factors (e.g. social norms) influencing behavioural intention, it does not consider product awareness, perceptions and motivations that are built, especially through new media platforms like social media. More so, the TPB has been used to understand prosocial behaviours such as organ donation (Rocheleau, 2013) and environmental attitudes (Mancha & Yoder, 2015), but has been rarely used to study blood donation intention. An integration of the TPB with the Health Belief Model (HBM), which explains and predicts health-related behaviours (Tola, 2016) can provide better understanding of blood donation drivers.

In the current era of high social media use, connectivity and interactions, particularly among Millennials, who spend more time on social media exerting global influence (Parment, 2013), the application of the Social Cognitive Theory (SCT) can also provide useful insights in understanding attitudes and behaviour. The theory posits that learning occurs in a social environment with mutual interaction between people, the environment and their behaviour. From the interactions, people do not only become reactive, but can also proactively share information and influence each other. Thus, in developing attitudes and behaviour, the SCT suggests that people are being influenced by environmental (e.g. social factors) and personal cognitive and affective factors (Webb, Joseph, Yardley & Michie, 2010). If these notions are integrated into the TPB and HBM, they can

enrich the study of possible drivers of Millennials' blood donation behaviour. This study therefore integrated the TPB, HBM and SCT to examine the extent to which social media marketing, psychological and social factors impact on Millennials' attitudes and intention to donate blood in South Africa.

1.3. Purpose Statement

The purpose of this study was to examine, within the South Africa perspective, the impact of social media marketing on behavioural intention to donate blood and the extent to which psychological and social factors impact on Millennials' attitude towards blood donation.

1.4. Research Objectives

The research aimed at attaining the theoretical and empirical objectives articulated underneath.

1.4.1. Theoretical Objectives

Underneath are the four theoretical objectives that the study intended to achieve:

a) To conduct a comprehensive examination of the blood donation phenomena, with specific prominence given to the need for blood and blood shortages across the globe, the blood donation process and convolutions, impetuses for giving blood and justifications for not giving blood.
b) To discuss the concept of generational marketing and the attributes of Millennials which render them an appropriate segment for this research.

c) To analyse the concepts and origins of social marketing and social media marketing.
d) To appraise and deliberate on the key theories that aid in understanding blood donation attitudes and behavioural intention. To also review empirical literature on the relationships to be tested, so that the conceptual model and hypotheses could be developed.

1.4.2. Empirical Objectives

The empirical objectives that the current research intended to achieve are outlined below:

a) To establish how a marketing factor (social media marketing) influence blood donor psychological factors (awareness, perception and motivation)
b) To determine how a marketing factor (social media marketing) impact on social factors (peer/reference group influence and family influence)
c) To examine the impact of social media marketing on attitudes and intention to donate blood.
d) To assess how awareness of blood donation influences the motivation to donate blood.
e) To establish the impact of blood donation awareness on perception about blood donation.
f) To evaluate the degree to which the social and psychological dynamics affect attitudes towards blood donation.
g) To investigate the effect of attitudes about blood donation on the intention to donate blood.

1.5. Research Questions

The study was directed by the following questions:

a) Does social media marketing in terms of communications posted on various platforms impact on awareness, perceptions, motivations, peers, family, attitudes and intention to donate blood?
b) To what extent do some psychological and social factors impact on millennials' attitude towards blood donation?
c) To what degree does attitude influence millennials' intention to donate blood?

1.6. Preliminary Literature Review

This part presents a summary literature appraisal on the key concepts as well as the theories which form the bedrock of this study. While a detailed literature review will be presented in the next three Chapters, a brief discussion on the Generation Y group, who are at the centre of this study is necessary. Also presented in this section are the theories and constructs underpinning this study. The theories that directed the formulation of this research 's conceptual framework and suppositions are the TPB, HBM an SCT.

1.6.1. Overview of Millennials

Bevan-Dye (2016) states that research on generations is based on the Generational Cohort Theory. This theory postulates that individuals who experience the same events culturally, historically, socially and politically particularly between the ages of 17 and 23 are bound to possess common values and behaviours during their lifetime (Bevan-Dye, 2016). According to Brosdahl and

Carpenter (2011), generations are categorised as the Silent Generation, who were born between 1925 and 1945, followed by the Baby Boomers, who were born between 1946 and 1960). The Generation X is a group that was born between 1961 and 1981 and the Generation Y were born after 1981. Other groups classified according to generations are the Traditionalists (1930–1949), the Baby Boomers (1946–1964), Generation X (1965–1981), Generation Y, also referred to as the Millennials (1982–2000) (Bevan-Dye, 2016), as well as Generation Z (Gen Z) (2001 to the present) (Kahn & Louw, 2016).

There seems to be divergent views on the start and end points of Millennials due to uncertainty among researchers as to the real difference between a generation and a cohort. Numerous studies in the South African context suggest that Generation Y is made up of individuals born between 1980 and 2000 which is different from definitions accorded in the Western context, which assert that Generation Y individuals were born between 1977 and 1994 (Noble, Haytko & Phillips, 2009). There are several studies proposing time frames for Generation Y based on birth years, the most common time intervals for this generation being 1977-1994 (Parry & Urwin, 2011), 1978-2002 (Brosdahl & Carpenter,2011), 1980-2000 (Parment, 2013) or 1982-2002 (Costanza et al., 2012). For the purpose of the current study, the 1980 and 2000 definition will be adopted.

According to Bevan-Dye (2016), the term “Generation Y” first appeared in the editorial of an August 1993 issue of the *Advertising Age*, while other terms used for Generation Y are Millennials, the Net Generation, the Digital Natives, ‘Dot.Com Generation’ and ‘Net Generation’, due to this generation’s dependence on technology, the term ‘Generation Why’ (due to the inquisitive nature of this generation) and the term ‘Generation Next’. These expressions imply that the initial increase of this generational group came of age at the turn of the millennium and

grew up when everything was technologically connected, with the connectivity afforded by the Internet, followed closely by the widespread uptake of mobile telephony. For the purpose of this study, the term “Millennials” will be adopted.

1.6.2. Importance of Millennials for this Study

From birth, Millennials have had exposure and awareness to the internet and other digital devices such as mobile phones and tablets and have thus become very digitally savvy compared to generations ahead them. That makes them the ideal group for the current study which explores the use of social media in blood donation. Furthermore, due to the aging population, Millennials are the most appropriate segment for blood donation. Thirdly, this generation represents upcoming economic generators and individuals or groups who will shape the society (Székely & Nagy, 2011). Fourthly, Millennials are the largest population group when compared to other generations today. Potentially, based on the size of the group and through globalised networks linking individuals together, Millennials have the capacity to galvanize mass movements and exerting global influence (Parment, 2013).

1.6.3. Size and Characteristics of Millennials

Statistics South Africa (2015) estimates that there are approximately 2 billion Millennials worldwide, with 87% residing in developing countries such as South Africa. Furthermore, Stats SA (2015) reported that Millennials contributed close to 40% of the population of South Africa in 2015. Bevan-Dye (2016) contends that Millennials are highly educated, usually become affluent very early in their lives and thus learn to be in full control of their own finances and assets at a young age. Due to their financial empowerment and ability, they have very robust buying and

spending power, which makes them attractive for many businesses (Parment, 2013). Millennials are open minded, embrace racial diversity and are very inclusive. They are very open to life-long learning and being well-informed and due to the internet, they have access to abundant information and utilise numerous information sources for product searches. Millennials are more likely to engage in 'self-education', using online tools to do thorough research into subjects of their choice. They are also environmentally-and cause orientated and socially conscious, which makes them likely to support and spread the word about causes they care about and rally behind social issues. They also consider the environment a major and pressing issue and tend to be pro-renewable energy and sustainable development. They are mainly influenced by peers and family, are always wanting online human connections and exchange of real experiences that makes them feel a sense of community, respect and acceptance.

In sum, all these characteristics make Millennials a very receptive segment to learn about blood donation and intention to donate blood and spread positive electronic word of mouth of their experiences among their social groups via social media. Based on the above, how can blood banks communicate with this new digitally savvy generation to increase awareness, perceptions and motivation of donating blood?

1.6.4. Theoretical Grounding

The study is underpinned by three theories, namely; Theory of Planned Behaviour (TPB), Social Cognitive Theory (SCT) as well as the Health Belief Model (HBM). They are described in the next subsection.

1.6.4.1. *Theory of Planned Behaviour*

The Theory of Planned Behaviour (TPB) was proposed by Ajzen (1985) as an extension of Theory of Reasoned Action (TRA) for situations in which people do not have complete control over their behaviour (Fishbein & Ajzen, 1975). The TPB suggests that the psychological process to engage in certain behaviour is stimulated by intention which is similarly influenced by some underlying beliefs. Intention tends to be the central point around which behaviour revolves, which means that people's actions are backed by their intention. According to Ajzen (2002), intention captures the motivational factors that influence the behaviour and the extent to which an individual persists in an adopted behaviour depends heavily on the existence of the motivational factors, which are means of further instilling and imbedding behavioural practices. Consequently, TPB has been widely used in several studies as a framework to elucidate numerous kinds of behaviour, such as smoking, drinking, substance abuse and blood donation (Merav, & Lena, 2011; Allerson, 2012; Masser, Bednall, White & Terry, 2012). The elements of TPB comprise of attitudes, social norms, perceived behavioural control, intention and behaviour (Ajzen, 2002). This study applied the concepts of social norms, perception, attitudes and intention from the TPB. While TPB views social norms as societal pressure, in this study, it is conceived more specifically and broader in terms of influence from peers and the family.

1.6.4.2. *The Health Belief Model*

The Health Belief Model (HBM) aims to explain health behaviours and its nucleus is on a person's attitudes and beliefs. HBM postulates that health-related behaviour is driven by an individual's assessment of the danger posed by a health issue and by the benefit linked with his/her action to lower that threat. HBM has

been applied to investigate diverse long- and short-term health behaviours such as breast cancer detection (Abolfotouh et al., 2015), injury prevention (Glanz & Bishop, 2010; Bishop et al., 2014), to inform medication adherence interventions among people with mental illness (Valenstein et al., 2011), to guide the use of goal setting and lifestyle changes for reducing cardiovascular risk and psychiatric symptoms (Kilbourne et al., 2014) and tuberculosis treatment adherence (Tola, 2016).

1.6.4.3. *The Social Cognitive Theory*

Social Cognitive Theory (SCT) started as the Social Learning Theory (SLT) in the 1960s by Albert Bandura. Social Cognitive Theory states that people are not just reactive beings who are shaped by environmental events or inner forces but are also self-organising, proactive, self-reflecting and self- controlling (Webb, Joseph, Yardley & Michie, 2010). This implies that learning occurs in a social environment with a mutual interaction of the person, the environment, and behaviour. SCT considers the unique way in which individuals acquire and maintain behaviour, while also considering the social environment in which individuals perform the behaviour. The theory puts emphasis on a person's past experiences as these experiences shape whether an individual will engage in a behaviour and the reasons for performing an action. This theory guided the examination of the influence of peers and family, who are in their part impacted by the social media interactions and communication.

1.6.5. Description of Study Constructs

At this juncture, a succinct synopsis of the study constructs, which will be appraised fully in the succeeding chapters is proffered. The study comprises of eight constructs, which are grouped under marketing, psychological and social factors. Social media marketing, which relates to the marketing factors is the

predictor variable; awareness, perceptions and motivation convey psychological factors, while peer influence and family influence are social factors, and all are mediating variables. Attitude and intention are the last two constructs of the study, which are the study outcome variables.

1.6.5.1. *Social Media Marketing (Marketing Factor)*

Tuten and Solomon (2018) define social media marketing as the employment of social media to design, communicate, offer and exchange offerings that deliver value for an organisation and its stakeholders. The definition underscores the ability of social media to aid in offering value to customers, which is the true essence of marketing. The ability to provide this value is emboldened by the digital infrastructure of the web, expedited on social media conduits such as Facebook, Twitter, Instagram among others (Tuten & Mintu-Wimsatt, 2018).

Scholars are in accord that the main objectives of social media marketing are to gain visibility and enhance awareness, reputation, development of customer relationships and closer engagement with customers and eventually increasing sales as well as sustainability to survive in the current competitive era (Abreza, O'Reilly & Reid, 2013; Saxena & Khanna, 2013; Taneja & Toombs, 2014, Dwivedi, Kapoor & Chen, 2015; Tuten & Solomon, 2015; Tuten & Mintu-Wimsatt, 2018). Additionally, social media provides an advantage of being a research tool or even complaints and suggestions platform where participants voice out their satisfaction or dissatisfaction about the brand or company. Furthermore, as part of the continuous engagement, companies can identify influencers that they can use as brand ambassadors (Taneja & Toombs, 2014). For organisations, the biggest advantage of social media marketing is its cost effectiveness (Sajid, 2016). Moreover, organisations use social media for market research purposes,

reputation management, relationship building and networking as well as for public relations purposes (Thoring, 2011; Ismail, 2017).

From a consumer perspective, social media facilitates participation, openness, conversation, community and connectedness amongst online users. Consequently, social media sites have become popular because users can easily generate content and instantaneously make that content widely available and accessible. This provides users the ability and freedom to share their thoughts and interests with friends online, which in a blood donation context could prove valuable for blood services organisations.

The substantial increase in the use of social media provides a platform to communicate with a substantial audience, access to a multitude of user information and the ability to observe the behaviour of the audience whom the messages have reached. This provides users the ability and freedom to share their thoughts and interests with friends online, which in a blood donation context could prove valuable for blood services organisations.

The potency of social media in some health programmes has been recognised and its frequent usage in health interventions is observed. Consequently, several studies have explored the use of social media for health communication at the global level (Greene, et al., 2010; Nordfeldt, Hanberger & Berterö, 2010; Gold et al.,2011; Al Mamun, Ibrahim & Turin, 2015; Veale et al., 2015), for sexual health promotion (Salathé & Khandelwal, 2011), attitudes about vaccines (Chou, Hunt, Folkers & Augustson, 2011) for cancer screening and (Smith, 2012) for interventions about prenatal health promotion and education. While these studies consider social media marketing in terms of awareness creation and changing attitudes, the current study views social media marketing in terms of various communications posted on social media platforms by blood service organizations, donors and other health support groups.

1.6.5.2. *Psychological Factors*

Awareness

Consumers' awareness of the company and its services is a fundamental and one of the initial steps in the consumer buying process (Mousavi et al., 2011). Ordinarily, a consumer cannot buy a product unless he/she is first aware of it, hence higher levels of awareness advance the possibility of the service being utilised or the product being purchased (Huang & Sarigollu, 2012). It is for this reason that awareness and knowledge have become such key elements in changing the attitude and behaviour of consumers towards products (Ishak & Zabil, 2012). Many studies show that consumers' awareness and knowledge impose significant influence on different types of effective consumers' behaviours (Mousavi et al., 2011). Thus, for many businesses, the creation of brand awareness, which is the ability to recognise or recall a brand is a crucial element of branding strategy (Kilei, Iravo & Omwenga, 2016). Even in the social marketing purview, social marketers invest time and financial resources to engender more awareness, change attitudes, beliefs and behaviour (Foroudi, 2019).

With regards to awareness about blood donation, investigations in different study settings identified that the number one reason behind people's willingness to donate blood is awareness of blood needs among patients (Karim, Alam, Farazi & Labone, 2012; Lownik, Riley, Konstenius & McCullough, 2012; Uma, Arun & Arumugam, 2013; Dubey, Sonker, Chaurasia & Chaudhary, 2014). These studies have confirmed that the more aware and knowledgeable people are about blood and the need for it, the more likely they are to be blood donors.

Perceptions

Perception, which is the unique way in which each person views, categorises and interprets things, is one of the psychological factors that plays a major role in the processing of information and has a great impact on shaping the consumer decision making process and purchase behaviour (Ramya & Ali, 2017). Consequently, it is essential for marketers to understand consumer perception, and what essentially drives an individual consumer's perception. In addition, it is imperative for marketers to be cognisant of all phases of how consumer perceptions are formed. Understanding the perceptual construction process will enable marketers to improve the likelihood of consumers not only being exposed to the messages targeted at them but also paying attention and ascribing the desired meaning to those messages (Hawkins & Mothersbaugh, 2010). Kotler and Armstrong (2009) corroborate this assertion that a thorough understanding of consumers' perceptions is a cornerstone for effective marketing and would in the case of blood donation, be beneficial for blood banks in order to increase blood donation behaviour.

Empirical literature demonstrates that across the globe, only the minority of the country's population donates blood (Shah, Patil, Sawant, Deokar & Puranik, 2011; Baig, Habib, Haji, Alsharief, Noor & Makki, 2013). One of the most cited reason for not donating blood, described in literature, is related to perceptions of the blood system and blood donation (Lownik et al., 2012; Verma et al., 2016; Meinia, Kumar, Singh & Dutt, 2016). Blood banks must try to improve consumer perception of blood donation through effective education campaigns that not only enhance awareness, but also to look at the entire value chain and touchpoints to ensure that the entire journey is positive. That will contribute positively to blood donation perceptions, attitude and intention to donate blood.

Motivation

Motivation is the impetus in virtually all facets of human behaviour. It is connected to expectations, needs, and wants hence purchases are usually made to satisfy mental and economic forces that generate certain wants or desires. In blood donation, motivation is one of the fundamental aspects determining the act of donating blood (Kasraian & Maghsudlu, 2012; Zito et al., 2012). Consequently, the full appreciation and understanding of what motivates individuals to donate blood is pivotal for the enhancement, preservation and sustainability of a nation's health (Pentecost, Arli & Thiele, 2017). Similarly, the escalating necessity for blood and the frequently multifaceted and manifold aspects influencing the decision to donate blood have stimulated the curiosity and interest of numerous scholars and fortified the exploration of the motivations behind donating blood (Carver, Chell, Davison & Masser, 2018). Identification of motivational factors can lead to the design of targeted motivation campaigns for blood donation (Suemnig et al, 2017).

Researchers have explored various motives for donating blood such as influence from a friend, altruism, social responsibility (Sojka & Sojka, 2008), convenience, pro-social motivation, personal values, reputation of blood bank, perceived need for donation, and marketing communication values (Bednall & Bove, 2011; Bednall et al., 2013), feelings of empathy or altruism, self-benefit and external reasons and general norm based altruism (Otto & Bolle, 2011; Skarbaliene & Bikulciene, 2016).

1.6.5.3. *Social Factors*

Peer and Family Influences

One of the basic attributes of humans is the need to belong and conform to a group and to feel accepted within the group, whether it is a formal, informal, small or big

(Hammerl, Dorner, Foscht & Brandstätter, 2016). This notion is described by Smith, Matthews and Fiddler (2011) as social influence, which describes the means through which a person's thoughts, emotions and actions are influenced by other people closest to them such as their peers and family members. Reference or peer groups and family are an important component in the study of consumer behaviour as consumers often make consumption decisions which have been influenced through their association with these groups. Group influence in a form of peers/reference groups and family are a strong determinant of social behaviour, and prosocial behaviour (van Hoorn, van Dijk, Meuwese, Rieffe & Crone, 2014; Choukas-Bradley, Giletta, Cohen & Prinstein,2015; Nook, Ong, Morelli, Mitchell & Zaki,2016; Park & Shin, 2017).

It is for this reason that the two social factors that will be explored in the study based on their close link to the study investigation are the influence of peers (or reference groups) as well as family influence.

Peers are groups that provide the benchmarks for comparison and evaluation of group and personal characteristics, hence Rani (2014) aptly defined such groups as "social role models who affect consumer behaviour." As peer or reference groups represent groups to which an individual aspires to relate to for association, information, and standards of behaviour, people use them as a guide or benchmark for behaviour in specific situations (Nicoletti, Salvanes, & Tominey, 2018). Empirical studies have observed robust peer influence in pro-social behaviour, of which blood donation is one. Peer influence was found in plasma donation decisions along all investigated outcome variables on plasma donation intensity (Bekkers, 2011; Goncalez et al. 2013; Smith et al., 2013; Chen, 2014, Aldamiz-echevarria & Aguirre-Garcia, 2014; Pedersen et al., 2015).

Family plays a crucial role in shaping one's preferences and behaviour. In fact, it can be argued that family is the most critical starting point in understanding behaviour because it is within a family structure that people are socialised and

provided with their initial social status (Bani & Strepparava, 2011). The family can influence the personality, attitude, beliefs, characteristics of the individual as well as the decision making of an individual with respect to certain behaviours.

The robust influence of family on donation attitude is captured aptly by Smith et al. (2011) who maintains that the decision to donate blood is motivated to a large extent by donors' need to act according to the norms and behaviour of their family and the wider social network. The influence of friends, family, and co-workers was also reported as motivation for donors to start giving blood (Misje, Bosnes, Gåsdal et al. 2005). Karim, Alam, Farazi, and Labone (2012) and Bani and Strepparava (2011), found a positive relationship between family influence and intention to donate blood.

1.6.5.4. *Attitudes*

In marketing lexicon, an attitude is defined as a general evaluation of a product or service formed over time (Solomon, 2008). Attitudes fulfil a personal motive, while they also affect the spending and behaviour of consumers. Attitude formation is facilitated by direct personal experience and is also shaped by the opinions and experiences of friends and family as well as exposure to various mass media platforms (Crano & Gardikiotis, 2015). Hence Asiegbu et al., (2012)'s contention that attitudes are viewed as an outcome of psychological processes. Attitudes play a huge role in decision to donate blood and several studies have been undertaken to measure people's attitudes towards blood donation (Gader, Osman, Al Gahtani, Farghali, Ramadan & Al-Momen, 2011; Alfouzan, 2014; Raghuwanshi, Pehlajani, & Sinha, 2016; Urgesa, Hassen, & Seyoum, 2017). Some studies have found that education is a critical factor that positively influences attitudes towards blood donation (Olaiya, Alakija, Ajala & Olatunji, 2004). A study by Holdershaw and

Wright (2003) found that having a positive attitude toward blood donation is associated with greater willingness to donate blood.

1.6.5.5. *Intention*

The construct of intention has been explored extensively in marketing literature, with more prominence being given to purchase intention. Consequently, various definitions have been put forward. A consumers' purchase intention is molded by their appraisal of products based on outside stimulating factors such as advertising, the perceived image of the product and reviews from other consumers. Shao, Baker and Wagner (2004), suggested that purchase intention signifies the prospect of consumers to purchase the product. Intention insinuates a willingness to consider buying, it signifies what an individual wants to buy in the future and it also unearths the consumer's determination to purchase the product over again. Once more, since blood donation shares parallels with purchase of products, intention to donate also contains all the three dimensions mentioned, i.e. the willingness to donate, the significance of donating and the determination to consider donating blood in future. Intentions represent the motivation and the attitude behind our actions. Behavioural intention is an indication of an individual's readiness to perform a given behaviour and the best predictor of behaviour is intention. It is based on attitude toward the behaviour, subjective norm, and perceived behavioural control, and it is assumed to be an immediate antecedent of behaviour (Ajzen, 1991).

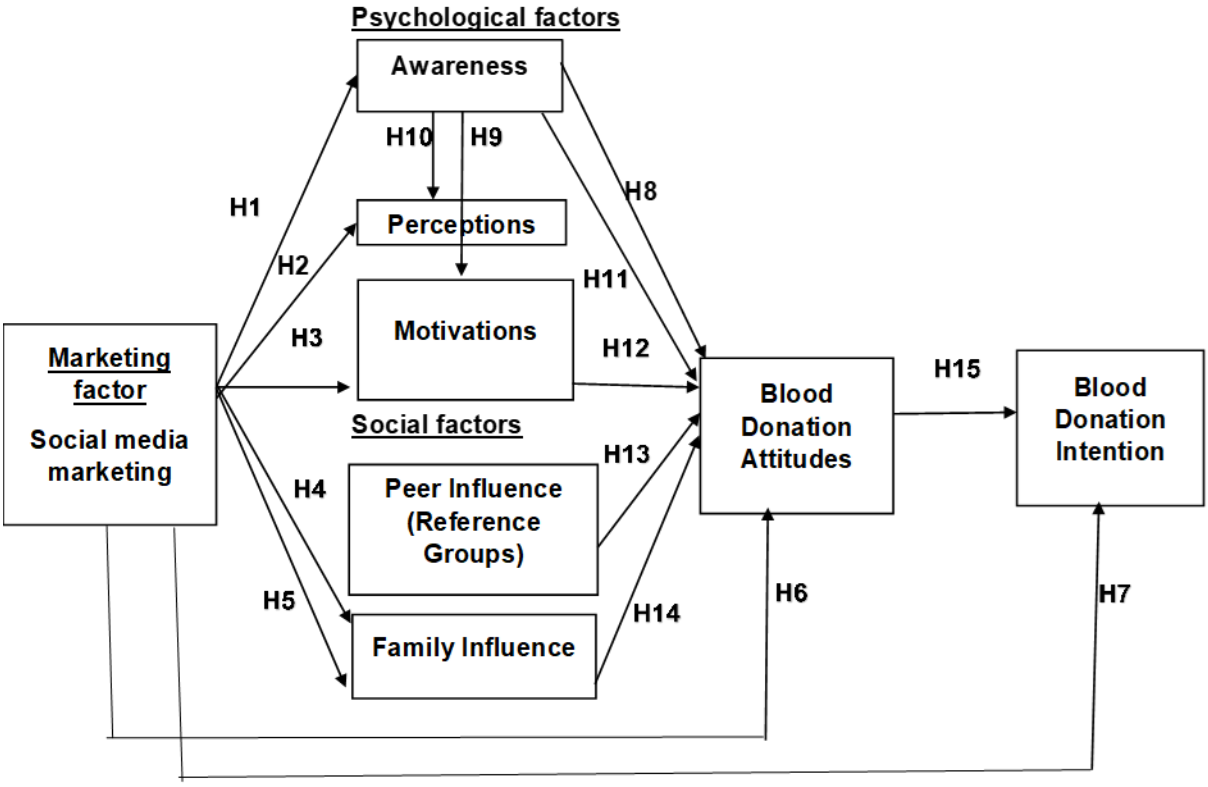
According to the Theory of Planned Behaviour, the stronger the intention of an individual to perform a behaviour, the greater the behaviour will be performed (Ajzen, 1991). Studies in blood donation have established and supported that awareness creates knowledge, which has an ability to transform perceptions,

attitudes, motivations and intention to perform behaviour (Nguyen, DeVita, Hirschler & Murphy, 2008). It is important to note though that intention does not necessarily equate with actual donating. Pule, Rachaba, Magafu and Habte (2014) found that better educational background and exposure to past donors were the predictors of intention to donate blood.

1.6.6. Proposed Conceptual Model and Hypotheses

This study used ideas from the TPB, HBM and the SCT to develop the conceptual model and hypotheses of this study. The model proposed that when the social media marketing communications about blood donation posted on various social media platforms are interesting, engaging, informative and resonates with Millennials, it will impact positively on the Millennials level of awareness, their perceptions and motivation. Moreover, through social media marketing communications, peers and family can be influenced and exert influence on others. All of these will have a positive effect on blood donation attitudes and will impact on Millennials' intention to donate blood. The proposed relationships are presented in the conceptual model in Figure 1. A comprehensive discussion on the theories and empirical literature that guided the development of the conceptual and resultant hypotheses is provided in Chapter 4.

Figure 1: Proposed Conceptual Model



Source: Researcher's own compilation (2019)

1.6.6.1. *Hypotheses*

From the proposed conceptual model, the following hypothesis were developed:

- H1: There is a positive relationship between social media marketing and blood donation awareness by the South African Millennials.
- H2: There is a positive relationship between social media marketing and blood donation perceptions amongst Millennials in South Africa.

- H3: There is a positive relationship between social media marketing and motivation to donate blood by the South African Millennials generation.
- H4: There is a positive relationship between social media marketing and peer influence to donate blood.
- H5: There is a positive relationship between social media marketing and family influence about blood donation amongst the South African millennials.
- H6: There is a positive relationship between social media marketing and attitudes towards blood donation by Millennials in South Africa.
- H7: There is a positive relationship between social media marketing and intention to donate blood by South Africa Millennials.
- H8: There is a positive relationship between awareness and attitude toward blood donation by South African Millennials.
- H9: There is a positive relationship between awareness and motivation to donate blood by Millennials in South Africa.
- H10: There is a positive relationship between awareness and perceptions towards blood donation by South African millennials.
- H11: There is a positive relationship between awareness and attitude towards donating blood by South African Millennials.
- H12: There is a positive relationship between motivation and attitude towards blood donation in South Africa.
- H13: There is a positive relationship between peer influence and South African Millennials' attitude to donate blood.
- H14: There is a positive relationship between family influence and South African Millennials' attitude towards blood donation.
- H15: There is a positive relationship between attitude and intention to donate blood by South African Millennials.

1.7. Research Methodology

This section details the research techniques that were adopted to gather and analyse data. It starts with the discussion of the research philosophy and approach.

1.7.1. Research Philosophy and Approach

When conducting research, there are three research philosophies that researchers can follow; positivism, constructivism and realism (Bryman, 2012). According to Bryman and Bell (2011), a positivist philosophy endorses a more scientifically measurable knowledge to predict a conclusion. The constructivists support that it is essential to extensively interrogate and interpret narratives, to gather additional insights about a trend (Isaeva, Bachmann, Bristow & Saunders, 2015). It is for this reason that constructivists support a closer interaction and dialogue with research participants in order to take into consideration their unique individual experiences, circumstances, beliefs and social perspectives (Wahyuni, 2012; Tsang, 2014). Realism suggests that what the senses display as reality is the truth, meaning that objects have an existence independent of the human mind (Bryman, 2012).

Considering that this study sought to test a model and the relationships between the studied constructs, a positivist philosophy was appropriate (Bryman & Bell, 2011). With regards to the approach that could be adopted, the researcher can follow either a deductive or inductive approach. The deductive approach is mainly aimed at testing theory to explicate the casual links between theories and constructs (Saunders, Lewis & Thornhill, 2012). With the inductive approach, the observations are the genesis for the researcher, and patterns are looked for in the data (Beiske, 2007). Therefore, the inductive approach does not have a framework that initially informs the data collection (Flick, 2011). Since this study aims to utilise

existing theories and models to develop and test hypotheses, the deductive research method was embraced in this study.

1.7.2. Research Design

Of the three research designs available - quantitative, qualitative and mixed methods, the quantitative method was embraced for this study, based on the nature of the study's research problems and objectives. Malhotra (2010) as well as Saunders et al. (2012) assert that the quantitative methods are appropriate in testing relationships between constructs. Quantitative studies are associated with the descriptive research design, which utilises surveys to collect data (Antwi & Hamza, 2015). Therefore, a survey in a form of a questionnaire was employed to gather data for this study. This study was cross-sectional in its design, because there were constraints of time and resources. With a cross-sectional design, data is collected once, over a short period of time before it is analysed and interpreted (Babbie, et al., 2015).

A survey method was employed to gather data. Generally, studies aligned to the positivist philosophy are quantitative in nature.

1.7.3. Sampling

Malhotra and Birks (2012) regard sampling as the key facet of research and they describe sampling as the section of the population, in the research area, which will be a representation of the entire population. The target population for the present study were South African Millennials, who were selected from Wits University of Witwatersrand (Wits) in Gauteng province, South Africa. University students were selected because most of them are Millennials. According to the Department of

Higher Education (DHET, 2017), Gauteng Province and Wits University have the most diverse South African student population from various racial, socio-economic and cultural backgrounds. Furthermore, Wits University was selected based on the accessibility to the researcher and thus the ease of gathering data.

The purposive non-probability sampling method was applied in gathering data. A purposive, also known as judgmental, selective, or subjective sampling is used based on characteristics of a population and the objective of the study (Bryman,2016). The main goal of a purposive sampling was to focus on characteristics of the population that are of interest and would best enable the researcher to answer the research questions. As the study specifically sought to investigate market, psychological and social factors influencing blood donation attitude and intention by SA millennials, the purposive non-probability method enabled the researcher to purposely select a sample that was made up of the Millennial cohort.

850 questionnaires were distributed to Wits students. They were undergraduate and post graduate, males and females between the ages of 18 and 39 years (in line with the 1980-2000 classification of Millennials by Schiffman et al., (2010), Parment (2013) and Lee and Kotler (2015). It was not necessary whether they have donated blood or not. Out of the 850 questionnaires issued, 650 questionnaires were completed. To establish the size of the sample, the researcher followed guidelines proposed by Siddiqui (2013) that suggest that when conducting Structural Equation Model to analyse data, for conceptual models that have ten to fifteen variables, sample sizes of between 200 and 400 are needed. Since this study had eight variables, the 650 responses that were obtained in this study were adequate.

1.7.4. Research Instrument

Babbie (2015) defines a data collection instrument as a document which details the questions and other items that are devised to seek information on the study variables for analysis. A structured questionnaire was used to collect data in this study. A structured research instrument refers to a survey where all participants are asked the same questions in the same sequence (Bryman, 2016). In following the caution from Birmingham and Wilkinson (2003), when designing the questionnaire, the researcher should ensure that it follows from the reviewed literature so that it measures the correct variables. Thus, questionnaire instruments previously used in literature were adapted to measure this study's constructs.

The questionnaire was structured into 12 sections. Section A, which comprised of 5 questions, focused on the respondents' demographic information. Section B sought to explore the respondents' internet access and usage, whilst Section C dealt with extent of social media usage. Section D asked questions related to blood donation behaviour. Sections E to K were specific to the study constructs.

A 7-point Likert scale (using 1= strongly disagree to 7= strongly agree) was used to assess all the measurement items. The choice of a 7-point Likert scale was motivated by empirical literature which suggests that considering the sometimes unreliability of the responses from survey participants, it is possible for a 7-point scale to perform better compared to a 5-point scale (Joshi, Kale, Chandel & Pal, 2015; Rahi, 2017). Additionally, previous similar studies also applied a 7-point Likert scale. The questionnaire for the current study is included as Appendix 1.

Prior to administering the questionnaire, the questionnaire underwent a pilot testing. The researcher used 50 marketing students to pre-test the research instruments. After obtaining construct reliability and validity from the pre-test by

deleting some few items with very low Cronbach alphas (Hair, Black, Barbin & Anderson, 2010), the main questionnaire was developed and administered. The pre-test validity was measured with convergent and discriminant validities. Convergent validity was investigated using item-to-factor loadings and discriminant validity was tested by checking the inter-correlation between the constructs.

1.7.5. Ethical Considerations

Ethical issues are a critical aspect of research and data collection and provide guidelines for the responsible handling of research (Blaikie & Priest, 2019). Quinlan, Babin, Carr, and Griffin (2019) define ethics are a practice of moral principles and values that define what is good for individuals and society. These principles place a big responsibility on researchers to have ethical concern and obligation to respondents in terms of consent, explanation of purpose of the study, right to privacy, right not to participate, right to stop participating at any time, right to confidentiality, right to safety, and right to decide which questions to answer (Zikmund & Babin, 2010; Resnik, 2011). As the current research involved human participants, it was essential that stringent ethical protocols are adhered to throughout the research process. This was to ensure that respondents' rights are fully respected and protected. Among some of the ethical considerations are that the researcher must ensure that participation in the study is voluntary and respondents may abandon the study at any point in the process, that data is for empirical research purposes only and will not be sold to a third party, that questionnaires are anonymous and partaking in the study will not subject the respondents to any harm. The present study addressed ethical concerns as follows:

Ethical clearance certificate: The researcher adhered to the University of the Witwatersrand's ethics policy and applied for ethical clearance from the Ethics Review Committee of the University of the Witwatersrand prior to the commencement of data collection. The ethics clearance was granted, Protocol Number was H18/06/11 and a copy of the certificate is attached in Appendix 2, Ethics Clearance Certificate.

Covering letter: The questionnaire covering letter formed the basis of the Ethics Clearance application as it provided detailed information to the study participant. In the letter, the researcher introduced herself, indicated the qualification being studied and clearly articulated the study title and its purpose. Furthermore, the issues around study participation such as confidentiality, voluntary participation, withdrawal from participation at any point and the fact that the study is for academic purposes. The researcher's, supervisor's and the Human Research Ethics Clearance representative's contact information were shared should there be a need for respondents to express any concerns about the study.

1.8. Data Collection

In this study the option of engaging the services of field workers was exercised where three fully trained fieldworkers were secured to gather the data from participants. Structured, paper based, self- administered questionnaires were dispensed and managed by three trained fieldworkers at the University of Witwatersrand. A covering letter, aimed at explaining the study purpose also enabled clear understanding of the study by the participants and ensured voluntary participation as suggested by Jain, Khan and Mishra (2017).

1.8.1. Data Screening, Validity and Reliability Testing

Subsequent to the data collection process, the researcher followed the recommendations by Cooper and Schindler (2011), DeSimone, Harms and DeSimone (2015) as well as DeSimone and Harms (2018) methods of data screening. The data was screened for missing responses and outliers. SPSS was then used code the data, after which descriptive statistics were conducted.

Data analysis was performed using three statistical tools, namely, Excel, SPSS 23 and AMOS 23. Excel was used to capture the responses. To ease the performance of descriptive statistics, the data that was coded on Excel was transferred to SPSS 23. In addition to descriptive statistics, SPSS was also used to test construct reliability and discriminant validity. The next step comprised conducting inferential statistics by applying structural equation modelling (SEM) through Confirmatory Factor Analysis (CFA) and Path Modelling. AMOS 23 statistical software was used to conduct the SEM.

1.8.2. Validity and Reliability Testing

Validity is the degree to which the study evaluates what it must measure, and reliability measures the correctness of the measurement procedure (Cooper & Schindler, 1998). Validity represents the level to which a question, variable or data point accurately measures the underlying concept. This is particularly important because using the wrong measuring instrument or an instrument that does not effectively measure the underlying concept would effectively jeopardise the integrity of the research. Convergent and discriminant validity were employed to measure validity.

Convergent validity tested with CFA was investigated using item loadings and item-to-total correlation values while discriminant validity was tested by checking the inter-correlation between the constructs and by comparing the Average Variance Extracted (AVE) to Shared Variance (SV).

Reliability indicates that the research will produce the same result if it is carried out more than once (Collis and Hussey, 2009). It also indicates that the finding about an underlying concept will remain the same if the same measurement is repeated over time. To measure reliability, the Cronbach's alpha and Composite Reliability Index were expended. As aforementioned, Cronbach Alpha was generated using SPSS. Reliability was also tested with composite reliability and this was generated using AMOS.

1.8.3. Model Fit Tests

In order to assess whether the data fits the research model, the Chi-square value (>3), Comparative fit index (CFI) - (>0.900), Goodness of fit index (GFI) (>0.900), Incremental fit index (IFI) (>0.900), Normed fit index (NFI) (>0.900), Tucker Lewis index (TLI) (>0.900) and Random measure of standard error approximation (RMSEA) (<0.08) were used (Blunch, 2013; Byrne, 2013; Kline, 2015).

1.8.4. SEM Path Analyses

Once the researcher evaluated the model fit using CFA, path analysis was followed as the next phase of data analysis using SEM (Stein, Morris & Nock, 2012; Byrne, 2010). Path analysis is a SEM technique focused on the interrelation of observed (measured) variables (Shamim & Butt, 2013). This stage has been referred to as a structural model by Malhotra (2010), who further explained that

this shows how the constructs are interrelated to each other, often with multiple dependence relationships. Path modelling defines the relationship amongst observed or measured variables as well as theoretical constructs (Roche, Duffield & White, 2011). It also estimates the importance of alternative paths of influence. The structural relationship between variables is empirically represented by the path estimate (Hair et al., 2010). The significance of the path ESTIMATES OR coefficients were assessed using the 99% and 95% confidence levels.

1.9. Significance of the Study

This study will generate invaluable insights and give impetus for healthcare providers, blood transfusion organisations to strengthen the knowledge of social media marketing and utilise it to enhance engagement with SA millennials in such a manner that makes blood donation part of their everyday lives. Moreover, the present research provides an understanding of the contributing factors to boost blood donor rate in SA.

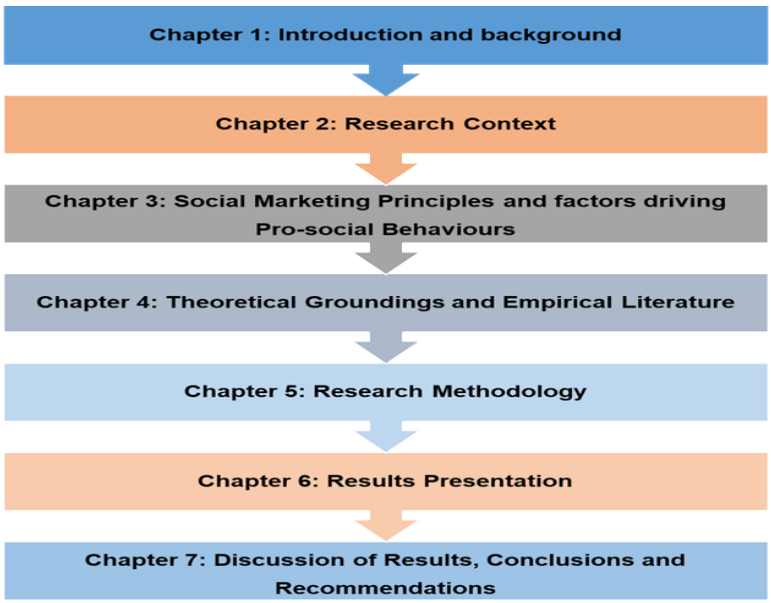
For healthcare providers looking to increase their brand equity using social media to engage with Generation Y; this study could serve as a roadmap for the correct implementation of social media marketing in changing healthcare behaviour. It will further augment new knowledge to the existing body of literature and provide a framework of how advertising or digital agencies or blood banks can design digital content, with powerful single-minded, call-to-action messages that resonate with the Millennials, generate positive sentiments and maximize more support for the blood bank's donor recruitment drives. The study promotes the need to develop collaborations between different academic fields in order to improve society and, in this case, the marketing expertise and knowledge from the study could assist healthcare practitioners and employees at blood banks to use strategies that are

relevant to the target market, with the full understanding of consumer behaviour principles that are also applicable to blood donation, which would ultimately ensure increase and retention of blood donors. The findings will add to the limited knowledge surrounding social media in South Africa. The results will be helpful for academics, policy makers, blood banks and civil society to better understand how they can engage with young South Africans in a more profound manner to fortify the health and wellness dialogue.

1.10. Structure of the Study

The method followed when the study was conducted is depicted in Figure 2 and illustrates the chapters covered in the present study. A description of what each chapter comprises will be discussed in the ensuing section.

Figure 2: Structure of the Study



Source: Researcher's Own drawing

1.11. Composition of the Study

The current research study is comprised of seven chapters and the narrative of the chapters is furnished beneath.

Chapter 1: Introduction and Background to the Study

This chapter provides context of what exactly enthused the study, specifies what the research problem is and the theoretical and empirical objectives of the study. A preface of the literature that has been appraised and the proposed conceptual model for the study are also presented. A synopsis of the research methodology as well as the data analysis procedure followed in the study is also presented in this chapter.

Chapter 2: Research Context

Chapter 2 presents a comprehensive contextual framework on blood donation, its intricacies, trends and blood donation challenges in the South African environment. This chapter also explores the subjects of this study, the Millennials by examining in depth the demographic and psychographics that characterise the Millennials as well as what renders them an appealing segment for blood donation.

Chapter 3: Social Marketing Principles and Factors Driving Pro-Social Behaviours

This Chapter provides a thorough exploration of the concept of social marketing, of which blood donation falls in that ambit, social marketing's origin and how it fits in within the broader marketing ecosystem. The second part of this chapter tackles social marketing and behaviour change, specifically the factors driving pro-social intentions and behaviour, the application of social marketing to health and social

issues, the effectiveness of social marketing interventions in influencing behaviour and the marketing mix elements used to improve the impact of interventions. In addition, some challenges and criticisms and ethical dilemmas of social marketing are underscored.

Chapter 4: Theoretical Groundings and Empirical Literature

Significant theories that aid in understanding health-related consumer attitudes and behaviours will be examined in this Chapter as well as an overview of the empirical literature on each of the factors and constructs that relate to the present study and relationships will ensue. The proposed conceptual model of the current study will also be furnished as well as the examination of the relationships between the core variables of the model.

Chapter 5: Research Methodology

This chapter will elucidate on the research philosophy and approach underpinning this study entails explicating the research strategy, outlining the research design as well as the techniques and process followed in conducting this research. The validity and reliability measures employed by the researcher to test the hypotheses or answer the research questions will be amplified.

Chapter 6: Results Presentation

The Chapter will present the research conclusions from the quantitative analyses of the empirical study conducted on how marketing, psychological and social factors influence blood donation attitudes as well as intention to donate blood among the South African Millennials.

Chapter 7: Discussion of Results, Conclusions and Recommendations

This chapter presents a conclusion of the research which illustrates the nexus between the assorted chapters is accentuated to demonstrate that the initial objectives of the research have been accomplished. The empirical conclusions founded on the tested hypotheses described in Chapter 6 are presented as cohesive summations of the research undertaken, avenues for further research are recommended and attention is drawn to the implications and limitations of the study. The contribution that this study has made to the development of new knowledge is also amplified.

1.12. Conclusion

This chapter outlined the entire study through furnishing background to the study, its purpose, and the questions the research sought to answer. The research conceptual framework which depicted the proposed relationships as well as the summation of the study variables was furnished. Lastly, the research methodology as well as data analysis techniques employed in the study were explained. The next chapter provides an extensive backdrop on blood donation and highlights some blood donation trends and challenges in the South African milieu. The study subjects, the Millennials, will also be explored in depth in Chapter 2.

CHAPTER 2: RESEARCH CONTEXT

2.1. Introduction

The chapter commences with the illumination of the concept of blood donation, its importance, history, process and motivations. It then discusses the characteristics of blood donors and examines Millennials as possible donors and delves deeper into reviewing the demographic, psychographic and behavioural characteristics that render Millennials a significant market segment for the current study and for social marketers.

2.2. Overview of Blood Donation

2.2.1. Blood Donation and its Importance

Blood donation is the process in which a healthy person has his blood voluntarily drawn for transfusion or transference to those who may require it (Skarbaliene & Bikulciene, 2016; Urgesa et al., 2017). Tissot and Garraud (2016) accentuate the context of mutual anonymity under which blood donations occur. Most countries urgently need a substantial increase in the number of people who are willing and eligible to donate blood in order to ensure a stable supply of safe blood that sufficiently meets the national requirements (Agrawal et al., 2013). It is for this reason that blood donation has become an essential medical intervention to which every health care system seriously gives attention (Karim et al., 2012).

Parallel to the upsurge in human life expectancy, the demand for blood has swollen in numerous developed and developing nations, including South Africa (Muthivhi

et al., 2015). This is extremely disquieting considering that the availability of safe and adequate blood for transfusion should be an integral part of every nation's public health care system to avert mortality or major complications in patients who lose blood due to car accidents and violence, labour complications, major surgery, protracted diseases such as anaemia, which all require the use of blood (Bostanci, Murat, Nilüfer & Kıranşal, 2013; Sarma & Roy, 2016). In many instances, blood donation is the only source of blood and inexorably, the only alternative to save a person's life (Manikandan, Srikumar & Ruvanthika, 2013; Sarma & Roy, 2016). Due to the critical role played by blood donation in a healthcare system, blood safety and safe transfusion practices are now crucial.

It is thus quite incomprehensible that blood donation is one of the least understood and acknowledged concepts (Meinia et al., 2016). Moreover, it is regrettably performed only by a miniscule fraction of the population in South Africa, while there are many individuals who are suitable to be part of this selfless and noble action (Muthivhi et al., 2015). The World Health Organisation's (WHO) goal is for all their member countries to obtain 100% of their blood supply from altruistic donors by the year 2020. On this basis, international collaboration groups have been created, as well as a series of strategies and guidelines for the implementation of the goals set by the WHO.

The constant blood shortages also mean that blood donation campaigns cannot be short-term and once-off, however developing a sustainable base of safe blood donors necessitates a long-term approach that improves public awareness and acceptance of the importance of blood donation as a social norm. This would also increase the pool of regular donors, which is more cost-effective than recruiting new donors (Mustafa et al. 2015). The need for blood never stops, so it is imperative that the importance of donating is underscored in order to increase the pool of donors, while also inculcating a blood donation culture in the society.

2.2.2. History of Blood Donation

The genesis of voluntary blood donation stems Richard Titmuss (1972), who compared the commercial blood system in the United States of America (US) with the voluntary system in England (Tissot & Garraud, 2016). In his findings, Titmuss (1972) perceived voluntary blood donation as a tangible manifestation of genuine giving as people who give blood do so without expectations of receiving anything in return. According to him, voluntary donation fosters mutual care, which fortifies community connections and ultimately impacts on a safer and more efficient blood supply. His findings validated that a blood system based on voluntarism was thus less prone to donors misrepresenting their health status at the time of donation. While Titmuss (1972) envisioned blood donation to be a voluntary act, in reality it is not always the case, hence different categories of blood donors exist.

2.2.3. Classification of Blood Donors

Blood donors are classified into three groups, namely, voluntary unremunerated donors, family replacement, and remunerated or paid donors (Abolfotouh et al., 2014). Voluntary, unremunerated blood donors are those who give blood out of their free volition and do not receive any monetary or “in kind” compensation. (Farrugia, Penrod & Bult, 2010; Uma et al., 2013). For voluntary, unremunerated blood donors, their act of donating blood is driven by their desire to make a difference in the health of someone unknown to them rather than for their personal benefit (Uma et al., 2013). Considering the frequency of their donation, voluntary unremunerated donors tend to be safer as their blood gets tested recurrently and, in many cases, they also assist with donations during emergencies (Abolfotouh et al., 2014). In essence, voluntary unremunerated donors are the cornerstone of a safe and adequate supply of blood.

Family replacement donors are those who donate blood purposefully when a friend or a member of their own family requires blood transfusion (Hashmi, Tanwir, Rai, Gadeer & Baig, 2017). Usually, the hospital appeals to the relatives or friends to come and donate for the patient (Kimani et al., 2011). In some areas, it is necessary for every patient who may require transfusion to provide a specified number of potential family blood donors on emergency admission to hospital or before planned surgery (Kimani et al., 2011).

The last classification of blood donors is paid or commercial donors, who donate blood in return for imbursement, incentives or other benefits that fulfill a fundamental need or can be sold, converted into cash or transferred to another person (Uma et al., 2013). They often give blood regularly and may even have a contract with a blood bank to supply blood for an agreed fee. Alternatively, they may sell their blood to more than one blood bank or approach patients' families and try to sell their services by posing as family/replacement donors (Tissot & Garraud, 2016).

Cognisant of the risks that the collection of blood from family replacement and remunerated donors present to the country's blood supply, the World Health Organisation has advised its member countries to build national blood services grounded on collection of blood from voluntary non-remunerated blood donors. Member countries are thus expected to phase out family replacement and paid donations in order to abate the risk of transmission of diseases through contaminated blood and to ensure sustainable and extensive availability of blood (Tapko, Toure & Sambo, 2010).

In developing countries such as South Africa, blood donors are unpaid volunteers who donate blood voluntarily for community supply and do it as a selfless act of giving. This is aligned with the requirements of the World Health Organisation,

which recommends that all blood donations should be voluntary and non-remunerated, and that no donor should ever be coerced or pressured to donate blood (Muthivhi et al., 2015). In poorer countries however, established blood supplies are so limited that donors typically donate blood when a family member requires transfusion (Kimani et al., 2010). Márquez-Melgarejoa, Pérez-Cháveza, Cázares-Tameza and Díaz-Olacheab (2014) contend that there are currently 62 countries in the world where the blood supply is almost 100% by non-paid volunteer donors.

Although blood donation is widely depicted as a selfless act, blood donation campaigns that only utilise altruistic appeals may be inadequate in driving blood donation behaviour and may be unsuccessful to meet the demand for blood (Ferguson & Lawrence, 2016). Blood donation organisations worldwide are increasingly interested in the capacity of incentives to augment the efficacy of recruitment and retention campaigns, as well as to encourage greater regularity of blood donation (Abolghasemi, Hosseini-Divkalayi & Seighali, 2010). Incentives, in the form of paid time off from work, discounts, tickets and gifts are regularly employed as techniques to heighten the efficiency of blood donation recruitment and retention campaigns (Shi et al., 2014; Chell, Davison, Masser & Jensen, 2018). However, the extent to which incentives have a positive impact on blood donation behaviour and succeed in enticing and accelerating repeat donation remains doubtful (Chell et al., 2018). Scholars and policymakers have come to agree that the negative consequences of paid blood donation surpass the potential benefits (Tissot & Garraud, 2016). This is based on the inconsistencies in the results of previous research, where some studies, such as Lacetera, Macis and Slonim (2012), illustrated that incentives have a motivating effect, while Iajya, Lacetera and Macis (2013) found no evidence of the impact of incentives on the number of donations made.

Researchers concur that explicitly paying for blood donations would not only attract people exclusively motivated by money, thus potentially reducing the quality of the blood collected, but could also reduce the altruism of donors who are inherently motivated, because the availability of some imbursement somehow takes away that positive sense of "civic duty" that people associate with giving blood (Shi et al., 2014). The risk associated with individuals whose motives for donating blood are solely driven by payment are less likely to divulge any issues that may potentially preclude them from donating and consequently pose a far greater risk to the safety of the blood supply (Shehu, Langmaack, Felchle & Clement, 2015).

2.2.4. Characteristics of Blood Donors

Scholars have researched donor behaviour extensively to characterise the archetypal blood donor. One trajectory followed in a plethora of studies was to examine how blood donors diverge from non-donors in terms of their demographic characteristics such as age, gender, marital status, ethnicity, education and income (Piersma et al., 2017). The findings have however proven to be inconclusive, with study outcomes varying between countries and changing over time (Piersma et al., 2017). Some of the studies undertaken on gender differences among donors and non-donors have delivered diverse outcomes, as some studies concluded that males were more prone to be donors than females (Bani & Strepparava, 2011; Martín-Santana & Beerli-Palacio, 2013; Politou et al., 2015; Papagiannis et al., 2016), while other studies uncovered the contrary (Roberts & Roberts, 2012; James et al., 2014; Charbonneau, Cloutier & Carrier, 2015; Charbonneau, Cloutier & Carrier, 2016). Shehu, Langmaack, Felchle and Clement (2015) found no gender differences. Age also seems to bring about skewed results with one study confirming that younger people are likely to be first time donors (Jóhannsdóttir et al., 2016) and repeat donors being older (Lattimore, Wickenden

& Brailsford, 2015). While demographic variables were expedient for identifying and segmenting potential donors, researchers discovered that these aspects in isolation could not provide adequate insights into the characteristics of donors and non-donors (Roberts & Roberts, 2012).

The psychographic trajectory of profiling blood donors has also not provided a clear picture of a 'typical' donor or potential donor. Not all findings are in the same direction, and the personality traits investigated lack uniform definitions. From this, it can be opined that blood donation behaviour cannot be viewed from a single dimensional set of characteristics but rather research on donor behaviour should juxtapose the inter-connections between the individual and their environment, which would facilitate a better understanding of donor behaviour, and further assist blood collection agencies in designing tailored recruitment and retention strategies.

2.2.5. Blood Donation Process

Donating blood is relatively safe, even though some donors may experience minor after effects such as bruising where the needle is injected, while some may experience slight dizziness (WHO, 2016). Anyone who is over the age of 17, has a weight of at least 50 kilograms, is not anaemic and has not donated blood in the preceding 56 days can donate blood (WHO, 2016). Since blood safety is of the utmost significance, potential donors go through a vigorous screening process before donating blood. The screening process may be relatively intrusive, thus potentially deterring numerous people from donating blood. However, it is necessary to ensure that it is medically safe for potential donors to donate blood and that the person who receives the blood, will not be harmed in any way.

Some of the procedures put in place entail verification that potential donors are not consuming medication, not taking illegal drugs, have recently not suffered from ailments such as malaria, or have had no multiple sexual partners. The screening process also entails assessing for diseases that can be transferred through blood transfusion, including HIV and viral hepatitis. Donors are required to complete a questionnaire encompassing questions about their health and social behaviour, as well as undergo a one-on-one interview to confirm the answers. Donors will then have their iron level, blood pressure and pulse rate checked and finally donate one unit (480ml) of blood, which usually takes between six and 10 minutes. The number of times one can donate diverges from days to months based on the component that is being donated and the laws of the country where the donation takes place (Zago, de Silveira & Dumith, 2010).

In South Africa, a donor can only give blood every 56 days, as there are far fewer donors than recipients, so blood is always in short supply (Martín-Santana & Beerli-Palacio, 2013). Furthermore, one donated unit of whole blood can save up to three lives, however, most of the components of blood used for transfusions have a short shelf life, and maintaining a constant supply is a persistent problem (Costa-Font, Jofre-Bonet & Yen, 2013). The average person contains about five litres of blood, which is continuously replaced within 24 hours. A donor receives refreshments to aid in replacing lost fluid.

2.2.6. Motivations for Donating Blood

One of the fundamental determining aspects in blood donation is motivation (Kasraian & Maghsudlu, 2012; Zito et al., 2012). Guiddi, Alfieri, Marta and Saturni (2015) define motivation from a blood donation framework as what impels blood donors towards donating blood. There are divergent opinions regarding

rationalisations for blood donation which vary from social, psychological, personal to values (Manikam & Russell-Bennett, 2016).

2.2.6.1. *Social Motivations*

Guiddi et al. (2015) specifically identify six motivations for any act of volunteering, such as blood donation. The first motivation may be correlated to the social domain, which is the prospect of meeting new people, the likelihood of finding a platform to express ones' personal values, the growth and development and has the benefit of enhancing one's self-esteem and self-acceptance, the need to eliminate guilt feelings due to one's sense of being more privileged than others and knowledge, which considers the opportunity of learning and utilising the abilities that one does not usually use. It is remarkable that the dimensions identified in the Guiddi et al. (2015) study seem to have a very close correlation to the exact benefits that social media marketing, which is the predictor variable of the present study, brings to donors who interact with others via social media. Social media marketing promotes opportunities for sharing, participation, and engagement and enables people to remain within a group or community over time. This sense of belonging and being zealously embraced and welcomed, derived from an online community, serves as social motivation and evokes positive feelings offered by social network communities. When people donate, they validate a sense of support, care and love for others, hence, they are seen and held in a positive light among members from their social scene as donating blood augments some status to the donor's image and identity (da Conceicão, Araújo, de Oliveira, de Santana & Zago, 2016).

2.2.6.2. *Altruistic Motivations*

Another school of thought on the motivations for donating blood relates to altruism, an act of kindness or helping behaviour (Kalargirou, Beloukas, Kosma, Nanou, Saridi & Kriebardis, 2014). Empathy and altruism seem to be the psychological variables that best embody blood donors (Guarnaccia, Giannone, Falgares, Caligaris & Sales-Wuillemin, 2016). According to Ferguson and Lawrence (2015), the action of donating blood corresponds to the main principles of altruism, which necessitates that it should be voluntary, it must aid another individual in need and is costly to the donor (Steinberg, 2010). Copious voluntary blood donation programmes across the globe have also presented altruism as the focal point and motive for voluntary blood donation programmes (Kriebardis, 2010; Bani & Strepparava, 2011; Mousavi, Tavabi & Golestan, 2011; Neuberger, 2011; Campbell, Tan & Boujaoude, 2012). Cox, Nguyen and Kang (2017) affirm that blood donation can be considered a manifestation of altruism, insofar as donors receive a direct moral satisfaction for their act beyond that attributed to having contributed to the collective benefit.

Albeit the uniformity around the fact that altruism is about giving, Ferguson, Taylor, Keatley, Flynn and Lawrence (2012) possess a slightly dissimilar perspective and opine that as a behaviour, blood donation may be regarded as altruistic, conversely, the motivations underlying it may not be. According to both Ferguson and Lawrence (2015) and Ferguson (2015), while an act such as blood donation, may seem altruistic, it may be motivated by selfish reasons such as ego and how one wants to be perceived by his or her peers. Evans and Ferguson (2014) draw a distinction between altruism and what they refer to as “warm glow”. These scholars argue that altruism defines a person’s utmost desire to help others at a personal cost, without reward, whilst warm glow refers to the positive emotions one

derives from performing an altruistic act such as donating blood. The concept of impure altruism derives from the combination of both pure altruism and warm glow (Evans & Ferguson, 2014). Ferguson et al. (2011) demonstrated in their study that warm glow is a predictor for blood donation. Based on their assertion that altruism and warm glow results in “impure” altruism, which can be construed as not being entirely “self-less” or genuine and sincere, Evans and Ferguson (2014) have proposed a refinement of the general altruism concept, arguing that there are five theoretically distinct dimensions of altruism: tainted altruism, affinity, self-serving motives, averse altruism, and moderate warm-glow. In fact, Ferguson, Atsma, de Kort and Veldhuizen (2012) attested in their research that impure altruism was higher among first-time donors than experienced donors. While other researchers contend that altruism is the foremost motivation for the individual's blood donation, others find this contention problematic as it neglects to explain why the majority of the population does not donate blood or why donor recruitment campaigns that are based on key altruistic appeals are generally ineffective in significantly increasing blood donation rates (Smith et al., 2011).

On reviewing numerous studies, the researcher’s observation is that the trajectory that appears to be considered by various scholars on altruistic motivations for blood donation is slightly one dimensional and overlooks the fact that motivations for giving blood may not merely be purely altruistic. This could be illustrated by a situation where one must donate blood due to a close family member requiring blood. In this case, it can be argued that the motivation is not purely altruistic but a responsibility towards a close family member, which could also be motivated by warm glow. Piersma et al.’s (2017) study, which found that while different people might be motivated by different reasons to donate blood, an occurrence of an important event in one’s life may also trigger the rationale for donating blood, seems to affirm this assertion. This could be either a shared, harrowing life event

such as the 9/11 US attacks or individual health-related events, which may generate boosted awareness of need for blood or even engender emotions of social responsibility, which may encourage one to start donating blood (Bagot, Murray & Masser, 2016; Piersma et al., 2017). Tran, Lewalski and Dwyre (2010) further confirm this contention in their study where they examined the impact of the USA September 11th, 2001 attacks on blood donation behaviour and found an increase in the number of first-time donors after this tragedy than the prior year.

The motivations may be quite dynamic and multidimensional and may encompass both the individual donor and others and therefore cannot be conceived in isolation. Furthermore, blood donation is a multifaceted process which is contingent on a plethora of variables, which may shape each individual differently in their lifetime. These findings have implications for blood collection agencies, as more tailored recruitment and retention campaigns might be able to address barriers and motivations for non-donors from specific socio-demographic groups more effectively (Piersma et al., 2017).

2.2.7. Reasons for not Donating Blood

While the understanding of motivations behind blood donations is pivotal for donor support, encouragement and sustainability of blood donation, an understanding of deterrents of blood donation is equally important to address identified issues. A wide variety of deterrents to blood donation and donor retention such as apparent inconvenience, negative past experiences, fear, and low perceived control have been identified in research (Bednall, Bove, Cheetham & Murray, 2013). Some studies have uncovered that fear, pain from the needle insertion, reluctance, anaemia, customs and beliefs and weakness after donating blood are some of the concerns raised as deterrents to blood donation (Lownik et al., 2012; Verma et al.,

2016). Problems of eligibility, fear and distrust, lack of effective education, and marketing are just some of the variables that adversely impact on efforts to enlist an expansive representation of blood donors (Shaz & Hillyer, 2010).

In the South African context, a study by Muthivhi et al. (2015) found cynicism engendered by perceived racial discrimination in blood collection were common. Fear, in terms of fear of needles, discovering illness, being exposed to a disease or contagion, and fainting/dizziness was also found as a deterrent in South Africa. This was indicated by about 40.7% of all respondents' comments. Other fears included reduced health, physical injury, a fear of blood, and even fear brought on by rumours and misconceptions (Muthivhi et al., 2015). Furthermore, lack of awareness of the need for blood donors and inconvenience were mentioned as other deterrents against donating blood among South Africans (Muthivhi et al., 2015). In addition, a spirit of volunteerism is generally not encountered to the same extent evident in developed countries, which further impacts, adversely, on recruitment (Allain et al., 2008). These findings regarding deterrents are consistent with previous research with African immigrants living in other host countries (Shaz & Hillyer, 2010; Polonsky et al., 2013; Tran et al., 2013).

Deterrents found in Saudi Arabia are perceived risk of contracting HIV, preference of direct donations from relatives, lack of knowledge that a blood bank needs blood, and mistrust of modern medicine and hospitals. These all contribute to a population not donating enough amounts of blood (Al-Drees, 2008). Logistical barriers, such as the effort it takes to go to the location and perform the act of donating blood, have also been shown to be impediments in other locations (Zago, Freitas de Silveira, & Dumith, 2010). Sometimes, the simplest barrier may be that an individual has never been approached about donating blood and therefore does not know how to go about the act itself, which can be a critical dynamic (Al-Drees,

2008). The findings highlight the need to improve communication and awareness on blood donation in society.

2.3. Blood Donation in South Africa

There are two blood transfusion services in South Africa (SA). The South African National Blood Service (SANBS) covers the whole of SA except for the Western Cape Province, which is serviced by the Western Province Blood Transfusion Service (WPBTS). The two services follow similar principles regarding blood donor screening (Ingram & Bellairs, 2014). With 2 265 employees, 27 branches, 86 permanent collection sites and 21 177 mobile blood drives, the SANBS manages blood supply and provides products and services to South African parties in all provinces except for the Western Cape, which is managed by the WPBTS (SANBS, 2017).

SANBS's mission is "to provide all patients with sufficient, safe, quality blood products and medical services related to blood transfusion in a reasonable, cost-effective manner" (SANBS Annual report, 2017, p. 10). The main objective of blood transfusion services such as SANBS is to provide enough and a safe supply of blood to the community. To do so they must recruit, select, retain, educate and register donors, collect blood, process blood into components, screen it, store it and release it (Akhtar et al., 2017). SANBS is a non-profit business and does not sell blood. The SANBS bills the Department of Health for all the blood needed by patients using public health facilities and medical aid companies are billed for patients who utilise private healthcare (SANBS Annual Report, 2017). SANBS also plays a prominent role in mobilising, recruiting and retaining blood donors. Recruitment efforts include utilising mass media including television, radio, billboard advertisement, newspaper, web blogging, social media and mobile

communication. The goal of the marketing campaigns is to disseminate information on the social value and clinical need for blood donation.

The SANBS expects one million blood donations every year in South Africa in order to save lives. Less than 1% of South Africans are regular blood donors; yet an estimated eight out of ten people will need blood during their lives (SANBS Annual Report, 2016). SANBS has about 500 000 blood donors, 3000 units of blood must be collected every day and a unit of blood only lasts 42 days after donation. SANBS collects 800 000 blood units per annum from voluntary non-remunerated donors and educates donors on a healthy lifestyle and creates awareness about diseases, forging a relationship based on care and trust.

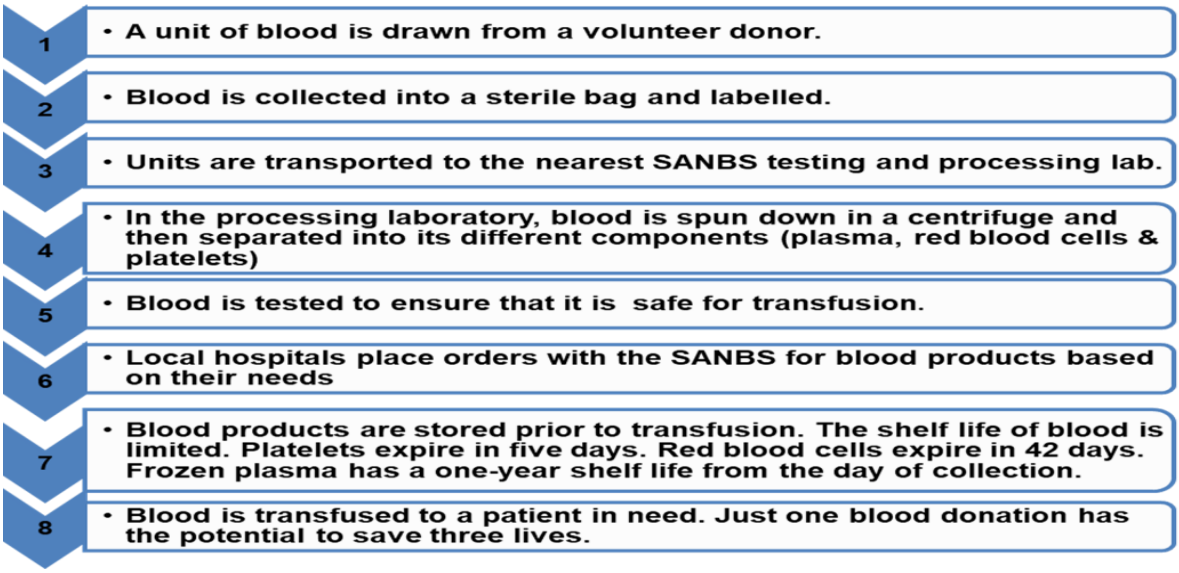
SANBS does run into shortages of blood, particularly during holidays. Over long weekends also, regular donors are not available to donate blood. In South Africa, a regular supply of blood is even more crucial on public holidays and during peak holiday seasons, as there tends to be a higher accident rate at that time of year. These facts highlight the necessity of creating and fostering a sustainable pool of safe blood donors through the development of a persistent, long-lasting voluntary donor programme driven by increased public awareness about the necessity of blood donation and its recognition as being part of the normal social practice.

The blood transfusion services in South Africa benchmark at an international level to ensure blood safety by adopting guidelines put in place by the World Health Organisation and the International Haemovigilance Network (Ingram & Bellairs, 2014).

2.3.1. Blood Supply Chain in South Africa

The blood supply chain starts with the blood donor and ends with the patient. The need for blood by patients is the driver of the blood supply chain. The blood supply chain is impacted by the shortage of the number of donors who are willing to donate regularly and seasonal factors affecting donation, such as public holidays. It is essential that all staff working in each area of the blood supply chain is aware of their responsibilities to ensure minimal wastage of this freely given resource. Therefore, education and training and data collection are important elements of the blood supply chain. Figure 3 depicts the blood supply chain in South Africa.

Figure 3: Blood Supply Chain in South Africa



Source: SANBS Annual report (2017) and researcher's own illustration.

The donated blood is divided into three different components, namely, red cell concentrates, plasma and platelets, all of which are utilised for different things. Red cell concentrates chiefly benefits patients who experience severe bleeding during

or after surgery and extreme bleeding associated with childbirth complications, trauma or cancer. Fresh frozen plasma is used to control bleeding and platelet concentrate is used for leukaemia and cancer patients and patients with bone marrow deficiency (SANBS Annual report, 2016; SANBS Annual report, 2017). Donated blood is utilised for diverse medical procedures. 28% is used for patients with chronic illnesses that cannot be treated by surgery and for blood cancers, such as leukemia and bone marrow cancer. 26% is expended for women who bleed excessively during or after childbirth and for premature babies, another 26% for patients who are undergoing surgery such as hip and knee replacements, heart surgery and gastrointestinal surgery. 10% is used for sick children, 6% for research purposes and 4% for accident victims (SANBS, Annual report, 2016). Donating one unit of blood could benefit the lives of three different people. The red cell concentrate can be kept for five to six weeks, the frozen plasma for a year, but the platelets (which are used in leukemia and cancer patients and patients with bone marrow deficiency) can only be stored at room temperature for about five days. Most blood deficiencies arise over long weekends such as Easter weekend, when there are several public holidays in a row, since blood banks keep a three to five-day reserve of donated blood (Ingram & Bellairs, 2014).

2.3.2. Blood Donation Trends and Challenges in South Africa

South African challenges with blood donation are not much different from those experienced in other countries, where there are constant blood supply deficits. According to the SANBS, shortages in donor blood do not occur due to an increase in demand, but they are due to regular donors skipping or delaying a donation over a long weekend or when they are away on holiday, without having donated blood. This can be attributed to the smaller number of regular donors and the fact that platelets (one of the components of blood) can be stored for only five days (Ingram

& Bellairs, 2014). In 2017, South Africa had a donor base of 484 606, a little less than the 490 882 in 2016 (SANBS Annual report, 2016/17), which implies that less than 1% of the 57 million South African population donate blood annually. This is a far cry from the fact that eight out of every ten people will need donated blood at some time in their lives. Without blood donated by other people, many patients are at a high risk of losing their lives due to unexpected loss of blood. This places a huge challenge on blood banks to continuously enlist new and more regular donors, ensure that the current donors do not defer, which means blood donor retention is also imperative (Raghuwanshi et al., 2016).

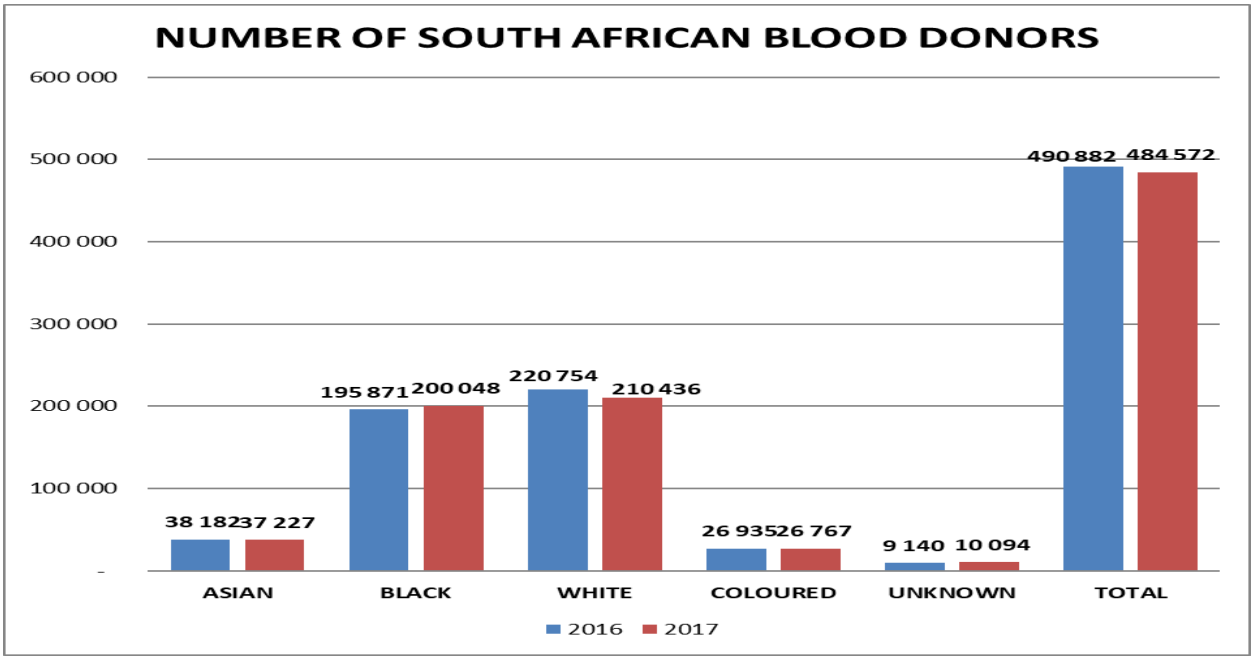
SANBS collects 805 000 donations per annum from voluntary non-remunerated donors to meet the demand for blood products in South Africa. Currently, payment for blood donation in South Africa is illegal and in contravention of the regulation contained within the Human Tissues Act 65 of 1983, therefore blood donation is voluntary and non- remunerated (Muthivhi et al., 2015).

2.3.3. Number of Blood Donors in South Africa

According to SANBS 2016 and 2017 Annual Reports, 62% of donated blood is collected from White donors who only comprise 11% of the population while only 24% of blood is collected from Black donors who represent 83% of the population (Muthivhi et al., 2015). There have been deficiencies in past recruitment efforts targeting the Black population in South Africa which continues to impact donation rates. This is an enormous challenge for the country's health system and dictates that the South African donor base reflects the current racial demographics of the country, therefore robust endeavours to expand the ethnic representation in the South African donor pool are crucial. The prevalent blood collection from a minority group is untenable and may already be contributing to a blood deficit in S.A.

Figure 4 below illustrates the total blood donation pool of South Africa according to racial groups. From these numbers, it could be inferred that blood donor recruitment campaigns resonate well with the white segment of the community and have achieved some success in reaching this segment.

Figure 4: Number of Blood Donors In South Africa



Source: SANBS Annual report (2017)

Moreover, some of the historic policies of the SANBS which entailed risk profiling of donors based on age, sex and race to protect against HIV somehow isolated potential black donors (Muthivhi et al., 2015). Albeit the subsequent discontinuation of these guidelines, their undesirable impact has continued to affect black donor rates. Paradoxically, it is interesting to note that over the last five years, a steady growth in the number of black donors has been seen over the past year and is reflected in figure 4. Educational and targeted recruitment efforts

seem to have helped to increase the representation of black donors, growing to 41% in 2017. An ongoing challenge remains, however, in retaining black donors, with a donation frequency (the number of donations in a 12-month period) of 1.3, compared against a target of 1.4 and an overall donation frequency of 1.7. The low donation frequency is further reflected in the number of active black donors (148 075), namely donors who have donated at least one unit of blood in a 12-month period. The significance of the black donor cannot be underestimated as there may be disproportions in the blood inventories since black Africans more probable fall in the blood Group B category than Whites, and Whites are generally fall in the Group A blood category than Blacks, bringing about a deficit in Group B blood and a surplus of Group A and inevitably, increased blood wastage (Muthivhi et al., 2015).

In line with several studies undertaken in Sub-Saharan Africa, there are numerous deterrents to blood donation which have been researched, including a misconception that blood donation leads to loss of virility in men, risk of high blood pressure, transmission of infectious diseases, weight loss. The damage to one's health has also been reported as barriers to blood donation in Africa (Tangy, Owusu-Ofori, Mbanya & Deneys, 2010; Kuruvatti, Prasad & Williams, 2011; James, Schreiber, Hillyer & Shaz, 2013; Nwogoh, Aigberadion & Nwannadi, 2013; Melku et al., 2016; Urgesa et al., 2017).

While the recruitment of new donors is important, the other challenge faced by the SANBS is the high deferral rate and low donation frequency in black donors. One of SANBS's strategies to curb the deferral rate includes revising the donor-education programme to make the message and its delivery channels more relevant to the different groups of donors being educated. Iron deficiency, which leads to a lack of haemoglobin (i.e. the red protein responsible for transporting oxygen in the blood) and high-risk behaviour are the top reasons for deferrals for

all population groups. The high rate of deferral due to low haemoglobin levels poses a significant challenge for retaining black donors, with 61.5% of all haemoglobin deferrals relating to black donors. While some deferrals are temporary, others are permanent. In the case of temporary deferrals, donors can usually donate after six months. Donors who can donate blood following questioning but whose blood tests positive for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) or syphilis are permanently barred from donating blood again in future due to donor-health concerns and to ensure a positive outcome for patients receiving blood. Although SANBS currently must still permanently suspend HIV-positive donors, it is anticipated that innovations such as virus inactivation may in future enable the blood bank to clean blood of all types of blood diseases, which would augur well to those individuals who may really want to donate but are unable to due to the HIV virus. This would also make a huge difference in improving blood donation efforts and increase the number of blood donors.

2.3.4. Blood Donation Technology in South Africa

With advances in communication and marketing technology, new and highly effective communication methods are ever emerging. In order to reach customers effectively, modern business is migrating from the physical world to the mobile realm. With this realisation in mind, SANBS identified the need for a donor-specific mobile app. One of the advantages of mobile apps over traditional marketing methods is that mobile apps reinforce brands by increasing visibility. They also increase customer engagement, experience and ease of receiving notifications. A mobile donor app improves the donor experience, as donors can, for example, establish whether they are eligible to donate before visiting a collection site, complete the donor self-exclusion questionnaire (SEQ) in the comfort of their home

or office, schedule appointments or even follow their blood's journey. Over the next few years, predictive analytics will be incorporated into the collections management system to get a better understanding of donor demographics and behaviour.

It is expected that innovations in the blood donation space would go a long way in supporting the South African health system by reducing the mortality rates associated with the excessive bleeding and blood shortages. It is important to acknowledge that securing enough blood supply requires not only maximising blood safety, but also addressing the concerns of the recipients of blood products, whilst efforts are also made to avoid stigmatising potential donors (Sacks, Goldstein & Walensky, 2017; Kramer, Zaaijer & Verweij, 2017).

2.3.5. Some Pointers to Address Blood Donation Challenges

Since the health system is dependent on voluntary act to meet the blood needs, those potential donors who may have concerns or fears should not be ignored but their concerns should be addressed through more education. To reach and maintain an adequate supply of blood, public education campaigns should explain the reasons why blood centres reject potential donors and discard blood products while at the same time urgently calling for further donations. Therefore, campaigns should provide the public with a good understanding of the importance of donating blood and the dangers of transfusion-transmissible infections (Kramer et al. 2017).

It is also imperative to encourage potential donors to disclose risky behaviour and the public should understand the exclusion of other potential donors. It is vital to make sure people do not reasonably feel discriminated against in a social institution that portrays itself as representing the values of solidarity and social

unity (Snelling 2014). When encouraging blood donation as a social institution that encompasses the values of solidarity and social unity, it is important to ensure that certain groups of people who strive to be socially engaged members of society do not end up excluded for pertaining to a social subgroup (Behrmann & Ravitsky 2013; Timmermann, 2017). Another group of people who need to be targeted to be regularly blood donors are Millennials, who have the appropriate age and are environmental and health conscious enough to donate blood.

2.4. Generational Marketing and Millennials

The next section discusses generational marketing and provides demographic and psychographic characteristics of Millennials, which qualify them for this study.

2.4.1. Market Segmentation

Segmenting a market entails dividing a market into well-defined sets of buyers based on their unique needs, characteristics or behaviour and the distinct marketing mixes they may require (Kotler & Armstrong, 2001). According to Kotler and Keller (2006), segmentation facilitates the classification of variables that shape the divergences in sectors of a market and better design the product or service offering that aligns with the needs of the target audience. Geographic, demographic, psychographic, behavioural and generational cohort segmentation are the five major segmentation methods utilised in marketing (Kotler & Keller, 2006). Geographic segmentation considers different geographic units such as regions, provinces, cities, etc. (Kotler & Keller, 2006), whilst demographics refers to “a study of people’s vital statistics such as gender, age, ethnicity, income and generation” (Jooste, Strydom, Berndt and du Plessis, 2012, p. 44). With psychographic segmentation, psychology and demographics are applied to better

understand consumers utilising variables such as lifestyle, values and beliefs. Behavioural segmentation considers knowledge, attitude and understanding of or response to a product as a basis for segmentation (Kotler & Keller, 2006). Another form and probably a more profitable way of segmenting a market, according to Hume (2010), is generational cohort segmentation. It works on the reality that diverse generations and consumer groups have distinct socio-economic opportunities and impediments, consume varied media channels, have different values, norms, lifestyles and experiences. Some of the generations, such as Millennials, have been exposed to technology. An appreciation of generational groups can provide valuable perspectives, which can result in the attainment of deeper and richer insights into the behaviour of the different generations, in this case, the Millennials (Hume, 2010; Ordun, 2015).

Paradoxically, the concept of marketing segmentation is rarely discussed in the literature of social marketing (Walsh, Hassan, Shiu, Andrews, & Hastings, 2010). One of the reasons may be due to the insufficient financial resources that are required to employ targeting techniques and to implement promotional campaigns that are targeted at different segments. In short, segmentation and targeting can provide a better way to highlight the specific benefits valued by different segments of blood donors and result in a better promotion of blood donation behaviour in society. Appropriate segmentation strategies can further help blood banks to allocate their resources more effectively and communicate with greater impact (Zhou, Poon & Yu, 2012).

2.4.2. Generational Cohort Segmentation

Generations are quite diverse as each generation has unique expectations, experiences, lifestyles, values, and demographics that influence their behaviours,

and thus cannot be considered in a similar fashion by marketers or businesses (Williams & Page, 2011). Generational disparities depict diversities in people's attitudes, values, beliefs and motivations, hence it is pertinent for generational contrasts arising from environmental, social, political, economic and individual dynamics to be explored (Filipczak, Raines & Zemke, 2013). The understanding of unique characteristics of different age groups ensures a solid base for marketers aspiring to generate winning and engaging marketing strategies (Howell, 2012).

Generational marketing entails having maximum appreciation of the distinct needs and behaviours of individuals in one specific generational group, who were born and are living about the same time and appealing to those unique needs (Williams & Page, 2011; Bevan-Dye, 2016). Generational marketing essentially necessitates marketers to consider the different characteristics and behaviour of the generations and to modify products or services and other components of the marketing-mix to the needs of a specific generation (Bevan-Dye, Garnett & de Klerk, 2012). This perspective is reinforced by Duh and Struwig (2015), who opine that generational marketing is possible in South Africa and requires marketers to fully understand the significant life events of a generation and how the events have shaped the generational cohorts' values, beliefs, attitudes and ultimate behaviour. For the present study therefore, the differences between generational cohorts is examined, with a focus on Millennials. This is done to ascertain the emotions and beliefs that Millennials associate with blood donation. This can provide insights into their blood donation behaviour, bolster the prediction of their future donation trends and develop blood donation messages that capture their hearts and evoke positive feelings (Valentine & Powers, 2013).

2.4.3. Concept of Generational Marketing

Generational marketing is grounded on the Generational Cohort Theory, proposed by Mannheim (1952) and extensively viewed as a theory of social history, which expounds on variations in generational and public attitudes (Meriac, Woehr & Banister, 2010; Bevan-Dye, 2016). In his groundbreaking research on generations, Mannheim (1952) posited that the study of generations is facilitated by five characteristics of society, namely the birth and rise of new cultural participants, the death of former participants, limited participation of generational members in history, the transmission of cultural heritage and the continuous nature of generational transitioning (Parry & Urwin, 2011). Mannheim (1952) emphasised the value of generations to make sense of the structure of social and intellectual movements (Pyöriä, Ojala, Saari & Järvinen, 2017). The generational cohort theory postulates that several generations are distinguished, based on the specific time periods into which people were born and the time periods they grew up in (Hemlin, Allwood, Martin & Mumford, 2014).

Although the terms “generation” and “cohort” both refer to groups of people that are age related, Duh and Struwing (2015) argue that they are different, since a generation is only manifested when it bears children. Pyöriä et al. (2017) argue that there are two basic meanings of generation, which may either be a familial generation or a social generation, which is a group of people born within the same date range. Pyöriä et al. (2017) further state that a cohort does not represent a generation by virtue of age alone, but by being born within the same time period, who also share similar socio-cultural experiences. This assertion is consistent with Parry and Urwin (2011), Costanza et al. (2012) and Chaney, Slimane and Touzani (2017) who delineate that a generation is a group of individuals, born during a

specific period or within a similar date range and thus demonstrating parallel socio-cultural encounters.

In terms of what constitutes a cohort, several definitions have been presented. According to Padayachee (2017), a cohort comprises individuals in the same age bracket, who share a defined history and their personality and behaviour are shaped by that history. Age cohort is a group of persons who travel through life together and experience similar events at a similar age, such as common social, political, historical, and economic events (Williams & Page, 2011). What is consistent about all the definitions is that to be part of a cohort, individuals must be born during the same time period, encounter similar external events during their late adolescent or early adulthood years (Duh & Struwig, 2015), have common social, technological, political, historical and economic environment events, called defining moments (Williams, Page, Petrosky & Hernandez, 2010) and have intimately connected experiences (Solomon, 2010).

As observed by Duh and Struwig (2015), the cohort characterisation underscores the external incidents and experiences that take place during the cohort's formative years and how these events and history, be it the economy, scientific progress, politics, technology, or social shocks, such as assassinations and terrorist attacks has immense impacts on each generation (Williams & Page, 2011). A number of studies have also corroborated the hypothesis that social instabilities caused by wars, political unrest or even cultural and socio-economic events which take place through the group's pre-adult years have an indelible impact on the identity, values, expectations, beliefs and behaviour of each generation (Solomon, 2010; Parry & Urwin, 2011; Duh & Struwig, 2015; Ordun, 2015; Järvinen, Ojala, Pyöriä & Saari, 2017). It is also interesting to note that this generational identity does not change but endures throughout the lifespan of that generation and continues to shape the

consumption habits and patterns that exist between age cohorts (Meriac, Woehr & Banister, 2010; Jackson et al., 2011; Bevan-Dye, 2012; Duh & Struwig, 2015; Ordun, 2015).

2.4.4. Classification of Generations

In the opinion of Brosdahl and Carpenter (2011), there are four major classification of generations based on the birth dates for each group, namely, the Silent Generation (1925-1945), the Baby Boomers (1946-1960), Generation X (1961-1981) and Millennials (born after 1981). Bevan-Dye (2016) reports five generational cohorts namely the Traditionalists (1930–1949), the Baby Boomers (1946–1964), Generation X (1965–1981) and Millennials, also referred to as the Generation Y (1982–2000) and Generation Z is the youngest generation and comprises individuals born after year 2001. Unlike Brosdahl and Carpenter (2011), who report that Baby Boomers were born between 1946 to 1960, Williams et al. (2010) are of the opinion that they were born between the years 1946-1964. This cohort values individualism, optimism and self-expression. They primarily identify themselves with their professions and career achievements. Family plays a pivotal role to them and equates to their achievement while wellness and health are also vital to them (Binder, 2010). Generation X were born during 1965-1980 and reached adulthood during a challenging economic era, hence, career and professional advancement has been more difficult. They are likely to be self-employed professionals who embrace freelancing over company loyalty (Cranston, 2008). In terms of social life, they grew up rapidly, facing increasing divorce rates and domestic violence, but still they value family. Notwithstanding that they are highly educated, they tend to be pessimistic and skeptical (Cranston, 2008; Moore & Carpenter, 2008).

Millennials were born between the years 1982 – 2000 (Bevan-Dye, 2016). They are children of the Baby Boomers and grew up in a time of constant economic and global change such as the rise of women leaders, inclusion movements for ethnic and cultural diversity including an ecological and social awareness, technological, electronic, and digital expansion, and global economic processes. Millennials, who are the subjects of the current study, are the first generation to grow up in an environment of ubiquitous exposure to digital technology where even health-related information is expansively available and accessible through the internet and other electronic media (Khang, Ki & Ye, 2011; Habibi, Laroche & Richard, 2014). Accordingly, they have entirely embraced technology as a foremost channel for interaction, education, research, accumulating and disseminating information (Dimov & Eidelman, 2015; Le Roux & Maree, 2016; Schivinski & Dabrowski, 2016). Therefore, to fully exploit blood donation strategies reminiscent of their persona, unique identity, character and their lifestyles, Zhou, Poon and Yu (2012) see the need to be conversant with the ways of Millennials.

Generation Z is the youngest generation, composed of individuals born after the year 2001. They have witnessed economic recession, global crisis and parallel negative trends that led to their loss of childhood (Bashford, 2010). However, Generation Z individuals are self-controlled, aware and accountable. They are comfortable with high-tech and multimedia devices and have never lived without the Internet and are highly exposed to social networks. The basic three key characteristics of Generation Z are: immediate satisfaction, gamified success, and broad-minded social values (Williams & Page, 2010).

2.5. The Millennials

Generation Y, Gen Y, Millennials, Echo Boomers, Why Generation, Net Generation, Gen Wired, We Generation, DotNet, Ne(x)t Generation, Nexters, First Globals, iPod Generation, 'Dot.Com Generation' and iYGeneration are phrases coined for the generation group born between 1982 and 2000 due to their dependence on technology and the phrases "Generation Next' and 'Generation Why' are related to their inquisitive personalities (Bevan-Dye, 2016). These terms imply that the initial increase of this generational group came of age at the turn of the millennium and grew up when everything was technologically connected, with the connectivity afforded by the Internet, followed closely by the widespread uptake of mobile telephony. Millennials are the 20th century's last generation and `are children of the original Baby Boomers (Williams & Page, 2011). For the purpose of this study, the term "Millennials" is applied.

2.5.1. Demographic Profile

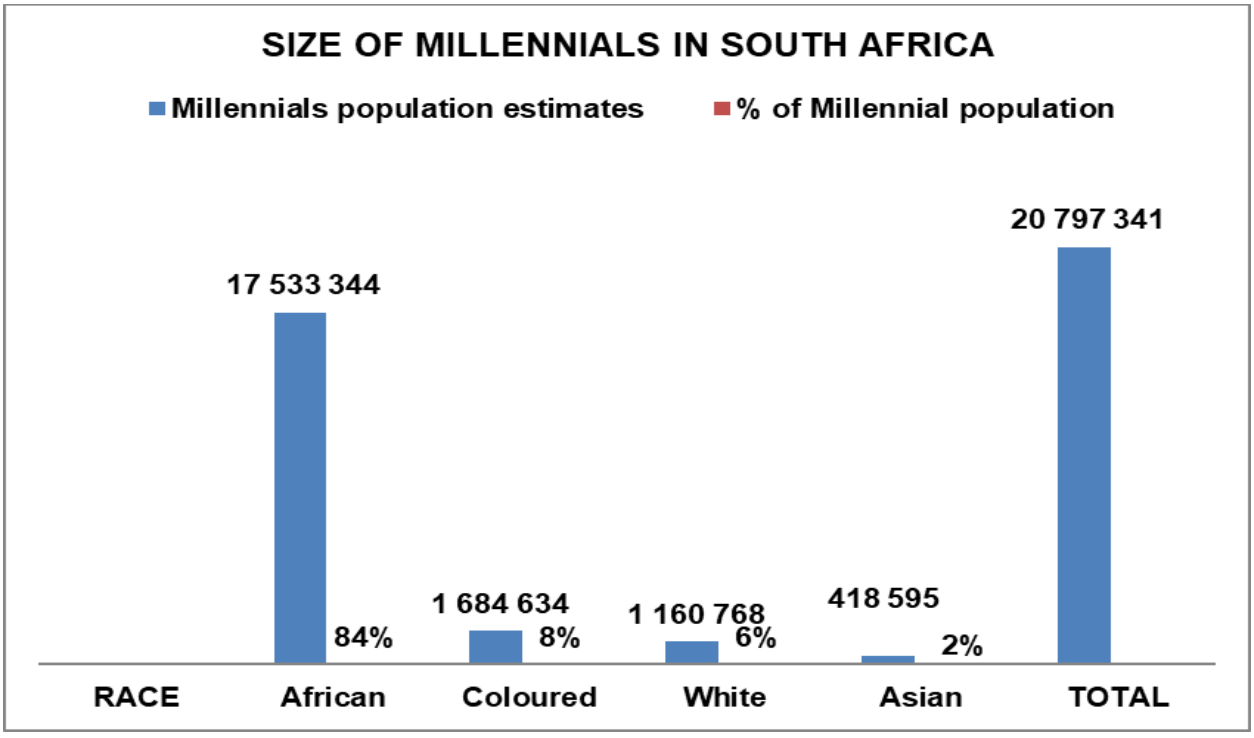
Demographics refer to "a study of people's vital statistics such as gender, age, ethnicity, income and generation" (Jooste, Strydom, Berndt & du Plessis, 2012, p.44). The size, age, education and income variables of Millennials are discussed.

2.5.1.1. *Size*

Millennials are ultimately the largest generation in the world, with the projected size of an overall global of Millennials' generational cohort being 2 billion people (Stats SA, 2015). This makes them very attractive to researchers, businesses and marketers (Ferguson, 2012.) 87% of them live in emerging markets (Stats SA, 2015). In South Africa, Millennials made up approximately 40% of South Africa's

population of 54 956 920 in 2015 (Statistics South Africa, 2015). They hold 55% of the spending power (the ages of 25-34 are heading households and making household purchasing decisions over R100 billion per annum), which is more than previous generation consumers had at the same age. Less than 20% of advertising budgets are directed at them. Millennials present noteworthy buying behaviour peculiarities in contrast to the other generational groups. From the foregoing, researchers and businesses alike are unearthing Millennials as the next attractive and powerful consumer segment, after generation X (Duh & Struwig, 2015). Figure 5. depicts the size of the Millennials in South Africa.

Figure 5: Size of Millennials in South Africa



Source: Statistics SA, (2015)

2.5.1.2. *Age*

Divergent views on the exact start and end points of Millennials exist. This may be attributed to the vagueness among researchers as to the difference between a generation and a cohort, which potentially confounds how millennial demographic and psychographic attributes are categorised (Duh & Struwig, 2015). Numerous studies in the South African context suggest that Millennials are individuals born between 1980 and 2000, which is different from definitions accorded in the Western context, which assert that Millennials individuals were born between 1977 and 1994 (Noble, Haytko, & Phillips, 2009; Duh & Struwig, 2015) or even born between 1978 to 2000 (Kotler & Armstrong, 2010). Duh and Struwig (2015) expound that this discrepancy relates to the differences between generational segmentation and cohort segmentation.

There are several studies proposing time frames for Millennials based on birth years, the most common time intervals for this generation being 1977-1994 (Parry & Urwin, 2011), 1978-2002 (Brosdahl & Carpenter,2011), 1980-2000 (Parment, 2013) or 1982-2002 (Costanza et al., 2012; Van Zyl & Thomas, 2015). Closely connected with this diversity of perspectives, a very interesting peculiarity of this generational group is its heterogeneity. Three distinct groups exist within the Millennials namely, those born before 1983 as the first age group, those born between 1984 and 1989 as the second group and individuals born after 1990 as the third group. Some have divided them into two groups namely, 'Younger Millennials' (18-24 years old) and 'Older Millennials' (25-34 years old). The current study embraces both the younger and older Millennials born between 1980 and 2000 according to Schiffman et al. (2010), Parment (2013), Lee and Kotler (2015).

2.5.1.3. *Income*

Recent studies illustrate that Millennials are often prematurely prosperous and control their own finances at a very early age (Bevan-Dye, 2016). They possess strong purchasing power, which creates opportunities for many industries and products (Parment, 2013).

2.5.1.4. *Education*

According to the 2018 GFK Millennial Report (2018), 84% of Millennials have completed matric or some level of tertiary education 11% having completed a university or other post graduate degree. With greater access to better education, they are more self-assured and believe that they control their own destiny. Following this sense of control, they are more optimistic about their economic future. They strive for social recognition and status (Williams & Page, 2011).

In the South African market, Millennials are the first generation to grow up in the post-apartheid era. Prior to the 1994-democratic elections, the South African schooling and higher education systems were strictly segregated based on race. Many Millennials became the first in their families to attend multiracial schools and mix freely with youth from other races, which provided them with more exposure and better education opportunities (Bevan-Dye, 2016).

2.5.2. Psychographic Profile

Psychographics refer to a behavioural approach to market segmentation based on an analysis of what people do, such as activities, buying behaviours, and media exposure; and how they feel about life, based on attitudes, opinions, interests, and

values (Valentine & Thomas, 2013). Psychographic lifestyle profiles can avoid limitations associated with demographic segmentation by providing deeper insights into a consumer's behaviour based on personality, an understanding that research based on demographics alone cannot unveil (Valentine & Thomas, 2013).

The main psychographic component that distinguishes Millennials from other generations is their value system (Babin & Harris, 2016). They are more racially diverse and inclusive than the older generations. They are optimistic, ambitious, passionate, driven, confident, determined, know what they want and aim very high, striving for social recognition and status, especially the males (Eastman & Liu, 2012). As with global norms, South African Millennials display narcissist qualities and place value on self-interest, individualism and pleasure. They are image-driven and make personal statements with their image (Omar, 2016). Being young, their main interests are cars and beauty products. Even though Millennials are perceived as image and status conscious, they value empowerment, possess diverse preferences and authenticity seems to surface as an important value for them as they seek to deviate from the superficial, image engrossed South African culture to something more profound and meaningful (Bevan-Dye, 2016).

Millennials globally, and in South Africa, grew up during an era of immense and rapid transformation which comprises trends such as significant employment opportunities for women, amplified social awareness, tolerance and embracing of racial and cultural diversity as well as a wide range of family types (Williams & Page, 2011). For Millennials, disruption has become the standard, hence they expect marketers to continuously innovate and develop products and services that they did not even know that they needed (Weber, 2015).

2.5.3. Behavioural Profile

The division of society into generational cohorts is founded on the concept that each generation shares experiences brought about by distinct environmental forces prevalent during their formative years, which serve to shape their behaviour and distinguish them from other generations (Bakewell & Mitchell, 2003). An important shared experience to have influenced the Millennial cohort is that they were the first generation to be born into the age of the Internet, cellular (mobile) phones, convergent technologies and multi-platform media. This cohort have grown up in a multimedia rich world that allows for 24/7 access to instantaneous global news and information, virtual social networking (Facebook, MXIT), virtual social reporting (Twitter) and virtual social media (YouTube). They are the 'digital first' generation and computers, email, mobile phones, and the Internet have been an integral part of their everyday life, hence their interaction with the world is entirely diverse compared to the previous generations (Hewitt & Ukpere, 2012; Kilian, Hennigs & Langner, 2012). This generation of digital engagement where sharing, liking, tweeting, blogging and instant messaging are the order of the day tend to want instant and continuous connectedness and consequently, are likely to own multiple digital devices (Bolton et al., 2013). Technology is so omnipresent to them that they can instantly switch from one type of technology to another or even often consume several types of media simultaneously (Fenich et al., 2011). Because they were born into a technological, electronic, and wireless society with global boundaries becoming more transparent, they are accustomed to a diverse universe, where anything seems possible, hence they constantly demand more problem free, economical and efficient ways of doing business (Davies, 2016). This group is influenced by the decisions and behaviours of their peers, hence the craving for peer acceptance, connecting with their peers, fitting in, and social networking is fundamental to Millennials, hence they are very frequent Internet and

social networks users (Waterworth, 2013). Social networks have become the quickest way to keep in touch and consult with friends and family on their decisions. This type of peer influence is priceless and naturally provided by Millennials, for Millennials, who are engaged in multiple aspects of society (De Vries & Calson, 2014; Stelzner, 2016). They also use internet for shopping and obtaining as much information as possible about products they want to buy (Deal, Altman, & Rogelberg, 2010; Hershatter & Epstein, 2010). Eight key values have been described for Millennials as being choice, customisation, scrutiny, integrity, collaboration, speed, entertainment, and innovation (Williams & Page, 2011).

2.6. Why are Millennials Important for this Study?

2.6.1. Digital Savvy

Due to exposure to a variety of digital products such as mobile phones, Internet, tablets among others, from their formative years, they are the most digital savvy generation to date. Severely influenced by the digital media development, social media is embedded into almost every aspect of the Millennials' life. This makes Millennials more inclined to seek opinion and feedback online, whilst also taking to social media to share their experiences (Mangold & Smith, 2012). Moreover, they are collaborative, have social values and can massively influence their peers through social media to be altruistic in terms of donating blood. This bodes well for blood donation as testimonials and shared experiences have the power to bring out emotion and make the issue more real, which is the type of messaging that appeals to Millennials as it is not driven by the blood bank but by donors themselves through shared experiences. The potential of electronic word-of-mouth through this sharing on social media could be a powerful marketing tool among

Millennials which would have a positive impact on the awareness of the importance of blood donation and changing perceptions and attitudes towards blood donation and play an advocacy role for the cause (Duffet, 2014).

2.6.2. Large in Size

Millennials are the largest population group when compared to other generations today at about being 2 billion people worldwide (Ferguson, 2012.). Potentially, based on the size of this group and through globalised networks linking individuals together, Millennials have the capacity to galvanise mass movements and exerting global influence (Parment, 2013). Furthermore, in many aspects, Millennials play a pivotal role in influencing either their peers, inspiring Generation Z and even influencing generations before them (Gower, 2014). They undoubtedly possess colossal capacity to be catalysts for influencing blood donation behaviour. Furthermore, due to the aging population, Millennials are the most appropriate segment for blood donation. This generation represents upcoming economic generators and individuals or groups who will shape the society (Székely & Nagy, 2011).

2.6.3. Socially Conscious

Although labelled narcissists and hedonists, Millennials are very aware of the impact their choices make on others, consequently, always consider the impact that brands have on others and the environment (Furlow, 2011). Encouraged by community service programmes in public schools, Millennials have been raised with a civic-minded consciousness and believe that it is their duty to improve their communities and to do good deeds in various areas such as health, environment, faith, and politics (Katz, 2017). This generation is supportive of social causes and

socially responsible companies and many of them hold similar attitudes toward socially responsible companies in that they are likely to trust the company more, purchase the company's products, and pay attention to the message of the company that is socially responsible (Furlow, 2011). They are likely to support and spread the word about causes they care about and rally behind social issues. According to the Millennial impact Study (2017), which sought to interrogate the role Millennials play in social causes, this generation is involved in social causes, though the ways they work with causes are varied from those of their parents. Millennials tend to be more loyal to causes and issues than to organisations and institutions (Millennial Impact Study, 2017). They use technology to share information and learn more about causes. The study further established that friends and peers motivate a Millennial's passion for a specific cause. In addition to peer influence, involvement is inspired by how the Millennial can visibly cause some sort of transformation or tangibly help change someone's life for the better (Duffet, 2014). Ultimately, they want to support a cause, help other people, and become part of a community, both digitally and in person.

A study by Paulin, Ferguson, Jost and Fallu (2014) found that to stimulate the support of Millennials for social causes through social media, the cause must relate to the benefits others derive instead of benefits to the self. Furthermore, the benefits of online communities, peer interaction and influence created by social media platforms such as Facebook are extensive and must be leveraged by non-profit organisations such as blood banks (Thomas, 2015). This is further supported by the findings of the Impact Millennial Study (2017) that before fully committing to a cause, Millennials are more motivated to "Like" a Facebook page or share a video before participating in higher states of engagement such as actual blood donation.

Based on the above, Millennials are a potential source of great interest not only for the blood they could supply, but also because information on the subject of "giving blood" could favour the spread of healthy lifestyles and contribute to the development of a mature, responsible civic culture. It is no longer a question of whether social media are the best format to engage Millennials in social causes, but rather it is incumbent on marketing researchers and practitioners to develop the most effective strategies for capturing the power of social media to foster desired supportive social behaviours for the common good (Barkholz, 2012).

All these characteristics make Millennials a very receptive segment to learn about blood donation, to donate blood and to spread positive electronic word of mouth of their experiences among their social groups via social media. The responsibility lies with organisations to inspire and show Millennials how their support can have a tangible effect. Organisations could be conduits of causes, rather than the causes themselves (Smith, 2011). Millennials are most likely to donate to a non-profit when they feel inspired and the organisation can stimulate their personal interests through peers and digital marketing (Pitta, 2012). The most successful organisations show Millennials specific examples of how their gifts will affect an individual in need of help (Halliday et al., 2014).

Equally important as the visuals and compelling stories is the platform on which those elements are delivered. The Millennial Impact study (2017) reflects a high use of Facebook by Millennials seeking to learn about and engage with a cause. Over time, we have also seen a rise in more visually based platforms, including Instagram, Pinterest, etc. It is thus critical for blood banks to fully understand Millennials as individuals and on a human level in order to leverage on the influence they exert on other generations to increase awareness, perceptions and motivation for donating blood.

2.7. Challenges and Successes of Marketing to Millennials

Millennials pose immense interest among researchers and as such, boundless empirical investigation exists with regards to the challenges and successes of marketing to this generation. Below are some of the studies that have been undertaken in different sectors in the quest to understand what makes this segment tick and how to devise strategies that will capture their attention and hearts and ultimately, result in some change of behaviour.

2.7.1. Financial Services

Cutler (2015) investigated the propensity of Millennials to use financial advisers and discovered that because Millennials are resourceful, they would rather search for information themselves instead of being told. They rely on information sources such as the internet to acquire financial knowledge instead of financial advisers. Because Millennials are independent and want customisation and choice, Cutler's (2015) findings underscore the need to guide Millennials instead of telling them and because they have ubiquitous access to myriad tools online and through their mobile phones.

2.7.2. Workplace

Zabel et al. (2017) examined whether there are any variations in work ethic based on generational differences and their study did not find any differences. However, Van der Walt and Sobayeni's (2017) conclusions contradicted Zabel et al. (2017) where their South African study demonstrated substantial differences in the work values of different age groups. Of note, are differences in how the age groups regard authority and risk taking. Also, from a creativity, communication and social

and personal interaction within a work environment, the different age groups are very dissimilar. Other studies such as Seipert and Baghurst (2014) also uncovered variations between motivation, development preferences and workplace collaboration between Baby Boomers and Generation X, while a similar study by Roongrerngsuke and Liefooghe's (2013) did not uncover any fundamental differences among Baby Boomers and Generation X with regards to expectation from a work perspective. Costanza et al. (2012) confirmed the existence of differences between generations with regards to rewards in the workplace and what constitutes job satisfaction among various age groups.

2.7.3. Healthcare

Lloyd et al. (2013) investigated how Millennials consume health information online and found that although the Internet is being widely used to deliver interventions to alter the health conduct of teenagers and young people, adults, generalisable effective strategies are in their infancy. Studies conducted in Africa on the application of social media platforms for healthcare mediation efforts have concluded that the use of technology for wellbeing has led to the implementation of numerous social media initiatives and other digital devices to promote well-being and healthy living. However, access, language, cultural and literacy barriers are hindering the exploitation of the real value of social media in healthcare in Africa (MacPherson & Chamberlain, 2013; West, 2014; Fayoyin, 2016). Other global research has confirmed the utility and value of social media for mobilising, connecting and galvanising Millennials around health and well-being (Young & Jaganath, 2013; Young, 2014; Young, Cumberland, Lee, Jaganath & Szekeres, 2013; McDonnell, 2014).

2.7.4. Wine

Vannevel (2016) investigated the value of utilising the opinions of experts in an online environment as a technique to market Pinotage to Millennials in “South Africa”. The study concluded that expert opinions significantly enlarged the enjoyment of the wine for females. Furthermore, the study found that Millennials in “South Africa” were very open to interact online with wine experts as that facilitated their learning about wine and expanded their knowledge. This study points to the idea that even in blood donation, Millennials seek information from experts and once they have built trust with the expert, their perceptions, attitudes and motivations change, which would facilitate blood donation intention.

2.7.5. Politics

There is ample evidence supporting a positive effect of Millennials social media use on political engagement as well. Social media stimulated and engaged 20-30-year-old citizens to collectively – and successfully – protest government plans in Bulgaria (Bakardjieva, 2011). During the 2011 Arab Spring, social media connected and organised groups of young people that triggered massive street demonstrations, followed by the ousting of government leaders in Tunisia, Libya, and Egypt (Comunello and Anzera, 2012). The October 2015 South African student boycotts, known as the “feesmustfall” demonstrations refer to the protests by South African tertiary students, who took to the streets after the announcement that tertiary fees would increase by 10.3%. The protests started at University of Witwatersrand in Johannesburg and within days, they had spread across the country, with almost all universities in South Africa joining in on the protest for the fee increases. The student campaign was driven by social media, particularly Twitter, via the hashtag “feesmustfall” and Instagram. In both these examples,

social media created opportunities for groups of people, notwithstanding the distance between them, to unite towards a common goal, build relationships, disseminate information and mobilise and expand their engagement in a cause that affected all of them.

2.7.6. Philanthropy

Paulin, Ferguson, Jost and Fallu (2014) studied the factors influencing Millennials' support for social causes through autonomous engagement in the public environment of social media. They found that to win the support of Millennials for social causes through social media, it is more effective to appeal mainly to the benefits derived by others than benefits to the self. Other studies investigated how messages are formulated to appeal to Millennials on social media and concluded that the communication should underline what others will gain from the donation (Chang & Lee, 2010; Tugrul & Lee, 2018). This reinforces the conclusions by Paulin et al. (2014) that the support must appeal to the benefits others derive.

2.7.7. Retail

Hall and Towers (2017) investigated how Millennials shop online and the decision-making process that leads up to the actual purchase. Their findings highlighted a "picture of shoppers going on very different shopper journeys with different lengths, influenced by different touch points and using different media and devices". What was notable is their need to consult with other people such as friends in order to get validation from their social circles online. What seems to be coming to the fore from this finding is the importance of validation and endorsement of the decision by peers, which implies that social media marketing" campaigns can exploit and leverage.

Duffert (2014) investigated the impact of attitudes towards Facebook advertising, amongst S.A. Millennials and whether advertising on Facebook impacts on buying intention by S.A. Millennials. This study conclusion amplifies the need for adaptation of Facebook advertising tactics to talk to the needs and profile of Millennials. With regards to online purchases, Manchanda et al. (2011) verified the pivotal role played by online communities in influencing behaviour. Donnely and Scaff (2013) concluded that that while Millennials like interacting on social media", they still have a preference of actual stores than online shopping as they still want to touch and feel the product, want to avoid high costs of shipping but also want to choose to return the items should they change their mind. This conclusion was also supported by Valentine and Powers, (2013) who stressed that instant gratification is also important for Millennials and the idea of waiting may be a hinderance to that feeling of immediate benefit and satisfaction.

2.8. Conclusion

This chapter provided insights into the blood donation environment and the drivers of the act of donating blood. The chapter also expounded on the Millennial generation, magnifying their demographic and psychographic uniqueness which makes this market segment appealing for blood donation and social marketers. Chapter 3 presents an appraisal of the literature of the salient drivers pertaining to social marketing in order to contextualise and give perspective into the theoretical constructs on which the study is grounded. Prominence is also given to the construct of social media marketing, which is the main predictor variable of the study.

CHAPTER 3: SOCIAL MARKETING AND DRIVERS OF PRO-SOCIAL BEHAVIOUR

3.1. Introduction

The first part of Chapter 3 provides a comprehensive definition of the concept of social marketing, discusses social marketing's origin, bedrock and development and how it fits in within the broader marketing ecosystem. A detailed examination on the origins and development of social marketing follows. The relationship between social marketing and other forms of social action is expounded on as well as crucial components of social marketing. A reflection on how social marketing is applied in the developed and underdeveloped world, coupled with the future developments in this arena, is presented. The theory of social marketing campaigns is offered by way of explaining some of the steps involved in planning and implementing a social marketing campaign.

The second part of this chapter tackles social marketing and behaviour change, with specific emphasis on the factors driving pro-social intentions and behaviour, the application of social marketing to health and social issues including blood donation, the effectiveness of social marketing interventions in influencing individual behaviour and the marketing mix elements used to improve the impact of interventions. In addition, some challenges and criticisms of social marketing are highlighted.

As a conclusion to this chapter, one of the study's contribution, social media and social marketing are amplified and given expression. This is achieved through examining the social media platforms expended for social marketing and the attributes of social media for effective social marketing. The ethical dilemmas that

may occur in the development and implementation of social marketing interventions are discussed in the last section of Chapter 3.

3.2. Social Marketing

3.2.1. What is Social Marketing?

Social marketing entails expending marketing theory, expertise and systems to create, communicate and deliver value to influence target audience behaviour which not only aids the targeted people but also the society at large, through the attainment of social change (Kennedy, 2010; Kotler, 2011; Gordon, 2011). The International Social Marketing Association, European Social Marketing Association and the Australian Association of Social Marketing (2013) aver that the ultimate objective of social marketing is to stimulate and accelerate behaviour for the social good of individuals and communities, with the eventual goal being the creation and implementation of segmented, well-organised, successful and sustainable social change programmes. Fundamentally, social marketing is about changing attitudes, behaviours and beliefs to create societal change (Dibb, 2014). It is premised around people's needs, desires, aspirations, lifestyle and freedom of choice, which espouses the fact that generally the focal point of all marketing activities is on understanding the target audience and their needs. This opinion is further accentuated by Serrat's (2017) description of social marketing as a means for deeply understanding and appreciating people and their desires and then developing products, services and messages that fulfill those desires as well as solve serious social problems.

Stead, Gordon, Angus and McDermott (2007) assert that social marketing is not a theory, but a contextual outline that extracts knowledge from other fields such as psychology, sociology, anthropology and communications as an endeavour to understand how people's behaviour can be influenced. While social marketing aims to bring about voluntary behaviour change that is adequately mountable to result in broader social or cultural transformation using marketing principles, by its nature, it is inclined to advance change in convoluted and at times, controversial behaviours, in individuals who may not even see the need to change, and the benefits it offers are long term and not necessarily instant (Solaiman, Halim & Osman, 2015). An important feature of social marketing is consumer orientation, which can be effective at winning people over, engaging, motivating and empowering them as individuals or within communities (Gordon et al., 2011). It has a meaningful connection with improved health and well-being, with the ultimate purpose being to improve society's welfare and thus can be applied across public health, safety, the environment and communities (Kotler & Rothschild, 2006; Carvalho & Mazzon, 2015; Manikam & Russell-Bennett, 2016). Hence its applicability has been explored in areas such as HIV/AIDS, malaria, nutrition, physical activity, substance abuse, tobacco, recycling, consumption reduction, and environmental conservation (Andreasen, 2003; Hastings, 2007; Lee & Miller, 2012; McKenzie-Mohr, Schultz, Lee, & Kotler, 2011; Truong, 2014; Truong, Garry, & Hall, 2014).

As already observed, numerous definitions for social marketing have been explored but for the purpose of this study, the definition offered by French (2011) and Lefebvre (2012) seems to be comprehensive and clearly captures the essence of what social marketing entails and is applied. Concurring with French (2011) and Lefebvre (2012), social marketing creates and uses marketing ideas and techniques to generate value for individuals and society, through the assimilation

of research, proven practice and the application of social-behavioural theory, coupled with the insights from individuals, influencers and stakeholders. These insights and perspectives are applied to design valuable, efficient, justifiable and sustainable programmes that enrich society's well-being. The approach is one that encompasses all the processes and outcomes that influence and are associated with change among individuals, organisations, social networks and social norms, communities, businesses, markets, and public policy (French, 2011; Lefebvre, 2012). Granting that various definitions of social marketing have been contributed by different researchers (Kennedy, 2010; Gordon et al., 2011; French, 2011; Lefebvre, 2012; Carvalho & Mazzon, 2015, Manikam & Russell-Bennett, 2016; Agrawal, 2016), five themes can be extricated from these delineations. Firstly, social marketing is about engendering behaviour. Secondly, it accentuates consumer orientation or customer-centricity (which can be successful at engaging people, persuading, inspiring and empowering them as individuals or inside their societies). Thirdly, the behaviour change must be deliberate and voluntary. The fourth theme relates to marketing techniques, such as consumer centred market research, segmentation and targeting, employment of the marketing mix. Lastly, the end goal of social marketing is to enrich individual welfare and society, not to benefit the organisation executing the social marketing.

Even though there is accord among researchers that social marketing relates to behaviour change, there is still no unanimity on the most appropriate target audience for social marketing initiatives (Ross, 2011). Ross (2011) asserts that the emphasis on both society and the individual in the definitions of social marketing illustrates that social marketing should not only automatically apply to the behaviour of individuals, but should also be directed at policy makers, professionals and organisations to improve the socio-economic environment in which individuals find themselves. The argument by Ross (2011) is supported by

Wood (2012), who contends that social marketing should be more worried about the negative impact that arises from the actions of businesses and about shaping policy in order to reduce inequality and improve the fate and welfare of disadvantaged groups. These opinions corroborate Grier and Bryant (2005) who declared that while social marketing's target market usually consists of consumers, social marketing is also used to guide policy makers in addressing the wider social, health and environmental challenges and aspects. Andreasen (2012) had earlier even proposed a second level of social marketing, which must focus on influencing the peers of the target market, which include friends, relatives, acquaintances, and role models who might bring a positive influence to bear on an individual or group. This proposition accurately aligns with one of the research questions of the current study, seeking to investigate the influence of the peers, such as family and friends, on blood donation attitudes and intention to donate blood.

3.2.2. Origins of Social Marketing

There are diverse views about the actual origins of the concept of social marketing. Researchers, such as Andreasen (2003) and Cugelman (2010), locate the notion of applying to the non-profit sector methods that have been successful in shaping people's behaviour in the commercial arena to an article by a sociologist, G. D. Wiebe, in 1951. Wiebe's concern centred on marketing not being applied to problems such as 'selling brotherhood like soap" (Wiebe, 1951). On assessing four different campaigns on social change, Wiebe found that the more similar non-profit campaigns were to commercial marketing campaigns, the more successful outcomes they presented (Cugelman, 2010).

While social marketing was not yet a formal concept in the 1960s, according to Saunders, Barrington and Sridharan (2015), the initial recorded data of the

intentional application of marketing to tackle a social issue stemmed from the campaign conducted by K. T. Chandy in 1964 at the Indian Institute of Management in Calcutta, India aimed at encouraging family planning. Chandy and his team recommended and executed a national family planning initiative to market high quality Nirodh condoms, which were distributed and sold throughout the country at low cost. The initiative encompassed a cohesive consumer marketing campaign which was driven by an effective point of sale promotion, with the assistance of major businesses such as Unilever and Brooke Bond Tea Company, who acquired extensive supply of the new condoms (Andreasen, 2003). At the same time, commercial marketing was applied to health education campaigns, with some campaigns employing audience segmentation and customer-orientated approaches (MacFadyen, et al., 1999). Correspondingly, social advertising, a conventional mass-media tactic to social change, which lacked marketing principles such as segmentation and exchange, had also been utilised during this era. The success of these activities enthused academics who were debating expanding the application of marketing to other fields (Andreasen, 2012).

In 1971, Kotler and Zaltman coined the social marketing phrase in their ground-breaking seminal article entitled *"Social Marketing: an approach to planned social change"*. Kotler and Zaltman (1971) defined social marketing as the formulation, execution, and management of programmes that are intended to impact on the suitability of social ideas, also comprising the marketing mix (product, pricing, promotion and distribution) as well as marketing research (Kotler & Zaltman, 1971). Kotler and Zaltman's (1971) definition became a source of controversy and objection among various scholars, some contending that marketing principles should not be applied in other fields (Andreasen, 2012). At the core of the biggest contentions, was that substituting tangible products with values would compromise the notion of exchange, and the perception of social marketing as a self-serving

field, which compromised the image of marketing as a discipline (MacFadyen, et al., 1999). In the 1980s, the academic debate shifted to focus on how marketing could be applied to social issues. This was also simultaneous with the health community beginning to embrace the marketing practice (MacFadyen, et al., 1999). By the 1990s, the field of marketing had surmounted many of the earlier conceptual ambiguities and started to better define itself. A major advancement in the marketing arena came when researchers clarified social marketing's niche as the change of behaviours. This shift helped contrast social marketing against other social influence practices. The newly defined niche also provided space to integrate other behavioural change fields into social marketing, while also elucidating when social marketing was appropriate to a specific issue, as opposed to other practices.

3.2.3. Differences and Similarities Between Social Marketing and Commercial Marketing

The foremost divergence between commercial marketing and social marketing is the purpose (Chauke, 2015). Social marketing purports to develop behaviour change as its essence (Andreasen, 2003), while the chief goal of commercial marketing is selling products and services that will deliver maximum sales, engender financial improvement and increase profits for the organisation (Mathenge & Ngerecia, 2015). In addition, social marketing drives the behaviour change of individuals as well as other possible stakeholders, such as government, policy makers, potential business partners, investors and members of the media (Andreasen, 2003). Based on their focus on financial gain, commercial marketers always select market segments that will generate the highest level of profits (Cheng, Kotler & Lee, 2011). Paradoxically, in social marketing, segment selection

is centred on the prevalence of the social challenge, the ease with which the target audience can be reached and the target audience's eagerness to change (Cheng et al., 2011). In both cases, however, marketers seek to gain the greatest returns on their resource investment (Mathenge & Ngerecia, 2015).

Akin to commercial marketing which focuses on changing consumer behaviour, social marketing involves altering human behaviour. However, instead of aiming at primarily the financial aspects such as increasing product usage, company profits or market share, its drive is on changing people's behaviour for the benefit of the community and society (Gordon et al., 2011). Another difference is the time span between product purchase and the resultant benefits. In most cases, with commercial marketing, a consumer has the benefits of instant gratification, while with social marketing, due to the behavioural change aspect, which can be a long process, the results can only be observed after a lengthy period or may not even manifest (Lee & Kotler, 2015). The other difference is the nature of the competition and the complexity of the product, with social marketing being more complex as it aims to deal with behaviour which may be extremely hard to change (Lee & Kotler, 2015). Competition in social marketing exists at the product level, competition could be harmful behaviours or any temptations that will lead to this behaviour and at the broader level, competition could be "any behaviour, product or idea that impacts negatively on health and wellbeing" (Donovan, 2011 p. 219).

Despite the differences between commercial and social marketing, there are also many similarities. First, customer orientation is critical. The marketer knows that the offer (product, price and place) will need to appeal to the target audience, solving a problem they have or satisfying a want or need. Secondly, exchange theory is fundamental. The target audience must perceive benefits that equal or exceed the perceived costs they associate with performing the behaviour.

Donovan (2011) identify three aspects of exchange, namely, benefit offered by the social marketer; effort the target audience must make; and the intermediary. Therefore, the main purpose of social marketing exchange is to lower the effort and maximise the benefit on the consumer side. Further, marketing research and segmentation are applied throughout the process to understand and develop effective strategies according to the specific needs, beliefs, attitudes and current behaviour of different market segments. In both types of marketing, all 4Ps are considered. In commercial marketing, product refers to a tangible product while in social marketing, a product refers to the benefits received by the target audience following an exchange (Kubacki, Rundle-Thiele, Pang & Buyucek, 2015). It represents the behavioural offer made to target adopters and often involves intangibles such as adoption of an idea or behaviour. Tangible product offerings, such as condoms to encourage safe sex, can also be present (Gordon, 2012). Pricing strategies mostly differ in commercial marketing where various pricing strategies can be used for the manufacturer to recover their costs (Chauke, 2015). From the social marketing perspective, price is a transactional concept outlining what a consumer must exchange in order to receive the bundle of benefits (product or service experience) (Kubacki et al., 2015). Price relates to the costs that the target audience must pay and the barriers they must overcome to adopt the desired behaviour, and these costs can be psychological, cultural, social, practical, physical and financial (Gordon, 2012). Place in social marketing denotes where and when the target audience changes behaviour (Kubacki et al., 2015). It further represents the channels by which behaviour change is promoted and the places in which change is encouraged and supported, and promotion in the social marketing context, is the means by which behaviour change is promoted to the target audience, for example, advertising, media relations, direct mail and interpersonal communication (Gordon, 2012).

3.2.4. Social Marketing and Other Forms of Social Action

Social action entails the coming together of people, giving their time and other resources, to facilitate the improvement of their lives and those of others through tackling problems that are notable in their respective communities and to bring social change (Dibb & Carrigan, 2013). Social action comes in a range of forms, such as volunteering and community-owned services to community organising or simple neighbourly acts (UK Cabinet Office, 2015). Numerous groups, organisations and even individuals, are involved in some type of social action as an endeavour to change society and improve living conditions (Dibb & Carrigan, 2013). As there are various other forms of social action, it is crucial to explain these forms of social action, to try to position social marketing appropriately.

3.2.4.1. *Social Persuasion*

An endeavour or efforts, either through face-to-face engagements or the use of online media to encourage social change and persuade other people to embrace a different attitude, is regarded as social persuasion (Dibb & Carrigan, 2013). Social persuasion's immediate goal is to influence the individual's attitudes and beliefs.

3.2.4.2. *Social Movements*

Dibb and Carrigan (2013) delineate social movements as those large degree attempts and efforts of pressure groups to deal with difficult social problems. Social movements are directed at inducing large scale behavioural changes through collective action. An example of a very active social movement in South Africa is the labour movement that resulted in the creation of labour unions. Advocacy

groups, which consist of people, communities and other civil society groups dedicate their time to make the case for changes or improvements to public services. South Africa has seen a huge growth in advocacy groups such as Section 27, Treatment Action Campaign and Human Rights Watch, among others.

3.2.4.3. *Social Conditioning*

Social conditioning seeks to inculcate good behaviour change through social engineering, which is an attempt to manage social change and regulate the future development and behaviour of a society (Dibb & Carrigan, 2013). Different theories and practices have been proposed for bringing up future generations of people who would have the "right" behaviours and attitudes. The key was to use social learning theory which involves reinforcing right behaviours with rewards and discouraging wrong behaviours with punishments.

3.2.5. Evolution of Social Marketing in Developed and Developing Countries

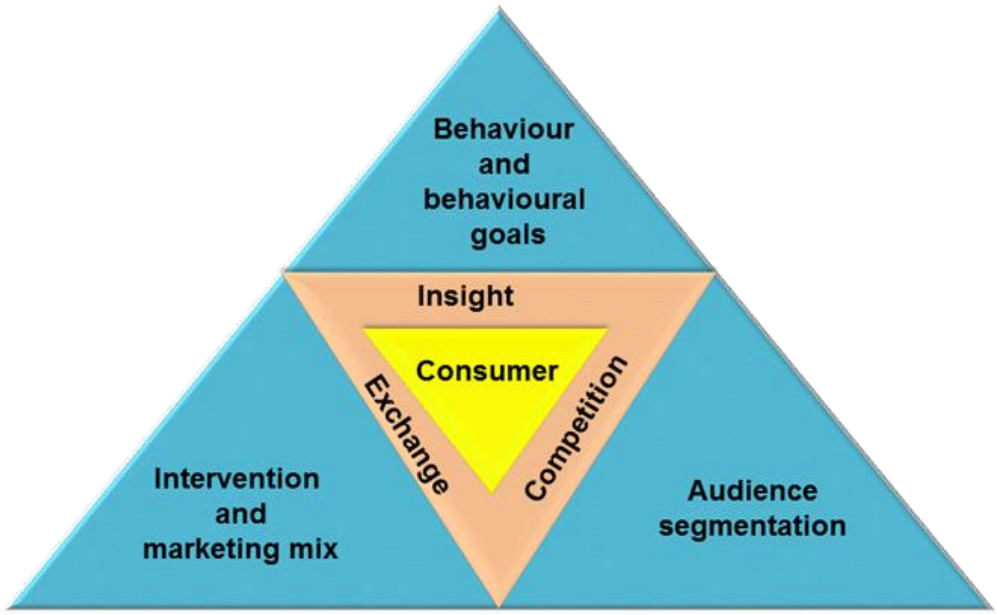
Social marketing has evolved in diverse directions in developing countries and developed countries. In developing countries, the primary use of social marketing is to promote the utilisation of different health-related products and services (Lefebvre, 2011), while the application of social marketing principles in developed countries focuses on lowering or preventing chronic diseases and risk behaviours such as using addictive, illegal drugs and tobacco smoking (Lefebvre, 2011). The ground-breaking employment of social marketing practices in developed countries was witnessed in the 1980s by the National High Blood Pressure Education Programme of the National Heart, Lung and Blood Institute (NHLBI; Ward, 1984), the Stanford five city project and the Pawtucket heart health programme, two

community demonstration projects to reduce cardiovascular disease morbidity and mortality, also funded by the NHLBI.

3.2.6. Social Marketing Principles

Social marketing is grounded on a few core concepts and principles that are also applied in commercial marketing. The social marketing customer triangle in figure 6 depicts the social marketing principles, with the customer or consumer placed at the centre. These principles are expounded on beneath.

Figure 6 : Social Marketing Principles



Source: National Social Marketing Centre (NSMC) (2012)

3.2.6.1. *Customer Orientation*

Consumer orientation has been identified as a central tenet of social marketing (NSMC, 2012). In any social marketing intervention, everything starts and ends with the individual within their social milieu (Dibb & Carrigan, 2013). Social marketing aims to fully comprehend the individual's current state of mind rather than where the individual should be. This principle ensures that all interventions are grounded and directed by the needs and wants of an individual and can therefore respond to them, instead of individuals having to conform to the needs of the social marketing intervention (Serrat, 2017). In the blood donation context, while donor recruitment at blood services is often clearly defined, understanding donors' needs, expectations and behaviours tend to be overlooked (Godin, Conner & Sheeran, 2007; Ferguson, Atsma & de Kort, 2012; Lee, 2016). Therefore, one must understand what, why and how to bring people to donate blood, so that donor recruitment campaigns are customised for their local environment.

3.2.6.2. *Clear Behavioural Goals*

The main catalyst in social marketing is the achievement of measurable behavioural outcomes, not just their knowledge, awareness or beliefs about an issue. By establishing 'behavioural goals', one can describe the aim of an intervention in terms of specific behaviours, which are grounded on a robust behavioural investigation and analysis and considers practicable behavioural steps towards the attainment of a behavioural goal (Andreasen, 2003).

3.2.6.3. *Developing Insight*

Consumer orientation is imperative; deep audience insights that are guided by an in-depth comprehension of the audience, based on all-encompassing consumer and market research, using both local intelligence and data from multiple sources are key in social marketing (Grier & Bryant, 2005). Attaining such rich insights compels social marketers to transcend beyond only relying on conventional intelligence or information towards the pursuit of what makes people tick, what their real beliefs, attitudes, feelings and even stereotypical perceptions are that shape their behaviour (Lee, 2016). This will ensure that interventions and messages are directed by a detailed understanding of the audience.

3.2.6.4. *The Exchange*

A strong emphasis on understanding what is to be 'offered' to the audience is placed in social marketing, based upon what they value and consider important, whether it is short- or long-term gains (Serrat, 2017). It also requires an appreciation of the 'full cost' to the audience of accepting the offer, which may include money, time, effort, social consequences, etc. The aim is to maximise the potential offer and its value to the audience, while minimising all the costs of adopting, maintaining or changing a behaviour (Kubacki et al., 2015).

3.2.6.5. *The Competition*

The term 'competition' is applied to examine and tackle all the internal or external factors that compete for people's attention and willingness or ability to adopt a desired behaviour. External competition can include those factors directly promoting potentially negative behaviours but can also include other potentially

positive influences that might be seeking to influence the same audience. Internal competition includes the power of pleasure, enjoyment, risk taking, habit and addiction that can directly influence a person's behaviour (Donovan & Henley, 2010).

3.2.6.6. *Segmentation*

Harnessing the segmentation and targeting philosophy demands a closer exploration of how diverse people react to an issue and what factors impel those responses. Social marketing uses a developed 'segmentation' approach which transcends traditional 'targeting' approaches that may focus on demographic characteristics or epidemiological data, by considering alternative ways that people can be understood and profiled. It particularly considers psychographic research to determine how different people respond to an issue, what moves and motivates them, so that interventions are tailored to people's different needs. In the blood donation context, segmentation and targeting can provide a better way to highlight the specific benefits valued by different segment groups of blood donors and result in a better promotion of blood donation behaviour in society (Zhou et al., 2012). Appropriate segmentation strategies can further help the blood banks to allocate their resources more effectively and communicate with greater impact (Zhou et al., 2012). Hence, in the current study, a generational segmentation approach was adopted as the researcher believed it would yield more conclusive results than demographic based segmentation. The reality that diverse generations and consumer groups have diverse socio-economic opportunities and impediments, consume varied media channels, have different values, norms, lifestyles and experiences and are exposed to technology endowed the researcher with a view that an appreciation of generational groups would provide valuable perspectives, which would result in the attainment of deeper and

richer insights into the behaviour of the different generations, in this case, the Millennials (Hume, 2010; Ordun, 2015).

3.2.6.7. *Intervention Mix and Marketing Mix*

Single interventions are generally less effective than multi-interventions, hence the need to consider a range of intervention approaches that could be employed to attain a certain goal (Andreasen, 2003). For a successful and impactful campaign, an integrated marketing mix is essential, where each element has been planned systematically to support clearly defined goals, and all marketing activities are consistent with and reinforce each other. According to Andreasen (2003), interventions must embrace the marketing mix beyond the product, place, price and promotion to also incorporate components such as processes, people and policy changes.

3.2.6.8. *Integrated Theoretical Framework*

Attaining rich target audience insights requires transition beyond relying on conventional intelligence only towards the pursuit of what makes people tick, what their real beliefs, attitudes, feelings are and even stereotypical perceptions that shape their behaviour. Hence the need to draw from a diverse body of knowledge and experience, across different disciplines and professions to understand what essentially drives people's behaviour (French & Blair-Stevens, 2006).

3.2.6.9. *Monitoring and Evaluation*

Plans for evaluating and monitoring social marketing interventions ought to be at the outset of the planning process (Grier & Bryant, 2005). As interventions are

implemented, effectiveness and sustainability must be assessed to identify activities that could require some mid-course review, and this must be done continuously. Consequently, social marketers are constantly checking with target audiences to gauge their responses to all aspects of an intervention, from the broad marketing strategy to specific messages and materials (Kennedy, 2016).

3.2.7. Application of Social Marketing to Health and other Social Issues

French and Blair-Stevens (2006) describe health-related social marketing as the efficient use of marketing theories and methods to accomplish explicit behavioural goals which enhance well-being and reduce health imbalances. Social marketing has traditionally been applied to modify individual behaviour in public health spheres, with major emphasis being on family planning and reproductive health initiatives (Grier & Bryant, 2005). Significant attention has also been given to maternal and child health, HIV/AIDS prevention, control of malaria and diarrheal diseases such as cholera and boosting the demand and access to quality health services. The social marketing of products, specifically condoms for both family planning and prevention of HIV, oral rehydration products for diarrheal illnesses, and bed nets for managing malaria has normally been done by fixing prices that are generally subsidized by donors or even freely distributed.

The primary goal of social marketing is to engender social behavioural change. Voluntary blood donation is one such activity that demands a change in social behaviour. In the blood donation framework, since social marketing aims to change people's behaviour for the benefit of the community, social marketing entails the recruitment of voluntary blood donors to make safe blood available to the society. Instead of selling goods, in social marketing for voluntary blood donation, the

concept that blood donation can save someone's life is being sold to the community. This is done by eliminating myths and misconceptions about blood donation and conveying positive and relevant messages about the need for blood donation to the community. Steps mainly involved are consumer-oriented research which is primarily donor-oriented, marketing analysis, which encompasses the percentage of voluntary blood donation versus actual numbers of patients who require blood. Market segmentation, in a country such as South Africa, where the Millennials are the biggest group, attaining an increased voluntary blood donation is a difficult but achievable task.

Understanding the needs, desires and aspirations of the target audience and the benefits that they most value is crucial. In the blood donation context, the consumer donates blood (behaviour) and the ensuing value may be demonstrated in the emotions that are stimulated by the act of donating blood (Griffin, Grace & O'Cass, 2014). According to Chell and Mortimer (2014), a blood donor may be seeking any of the three modes of value. The first is altruistic value, which is the benefit drawn from performing a morally desirable act where the quality of helping others is on its own, an incentive. The second is emotional value, which is the worth resulting from the positive sentiments evoked by a behaviour, such as personal joy of performing a good act. The third is social value, which is directed at people's desire to make a good impression on others and to be perceived in a positive way, which supposedly enhances social status (Chell & Mortimer, 2014). In their examination of donor value and conspicuous donation behaviour, Chell and Mortimer (2014) found social value to be extremely important to Millennial blood donors, whereas emotional value was the significant driver for Generation X blood donors. This conclusion supports the already existing evidence that customer value is a major antecedent of behavioural intentions in healthcare settings (Chahal & Kumari, 2012). Chell and Mortimer's (2014) study validates the

relevance of donor value for blood donation, which must be fully understood by blood banks, to enable them to appreciate what donors expect from future exchanges. As already expounded, exchange in donation activities is frequently non-monetary and entails a benefit that is frequently personal and psychological, such as self-esteem, a sense of belonging, social recognition and emotional well-being (French, 2010; Lee & Kotler, 2015).

3.2.8. Marketing Mix Elements Used to Improve Intervention Impact

The application of the marketing mix in the social marketing milieu stems from Kotler and Zaltman's (1971, p. 5) definition of social marketing as "the design, implementation and control of programmes calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution and marketing research''. The inclusion of the marketing mix in social marketing interventions has been applied extensively, particularly in sexual health and family planning initiatives in the developing world (Lee & Kotler, 2015). The UK National Social Marketing Centre (NSMC) has also included the marketing mix as one of the principles of social marketing (NSMC, 2007). The importance of the marketing mix was also amplified by Andreasen (2003), who formulated six benchmark criteria of what comprises a social marketing intervention, with the fifth measure being that social marketing should exploit all four Ps of the traditional marketing mix. In social marketing, the four Ps or the social marketing mix relate to behaviour, which is the main objective of social marketing.

Since blood donation can be construed as a service, the study will not only deal with the 4 P's of marketing but will focus on the seven P's of services marketing,

which also include people, physical evidence and process. In services marketing the providers of service are expected to persuade and win over the users. Hence, when people buy or use services, they in essence are buying the time, knowledge, skill or resources (Sreenivas, Srinivasarao & Rao 2013). These seven Ps' of services marketing need to be offered in symmetry so as to meet the needs of the target customer and satisfy those needs.

3.2.8.1. *Product*

Product in social marketing refers to the set of benefits associated with the desired behaviour (Grier & Bryant, 2005). It is often intangible and signifies the behavioural suggestion or proposal that is made to target audiences such as the implementation of a behaviour (Gordon, 2012). Some product offers can be tangible, and used to facilitate behaviour change, for example condoms that aim to embolden safe and protective sex (Gordon, 2012). Kotler, Roberto and Lee (2002) use the concept of the augmented product to describe these tangible products. Kotler, Roberto and Lee (2002) further make a distinction between the core product, which is what individuals will benefit from performing or adopting the behaviour and an actual product, which is the desired behaviour that is being encouraged, in the context of blood donation is regular voluntary blood donation. The product must be seen to be solving problems that the target audience regards as important and gives them a benefit they honestly value, for it to be deemed effective (Grier & Bryant, 2005).

3.2.8.2. *Price*

Price relates to the cost or the sacrifice that has been swapped for the promised benefits and this cost is always considered from the consumer's point of view

(Grier & Bryant, 2005). Price generally comprises intangible costs, which Lee and Kotler (2015) describe as non-monetary costs. These costs can be psychological, for example diminished pleasure from smoking; cultural and social, such as handling pressure from friends to consume alcohol; practical, for instance entering the school run to cut down on car usage; and physical and financial; such as joining a gym to improve fitness (Gordon, 2012). Price also includes the obstacles the target audience must conquer to adopt the desired behaviour. Wood (2012) delineates these hindrances in a form of time, effort, change of lifestyle and negative impact on social relations resulting from the changed behaviour, such as embarrassment. In the context of price, Lee and Kotler (2015) add that there are entry and exit costs in social marketing. Entry costs are those associated with taking on a new behaviour whilst exit costs are those incurred when a person attempts to stop the behaviour. While there are diverse schools of thought around the issue of costs in social marketing, the consensus seems to be that social marketers must always aim to lessen the costs of behavioural change in order to enlarge the behaviour adoption rate.

3.2.8.3. *Place*

Place refers to the channels by which behaviour change is promoted and the spaces which facilitate and encourage the desired change. Place relates to where and when the target audience will carry out the desired behaviour, acquire any related tangible objects, and receive any supplementary services (Kotler, Roberto & Lee, 2002). Place in a blood donation context encompasses the physical location of the blood donation station, operating hours, general attractiveness and comfort, and accessibility. It also includes organisations and people that can provide information, goods, and services and perform other functions that facilitate the change process (Grier & Bryant, 2005).

3.2.8.4. *Promotion*

Promotion in the social marketing context entails the carefully designed methods and activities intended to influence change and expose the target audience to the benefits of behavioural change (Grier & Bryant, 2005; Gordon, 2012). Promotion engages manifold dimensions, such as specific communication objectives for each target audience; guidelines for designing impactful and effective messages; and designation of appropriate communication channels. Promotional activities may encompass advertising, public relations, printed materials, promotional items, signage, special events and displays, face-to-face selling, and entertainment media. In public health, changes in policy, professional education, community-based activities, and developing skills usually are combined with communication activities to produce the desired changes.

3.2.8.5. *People*

People are the most vital component of any service marketing and play a crucial role in how customers evaluate the service experience (Gordon, Russell-Bennett, Wood & Previte, 2013). As people buy from people, employees of a blood bank become the human face of the brand, guide customer satisfaction and drive repeat behaviour (Leo & Russell-Bennett, 2012). This makes the attitude, skills and appearance of all staff an important element of service marketing mix (McColl-Kennedy et al., 2012). The staff at the blood bank play a huge role in ensuring that donors are informed, their fears are alleviated, and they are made to feel safe and comfortable before, during and after the donation process. It is crucial that employees are fully trained to deal with all blood donors, can assist in reducing fear and anxiety and ensure that the experience is positive and will result in positive word of mouth. Giacomini and Lunardi Filho (2010)’s study concluded that blood

donors accord significant importance to staff's attitude and patience, attention, and serenity of the premises because these factors contribute to a relaxed environment.

3.2.8.6. *Physical evidence*

Sreenivas, Srinivasarao and Rao (2013) regard physical evidence as the ecosystem in which the service is delivered with tangible commodities and where the company and the customer interrelate. Since services are largely intangible, customers rely on physical cues to help them evaluate the product before they buy it. Kotler (1973) described physical evidence as "atmospherics", which is an endeavour to create a purchase environment that will elicit specific emotional effects that would enhance and positively influence the buying decision. Kotler (1973) regards the atmosphere of a place as a "silent language" in communication. His research in this domain uncovered that buyers develop affinity towards the location and ambiance in which they buy. Atmospherics, which is the actual physical evidence and a material part of a service include any sensory elements, such as the design of a building, lighting, signage, fixtures, smells, sound level, temperature, and wall coverings and all these are used as a significant differentiator in services marketing. It is interesting that even in a blood donation context, the physical evidence plays a huge role. A study by Gilaninia et al. (2013) has shown that the state of the donation facilities, practical and communication skills of employees as well as waiting times have an impact on blood donor's willingness to donate blood. It is crucial for blood service marketers to ensure that blood donation takes place in a clean, welcoming and assuring environment

3.2.8.7. *Process*

Sreenivas, Srinivasarao and Rao (2013) contend that process is an essential ingredient in the production and delivery of service. Since the inextricable character of services does not accept any differences in the production and delivery of a service, process becomes an all-inclusive 'P' for service marketers (Inbasagaran & Chandrasekaran, 2017). Process relates to the actual procedures, mechanisms and flow of activities by which the service is delivered. Processes essentially have inputs, throughputs and outputs. The element of marketing mix looks at the systems used to deliver the service. Both Sreenivas, Srinivasarao and Rao (2013) as well as Inbasagaran and Chandrasekaran (2017) underline the imperative that all services must be underpinned by clearly defined and efficient processes in order to promote a consistent service.

3.2.8.8. *Review of the 4 P's of Social Marketing to the 7 P'S*

The traditional marketing mix, which only comprised of the 4 p's (product, price, place and promotion) faced numerous criticisms by social marketers, particularly in respect of intangible products or services such as blood donation (Hastings, 2007; Peattie & Peattie, 2009; Wood, 2012; Gordon, 2012; Tapp & Spotswood, 2013). The major criticisms levelled against the marketing mix centred on its neglect to embrace the various tools used in modern marketing, particularly in view of the advent of social media and the value and relevance of integrated marketing strategies (Gordon, 2012). Hence Gordon (2012) advocated for the reassessment of the social marketing mix towards alternative models that propose the significance of consumer-focus, relational thinking, longevity and value co-creation. The resultant addition of other dimensions such as people, physical evidence and processes in the 4Ps is thus comprehensible since social marketing

focuses on people's behaviour and policy as well as processes, which are key towards driving behavioural change.

3.2.9. Criticisms of Social Marketing

Despite social marketing's growth as a discipline, and an increase in academic and governmental support, it is limited by a range of challenges, including confusion over its position and role and the potential for incorrect application (Andreasen, 2003). A common criticism of social marketing is that extensive consumer and market research is not undertaken in advance of implementation, creating a gap between the theory and reality of social marketing practice (Kennedy, 2016). A further critique of social marketing is its reliance upon expensive advertising, which is insufficient and ineffective to stimulate the degree of human behavioural transformation that is frequently desired (Grier & Bryant, 2005). This approach perpetuates the narrow perception of social marketing being a promotional or communication activity. This makes it imperative to acknowledge the value that is derived from the integration of all elements of the marketing mix rather than a single element. Social marketing is more of a framework for designing behaviour change programmes than a behaviour change programme in and of itself and it offers a method of maximising the success of a project (Corner & Randall, 2011). Grier and Bryant (2005) also assert that social marketing "blames the victim" by giving more attention and focus on strategies aimed at changing individual behaviour instead of also looking at the underlying environmental factors and social causes of the problems it addresses. Hence an all-encompassing research has now been accepted as a requirement for the success of a social marketing intervention. Other researchers, such as Wallack (2002), regard social marketing as being manipulative and patronising with its focus on behaviour change.

The costs of social marketing programmes are also a point of criticism. Criticisms of these expenditures are heightened due to their long-term nature and are usually financed through public funds, by governments that have serious resource constraints and therefore have a high opportunity cost.

3.2.10. Factors Driving Prosocial Intentions and Behaviour

The bedrock of the current study is blood donation behaviour, which is considered a form of pro-social behaviour. The term 'pro-social behaviour' originated during the 1970s and was introduced by social scientists as an opposite of the phrase 'antisocial behaviour.' Cronin (2012) defines pro-social behaviour as any act carried out by one individual to alleviate another's need or to improve their welfare. Batson (2014) explains that pro-social behaviours may encompass actions such as helping, comforting, sharing and co-operation, which are commonly driven by empathy, concern and care for other people's emotions, well-being and rights. The potential benefits to the person carrying out the behaviour and not the one who receives the assistance is the crux of pro-social behaviour. People make a rational decision to perform actions that benefit others and that decision is usually motivated by people's inclination to be part of social and cultural groups, as opposed to living in isolation (Murillo, Kang & Yoon, 2016). Although pro-social actions often include a risk or cost to the person, they are often supplemented by both psychological and social rewards, and imply devotion towards other people, which is given without any expectation of receiving something in return (Afolabi, 2014). The concepts of altruistic and pro-social behaviour are often confusing. The major difference between altruism and pro-social behaviour is that altruism does not involve the element of self-interest, whilst people can engage in pro-social behaviour for several reasons that benefit themselves e.g. ego, recognition, etc.

Psychologists suggest that people's engagement in pro-social behaviour is inspired by myriad factors, which could be personal, are fostered during upbringing and are also influenced by people's social environments (Gifford & Nilsson, 2014). Gifford and Nilsson (2014) classify the factors that influence pro-social behaviour into personal and social influences. The personal influences that are reviewed are genetics, values, knowledge and education, personality and gender, whilst social class, religion, culture, urban-rural differences and life satisfaction are the social aspects that are examined in this study.

3.2.10.1. *Personal Factors*

Genetics

Substantial evidence exists about the contribution of genetic influences and heritability of pro-social behaviour (Knafo & Israel, 2009; Knafo & Uzefovsky, 2013; Fortuna & Knafo, 2014). Knafo and Spinath's (2011) investigation concludes that pro-social values and attitudes indicate substantial genetic influences. Likewise, Lewis and Bates (2011) found genetics to account for the consistency of pro-social attitudes across social domains but there is a dearth of evidence that connects empathy to pro-social behaviour and to pro-social attitudes at the genetic level. Ando et al. (2004) established that individual differences in helpfulness and compassion had shared genetic origins and had common environmental origins, overlapping with empathy. Knafo et al. (2008), found inconsistent evidence for the role of genetics and the shared environment in the association between children's observed empathy and pro-social behaviours. In summary, more research is necessary to determine whether the same genetic and environmental factors apply to the different pro-sociality facets. Knafo et al. (2015), also investigated the construct of pro-sociality and the triggering genetic and environmental

contributions to this structure using maternal reports of children's empathy, pro-social behaviour, and pro-social attitudes. The results provided a justification of a common genetic factor relevant to all studied components of pro-sociality. The researchers contended that more research is needed to understand how this common genetic factor operates. Christ, Carlo and Stoltenberg's (2015) research uncovered that the disparity in the oxytocin receptor gene indirectly predicted pro-social behaviour via empathic concern, hence in this instance genetics are found to affect pro-social behaviour through empathy. This is consistent with Batson's (2010) idea that empathy as a trait motivates pro-social behaviour and with the early emergence of empathy (Davidov, Zahn-Waxler, Roth-Hanania & Knafo, 2013).

Values

Values are general beliefs about priorities in life that guide people's action (Caprara, Alessandri & Eisenberg, 2012). Schwartz (2011) regards values as perceptive manifestations of socially desirable goals that function as guiding principles in people's lives. These standards or beliefs influence and stimulate individuals who are concerned about goodwill, righteousness and social order to pursue those principles. Numerous researchers who have explored the relationship between pro-social behaviour and values have utilised Schwartz's values theory (Schwartz, 2011). Schwartz's value theory proposes ten basic values, which all convey different impetus, namely, power, achievement, hedonism, stimulation, self-direction, universalism, benevolence, tradition, conformity, and security (Schwartz (2011). The rationale for the employment of the values theory by researchers to understand and explain pro-social behaviour draws from the fact that the significance individuals attach respectively to the 10 values indicates the substance they will possibly give to the costs and benefits

intrinsic in decisions. Research carried out in adults has confirmed the existence of significant relationships between values and behaviours, as well as direct linkages between pro-social values and pro-social behaviours (Schwartz, 2012). An empirical review by Verplanken and Holland (2002) showed that participants who noticeably displayed pro-social values, such as being helpful, donated more to a charity organisation than those who exhibited lower prominence of these pro-social values of being helpful and equality. Correspondingly, Bardi and Schwartz's (2003) analysis validated parallels between ''benevolence values'', which the scholars described as values that relate to the upholding and enrichment of the well-being of individuals one has regular personal contact with and pro-social behaviours in adults. Intriguingly, findings embracing adolescents have similarly proven the presence of connections between pro-social values and pro-social behaviours (Padilla-Walker & Carlo 2007; Hardy, Carlo & Roesch, 2010).

Knowledge and Education

It is implausible for one to be intentionally concerned about blood donation or even voluntarily donate blood if they know nothing about the problem or potential benefits of such a positive action. Knowledge and education are strong predictors of pro-social behaviour, such as blood donation (Abderrahman & Saleh, 2014). It is ironic though, that studies that investigated the relationship between blood donation behaviour and knowledge have produced divergent findings. Abderrahman and Saleh (2014) found that education had a positive influence on attitudes towards blood donation behaviour as well as blood donors' satisfaction about the time and location of donation. Similarly, a study conducted in Northwest Ethiopia revealed that the practice of blood donation was higher among respondents who were older, had attained a matriculation certificate and above education and were knowledgeable about blood donation (Jemberu, Esmael &

Ahmed, 2016). Paradoxically, Urgesa et al., (2017) concluded that participants with comprehensive knowledge about voluntary blood donation were less likely to donate blood voluntarily compared to those with lower comprehensive knowledge about voluntary blood donation.

Personality

Some researchers have asserted that one's personality determines their behaviour (Shah & Rizvi, 2016). Personality denotes an individual's established and enduring psychological attributes, which guide his or her connections with the physical, social, emotional, and mental environments (Shah & Rizvi, 2016). Shah and Rizvi (2016) assert that certain aspects of personality are visible while some are invisible (Ewen, 2010). Personality also incorporates conscious and unconscious aspects of behaviour, is not a stable process but is relatively dynamic and relatively changes from one period of life to the other (Shah & Rizvi, 2016). Consistent patterns of thoughts, feelings and actions are personality traits (Shah & Rizvi, 2016). Personality type has been found to have a significant relation with pro-social behaviour and can assist in predicting whether the individual is pro-social or not. Hilbig, Glöckner and Zettler (2014) investigated the link between personality traits and prosocial behaviour and uncovered that agreeableness as a personality trait accounts for pro-social behaviour. However, Hilbig et al. (2014) attempted to dissect which aspects of personality factors account for variance in this behaviour. The study has given varied results, mostly agreeableness, sociability, and conscientiousness traits have been found in pro-social people. It can thus be concluded that pro-social behaviour is not determined by a single trait, rather is influenced by many factors that may be genetic and environmental as well.

Gender

Gender has been hypothesised as one of the aspects that have an influence on people's predisposition towards pro-social behaviour (Eagly, 2013). Consequently, a plethora of studies have been conducted to explore whether men or women help others out more, but the study outcomes seem to be diverse and depend on the circumstances. Eisenberg, Spinrad & Eggum (2010) posited that gender and culture are chief indicators of pro-social behaviour and concluded that females score higher in pro-social behaviour than males. In the Indian context, a study conducted by Chadha and Misra (2006) indicated no significant influence of age, socio-economic status and gender on pro-social behaviour. Ensor, Spencer and Hughes (2011) analysis, which determined the extent of helping and co-operation for girls, parallel to boys, concluded that girls measured higher on different forms of pro-social behaviour, empathy and the propensity to help. Reviews by Brownell, Svetlova, Anderson, Nichols & Drummond (2013) however found distinct results. It is also interesting to note that empirical research that examined helping behaviour in adults also achieved ambiguous outcomes (Eagly, 2009; Balliet, Li, Macfarlan & Van Vugt, 2011). Eagly (2009) found that while men and women participate in broad pro-social behaviour in a similar fashion, their emphasis on certain behavioural categories is diverse, as women focus on behaviours that are more communal and relational, while men focus on those that are collectively oriented and strength intensive. This may be attributed to the fact that gender differences are often derived from the multifaceted and convoluted interface between a wide spread of biological and social causes. These conclusions somehow correlate with common gender role stereotypes that are based on male and female physical attributes and the social structure. Gender differences regarding helping behaviour have also been shown to depend to a certain extent on the gender of the person receiving help (Eagly, 2009). Men tend to help women

more often than women do, notwithstanding that this conclusion is regulated by occurrences where there are other people watching, which somehow implies that the motivation for men helping is ego driven. Abdullahi and Kumar (2016) also sought to examine the gender differences in pro-social behaviour and found that males and females are both almost equal on most of the pro-social behaviour dimensions. However, in case of perspective taking, mutual concern and morality, females measured higher, inferring that they have better understanding of others' mental state and are more concerned about morality in the society. Espinosa and Kovárˇík's (2015) investigation concluded that social framing tends to reinforce pro-social behaviour in women but not in men, whereas encouraging reflection decreases the pro-sociality of males but not females. The treatment effects are sometimes statistically different across genders and sometimes not, but never go in the opposite direction. These findings suggest that the social behaviour of both genders is malleable, but each gender responds to different aspects of the social context and that gender differences observed in some studies might be the result of some features of the experimental design. From the studies reviewed, one can deduce that women are more likely to offer nurturing help while men are likely to help in chivalrous ways, such as defending a woman from being assaulted.

3.2.10.2. *Social Factors*

Social Class

Social class is a multifaceted construct that is rooted in both objective features of material wealth and access to resources, such as income and education, as well as in conceptions of socio-economic status rank compared to others in society (Goetz, Keltner, & Simon-Thomas, 2010). The question of whether social class influences pro-social behaviour has been extensively explored, albeit with very

divergent outcomes. Some studies have found that lower class individuals, despite undergoing stressful life situations on a more regular basis, emerge as being in tune and more occupied with others' needs and thus demonstrate enhanced pro-sociality (Piff, Kraus, Côté, Cheng & Keltner, 2010). Relative to their upper-class counterparts, lower class individuals are more dependent on others to achieve their desired life outcomes, more cognisant of others in their social environment and more likely to display other-oriented non-verbal behaviours (Kraus & Keltner, 2009; Kraus, Piff & Keltner, 2009). These findings suggest that lower class individuals will act in a more pro-social fashion and do so because of an increased orientation to the needs of others. Although there is no direct evidence linking lower social class to increased pro-social behaviour, several lines of research lend support to the researcher's postulation that lower class individuals are more concerned with the needs of others relative to upper class individuals, and, guided by this concern, will act in a more pro-social fashion to improve others' welfare (Oveis, Horberg & Keltner, 2010). Increased dependence on others orients individuals to others' needs, which in turn, gives rise to increased pro-sociality (van Kleef et al., 2008; Goetz et al., 2010). Therefore, Goetz et al. (2010) assert that lower class individuals, given their dependence on others, demonstrate greater pro-sociality because of an increased concern for others' welfare. Contrary to upper class individuals who can use their material wealth to safeguard themselves against life's disruptions, lower class individuals are more reliant on the strength of their social bonds and, consequently, are more pro-social.

Religion

Afolabi (2014) defines religion as a system of beliefs with certain rituals, practices, which are learned and demonstrated in places of worship. Afolabi (2014) further postulates that religion varies from spirituality in that spirituality is deemed as a

way of living which predetermines how individuals respond to life experiences (Afolabi, 2014). It is not necessary for one to engage in any prescribed religious behaviours to be spiritual. In addition, while religion may be an expression of spirituality, it is not guaranteed that all religious people are spiritual (Zullig, Ward & Horn, 2006). There has been considerable research into the question of whether high levels of religion are linked to "pro-social" behaviours. Grossman and Parrett (2011) examined the relationship between religion and pro-social behaviour using data from a field experiment of customers tipping in restaurants and their conclusions reveal no evidence of religious pro-sociality. Duhaime's (2015) field study conducted in the souks in Morocco, indicates that religious salience can increase pro-social behaviour with Muslim followers in a natural setting. This study outcome complements mounting literature on the connection between cultural cues, religious practices, and pro-social behaviour, and confirms the hypothesis that religious rituals play a role in galvanising pro-social behaviour. Religiosity has also been identified as a key variable for volunteering (Forbes & Zampelli, 2014). Hardy et al, (2010) examined the theory that being religious would be differentially related to six types of adolescent pro-social behaviour, and that these relations would be mediated by the prosocial value of kindness. Religion was a significant positive predictor of kindness, as well as compliant, anonymous and altruistic pro-social behaviour, but not public, dire and emotional pro-social behaviour. Associations between being religious and both compliant and altruistic pro-social behaviours were mediated by kindness. A study by Alfouzan (2014) found a significant influence of religion on pro-social behaviour such as blood donation among the Saudi population, where religion is deeply entrenched, where 71% of the donors in the current study believe that donating blood to save the life of a needy patient is a religious duty. A higher rate of 91% was reported in another Saudi study by Gader et al. (2011).

Rural-Urban Differences

Although Afolabi (2014) suggests that pro-social behaviours do not conform to a clear pattern, a notion that people living in urban areas are less likely to be helpful than those in rural communities exists. Hay and Cook's (2007) however found that people in rural areas are more likely to help or share as they have been used to live as a cohesive community in contrast to the fragmented urban way of living.

Culture and Ethnicity

Cultural and ethnic differences may influence pro-social behaviour in that a person is likely to help, donate or generally extend a positive gesture to a person based on cultural affiliation. The behaviour is collectivist rather than individualistic, as based in the culture (Hay & Cook, 2007). Cultural differences, in relation to pro-social behaviour, are expressed differently between individualistic and collectivistic societies. (Hay & Cook, 2007) contend that cultural differences can be elucidated by distinct socialisation and traditions that determine an individual's motive for pro-social behaviour. Levine, Norenzayan, and Philbrick (2001) established no differences along those lines. People in collectivist cultures may draw a firmer line between in-groups and out-groups and be more likely to help in-group members and less likely to help out-group members, than people from individualistic cultures, who have an independent view of the self (Abderrahman & Saleh, 2014)). In a blood donation milieu, a study by Abderrahman and Saleh (2014) confirmed that participants would donate blood based on a firm culture of sustaining social relationships with others and being generous to help any time anywhere.

Life Satisfaction and Pro-Social Behaviour

According to Stavrova and Luhmann (2016), actions which are done to benefit others, such as sharing and caring, tend to enhance an individuals' life satisfaction and consequently, the meaning in life as they facilitate the fostering of positive relationships in which people also feel valued and supported. This finding is consistent with Klein (2016), who confirmed that people who spent money to benefit other people felt higher personal worth and self-esteem, which in turn, increased their sense that life is meaningful. Weinstein and Ryan (2010) have shown that pro-social behaviour is positively correlated with satisfaction with life and that helping other people, whether through volunteering or spending money on others, was associated with a greater sense of purpose and meaning. This finding supports an earlier conclusion by Martin and Huebner (2007) that a higher rate of pro-social interactions was linked to greater life satisfaction and pro-social acts for middle school students. Contrary results emerged from an exploration by Anderson (2009) who discovered that pro-social behaviour and satisfaction with life were unrelated and concluded that satisfaction with life did not account for any of the variance of pro-social behaviour. Anderson's (2009) finding intimates that those who demonstrate pro-social behaviour are not necessarily motivated to do so because of life satisfaction, but as a result of other factors. Gebauer, Riketta, Broemer and Maio (2008) found that for pro-social behaviour to positively relate to life satisfaction, the behaviour needed to have been motivated by pleasure and personal interest, and not pressure motivated by external factors, such as guilt or praise.

3.2.11. Social Media and Social Marketing

The diffusion of social media platforms, such as Twitter or Facebook, is steering in a new trajectory and potential for organisations to engage with the public and other key stakeholders as well as be responsive to their needs (Saxton & Waters, 2014). The internet has for a while now been assimilated into social marketing promotional strategies, yet the introduction of Web 2.0, provided additional channels for information dissemination, coupled with more interactivity and engagement (Alder & Hill, 2011). Social media refers to a collection of internet-based applications that build on the conceptual and technological foundations of Web 2.0, and facilitate the online creation, exchange and dissemination of User Generated Content (UGC) between different parties (Kaplan & Haenlein, 2010; Effing, van Hillegersberg & Huibers, 2011; Joseph, 2012; Towner & Dulio, 2012;). The social media ecosystem can be broadly categorised as content, video and photograph sharing, which encompasses blogs, social networking sites (SNS), message boards, Podcasts and Wikis, among others (Kaplan & Haenlein, 2010). Social networking sites have supplemented traditional media as they deliver communication with greater transparency and now provide easy social relations through microblogging media, channels for opinions, and reflections on personal experiences (Jin, 2013). Social media, if used correctly, may help organisations increase their capacity to position the consumer at the focus of the social marketing process (Thackeray, Neiger & Keller, 2012). Social media also provide access to a plethora of user data and the ability to monitor the activities of the audience whom the messages have reached, which will greatly aid our understanding of the underlying mechanisms (Gough et al., 2017).

South Africa, like all countries in the world, has seen a rapid expansion in the adoption and utilisation of digital platforms. According to the Social Media Landscape in South Africa Report (2018), South Africa has a total population of

55,21 million people, with an urbanisation rate of 66%. Within that, 28,6 million (52%) people utilise the Internet in some format. This has increased by 7% since January 2016. 15 million users make use of social media platforms, with a 27% penetration rate of the total population. 13 million users do so purely from mobile telephony, with a 24% penetration rate. This increased from January 2016, with an additional 2 million (15%) new active social media users, and 3 million (30%) new active social users on mobile telephony (Social Media Landscape in South Africa Report, 2018).

3.2.11.1. *Attributes of Social Media for Effective Social Marketing*

Social media has become ubiquitous, with more people accessing Web-based content by following links on social media than through direct searches, thus, has numerous attributes that make it a feasible channel of communication that can be exploited successfully in social marketing campaigns (Kietzmann, Hermkens, McCarthy & Silvestre, 2011). Some of the features of social media that make it effective for social marketing are reviewed beneath.

Build connections

While social media allows individuals to communicate with each other, it is more than just another mass or interpersonal communication channel (Thackeray, Neiger & Keller, 2012). The intrinsic value of social media applications is their ability to embolden people to be actively engaged in the communication process and remain linked with individuals and groups of people with whom they have an affiliation (Rainie, Purcell & Smith, 2011). The added benefit of social media is the prospect of generating ongoing dialogue coupled with the opportunity to exchange

ideas and sentiments (Thackeray et al., 2012). These discourses are a precursor for developing deeper and long-term connections and relationships with audience members (Hill & Moran, 2011; Thackeray et al., 2012).

Ability to Gather Consumer and Market Insights

Social media provides additional methods for collecting consumer data without time and geographic constraints (Lovejoy & Saxton, 2012). It can be used to gather both primary and secondary data during the formative research process to ensure that programmes, products, and services are consumer oriented. A primary data collection strategy might involve a product or services review website, an ongoing blog or a social networking group to elicit input or feedback from consumers. This purpose fits well with fundamental social marketing principles that accentuate the significance of formative research and understanding of the consumer prior to making any decisions on the programme (Westerman, Spence & Van Der Heide, 2014).

Ability to Reach a Very Large Audience

With the omnipresence of digital devices and social media applications, social marketers are recognising social media's capacity to reach large audiences, almost instantaneously and cost-efficiently. In the health context, many health-related organisations maintain a Facebook profile for the sole purpose of disseminating health information to friends and fans. For example, Bender, Jimenez-Marroquin and Jadad (2011) reported that of the 620 identified breast cancer Facebook groups (totaling 1,090,397 individual members), 236 or 38% of the groups existed for the purpose of raising awareness about breast cancer. In addition to microblogging, video sharing via YouTube holds the potential to reach adolescents. In 2004, Dove launched the Campaign for Real Beauty and

established the Dove Self-Esteem Fund to develop programmes that elevate self-esteem among girls and young women. To promote the fund, several YouTube videos were created, including Evolution, which has received more than 13.5 million views and nearly 7,000 comments. Using YouTube as a promotional platform led to high exposure and generated strong engagement from viewers (Silverman, 2011). Furthermore, because of its extensive reach, social media has an advantage of enhancing brand awareness. An example of this is the “84” campaign from the Massachusetts Department of Health. According to Silverman (2011), to promote the social norm that 84% of adolescents do not smoke and to promote positive alternative behaviours, the campaign highlighted a website that replicates a youth-oriented voice and user-generated applications such as forums, user profiles, and a special interest blog to promote “the 84” brand. Since 2007, more than 700,000 adolescents in Massachusetts have become involved through both online and off-line activities, including social networking via MySpace and YouTube, and the movement has grown every year since its inception (Silverman, 2011). Flandez’s (2010) study reinforced the success of social media to boost nonprofits’ capability to tactically and efficiently engage enormous audiences while simultaneously attracting new and younger audiences.

Fosters Engagement

Merchant, Elmer, and Lurie (2011) define engagement in this context as establishing a connection with others to contribute to a common good. Social media can be used to build online partnerships and engage communities in support of causes and to respond to crisis. Social media research indicates that engagement may be prompted when anchored in blogs and social networking sites and this is especially true if participants are at least somewhat active in off-line community participation (Smith, Schlozman, Verba & Brady, 2009). Merchant,

Elmer and Lurie (2011) summarised how social media has engaged and even mobilised populations in emergency preparedness and response efforts. They mention voice messages sent out as tweets about safety and health within days of the 2011 Egyptian uprising and use of crowd sourcing to link health care providers to those with supplies after the 2010 earthquake in Haiti.

Measurability (Key Performance Indicators and Metrics)

DiStasio, McCorkindale and Wright (2011) contend that social media platforms that provide concrete measures of data which can be utilised to assess the social media channels' impact are preferred. Divergent to websites, social media platforms such as Facebook, Twitter and YouTube provide organisations with data that measure the impact of their initiatives since one can immediately measure the stakeholders' real-time responses and outcomes (Briones, Kuch, Liu & Jin, 2011). On Twitter, one can see the levels of engagement through the number of the organisation's followers, the number of times users click on a tweet and the number of times a message is retweeted and bookmarked as a favourite message by users (Guo & Saxton, 2014; Saxton & Waters, 2014). Facebook also provides similar measurement through the number of likes, comments, and the amount of times the message was shared. Similarly, YouTube offers immediate measures for videos which comprise the number of total views, the number of viewers who liked the video or disliked the video, the total of people who shared the video, and those who commented on the video. Other social media, ranging from Flickr and Tumblr to blogs and podcasts, offer similar outcome-oriented measures (Hoffman & Fodor, 2010). These advantages of instant measurability offered by social media platforms present social marketers with the key evaluation tools to assess the impact of their campaigns (Hoffman & Fodor, 2010).

Virality

Another important attribute of social media is that it facilitates an increase in viral marketing, also referred to as word-of-mouth or buzz marketing and it encourages people to share information about a product or marketing message (James, 2012). This is a notable component in social marketing campaigns which aim to promote behaviour change. Using viral marketing strategies increases the speed at which consumers share experiences and opinions with larger audiences which potentially facilitates a quicker adoption of new behaviour (James, 2012).

Customisation

Customisation provided by social media is the crucial form of distinction as organisations can use these tools to tailor products and messages based on unique needs (Wind & Rangaswamy, 2001). New media technologies enhance the marketer's ability to detect individual preferences (Fiore et al. 2005; Arthur et al., 2006). Customisation aspects of social media also increase the power of consumers, who may now exert control over how, when, where, and what they do, without regard for previous constraints and limitations of traditional media (Hill & Stephens, 2005). Tailored and customised communications are perceived as more relevant, credible, and memorable, and therefore are more likely to play a vital role in influencing behaviour (Waters & Jamal, 2011).

Social interaction

One of the noteworthy phenomena of social media is how it has increased new forms of social interaction, where people now spend more than a quarter of their time online, communicating in myriad ways such as emails, IM chat, and social networks (Riegner, 2007). Interactivity has been found to be essential in

developing productive relationships with members of the public, as it can increase trust in an organisation. Social networking sites have become so pervasive that they are the most popular Internet destinations (Burmaster, 2009). Not only has social media demonstrably altered how often people communicate online, but it has also enlarged the pool of individuals they communicate with and has resulted in new means for behaviours to be shaped. Consumer behaviour studies reveal that individuals consider advice and information shared online (Huang et al., 2009). Other researchers indicate that such information can directly influence buying decisions, even if received from purely 'virtual' sources (Awad et al., 2006; Weiss et al., 2008). Numerous reported benefits of new media usage such as enhanced reputation and anticipated mutual benefit relate directly to its social interaction aspects (Arthur et al. 2006).

Ability to Influence Behaviour

New media allow for constant communication with consumers and provide the opportunities for individuals to give and receive feedback, and thus can serve to encourage behaviour change on a regular basis. A study by Webb et al. (2010) found that the use of a customised new media 'trigger' (e.g. email or text message) was effective at influencing consumers' involvement in interventions and keeping people motivated to take specific actions.

Online Community Support

Previous studies in consumer behaviour have looked at how website organisation and design influences the user's levels of stimulation, and they found that websites whose design prioritises and ensures ease of use and simple navigation are less likely to create confusion, anxiety, or other negative affective outcomes (Song & Zinkhan, 2008). Stress and negative emotions also plague individuals who are

trying to change certain undesirable behaviours, especially for stronger habits. In these cases, having online community support and the opportunity to submit questions to experts who can give feedback and alleviate frustration and anxiety may help reduce unwanted stress (Miltiadou & Savenye, 2003).

Interactivity Leads to Attention and Retention

Consistent with studies in consumer settings, research on preferences reveals a willingness to use new media technologies for the purpose of behaviour modification, stressing the importance of interactive tools for motivation enhancement (Hu & Sunder, 2010; Binks & van Mierlo, 2010). Therefore, studies that demonstrate positive behaviour changes often employ more interactive features in their programme delivery (Binks & van Mierlo, 2010). For instance, using quizzes to test one's nutritional knowledge along with the ability to track progress online would yield a level of interactivity that participants find both useful and engaging. Interactivity enhances learning since it allows the time necessary to process messages, which helps individuals to pay more attention to and retain greater amounts of information (Hill, & Moran, 2011).

3.2.12. Social Media Platforms for Social Marketing

While social media offers many attractive opportunities, it is not necessarily appropriate for every topic or audience (Freeman, Potente, Rock & McIver, 2015). It is thus imperative that social marketers strategically appraise the conceivable benefits along with audience characteristics. Social marketing programmes must be matched with reasonable expectations for what social media can deliver. Social media should not be viewed as a solution to the complexities of behaviour change and improved health outcomes though there are certainly applications that can

support the change process (Schein, Wilson & Keelan, 2010). Rather, the use of social media in health promotion should be valued for its potential to engage with audiences for enhanced communication and improved capacity to promote programmes, products, and services (Thackeray, Neiger, Smith & Van Wagenen, 2012). These outcomes are more likely to occur when a comprehensive process evaluation strategically tracks variables related to specific metrics and then informs improvements in the use of social media (Hill & Moran, 2011). Different social media platforms have been employed in social marketing campaigns to achieve specific objectives. Underneath, a synopsis of the social media platforms that have been utilised and the purpose for which they have been employed is provided:

3.2.12.1. *Twitter*

Launched in October 2006, Twitter is a short message service, or "micro-blogging" platform that allows registered users to circulate real-time messages of 140 characters or less, known as tweets to the entire social media environment (Fox, Zickuhr, & Smith, 2009). Since then, Twitter has become the largest micro-blogging site on the Internet due to its ability to reach many stakeholders. Twitter users can disseminate tweets and follow other users' tweets through manifold platforms and devices (Dabula, 2016). Twitter has been utilised extensively in social marketing programmes as a way of gathering data. There are currently 6 million Twitter users in South Africa (SA Social Media Landscape Report, 2018.) In a public health social marketing campaign, researchers analysed Twitter posts to identify people's misunderstandings of antibiotic use (Scanfeld & Larson, 2010). This information was used to develop strategies to promote positive behaviour change and share accurate information about antibiotics. Another example is where researchers have used sentiment analysis of social media content to understand personal beliefs about the human papilloma virus vaccination (Corley,

Mihalcea, Mikler, & Sanfilippo, 2011). The Red Cross uses social media to identify what people are saying about their organisation (Briones, Kucha, Liua, & Jin, 2011). Gough et al. (2017) investigated the viability of designing, employing, and evaluating a social media–enabled intervention for skin cancer prevention, using Twitter. The study findings included improved knowledge of skin cancer severity in a pre- and post-intervention Web-based survey, with greater awareness that skin cancer is the most common form of cancer. The results also showed improved attitudes toward ultraviolet (UV) exposure and skin cancer with a reduction in agreement that respondents “like to tan”. The study outcomes illustrated that shocking and humorous messages generated the greatest impressions and engagement, but information-based messages were likely to be shared most.

The use of hashtags has become common on Twitter to denote that a message is relevant to a certain topic. This facilitates the ease of searching for information and are vital to getting information out quickly. This communication tool works best when the hashtag has been agreed upon, which usually happens when an organisation recommends a specific hashtag to be used by those interested in an event. In the wake of the Haitian earthquake, the American Red Cross used the hashtag #Haiti to mark important messages about their relief efforts, and they encouraged individuals to use the hashtag to ask questions about the earthquake’s after effects and disseminate news about their relief efforts. The use of hashtags can help to sort through information in normal and emergency situations (Lovejoy & Saxton, 2012). According to Lovejoy and Saxton (2012), CARE, American Cancer Association, and World Vision are some of the organisations that have used hashtags 120, 160, and 259 times, respectively. The use of hashtags by these organisations is likely a sign that some non-profit organisations possess a better understanding of how searches transpire on Twitter. Brionesa, Kucha, Fisher, Liua and Jin’s (2011) study on social media usage of the Red Cross in the

United States concluded that the organisation uses Facebook and Twitter to develop relationships focused on recruiting and maintaining volunteers, updating the community on disaster preparedness and response, and engaging the media.

3.2.12.2. *YouTube*

An online site which provides registered users with the capability to upload videos and make them available for viewing by the public, YouTube has also been used in social marketing. Spartz, Su, Griffin, Brossard and Dunwoody's (2015) analysed whether the cues of interest here, embedded in the social media channel YouTube, can affect individuals' perceptions of the climate of opinion regarding climate change and how that may, in turn, influence individuals' own importance evaluations. Specifically, they examined whether the number of views listed under a YouTube video about climate change would elicit inferences regarding how "others" feel about the climate issue and, consequently, might influence perceptions of issue salience. Participants in this experiment were exposed to a YouTube video about climate change using two experimental conditions, one providing a small number of views under the video and the second listing many views. Results suggest that the number of views influenced participant perceptions of the importance assigned by other Americans to the issue of climate change. Further, compared to low self-monitoring participants, high self-monitoring participants registered an increase in their own judgment of issue importance. Outcomes of this online investigation intimate that people can indeed be motivated by informational reminders in social media environments, which may lead them to make inferences about the importance of an issue, such as climate change, among others. Tunnecliff et al.'s (2017) exploration focused on comparing the change in research-informed knowledge of health professionals and their intended practice following exposure to research information delivered by either Twitter or Facebook.

Research information delivered by either Twitter or Facebook can improve clinician knowledge and promote behaviour change. The study observed no differences in the outcomes between the Twitter and Facebook groups. Brief social media posts are as effective as longer posts for improving knowledge and promoting behaviour change. Twitter may be more useful in publicising information and Facebook for encouraging course completion. Smith (2010) has demonstrated Twitter can serve as a valuable communication and information-sharing resource during emergency-relief efforts.

3.2.12.3. *Facebook*

Whitaker, Stevelink and Fear (2017) argue that mounting evidence exists to suggest that Facebook is a useful recruitment tool and that it should be considered in the implementation of future health research. When compared with traditional recruitment methods such as print, radio, television, and email, benefits derived from employing it include reduced costs, shorter recruitment periods, better representation, and improved participant selection in young and hard to reach demographics. This conclusion was made from their exploration which sought to determine whether social media interventions for smoking cessation are feasible, acceptable, and potentially effective, to identify approaches for recruiting subjects and to examine the specific intervention design components and strategies employed to promote user engagement and retention. Their exploration confirmed that the studies that mainly used Facebook or Twitter emerged as feasible and acceptable. This review underscored the viability, acceptability and effectiveness of Facebook for smoking termination. Young, Russell, Robinson and Barkemeyer (2017) explored whether Facebook could be applied to impact the behaviour of customers of a large retailer on reducing food wastage at home. More specifically, several different mechanisms, ranging from conventional interventions such as

information provided in magazines and e-newsletters, to the use of Facebook were employed with the aim to induce behaviour change. Their intervention comprised posting a ‘leftovers’ campaign on Facebook. Their study findings demonstrate that although participants engaged in the Facebook initiative, they did not outperform those that did not see the interventions on any of the measures of food waste behaviour reduction. This suggests that in certain behaviour change initiatives, it is still necessary to couple Facebook with other face-to-face interventions.

From a blood donation context, numerous examples demonstrate the prevalence of Facebook utilisation. Some examples that have been cited in literature are the American Red Cross, which has a dedicated Facebook page to share stories about donors and blood donations as an approach to engaging the community. Life South Community Blood Centers in Florida also created a Facebook application titled “I give Blood” which allows donors to share their donation history with friends. Social Blood also provides a web service utilising Facebook to create connections between blood donors and blood transfusion receivers and further employs some location-aware technology to locate donors nearby should an emergency arise (Foth et al., 2013). Also, according to Agrawal (2016), platforms such as Facebook are widespread in blood donation to discuss issues, provide instant help as well as propagate the concept of blood donation and establish a mass movement. These accounts are readily accessible from mobile phones, and information can be passed to far off and unknown persons and help can be arranged by a single click (Agrawal, 2016).

3.2.12.4. *Instagram*

Statista (2018) reported that as of June 2018, over one billion people globally use Instagram monthly. Moreover, as of June 2018, the Instagram app became one of

the most popular social networks worldwide. The same growth trend for Instagram has been observed in South Africa. According to the SA Social Media Landscape Report (2019), South African Instagram users have grown by 73% in the past years to 6.6m users in August 2018. Instagram, a social media platform that allows users to share pictures, videos and live stories has become the favourite social media platform for teens and young adults worldwide (Dunne, 2019). As a digital image sharing technology, Instagram mediates our everyday experiences and establishes new kinds of publicness (McCosker et al., 2018). The most popular feature on Instagram as described by Dunne (2019) seem to be the Instagram Stories, which generate conversation and make connections authentically. Moreover, the frequency of fresh content, ease of use and built-in network make the Instagram attractive to audiences, specifically Miillennials. As an image sharing and social networking technology, Instagram connects people and makes everyday situations, settings and events public in a way that promotes volunteering and humanitarian actions (McCosker et al., 2018). From a social marketing perspective, Instagram provides some form of intimate access to the humanitarian deeds and the social good values that people want to depict, foster and disseminate to others.

Although Instagram is popular in commercial marketing, it is unfathomable that within the health communication campaigns, Facebook was still the most preferred social media platform by many Non-Profit Organisations, with Twitter and Instagram rarely being utilised (Liegel, Southerland & Baker, 2019). This observation is corroborated by McCosker et al.(2018), who aver that whereas SMS, messaging apps and Twitter have been the platforms used for humanitarian communication in times of crisis and disaster, insufficient focus has been paid to daily humanitarian needs and particularly to Instagram as a longer-term tool for social engagement and mobilisation. In fact, Saboia, Almeida, Sousa and

Pernencar (2018) assert that social networks such as Instagram seem to be more understood and appreciated as a space where opinion leaders thrive since they are regarded as individuals capable of informally influencing the attitudes as well as others' behaviour.

There have been however a number of studies that have been done to investigate the usage of Instagram in social marketing campaigns. Saboia et al., (2018)'s study aimed to describe and analyse the online presence of three opinion leader categories (nutritionists, POLs and healthy lifestyle) on Instagram, as well as their characteristics, current practices, and relationships. The study concluded that all opinion leader categories use similar communication strategies on Instagram to communicate and engage followers, such as contests and challenges. Sometimes, they use personal online presence, which is intimate and sympathetic for a vast audience. The study however noted the differences that exists in their characteristics and practices. While nutritionists try to inform about diet, POLs, obese and ex-obese try to empathize and identify with their followers, and the healthy lifestyle group aim to inspire others. Whilst there were some differences, the study found that overall, through the use of Instagram, change in eating behaviour was observed. Milde and Yawson (2017) investigated how WaterAid, an organization that brings drinking water to communities around the world utilized Instagram to post live updates on their project, and by using a specific hashtag, directed traffic to WaterAids' website, allowing for direct communication, feedback, and funding. The British Heart Foundation wanted to attract younger female runners to fundraise for its MyMarathon campaign. Since the Foundation's desired demographic was really into using Instagram, they focused their advertising message there and received almost 13% of total sign-ups from the platform.

3.2.13. Ethical issues in applying Social Marketing Principles

There have been reservations regarding the ethics of social marketing, which seem to mirror the perceptions and cynicism that exists about marketing communication and advertising. Certain ethical condemnations of marketing communication comprise contentions about the inaccurate, deceptive, sometimes offensive and manipulative information that is provided to consumers (Jones & Hall, 2006). Shimp (2003) noted claims that advertising potentially perpetuates certain stereotypes and plays on people's emotions, fears and insecurities.
Numerous areas that have been highlighted to raise ethical issues in social marketing relate to the following:

3.2.13.1. *Literacy*

Eagle, Hawkins, Styles and Reid (2006) opine that different levels of literacy appear to be overlooked when information on health is provided through different material. In developing continents such as Africa, there are huge levels of illiteracy and failure to take this into account in the development of marketing communications excludes the needs of these groups and must be consciously guarded against. Furthermore, it is imperative that communication must not be condescending.

3.2.13.2. *Children and Adolescents*

One of the chief ethical dilemmas arise when social marketing campaigns or interventions are focused at children or adolescents, where supplementary measures must be taken even from the data collection stage, where parental consent is required for participation (Moolchan & Mermelstein, 2002). An ethical

challenge may surface where the child or adolescent who is not keen to partake in the study is forced or bullied into participating. There must never be any situation when a child is pressured or takes part due to pressure or to please any person of authority such as a parent, teacher or guardian, among others.

3.2.13.3. *Incentives*

Interventions that are based on rewarding people financially, or by the provision of goods may also raise ethical concerns, given that rewarding people for adopting new, socially desirable behaviours is perceived as being akin to bribery. In addition, it, raises the question of whether the behaviour will be maintained in the long term. In the blood donation context, many countries have banned any financial rewards for donating blood.

3.2.13.4. *Other Ethnic Groups*

A factor that may also be overlooked are the needs of other ethnic groups, who may possess certain cultural values and language preferences. Their needs and culturally established insights should never be ignored in favour of more dominant populations. This may result in messages not being understood and thus interventions collapsing.

3.2.13.5. *Fear Appeals*

Another fundamental ethical concern for social marketing is employing fear to motivate behavioural change. This type of communication theoretically intensifies anxiety and fear and may also promote some self-righteousness and complacency among those who are not directly targeted (Hastings, Stead & Webb, 2004; Jones

& Hall, 2006; Hastings & Angus ; 2011).). Fear inducing communication can also create some increased social inequity between those who respond to fear campaigns, who tend to be better off, and those who do not, who tend to be the less educated and poorer members of society (Hastings 2007). Hastings (2007) further suggest the use of positive reinforcement appeals, humour and the use of postmodern irony for younger audiences in order to get the best results.

3.2.13.6. *Humour*

While humour has been utilised in social marketing interventions, it is necessary to consider that humour is, however, very culture-specific and what may seem extremely funny to one segment of the population may be utterly offensive to another. Additionally, the humour may detract from the message content, resulting in high awareness but having no behavioural impact (Shimp, 2003).

3.2.13.7. *Partnerships*

Ethical concerns may emanate in instances where organisations partner with commercial organisations in the delivery of social marketing interventions. These issues may arise from conflict of interest resulting from the benefits which may be derived by the commercial organisation from the collaborative effort (Thomas, 2008).

3.2.13.8. *Role of Culture in the Formation of Standards*

Culture plays a pivotal role in the formation of ethical measures and greatly influences whether certain ethical structures will be acceptable or not. Failure of social marketers to be cognisant of cultural barriers may lead to perceptions of

being unethical and may thus be resisted by the target audience (French, Blair-Stevens, McVey & Merritt, 2010).

3.3. Conclusion

This chapter expansively presented the theoretical discussion of social marketing, its origins, principles and application. Social marketing was therefore positioned with behavioural change, underscoring its relevance to health issues. Some critiques of social marketing were highlighted, coupled with ethical considerations to which the field of social marketing could be subjected. Key attributes of social media and social marketing, one of the study's contribution, was discussed.

In the following chapter, the theories on which the study is grounded are expounded on as well as the study variables and the hypothesis development.

CHAPTER 4: THEORETICAL GROUNDING AND EMPIRICAL LITERATURE

4.1. Introduction

A comprehensive insight into some of the key models and theories can expose important factors for understanding blood donation attitudes, behaviour and behaviour change. The chapter commences by providing a brief outline of the study of consumer behaviour and how blood donation can be located to the overall ambit of consumer behaviour. The chapter then discusses the selected theories that suggest the marketing, psychological and social factors that can possibly impact on attitudes towards donating blood and eventually, blood donation intention. It specifically reviews the Consumer Behaviour Theory, the Theory of Planned Behaviour, Health Belief Model and the Social Cognitive Theory. An overview of the empirical literature on each of the factors and constructs that relate to the present study and relationships ensues. The conceptual model of the current study is also furnished as well as the examination of the relationships between the core variables of the model.

4.2. Consumer Behaviour

Consumer behaviour, as defined by Kotler and Armstrong (2010), refers to actions, reactions, and outcomes that emanate as the consumer goes through a decision-making process, reaches a decision, and then puts the product to use. Consumer behaviour describes the process and actions that individuals go through when contemplating to buy a product. Aldamiz-echevarria and Aguirre-Garcia (2014) emphasise that consumer behaviour is a psychological process that deals with the

emotions that the consumer goes through before actually buying a product. Given that blood donation behaviour has congruence with the study of consumer behaviour and for the purpose of this study, the well-established five-stage decision-making process depicted in Table 1, is drawn upon and the analogies with blood donation behaviour are underscored.

Table 1: Consumer Buying Process

Consumer buying process	blood donation process
1. Problem recognition	Awareness of blood needed: Through various media channels
2. Information search	Search for information: from the website, advertisements, brochures or pamphlets that the blood donation organisation may have. Personal sources can also be consulted as well as social media platforms.
3. Evaluation of alternatives	Examining the benefits of donating blood, the risks that are involved and dealing with any fears and misconceptions around this process. It also entails finding out where blood donation takes place.
4. Purchase decision	This is when the potential blood donor, based on all the information at his disposal, decides whether to go ahead with the blood donation decision and when and where he will carry out the action.
5. Post-purchase evaluation	During this stage the blood donor assesses the process that he has gone through, evaluates the donation experience and decides on whether he will do it again. This process is driven a lot by the overall blood donation experience. If the experience was positive, the person will do it again and will share the experience with others through WOM and conversely, if it was negative, the experience will also be shared, however, there may be no repeat blood donation.

Source: Kotler & Armstrong (2010)

4.3. Theoretical Grounding

Literature has validated that interventions which are guided and espoused by human behaviour theories are inclined to be more effective when juxtaposed to those that are not informed by theory (Glanz & Bishop, 2010). Glanz, Rimer and Viswanath (2008) postulate that theory provides a conceptual framework which elucidates key constructs posited to influence a targeted behaviour. Additionally, theory conjures processes and systems for transforming behaviour as well as offers underpinnings for advancing, effecting and assessing behavioural change initiatives. This assertion supports Moschis (2007) who declared that theories can keep empirical studies and implementation efforts focused and direct the interpretation of research outcomes. This thus allows scholars to deduce whether an intervention worked as intended or not (Glanz et al., 2008).

As aforementioned, behavioural theories such as the Consumer Behaviour Theory (CBT), Theory of Planned Behaviour (TPB), Health Belief Model (HBM) and Social Cognitive Theory (SCT) form the theoretical foundation for the current study. These theories have received substantial empirical support in explaining behaviour in several domains, including health behaviour. They would therefore be useful in understanding how marketing, psychological and social factors influence attitudes towards blood donation and intention to donate blood. The theories therefore guide the development of the study's conceptual model.

4.3.1. Consumer Behaviour Theory

In order to satisfy the needs of consumers, it is crucial for marketers to fully understand human behaviour as well as consumption behaviour. The same principles are also applied by social marketers as they seek to devise strategies to

improve health or social behaviour such as blood donation (Warfel, 2013). A marketer will not be able to influence and change the behaviour of consumers without appreciating why consumers behave the way they do (Lantos, 2015). Acquiring insights into consumer behaviour affords marketers the wisdom and know-how they require to create effective communications which motivate and induce the purchase of products and services (Sarker, Bose, Palit & Haque, 2013). There are four influential consumer behaviour theories, whose conception is critical as it sheds light into people's psychological processes as well as their patterns of consumption. The assertion made by Lantos (2012) that consumer behaviour theories are an augmentation of human behaviour principles is fitting. It is anticipated that insight into theories of behaviour will aptly locate and reveal the analogy between blood donation behaviour and consumer behaviour. The four theories that are discussed are Marshallian Economics, Psychoanalytic Theory, Pavlovian Theory and Veblenian Social-Psychological Model.

4.3.1.1. *The Marshallian Theory*

Developed by Alfred Marshall, the theory is founded on the principle that the products and services that consumers buy are based on what will bring them great satisfaction (Griskevicius & Kenrick, 2013). While Lantos (2012) and Pham (2013) have acknowledged that the theory provides valuable suppositions that consumers buy more when the price is low, which results in an increase in sales, Sarker et al. (2013) have slated the Marshallian Theory as being vague and unhelpful since consumers buy what they like, depending on their affordability.

4.3.1.2. *The Psychoanalytic Theory*

The Psychoanalytic theory asserts that people's actions are not always rational but are usually driven by psychological desires and sometimes biological motivations, which are largely unconscious (Clarke, 2006; Uriely, Ram & Malach-Pines, 2011). The central tenet of this theory is that a big part of the unconscious mind encompasses robust desires and impulses, which are sometimes concealed as people sometimes feel guilty and even ashamed about experiencing them. This theory insinuates that since consumer's motivations are intrinsic and psychological, external dynamics are not fully at play. The means that emotional messages that appeal more to the subconscious mind can be effective in other cases and must be explored over and above rational appeals (Uriely et al., 2011).

4.3.1.3. *The Pavlovian Theory*

This theory suggests that human behaviour is an outcome of conditioning, which means that consumers or individuals learn as they interact with their surroundings or environment (Kassarjian & Goodstein, 2010). This theory is relevant for marketers when interventions are aimed at changing habits such as blood donation as well as reinforcement of positive actions and experiences to strengthen the behaviour (Weegar & Pacis, 2012).

4.3.1.4. *The Veblenian Social-Psychological Theory*

The theory posits that people, as social beings, like to belong to a group and conforming to the group's standards and norms. According to Veblen, individuals belong to a group because they want a sense of belonging and therefore by belonging to a group, individuals' desires and behaviour are robustly influenced by

the group. This notion is expressed in Kastanakis and Balabanis's (2011) study on luxury consumption, which found that group behaviour is shaped by an individual's inter-dependence on others and that yearning for status. For marketers. the theory suggests the imperative of marketers in understanding social factors that influence consumer behaviour as a way of anticipating and dealing with product demand.

4.3.2. Application of Behaviour Theories to the Current Study

To study attitudes and behavioural intention, the Theory of Planned Behaviour (TPB) has been mainly used. While it provides some psychological (e.g. beliefs, perceived behavioural control and attitudes) and social factors (e.g. social norms) influencing BI, it does not consider how socio-psychological factors are built, especially through new media platforms like social media. In addition, the TPB has been used to understand prosocial behaviours such as organ donation (Rocheleau, 2013) and environmental attitudes (Mancha & Yoder, 2015), but has rarely been used to study blood donation behaviour among Millennials. An integration of the TPB with the Health Belief Model (HBM), which explains health-related behaviours (Tola et al., 2016) can provide better understanding of blood donation drivers. The HBM suggests beliefs and perceptions that help or hinder health-related actions (Champion & Skinner 2008). Unlike the TPB that measures perception in terms of perceived capability to perform a behaviour, the HBM considers perception in terms of perceived benefits of performing a health-related behaviour and risks of not doing so. This study measures perception in the HBM perspective.

In the current era of high social media use, connectivity and interactions, particularly among Millennials who spend more time on social media exerting global influence (Parment, 2013), the application of the Social Cognitive Theory (SCT) can also provide useful insights into drivers of attitudes and behaviour formation. The theory posits that learning occurs in a social environment with mutual interaction between people and their behaviour. From the interactions, people become reactive and can proactively share information and influence each other. Thus, in developing attitudes and ultimate behaviour, the SCT suggests that people are being influenced by environmental (e.g. social factors) and personal cognitive and affective factors (Webb, Joseph, Yardley & Michie, 2010). In terms of influence from social media, Borges-Tiago, Tiago and Cosme (2019) suggest that social media users can be reactive and turned to active marketers depending on the social media message communicated and the influence it has on the receivers. If these notions are integrated into the TPB and HBM, they can enrich the study of possible drivers of Millennials' blood donation behaviour.

This study therefore integrated ideas from the TPB, HBM and SCT to examine the extent to which social media communication about blood donation and psychological (awareness, perception and motivation) and social (peers and family) outcomes impact on Millennials' attitudes and intention to donate blood in South Africa. The section below provides detail on the three health behaviour theories underpinning the current study.

4.3.2.1. *The Theory of Planned Behaviour*

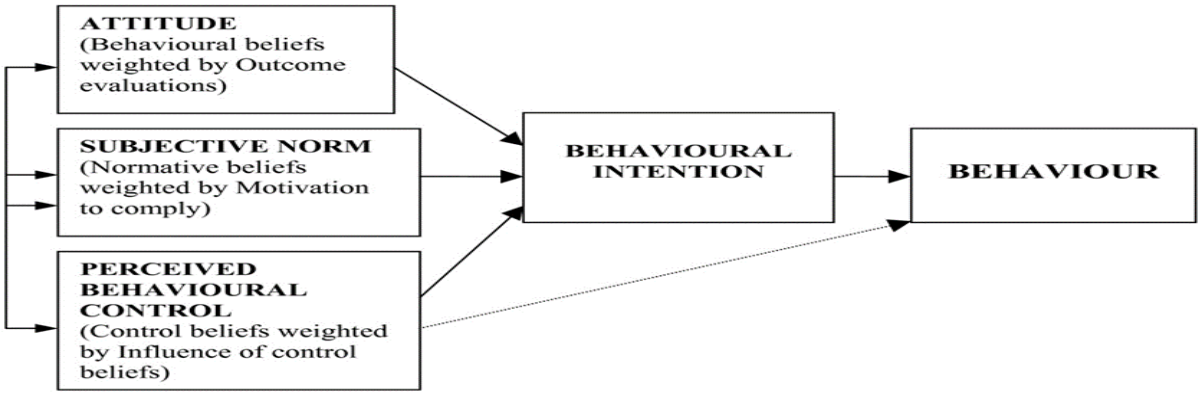
The Theory of Planned Behaviour (TPB) has over the years been prominent in academic literature as the pragmatic psychological framework to examine, understand and predict behaviour (Jalalian, Latiff, Hassan, Hanachi & Othman,

2010). Accordingly, a plethora of studies in different domains have employed it, including health-related behaviours, such as in blood donation (Natan & Gorkov, 2010; Masser, Bednall et al., 2012; Warfel, 2013; Hamid, Basiruddin & Hassan, 2013; Natan, Grinberg, Galula & Biton, 2014). TPB intimates that the performance of any action is aroused and inspired jointly by the intention and some underlying beliefs, denoted as perceived behavioural control. Essentially, according to TPB, intention is the key motivator of behaviour, which means that people's actions are propelled by their intention (Merav & Lena, 2011). It is thus evident that for one to understand, predict and ultimately transform and encourage positive health behaviour such as blood donation, it is crucial to understand the variables of intention and perceived behavioural control. This notion is surmised by Knabe's (2012) assertion that intention is fundamental to TPB since it captures all the reasons of attitudes towards the behaviour and subjective norms while perceived behavioural control rationalises all those actions that are not totally within the control of the individual (Ajzen,1991). From this, it can be inferred that intention to perform diverse actions can be predicted accurately by subjective norms, attitudes, and perceived behavioural control (Morris, 2011).

According to Ajzen (2002), intention influences the behaviour and the more an individual is motivated to carry out a behaviour, the more the behaviour will be instilled and embedded as a behavioural practice. Consequently, TPB has been widely applied to explain various health behaviours such smoking cessation for individuals suffering from mental illnesses, (Brunette et al., 2011), organ donation (Rocheleau, 2013), environmental studies (Mancha & Yoder, 2015), voting (Nchise, 2012; Dabula, 2016), sun protection utilisation (Montano & Kasprzyk, 2015) medications for schizophrenic patients (Mausbach et al., 2013). TPB has also consistently confirmed its ability to explain behavioural motivations and predict blood donation intention and behaviour (Merav, & Lena, 2011; Allerson, 2012). The

elements of TPB as depicted in Figure 7 below comprise attitudes, norms, control, intention and behaviour (Ajzen, 2002).

Figure 7: Theory of Planned Behaviour



Source: (Ajzen, 2002).

In the context of blood donation attitudes reflect whether a person regards giving blood as a good or bad thing to do, while subjective norm refers to the perception of social pressure to donate blood, and perceived behavioural control is the apparent level of volitional control an individual has over donating blood (Hyde et al., 2013). What is important about TPB is that its components are crucial in impelling blood donation intention (Holdershaw et al., 2011). Bednall et al. (2013) and Conner et al. (2013) even emphasised that intention to donate blood is motivated by attitudes towards blood donation, perceptions of subjective and moral norms, feeling of self-efficacy and perceived behavioural control. Similarly, Hyde et al.'s (2013) study also concluded that the intention to donate blood is the most highly correlated factor to actual donation behaviour.

Although TPB has been successful on many fronts, such as dealing adequately with the relationship between attitudes and intention; from the literature, several

major issues emerge as drawbacks. Firstly, TPB does not fully address how an intention manifest as behaviour (Sniehotta et al., 2014). Furthermore, while TPB considers behaviours that are shaped by norms, it overlooks the likely impact of other environmental dynamics, which could deter a person's intention to perform an action (McEachan, Conner, Taylor & Lawton, 2011). Some examples of those environmental dynamics could be lack of access or connectivity and financial constraints which would prevent a person from using social media, which could be the case in rural areas in South Africa. TPB also assumes that a person has acquired the opportunities and resources to be successful in performing the desired behaviour, irrespective of the intention (Kiriakidis, 2015). In South Africa, due to vast income disparities, other people may not have such resources and opportunities at their disposal. Another shortcoming of TPB is that it is a bit simplistic about human behaviour and conceptualises it as the outcome of a rational decision-making process. This over-simplistic approach disregards other plausible influencers on behavioural intention, mainly in the blood donation setting, which may impede intention to donate blood, such as fear, anxiety, previous negative experience with blood donation and physical reactions (Schwarzer, 2014). The usefulness of TPB in engendering change in health behaviours has also been doubted (Sniehotta et al., 2014; Schwarzer, 2014). Hardeman et al. (2002) confirmed that TPB's value in improving the actual behaviour has not been proven conclusively. This infers that TPB may have some limitations in fully explaining behavioural intention and actual behaviour. To improve the explanatory power of TPB, researchers have augmented TPB with variables, including donation anxiety, moral norm, descriptive norm, and self-identity, which have consistently improved the explanatory power of the TPB (Ringwald, 2010). In addition to examining how some TPB factors, such as social norms and attitudes affect behavioural intention, this study examines other factors, such as social

media marketing, awareness, motivations and perceptions that can improve the explanatory power of the TPB.

4.3.2.2. *The Health Belief Model*

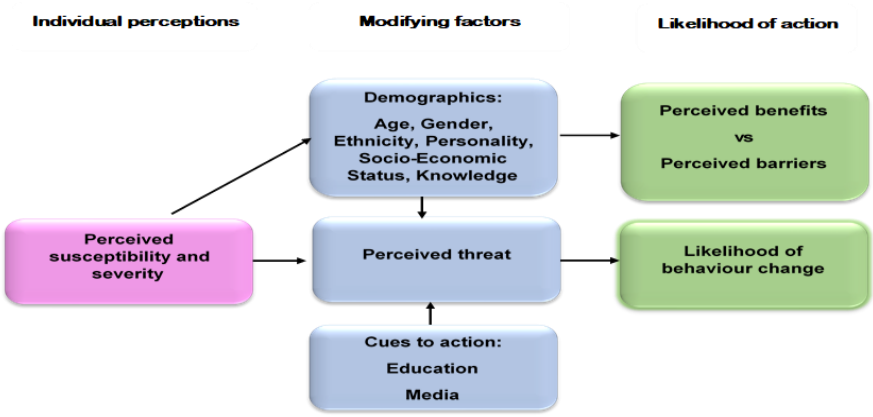
The Health Belief Model (HBM), developed in the 1950's, was one of the first theories of health behaviour and continues to be extensively recognised in the field (Anwar, He, Ash, Yuan, Li & Xu, 2016). The HBM explains and predicts preventative behaviours and attempts to understand why people do not undertake medical examinations as a way of detecting diseases early or simply to know their health status, among other preventive behaviours (Bishop, Baker, Boyle & MacKinnon, 2014; Villar et al., 2017). The HBM states that an individual is likely to act and attempt to reduce a risk of a health scare if he perceives it to be dangerous to his/her health (Lu, 2010). Therefore, HBM examines the individual's attitudes and beliefs in order to understand why people do not act on health issues and how a change in attitudes and beliefs, can result in the adoption of healthy behaviour (Ghaffari, Tavassoli, Esmaillzadeh & Hasanzadeh, 2011; Anwar et al., 2016; Naslund et al., 2017a; Norozi, Nazari, Moodi & Malaki, 2017).

Naslund et al. (2017b) maintain that when an individual is confident in their ability to act, which they refer to as self-efficacy, that is likely to motivate them to either initiate or adopt the behaviour. This infers that for any change of behaviour to even be considered and to eventually succeed, a person must feel threatened by his /her current behavioural modes, believe that change is necessary and will bring a desired outcome at an acceptable cost and that they have the competence to make the change that will reduce the severity of the illness (Champion & Skinner, 2008). HBM underscores the individual's view about the possibility of a disease, how they perceive the benefits of reducing the disease and this view will be what propels

them to act on the possibility of the presence of an illness. Due to the emphasis placed on a person's ability, self-efficacy has now been added to the HBM as one of the constructs in addition to perceived susceptibility, severity, benefits, barriers and cues to action (Naslund et al., 2017a). HBM has been used to investigate diverse long- and short-term health behaviours, such as breast cancer detection (Abolfotouh et al., 2015), injury prevention (Glanz & Bishop, 2010; Bishop et al., 2014), for medication adherence of people with mental illness (Valenstein et al., 2011), reducing cardiovascular risk and psychiatric symptoms (Kilbourne et al., 2014) and tuberculosis treatment adherence (Tola et al., 2016). Albeit its popularity and extensive application in the health realm, HBM's usefulness in public health is restricted. Firstly, it neglects to consider other dynamics which control an individual's concurrence to a health behaviour (McClenahan, Shevlin, Adamson, Bennett & O'Neill, 2007). Secondly, it does not consider habits which may make it difficult for a person to change behaviour (e.g. smoking) (LaMorte, 2016). Thirdly, it discounts actions that are not done for health reasons but for social or altruistic reasons such as blood donation. Fourthly, it assumes that everyone has access to the same amount of information on the illness and thus disregards other environmental aspects that may promote or hinder the performance of the recommended action (Abraham & Sheeran, 2005), for example in South Africa, based on access to information in rural areas. Lastly, it presupposes that information that reminds or encourages people to act are ubiquitous, which is not always the case (Taylor et al., 2006). Despite the limitations of HBM, the researcher holds the view that HBM can potentially contribute to the understanding of blood donation because it provides some drivers (e.g. perceptions of the importance of behaviour) of a pro-social attitude and behaviour that are not included in the TPB. Therefore, by combining some key components from TPB (e.g. attitudes, intention and social norms in terms of family and peers) and the HBM (e.g. perceived benefits and cue to action in terms of motivation), the

inclusive paradigm could potentially hold a more enhanced explanatory power. Figure 8 portrays the constructs of the HBM.

Figure 8: Health Belief Model



Source: (Anwar et al., 2016)

4.3.2.3. *Social Cognitive Theory*

Social Cognitive Theory (SCT) was started as the Social Learning Theory (SLT) in the 1960s by Albert Bandura. Glanz and Bishop (2010) delineate SCT to describe human behaviour as a dynamic, three-dimensional paradigm where individual aspects, environmental changes, and behaviour continually work together. This view is espoused by Webb et al.'s (2010) assertion that SCT does not necessarily see people as merely reactive individuals who are manipulated by environmental forces but are also self-organising, proactive, self-reflecting and self-controlling. SCT deals with understanding the mental and behavioural function of a person and how one's behaviour is shaped and controlled by personal reasoning and environmental elements (Chou, Min, Chang & Lin, 2010). This implies that as

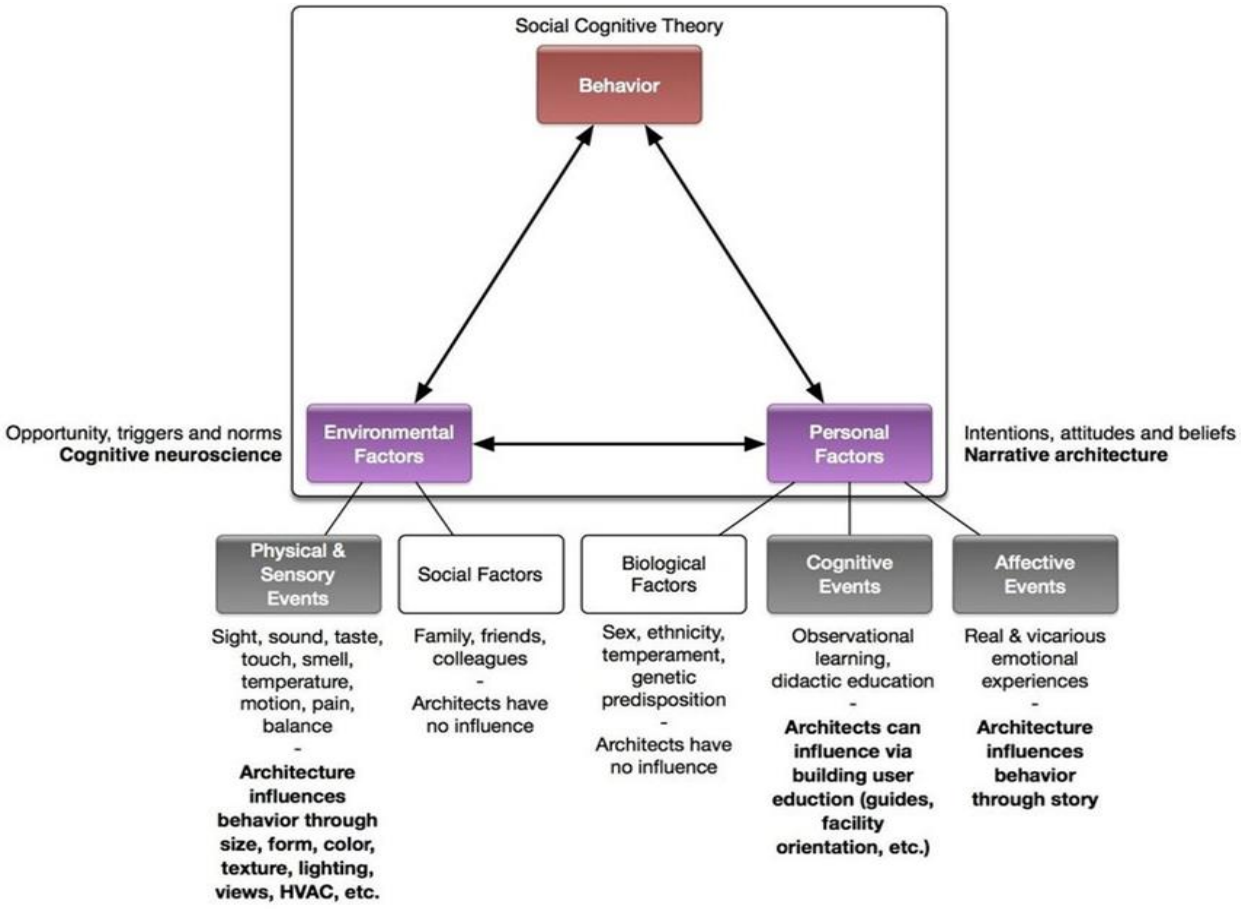
social beings that people are, the interaction they have with the social environment facilitates learning, not only through their own experiences, but also other people's experiences through observing their actions and the results thereof (Bandura, 1986).

Bandura (1986) further postulates that an individual will not perform an action if he/she lacks the self-efficacy to perform such an action, particularly voluntary behaviour such as blood donation. Bandura's (1986) contention is accentuated by Naslund et al.'s (2017b) declaration of SCT constructs that are relevant to interventions that seek to change health behaviour as learning through observation, reinforcement, willpower, and individual ability. Hence the application of SCT to change health conduct has concentrated mainly on boosting self-confidence (Bandura, 1998). McAlister et al. (2008) suggest some behavioural tools of SCT which can be harnessed to increase self-confidence. Mastery experience, which entails first applying small, easily grasped steps, supported by more demanding goals which pertain to the desired conduct, will slowly build their self-confidence. The second tool advocated by McAlister et al. (2008) is social modelling, which encompasses observing others who are successful and learning from them. Lastly, through verbal persuasion, which entails expressing confidence in the person's ability to perform the behaviour. These suggested tools would go a long way in enhancing confidence and consequently advancing a bigger and sustained effort to change behaviour.

SCT has been applied to several health interventions, such as diabetes management and education (McKibbin et al., 2006), schizophrenia as well as management of obesity for adults with mental illness (Aschbrenner, Naslund, & Bartels, 2016; Aschbrenner, Naslund, Shevenell, Mueser, & Bartels, 2016; Vazin et al., 2016). SCT's notion that people learn through their own experiences and

those of others makes the model relevant to the study as learning from others could be through social media interactions. People either require information about illnesses, or how to assist others with their illnesses and to make well informed decisions (Xiao, Sharman, Rao & Upadhyaya, 2014; Varshney, 2014; Bolle et al., 2015). Therefore, health education in a form of awareness campaigns and personal experiences, particularly in a blood donation context is pivotal for successful healthcare management and blood donation behaviour (Lin & Chang, 2018). In addition to friends and family (social factors) the SCT suggests social media can play significant roles in imparting health information and advice as demonstrated in Figure 9.

Figure 9: Social Cognitive Theory



Source: Buday (2017)

4.4. Social Media as an Important Marketing Factor

The increasing prominence and usage of social media has transformed the way health information is managed and distributed (Johnston, Worrell, Di Gangi & Wasko, 2013). Recently, virtual communities formed by people using social media to exchange health information play a critical role (Lin & Chang, 2018). Social media offers an appealing platform for people to search and share information

through the internet without face-to-face interaction, which impacts information exchange behaviour (Yan, Wang, Chen & Zhang, 2016). Blood agencies can thus use social media marketing to increase awareness of the importance of blood donation, influence perceptions, motivations and ultimately, attitudes and intention to donate blood. The nature and characteristics of social media that makes these possible are discussed in the next section. This leads to a focused discussion on social media marketing, which is the predictor variable of the study and its examination in the blood donation context.

4.4.1. The Social Media Ecosystem

Hofacker and Belanche (2016) posit a three-pronged view in which the social media trend could be considered. Firstly, from a sociology perspective, which is based on the incredible boom in social media users, social networks support the communication and collaboration between people across the globe. Secondly, economically, the companies that own the social media platforms derive extensive financial value from them. The latest purchase of LinkedIn by Microsoft, as well as Facebook's buying of Instagram and WhatsApp bear testimony to the significance and priority placed by these companies on both leading and driving the digital evolution. Thirdly, from a marketing context, social media has become a marketplace, where people mingle and where buyers and sellers interact in diverse and multifaceted ways.

Albeit copious definitions of social media have been furnished by numerous scholars (Greene et al., 2010; Wang & Wellman, 2010; Turban, Strauss & Frost, 2011; Evans, 2012; Tuten & Solomon, 2013; Parsons, 2013; Al Mamun et al., 2015; Tafesse & Wien, 2018), the definition by Kaplan and Haenlein (2010) seems to be the most comprehensive and is adopted in the current study. Kaplan and

Haenlein (2010) define social media as applications that are built on the internet, driven by technological fundamentals of Web 2.0, and facilitate the formulation, dissemination and sharing of content that is generated by users. These applications encompass wikis, blogs, video, microblogging, podcasts, pictures, weblogs and rating and social bookmarking (Ismail, 2017).

Previously, consumers utilised the internet to simply read content and then decide on what product to purchase because of the information provided by the seller or the company (Buccafurri, Lax, Nicolazzo & Nocera, 2016). Nowadays, social media is embedded people's daily lives (Ngai, Tao & Moon, 2015; Shareef, Mukerji, Alryalat, Wright & Dwivedi, 2018). How social media has amplified the consumers' voice through providing the platform to share their experiences with a multitude of people worldwide is indeed intriguing. Due to its simplicity of use, speed and access to a wider audience, social media has revolutionised the public discourse across diverse subjects ranging from politics, environment, health, entertainment and many others (Filo, Lock & Karg, 2015; Rathore, Ilavarasan, & Dwivedi, 2016; Kamboj, Sarmah, Gupta, & Dwivedi, 2018). Moreover, the proliferation of social media has now brought some equilibrium to marketing communication, where the control of content has been removed from marketers and sellers to consumers and communities (Al Mamun et al., 2015). People now have the power to create, change, discuss and disseminate information, movies and pictures by means of various social networking platforms (Kozinets, de Valck, Wojinicki & Wilner, 2010; Turban et al., 2011; Evans, 2012). Through social media, society continues to communicate about brands without seeking consent from the companies or brands in question or even without their knowledge (Hennig-Thurau, Hofacker & Bloching, 2013). This can have a drastic impact on the reputation of the organisation, particularly when the communication is negative (Sarmah et al., 2018). Seeing that the internet and social media have become such prevalent

sources of communication and information dissemination, companies need to maximise its usage as one of the tools to enhance brand awareness among the population (Nisar & Shafiq, 2019).

4.4.2. Distinction Between Social Media and Social Networking

The concepts of social media and social networks are continuously applied interchangeably, thus presenting confusion about them, hence it is necessary to demystify them. Swanepoel and Bothma (2013) decipher the two terms as social media denoting the way information is transferred and distributed to an extensive audience by means of software tools that are known as social media channels. Social networking, on the other hand, refers to individuals or groups of people, who share common interests engaging on social media. In simpler terms, social media are communication “tools” that aid individuals to convey information, whereas social networking is the action of “applying social media tools” to network, communicate and participate directly in dialogue with individuals with whom one is already connected or want to connect with (Zeng & Gerritsen, 2014; Sagioglou & Greitemeyer, 2014).

4.4.3. Categories of Social Networks and Users

Some scholars have developed classifications of online users, based on specific type of online consumer behaviour. Mathwick (2002) categorises online users according to lurkers who simply view other people’s social media activities, socialisers who use social media to engage and maintain relations with friends and family, personal connectors and transactional community members. Bernoff (2008) also classified social media users into in-actives, spectators, joiners, collectors, critics and creators. Although this was an initial step in attempting to

profile social media users, Muntinga, Moorman and Smit (2011) argue that these profiles are limited as people often engage in multiple roles, which mainly are driven by their motivations and goals. This means that someone can be a lurker at a given time and a socialiser at other times, depending on what motivates them at that specific time. An assortment of social network categories exists, which diverge based on functionality, capacity as well as the target users (Goes, Lin & Au Yeung, 2014). Whereas some social networks are all-encompassing and appeal to many people, such as Facebook, others such as LinkedIn draw a more targeted market segment, such as professionals and business associates (Habibi et al., 2014). Furthermore, social media platforms are configured differently, have unique functionalities, norms, culture and the way in which users interact with them (Smith, Fischer, & Yongjian, 2012). It is thus crucial to be versed in the diverse elements that make each platform appealing to users. A great deal needs to be learned about why and how users participate and consume information on various online sites. Zhu and Chen (2015) argue that the successful implementation of social media marketing requires understanding of the target audience and aligning the platforms according to their profiles and needs. Seven categories of social networks have been identified and are depicted in Table 2 below.

Table 2: Categories of Social Media Networks

	Type and description	Example	Icon
Social media	**Social Networking Sites** • Platforms where people manage their social circles and interact with each other.	Facebook and LinkedIn.	
	Social Bookmarking • Management of bookmarks and then voting for them	Delicious sites.	
	Social News • Platform where one finds all the news related to social media.	Digg	
	Blogging sites • It is a platform in which discussion revolves around one topic and this is becoming very popular.	Twitter	
	Media/Social Sharing Social media is about sharing of content which may comprise exchange of videos, audios or pictures. Social sharing sites are classified further into following three classes: • **Video Sharing** There are several websites who accept videos from their users and offer them free services to unicast them to the users who requests for it. • **Voice over IP Software Application:** This category is the pioneer of the recent change of popularity of social media. This category, although losing popularity, as all collaborative and interactive tools are being incorporated in Social Networking Platforms. • **Document Sharing:** This is the platform from where you share your documents like Presentations, word processing, spreadsheets or other files with other users.	Instagram YouTube Skype and Yahoo Messenger SlideShare and Google Drive	

4.4.4. The South African Social Media Topography

The Social Media Landscape Report (2019) revealed that South Africa has 21 000 000 Facebook users, which is 38% of the SA population. 19 000 000 of these users' access Facebook via mobile devices. It is interesting to note that the gender split between males and female users is 50%. The age breakdown and age growth trend indicated that the youth market (13-18 years) was still very strong Facebook users, whilst the highest penetration of users is in the 31-40 bracket. These statistics show that the youth have not abandoned Facebook, and certainly not in the mass market. Twitter, the micro-blogging site, has seen an increase in the number of users from 8 million users in 2017 to 8,3 million Twitter users in 2018 (Social Media Landscape Report, 2019). The growth of LinkedIn in SA is in line with the international growth trends with 6.8 million users which is 11% higher than 2017. This expansion places LinkedIn adjacent to the South African Twitter and YouTube users. While LinkedIn has grown, the amount of very active users is low contrasted to other platforms as individuals do not necessarily visit LinkedIn daily due to the nature and profile of its users, who are mainly users who work for SMEs and utilise the platform for professional networking. It is noteworthy that LinkedIn is still very male-oriented, with 2 million male and 1.6 million female users.

Instagram has grown by 73% in the past years to 6.6m users in August 2018. This growth can be attributed to greater use of Instagram by brands to drive awareness, and the video functionality, which facilitates sharing of live stories. Instagram has become popular for marketers as well to reach customers is also now regarded as a robustly effective platform for public relations.

4.4.5. Definition and Merits of Social Media Marketing

Chikandiwa, Contogiannis and Jembere (2013) define social media marketing as a tool which facilitates a two-way engagement, interaction and collaboration between a company and its stakeholders. Tuten and Solomon's (2018) definition of social media marketing as the employment of social media channels to formulate, communicate and provide service offerings that meet customer needs and deliver value for the organisation underscores the ability of social media to aid in offering value to customers, which is what marketing is essentially about. There is consensus among different scholars that the main objectives of social media marketing are to gain visibility and enhance awareness, reputation, development of customer relationships and closer engagement with customers and eventually increasing sales as well as sustainability to survive in the current competitive era (Abreza, O'Reilly & Reid, 2013; Saxena & Khanna, 2013; Taneja & Toombs, 2014; Dwivedi, Kapoor & Chen, 2015; Tuten & Solomon, 2015; Tuten & Mintu-Wimsatt, 2018).

Additionally, social media provides an advantage of being a research tool or even complaints and suggestions platform where consumers voice their satisfaction or dissatisfaction about the brand or company. Furthermore, as part of the continuous engagement, companies can identify influencers that they can use as brand ambassadors (Taneja & Toombs, 2014). The biggest advantage of social media marketing is its cost effectiveness (Sajid, 2016) and its ability to enable companies to manage their brand reputation, receive instant feedback and fortify relations with customers (Thoring, 2011; Ismail, 2017). It is crucial to note that social media marketing is not a single-directional activity as in the social media environment, users are not passive consumers of communication are an integral part of communication creation and dissemination (Klepek & Starzyczná, 2018). This

reinforces the new communication paradigm, which has been facilitated by the Web 2.0 technology, where consumers have transformed from being inactive receivers of information to active creators of content, which is transmitted to everyone, including the organisation.

4.4.6. Application of Social Media Marketing in the Health Context

The use of social media for health communication at the global level has been explored extensively by different scholars, whose studies focused on different social media platforms. These studies include research studying Facebook groups related to hypertension (Al Mamun et al., 2015), a qualitative study evaluating the content of communication in Facebook communities dedicated to diabetes (Greene, et al., 2010; Nordfeldt, Hanberger & Berterö, 2010), studies on sexual health promotion (Gold et al., 2011; Veale et al., 2015) and human papilloma virus vaccination (Corley, Mihalcea, Mikler, & Sanfilippo, 2011). Gough et al. (2017) investigated Twitter for skin cancer prevention, and Twitter feeds used for dissemination of sentiments and attitudes around vaccines (Salathé & Khandelwal, 2011) and antibiotic use (Scanfeld & Larson, 2010). In another study, YouTube has been frequently used for the promotion of information about cancer screening (Chou, et al., 2011) and interventions about prenatal health promotion and education (Smith, 2012).

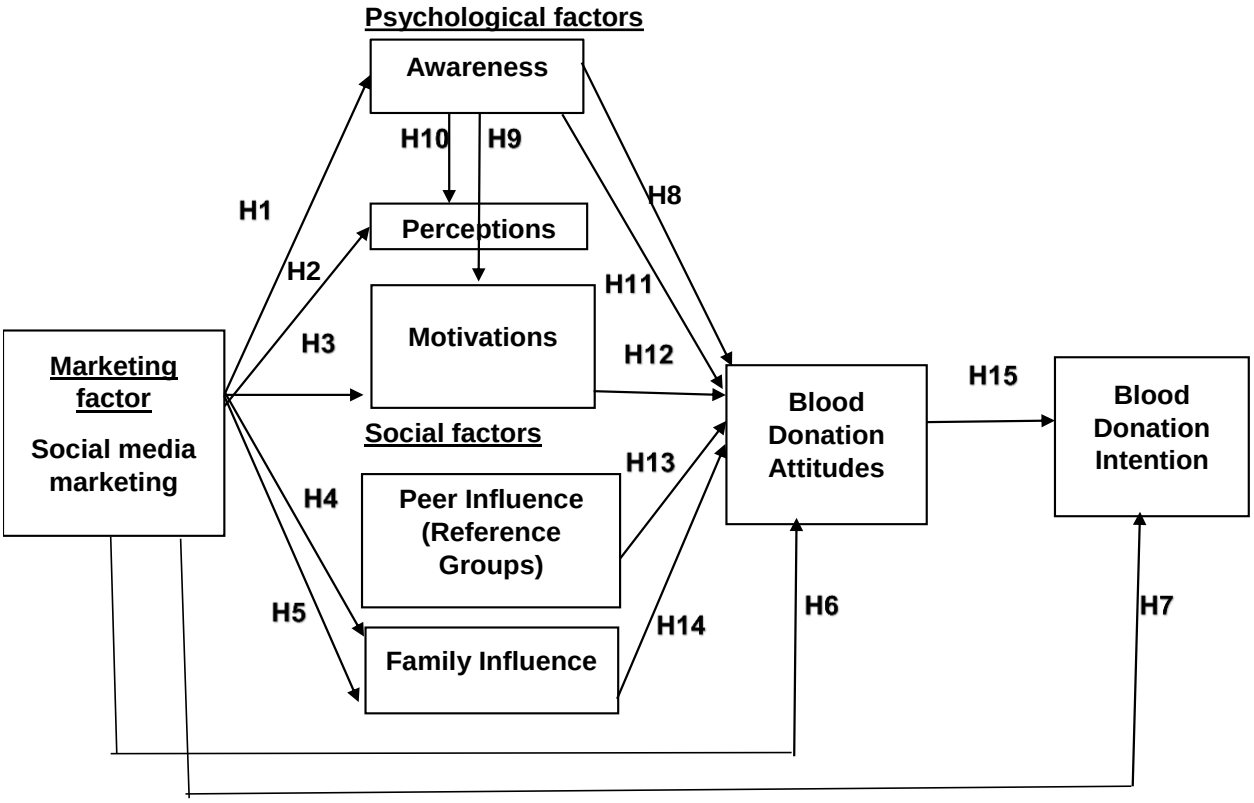
Although various studies reported varying results about the effectiveness of social media for health communication, what was highlighted by the studies is that while social media offers many attractive communication opportunities, it is not necessarily appropriate for every topic or audience (Freeman et al., 2015). It is thus imperative that healthcare marketers strategically appraise the conceivable

benefits along with audience characteristics. Health programmes must be aligned with reasonable expectations for what social media can deliver. Furthermore, social media should not be viewed as a solution to the complexities of behaviour change and improved health outcomes though there are certainly applications that can support the change process (Schein, Wilson & Keelan, 2010). Rather, the use of social media in health promotion should be valued for its potential to engage with audiences for enhanced communication and improved capacity to promote programmes, products, and services (Thackeray et al., 2012). These outcomes are more likely to occur when a comprehensive process evaluation strategically tracks variables related to specific metrics and then informs improvements in the use of social media (Hill & Moran, 2011). It is also vital to understand that social media must not replace traditional media but must be used to augment traditional media. Social media and the social marketing done on its platforms has proven to be an effective agent of social change, through its influences on people's attitudes, perceptions and behaviours (Thackeray et al. 2012).

4.5. Development of Conceptual Model and Hypotheses

In this section, this study's conceptual model and hypotheses are developed by applying elements of the TPB, HBM, SCT and from conducting a critical analysis of literature. The section starts by presenting the conceptual model which is in Figure 10. Discussions on the relationships between the constructs in the conceptual model are discussed next. Hypotheses are developed from the discussed relationships.

Figure 10: Study Conceptual Model



Source: Researcher's own drawing (2019)

Figure 10 posits that when blood donors utilise social media to communicate about blood donation, it will have a positive effect on donors or potential donors' awareness, perceptions, motivations, peer and family groups, attitudes and the intention to donate blood. The attitude will positively impact on a donor's blood donation intention. The study therefore proposes the following hypotheses:

4.5.1. Hypotheses Development

4.5.1.1. *Social Media Marketing and Awareness (H1)*

Awareness in the marketing context describes the extent to which consumers know a brand, a company and its products and services (Kilei, Iravo & Omwenga, 2016). Consumers' awareness of the company and its services is a fundamental and one of the initial steps in the consumer buying process (Mousavi et al., 2011). Ordinarily, a consumer cannot buy a product unless he/she is first aware of it, hence higher levels of awareness advance the possibility of the service being utilised or the product being purchased (Huang & Sarigollu, 2014). It is for this reason that awareness and knowledge have become such key elements in changing the attitudes and behaviour of consumers towards products (Ishak & Zabil, 2012). Effective, engaging, humorous and clever advertisement on traditional and social media can impact positively on a brand or an organisation and enhance brand awareness. The promotions and sales tactics employed by a company also impact on brand awareness (Barreda, Bilgihan, Nusair & Okumus, 2015). In terms of blood donation, empirical evidence has revealed that the number one reason behind people's willingness to donate blood is being aware and knowledgeable about blood needs among patients (Karim et al., 2012; Lownik et al., 2012; Uma et al., 2013; Dubey et al., 2014). This means that the more knowledgeable a person is about blood and the need for it, the more likely they are to be a donor. Similarly, several studies have been conducted in blood donation settings where lack of awareness about blood donation has been the barrier (Jemberu et al., 2016; Kanani, Vachhani, Upadhyay & Dholakiya, 2018). Awareness is the cornerstone in transforming consumer attitudes and behaviour towards products and pro-social behaviours (Abdolvand, Farzin, Asl & Sadeghian,

2016). Therefore, social marketers, whose mission is to change attitudes, beliefs and behaviour for social good should invest time and financial resources to engender more awareness of their programmes that are aimed at improving environmental, societal and consumer well-being (Foroudi, 2019). Can social media assist in creating such awareness?

Empirical evidence has demonstrated that social media marketing plays a critical role in creating awareness. This notion is supported by Yazdanparast, Joseph and Muniz's (2016) contention that social media indeed provides an exceptional prospect for marketers to enhance brand awareness, bolster brand image and as a result, advance consumers' knowledge of the brand. This is because social media focuses on fostering online communities, information exchange, interactivity and co-creation, sharing user-generated content, engaging, building connections and widening one's social networks (Filo et al., 2015). Because of the constant engagement, dialogue and learning from one another's experiences that is facilitated by social media, people become more aware of new information and products, which benefits their decision-making process (Dwivedi et al., 2015; Tuten & Solomon, 2015).

The examination of the relationship between social media marketing and awareness in the health realm has produced mixed results. For example, Bravo and Hoffman-Goetz (2017) investigated the extent to which the use of Twitter generates dialogue about men's health and boosts awareness levels of the health risks faced by men. The results revealed that the Twitter campaigns generated insufficient dialogues about prostate and testicular cancers that could potentially lead to adequate awareness and understanding of important men's health issues. Sampogna et al. (2016) examined whether the 'Time to Change' mental illness anti-stigma social media marketing campaign in England, during 2009–2014,

which was communicated in mass media and social media, had any effect on awareness of lowering the stigma around mental illness. Contrary to Bravo and Hoffman-Goetz's (2017) findings, Sampogna et al. (2016) found that social media campaign increased awareness levels, tolerance, acceptance and support of mental illness. The study concluded that social media marketing campaigns using social media represent an important way to create awareness and effectively reduce the stigma of mental illness. Saravanakumar and SuganthaLakshmi (2012) have also demonstrated social media marketing's success in raising awareness. Godey et al. (2016) explored how social media marketing activities influence brand equity creation and consumers' behaviour towards a brand by analysing pioneering brands in the luxury. The research found that social media marketing has a significant positive effect on brand equity and on the two main dimensions of brand equity, namely brand awareness and brand image. Seo and Park (2018) analysed the effects of social media marketing activities (SMMAs) on brand equity and customer response in the airline industry. The results showed that trendiness was the most important SMMA component, and airline SMMAs had significant effects on brand awareness and brand image.

In the car manufacturing industry, Hutter, Hautz, Dennhardt and Fuller (2013) analysed the influence of brands' social media activities and participants' social media involvement on the purchase decision process of consumers. They found that engagement with a Facebook fan-page had positive effects on consumers' brand awareness, Word of Mouth (WOM) and purchase intention. Tritama and Tarigan (2016) studied the correlation between social media communication and the company's brand awareness. Their analysis confirmed that marketing communication on social media had an impact on companies' brand awareness.

Kareem, Rashid, Abdulla and Mahmood (2016) examined the role that could be played by social media to increase consumer awareness towards the manufactured food products. The findings indicated that social media has a greater positive influence on consumer awareness of manufactured food products. Hamid, Ijab, Sulaiman, Anwar and Norman (2017) researched the role of social media in engendering awareness of environmental sustainability in higher education and found no lack of evidence on the role of social media in facilitating the improvement and, raising environmental awareness. Bilgin's (2018) exploration focused on the effect of social media marketing activities on brand awareness, brand image and brand loyalty. The study determined that social media activities showed the most obvious effect on brand awareness. Based on the constant engagement, dialogue and learning from one another's experiences that is facilitated by social media, people become more aware of new information, products and the importance of pro-social behaviour. This affects their attitudes and decision-making process (Dwivedi et al., 2015; Tuten & Solomon, 2015). Based on empirical evidence, the following hypothesis is proposed:

H1: There is a positive relationship between social media marketing and the awareness to donate blood.

4.5.1.2. *Social Media Marketing and Perceptions (H2)*

Empirical literature demonstrates that across the globe, only the minority of the country's population donates blood (Shah et al., 2011; Baig et al., 2013). One of the most cited reason for not donating blood, described in literature, is related to perceptions of the blood system and blood donation (Lownik et al., 2012; Verma et al., 2016). Scholars have defined perception as the process whereby individuals receive, select, organise and interpret stimuli and translate it into a meaningful and

coherent picture or response (Ladipo, Olufayo & Bakare, 2012; Kazmi, 2012; Endo & Roque, 2017). Adnan and Khan (2010) contend that perception relates to the way in which people see the world around them, and how they recognise that they need help in making a purchasing decision. Hawkins and Mothersbaugh (2010) construe perception as the sequence of consumer exposure and attention which is inspired and interpreted individually in the marketing process.

What is notable about the definitions furnished for perceptions is that they all seem to underscore the fact that perception is a chronological progression which entails selection of what information to pay attention to, the organisation and interpretation of the information. The information that the consumer gathers through advertisements, social media, websites and other media channels moves through a series of filters. If not distorted, perceptions are formed (Phaethon & Settanaranon, 2011). With the advent of social media, consumers are no longer passive recipients of information but active participants in the message creation process (Schmitt, 2012). As consumers receive information from a company's communication messages through tactics such as advertising, public relations, social media, reviews, and personal experiences, they form perceptions on what is being communicated or experienced.

In assessing the relationship between social media and perception, scholars distinguish between user generated content (UGC), and firm generated content and postulate that user generated social media content has a positive impact on perception (Muñiz & Schau, 2011; Bruhn, Schoenmueller, & Shafer, 2012; Ashley & Tuten, 2015; Schivinski & Dabrowski, 2016; Jashari & Rrustemi, 2018). The positive relation between user generated social media content and perceptions, as confirmed in the aforementioned studies, is attributed to the fact that user generated content is considered as being more reliable. Jashari and Rrustemi

(2018) state that prior to making any purchase decision, consumers reflect on product or service reviews, which helps influence their perceptions, minimise any insecurities and ensure they are confident that they are making the right decisions. Jashari and Rrustemi's (2018) assertion corroborates Woodcock and Green's (2010) as well as Vinerean, Cetina, Dumitrescu and Tichindelean's (2013) conception that consumers have a greater trust in information from friends, family and other online users, which enables them to form perceptions about products and services. Hence companies, especially in the tourism industry, utilise consumers as influencers through ratings and reviews pages as a way of understanding and effectively managing digital conversations (Zarrella, 2010).

In Jashari and Rrustemi's (2018) study, most respondents confirmed that they consider online reviews as a more reliable source of information compared to other electronic information sources and always use them to form their own perceptions. Yazdanparast et al. (2016) investigated the influence of brand-based social media marketing (SMM) activities on metrics of consumer-based brand equity (CBBE). The research explored the function of consumer-brand social media experiences on attitudes towards SMM activities of brands and its consequent impact on brand perceptions. The study findings suggest that brand-based SMM is crucial in influencing consumers' attitudes towards brands and accordingly, perceived value for the cost, perceived uniqueness and the willingness to pay a price premium for a brand.

Ali, Shabbir, Rauf and Hussain (2016) explored the impact of social media marketing on consumer perception towards buying a product and confirmed a significant positive relationship between social media marketing and consumer perception. Yang and Le Thi Ngoc (2017) investigated the influences of social media on perception towards fitness and to gain knowledge of social media role in

their perception towards fitness and the phenomenon behind it. The result of this research illustrates the significant role of social media towards the perception of the ideal body image. Feng and Xie (2015), as well as Jong and Drummord (2016), also confirmed the crucial role of social media towards perceptions about the fitness culture through online communication. Based on the above findings, the following hypothesis is formulated:

H2: There is a positive relationship between social media marketing and perceptions about blood donation.

4.5.1.3. *Social Media Marketing and Motivation (H3)*

Generally, people act in order to fulfill a need, hence any decision and choice that people make is inspired by their motivational state (Zito et al., 2012). Motivation is the impetus in virtually all facets of human behaviour. It is connected to expectations, needs, and wants, hence purchases are usually made to satisfy mental and economic forces that generate certain wants or desires. Motivation is one of the essential factors that encourage people to carry out actions in everyday life.

In blood donation, motivation is one of the fundamental aspects determining the act of donating blood (Kasraian & Maghsudlu, 2012; Zito et al., 2012). Consequently, the full appreciation and understanding of what motivates individuals to donate blood is pivotal for the enhancement, preservation and sustainability of a nation's health (Pentecost, Arli & Thiele, 2017). Similarly, the escalating necessity for blood and the frequently multifaceted and manifold aspects influencing the decision to donate blood have stimulated the curiosity and

interest of numerous scholars and fortified the exploration of the motivations behind donating blood (Carver et al., 2018).

Identification of motivational factors can lead to the design of targeted motivation campaigns for blood donation (Suemnig et al., 2017). Copious literature exists on people's motivations for donating blood and a detailed evaluation of the motivations for blood donation was presented in Chapter 2. Findings have confirmed that altruism is the strongest motivation for donation, (Kriebardis, 2010; Bani & Strepparava, 2011; Mousavi, Tavabi & Golestan, 2011; Neuberger, 2011; Campbell, Tan & Boujaoude, 2012; Ferguson & Lawrence, 2015; Guarnaccia et al., 2016; Cox, Nguyen & Kang, 2017). While these studies have identified various factors motivating people to donate blood, there is the need to identify the factors that drive the motivation.

Social media by its nature drives extrinsic motivation, which arises from exposure to information on social media and interaction with friends or peers via social media. As a result of the regular interaction with family, co-workers, friends and strangers, social media can be correlated to social capital and becomes a big driver of motivation (Khalid, 2017). The relationship between social media and motivation has been explored from diverse backgrounds. Kurniawan, Jingga and Prasetyo (2017) investigated the impact of the use of the social media platform, Facebook, for learning motivation of non-regular students. The study found a positive relationship between Facebook as a learning medium and motivation for learning.

In the blood donation arena, Sümnig et al. (2018) investigated communication via social media platforms to recruit new donors and to motivate repeat donors. The findings confirmed that social media has become the second most important motivator to recruit first time donors, other than relatives and friends, who are the

main motivators for first time donors. For repeat donors, social media seems to play a less important role. The study revealed that a relevant proportion of blood donors respond to social media and have been attracted to donate by social media, particularly among young and female donors. This qualifies social media as an important cornerstone for the recruitment of young first-time donors.

Foth et al., (2013) examined best practices of employing mobile apps and social media in order to enhance the loyalty rates of young blood donors. The scholars uncovered that social networks provide a dual function of persuading others and supporting group donations, thus leading to the formation of local communities of donors. Shah, Joshi and Shah (2016) evaluated the impact of various information technology (IT) tools such as promotional messages via short message service (SMS), electronic mails (E-mails), and social media on first-time blood donations and repeat blood donations. These findings revealed a significant impact of IT tools such as promotional messages via SMS, E-mails and social media on bolstering blood donor recruitment and repeat blood donations in blood banks. From these findings, it is evident that social media marketing gets people motivated in health-related issues. Thus:

H3: There is a positive relationship between social media marketing and motivation to donate blood.

4.5.1.4. *Social Media Marketing and Peer Influence (H4)*

Peers, or a reference group, as some authors refer to, is a group that people use as a point of reference in shaping their beliefs, values and attitudes (Scaraboto, Rossi & Costa, 2012). It is the group that provides the benchmarks for comparison and evaluation of group and personal characteristics (Rani, 2014). As reference

groups represent groups to which an individual aspires to relate to for association, information, and standards of behaviour, people use them as a guide or benchmark for behaviour in specific situations (Nicoletti, Salvanes, & Tominey, 2018). According to Tanner, Ferraro, Chartrand, Bettman and Van Baaren (2008), reference groups develop based on profession, family, religion, hobbies, work, education, among others, and are used by individuals as a yardstick for self-assessment or as a model of personal taste, standards, attitudes, or behaviours. According to Kotler and Armstrong (2010), reference groups have a direct and indirect influence upon a person's attitudes, aspirations or behaviour.

Even though studies use reference group and peers interchangeably, substantial differences between a reference group and peer group exist. A peer group is both a social group and a primary group of people who have a similar age group, interests, background, experiences or social status (Opoku, 2012). Peer groups contain hierarchies and distinct patterns of behaviour such as high school students who are regarded as peers (irrespective of age difference). This is because they share parallel life experiences in school together. Peer influence is commonly defined as the extent to which peers exert influence on the attitudes, thoughts, and actions of an individual (Makgosa & Mahube, 2007). A reference group is a group that people compare themselves to and use as a yardstick since it is seen to provide a standard of measurement. Peers belong to the normative reference group which provides an individual with norms, values and attitudes through direct interaction (Rudorf, Baumgartner & Knoch, 2019). It is in Rudorf et al.'s (2019) light that this study construes peer influence.

Peers provide norms, values and attitudes for both behaviours related to product and service purchase as well as for health related and pro-social behaviours. For example, Meer (2011) examined the effect of peer pressure on the decision to

respond to a charitable solicitation. The finding showed that peer pressure has an impact on the likelihood to donate and the size of the donation. Bekkers and Wiepking (2011) found that the stronger the connection to active donors, the stronger the social pressure influencing the donating decision. Peer influence in a form of reference groups and family are a strong determinant of social behaviour, in particular pro-social behaviour (van Hoorn et al., 2014; Choukas-Bradley et al. 2015; Nook et al., 2016; Park & Shin, 2017). For blood donation, Smith et al. (2011) found that the decision to donate blood was motivated to a great extent by donors' desire to act in accordance with the norms and behaviour of their peer social network. The action in accordance with peers' expectation enabled donors to either maintain or enhance their prominence and acceptance within the social networks. This suggests that social media communication can enhance peer influence.

Social media has fortified the notion of community. Empirically, it has been posited that most social networks predominantly espouse social relations that already pre-exist. Hence, social media platforms such as Facebook are prevalent for strengthening offline connections and preserving existing offline relationships as opposed to meeting new people. Although these networks may be weak at times, people who befriend one another on Facebook typically share some mutual offline component, such as being classmates or work colleagues. The online communities that people form on social media now represent a new reference group that shapes people's values, beliefs and consumer behaviour, since people's consumer behaviour is a manifestation of the people they interact with (Scaraboto, Rossi & Costa, 2012). Consumers belong to or admire different groups generally and those groups can change their purchasing decisions (Solomon, et al., 2010). They make their decisions within the environment around them such as family, friends, and co-workers (Nolcheska, 2017). Due to the continuous interaction, it can be argued that social media reference groups have developed and have become a strong

decision influencer, since people place so much weight and importance on the content they see, read and disseminate on social media. Based on the connection with reference groups and the impact of social media, consumer behaviour reflects what people consume on social media platforms.

Burgeoning literature exists on the relationship between social media and reference groups. In the transport sector, Carasco and Miller (2006) reported that social links between individuals on social media trigger social interaction, which often leads to activities and travel, such as social visits or trips to joint recreational activities. Ettema, Arentze and Timmermans (2011) explored the influence of social interactions on choice set composition and decision making. The study outcome resolved that by exchanging information through social interactions, individuals boost their knowledge on the assorted transport alternatives that are available. Pike and Lubell (2016), reviewed studies in transportation, focusing on the correlation between social networks and social activity-travel behaviour, and between social influence and activity-travel decisions and concluded that social networks present a source of explanation of information exchange, social influence and attitude formation. Prolific evidence on the impact of the strength of the link between social media and reference groups such as family, friends, colleagues and peers who have bought an electric car was confirmed (Kuwano, Tsukai, & Matsubara, 2012; Rasouli & Timmermans, 2013; Kim, Rasouli & Timmermans, 2016; Maness & Cirillo, 2016).

Scaraboto, Rossi and Costa (2012) investigated the interactions among participants of an online community dedicated to discussions of pregnancy, childbirth, and motherhood and concluded that the online environment facilitated consumers to receive trustworthy information from other pregnant women who are going through similar experiences. The investigation also established that by

bringing together people who are interested in a certain topic and subject matter experts, the online community becomes a reliable source of information for its participants. Most importantly, the information obtained in an online community of consumers is deemed more reliable than information offered online by manufacturers and retailers. Scaraboto et al (2012) reinforced that whether people are conscious to it or not, social media has opened whole new reference groups that are now influencing people's values, beliefs and behaviours.

Wang, Yu and Wei (2012) investigated consumption related peer communication through social media and its impacts on consumers' product attitudes and purchase intentions, from a consumer socialisation perspective. Their study confirmed a link between social media and peer influence and confirmed that peers act as socialisation agents through social media and that newcomers are influenced by peers through communication, as a result of a social learning process. Sakkthivel and Sriram (2015) investigated the influence of social network sites on women consumers from the Islamic religion and found that the women consumer buying behaviour has primarily been influenced by society, brand reputation, social media reference groups, followed by information related to place of selling, and promotion of products/services. Their study confirmed the vital role played by social network sites in providing peers' pertinent information to influence attitudes and consumer buying behaviour.

In the blood donation environment, Foth et al. (2013) investigated how mobile devices, social media and data visualisations offer an unprecedented opportunity to create a shared experience around the donation itself and how this influences the loyalty rates of different types of young donors. The study found that social networks provide a dual function both persuading others and supporting group donations leading to the formation of local communities of donors. The study

confirmed that a connection between social media usage and how these platforms were used to share their donation experience and galvanise others to do the same. The study confirmed that social media has the ability to promote information exchange amongst other donors, which makes the donation experience less intimidating. Furthermore, the study validated that through social media platforms, donors are able to exert tremendous peer influence on donation as well as ensuring that donors continue to donate.

Based on these findings, the following research hypothesis can be derived:

H4: There is a positive relationship between social media marketing and peer group influence on blood donation.

4.5.1.5. *Social Media Marketing and Family Influence (H5)*

Family is the foremost and fundamental social group from which human beings primarily learn to communicate, acquire roles and develop values. Consequently, of all the extant groups to which individuals belong, the family is the most instrumental in influencing a person's decision-making process (dela Vega, Flores & Magusi, 2017). Family structures and relations have changed, which has also substantially transformed the manner in which families communicate and interact as well as how they consume media, particularly in the era of social media (Walker, Coyne & Fraser, 2012).

Although there is abundant literature that supports the influence of family on behaviours and decision across numerous contexts, including health behaviour (Gaete, Rojas-Barahona, Olivares & Chen, 2016), minimal studies seem to have explored how this peer influence manifests via social media platforms or how social media facilitates such a robust influence.

Williams and Merten (2011) explored parents' and adolescents' use of the internet and other technology in terms of family connectedness, parent–child dynamics and family influence. Results illustrate how social media technology has the potential to strengthen family bonds and family influence. Padilla-Walker, Coyne and Fraser (2012) examined the relations between family media use and family connection between adolescents and their parents. Results revealed that engagement over social networking sites was related to lower levels of family connection and lower levels of family influence.

The Edelman Health Barometer 2011 global survey, conducted in 12 countries and involving 15000 people, sought to investigate drivers of health-related behaviour and how business could derive value from fostering healthy behaviour. The research reported that family, social networks and new digital tools play as strong a role on an individual's health as do health professionals. The survey further uncovered that almost half of participants confirm that their friends and family have the greatest impact on their lifestyle as it relates to health, and over a third consider friends and family to have the most effect on personal nutrition. Moreover, the research underscored that even those respondents who want to make healthy changes are unable to do so without the ongoing support from friends, family or other resources. The study pointed out that new digital tools such as social media, apps and the internet, among others, must be leveraged more to support health-positive behaviours. The effectiveness of family influence, according to Rice (2010) and Poirier and Cobb (2012), stems from the information families and the participants gather from social media. Based on these findings, the following hypothesis is proposed:

H5: There is a positive relationship between social media marketing and family influence on blood donation.

4.5.1.6. *Social Media Marketing and Attitudes and Intention (H6 and H7)*

In the marketing lexicon, an attitude is described as a general evaluation of a product or service shaped over a certain period (Solomon, 2010). Attitudes fulfil a personal, consumer motive, while they also affect the consumer purchase and spending behaviour (Griffin, Grace & O'cass, 2014). In sociology, attitudes are defined as a mental inclination to act, which is expressed by evaluating a particular thing or person with some degree of approval or disapproval (Dootson, Johnston, Beatson & Lings, 2016).

Other researchers have defined attitudes as the enduring organisation of motivational, emotional, perceptual, and cognitive processes with respect to some aspect of our environment (Asiegbu et al., 2012) and a combination of a consumer's beliefs, feelings, and behavioural intentions towards some object within the context of marketing (Perner, 2010).

Pande and Soodan (2015) assert that attitudes stem from the assessment of several facets in the consumer's mind, which results in either a positive or negative image in the consumer's mind. Basically, attitudes portray an individual's evaluations, feelings, and preferences towards an object, a person, an idea or anything. Consumer attitudes are a combination of three interdependent elements, consumer's beliefs, feelings and behavioural intentions towards some object and represent forces that influence how the consumer will react to the object (Pande & Soodan, 2015).

While Pande and Soodan (2015) view intention as a dimension of attitude, intention has been explored as a unique construct and has been done extensively in the marketing literature. Marketers have predominantly viewed the construct in

terms of purchase intention. Consequently, various purchase intention definitions have been put forward. Dodds, Monroe and Grewal (1991) conceptualise that purchase intention denotes an interchange that develops after the consumer has had an opportunity to evaluate a product. This implies that a consumers' purchase intention is molded by their appraisal of products based on outside stimulating factors, such as advertising, the perceived image of the product and reviews from other consumers. Shao et al. (2004) suggest that purchase intention signifies the prospect of consumers to purchase the product.

In analysing the proposed definitions, what seems to be coming to the fore is that purchase intention embraces numerous primary meanings. It implies a willingness to consider buying, it signifies what an individual wants to buy in the future and it also unearths the consumer's determination to purchase the product again. Since blood donation shares parallels with purchase of products, intention to donate also contains all the three dimensions mentioned, i.e. the willingness to donate, the significance of donating and the determination to consider donating blood in future. Intentions represent the motivation and the attitude behind our actions. Behavioural intention is an indication of an individual's readiness to perform a given behaviour and the best predictor of actual behaviour is intention. It is based on attitude toward the behaviour, subjective norm, and perceived behavioural control, and it is assumed to be an immediate antecedent of behaviour according to the TPB (Ajzen, 1991). Whether social media marketing directly impacts on attitudes and intention needs investigation.

Attitude formation stems from social and cultural experiences acquired through social networks, the media, and other forms of contact with people who hold opinions on given issues (Kandler, Bell, Shikishima, Yamagata & Riemann, 2014). Specifically, Yazdanparast et al. (2016) found that brand-based social media

marketing is crucial in influencing consumers' attitudes towards brands. Even for blood donation, it has been found that social media communication impacts on donors' attitude (Urgesa et al., 2017). In terms of social media influence on perception, Pule et al. (2014) found that a better educational background and social media exposure to past donors were the predictors of intention to donate blood. From these findings, the following hypotheses can be formulated:

H6: There is a positive relationship between social media marketing and attitudes toward blood donation.

H7: There is a positive relationship between social media marketing and the intention to donate blood.

4.5.1.7. *Awareness, Attitudes, Perceptions and Motivation (H8, H9 and H10)*

Awareness and knowledge are essential basics in transforming consumer attitude and behaviour towards products (Abdolvand et al., 2016). The connection between awareness and attitude towards blood donation has been of interest to researchers, whose findings have been consistent. Olaiya et al. (2004) explored knowledge, attitudes, beliefs and motivations towards blood donations among blood donors in Lagos, Nigeria. The study found that education, which is a big driver of awareness levels, had a positive influence on attitudes towards blood donation. Safizadeh, Pourdamghan and Mohamadi (2007) evaluated students' awareness and attitude towards blood donation in Kerman city. The study reported a positive and significant relationship between the students' attitude and awareness, implying that with an increase in students' awareness about blood donation, their attitude would improve as well.

Papagiannis et al. (2016) examined the extent to which blood donation awareness and beliefs impact on attitudes towards blood donation among undergraduate medical laboratory students. The relationship between awareness and attitudes was significant and positive. Abderrahman and Saleh (2014) found that low knowledge formed a barrier to attitudes associated with blood donation in Jordan. Among Saudi female university students, Al-Johar et al. (2016) also found a positive relationship between blood donation awareness and blood donation attitudes.

Awareness does not only impact on attitudes. It also drives perceptions and motivations. On building brand equity, it has been found that brand awareness drives the perception of product quality and value (Buil, Martinez & De Chernatony, 2013). Consumer perception is therefore built from awareness, impression or consciousness about a company or its products and services (Adnan & Khan, 2010; Endo & Roque, 2017). Perception begins with consumer exposure, attention to and awareness of marketing stimuli (Kotler, 2005). In the blood donation context, a person is likely to notice or be aware of information about blood donation if they know someone who may be requiring blood or have had an experience that relates to blood shortages. If the intensity of the information exposure and ultimate awareness is strong enough, it leads to selective retention, which occurs when an individual decides to remember information that reinforces and sustains his feelings and beliefs about a product, an idea or action to be taken. It is for this reason that there is value to be derived in repetition of advertising messages to ensure that the consumer's memory is always refreshed to drive awareness and build positive perception (Hyun-Hwa & Yoon, 2012).

Still in the context of blood donation, adequate awareness creation about the importance of blood donation has been found to drive not only positive perception

(Lownik et al., 2012; Verma et al., 2016), but also motivation towards blood donation (Al-Johar et al., 2016). This means that the more knowledgeable a person is about blood and the need for it, the more motivated and likely they will be to be a donor. Based on these findings, it is proposed that:

H8: Blood donation awareness will positively influence attitudes towards blood donation.

H9: Blood donation awareness will have a positive relationship with the perception to donate blood.

H10: Blood donation awareness will positively influence the motivation to donate blood.

4.5.1.8. *Perceptions and Attitudes (H11)*

Attitudes and perceptions are usually addressed together, not considering that both are expressions of different value judgments. This way, attitudes express a characteristic of the individuals toward life, society, etc. and are intrinsically related to them, playing a role in every decision made. Perceptions, instead, are exclusively related to the way certain alternatives are perceived. Attitudes may be considered as a mind-set or a tendency to act in a certain way based on the individual's experience and temperament (Allport, 1935; Pickens, 2005). The mind-set and temperament can be influenced by the perception about the action. For example, Asamoah-Akuoko, Hassall, Bates and Ullum (2017) investigated the relationships between blood donors' perceptions, motivators and attitudes, as well as deterrents in Sub-Saharan Africa. It was found that there was a negative attitude towards blood donation due to lack of knowledge and discouraging spiritual,

religious and cultural perceptions of blood donation. The main motivators for blood donation were altruism, donating blood for family and incentives.

Lim (2016) analysed how social media users' attitudes influence their perceptions regarding the attributes of news agency content and their intentions to purchase digital subscriptions. Their attitudes toward production activities influence their purchasing intentions and affect their use time of social media and news. Furthermore, their attitudes toward production activities influence their news perceptions and, subsequently, their perceptions of the attributes of news agency content. This is an indication that perception is a driver and at the same time, an outcome of attitude. Gunnarsson, Knez, Hedblom and Ode Sang (2017) investigated the effects of biodiversity and environment-related attitudes on visual and auditory perceptions of urban green space. They concluded that environment-related attitudes influence perceptions of green space. Based on this empirical literature, the following hypothesis is formulated:

H11: ***There will be a positive relationship between perceptions about blood donation and attitude towards blood donation.***

4.5.1.9. *Motivation and Attitudes (H12)*

Studies on blood donation have confirmed that knowledge about blood donation is the biggest influencer of motivation and attitudes. Carver et al. (2018) conducted a systematic review aimed at synthesising evidence and identifying key motivators for blood donation among males to inform targeted recruitment and retention campaigns. The frequently cited motivators for male blood donation that were uncovered in the study were altruism; positive attitude towards incentives; health checks and subjective norms. Altruism was less pronounced among males

compared with females and was combined with 'warm glow' in novice males (impure altruism). Perceived health benefits and incentives (e.g. coffee mugs) were stronger motivators for males than females. Suemnig et al. (2017) suggest that when the motivational factors that lead to blood donation are identified, this will lead to the design of targeted motivational campaigns for blood donation, which will in turn, lead to a positive blood donation attitude. Thus, it can be hypothesised that:

H12: There is a positive relationship between blood donation motivation and blood donation attitudes.

4.5.1.10. *Peer influence and Attitudes (H13)*

Harakeh and Vollebergh (2012) make a distinction between passive peer influence, which they perceive as imitation and active peer influence, which denotes peer pressure. The scholars assert that the explanation for the influence of peers is found in the imitation hypothesis which taps into a different theoretical model of peer influence, implying a more passive, implicit form of peer influence. Adolescents and young adults observe and imitate the smoking of others, without being urged to do so. According to Harakeh and Vollebergh (2012), there are two explanations of imitation that have found support in the literature. One of the explanations is provided by the social cognitive/learning theory of Bandura (1986), which suggests that individuals observe and imitate other's behaviour that may intentionally lead to positive rewards such as belonging to the group or being liked. Another explanation is provided by the perception-behaviour link paradigm studies by Chartrand and Bargh (1999) which stressed that individuals often imitate the behaviour of others spontaneously and unintentionally. Irrespective of the form of imitation, the action may lead to positive attitude towards the action.

You (2011) investigated peer influence and adolescents' school engagement and the relationship between peer group attitudes towards school, peer group activities (including sports and games); and academic achievement of secondary school students in the Nairobi urban area. The results revealed a significant relationship between peer influence on attitudes towards school, peer group activities and academic achievement. In the study's population sample, most students were positively influenced in their attitudes towards school by their peer group members (84%), and most of them indicated participation in peer group academic related activities (75%). Based on these findings, the following hypothesis is proposed:

H13: There is a positive relationship between peer influence and attitudes toward blood donation.

4.5.1.11. *Family influence and Attitudes (H14)*

The relationship between family influence and attitudes has been studied from diverse perspectives and the results suggest that family communication help children acquire certain attitudes, values, and behaviours. For example, Febrero et al. (2018) assessed whether family discussions among the elderly about organ donation had an impact on their attitude toward organ donation. The study findings confirmed that talking about the subject with one's family had a favorable influence on attitude compared with when this was not done. The study confirmed a positive relation between family and attitudes towards organ donation. Duh (2016) examined how two childhood family experiences (family resources received during childhood and perceived stress from disruptive childhood family events) affect later-life money attitudes and materialism. She found that family influence, through resources provided during childhood strongly and positively affected conservative money attitudes of security and budget. Hsieh, Chiu and Lin (2006) investigated

whether parental communication dimensions affect the transmission of brand attitude from parents to children. The results indicated that mothers with concept-oriented and fathers with socio-oriented communication are more likely to influence their children's brand attitudes.

Huijnk and Liefbroer (2012) examined the influence of the family on native Dutch attitudes toward having ethnic minority members as kin through marriage. Results showed that 28% of the variation in ethnic attitudes can be ascribed to the family. The study also found a positive relationship between family influence and intermarriage attitudes. Drawing from these findings, the following hypothesis is presented:

H14: There will be a positive relationship between family influence and blood donation attitudes.

4.5.1.12. *Attitudes and Intention (H15)*

Ajzen (1991) suggest that intentions indicate an individual's determination to do something and the effort they are willing to put in to perform the behaviour (Ajzen, 1991). This determination, especially related to brands, according to Wang (2009), is influenced by brand attitude. Thus, it can be surmised that brand attitude will have a strong impact on purchase intention. The relationship between attitude and intention has been explored from different perspectives, with diverse findings. Warfel (2013) argues that intention is presumed to be guided by deviations in attitude toward the behaviour which is based on whether one evaluates the behaviour as positive or negative and the perception of social pressures to perform the behaviour. It has been empirically established that purchase intention is identified as an intervening psychological variable between attitude and actual

behaviour. Schivinski and Dabrowski (2016) found that both brand equity and brand attitude have a positive influence on purchase intention. Accordingly, Schivinski and Dabrowski (2016) corroborated that purchase intention is recognised as a mediating psychological variable between attitude and actual behaviour. Moreover, Folse, Burton and Netemeyer (2013) found that a positive attitude toward a brand influences a customer's purchase intention and his willingness to pay a premium price.

In the blood donation context, the prediction of blood donation behaviour can be determined by intention to donate, which in turn, is affected by a positive or a negative attitude, subjective factors like social pressure and perceived ease or difficulty in performing the blood donation (Raghuwansh et al., 2016). Schivinski and Dabrowski (2016) assessed the behavioural influences of social media communication on brand attitude among Facebook users, and added brand purchase intention to the conceptual model. They found brand attitude to positively influence the brand purchase intentions. According to Schivinski and Dabrowski (2016), brand attitude was the strongest determinant of purchase intention in the non-alcoholic beverages industry and the researchers attributed this outcome to the social media communication strategy employed in the campaign. This outcome correlated with a similar one in the clothing and mobile network operator industries, where brand attitude had a positive effect on the consumers' brand purchase intention. These findings confirm the TPB and from them, the following hypothesis is formulated:

H15: There is a positive relationship between blood donation attitude and intention to donate blood.

4.6. Conclusion

This chapter reviewed relevant theories and literature to develop a conceptual model and hypotheses for this study. The TPB, HBM and SCT were found useful in suggesting some of the studied constructs, the relationships between the constructs and the development of the integrated conceptual model with fifteen hypotheses. The hypotheses were tested by employing the research designs and methodologies which are discussed in the next chapter.

CHAPTER 5: RESEARCH METHODOLOGY

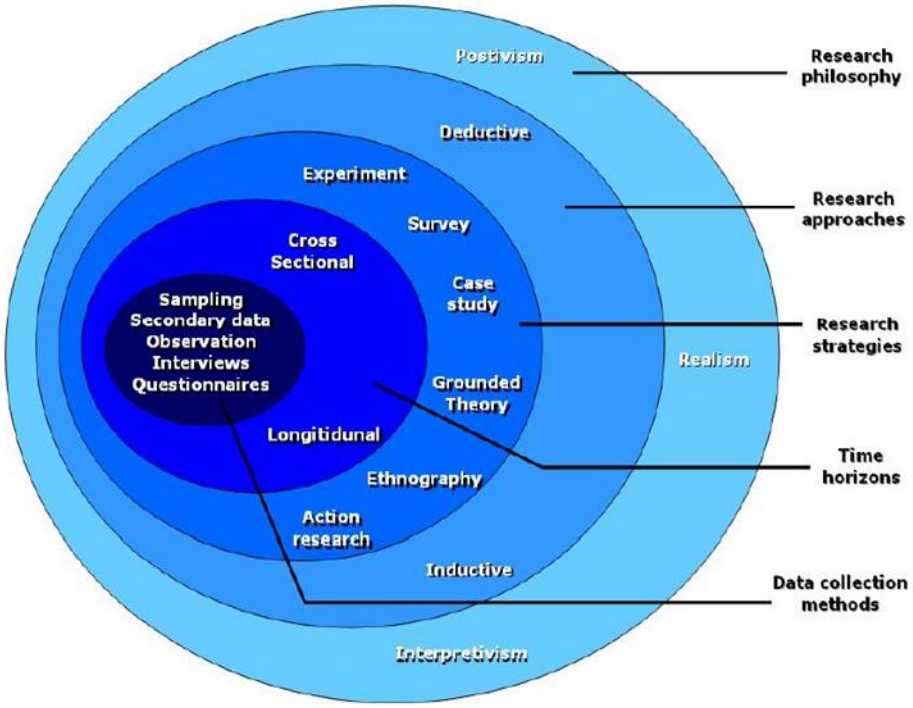
5.1. Introduction

The research methodology chapter elucidates the research philosophy and approach underpinning this study. The researcher explicates on the selection of research method, how data was gathered and processed and provides the framework for this research by delineating and examining the research paradigm, design and research methods. Three objectives are achieved by this Chapter, to explicate on the research strategy, outline the research design, as well as the techniques and process followed in conducting this research. Additionally, the validity and reliability measures employed by the researcher to test the hypotheses or answer the research questions are explored in order to ensure its veracity.

5.2. Research Process

In expounding on the research process that has been applied in this study, the Research Onion, which was developed by Saunders, Lewis and Thornhill (2007) and depicted in figure 11. below was utilised. The research onion illustrates the key issues that must be considered and examined prior to commencing any research project. Additionally, the research onion elucidates on the stages the researcher must go through when formulating an effective research methodology and strategy. When viewed from the outside, each layer of the onion describes a detailed stage of the research process (Saunders et al., 2007).

Figure 11: Research Onion



Source: (Saunders et al., 2007)

5.3. Research Philosophy

The research philosophy constitutes the first layer of the research onion and details how the researcher perceives the world (Saunders et al., 2007). In order to generate a suitable research design, it is necessary to initially establish and select a research philosophy (Tien, 2009). According to Saunders, Lewis and Thornhill (2016), research philosophy is an all-encompassing phrase which conveys the advancement of knowledge as well as the type of that knowledge. This definition endorses Bryman's (2012) earlier definition that a research philosophy represents a set of beliefs concerning the nature of the reality being investigated. Cohen,

Manion and Morrison (2013) describe research philosophy as the philosophical intent or motivation for performing the investigation, whilst Collis and Hussey (2009) state that research philosophy is a set of essential assumptions or the philosophical framework that will guide how research is conducted. There is accord from these scholars that research philosophy comprises an array of common procedures, values, and beliefs among members of a scientific group. Furthermore, research philosophy seems to prescribe that scientists in a certain discipline shape what should be researched, how the research should be carried out and how conclusions must be interpreted (Bryman, 2012). This reinforces Collis and Hussey's (2009) contention that the research philosophy ultimately influences the research strategy that will be pursued and the data gathering and analysis methods as well as Flick's (2011) assertion that the conjectures generated by a research philosophy provide the justification of how the research will be undertaken.

5.3.1. Modes of Research Philosophy

Before describing research philosophies, it is important to distinguish between a research paradigm and research philosophy as the two concepts are usually confusing. A research paradigm describes a "cluster of beliefs and dictates what should be studied, how research should be done and how the results should be interpreted" (Bryman, 2008, p.696) while research philosophy refers to the philosophical orientation about the world and the nature of research that a researcher brings to a study (Creswell, 2014).

Researchers can follow any of the three research philosophies, namely, positivism, constructivism and realism (Bryman, 2012). The terms applied to these philosophies are also different, such as empiricism which also refers to positivism

and interpretivism, which represents constructivism, but the underlying assumptions are broadly similar (Bryman, 2012). For consistency, the terms positivism, constructivism and realism are employed in this study. Additionally, these three research philosophies can be grouped into three schools of thought, namely, epistemology, ontology and axiology (Guba & Lincoln, 1994). Based on Jancowickz (2000), epistemology represents the acceptable and suitable knowledge in the field of study, which is what the researcher feels as knowledge, what he counts as evidence and proof and what he does not. Ontology is concerned with the nature of reality while axiology is concerned with the researcher's value in all stage of the research process (Saunders et al., 2007).

Positivism is an epistemological position that assumes that reality exists independently of the object that is being studied (Newman, 1998). This definition infers that in positivism, the social world exists outside and is viewed objectively (Blumberg, Cooper & Schindler, 2014). Since positivism is composed of largely deductive approaches, it involves testing existing theory to develop hypotheses (Bryman & Bell, 2011). These hypotheses will be tested and either confirmed or contradicted, leading to a further development of theory which may then be tested by additional research.

Conversely, the **constructivism** approach affirms the mode and recurrence in which social trends and their meanings are achieved by social actors (Bryman, 2012). In constructivism, one can never presume that participants discern and decode matters the same way, hence it is imperative to scrutinise and assess the respondents' understanding. The glaring differences between positivists and constructivists seems to be how they investigate and describe human behaviour (Lee, Groom & Potrac, 2014). Positivists appear to endorse more scientifically measurable knowledge to predict a specific conclusion, while constructivists

support that it is essential to extensively interrogate and interpret narratives, to gather additional insights about a trend (Isaeva et al., 2015). It is for this reason that constructivists support a closer interaction and dialogue with research participants in order to take into consideration their unique individual experiences, circumstances, beliefs and social perspectives (Wahyuni, 2012; Tsang, 2014).

Realism follows a reality that is free from the researcher's senses and theoretical opinions and concludes that the outcomes that have been generated by scientists signify real objects in a natural or social world (Bryman, 2012). In principle, realism implies that what the senses display as reality is essentially the truth, meaning that objects have an existence independent of the human mind. Although fundamental differences between the three philosophies exist and researchers may have a preference of one philosophy over the other, it does not make one philosophy essentially better than the other (Podsakoff, MacKenzie & Podsakoff, 2012). Research philosophy for the current study

In the current study, the objective was to analyse the correlation between the independent and dependent variables, therefore the positivist approach was adopted. Firstly, the current study appraises marketing, psychological and social phenomena in the blood donation milieu, which demands a separation of facts from values. Secondly, the research process in this study will likely produce quantitative data which will be utilised to test assumptions about the relationship between market factors (i.e. social media marketing) and other variables, hence the positivist paradigm ties in well with the current study. Thirdly, in the present research, in order to test the study conceptual framework, a pragmatic method had to be employed, which would facilitate the measurement of operational concepts, which could only be carried out using the quantitative method. Major behavioural theories that are grounding the study, coupled with abounding relevant literature, were also reviewed, which aided the researcher to formulate propositions. The

formulated hypothesis was tested through the primary data that was gathered and analysed, and from which the inferences of the suggested relationships in the study's conceptual framework, which is illustrated in Figure 10 of Chapter 4, are derived.

5.4. Research Approach

The second layer of the research onion is the research approach, which determines how theory will be included in the research project. The research approach influences the research design as well as the research strategy (Easterby-Smith, Thorpe & Jackson, 2008; Silverman, 2013). There are two approaches that are available to the researcher, either the deductive or the inductive approach.

5.4.1. Deductive Approach

The deductive approach entails the exploration of concepts and models that are established from theory through new empirical data, while possibly refining, improving or extending it (Collis & Hussey, 2013). In its simplest form, the deductive approach is mainly aimed at testing theory. In the deductive approach, the researcher develops the hypothesis based on prevailing theory and then designs the research approach to test a theory (Bhattacherjee, 2012; Silverman, 2013). What is unique about the deductive approach is that scientific principles are underscored which involves moving from theory to data in order to explain the causal relationships between variables by selecting deductive samples of sufficient size in order to generalise conclusions (Saunders et al., 2007). This highly structured approach is best suited to contexts where the research project entails assessing whether the observed phenomena fits with expectation based on

previous research (Wiles et al., 2011; Collis & Hussey, 2013). A key facet of the deductive method is that it attempts to explicate the causal links between theories and constructs (Saunders, Lewis & Thornhill, 2012). It is evident that the deductive approach appears to be more aligned to the positivist approach, which facilitates the development of hypotheses and the statistical testing of anticipated outcomes to an expected level of probability (Bryman, 2016). However, Saunders et al. (2007) and Hall, Griffiths and McKenna (2013) postulate that a deductive approach may also be used with qualitative research techniques, though in such cases, the expectations formed by pre-existing research would be formulated differently than through hypothesis testing.

5.4.2. Inductive Approach

According to Mason (2007), the inductive approach relates to the generation of new theory emerging from the data. Bryman and Bell (2011) consider the inductive approach as a shift from the specific to the general as hypotheses are proposed at the commencement of the research after which data is tested. With the inductive approach, the observations are the genesis for the researcher, and patterns are looked for in the data (Beiske, 2007). This infers that the inductive approach does not have a framework that initially informs the data collection, therefore the research focus can be established subsequent to the data gathering process (Flick, 2011). The emphasis of the inductive approach is on full comprehension of the significance and meaning people assign to events. The inductive approach is commonly applied in qualitative research, where the absence of a theory informing the research process may be of benefit by reducing the potential for researcher bias in the data collection stage (Bryman & Bell, 2011). Interviews are carried out concerning specific phenomena and then the data may be examined for patterns between respondents (Flick, 2011).

5.4.3. Research Approach for the current study

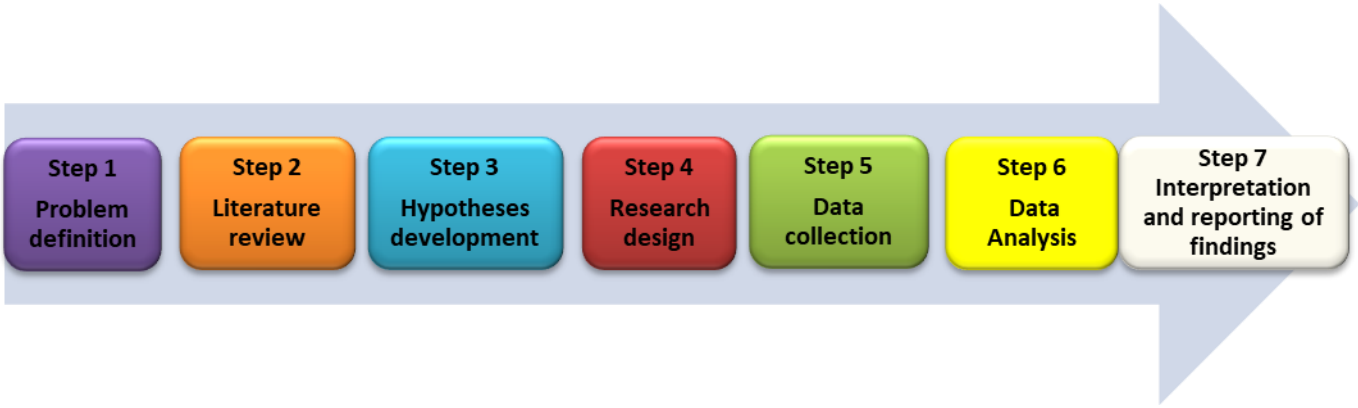
As the current study utilises existing theories and models to examine the hypothesis and investigate a research gap, the deductive research method was embraced in this study. The research commenced with a literature review, the theoretical framework and hypotheses, based on the extant research and available theory. After a detailed literature review was performed by the researcher, a research gap was established. The deductive approach is related to positivism and can be adjusted to the natural sciences (Saunders et al., 2007).

5.5. Research Strategy

Wagner, Kawulich and Garner (2012) denote research strategy to refer to how the researcher selects to conduct the research process, based on aspects such as the researcher's conceptual framework and the research question. According to Bryman (2016), research strategy refers to a general orientation to conducting of social research whilst Wedawatta, Ingirige and Amaratunga (2011) state that research strategy provides the overall direction of the research including the process by which the research is conducted. All the definitions put forward by the scholars imply that research strategy deals with the theoretical research foundation and process that the researcher has followed in undertaking this study. The research strategy needs to enable the researcher to meet the research objectives as well as to answer the research question. The research strategy that the researcher follows will have a tremendous effect on the study outcome. This means that if wrong data is gathered, using the inappropriate method, then the study outcome will be incorrect and fail to provide any relevant or workable answer for the research question. Therefore, the stages that form the research strategy

which guided the current study are represented in Figure 12. below, followed by a brief explanation thereof.

Figure 12 : Research Strategy Process



Source: Researcher's own drawing

5.5.1. Problem Definition

Iacobucci and Churchill (2010) assert that lucidly defining the problem is the most fundamental tenet and step of undertaking research. This statement is supported by Wiid and Diggines (2013), as well as Sekaran and Bougie (2013), who further underscore that without distinctly articulating the problem statement, the researcher would neither be able to acquire appropriate information nor tangible solutions to the problem being investigated. The research problem for this study was formulated in Chapter 1 and is briefly elucidated underneath.

Research problem: Examining the influence of social media marketing on psychological and social factors and how these impact on attitudes and blood donation behavioural intention amongst Millennials in South Africa.

The disparity between blood supply and demand is a grave concern for the healthcare sector globally, including South Africa. According to the South African National Blood Services, for example, less than 1% of South Africans are regular blood donors; yet an estimated eight out of ten people will need blood during their lives. These facts draw attention to the exigent need for incessant recruitment of new blood donors and the retention of existing blood donors to meet the demand for blood in South Africa. A good source of donors can be the Millennials, who, due to their vast size, can easily influence and mobilise their peers through their high social media presence and engagements. The factors that would however influence Millennials' blood donation attitudes and intention are yet to be studied.

Studies have assessed blood donation awareness, attitudes and motivations. While these psychological factors provide some explanation of blood donation, the research question that arises from this study is what role social media marketing and social factors plays on the Millennials' intention to donate blood. Furthermore, what are the behavioural outcomes of attitudes toward blood donation, especially among a large, but fickle consumer segment such as the Millennials?

5.5.2. Literature Review

Once the research problem has been formulated, it is then crucial for the researcher to examine literature from other scholars which pertains to the subject in order to extrapolate answers to the research problem from secondary data. The literature review should ideally provide a solid theoretical base for the research which will enable the researcher to determine the nature of their investigation (Ridley, 2012). A literature review provides valuable background for the reader and delivers full understanding of the developments in the discipline.

In this study, the literature review, captured in Chapters 2, 3 and 4, was conducted on the status of blood donation in South Africa, as well as the concept of social media marketing, its intricacies and how it can be applied in stimulating blood donation intention. The Millennials, as the large segment that presents potential donors, were studied to fully understand their profile, which would help blood banks to formulate effective marketing strategies and messages that will encourage them to donate blood. Through this detailed literature review, the researcher was able to operationalise key variables in this research as well to formulate hypotheses which must be empirically examined.

5.5.3. Hypothesis Development

A hypothesis refers to a proposed explanation for a phenomenon whose merit requires evaluation (Easwaran & Singh, 2010). A hypothesis requires the researcher to perform additional work in order to either confirm or disprove it. In order to develop a hypothesis, it was crucial to explore models which would form the bedrock of the study and assist in the construction of the study's conceptual model, from which fifteen (15) hypotheses were derived and tested. The next subsection discusses the research design adopted in this study to test the hypotheses.

5.5.4. Research Design

Bryman (2016) avers that research design describes the general direction in conducting social research as well as the process followed in undertaking this research. Creswell's (2013) delineation provides better clarity when he states that research design comprises tactics and procedures that contain comprehensive methods of data collection, analysis and interpretation. The design must facilitate

the fulfilment of the research objectives as well as answer the research question. Three research designs are noted, namely, qualitative, quantitative and mixed methods.

Qualitative research method is an unstructured method, which is exploratory in nature and involves a small sample that offers better understanding of the problem setting (Malhotra, 2010). It usually emphasises what people say rather than enumeration in the data collection and analysis (Bryman, 2012). Empirical observations are expressed as words, images or objects (Neuman, 2014).

Quantitative research emphasises numbers in the collection and analysis of data, applies some form of statistical analysis and tests theories in order to explain a social phenomenon by examining the causal relationship between variables through the development of a hypothesis (Malhotra, 2010; Bryman, 2012; Creswell, 2013).

Mixed method is the integration of quantitative and qualitative research approaches within the same research study or project (Bryman, 2012; Wagner et al., 2012).

There are also numerous forms of collecting data that are used in both qualitative and quantitative research and a brief summary of the various methods is provided underneath:

Structured observation is the “method of watching what is happening in a social setting that is highly organised and follows systematic rules for observation and documentation" (Neuman, 2014, p. 374). For this method to be effective, an observation guide is used so that the researcher is better able to pay more attention to those activities that are likely to help answer the research questions (Wagner et al., 2012).

Focus groups are a form of a group interview where participants (usually between five and fifteen) are requested to take part in a discussion, facilitated by a moderator, on a predefined subject, with more emphasis on group interaction and joint construction of meaning (Bryman, 2012). In a focus group, the idea is for the moderator to elicit as much information as possible from participants (Neuman, 2014).

Interviews entail a compilation of questions that are asked by the person who conducts the interview. Interviews can either be structured, unstructured or semi-structured. Structured interviews follow an interview guide that covers the exact wording and sequence of all questions to be asked (Wagner et al., 2012). In this instance, all respondents are asked similar questions, following the same order using a formal interview schedule (Bryman, 2012). Semi-structured interviews are performed following an interview guide with the main questions to be asked, however, it also gives flexibility for matters to be addressed as they arise (Wagner et al., 2012). Unstructured interviews do not follow any predetermined structure or sequence, the participants are encouraged to engage and express themselves freely (Wagner et al., 2012). The researcher sometimes uses an “aide-memoire” to remind himself of some issues to explore (Bryman, 2012).

Questionnaire is a group of questions that are administered to respondents in a survey. It gathers structured and numerical data that can be managed in the absence of the researcher and is relatively simple to analyse (Bryman, 2012). Questionnaire or survey research strategy is the most fitting data collection method for a large group of respondents (Easterby-Smith et al., 2008). Furthermore, it offers the likelihood of standardisation of data which facilitates ease of comparison. Surveys are ideal for documenting perceptions, attitudes, beliefs, or knowledge within a clear, predetermined sample of individuals (Paradis, O'Brien, Nimmon, Bandiera & Martimianakis, 2016). Through a survey, quantitative data can easily

be gathered and then analysed using descriptive and inferential statistics. Survey methodology also enables the findings that are representative of the entire population to be generated at a lower cost.

5.5.5. Research Design for the Current Study

Based on the nature of the current study's research problems and questions, the quantitative research method to gather and analyse data was employed. Scholars such as Saunders et al. (2007), Malhotra (2010), as well as Saunders et al. (2012) concur that the quantitative methodology is most frequently used for explicating and predicting human behaviour, which has a great resonance with the current study. The quantitative method deals with deductions, validation, theory and hypothesis testing, standardised data gathering and statistical analysis, investigating and explanation, which are crucial in confirming the reliability and validity of the study (Neuman, 2014). Due to its ability to reduce a convoluted problem to several variables that could be tested in a more controlled setting, the quantitative method was the most apt for the current study which sought to test relationships between the marketing factors, psychological factors and social factors that influence blood donation intention of the S.A. Millennials. Using the quantitative methodology in the research facilitated an effective measurement and data analysis utilising statistical means as proposed by researchers, such as Creswell (2013), in order to corroborate the presence of the relation between the study variables and to establish cause and effect. By using the quantitative method, the study provided precise numerical data, which enhanced the credibility of the study (Denscombe, 2014). This gives the researcher confidence that the study will be welcomed and embraced by blood banks and policy makers who may derive value in employing the study as a framework and roadmap to formulate effective marketing strategies that include social media marketing in their

marketing campaigns. This is even more apt and crucial in galvanising Millennials around the noble act of blood donation. Lastly, this method provided the advantage of speed, lower cost and better control over the respondent type.

5.6. Time Horizon

Another layer in the research onion is the time horizon and this is still part of the research design that has been discussed in 5.5.4. above as part of Step 4 in the Research strategy process, depicted in Figure 12. Saunders et al. (2007) articulate that the time horizon refers to the period in which the study will be conducted. It is the view of Bryman (2016) that research studies may follow five generic research designs and time horizons, namely cross sectional, longitudinal, case study, comparative and experimental research designs.

Cross-sectional research refers to studies that are designed to obtain information on variables in different contexts, but at the same time, which means collecting data on more than one case at a single point of time (Bryman, 2012). Babbie (2016) opines that cross sectional studies are conducted when there are constraints of time or resources and data is collected once, over a short period of time before it is analysed and interpreted. This design is best suited to studies aimed at finding out the prevalence of a phenomenon, situation, problem, attitude or issue, by taking a cross-section of the population. They are useful in obtaining an overall 'picture' as it stands at the time of the study. Bryman (2012) concurs with this statement in his emphasis that cross-sectional studies take a "snapshot" of a continuing situation.

Longitudinal studies, conversely, denote a research that occurs over a protracted period (Bryman, 2012; Neuman, 2014; Babbie, 2016). Malhotra (2010)

puts forward that a longitudinal design embraces pre-determined features of the sample of population that is measured repeatedly. Longitudinal studies aim to research the dynamics of the problem by exploring the same situation or people several times or continuously, over the period in which the problem runs its course (Neuman, 2014). Repeated observations are done with the aim of revealing the relative stability of the phenomena. This will allow the researcher to examine change processes and it would be likely to suggest probable explanations from an examination of the process of change and pattern which emerges (Bryman, 2016).

Case study is the detailed investigation of a large amount of information that relates to very few units or cases for a single period or across multiple periods of time (Neuman, 2014). As Bryman (2012) discerns, case study research deals with the intricacy and precise nature of the case in question.

Comparative study entails studying two contrasting cases using identical methods. The researcher examines data on events and conditions in the historical past and/or in different societies (Neuman, 2014). Comparative studies are essentially about comparisons (Bryman, 2012).

Quasi-experimental designs relate to a process where individuals are not randomly assigned (Creswell, 2013). Quasi-experiments somehow apply some part of the procedures of experimentation although they lack full experimental control (Malhotra, 2010). The benefit of quasi-experimental designs is that they almost ascertain the identification of a causal relationship, even better than the pre-experimental designs and are appropriate with testing for causal relationships in circumstances where the classical design is inappropriate (Neuman, 2014).

For the current study, as relationships between constructs were to be tested, without deducing a cause and effect linkage between them, a cross-sectional research design was the appropriate one to be employed. The choice of a cross sectional study was motivated by that data was to be gathered at a single point in time, which aptly provided the researcher with a picture of the trend during the time when the research was conducted.

5.7. Data Collection

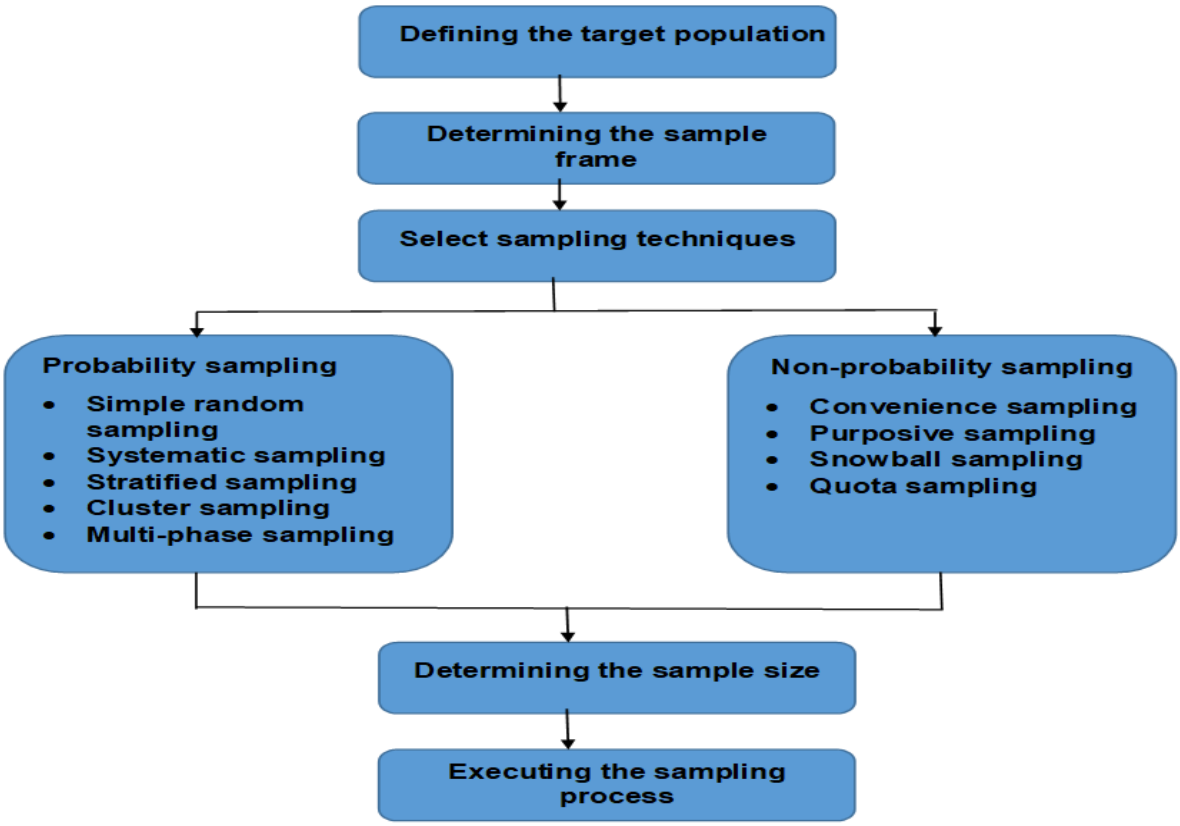
Wagner et al. (2012) provide a very simplistic definition of data collection as the gathering of information to enable the researcher to answer the research questions while Lamb et al. (2013) go further to state that collection of data encompasses the utilisation of field workers to obtain data. As already alluded to in 5.3.2., the present study adopted the positivist philosophy. Studies aligned to the positivist philosophy are quantitative in nature. Therefore, a survey as the most popular research instrument in quantitative studies was employed to gather data for this study. All the intricacies involved in the data collection process employed in the current study such as data collection instrument, sampling protocols, measurement instrument and ethical considerations are discussed below.

5.7.1. Sampling

The selection of a section of the population, in the research area, which will be a representation of the entire population is how Leedy and Ormrod (2014) describe what sampling is. The key purpose of sampling is to enable researchers to carry out the study to individuals from the population so that the results of their research can be applied to draw deductions and conclusions that will relate to the entire population. In any study, the sample that a researcher chooses is critical to the

overall research process, hence Malhotra et al.(2012) regard sampling as the key facet of research. It is also crucial that the sample is representative of the population from which it was drawn and must have good size to warrant statistical analysis. Malhotra (2010) has put forward five steps that go into the sampling design process, depicted in figure 13.

Figure 13 : Sampling Design Process



Source: Malhotra (2010)

Step 1: Defining Target Population

Bryman (2012) describes target population as a group of units from where a sample is selected. The definition offered by Zikmund and Babin (2016) is even

more expansive as they express population as a group of elements that will be employed by the researcher to extract some information from and make conjectures based on the data at hand. The significance of determining and defining the appropriate target population in research cannot be underestimated, as emphasised by Zikmund and Babin (2016), that by being precise in determining the target population, the researcher is able to achieve credible and reliable study outcomes.

The target population for the present study are South African Millennials, who were selected from Wits University in Gauteng province, South Africa. According to the Department of Higher Education (DHET, 2017) Gauteng has the biggest proportion of the South African student population, hence it was selected. Furthermore, the University of Witwatersrand was selected based on the accessibility to the researcher and thus ease of gathering data.

Step 2: Determining the Sample Frame

A sample frame is the source material or list from which the sample is drawn (Bryman, 2012). It is a list of all those within a population who can be sampled, and may include individuals, households or institutions. Although Bryman and Bell (2011) emphasise the importance of ensuring that the sampling frame is complete and correct as it will be utilised to derive conclusions about the population, McDaniel and Gates (2013) acknowledge the reality that confronts researchers and concede that finding an accurate and complete sampling frame list is a rarity.

For the current study, published data with the number of registered undergraduate and postgraduate students at the University of the Witwatersrand in 2017 was used as a sample frame. The student data in the Wits brochure were extricated from the Higher Education Management Information System Model (HEMIS) which

indicates the yearly HEMIS student data provided to the Department of Higher Education and Training (DHET). The 2017 student data were all preliminary HEMIS figures presented, subject to auditing in 2018. Based on this data, Wits had a total of 38 343 registered students in 2017, 64,2% undergraduates and 35% Postgraduates. Regrettably, the data does not specify age groups, therefore the size of the Millennials could not be determined, other than using the general trend that most of the student population falls within the 19-35-year age group.

Step 3: Select Sampling Techniques

The probability and non-probability sampling modes are the two sampling approaches available to the researcher (Cooper & Schindler, 2014). Probability sampling is a method where every member of the population has a known, non-zero probability of selection (Zikmund et al., 2013). Bryman and Bell (2011) provides an even more simplified definition that probability sampling refers to a sample that has been randomly selected so that each unit can have an equal chance of being selected. Probability sampling aims to minimise possible sampling errors which may arise from the variances in the sample and the population from which it was chosen. Probability sampling methods encompass simple random, systematic, stratified, cluster, stage and multi-phase sampling (Zikmund et al., 2013; Bryman, 2016). Non-probability sampling methods rely on the personal judgement or convenience of the researcher and not on coincidental or random selection, which means that the prospect of any member of the population being chosen is not known (Malhotra, 2010). Since there is no precise selection with non-probability sampling, individuals may simply be added in the sample due to their availability and willingness to partake in the study. Due to their low cost, convenience and speed of data collection, non-probability sample modes are used in many marketing research studies. Non-probability sampling methods include

convenience sampling, purposive sampling, snowball sampling and quota sampling.

The current study applied the purposive non-probability sampling method in gathering data. A purposive sample is a non-probability sample that is selected based on characteristics of a population and the objective of the study. As the study specifically sought to investigate market, psychological and social factors influencing blood donation by S.A. Millennials, the purposive non probability method, also known as judgemental, selective, or subjective sampling enabled the researcher to purposely select a sample that is made up of the Millennial cohort, a cohort to which the undergraduate and postgraduate students at Wits belong and share the same characteristics. Some of the benefits that the researcher derived from selecting this technique were convenience, speed and low cost. Although purposive sampling can be highly prone to researcher bias, the researcher's judgement was well considered and took into account the study's theoretical framework.

Step 4: Determining the Sample Size

The number of participants who are surveyed in the research study is known as the sample size (Malhotra, 2010). Sample size is pivotal in research as it has a bearing on the reliability of the research outcomes. The bigger the size of the sample, the lower the prospect of an error in the generalisation of the population and the more credible the data. Determining the appropriate sample size for a quantitative study can be difficult and complicated but Wilson (2012) recommends that aspects such as costs, time and access to study participants come into play when deciding on the sample size. Malhotra (2010), on the other hand, cautions that the sample size must be big enough to account for both incidence and completion rates.

For the present study, 850 questionnaires were distributed to University of the Witwatersrand students, undergraduate and postgraduate, males and females between the ages of 19 and 39 years (in line with the 1980-2000 classification of Millennials by Schiffman et al., (2010), Parment (2013) and Lee and Kotler (2015) which was adopted in this study. It was not necessary to ascertain whether they had donated blood or not. Out of 850 questionnaires issued, 650 questionnaires were completed. To establish the size of the sample, the researcher followed guidelines proposed by Siddiqui (2013) that for quantitative studies which will employ Structural Equation Modelling to analyse data, conceptual models that have ten to fifteen variables necessitate sample sizes of between 200 and 400 in order to perform SEM analysis. Based on this guideline and that the study had eight (8) variables, the 650 responses that were achieved in this study were adequate.

Step 5: Executing the Sampling Process

Step 5 as suggested by Malhotra (2010) deals with the data collection process. Essentially this focuses on the entire process of collecting data and the operationalisation thereof, which is explained in the ensuing section.

5.8. Research Ethics

Ethical issues are a critical aspect of research and data collection and provide guidelines for the responsible handling of research (Blaikie & Priest, 2019). Quinlan, Babin, Carr, and Griffin (2019) define ethics are a practice of moral principles and values that define what is good for individuals and society. These principles place a big responsibility on researchers to have ethical concern and obligation to respondents in terms of consent, explanation of purpose of the study, right to privacy, right not to participate, right to stop participating at any time, right

to confidentiality, right to safety, and right to decide which questions to answer (Zikmund & Babin, 2016; Resnik, 2011). As the current research involved human participants, it was essential that stringent ethical protocols are adhered to throughout the research process. This was to ensure that respondents' rights are fully respected and protected. The present study addressed ethical concerns as follows:

Ethical clearance certificate: The researcher adhered to the University of the Witwatersrand's ethics policy and applied for ethical clearance from the Ethics Review Committee of the University of the Witwatersrand prior to the commencement of data collection. The ethics clearance was granted, Protocol Number was H18/06/11, and a copy of the certificate is attached in Appendix 2. Ethics Clearance Certificate.

Covering letter: The questionnaire covering letter formed the basis of the Ethics Clearance application as it provided detailed information to the study participant. In the letter, the researcher introduced herself, indicated the qualification being studied and clearly articulated the study title and its purpose. Furthermore, the issues around study participation such as confidentiality, voluntary participation, withdrawal from participation at any point and the fact that the study is for academic purposes were articulated. The researcher's supervisors and the Human Research Ethics Clearance representative's contact information were shared should there be a need for respondents to express any concerns about the study.

5.9. Research Instrument

Babbie (2016) defines a data collection instrument as a document which details the questions and other items that are devised to seek information on the study

variables for analysis. Bryman (2012) elaborates by stating that the researcher usually determines in advance the broad outline of what he or she wants to investigate and develops a research instrument which would enable him/her to apply what needs to be known. A structured questionnaire was used to collect data in this study. A structured research instrument refers to a survey where all participants are asked the same questions in the same sequence (Bryman, 2016). Birmingham and Wilkinson (2003) underscore that a well-planned and well-executed questionnaire has the benefit of producing rich data in a format ready for analysis and simple interpretation. The researcher ensured that the research instrument followed from the reviewed literature so that it measured the correct variables. It is crucial that the researcher includes all variables that appear in the conceptual framework when designing a questionnaire. An effective instrument is one that enables the transmission of useful and accurate data from the respondent to the researcher, which means presenting questions in a clear and unambiguous way so that the respondent may interpret them and articulate his or her response correctly.

5.9.1. Questionnaire Design

Acharya (2010) rightly contends that questionnaire design is an extremely vital part of the research as the investigation, results, general conclusions, recommendations and identified areas for future research are all contingent on how accurately the questionnaire is compiled. An inappropriate questionnaire can potentially misrepresent the research, mislead academics and misinform policy making. According to Rowley (2014), great effort needs to go into designing a good questionnaire which will gather data that answers the study research questions and elicits an adequate response rate. Nardi (2018) advises researchers to pay attention to the configuration of the questionnaire, the structure and wording of the

questions, as well as the accuracy of the pilot testing. Acharya (2010) also cautions researchers to be familiar with the vocabulary and terminology of respondents as understanding and using the terminology that is generally utilised by the target population generates simplicity and a higher response rate.

Questionnaires can either be structured and unstructured (Bryman, 2012). Structured questionnaires encompass pre-coded questions with well-defined patterns to follow the series of questions. Unstructured questionnaires include open ended and vague opinion-type questions.

The questionnaire developed by the researcher for the current study was structured into 12 sections. Section A, which comprised five questions, focused on the respondents' demographic information. Section B sought to explore the respondents' internet access and usage, whilst Section C dealt with social media usage and Section D asked questions relating to blood donation behaviour. Sections E to K were specific to the study constructs as represented in the Conceptual Model, illustrated in Figure 10 of Chapter 4. The structuring of questions in this manner was in line with the suggestion by Malhotra (2010) that to ensure an appealing questionnaire, and to bring sequence of the questionnaire, the ordering of questions must first start with screening questions, then demographics for classification purposes, followed by general questions about their internet and social media behaviour and engagement, and last, questions solely focused on their opinions and experiences. This ensured that the respondent was not lost or lost interest as they proceeded.

Acharya (2010) has suggested the "Eleven 'No's in question designing", depicted in table 3, which the researcher applied as a roadmap to designing an effective questionnaire.

Table 3: Eleven 'No's in question designing

Eleven No's	Explanation
1. No question without an objective	• Each question should have an objective. • The researcher must be clear about the objective of asking a question • Questions without objective should be avoided.
2. No complex language	• The language of the questionnaire should not be complicated to understand. • The vocabulary of the respondents should be used in the questionnaire. • Simple language is preferred. Use of rhetorical and elite language creates problems.
3. No ambiguous concepts	• Ambiguous concepts should not be incorporated in the questions.
4. No leading and embarrassing questions	• Leading and embarrassing questions should be rephrased. People feel offended when answering these questions. • Such questions may result in biased answers
5. No shorter checklist (Response Set)	• The answer alternatives should be adequate. • Do not leave the answers with too few options like a. agriculture, b. service. Instead, a long list of possible occupations serves well. • The questions should not be designed in such a way that more than one option is merged together at the stage of data collection. • Many times, such previously categorised data set does not permit for the running of some statistical analyses.
6. No long questions	• Every question should be short and preferably in only one sentence that match with the cognitive capacity of the respondent. • However, some longer statements could also be given to provide cues to the respondents.
7. No 2 in 1	• Merging of two questions into one should be completely avoided. • Such merging often confuses the respondent

8. No double negative (Double barrelled)	• Double negatives must be avoided in the language of question.
9. No calculations	• As far as possible, avoid all calculation seeking questions. Respondents do hesitate to calculate and there is always possibility of receiving wrong answers. • Respondents who cannot calculate also give wrong answers to hide their lack of knowledge
10. No long and vague reference periods	• Reference periods should be clear and preferably short. Longer reference period causes recall lapse errors. These errors mislead the research errors
11. No reference of previous questions	• The preferred way is to maintain a very good skipping pattern and to have a sequence of questionnaire administration. • It is extremely not suggested asking the questions like "As I asked in Question number 12 above".

Source: Acharya (2010)

5.9.2. Measurement Scales

In research, for data to be analysed and conclusions made from that analysis, it needs to be converted into some numerical form (Wiid & Diggines, 2013). This is usually applicable when a researcher measures respondent's feelings, attitudes and opinions, amongst others. To achieve this, measurement scales are used in research as tactics to sub-categorise distinctive classes of data into numerical form (Lietz, 2010). Generally, nominal scale, ordinal scale, interval scale, and ratio scale are four levels of measurement scales or methods used to assign numbers (Wiid & Diggines, 2013).

Nominal scale, also referred to as categorical scale is the type of coding that puts people, perceptions or attributes into categories because of a shared trait

(DeVellis, 2016). Harpe (2015) regards the nominal scale is the simplest form of a measurement as it is used just to sort and not to capture additional information. DeVellis (2016) asserts that another facet of nominal scale is that every object that is measured is assigned exclusively into one group, hence there is no comparative ranking of the categories. It is interesting to note that the nominal scale does not express any values or relationships between variables. Labelling of gender data is an example of nominal scale.

Ordinal scales categorise data from lowest to highest and provide information that pertains to where the data points lie in relation to one another (Malhotra, 2012). Creswell (2013) points out that an ordinal scale typically uses non-numerical categories such as low, medium and high to demonstrate the relationships between the data points. The downside of the ordinal scale which Creswell (2013) highlights, is its inability to offer information about the extent of the difference between the data levels.

According to Abramson and Abramson (2008), an **interval scale** is one in which the actual distances, or intervals between the categories or points on the scale, can be compared. The distance between the numbers or units on the scale are equal across the scale. Creswell (2013) states that the uniqueness of interval scales is in that there is no absolute zero point since what is fundamental is just the consistency in the interval between categories.

The ratio scale sorts the data and positions it along a range so that the researcher can observe data in relation to each other, and the categories are equal intervals apart, which is why it contains the most information about the values in a study (Bellini, 2017). Swift and Piff (2010) draw attention to the fact that what makes a ratio scale different is that it also has a random absolute zero point. The lowest data point collected serves as a meaningful absolute zero point which allows for

interpretation of ratio comparisons. Time is one example of the use of a ratio measurement scale in a study (Swift & Piff, 2010).

The present study applied a 7-point Likert scale (using 1= strongly disagree to 7= strongly agree) to assess all the measurement items. The Likert scale, developed by Rensis Likert in 1932, is an item scoring system which endeavours to compute people's opinions, attitudes and perceptions on a variety of issues. The Likert scale was devised in order to measure 'attitude' in a scientifically accepted and validated manner (Joshi, Kale, Chandel & Pal, 2015). Likert scales arrange opinions from extreme negative to extreme positive.

The choice of a 7-point Likert scale was motivated by empirical literature which suggests that considering the sometimes unreliability of the responses from survey participants, it is possible for a 7-point scale to perform better compared to 5-point scale (Joshi et al., 2015; Rahi, 2017). This assertion is supported by Harpe (2015), who states that the 7- point scale offers more variety of options which increases the probability that the objective reality of people will be reflected in their responses and augments the response rate, which was the case with this study. Furthermore, the benefit of using a 7-point scale lies in the fact that it uncovers more explanation about the subject and thus realistically appeals to the logical thinking of the participants, as corroborated by Willits, Theodori and Luloff (2016). The ease with which a 7-point Likert scale can be constructed and administered, as observed by Bajpai (2011), is another rationale for the selection of the 7-point Likert scale for the present study. The fact that previous similar studies also applied a 7-point Likert scale encouraged the researcher to select a tried and tested approach.

The measurement instrument that was used in the current study was adapted from previous researchers and proper modifications were made. The measurement

instrument for the study, which is attached as Appendix 1, was adapted from the following:

Table 4: Research Instrument Adaptation

Variables	Source	Number of instruments
Social media marketing	(Fayoyin, 2016)	5
Awareness	(Zucoloto & Martinez, 2016)	5
Perception	(Melku et al., 2016)	5
Motivation	(Bednall & Bove, 2011)	5
Reference Groups/ Peer influence	(Aldamiz-echevarria & Aguirre-Garcia, 2014)	5
Family	(Karim et al., 2012)	5
Attitudes	(Zucoloto & Martinez, 2016)	5
Intention	(Nguyen et al., 2008)	5

Source: Researcher's own drawing

5.9.3. Operationalisation of Constructs

In order to ensure that the study participants understand the measurement items for constructs, it was imperative to operationalise them. Udo-Akang (2012) delineates operationalisation of constructs as a means of accurately defining variables into measurable elements with the intention of simplifying vague and ambiguous concepts, which enables them to be empirically and quantitatively measured. In the study, the formulation and length of measurement items were modified to ensure that they are relevant to this specific research context. The language style was simplified to make them understandable by the study

respondents. Social media marketing was operationalised as a multidimensional and two-directional communication between the blood bank and study participants and study participants and their social media contacts via social media. In simple terms, it was operationalised to mean communication via social media, whether it is firm generated or user generated. The operationalisation of social media marketing as a two-way communication stems from the fact that social media is used as a tool by organisations to connect with customers and similarly, it is also used by users to disseminate information about various topics, including blood donation. Empirical studies are in accord that engagement is the predominant impetus for social media marketing (Calder, Isaac & Malthouse, 2016; Tuten & Mintu-Wimsatt, 2018; Voorveld, van Noort, Muntinga & Bronner, 2018).

Awareness has been operationalised as the extent to which participants have heard about blood donation, have seen it being done, have some exposure and knowledge of the process of blood donation and the extent to which social media could influence this awareness.

Perception was operationalised as the respondent's views, thoughts, feelings and even myths about donation which have been gathered through media, friends, advertisements, among others, and how social media could change those perceptions.

Motivation was operationalised as a drive, energy, push to do something because the outcomes thereof are either congruent with his beliefs or fulfil a certain desire or an influence that is driven by external factors, such as pressure from peers, friends, etc.

Peer and family influence were operationalised as donating blood either to fit to a social group or to fit in or because it is something they do because it has been instilled as part of family values or upbringing.

Attitudes are operationalised as a combination of a consumer's beliefs, feelings, sentiments which a person holds towards somethings which can either be positive or negative, based on the previous experience or exposure. Intention was operationalised as willingness to donate, the significance of donating and the determination to consider donating blood in future.

The items measuring the various constructs were adopted from already developed and validated measures and were modified to suit this study. The operationalisation of the constructs and the statements that best describe the construct have been developed with necessary modifications from their original sources and are added as Appendix 3.

5.9.4. Pilot Survey

According to Van Teijlingen and Edwin (2002), pilot studies are a fundamental ingredient of a good study design. This view puts in the spotlight the significance of testing the survey questionnaire before it is used to collect data. Acharya (2010) construes a pilot test as a mini-version of a full-scale research study undertaken to specifically test a research instrument such as a questionnaire. Pretesting and piloting is valuable to identify questions that may not make sense to participants, or any complications with the questionnaire that might result in subjective and biased answers (Muijs, 2010). Pre-testing provides a basis for the amendment of the questionnaire. Pre-testing also helps in determining the efficacy of the survey questionnaire, its strengths and weaknesses, specifically with regards to how the

questions are formatted, worded, their sequence, how long the data collection can be expected to take and the overall respondent well-being (Willis, 2016). Essentially, piloting a questionnaire before the actual survey provides the researcher with extremely valuable insights about what could go wrong with the study outcomes and offers an opportunity to rectify any errors that may affect the validity of the study findings. Hence, Willis (2016) stresses that pretesting should ideally test specifically for question variation, meaning, task difficulty, and respondent interest and attention. A very important contention is made by Atashzadeh-Shoorideh and Yaghmaei (2016) about the inclusion of any questions that the researcher adapted from other similar surveys in the piloting, even if they have already been pre-tested, as the context of the survey can affect its meaning.

With regards to the sample size for pre-testing a questionnaire, there is lack of coherent guidance from literature. Whilst other scholars such as DeVellis (2012) do not address sample size, others such as Burns and Bush (2014), cite ranges of 5–10 participants and Perneger, Courvoisier, Hudelson and Gayet-Ageron (2015) recommend 30 and above. According to Perneger et al. (2015), a sample size of 30 would achieve about 80% detection of a problem that occurs in 5% of the population, and to detect a repeat occurrence of a problem that affects 10% of the respondents. At the same time, if no problems are detected for a given question among 30 respondents, the upper 90% two-sided confidence limit on the true prevalence of problems is 10%. This suggests that 30 participants are a reasonable default value or starting point for pre-tests of questionnaires.

Based on this empirical recommendation, the researcher used a group of marketing students and some marketing experts to pre-test the research instruments and based on the inputs from those pre-tests, the questionnaire was polished and enhanced. The questionnaire then underwent a pilot testing involving

50 respondents to enhance the questionnaire by discovering and eradicating any potential problems. The collected data from the 50 respondents was used to test the validity and reliability of the scales. Based on the results from the pilot testing, the questionnaire was revised accordingly and as the researcher was confident that all the appropriate steps were taken to mitigate the possibility of low response, the final questionnaire was administered.

5.10. Reliability and Validity of the Instrument

The researcher also pre-tested the reliability and validity of the survey questions during the instrument design phase. The pre-test is important as some observation of reliability of the measures must be done prior to finalising the questionnaire. To be reliable, a survey question must be answered by respondents the same way each time (Hair, Black, Barbin & Anderson, 2010). Hair et al., (2010) postulate that reliability assesses the extent to which a scale produces consistent outcomes if repetitive measurements can be done on that element and under the same circumstances (Malhotra, 2010; Bryman, 2012). Wagner et al. (2012) provide an even richer insight that reliability relates to whether a study will produce the same result if it is done more than once. This implies a simple test of consistency, accuracy and certainty of research results. Hair et al. (2010) assert that researchers can assess reliability by comparing the answers respondents give in one pre-test with answers in another pre-test. The estimate that is generally used to measure the reliability of a scale is the coefficient alpha, which is ordinarily known as the Cronbach's alpha (Collis & Hussey, 2009).

The outcome from the reliability tests for the present study revealed suitable Cronbach Alpha values which surpassed the minimum threshold of 0.70 as articulated by Hair et al. (2010), which is discussed in the next chapter.

Subsequent to the pilot study, the questionnaire was distributed to participants of the main study at the University of Witwatersrand from 1 August to 30 October 2018. A standardised cover letter supplemented each questionnaire, with the aim of elucidating the objective of the study, as underscored by Bryman (2016), highlighting all the ethical considerations, such as confidentiality, voluntary participation, choice to withdraw from the study at any time and the expected time for the completion of the questionnaire (Zikmund et al., 2013).

Validity refers to the extent to which an instrument measures what the study intends to measure (Punch, 2013). In quantitative research, content validity focuses on whether the conceptual definition is represented in the measure, criterion validity and construct validity focus on how well a measure conforms to theoretical expectations (Punch, 2013). Validity is particularly important because using the wrong measurement instrument or an instrument that does not effectively measure the underlying concept would effectively jeopardise the integrity of the research (Creswell, 2013). Convergent and discriminant validity were used to measure validity. Convergent validity was investigated using item loadings and item-to-total correlation values and discriminant validity was tested by checking the inter-correlation between the constructs and by comparing the Average Variance Extracted (AVE) to Shared Variance (SV).

5.11. Data Collection Method and Administration

Data collection, which entails fieldwork, is an important process aimed at generating valid data from relevant respondents (Malhotra et al., 2012). Data can be gathered using different methods such as focus groups, experiments and surveys (Burns & Bush, 2014). In this study, a structured questionnaire, which forms part of the self-administered survey method, was used.

5.11.1. Field Work

Burns and Bush (2014) state that field work entails generating useable data from pertinent respondents employing various data collection techniques which include focus groups, surveys and experiments. It is common practice in research for fieldworkers to be engaged in gathering primary data. Zikmund et al. (2013) define a field worker as a person who has the responsibility to collect data in the field. In this study, the option of engaging the services of field workers was exercised where three fully trained fieldworkers were secured to gather the data from participants. Structured, paper based, self-administered questionnaires were dispensed and managed by three trained fieldworkers at the University of Witwatersrand. A covering letter, aimed at explaining the study purpose also enabled clear understanding of the study by the participants and ensured voluntary participation, as suggested by Jain, Khan and Mishra (2017). Prior to the commencement of the field work, the researcher carried out a thorough information session with the field workers to ensure clarity of the process and conduct during this process. To ensure alignment, the researcher met with the fieldworkers every fortnight to assess the data collection process and to identify any hurdles, where applicable, which facilitated the collection of quality data as well as a quicker turnaround time. The fact that the fieldworkers were postgraduate students at the University of Witwatersrand also contributed to the high response rate.

5.11.2. Data Screening and Analysis

DeSimone, Harms and DeSimone (2015) state that once data is collected, it is essential for it to be screened. Correspondingly, the definition accorded to the data screening was the process of ensuring that data is clean, useable, reliable, and valid for testing causal theory, prior to conducting further statistical analyses

(DeSimone et al. 2015). This process entails reviewing data for errors, inspecting raw data, identifying outliers and dealing with missing data and rectifying all data related problems prior to data analysis (DeSimone & Harms, 2018). This process is in line with Bryman's (2012) view that screening of data relates to sifting through the data to check for inconsistencies and incorrect information and condensing the magnitude of information that has been gathered to ensure that all redundant data which an adverse impact on data coding could have is removed. Cooper and Schindler (2014) even elaborate further on this subject by clarifying that this phase encompasses the organisation, analysis and explanation of the data, which all ultimately are intended at methodologically arranging, assimilating and exploring data to examine patterns and associations among the specific details.

For this study, subsequent to the data collection process, the researcher also followed the recommendations by Cooper and Schindler (2014), DeSimone et al. (2015), as well as DeSimone and Harms (2018), of data screening, which the researcher deployed as the initial action towards gaining rich insights into the attributes of the data. The researcher achieved this through questionnaire checking, editing, coding, and tabulation. In addition, each data theme was tested for mean and standard deviation utilising SPSS, to uncover any errors and possible outliers, and data was cleaned after errors in data entry were rectified.

5.11.3. Data Coding and Processing

For the current study, before the data were entered into a computer for processing and analysis, it was essential for the researcher to develop a coding system. Consequently, subsequent to the data screening and refinement, the coding process commenced. Quinlan, Babin, Carr and Griffin (2019) affirm that variable coding is part of a process of measuring variables. The important role of coding in

quantitative studies is further underscored by Quinlan et al. (2019) who delineate coding to involve inserting data codes which act as identifiers on data about all units of analysis. Babbie (2016) advocates that a well-organised study must always have a code book, wherein each variable is assigned a name, description and the range related to the variable. All this information is referred to as the coding for the variable.

In following Babbie's (2016) recommendation, a codebook, which is a record used in data processing and analysis to identify where the different data items are placed in the data file, was developed for the present study. It categorised the data items and the meaning of the codes applied to signify diverse attributes of variables (Babbie, 2016). Through coding, the researcher sought to assign the data that relates to each variable into categories, which is regarded as a category of that variable. This was implemented by allotting a number to each category of a variable e.g. male was coded as one (1), and female as two (2). The codes were then entered on the questionnaires to make coding easier and less tedious. When the questionnaire was finalised, a box for the code in the right margin of the page for each question was inserted. These boxes were not used by the respondents but were only completed during data processing.

It is paramount to be certain that a proper and consistent coding system was developed and that coding schemes were easy to apply. Hence, prior to coding and data entry, the researcher adhered to the proposition put forward by McCrudden, Schraw and Buckendahl (2015) that all procedures must be tested on a few questionnaires in order to estimate the time required to complete the coding task. Once the testing on a few questionnaires was complete, the data were ready for coding.

5.12. Data Analysis Procedure

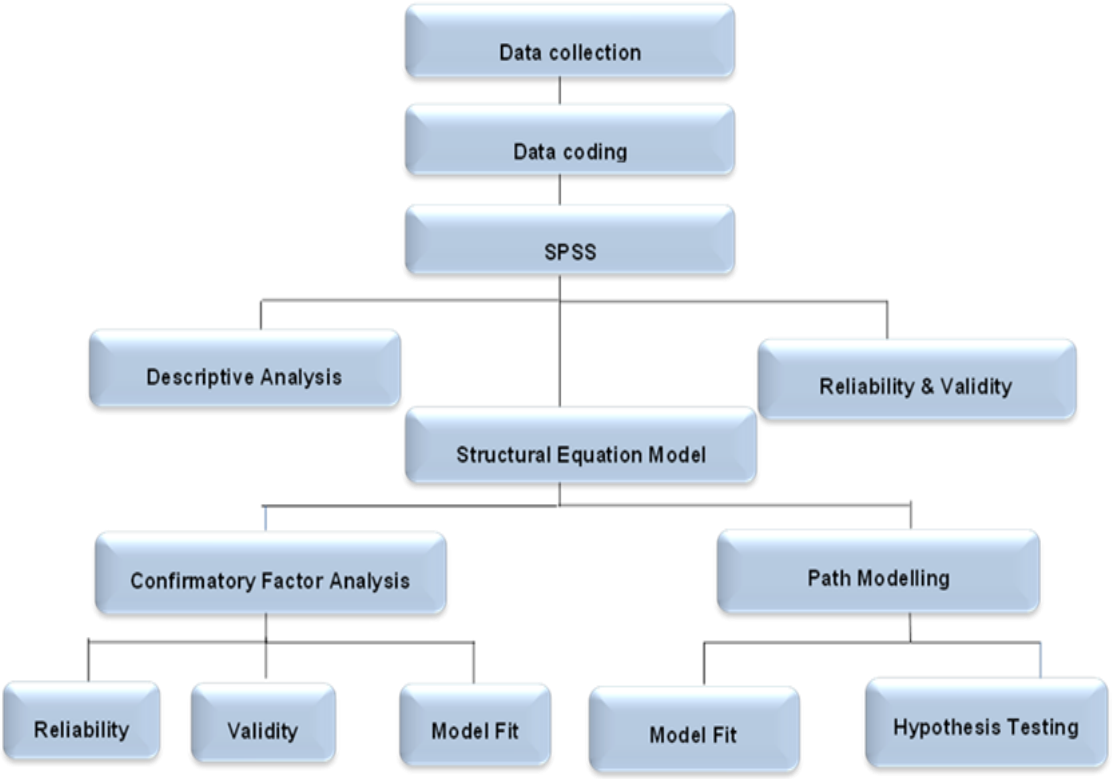
According to Babbie (2016), data analysis focuses on linking data to theories, developing generalisations and identifying trends and themes that test the hypothesis, which ultimately enabled the researcher to apply reasoning to fully comprehend and interpret the gathered data. Essentially, data analysis entails the methodical exploitation of statistical processes which are aimed at compressing, presenting as well as evaluating data (Neuman, 2014). It is worthwhile to accentuate the fact that different techniques are applied to analyse qualitative and quantitative data, therefore the data analysis approach that is followed is always guided by whether a quantitative approach or qualitative approach was adopted in the study. What this study intended to comprehend and contribute to blood banks, social marketers, marketing professionals, academicians and business was magnified through empirical substantiation and the employment of AMOS 23 and SPSS 23 statistical programmes. This was to confirm that the empirical suppositions of the hypotheses are corroborated in order to accomplish the research objectives, as detailed in Chapter 1.

5.12.1. Data Analysis Procedure for the Current Study

In this study, data analysis was performed using three statistical tools, namely, Excel, SPSS 23 and AMOS 23. This choice of the data analysis methods was driven by the study objectives as well as the hypothesised relationships. Therefore, subsequent to data gathering, data was screened to ensure that it is clean, is free from errors, utilisable, reliable and valid and ready for analysis. The coding process on an Excel spreadsheet was thereafter undertaken. Excel was used to capture the responses and to conduct descriptive analysis. To ease the performance of descriptive statistics, the data that was coded on Excel was transferred to SPSS

23. The next steps comprised conducting inferential statistics by applying structural equation modelling through Confirmatory Factor Analysis (CFA) and Path Modelling, employing the AMOS 23 statistical software. Figure 14 below, graphically portrays the step by step process that the researcher adopted in the current study to analyse empirical data after it was gathered.

Figure 14: Data Analysis Process



Source: Researcher's own drawing

5.12.2. Descriptive Statistics

Once data is collected and analysed, it is pivotal for the researcher to ensure that it is compressed, tabulated and presented in such a manner that significant conclusions can be made. Descriptive statistics, as defined by Lomax and Hahs-Vaughn (2013), is a technique that allows the researcher to tabulate and summarise the demographic profile and characteristics of the study participants. Willoughby (2015) signifies the value of presenting descriptive statistics in a concise way, so that they are identifiable and understandable. In the current study, descriptive statistics detailed the demographic features of the research information. The overall number of respondents was stated, and the spread of gender, age, academic level and occupation of respondents was looked at, as well as their social media behaviour in terms of the platforms they utilise and the duration they spend on social media. Furthermore, their blood donation behaviour was also presented. The detailed descriptive statistics are presented in Chapter 6.

5.12.3. Structural Equation Modelling (SEM)

Structural Equation Modelling (SEM) was utilised in this study to analyse data. Suhr (2010) delineates SEM as a method for representing, estimating and testing a connection between measured variables and latent variables. Structural Equation Modelling (SEM) depicts relationships among observed variables employing numerous models, with the goal of delivering a quantitative test of a conceptual model that is conjectured by the researcher. Grace (2006) also earlier emphasised this assertion, highlighting that the SEM is prominent due to some of its important traits, one being its robustness in assessing the hypothesised models of directional and non-directional connection between a series of observed (measured) and unobserved (latent) variables. Svensson (2015) states that what

stands out about SEM is that it allows the researcher to construct abstract concepts and validate the posited causal relationships across two or more structural equations. SEM combines elements such as regression analysis, factor analysis and simultaneous equation modelling (de Carvalho & Chima, 2014). The fact that Structural Equation Models go outside normal regressions models to incorporate multiple dependent and independent variables, together with hypothetical latent constructs that groups of observed variables might represent, is one of the benefits of SEM. Nusair and Hua (2010) supported by Stein et al. (2012), who regard SEM as a highly recognised statistical technique, attribute this recognition to, among others, its ability to deal with numerous modelling complexities, the endogeneity among variables and combined underlying data configurations which exist in several phenomena, hence it is preferred by researchers across disciplines.

5.12.4. Rationale for Selecting Structural Equation Modelling (SEM)

Although Creswell (2014) clearly states that the research question that is being investigated and the available data must drive the decision on the statistical technique that is used in the study, the researcher explored some of the statistical techniques that are available, prior to selecting an appropriate model for the study. Among some conventional statistical techniques that the researcher explored are the ANCOVA, which Woodrow (2014) describes as the analysis of covariance that encompasses the inclusion of a continuous variable in addition to the variables of interest (i.e. the dependent and independent variable) as means for control. ANOVA, which is used to analyse the disparities among group means in

sample and well as the MANOVA, which is simply an ANOVA with several dependent variables (Woodrow, 2014). It was interesting to realise that while numerous divergences exist among conventional statistical techniques and SEM, there are also similarities. Some of the divergences that are highlighted by Suhr (2014), relate to the fact that SEM requires formal specification of a model to be estimated whilst conventional techniques stipulate a default model. Another disparity is that SEM clearly itemises error as opposed to conventional techniques which simply assume measurement free of error. SEM seemed to be the most appropriate and is extremely vigorous when it comes to testing the causal relationship between many variables. Since the present study sought to test the relationship between the eleven constructs (namely social media marketing, awareness, perceptions, motivation, peer influence/ reference groups, family influence, attitudes and intention), the researcher was confident that SEM could deliver on this analysis. This is because SEM can test many relationships at once, which is contrary to some conventional statistical modes, such as multiple regression, which can only assess a single relationship. Additionally, while the conventional multivariate techniques are not capable of measuring or correcting for measurement error, SEM offers exact approximations of these parameters (Stein et al.,2012). Lastly, SEM techniques can incorporate both unobserved (latent) and observed variables. SEM allowed for integration and inclusion of multi-item scales. It also presented accurate estimates of measurement errors that are associated with these scales (Davcik, 2014).

5.12.5. Structural Equation Modelling (SEM) Process

Structural Equation Modelling is carried out in two stages. The first stage comprises the assessment of the fitness of the measurement model. During this phase, the construct reliability and item reliability are examined (Nusair & Hua,

2010). Data analysis procedure followed four steps, which are data coding, generation of descriptive statistics employing SPSS software, conducting Confirmatory Factor Analysis (CFA) applying AMOS for SEM and Path Modelling, also using Amos for SEM. Confirmatory Factor Analysis (CFA) determines reliability, validity and model fit, while Path Modelling evaluates whether the signage is positive or negative and significance of the relationship using probability value. Lastly, the model fit was checked.

5.13. Validity and Reliability of the Measurement Scales

5.13.1. Validity

Validity refers to the extent to which an instrument measures what the study intends to measure (Punch, 2013). In quantitative research, content validity focuses on whether the conceptual definition is represented in the measure, criterion validity and construct validity focuses on how well a measure conforms to theoretical expectations (Punch, 2013). Validity is particularly important because using the wrong measurement instrument or an instrument that does not effectively measure the underlying concept would effectively jeopardise the integrity of the research (Creswell, 2013). Convergent and discriminant validity were used to measure validity.

5.13.1.1. *Convergent Validity*

Convergent validity is a sub-category of construct validity which indicates the extent to which two measures of constructs that theoretically should be related, are in fact related. Malhotra (2010) maintains that convergent validity is attained if two similar constructs correspond with each other, which means all items in a

measurement model are statistically significant. Convergent validity can be confirmed by calculating the Average Variance Extracted (AVE) for every construct (Zikmund et al., 2013). Convergent validity stipulates that the factor loading for each construct should be above the required threshold of 0.5. Other scholars, such as Malhotra (2010), contend that a base higher than 0.7 is very good, whereas, the level of 0.5 is acceptable. Convergent validity measures the extent to which indicators of a specific construct share a high proportion of variance in common (Hair et al., 2010). Convergent validity in the current study was examined by evaluating item correlation estimates and factor loadings. Nusair and Hua (2010) suggest that items indicate satisfactory convergent validity when they load strongly on their shared construct. In addition, to confirm convergent validity, a loading that exceeds 0.5 is essential, while low factor loading items in a model could make a construct fail.

5.13.1.2. *Discriminant Validity*

Discriminant validity examines the uniqueness of each construct in relation to others (Hair et al., 2010). This means that discriminant validity applies to two dissimilar constructs that are easily differentiated. Discriminant validity was tested by checking the inter-correlation between the constructs and by comparing the Average Variance Extracted (AVE) to Shared Variance (SV).

5.13.2. Reliability

Reliability deals with the degree to which a scale yields coherent outcomes if repeated measurements can be made on that attribute (Malhotra, 2010; Bryman, 2012). A much clearer definition of reliability is provided by Wagner et al. (2012) who posit that reliability is the extent to which an instrument measures a variable identically every time it is employed on the same participants and under the same

circumstances. Simply put, it is whether a study will produce the same result if it is done more than once. It also denotes that the conclusion about a fundamental concept will stay the same if a similar measurement is repeated over time (Babbie, 2016). For the current study, in order to ensure the credibility and integrity of the study, the Cronbach's Alpha value (Cronbach α), Composite Reliability (CR) and Average Variance Extracted (AVE) were performed to appraise the reliability of measurement models of each construct.

5.13.2.1. *Cronbach Alpha*

Cronbach Alpha is generated using SPSS and Composite Reliability Index is generated using AMOS. Cronbach's Alpha assists with confirming the existence of reliability, while CR and AVE confirm and validate the presence of discriminant reliability. According to Bryman (2012), Cronbach Alpha calculates the average of all possible split half reliability coefficients. A calculated Cronbach's coefficient will vary between 1 and 0. Clow and James (2013) stipulate that the Cronbach Alpha coefficient of 1 indicates perfect internal reliability and the Cronbach Alpha coefficient of 0 indicates no internal reliability. The figure of 0.70 is usually used as a rule of thumb to indicate an acceptable level of internal reliability (Bryman, 2012).

5.13.2.2. *Composite Reliability*

Clow and James (2013) denote composite reliability as a technique employed to confirm and validate the presence of discriminant reliability. To assess internal reliability, the composite reliability test was performed. Bryman (2012) suggests that the formula illustrated underneath should be applied when examining composite reliability:

$$CR_{\eta} = {(\sum \lambda y_i)^2}\Big/{[(\sum \lambda y_i)^2 + (\sum \varepsilon_i)]}$$

Composite reliability = (square of the summation of the factor loadings)/ {(square of the summation of the factor loadings) + (summation of error variances)}. The formula stipulated above was employed when evaluating the composite reliability of all the constructs in the current study. According to Bagozzi and Yi (2012), values of CR must be above 0.70 and AVE must be above 0.50. An indicator is regarded as being reliable if its loading score is at least 0.50 or above.

5.13.2.3. *Average Value Extracted (AVE)*

The Average Value Extracted (AVE) indicates the average percentage of variation explained by the measuring items for a latent construct. It is the measure of the sum total of inconsistency and variance in the construct in relation to the amount of variance due to measurement error (Bagozzi & Yi, 2012). This implies that the overall amount of variance existing in the indicators is indicated by the Average Value Extracted. There seems to be a dichotomy between scholars on the acceptable threshold for AVE. While Sarstedt, Ringle, Smith, Reams and Hair (2014) assert that the acceptable AVE threshold is 0.50, which would imply that the variable is reliable, other scholars such as Malhotra (2010) are of the view that 0.4 is acceptable if AVE is less than 0.5, but composite reliability is higher than 0.6, the convergent validity of the construct is still adequate.

The results of the validity measures of the current study, as well as the Cronbach's alpha, Composite Reliability (CR) and Average Value Extracted (AVE) are articulated in Chapter 6.

5.14. Model Fit Assessment

Concurring with Pawaskar, Raut and Gardas' (2018) assertion, applying a model that does not fit the data well cannot provide good answers to the underlying

research questions under investigation. Hence Model fit assessment is conducted for the purpose of determining how well the conceptual model is signified by the sampled data (Osarumwense & Duru, 2019). There are three categories of model fit indices that can be used to assess the goodness-of-fit of the measurement model.

5.14.1. Chi-square (χ2 /DF)

According to Sharpe (2015), the chi-square tests remain important and a useful method for applied researchers seeking to evaluate categorical data. The Chi-Square value is the traditional measure for evaluating overall model fit and is commonly used for testing relationships between categorical variables (Hooper, Coughlan & Mullen, 2008). The null hypothesis of the Chi-Square test is that no relationship exists on the categorical variables in the population; they are independent. A chi-square value that is below 3 is an acceptable indication of model fit. The current study has a chi-square value of 1.712, which is below the suggested threshold and therefore a conclusion can be drawn that there is an acceptable fit.

5.14.2. Normed Fit Index (NFI)

Bryne (2016) describes NFI is an incremental measure of goodness of fit for a statistical model, which is not affected by the number of variables in the model. Goodness of fit is measured through a comparison of the model of interest to a model of completely uncorrelated variables. A recommended threshold for NFI of greater than 0.9 is deemed to be acceptable fit (Bryne, 2016). The Normed Fit index value of the current study at 0.925 is above the recommended threshold, 0.9, hence there is acceptable fit.

5.14.3. Relative Fit Index (RFI)

Relative Fit Index compares a chi-square for the model tested to one from a baseline model, which is usually known as the null model (Hair, Hult, Ringle, & Sarstedt, 2016). RFI value that surpasses 0.9 is a sign of acceptable fit. The RFI value of the current study is 0.903, therefore this implies that there is acceptable fit.

5.14.4. Tucker-Lewis Index (TLI)

The Tucker Lewis Index (TLI) is also known as the Non-normed fit index (NNFI) (Hair et al., 2016). Hair et al. (2016) describe this index as an attempt to adjust for the intricacy of the model although it is to a certain extent sensitive to a small sample size. According to Bryne (2016), TLI values that are greater than 0.9 indicate a good fit and are thus appropriate, as it is the case with the current study TLI of 0.957.

5.14.5. Incremental Fit Index (IFI)

Incremental fit indices (IFI), also referred to as Comparative fit indices, signify the research model's comparative development in fit contrasted to the statistical baseline (Kline, 2011). An IFI value that meets or exceeds 0.9 suggests that the fit is acceptable. The 0.967 value of the study means that there is acceptable fit as it exceeds the threshold.

5.14.6. Comparative Fit Index (CFI)

CFI is the goodness-of-fit index that assesses the model fit by inspecting the inconsistency between the data and the hypothesised model, which means that it describes how much better the study model fits the data compared to this independence representation. Bryne (2016) asserts that CFI ranges from 0.0 to

1.0, and a CFI value that meets or exceeds 0.9 indicates a good fit. The study's CFI value is 0.967 and this means that there is good fit.

5.14.7. Root Mean Square Error of Approximation (RMSEA)

Root Mean Square Error of Approximation (RMSEA), according to Hooper, Coughlan and Mullen (2008), tests the closeness of fit and indicates how well the model fits the populations' covariance matrix. A RMSEA value that falls below 0.05-0.08 is an indication of good model fit (Sharpe (2015). The RMSEA value for the current study is 0.033. This confirms that there is acceptable fit. The results of all the fit measures used to evaluate goodness of fit of the models in this research are discussed in Chapter 6, under the results presentation.

5.15. Structural Model: Path Model Assessment

Once the researcher evaluated the model fit using CFA, path analysis was followed as the next phase of data analysis using SEM (Stein et al., 2012; Byrne, 2010). Path analysis is a SEM technique focused on the interrelation of observed (measured) variables (Shamim & Butt, 2013). This stage has been referred to as a structural model by Malhotra (2010), who further explained that this shows how the constructs are interrelated to each other, often with multiple dependence relationships. Path modelling defines the relationship amongst observed or measured variables as well as theoretical constructs (Roche, Duffield & White, 2011). It allows for examination of causal processes between observed relationships and to estimate the importance of alternative paths of influence. The structural relationship between variables is empirically represented by the path estimate (Hair et al., 2010). A path diagram for this study is portrayed in Chapter 6.

5.16. Conclusion

This chapter presented a comprehensive research methodology that was espoused in this research study. The research philosophy that was applied in the study as well as the trajectory it provided on the study research design was expounded. The theory behind the research design, as well as the methodology adopted for this study were also detailed. This was followed by using the five-step sampling design process, which articulated the study population, sampling frame, sampling methods, sample size as well as the way the paper-based questionnaire was disseminated, and data gathered from the University of the Witwatersrand students. The final section of the chapter provided a framework of how data was analysed utilising descriptive statistics, performing reliability and validity measurements, CFA and SEM. The subsequent chapter describes the empirical conclusions of the study.

CHAPTER 6: RESULTS PRESENTATION

6.1. Introduction

This chapter presents results from the quantitative analyses of the empirical study conducted on how marketing, psychological and social factors influence blood donation attitudes, as well as intention to donate blood among the South African Millennials. An interpretation of each of the results is also provided in this chapter. At the outset, descriptive statistics which explicitly detail the respondents' demographics, social media, as well as blood donation behaviour, are rendered. Subsequently, the results of the reliability tests conducted on the instruments used are provided. The confirmatory factor analysis (CFA) that discusses the validity is presented next, after which, results from testing the hypothesised relationships are provided. The chapter is concluded by providing a summary of the tested hypotheses, their respective relationship direction and subsequent acceptance or rejection status.

6.2. Descriptive Statistics

Collis and Hussey (2013) assert that descriptive statistics provide a concise synopsis of data, which can be presented either numerically or graphically for ease of visualisation, identification and gaining more insights of the data. This assertion is supported by Lomax and Hahs-Vaughn (2013) who define descriptive statistics as techniques that allow the researcher to tabulate and summarise the profile of research objects in the study. An outline of the demographic attributes of the respondents who were part of the current study is presented in this section.

6.2.1. Demographic Profile of Respondents

Table 5: Demographic profile of respondents

DEMOGRAPHIC CHARACTERISTICS		Frequency	Percentage %
Gender	**Males**	278	42,8
	Females	372	57,2
Total		**650**	**100**
Age group	18 - 24	166	25,5
	25 - 30	401	61,7
	31 - 35	53	8,2
	36 - 40	30	4,6
Total		**650**	100
Academic Level	High School	180	27,7
	Diploma	320	49,2
	Undergraduate degree	65	10,0
	Postgraduate degree	85	13,1
Total		**650**	**100**
Occupation	Student	384	59,1
	Employed	244	37,5
	Self-Employed	17	2,6
	Unemployed	5	0,8
Total		**650**	**100**

The majority of the study respondents were females at 57.2% with males at 42.8%. The higher proportion of females in this study is reflective of the South African gender distribution, with data suggesting that the population is predominantly female, with an average of 48.2% males and 51.7% of females (Statistics South Africa, 2011). 95.4% of the respondents were within the expected Millennial age group of 18-35 years old. Most (76.9%) of them in this study have obtained a high school and diploma certificate, 23.1% hold undergraduate and postgraduate certificates. The majority (59.1%) of the respondents were students and 40.1% were employed.

6.2.2. Internet and Social Media Usage

Section B of the questionnaire focused on determining the respondent's internet and social media usage. Considering that the study sought to establish how social media marketing influences blood donation attitudes and intention to donate blood, it was essential to understand the respondents' internet and social media usage. Consequently, respondents' internet usage, where they accessed the internet from, the duration spent on the internet and social media, as well as the social media platforms they use, were asked.

Table 6: Respondents' internet and social media usage

INTERNET AND SOCIAL MEDIA USAGE		Frequency	Percentage %
Internet Access	Yes	650	100
	No	0	0
Total		**0**	**100**
Internet place of Usage	Home	44	6,8
	Work	142	21,8
	School	247	38,0
	Mobile Phone/Tablet	158	24,3
	Internet Cafe	59	9,1
Total		**650**	**100**
Hours spent on Internet	Less than 1 hour	19	2,9
	2 - 5 hours	66	10,2
	5 - 10 hours	275	42,3
	10 - 15 hours	173	26,6
	More than 15 hours	117	18,0
Total		650	100
Social media usage	Yes	650	100
	No	0	0
Total		**650**	**100**
Social media platforms	Facebook	50	7,7
	Twitter	37	5,7
	LinkedIn	19	2,9
	YouTube	106	16,3
	Instagram	83	12,8
	All of the above	355	54,6
Total		**650**	**100**

As presented in Table 6, all the respondents surveyed have access to the internet. This is in line with the growth in the internet usage in South Africa and the fact that the respondents of this study grew up in the digital era. The majority (59.8%) of the participants access the internet at school and at work. This is due to the free wi-fi access that is currently provided at institutions of higher learning, such as Wits, and at work places. Up to 24% access the internet and social media from their mobile devices (either cell phone or tablet), which may also still be on campus. This is an indication that universities in South Africa can successfully communicate with students on their mobile devices, which these young consumers are always carrying around. The high incidence of internet access via mobile can be attributed to the high prevalence of smart phones, coupled with the ubiquitous nature of a mobile device, which has become part and parcel of the life of the majority of South Africans. Research indicates that there are 79.1 million mobile subscriptions in South Africa (which is 146% penetration as % of the South African population (SA Social Media Landscape Report, 2019 report). It was interesting to find out that 68.9% of the respondents spend between 5 and 15 hours a week on the internet. Up to 18% spend more than 15 hours a week on the internet. This data suggests that the majority of the study participants are very active Internet users because of the amount of time they spend on the Internet per week. Therefore, they are more disposed to searching for and disseminating information on the internet.

Table 6 also reveals that all the respondents in the study (100%) use social media. This indicates that all respondents in the study have a good discernment of the social media landscape. This made all the respondents eligible to participate in the study, especially as up to 54,6% of the respondents utilise all the common social media platforms such as Facebook, Twitter, LinkedIn, YouTube and Instagram. What is noteworthy is the low percentage of LinkedIn users, which is plausible, as

LinkedIn is largely a site that is used by professional people and businesses and thus has a lower appeal to the youth and students.

Section D of the questionnaire focused on gathering information about the respondent's awareness of blood donation and whether they donate blood. Table 7 provides a summary of the findings about respondent's actual blood donation behaviour. The questions related to whether they have heard about blood donation, from what sources, whether they donate blood and reasons why they donate blood.

Table 7: Blood donation awareness and participation rate

BLOOD DONATION BEHAVIOUR		Frequency	%
Heard of blood donation	Yes	646	99,4
	No	4	0,6
Total		**650**	**100**
Source of information	Media campaigns	64	9,8
	Blood drives	349	53,7
	Friends/Family	50	7,7
	Social Media	83	12,8
	My doctor	71	10,9
	Other: Specify	33	5,1
Total		**650**	**100**
Do you donate blood?	**Yes**	610	93,8
	No	40	6,2
Total		**650**	**100**
Blood donation status	Regular donor	586	90,2
	Non-regular donor	64	9,8
Total		**650**	**100**
Reason for donating blood	Emergency call for blood donation	33	5,1
	Helping a friend/family	284	43,7
	Doing a sense of good to others/Sense of social responsibility	172	26,5
	Curiosity	80	12,3
	Peer/Social/Family pressure	81	12,5
Total		**650**	**100**

As illustrated in Table 7, the majority (99.4%) of respondents had heard about blood donation and a very small 0.6% had not heard about it. 53,7% of the participants indicated that their main source of information about blood donation comes from blood drives, which could imply that blood drives at institutions of higher learning still play a critical role in raising awareness about blood donation. It is interesting to note from this statistic that family and friends scored very low (7.7%) as the source of information for participants yet also fascinating that 12,8% had received information about blood donation via social media. It is also remarkable from Table 7 that the majority (93,8%) of the participants indicated that they do donate blood. This may be attributable to the fact that questionnaires were distributed during campus blood drive campaigns, when most of the respondents were influenced to donate blood. Furthermore, 90,2% of the respondents indicated that they are regular blood donors, contrary to the 9,8% who are non-regular donors. It will therefore be interesting to identify the factors influencing the positive attitudes towards blood donation.

With regards to the reasons for donating blood, 43,7% of participants indicated that the rationale for donating blood is to help a family or a friend, whilst 26,5% are doing it for altruistic reasons. This is congruent to the characteristics of Millennials, extensively discussed in Chapter 2, which also indicates the sense of altruism that this generation seems to possess.

6.3. Rate of Agreement to the Statements Measuring Constructs

The study comprised eight constructs which were measured by validated items. All the research constructs were measured using a 7-point Likert scale (1=strongly disagree, 2=disagree, 3=slightly disagree, 4=neutral, 5=slightly agree, 6=agree

and 7=strongly agree). The section below presents the summary of respondents' agreements to the statements measuring the constructs, followed by an interpretation of the results.

6.3.1. Social Media Marketing

The first construct, social media marketing (SM) was measured using six items, ranging from SM1 to SM6. The results are in Table 8.

Table 8: Social Media Marketing statements agreement results.

	MEASUREMENT ITEMS	1	2	3	4	5	6	7	TOTAL
SM1	I use social media to search for health-related information	23 3.6%	23 3.6%	25 3.8%	127 19.5%	193 29.7%	147 22.6%	112 17.2%	**650 100%**
SM2	Social media is a better source of information than other media platforms (e.g. TV, Radio, Newspapers etc.)	15 2.3%	17 2.6%	23 3.5%	109 16.8%	186 28.6%	210 32.4%	90 13.8%	**650 100%**
SM3	I have discussed health related issues on social media with my friends	27 4.2%	30 4.6%	28 4.3%	112 17.2%	173 26.6%	193 29.7%	87 13.4%	**650 100%**
SM4	I have seen blood donation information and campaigns on social media	48 7.4%	34 5.2%	34 5.2%	126 19.4%	151 23.2%	182 28.0%	75 11.5%	**650 100%**
SM5	Reading about blood donation on social media gives more understanding, which are encouraging to donate blood	43 6.6%	31 4.8%	30 4.6%	132 20.3%	146 22.5%	171 26.3%	97 14.9%	**650 100%**
SM6	Information on blood donation on social media are touching enough to push someone to share with others	72 11.1%	37 5.7%	32 4.9%	123 18.9%	134 20.6%	131 20.2%	121 18.6%	**650 100%**
Note: 1=Strongly disagree; 2=Disagree; 3=Slightly disagree; 4=Neutral; 5=Slightly agree; 6=Agree; 7=Strongly agree									

The majority of respondents at 69% agreed that they use social media to search for health-related information, while almost 20% were neutral. It was interesting to note that most of the study respondents were in accord with the fact that social media is a better source of information than other media platforms.

6.3.2. Awareness

Six measurement items were used to assess the second construct, awareness. The measurement scale for awareness focuses on questions that relate to the respondents' views about their level of awareness about blood donation, the process of giving blood, the existence of adverse effects associated with blood transfusion and the safety of blood donation. Table 9 represents the results. Almost 64% of the participants believe that social media can add value in creating awareness about blood donation, whilst about 24% were neutral on the issue. Half of the respondents agreed that through social media, the awareness about the safety of blood donation was enhanced, as well as 60% respondents who affirmed that social media has amplified their awareness about the blood donation process.

Table 9: Awareness statements agreement results.

	MEASUREMENT ITEMS	1	2	3	4	5	6	7	TOTAL
AW1	I think social media can go a long way in creating awareness about blood shortages and blood donation	26 4.0%	24 3.7%	32 4.9%	155 23.8 %	182 28.0 %	133 20.5 %	98 15.1%	**650 100%**
AW2	Social media creates awareness about the lives of many people that could be saved by blood donation	38 5.8%	42 6.5%	32 4.9%	120 18.5 %	169 26.0 %	168 25.8 %	81 12.5%	**650 100%**
AW3	Social media creates awareness about blood donation process	52 8.0%	48 7.4%	43 6.6%	112 17.2 %	139 21.4 %	168 25.8 %	88 13.5%	**650 100%**
AW4	Through social media, I am aware and knowledgeable about the process of giving blood	59 9.1%	43 6.6%	48 7.4%	109 16.8 %	113 17.4 %	170 26.2 %	108 16.6%	**650 100%**
AW5	Through social media, I am aware of the existence of adverse effects associated with blood transfusion	75 11.5 %	45 6.9%	40 6.2%	97 14.9 %	112 17.2 %	177 27.2 %	104 16.0%	**650 100%**
AW6	Social media increased my awareness about safety of blood donation.	38 5.8%	30 4.6%	40 6.2%	105 16.2 %	108 16.6 %	158 24.3 %	171 26.3%	**650 100%**

Note: 1=Strongly disagree; 2=Disagree; 3=Slightly disagree; 4=Neutral; 5=Slightly agree; 6=Agree; 7=Strongly agree

6.3.3. Perception

The third construct, perception (PER) was measured with four measurement items which ranged from PER 1 to PER 4. The measurement scale of perception comprised questions that relate to whether social media has changed the respondent's perceptions about blood donation being a noble act and that donating blood is a good thing to do. A minority of respondents at 12.6% confirmed that social media has not changed their perceptions about blood donation, while 24% were neutral on this assertion. Most of the study respondents at 64% confirmed that through social media, they have learnt that donating blood is a noble act and a good thing to do. The rate of agreement for perception is illustrated in Table 10.

Table 10: Perception statements agreement results

	MEASUREMENT ITEMS	1	2	3	4	5	6	7	TOTAL
PER1	Social media has changed my perceptions about blood donation	26 4.0%	24 3.7%	32 4.9%	155 23.8 %	182 28.0 %	133 20.5 %	98 15.1 %	**650 100%**
PER2	Social media marketing has made me feel that donating blood is good thing	38 5.8%	42 6.5%	32 4.9%	120 18.5 %	169 26.0 %	168 25.8 %	81 12.5 %	**650 100%**
PER3	I have learnt from social media that donating blood is a noble act	52 8.0%	48 7.4%	43 6.6%	112 17.2 %	139 21.4 %	168 25.8 %	88 13.5 %	**650 100%**
PER4	Social media marketing has improved my perception of donating blood	59 9.1%	43 6.6%	48 7.4%	109 16.8 %	113 17.4 %	170 26.2 %	108 16.6 %	**650 100%**

Note: 1=Strongly disagree; 2=Disagree; 3=Slightly disagree; 4=Neutral; 5=Slightly agree; 6=Agree; 7=Strongly agree

6.3.4. Motivation

To assess the motivation construct, five measurement items were utilised. The results are presented in Table 11. From the table, an overwhelming majority of respondents at 71,4% have affirmed that through social media marketing, they have been influenced to donate blood if a family member requires blood. This is consistent with the findings of Febrero et al. (2018) who found that having a family member that requires an organ or blood motivates one to donate. Furthermore, over half of the respondents at 57%, based on information about blood donation that they have acquired via social media, are now motivated to donate blood for altruistic reasons.

Table 11: Motivation statements agreement results

	MEASUREMENT ITEMS	1	2	3	4	5	6	7	TOTAL
MOT1	The information I get on social media about blood donation motivates me to donate	13 2.0%	13 2.0%	23 3.5%	148 22.8 %	177 27.2 %	189 29.1 %	87 13.4 %	**650 100%**
MOT2	From the information I get from social media I have been influenced to donate blood if a member of my family requires blood	14 2.2%	20 3.1%	28 4.3%	124 19.1 %	176 27.1 %	218 33.5 %	70 10.8 %	**650 100%**
MOT3	Social media information about blood donation provides reasons I would donate blood as part of giving back to the community	60 9.2%	34 5.2%	51 7.8%	133 20.5 %	131 20.2 %	179 27.5 %	62 9.5%	**650 100%**
MOT4	Since social media provides information of where, when and how the donation process takes place, I have been moved to become a donor.	62 9.5%	44 6.8%	41 6.3%	137 21.1 %	148 22.8 %	166 25.5 %	52 8.0%	**650 100%**
MOT5	I have been motivated to donate blood from the psychology benefits social media portray	27 4.2%	18 2.8%	19 2.9%	153 23.5 %	163 25.1 %	174 26.8 %	96 14.8 %	**650 100%**

Note: 1=Strongly disagree; 2=Disagree; 3=Slightly disagree; 4=Neutral; 5=Slightly agree; 6=Agree; 7=Strongly agree

6.3.5. Peer Influence

The fifth construct of peer influence, which specifically referred to the influence of reference groups was evaluated with four measurement items. A large majority of respondents at 73% concurred that a friend's shared positive blood donation experience influences them to donate blood. This also corresponds with the 71% response that seeing that friends and peers are blood donors makes it difficult to ignore a call to donate blood. Table 12 below presents the Likert scales for Peer Influence.

Table 12: Peer Influence statements agreement results

	MEASUREMENT ITEMS	1	2	3	4	5	6	7	TOTAL
PI1	Some of my friends or people in my social networks are blood donors	50 7.7%	34 5.2%	23 3.5%	136 20.9 %	182 28.0 %	147 22.6 %	78 12.0 %	**650 100%**
PI2	A shared positive donation experience of a friend on social media encourages me to donate blood	23 3.5%	20 3.1%	19 2.9%	115 17.7 %	217 33.4 %	172 26.5 %	84 12.9 %	**650 100%**
PI3	My friends' social media posts on blood donation influence me to donate blood	25 3.8%	36 5.5%	27 4.2%	126 19.4 %	175 26.9 %	191 29.4 %	70 10.8 %	**650 100%**
PI4	From all the shared information by friends on social about being blood donors, it is difficult to ignore the call to donate blood	20 3.1%	20 3.1%	32 4.9%	115 17.7 %	173 26.6 %	184 28.3 %	106 16.3 %	**650 100%**

Note: 1=Strongly disagree; 2=Disagree; 3=Slightly disagree; 4=Neutral; 5=Slightly agree; 6=Agree; 7=Strongly agree

6.3.6. Family Influence

Family influence, the sixth construct represented the influence of family, was measured using five elements. These scales focused on determining whether watching family members regularly donate blood would influence the respondent to do the same in future. Table 13 illustrates the results of Likert scale for family influence which are elaborated on henceforth.

Table 13: Family Influence statements agreement results

	MEASUREMENT ITEMS	1	2	3	4	5	6	7	TOTAL
FI1	Watching my family members regularly donate blood I think I would like to become a donor in future	18 2.8%	28 4.3%	27 4.2%	153 23.5 %	157 24.2 %	173 26.6 %	94 14.5 %	**650 100%**
FI2	Considering that a family member had needed blood in the past, I have been motivated to donate blood	19 2.9%	19 2.9%	22 3.4%	118 18.2 %	191 29.4 %	192 29.5 %	89 13.7 %	**650 100%**
FI3	Since my family and friends consider blood donation as an important valuable act, I have been encouraged to donate blood one day	19 2.9%	19 2.9%	26 4.0%	137 21.1 %	172 26.5 %	200 30.8 %	77 11.8 %	**650 100%**
FI4	My family believe blood donation is a good thing to do, so I would not mind becoming a blood donor	48 7.4%	36 5.5%	35 5.4%	105 16.2 %	198 30.5 %	163 25.1 %	65 10.0 %	**650 100%**
FI5	Considering that donating blood would make my family proud, I would consider donating blood in the future	9 1.4%	14 2.2%	18 2.7%	128 19.7 %	176 27.7 %	204 31.4 %	101 14.9 %	**650 100%**

Note: 1=Strongly disagree; 2=Disagree; 3=Slightly disagree; 4=Neutral; 5=Slightly agree; 6=Agree; 7=Strongly agree

As indicated in table 13 above, more than half of the respondents at 65% would become a donor because the family believes it is a good thing to do. This outcome corresponds to the majority of respondents at 74% who have agreed that they would donate blood to make family members proud. These findings are congruent with Ferguson, Atsma, de Kort and Veldhuizen (2012), who confirmed in their research, that impure altruism was higher among first-time donors than experienced donors.

6.3.7. Attitudes

Attitude was the seventh variable of the study and was measured on seven points. It is interesting to note that a large number of study respondents at 77% have a big admiration of people who donate blood which denotes a very positive attitude towards blood donation. Paradoxically, 75% of respondents' attitude is that blood donors should be paid for donating blood. This finding seems to confirm Lacetera, Macis and Slonim (2012), whose study illustrated that incentives have a motivating effect. This contradicts the affirmation that donating blood is a noble and altruistic act. The scores of the Likert scale for the attitude variable are presented in Table 14.

Table 14: Attitude statements agreement results

	MEASUREMENT ITEMS	1	2	3	4	5	6	7	TOTAL
ATT1	Blood donation is healthy	9 1.4%	14 2.2%	18 2.8%	128 19.7 %	180 27.7 %	204 31.4 %	97 14.9 %	**650 100%**
ATT2	I admire people who donate	12 1.8%	8 1.2%	19 2.9%	113 17.4 %	156 24.0 %	228 35.1 %	114 17.5 %	**650 100%**
ATT3	Donating blood is a respectful and honourable thing to do	10 1.5%	8 1.2%	18 2.8%	95 14.6 %	155 23.8 %	249 38.3 %	115 17.7 %	**650 100%**
ATT4	Donors should be paid for donating blood	14 2.2%	14 2.2%	20 3.1%	113 17.4 %	156 24.0 %	210 32.3 %	123 18.9 %	**650 100%**
ATT5	I would donate blood if there were incentives or rewards	38 5.8%	37 5.7%	46 6.6%	119 18.3 %	142 21.8 %	193 29.7 %	78 12.0 %	**650 100%**
ATT6	I think I would feel good if I would get the chance to donate blood	53 8.2%	32 4.9%	40 6.2%	102 15.7 %	147 22.6 %	192 29.5 %	84 12.9 %	**650 100%**
ATT7	Donors should undergo pre-donation health screening before donating blood	21 3.2%	16 2.5%	18 2.8%	83 12.8 %	162 24.9 %	237 36.5 %	113 17.4 %	**650 100%**

Note: 1=Strongly disagree; 2=Disagree; 3=Slightly disagree; 4=Neutral; 5=Slightly agree; 6=Agree; 7=Strongly agree

6.3.8. Intention

The eighth variable, intention, which is the outcome variable, was assessed on five points. 80% of the study respondents are in agreement that they intend to donate blood since donating blood provides them with an opportunity to contribute towards the country's health system. For 65% of respondents, the intention to donate blood is driven by emotions of "feeling good", which Ferguson (2015) construes that while such an act of blood donation may seem altruistic, it may be motivated by selfish reasons such as ego and how one wants to be perceived by his or her peers. Table 15 portrays the Likert scale for Intention.

Table 15: Intention statements agreement results

	MEASUREMENT ITEMS	1	2	3	4	5	6	7	TOTAL
INT1	From all the life-saving information I get from social media on blood donation, I would not mind donating blood in future	17 2.6%	14 2.2%	23 3.5%	107 16.5 %	162 24.9 %	185 28.5 %	142 21.8 %	**650 100%**
INT2	Considering that donating blood shows concern about the well-being of others, I plan to be a donor some day	24 3.7%	13 2.0%	27 4.2%	116 17.8 %	166 25.5 %	206 31.7 %	98 15.1 %	**650 100%**
INT3	Engaging with friends and other people on social media about blood donation encourages me to donate blood in future	23 3.5%	22 3.4%	32 4.9%	126 19.4 %	125 19.2 %	203 31.2 %	119 18.3 %	**650 100%**
INT4	Since donating blood gives me a chance to contribute towards the country's health system, I will be more likely donate blood in future	19 2.9%	13 2.0%	20 3.1%	72 11.1 %	163 25.1 %	194 29.8 %	169 26.0 %	**650 100%**
INT5	Considering that donating blood would give me a good feeling, I plan to become a donor	31 4.8%	39 6.0%	36 5.5%	124 19.1 %	167 25.7 %	172 26.5 %	81 12.5 %	**650 100%**
Note: 1=Strongly disagree; 2=Disagree; 3=Slightly disagree; 4=Neutral; 5=Slightly agree; 6=Agree; 7=Strongly agree									

6.4. Mean and Standard Deviation of Variables

Sykes, Gani and Vally (2016) define the standard deviation as a statistic measure that calculates the variation of a dataset compared to its mean or average. A low standard deviation signifies that the data points are close to the value that is expected. Conversely, a high standard deviation implies that the data points are more spread out over a wider range of values. The construct mean denotes the average of the agreement to the statements measuring the constructs. Thus, means above 3.5, the midpoint of the seven-point Likert scale, would connote that respondents agreed to the statements measuring the construct. The mean and standard deviations of the study constructs are presented in Table 16.

Table 16: The mean and standard deviation of constructs and their items

Research Construct		Descriptive Statistics			
		Mean Value		Standard Deviation	
SOCIAL MEDIA MARKETING	SM1	5,051	4,922	1,466	1,579
	SM2	5,191		1,326	
	SM3	5,002		1,503	
	SM4	4,760		1,656	
	SM5	4,858		1,649	
	SM6	4,672		1,875	
AWARENESS	AW1	4,898	4,810	1,486	1,725
	AW2	4,797		1,618	
	AW3	4,683		1,757	
	AW4	4,717		1,834	
	AW5	4,651		1,913	
	AW6	5,112		1,745	
PERCEPTION	PER1	5,063	4,983	1,396	1,363
	PER2	4,974		1,307	
	PER3	4,952		1,338	
	PER4	4,943		1,410	
MOTIVATION	MOT1	5,120	4,862	1,298	1,501
	MOT2	5,095		1,321	
	MOT3	4,578		1,718	
	MOT4	4,494		1,709	
	MOT5	5,020		1,459	
PEER INFLUENCE	PI1	4,722	4,952	1,639	1,486
	PI2	5,054		1,385	
	PI3	4,912		1,481	
	PI4	5,118		1,438	
FAMILY INFLUENCE	FI1	4,997	5,024	1,442	1,413
	FI2	5,115		1,371	
	FI3	5,049		1,372	
	FI4	4,720		1,623	
	FI5	5,240		1,256	
ATTITUDE	ATT1	5,358	5,196	1,274	1,274
	ATT2	5,437		1,274	
	ATT3	5,315		1,274	
	ATT4	4,817		1,274	
	ATT5	4,800		1,274	
	ATT6	5,326		1,274	
	ATT7	5,317		1,274	
INTENTION	INT1	5,149	5,162	1,420	1,462
	INT2	5,143		1,513	
	INT3	5,469		1,415	
	INT4	4,842		1,568	
	INT5	5,208		1,394	

Table 16 shows that all the constructs means were above 3.5. These imply that the respondents agreed to all the items measuring the constructs. Of specific note is the strong agreement (M=5.196) by respondents about their positive attitude and intention (M=5.162) to donate blood.

6.5. Reliability and Validity Tests

Reliability was tested with Cronbach's Alpha (CA) (α), Composite Reliability (CR). Average Variance Extracted (AVE) and factor loadings were used to test convergent validity while a correlation matrix was used to test the discriminant validity. Table 17 provides the CA, CR, AVE and factor loadings.

Table 17: Reliability and Validity (Convergent) Test Results

Research Construct		Cronbach's Test		C.R. Value	AVE Value	Highest Shared Variance	Factor Loading
		Item-total	α value				
SOCIAL MEDIA MARKETING	SM1	0,469	0,812	0,788	0,636	0,366	0,343
	SM2	0,505					0,362
	SM3	0,576					0,478
	SM4	0,671					0,793
	SM5	0,690					0,854
	SM6	0,550					0,796
AWARENESS	AW1	0,577	0,909	0,912	0,754	0,300	0,614
	AW2	0,791					0,833
	AW3	0,830					0,887
	AW4	0,843					0,897
	AW5	0,812					0,846
	AW6	0,643					0,673
PERCEPTION	PER1	0,611	0,842	0,749	0,640	0,252	0,392
	PER2	0,727					0,482
	PER3	0,749					0,870
	PER4	0,624					0,816
MOTIVATION	MOT1	0,424	0,733	0,815	0,623	0,283	0,360
	MOT2	0,511					0,728
	MOT3	0,648					0,757
	MOT4	0,605					0,843
	MOT5	0,309					0,685
PEER INFLUENCE	PI1	0,467	0,804	0,787	0,687	0,305	0,641
	PI2	0,670					0,509
	PI3	0,710					0,744
	PI4	0,653					0,855
FAMILY INFLUENCE	FI1	0,651	0,846	0,732	0,468	0,223	0,777
	FI2	0,674					0,526
	FI3	0,769					0,515
	FI4	0,618					0,526
	FI5	0,576					0,613
ATTITUDE	ATT1	0,460	0,770	0,798	0,478	0,318	0,580
	ATT2	0,481					0,506
	ATT3	0,507					0,522
	ATT4	0,569					0,785
	ATT5	0,521					0,773
	ATT6	0,453					0,441
	ATT7	0,458					0,564
INTENTION	INT1	0,589	0,765	0,836	0,768	0,276	0,485
	INT2	0,598					0,679
	INT3	0,444					0,796
	INT4	0,544					0,825
	INT5	0,501					0,741

As illustrated in Table 17, the Cronbach Alpha values for the current study exceed the recommended threshold of 0.70 (Bryman, 2016) (i.e. SM=0.812, AW=0.909, PER=0.842, MOT=0,733, PI=0,804, FI=0,846, ATT= 0,770 and INT=0,765), which implies an appropriate level of internal reliability. The CR figures range from 0.747

to 0.912, thus indicating that they also all exceed the recommended threshold of 0.70 and confirming the constructs' reliability.

The AVE figures for this study are SM=0,636, AW=0.754, PER=0.640, MOT=0.623, PI= 0,687, FI=0,468, ATT=0,478 and INT=0,768. The threshold for acceptable AVE is 0.50. All the AVE values in Table 6.13 exceed 0,50, except for FI and ATT, which are 0,468 and 0,478 respectively. Even though AVE figures are recommended to be greater than 0.5, Pezeshkian and Sadeghi (2015) state that 0.4 is acceptable if composite reliability is higher than 0.6. Considering that the CR figures in Table 17 are all higher than 0.6, the convergent validity judged from AVE, is thus adequate.

Convergent validity in the current study was also examined by evaluating the factor loadings. Nusair and Hua (2010), supported by Jayasinghe-Mudalige, Udugama and Ikram (2012) suggest that items indicate satisfactory convergent validity when they load strongly on their shared construct. In addition, to confirm convergent validity, a loading that surpasses 0.5 is essential (Cheah et al., 2018). For attitudinal studies, Hair et al. (2010) suggest that factor loadings of 0.4 and even 0.3 can be acceptable. The factor loading figures in Table 17 range from 0.342 to 0.897. Thus, convergent validity through factor loadings is acceptable.

Sarstedt and Mooi (2019) regard discriminant validity as one of the fundamental building blocks of model evaluation, especially as it seeks to determine whether a certain construct is different from other constructs (Ordóñez de Pablos, 2017). In assessing discriminant validity, the inter-construct correlation matrix, AVE and SV, were employed. Establishing the existence of discriminant validity entails assessing whether the correlation between the research variables is less than 1.0 (Voorhees, Brady, Calantone & Ramirez, 2016). Table 18 has the figures for the inter-correlation matrix. Table 18 shows that all the correlation coefficients are less

than 1. Thus, discriminant validity is approved. Table 18 also shows that there was no issue of multi-collinearity because variables did not correlate highly with each other and were all less than 0.8 (Bagozzi & Yi, 2012).

Table 18: Inter-Construct Correlation matrix

Inter-Construct Correlation Matrix								
RESEARCH CONSTRUCTS	**SM**	**AW**	**PER**	**MOT**	**PI**	**FI**	**ATT**	**INT**
SOCIAL MEDIA MARKETING	1							
AWARENESS	.605**	1						
PERCEPTION	.440**	.502**	1					
MOTIVATION	.373**	.532**	.459**	1				
PEER INFLUENCE	.141**	.166**	.152**	.385**	1			
FAMILY INFLUENCE	.192**	.243**	.133**	.472**	.552**	1		
ATTITUDE	.201**	.272**	.113**	.387**	.412**	.564**	1	
INTENTION	.258**	.262**	.165**	.327**	.318**	.411**	.525**	1
** Correlation is significant at the 0.01 level (2-tailed).								

Note: *SM=Social Media; AW=Awareness; PER=Perceptions; MO=Motivation; PI=Peer Influence; FI=Family Influence; ATT=Attitudes; INT=Intention*

Discriminant validity was also assessed by comparing the AVE and Shared Value (SV). According to Henseler, Ringle and Sarstedt (2015), discriminant validity is confirmed when the AVE values are greater than the highest shared value (SV). As shown in Table 19, the AVE values are all greater than the highest shared values (HSV).

Table 19: Highest Shared Value

Squared Correlations; Highest Shared Variance								
	SM	**AW**	**PER**	**MO**	**PI**	**FI**	**ATT**	**INT**
SM	1	0,366	0,194	0,139	0,020	0,037	0,040	0,067
AW	**0,366**	1	**0,252**	**0,283**	0,028	0,059	0,074	0,069
PER	0,194	**0,300**	1	0,211	0,023	0,018	0,013	0,027
MO	0,139	0,283	0,211	1	0,148	**0,223**	0,150	0,107
PI	0,020	0,028	0,023	0,148	1	0,305	0,170	0,101
FI	0,037	0,059	0,018	0,223	**0,305**	1	**0,318**	0,169
ATT	0,040	0,074	0,013	0,150	0,170	0,318	1	**0,276**
INT	0,067	0,069	0,027	0,107	0,101	0,169	0,276	1
**** Correlation is significant at the 0.01 level (2-tailed).**								

Note: *SM=Social Media Marketing; AW= Awareness; PER= Perception; MOT= Motivation; PI= Peer Influence; FI=Family Influence; ATT=Attitude; INT=Intention*

6.6. Model Fit Assessment

Sarstedt (2019) proclaims that model fit assessment aims to determine how appropriate the conceptual model is signified by the sampled data. This essentially implies testing whether the model used for the study matches the data. To achieve this, the current study implemented a two-pronged approach, which entailed using Confirmatory Factor Analysis (CFA) as a first step to assess the proposed measurement model, followed by a structural model, employing Structural Equation Modelling.

6.6.1. Confirmatory Factor Analysis (CFA)

CFA was conducted to test whether the data fits the hypothesised measurement model. This was performed utilising the AMOS 23 software.

6.6.2. Model Fit Assessment Results

It is usually recommended that out of various categories of fit indices, at least four to five indices can be utilised to assess model fit (Hair et al., 2010). In this study, eight main fit indices were used to assess the model fit. The measurement model incorporated all the study constructs, which are social media marketing, awareness, perception, motivation, peer influence, family influence, attitude and intention.

Amongst the fit indices that were calculated were a Chi-square statistic, which assessed the overall fit as well as the discrepancy between the sample and fitted covariance matrices, a Root Mean Square Error of Approximation (RMSEA), the Comparative Fit Index (CFI), which symbolised the incongruity task regulated for sample size, the Normed Fit Index (NFI), Incremental Fit Index (IFI), among others.

The subsequent model generated good-fit indices with the Chi-square ($\chi 2/df$ = 1.712, which is appropriate as the tenet for apt model fit as recommended by Kline (2011) should be below 3. With regards to CFI, IFI, TLI and NFI, Kenny, Kaniskan and McCoach (2015) posited that the proposed limit for a model to be regarded to have a good fit is >0.9. The study produced values that exceeded the threshold at CFI= 0.967, IFI= 0.967, TLI= 0.957 and NFI= 0.925. Moreover, the Goodness-of-fit Index (GFI) at 0,923 is slightly beyond the recommended limit of >0.9 (Byrne, 2016).

Both Kenny et al. (2015) and (Sharpe (2015) concur that a RMSEA value that falls below 0.05-0.08 is an indication of good model fit. The study generated an RMSEA of 0.033, which is below the threshold of 0.05. Based on the outcomes of the study, it is evident that a good model fit existed. A summary of the model fit indices with thresholds is presented in Table 20.

Table 20: Summary of model fit indices from CFA

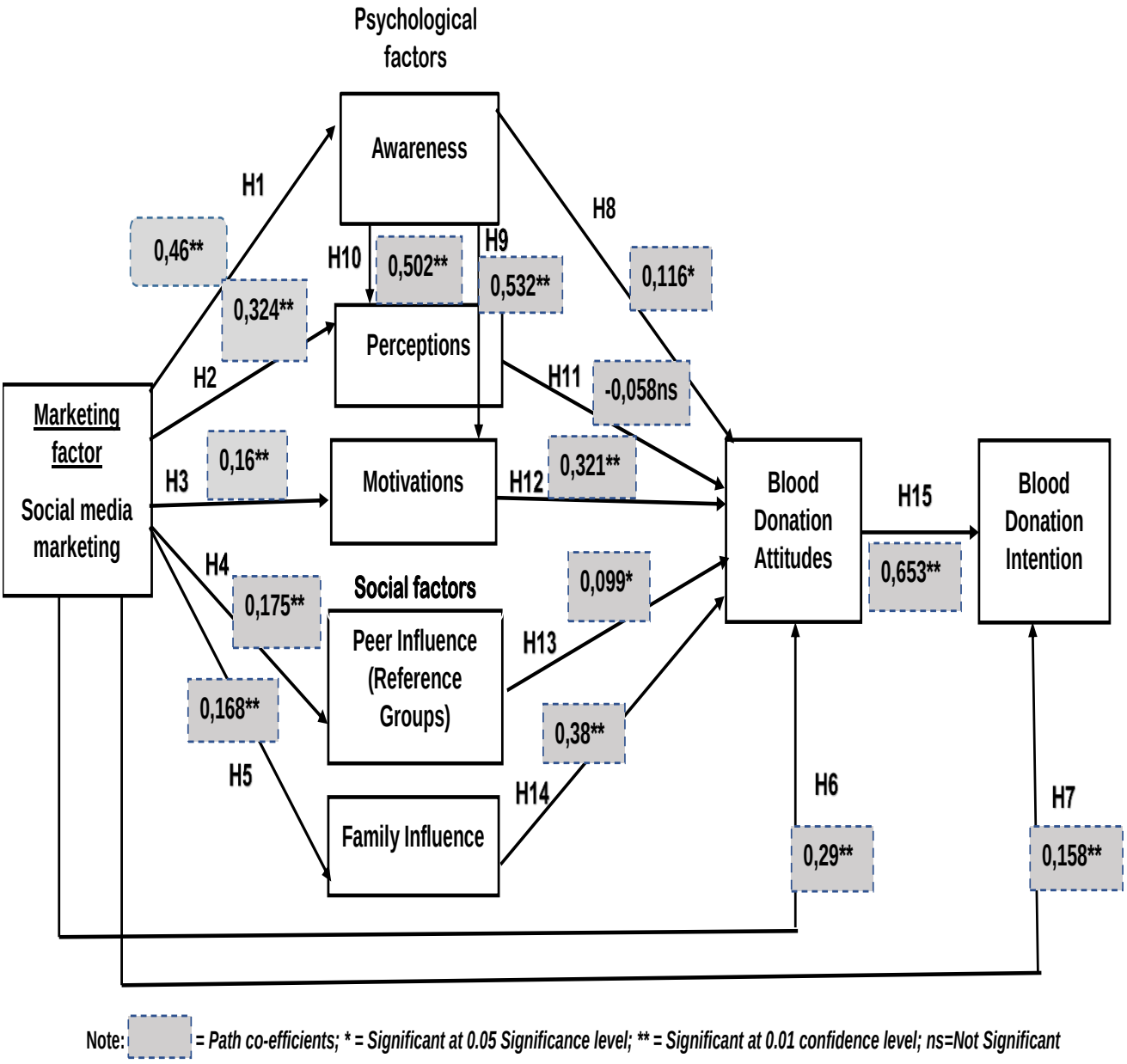
Indices	Threshold	Study results	Accepted/not accepted
Chi-square (χ^2/DF)	<0.3	1.712	Accepted
GFI	>0.9	0.923	Accepted
NFI	>0.9	0.925	Accepted
RFI	>0.9	0.903	Accepted
TLI	>0.9	0.957	Accepted
IFI	>0.9	0.967	Accepted
CFI	>0.9	0.967	Accepted
RMSEA	<0.05-0.08	0.033	Accepted

Note: *(χ2 /DF) = Chi-square/degrees of freedom; NFI= Normed Fit Index; TLI= Tucker-Lewis Index; IFI= Incremental Fit Index; CFI= Comparative Fit Index; RMSEA= Root Mean Square Error of Approximation.*

6.7. Path Modelling Results

The objective of the path modelling is to evaluate causal relationships among latent variables (Mueller & Hancock, 2018). This procedure includes multiple regression analysis and path analysis and models the relationship among latent variables (Sanchez, 2013). Figure 15 and Table 22 depict the path model results obtained.

Figure 15 : Path Modelling Results



Note: = *Path co-efficients; * = Significant at 0.05 Significance level; ** = Significant at 0.01 confidence level; ns=Not Significant*

Source: Researcher's own drawing (2019)

6.8. Model Fit for Structural Model

Subsequent to the validation of the measurement model, it was necessary to conduct the structural model assessment. For this purpose, Amos 23 was utilised applying a highest probability approximation. Structural Equation Modelling (SEM) method has been extensively exploited in research within the marketing discipline to examine and assess the measurement model, for instrument validation as well as assessing the suggested research hypotheses (Al-Gahtani, 2016). Similarly, for the current study, SEM was applied for path analysis and path modelling to analyse the structural pathways of the hypothesised research model. According to Hair, Risher, Sarstedt and Ringle (2019), this process symbolises the theory which describes how the constructs correlate to each other. Table 21 below depicts the admissible parameters of indices, together with the values of the indexes of the proposed model.

Table 21: Summary of model fit indices - Structural Model

Indices	Threshold	Study results	Accepted/Not Accepted
Chi-square (χ2 /DF)	<0.3	1,759	Accepted
GFI	>0.9	0,918	Accepted
NFI	>0.9	0,919	Accepted
RFI	>0.9	0,901	Accepted
IFI	>0.9	0,963	Accepted
TLI	>0.9	0,955	Accepted
CFI	>0.9	0,963	Accepted
RMSEA	<0.08	0,034	Accepted

Note: (χ2 /DF) = Chi-square/degrees of freedom; NFI= Normed Fit Index; TLI= Tucker-Lewis Index; IFI= Incremental Fit Index; CFI= Comparative Fit Index; RMSEA= Root Mean Square Error of Approximation.

Table 21 shows the model fit for the path analysis. The structural model had good fit: Chi-square value of ($\chi 2/df = 1.759$) which was well within the acceptable range of 3, as recommended by Hair et al. (2010). GFI = 0.918; NFI = 0.919; RFI = 0.901;IFI = 0.963;TLI = 0.955; CFI = 0.963. All these indices were within the recommended acceptable value range of 0.90 or above (Hair et al., 2010). RMSEA = 0.034 which was beneath the acceptable cut-off level of below 0.08 or below 0.05 which is better (Kenny, Kaniskan & McCoach, 2015). The structural model had a good fit with all the fit-indices better than the recommended cut-off values.

6.9. Hypothesis Testing Results

Table 22: Hypothesis Testing Results

Proposed hypothesis relationship	Proposed Hypothesis	Hypothesis	Path co-efficients	P value	Rejected/Supported
SM → AW	Social Media Marketing (SM) and Awareness (AW)	H1	0.46[c]	**	Supported and significant
SM → PER	Social Media Marketing (SM) and Perception (PER)	H2	0.324[c]	**	Supported and significant
SM → MOT	Social Media Marketing (SM) and Motivation (MOT)	H3	0.16[c]	**	Supported and significant
SM → PI	Social Media Marketing (SM) and Peer Influence (PI)	H4	0.175[c]	**	Supported and significant
SM → FI	Social Media Marketing (SM) and Family Influence (FI)	H5	0.168[c]	**	Supported and significant
SM → ATT	Social Media Marketing (SM)and Attitude (ATT)	H6	0.29[c]	**	Supported and significant
SM → INT	Social Media Marketing (SMM) and Intention (INT)	H7	0.158[c]	**	Supported and significant
AW → ATT	Awareness (AW) and Attitude (ATT)	H8	0.116[c]	*	Supported and significant
AW → MOT	Awareness (AW) and Motivation (MOT)	H9	0.532[c]	**	Supported and significant
AW → PER	Awareness (AW) and Perception (PER)	H10	0.502[c]	**	Supported and significant
PER → ATT	Perception (PER) and Attitude (ATT)	H11	-0.058[c]	ns	Unsupported and insignificant
MOT → ATT	Motivation (MOT) and Attitude (ATT)	H12	0.321[c]	**	Supported and significant
PI → ATT	Peer Influence (PI) and Attitude (ATT)	H13	0.099[c]	*	Supported and significant
FI → ATT	Family Influence (FI) and Attitude (ATT)	H14	0.38[c]	**	Supported and significant
ATT → INT	Attitude (ATT) and Intention (INT)	H15	0.653[c]	**	Supported and significant

***Note**: * = Significant at 0,05 significance level; ** = Significant at 0,01 confidence level; ns = Not Significant*

SM=Social Media Marketing; AW= Awareness; PER= Perception; MOT= Motivation; PI= Peer Influence; FI=Family Influence; ATT=Attitude; INT=Intention

As can be seen in Table 21, out of the fifteen hypotheses that were proposed, twelve were supported and significant at the 99% or 0.01 confidence level, two were supported at 0,05 significance level whilst and only one was not supported and insignificant.

The following section conveys the outcome of the relationships that were hypothesised by the study.

6.9.1. Social Media Marketing and Awareness (H1)

Hypothesis H1 posited that the communication presented in social media about blood donation will positively influence blood donation awareness among Millennials. The results obtained was ($\beta = 0.46$, $p < 0.01$). This implies that there is a strong positive and significant relationship between social media communication and awareness. This signifies that the hypothesis is supported and suggests that social media indeed provides a remarkable and unique prospect for blood banks to enhance awareness and consequently, advance knowledge about blood donation. This outcome is congruent with studies by Schivinski and Dabrowski (2015), Yazdanparast et al.(2016), Hama Kareem, Rashid, Abdulla and Mahmood (2016), as well as Sampogna et al. (2016).

6.9.2. Social Media Marketing and Perception (H2)

For hypothesis H2, it was postulated that social media communication will positively impact on Millennials' perception of blood donation. According to the results in Table 21, this was the case with ($\beta = 0.324$, $p < 0.01$). This result implies

that there is a strong and positive relationship between social media communication and perception among South African Millennials. This finding is in alignment with Yang and Le Thi Ngoc (2017) and Jashari and Rrustemi's (2018) findings.

6.9.3. Social Media Marketing and Motivation (H3)

According to table 21, hypothesis H3 posited that the communications received from social media about blood donation will motivate South African Millennials to donate blood. The result obtained was ($\beta = 0.16$, $p < 0.01$). This denotes the existence of a strong and positive relationship between social media communication and motivation, thereby supporting H3. This result supports an earlier finding by Sümnig et al. (2018), which concluded that communication via social media platforms to recruit new donors and to motivate repeat donors is extremely powerful and highly effective. This study outcome somehow qualifies social media as an important cornerstone for the recruitment of South African Millennials to donate blood.

6.9.4.Social Media Marketing and Peer Influence (H4)

With hypothesis H4, it was expected that social media communication on blood donation will positively influence South African Millennials' peers. With ($\beta = 0.175$, $p < 0.01$) obtained as the result, it implies that there is a strong, positive and significant relationship between social media communication and peer influence. This finding confirms the importance of social media for communication among Millennials' peers. This is particularly so because peers act as socialisation agents through social media. Newcomers can be influenced by peers through communication, as a result of a social learning process.

6.9.5. Social Media Marketing and Family Influence (H5)

A robust relationship between SM and FI was confirmed in table 21, with the outcome achieved for H5 being ($\beta = 0.168$, $p < 0.01$). The P value denotes a 0,01-confidence level, which signifies that the hypothesis is supported and significant. This study conclusion has a comfortable nexus with the Edelman Health Barometer 2011 global survey, conducted in 12 countries and involving 15000 people, that sought to investigate drivers of health-related behaviour and how business could derive value from fostering healthy behaviour. This research reported that family, social networks and new digital tools play as strong a role on an individual's health as do health professionals. The survey further uncovered that almost half of participants confirm that their friends and family have the greatest impact on their lifestyle as it relates to health, and over a third consider friends and family to have the most effect on personal nutrition.

6.9.6. Social Media Marketing and Attitude (H6)

Table 21 indicates that H6, which posited a positive relationship between social media marketing and attitude, has been confirmed by the coefficient of ($\beta = 0.29$, $p < 0.01$). This indicates a strong relationship between SM and ATT. The P value denotes a 0,01-confidence level, which signifies that the hypothesis is supported and significant. This outcome corresponds with that of Papagiannis et al. (2016), who explored knowledge, beliefs and attitudes towards blood donation among undergraduate medical laboratory students and the relationship between awareness and attitudes was significant and positive.

6.9.7. Social Media Marketing and Intention (H7)

The scores of the SEM analyses depicted in Table 21 for H7 indicates the result of (β = 0158, $p < 0.01$). This denotes that the relationship between social media marketing and intention is positive and statistically significant. The P value denotes 0,01-confidence level, which signifies that the hypothesis is supported and significant.

6.9.8. Awareness and Attitude (H8)

H8's results, according to Table 21, indicated a result of ($\beta = 0.116$, $p < 0.05$). This result symbolises that a strong relationship between AW and ATT has been confirmed. The P value denotes a 0,05-significance level, which signifies that the hypothesis is supported and significant.

6.9.9. Awareness and Motivation (H9)

The measurement of H9 as demonstrated in Table 21 was ($\beta = 0.532$, $p < 0.01$), which signify the existence of a strong relationship between AW and MOT. The P value denotes a 0,01-confidence level, which signifies that the hypothesis is supported and significant.

6.9.10. Awareness and Perception (H10)

H10's results indicated in Table 21 was ($\beta = 0.502$, $p < 0.01$). This implies that there is a strong relationship between AW and PER. The P value denotes a 0,01-confidence level, which signifies that the hypothesis is supported and significant.

6.9.11. Perception and Attitude (H11)

The results for H11 was (β = -0.058, p>0,066). This implies that there is no relationship between PER and ATT. This signifies that the hypothesis is unsupported and insignificant.

6.9.12. Motivation and Attitude (H12)

The results of H12 indicate an outcome of (β = 0.321, p < 0.01), which implies that there is a strong relationship between MOT and ATT. The P value denotes a 0,01-confidence level, which signifies that the hypothesis is supported and significant.

6.9.13. Peer Influence and Attitude (H13)

The results of H13 indicate an outcome of (β = 0.099, p < 0.05), which implies that there is a strong relationship between PI and ATT. The P value denotes a 0,05-significance level, which denotes that the hypothesis is supported and significant.

6.9.14. Family Influence and Attitude (H14)

The results of H14 indicate an outcome of (β = 0.38, p < 0.01), which implies that there is a strong relationship between FI and ATT. The P value denotes a 0,01-confidence level, which signifies that the hypothesis is supported and significant.

6.9.15. Attitude and Intention (H15)

The results of H15 indicate an outcome of ($\beta = 0.653$, $p < 0.01$), which implies that there is a strong relationship between ATT and INT. The P value denotes a 0,01-confidence level, which signifies that the hypothesis is supported and significant.

6.10. Conclusion

This chapter presented the results from analyses of the data. Descriptive statistics were first presented, after which results from testing constructs reliability and validity were provided. Results from conducting CFA and path modelling were presented next. CFA was performed to assess model fit, reliability and validity of the scales that were utilised in the study questionnaire. The path modelling tested the hypotheses of the study and the results presented in this chapter are discussed in chapter 7.

CHAPTER 7: DISCUSSION OF RESULTS, CONCLUSIONS AND RECOMMENDATIONS

7.1. Introduction

This chapter discusses the findings, concludes and makes recommendations on this study, which examined the influence of social media marketing communication, psychological and social factors on the attitudes and intention of South African Millennials to donate blood. The chapter starts by demonstrating the extent to which the objectives of the research have been accomplished. The chapter then discusses empirical findings from the tested hypotheses in Chapter 6. Avenues for further research are recommended and attention is drawn to the implications and limitations of the study. The contribution that this study has made to the development of new knowledge is also amplified.

7.2. Recap of the Study Theoretical and Empirical Objectives

The requirement for blood transfusion is very high in South Africa, due to elevated rates of road accidents as well as the regular need for blood in health services for cancer treatments and anaemic patients, among others. Thus, blood donation represents an important issue in the South African health system. Ubiquitous access to social media can be beneficial for promoting blood donation efforts, as well as inculcating a culture of giving blood among the Millennials who are regular users of social media.

Evidence from empirical studies indicates that social media, due to its intrinsic characteristics which comprise interactivity, genuine discourse, speed, user-generated content, mass customisation, horizontal communication and multi-

directionality of information, can play a fundamental role in transforming health behaviour and increasing the number of new young blood donors. This can mitigate blood shortages. Hence, the nucleus of this research was to examine the extent to which social media marketing in terms of all the communication posted in the various social media platforms can influence blood donation intention of South African Millennials. Specifically, the study sought to achieve the following theoretical and empirical objectives:

7.2.1. Theoretical Objectives

Underneath are the four theoretical objectives that the study intended to achieve:

a) Conduct a comprehensive examination of the blood donation phenomena, with specific emphasis given to the need for blood caused by blood shortages across the globe, the blood donation process and convolutions, motivations for donating blood and reasons for not donating blood.
b) The demographic and psychographic characteristics of Millennials that make the Millennial consumer segment important for this study.
c) Analyse the concept of social marketing, its origin, bedrock and development and how it fits in within the broader marketing ecosystem.
d) Review the key theories that aid in understanding blood donation attitudes, behaviour and behaviour change, as well as empirical literature on each of the variables that pertain to the present study and the conceptual model with the examination of the proposed relationships between the core variables of the model.

The study theoretical objectives were configured and discussed in the first four chapters of the study, detailed henceforth.

The first chapter commenced with the contextual framework of the research, which articulated the research problem, the primary and secondary objectives of the research as well as the questions that the study sought to answer. At the end, a preliminary literature relevant to the study was succinctly appraised. From the preliminary literature review, it was found that Theory of Planned Behaviour, Health Belief Model and Social Cognitive Theories were useful for understanding attitudes and intention to donate blood and quantitative methods were found appropriate to test the proposed conceptual model developed.

The second chapter provided a comprehensive background outlining blood donation, drawing attention to world-wide blood deficiencies and the need for blood. Also discussed were the blood donation process and convolutions, motivations and barriers for donating blood, and the donation trends in South Africa. The generational marketing cohort theory that justifies the segmenting of consumers into generational cohorts was also discussed. It was found that worldwide blood demand outweighs the supply and people donate blood mainly social and altruistic reasons. Millennials (born between 1982-2000) (Bevan-Dye, 2016) were found to be a large and emerging segment for sustainable blood donation. As asserted by Bevan-Dye (2016), generations are heterogeneous and respective generations have a distinctive generational history, diverse experiences, attitudes and values that have an important impact on their behaviour. The Millennial generational cohort, being about 2 billion people, makes them very attractive to researchers, businesses and marketers (Ferguson, 2015).

Chapter 3 focused on the positioning of blood demand and donation within the marketing realm. It was found to be within the social marketing milieu. The chapter provided a comprehensive definition of the concept of social marketing, its origins and how it fits in within the broader marketing ecosystem. Social marketing with

regards to behaviour change, factors driving pro-social intentions and behaviour, the application of social marketing to health and social issues, including blood donation, the effectiveness of social marketing interventions in influencing individual behaviour and the marketing mix elements used to improve the impact of interventions were given attention. It is in Chapter 3 that the main initial predictor and one of the study's contribution, social media marketing in the social marketing domain, was amplified and given expression. This prominence was achieved through examining the social media platforms expended for social marketing and the attributes of social media for effective social marketing. The ethical dilemmas that may occur in the development and implementation of social marketing interventions are discussed.

Chapter 4 provides insights into some important models and theories that aid in understanding blood donation attitudes, behaviour and behavioural change. Through this, the most instrumental factors for the South African Millennials can be identified and thus enable blood donation campaigns to focus on the most salient issues. This chapter therefore reviews the consumer behaviour theory, the theory of planned behaviour, health belief model and the social cognitive theory as theories that suggest the marketing, psychological and social factors that can possibly impact on attitudes towards donating blood and eventually, blood donation intention. An overview of the empirical literature on each of the aspects and variables that pertain to the present study and relationships is described. The conceptual model, which is the bedrock of the study, presented in Figure 10, was also furnished as well as the examination of the relationships between the core variables of the model. The hypotheses which proved the connection between the study variables were articulated based on the connections that were proposed from other existing empirical studies and literature reviewed.

Based on empirical evidence, is was hypothesised that positive relationships exist between social media marketing and the awareness to donate blood exists (H_1), social media marketing and perceptions about blood donation (H_2), social media and motivation (H_3), social media marketing and peer group influence (H_4) and social media marketing and family influence (H_5). A positive relationship between social media marketing, attitudes and intention (H_6 and H_7) was also posited. The study also proposed that awareness will positively influence attitudes, perceptions and motivation towards blood donation (H_8, H_9 and H_{10}). H_{11}, which also hypothesised the existence of a positive relationship between perceptions about blood donation and attitude towards blood donation was also formulated. A direct relationship was also proposed between blood donation motivation and attitudes (H_{12}). Positive relationships between peer influence and attitudes (H_{13}), family influence and attitudes (H_{14}) as well as attitude and intention to donate blood (H_{15}) were proposed. These hypotheses were then tested in order to attain the empirical objectives.

7.2.2. Empirical Objectives

The empirical objectives that the current research intended to achieve are outlined below:

a) To establish how a marketing factor (social media marketing communication) influences blood donor psychological factors (awareness, perception and motivation)
b) To determine how a marketing factor (social media marketing communication) impacts on social factors (peer/reference group influence and family influence)
c) To assess the connection between awareness and motivations

d) To determine whether there is a relationship between awareness and perception
e) To assess the extent to which marketing, social and psychological factors impact on attitudes towards blood donation
f) To investigate the relationship between attitudes and intention to donate blood
g) To examine the impact of social media marketing communication on attitudes and intention to donate blood.

The research methods to achieve these empirical objectives and the findings obtained are detailed in chapters five and six, which are encapsulated underneath.

Considering that a conceptual model had to be tested, the study employed a quantitative research approach, using a self-administered questionnaire to gather data and analyse the data (Malhotra, 2010; Saunders et al., 2012). The population for the study was selected from Wits University in Gauteng province, where 850 questionnaires were distributed to both undergraduate and postgraduate students. They were males and females between the ages of 19 and 39 years, in line with the 1980-2000 classification of Millennials by Lee and Kotler (2015). The majority of the study respondents were females at 57.2%. Out of the 850 questionnaires issued, 650 questionnaires were completed, and the results thereof were detailed in Chapter 6. Chapter 6 first presented descriptive statistics of the respondents and the studied constructs in terms of means, reliability and validity. Inferential statistics obtained from SEM were then presented, as well as the confirmatory factor analysis (CFA) that deliberates on the validity and reliability. According to the outcomes of the SEM, 14 out of the 15 hypothesised relationships were significant and accepted. The findings from the testing of the hypotheses are discussed and concluded in this chapter.

7.3. Discussions on Empirical Findings

This section discusses the fifteen hypothesis that were tested and the conclusions that were derived.

7.3.1. Social Media Marketing and Awareness

A positive relationship was found between social media marketing and the awareness of blood donation. This means that the more Millennials engage on social media and are exposed to blood donation messages, the more they will know and become aware of blood donation. Social media have been recognised as mass phenomena with a wide demographic appeal, particularly to the younger generation, such as Millennials (Kaplan & Haenlein, 2010).

The wide appeal of this medium is driven by the fact that social media focuses on fostering online communities, information exchange, interactivity and co-creation, sharing user-generated content, engaging, building connections and widening one's social networks (Filo, Lock & Karg, 2015). Because of the constant engagement, dialogue and learning from one another's experiences that is facilitated by social media, Millennials would become exposed to more new information, which they otherwise would not have known. This increases the levels of awareness about blood donation. For companies, social media provides a rapid, extensive reach and timely dissemination of information due to its virality.

Furthermore, because social media content is usually disseminated by people in the same social group, who likely know one another, the content is viewed as being more credible and truthful. This assertion was confirmed by Karakaya and Barnes (2010), who confirmed that consumers consider social media as more trustworthy

sources of information than the traditional instruments of marketing communications used by companies.

Furthermore, because blood donation may be a very foreign concept and action for Millennials, it is thus conceivable that they would find social media more believable and would also pay more attention to such communication, engage in it and share it, which will create even more awareness. Social media marketing therefore provides an exceptional prospect for blood donation service marketers to enhance awareness and advance Millennial's knowledge of blood donation.

The study outcome of the existence of a positive relationship between social media marketing and awareness is congruent with previous studies, such as Yazdanparast et al. (2016). Empirical evidence has also revealed that the number one reason behind people's willingness to donate blood is being aware and knowledgeable about blood needs among patients (Karim et al.,2012; Lownik et al., 2012; Uma et al. 2013; Dubey et al., 2014). Saravanakumar and SuganthaLakshmi (2012), who contend that social media fulfils a "hybrid" role in the promotion mix, in terms of firms engaging with customers, whilst customers also engage with each other, also demonstrated social media marketing's success in raising awareness. Tritama and Tarigan (2016) also studied and confirmed the correlation between social media communication and the company's brand awareness.

Bilgin's (2018) exploration focused on the effect of social media marketing activities on brand awareness, brand image and brand loyalty. The study determined that social media activities showed the most obvious effect on brand awareness. Other studies have shown lack of awareness about blood donation being a barrier to donation (Jemberu et al., 2016; Kanani et al., 2018). This conclusion implies that the more knowledgeable a person is about blood and the

need for it, the more likely they are to be a donor. Based on this, it can be concluded that lack of awareness diminishes Millennials' interest towards blood donation. This means that blood donation service marketers and other social marketers, whose purpose is to generate awareness about health behaviours, modify attitudes, beliefs and behaviour for social good, such as blood donation should spend time and financial resources in an effort to engender more awareness of their programmes that are aimed at improving the well- being of society. This conclusion implies that social media marketing predicts awareness. Within the context of this study, this indicates that the more Millennials engage on social media and are also exposed to messages about blood donation on social media, the more likely it is that they will know about blood donation, shortages and the need for blood to save people.

7.3.2. Social Media Marketing and Perception

A significant positive connection between social media marketing and perception was found. The study outcomes are consistent with earlier findings which also confirmed a significant positive relationship between social media marketing and consumer perception (Feng & Xie, 2015; Jong & Drummord, 2016; Ali, Shabbir, Rauf & Hussain, 2016; Yang & Le Thi Ngoc, 2017). Ali, Shabbir, Rauf and Hussain (2016) explored the impact of social media marketing on consumer perception towards buying a product and confirmed a significant positive relationship between social media marketing and consumer perception. Yang and Le Thi Ngoc (2017) investigated the influences of social media on perception towards fitness and to gain knowledge of social media's role in their perception towards fitness and the phenomenon behind it. The result of this research illustrates the significant role of social media towards the perception of ideal body image.

Perception is basically the instant when we become aware of something through our senses. A key aspect in influencing perception is exposure. The more information consumers have about a product or service, the more comfortable they are with buying or using it. Hence, businesses do all they can to expose their service offerings. Therefore, for blood banks to succeed in changing the perception of the Millennials about blood donation, it is crucial for them to understand what the profile, needs and expectations of the Millennials are and use that understanding to their advantage in order to attract them. As the study findings have ratified, incorporating social media marketing as part of the marketing mix is vital in social media marketing campaigns that are targeted at changing the behaviour of Millennials, as social media gets them talking and engaged, which leads to enhanced perceptions.

7.3.3. Social Media Marketing and Motivation

The study validated the presence of a positive relationship between social media marketing and motivation. What this implies is that when Millennials are exposed to blood donation via social media marketing communications, their motivation to donate blood is heightened. Motivations are reasons which influence individuals to act in order to satisfy their needs and wants (Papacharissi & Rubin, 2000). This finding supports the Cognitive Theory of Motivation, which contends that an individual's motivation is the outcome of information processing and evaluation of problem related aspects by using his mental frame.

Social media, by its nature, facilitates extrinsic motivation, which is likely to arise from exposure to information on social media and interaction with friends or peers via social media. As a result of the regular interaction with the family, co-workers, friends and strangers, social media can be linked to social capital and is a big driver

of motivation (Khalid, 2017). Sümnig et al.(2018) investigated communication via social media platforms to recruit new donors and to motivate repeat donors. The findings substantiated that social media has become the second most important motivator to recruit first time donors, other than relatives and friends, who are the main motivators for first time donors. It is evident that social media would not have bourgeoned this much without users who are highly motivated.

As discussed in Chapter 2, there are various facets that motivate people to donate blood. It is thus imperative for blood donation services to understand the drivers of motivation for Millennials, as that understanding can result in the relevant and targeted design of social media motivation campaigns for blood donation. Suemnig et al. (2017) uncovered that women react more to humanitarian appeals for donations than men, whereas young people seem more inclined to respond positively to idealistic or romantic appeals for blood donations. The study also reinforced the significance of blood banks' appreciation of the diversity in the target audience and the need to consider these disparity attributes when implementing donor recruitment appeals.

7.3.4. Social Media Marketing and Peer Influence

A significant positive association between social media marketing and peer influence was established by the study. This finding confirms the importance of the influence of different reference groups via social media for Millennials. Makgosa and Mohube (2007) explain peers or reference group influence as the extent to which peers exert influence on the attitudes, thoughts, and actions of an individual, which ultimately influences behaviour. Generally, as people, we refer to an extensive variety of sources such as people close to us, the internet, leaders and professionals to help us in our decision making, including buying decisions. This is

because our peers or reference provide norms, values and attitudes which we adopt and follow. We follow them sometimes in order to fit in or to belong, which is a world-wide characteristic of humans to want to be part of a group. Social media evolution has only strengthened this, considering that individuals have become so connected by the world of social media.

Myriad empirical research has proven that peer influence is a robust determinant of social behaviour, and in particular, pro-social behaviour such as blood donation (van Hoorn et al., 2014; Choukas-Bradley et al., 2015; Nook et al., 2016). For blood donation, Smith et al. (2011) found that the decision to donate blood was motivated to a great extent by donors' desire to act in accordance with the norms and behaviour of their peer social network. The action in accordance with peers' expectation enabled donors to either maintain or enhance their prominence and acceptance within the social networks.

The current study finding suggests that social media communication can enhance peer influence. Because of the continuous interaction, it can be maintained that social media reference groups have become a strong decision influencer, since people place so much credence and importance on the content they see, read and disseminate on social media. Due to the connection with reference groups and the impact of social media, consumer behaviour reflects what people consume on social media platforms. The positive evaluation of social media communication is encapsulated by donors to be trustworthy and reliable, which demonstrate that consumers rely greatly on the opinions and views of peers as they signify a sense of credibility.

Copious research on the impact of the strong link between social media marketing and peers, friends and colleagues exists in the car industry (Kuwano et al., 2012; Rasouli & Timmermans, 2013; Kim, Rasouli & Timmermans, 2016; Maness &

Cirillo, 2016). Scaraboto, Rossi and Costa (2012) reinforced that whether people are conscious of it or not, social media have unlocked an entirely new reference group that are now influencing people's values, beliefs and behaviours. Because of the online communities that people form on social media and the continuous interaction they have, it can be argued that social media marketing facilitates reference or peer groups who have become robust decision influencers. It was therefore not alarming that a positive and significant influence of social media marketing on peer group influence was confirmed (H4). This outcome is congruent with that of Wang, Yu and Wei (2012), who validated a nexus between social media and peer influence and established that peers act as socialisation agents through social media and that newcomers are influenced by peers through communication, as a result of a social learning process.

7.3.5. Social Media Marketing and Family Influence

The study found a significant and positive relationship between social media marketing and family influence. Once more, this outcome is in line with societal values where family is still regarded as the foremost important component of society and plays a pivotal role in satisfying both the emotional and physical needs of people. Family is indeed a primary social group where communication is learnt, roles are attained, and values are fostered. Consequently, of all the extant groups in which individuals belong, the family is the most instrumental in influencing a person's decision-making process (dela Vega, Flores & Magusi, 2017). Family, due to dynamics such as family rules, emotional support, encouragement, reinforcement from other family members, and family member participation definitely would exert strong influence even via social media. The strong influence of family can also be attributed to the fact that to other people, blood represents family and not something that can be donated to a stranger but rather a preference

to donate blood to family and to receive blood from family as well. Hence, the study outcome that confirmed a positive relationship between social media marketing and family influence was plausible.

In fact, Sümnig et al. (2018) even conceded that family is a highly suitable target for health promotion interventions, such as blood donation, as it provides countless opportunities to drive positive health behaviour messages and alter family member attitudes and behaviour. Sümnig et al. (2018) investigated communication via social media platforms to recruit new donors and to motivate repeat donors. Their findings confirmed that social media has become the second most important motivator to recruit first time donors, other than relatives and friends, who are the main motivators for first time donors. This study has great resonance with how Millennials could be influenced positively to donate blood through the interactions with family members on social media. The Edelman Health Barometer 2011 global survey, which was referred to in Chapter 4, reported that family, social networks and new digital tools play as strong a role on an individual's health as do health professionals. The study further uncovered that almost half of participants confirm that their friends and family have the greatest impact on their lifestyle as it relates to health and that even those respondents who want to make healthy changes are unable to do so without the ongoing support from friends, family or other resources.

The effectiveness of family influence via social media, in particular within the health realm stems from the fact that the influence comes from participants' existing and trusted social networks, as opposed to coming from newly formed connections (Rice, 2010; Poirier & Cobb, 2012). As alluded by dela Vega, Flores and Magusi (2017), of all the existing groups to which individuals belong, family is the most fundamental and thus influential in shaping a person's decision-making process. Hence the empirical conclusion that social media marketing was found to have a

positive and significant effect on family influence was anticipated. According to Rice (2010) and Poirier and Cobb (2012), the efficacy of family influence arises from the information families and the participants gather from social media. Conversely, as confirmed by Joshi and Meakin (2017), family influence could be negative and have an unfavourable impact on blood donation by discouraging a person from donating through conveying their apprehensions about the individual's well-being.

Based on the Theory of Planned Behaviour, the subjective norm, which signifies the perceived social approval of a certain behaviour or lack thereof, could be one of the chief causes of intention to donate. Family members' concerns contribute significantly to the subjective norm, which has a great influence on the Millennial's decision to donate or not to donate blood.

The empirical conclusion that social media marketing has a positive and significant effect on family influence points to the fact that blood donations services must leverage more on new digital tools such as social media, apps and the internet to espouse blood donation efforts.

7.3.6. Social Media Marketing, Attitudes and Intention

Significant positive correlation was confirmed between social media marketing, attitudes and intention. This suggests that the more Millennials are exposed to communication through social media marketing, the more the prospect of developing positive attitudes about blood donation. This could ultimately lead to intention to donate blood. As already alluded to in the Literature review on Attitudes in Chapter 4, attitudes portray an individual's evaluations, feelings, and preferences towards something, a person or an idea. Attitudes are a combination

of three mutually dependant elements, which are beliefs, feelings and behavioural intentions towards something, and they drive how the consumer will react to that object (Pande & Soodan, 2015).

There is a link between attitudes and information and knowledge, which is why attitude formation can be affected by content, information and social interactions and experiences acquired through social media and contacts, as suggested by Kandler et al (2014). Attitude formation is also shaped by the opinions and experiences of friends and family as well as exposure to social media marketing through various platforms (Crano & Prislin, 2011). A study by Pule et al. (2014) uncovered that better education as well as being exposed to people who have donated blood in the past, predict blood donation intention. This could imply that because of their young age, Millennials are able to utilise myriad information sources to gather knowledge about blood donation which includes social media marketing. Moreover, as social media marketing exposes one to different people who share their experiences via social media, it is plausible that through that sharing of experiences about blood donation, one becomes more exposed, which increases some trust and strengthens the intention to donate in future. Pule et al. (2014) contend that people who stated that they had previously donated blood and knew someone who has donated blood had a likely probability to intend to donate blood in the future.

It is for this reason that through continuous social media marketing, South African Millennials are bound to develop certain attitudes about blood donation, which will shape their blood donation intention. Behavioural intention is an indication of an individual's readiness to perform a given behaviour and the best predictor of actual behaviour is intention. It is based on attitude toward the behaviour, subjective norm, and perceived behavioural control, and it is assumed to be an immediate

antecedent of behaviour, according to the TPB (Ajzen, 1991). Based on the study findings, attitude and intention have the strongest relationship, based on their mean values of 5,196 and 5,162 respectively.

7.3.7. Awareness, Perceptions, Motivation and Attitudes

The study found that while awareness and motivation influences attitudes, perceptions did not. Attitude formation is a result of learning, modelling others, and our direct experiences with people and situations. In the case of the study, it is interaction through social media marketing with different people and being exposed to different content. All this heightens awareness, which contributes towards the formation of attitudes.

To change Millennials' attitude, addressing their cognitive and emotional components is the start. The cognitive approach, which entails providing new information is an effective way of changing a person's attitude and therefore his or her behaviour, although this may happen over a period. Therefore, the relationships confirmed in the study about awareness and attitudes holds water.

Awareness and knowledge are essential basics in transforming consumer attitude and behaviour towards products (Abdolvand et al., 2016). The connection between awareness and attitude towards blood donation has been of interest to researchers, whose findings have been consistent. Papagiannis et al. (2016) examined the extent to which knowledge, blood donation awareness and beliefs impact on attitudes towards blood donation among undergraduate medical laboratory students. The relationship between awareness and attitudes was significant and positive. Awareness does not only impact on attitudes, it also drives perceptions and motivations. Consumer perception is therefore built from

awareness, impression or consciousness about a company or its products and services (Endo & Roque, 2017). Perception begins with consumer exposure attention and awareness to marketing stimuli (Kotler & Armstrong, 2010).

In the blood donation context, a person is likely to notice or be aware of information about blood donation if they know someone who may be requiring blood or have had an experience that relates to blood shortages. Still in the context of blood donation, adequate awareness creation about the importance of blood donation has been found to drive not only positive perception (Lownik et al., 2012; Verma et al., 2016) but also motivation of Saudi female university students towards blood donation (Al-Johar et al., 2016). This means that the more knowledgeable a person is about blood and the need for it, the more motivated and likely they will be to be a donor.

Motivation is one of the fundamental aspects determining the act of donating blood (Kasraian & Maghsudlu, 2012; Zito et al., 2012). This study has showed that this happens by influencing attitude, a good driver of behavioural intention and actual behaviour. Suemnig et al. (2017) suggest that when the motivational factors that lead to blood donation are identified, this will guide the design of targeted motivational campaigns for blood donation, which will in turn, lean to positive blood donation attitude. Motivation is the underlying force that drives us to do things. Sometimes we are intrinsically motivated, meaning we want to do something for the love of doing it or the resulting internal satisfaction. Other times we are extrinsically motivated, meaning we do something to receive a reward or avoid punishment from our social settings.

It was surprising that perceptions negatively and insignificantly impacted attitudes. This suggests that regardless of whether the perceptions about blood donation are positive, there is no guarantee that Millennials' attitudes will be different. Their

attitude will be negatively affected. This refutes other studies that have found a positive relationship between these two constructs. This could stem from the fact that there is rather a reverse impact, as Gunnarsson et al. (2017) found. They investigated the effects of biodiversity and environment-related attitudes on visual and auditory perceptions of urban green space. They found that environment-related attitudes influence perceptions of green space. Lim (2016) analysed how social media users' attitudes influence their perceptions regarding the attributes of news agency content and their intentions to purchase digital subscriptions. Their attitudes toward production activities influenced their purchasing intentions and affected their use time of social media and news. Furthermore, their attitudes toward production activities influenced their news perceptions and, subsequently, their perceptions of the attributes of news agency content. These two studies are indications that perception is rather an outcome of attitude.

Notwithstanding the reverse relationship between perception and attitude as Gunnarsson et al. (2017) and Lim (2016) found, social marketers in blood banks should place more focus on creating positive experiences during the blood donation process. The experience can be shared via social media and consequently generate positive perceptions about blood donation, which can go a long way in stimulating blood donation attitude. This could be achieved through using more testimonials of existing blood donors who have had positive blood donation experiences. Also, videos of people whose lives have been saved by blood donation can be a very powerful tool for changing perceptions about blood donation and ultimately, attitudes

7.3.8. Peer Influence and Attitudes

The study findings confirmed a positive relationship between peer influence and attitudes. The influence of peers on attitudes is best explained by the Social Cognitive Theory (SCT) of Bandura (1986), discussed in Chapter 4 as one of the theories underpinning the current study. SCT suggests that people observe and imitate behaviours, sometimes spontaneously and unintentionally. The imitating peers can potentially lead to the formation of attitudes about the action. As social beings that people are, the interaction they have with the social environment such as peers, facilitates learning, not only through their own experiences, but also other people's experiences through observing their actions and the results of those actions and thus apply that as a guide for their future actions (Bandura, 1986). Peers impact our perception of health and a myriad other sphere of our lives, and during the frequent conversations we have with them, we are bound to consult them as we seek answers to our questions. This applies also to Millennials, who have been studied in this research, the conversations about blood donation experiences with their peers do shape their attitudes towards blood donation. SCT provides a valuable insight for understanding the mental and behavioural function of a person and how one's behaviour is shaped and controlled by personal reasoning and environmental elements, such as peer influence through social media marketing communications.

7.3.9. Family Influence and Attitudes

The family was also found to influence blood donation attitudes. The relationship between family influence and attitudes has been studied from diverse perspectives and the results suggest that family communication help children acquire certain attitudes, values, and behaviours, which they take into their adult life. Research

has found that family is instrumental in helping young children develop their brand attitudes and that family members may affect the consumer behaviour of other family members through “social interaction”. When family members interact, they may acquire certain attitudes, values, and behaviours, which often are communicated explicitly (Hsieh, Chiu & Lin, 2006). Ottovordemgentschenfelde (2015) also confirmed that parents influence and mutually reinforce the social attitudes and aspirations of children and young people.

Family conceivably would have a great influence on Millennials’ attitudes about any aspect related to health. For the first 16-30 years of someone’s life, the family structure forms the foundation of our beliefs, values and knowledge. Because of the principles and ideas that one learns within a family, the opinions of family, those of a parent, will often even overshadow those of a health expert and this is purely because of their position and not because of their knowledge or expertise. The understanding that we develop as children concerning health while staying with our parents will likely be the version we have when we are older and consequently, we will also pass on to the next generation. It is because of this strong unit that even in the advent of social media, family still has an immense influence on attitudes. In the blood donation context, the influence is even more pronounced as sometimes there are religious and cultural nuances that are also at play. In fact, Pedersen et al. (2015) suggested that familial and heritable influences could be even stronger, extending beyond the donors' own awareness.

The robust influence of family on donation attitude is captured aptly by Smith et al. (2011) who maintain that the decision to donate blood is motivated to a large extent the by donors’ need to act according to the norms and behaviour of their family and the wider social network. This affirmation is consistent with the earlier finding by Bani and Strepparava (2011) that around 22% of the respondents in their study

were influenced by family and friends in their decision to donate. This means that programmes need to consider close family members and friends who donated blood in the past as change agents in community blood donation mobilisation efforts.

7.3.10. Attitudes and Intention

A significantly positive relationship was found between attitude and intention to donate blood. This finding is in line with the Theory of Planned Behaviour, which intimates that intention is driven by attitude (Merav, & Lena, 2011).

There is a nexus between attitudes and information and knowledge, which is why attitude formation can be affected by social and cultural experiences acquired through social networks, the media, and other forms of contact with people who hold opinions on given issues (Kandler et al., 2014). Attitude formation is facilitated by direct personal experience and is also shaped by the opinions and experiences of friends and family as well as exposure to various mass media platforms (Crano & Prislin, 2011). In addition, the likelihood of an individual's personality playing a major role in attitude formation cannot be underestimated. These same factors also have an impact on attitude change, which means that attitude changes are learned, and they are influenced by personal experiences and the information gained from various personal and impersonal sources.

The overall mean score for attitude is 5,196 and the mean score for intention is 5,162, which indicates that the participants have a high level of attitude about blood donation as well as high intention to donate. This is consistent with previous studies that indicate that a high level of attitudes drive intention (Merav & Lena,

2011). Furthermore, this relationship between attitudes and intention is the most robust in the study, with the path co-efficient of 0,653.

7.4. Recommendations

The process of a person becoming a blood donor will largely commence with their intention. This study therefore investigated the factors that would influence such intention among South African Millennials. It was found that the intention will develop when attitude is formed from social media marketing communication, awareness, motivations, perceptions, peer and family influences. Considering these results, the following recommendations are made.

7.4.1. Branded Content Strategy to Drive Engagement

This study revealed a relationship between the Millennials' exposure to social media marketing and their level of awareness about blood donation in South Africa. Social media marketing has demonstrated its value and utility as a platform for a variety of marketing actions, such as branding, customer relationship management, consumer research and advertising, among others. However, to thrive in the social media marketing milieu, it is imperative for companies to craft and generate relevant and engaging content. Irrespective of the goal of the marketing activity, marketers must focus on getting the message across and making consumers want to see it instead of being forced to see it. This can be achieved by employing a branded content strategy.

Branded content strategy entails the employment of marketing campaigns that possess an entertainment-type meaning such as creative video advertising (Choi, 2015). The purpose of such a strategy is to create some resonance between the

consumer and the brand on an emotional level instead of emphasising the actual brand, product or service. Branded content marketing campaigns are usually engaging, entertaining and so, informative, creating engaging conversation that consumers will enjoy viewing and voluntarily sharing with their peers. Examples that blood bank marketers can consider are sponsored magazine articles, relevant sponsored articles with interactive images and captivating videos, among others. Several fascinating promotional videos that accentuate the positive emotions and pride that is experienced after donating blood should be developed for distribution on social media in order to change or reinforce positive attitudes to blood donation.

These videos should each have a different focus, such as providing information about the donation process, eliminating any myths about donation, dispelling apparent donation obstacles and amplifying the flexibility of donation sites. All these videos should be designed in a way that appeals to Millennials, such as featuring interviews with peers and the formulation of catchy slogans which position blood donors as life- saving champions. This will go a long way in generating impetus to bolster a coveted self-perception which is depicted in the videos and in creating positive attitudes about blood donation and consequently, intention to donate. This strategy reinforces the Theory of Planned Behaviour, which contends that attitudes are a predictor of intention, therefore if positive attitudes towards donation are created and reinforced, donation intention will be feasible.

In addition, such creative content will definitely foster customer engagement and enhance brand awareness because as people share and comment on the videos, they will become viral, generating extensive message reach, brand awareness and exposure. When marketers embrace an engagement angle, the message moves from being transactional to interactive. Furthermore, engaged consumers develop

a sense of affinity to the brand which motivates them to influence other consumers' perceptions about the brand through word of mouth (WOM) and other methods of consumer-to-consumer interface.

7.4.2. Development of Effective Messaging Strategy

From the literature review section in Chapter 4, it is apparent that social media marketing is a profoundly engaging style of communication that stimulates and facilitates a very personal connection between brands and consumers. Consequently, it can then be argued that an effective messaging strategy is crucial for engagement to take place. Message strategy entails ensuring that effective marketing communications are crafted in such a way that they convey the precise messages which are likely to advance the achievement of the desired outcomes. Tafesse and Wien (2018) have found three types of message strategies that usually bolster messages on social media. The first is informational messaging, which is very factual, straight to the point and provides concrete product or service features. The second is a transformational messaging technique, which inculcates outcome-based, pleasurable, warm emotions and deep symbolic meaning to the brand, while interactional messaging entails the nurturing of enduring interactions and a relationship with customers.

Since blood donation is an emotive and very personal act, it is recommended that blood bank marketers and other social marketers adopt a transformational messaging strategy. Due to its emotional quality and ability to use pleasurable brand cues, such as the warm feelings experienced by doing such a noble act of giving blood, transformational messages elicit very positive responses which are likely to impact positively on the psychological factors explored in the study (awareness, perception and motivation), attitudes and ultimately lead to blood

donation intention. By employing transformational message strategy, blood banks would derive the maximum impact in changing the Millennials' behavioural engagement. This is because they will feel empowered to convey their emotions, their self-image would be enhanced, and they will derive hedonic experiences from engaging in such a noble and selfless act.

7.4.3. Tone of Voice

The study concluded that Social Media Marketing has a positive impact on the Millennials' perceptions about blood donation. Barcelos, Dantas and Sénécal (2018) assert that the manner in which brands communicate with consumers, in particular on social media, is crucial in shaping their perceptions and attitudes. The communication approach somehow establishes whether the relationship will evolve further than the first encounter or not. This is because a brand's tone of voice is pivotal in building brand trust and moderating any doubts, particularly during the initial interactions, when the consumer is still forming opinions about the brand about which they have no previous experience and are not knowledgeable about, such as blood donation. It is thus crucial for blood bank marketers to be conscious of the tone of voice in their social media communication. The recommendation is that blood banks must consider moving from a transactional voice to a more conversational voice, which seeks to establish a relationship and build trust. Since blood donation is a very personal and emotional act and considering that many Millennials would not have donated blood before, it is recommended for blood banks to follow a more conversational human voice (Park & Cameron, 2014). Park and Cameron (2014) describe a human voice as a more natural, friendly, and warm style of online communication, opposed to the "corporate voice", which is the more distant and formal style traditionally used by companies.

7.4.4. Management of The Blood Bank's Social Media Presence

The other recommendation that will benefit a blood bank in creating social media messages that create positive perceptions is to pay attention to the staff who are responsible for managing the blood bank's social media presence. It is recommended that staff who are within the key demographic age group targeted by the blood bank, in this case, Millennials are employed for this purpose. This will ensure that the voice that the blood bank utilises in social media communication resonates with the target audience and that any conversations and dialogues are tailored and personalised to the Millennials. For Millennials, it is important to ensure that the communication is honest, engaging, current, transparent and educational in a fun way. Variety of messages is key as it is important to keep Millennials engaged, therefore it is important to provide a mix of compelling content which they will want to share with others. The messages should seek to alleviate any misconceptions and fears about blood donation, provide advice on how donors can have a better experience and reinforce the altruism that the act of donating blood is.

7.4.5. Gamification

Behaviour change is at the heart of this study. Scholars such as Solaiman, Halim and Osman (2015) have conceded that achieving behaviour change can be challenging, expensive, impacts can be short-lived and the benefits it offers are long term and not necessarily instant. It is therefore necessary that techniques are uncovered to motivate donors, not to donate just once but repeatedly. Gamification is one such recommendation that is offered for the blood bank services, particularly in South Africa and other African countries, to consider including gamification in blood donation social media campaigns to improve user engagement. Huotari and

Hamari (2012) describe gamification as a process of enhancing services with motivational affordances in order to evoke playful experiences and advance behavioural outcomes. In defining gamification, Huotari and Hamari (2012) amplify the role of gamification in evoking similar psychological experiences that are evoked by games. It is regarded as a catalyst for reinforcing user engagement and enriching positive behaviour, as such, boosting user activity and social interaction. According to Hamari, Koivisto, and Sarsa (2014), gamification is revolutionising the human-computer interface and user experiences by providing positive, inherently motivating and playful experiences. Fun is largely the indispensable element of gamification, as fun urges people to continue engaging in behaviour and gamification is a fun way to engage user. Gamification techniques can be based on rewarding points to people who share their experiences. The main idea of implementing gamification in the blood donation context is to motivate people donating their blood. Gamification could be implemented by illustrating to the users how many lives have been saved by their donations. The basic idea of gamification is to engage users in donating their blood regularly. For every donation, they will receive a code to submit to earn points. The points are applied for physical rewards such as food coupons and in game rewards as achievements.

7.4.6. Loyalty Programme

Although monetary rewards and inducements are not endorsed by blood collection agencies and the World Health Organisation due to ethical concerns, the reality is that adopting suitable, non-monetary incentives to embolden and bolster blood donation behaviour may prove to be effective and show positive results with increasing recurring blood donations. This trend has been successful in consumer and service goods industries where loyalty programmes are instituted to encourage repeat purchase and increase loyalty. The efficacy of introducing a

loyalty programme to drive donation behaviour should be explored in blood donation campaigns to stimulate action (Juwaheer et al., 2012). Research shows that one of the most frequently reported reasons to donate blood for the first time was the influence from a friend, as 47% of the people surveyed stated (Sojka & Sojka, 2008). This result shows that peer-pressure or social pressure is effective in motivating first time donors, which can easily be achieved using social media. A loyalty programme can be explored for peer or family referrals.

7.4.7. "Atmospherics" of Blood Donation Facilities

It is recommended that attention is given to "atmospherics" of blood donation facilities. The phrase "Atmospherics" was first coined by Kotler (1973). Kotler (1973) describes atmospherics as an endeavour to create a purchase environment that will elicit specific emotional effects that would enhance and positively influence the buying decision. Kotler (1973) regards the atmosphere of a place as a "silent language" in communication. His research in this domain uncovered that buyers develop affinity towards the location and ambiance in which they buy. The study concluded that the atmosphere of a retail shop at times influences the buying decision more than the product itself, arguing that the atmosphere is effectively the primary product. Atmospherics include any sensory elements, such as design, lighting, fixtures, smells, sound level, temperature, and wall coverings and all these are used as a significant differentiator in services marketing.

Both Giacomini and Lunardi Filho (2010) as well as Gilaninia et al. (2013) have shown that blood donors accord significant importance to staff's attitude and patience, attention, and serenity of the premises, practical and communication skills of employees as well as waiting times have an impact on blood donor's willingness to donate blood. It is crucial for blood service marketers to ensure that

blood donation takes place in a clean, welcoming and assuring environment, with well-trained staff who can reduce the fear and anxiety, as well as shortening the waiting period by increasing blood donation hours for people who do not have time.

7.4.8. Blood Donation in School Syllabus

Albeit good relations seem to exist between blood donation organisations and educational institutions in South Africa, where some schools hold blood donation clinics once every term, more still needs to be done to instil a culture and behaviour of donating blood, particularly on the younger Generation Z cohort, who are the future blood donors. It is recommended that voluntary blood donation is introduced in the school syllabus to educate high school students about blood donation and collection as part of the education curriculum. This will generate awareness, positive perceptions and attitudes about blood donation at a basic level among school children.

7.5. Implications and contribution to the study

The findings of this study have implications and provide rich contributions to marketing practitioners, policy makers as well as academics.

7.5.1. Managerial Implications

The study found that social media marketing can directly and positively influence blood donation attitude and intention, or can indirectly do so by triggering awareness, perceptions, motivation, peer and family influences. These findings conjecture that for blood donation services to draw Millennials as blood donors, social media should not be employed as simply an augmentation of the offline

messages but must be viewed and applied as a platform that facilitates a stream of effects. This study exposed to blood donation services the benefits and driving roles of the messages posted on the social media platforms.

Secondly, the study findings fortify the significance and applicability of social media for brand management. This study confirms and positions social media marketing as an imperative and integral component of the marketing communication strategy. The positive effects of social media marketing on attitudes and intention provide robust assertions for the applicability and efficacy of social media in the management of brands. Furthermore, while social media has proven its function as an instrument to gather customer information and gain better insights about consumers, social media could also be a viable marketing catalyst that drives value and positive outcomes for the country's healthcare system.

Consumers have become content generators in the social media environment. Through the availability of a platform to communicate their experiences with many people across the globe, social media has indeed amplified the consumers' voice. Through social media, society continues to communicate about brands without seeking consent from the companies or brands in question or even without their knowledge. This can have a drastic impact on the reputation and at times, survival of the organisation, particularly when the communication is negative. It is thus crucial for brands to continuously monitor their social media activity and not only respond to negative comments but use social media platform to position their brands positively in consumers' minds through content that triggers positive sentiments and has a potential of going viral.

This research underscores some factors that influence the intention to donate blood. It is apparent that not all factors impact all Millennials, but it is vital to note that social media marketing, social environment, awareness, perceptions and

attitudes, influence the intention to donate as well. Knowledge and understanding of how these factors affect blood donation intention is crucial when devising and implementing policies and programmes to encourage blood donation as a necessary health behaviour.

The study has concluded that attitudes play a significant role in boosting blood donation intention. This resonates with the TPB, which suggests that intention is the primary predictor of behaviour, with studies supporting this and showing the more intention someone has, the more likely they are to perform a given behaviour (Ferguson, 2015). Intention is influenced by a person's attitudes toward the behaviour, the subjective norms and perceived behavioural control they feel they have over the behaviour (Ajzen, 1991). As discussed by Lemmens, et al. (2009), the factor of attitude, or a person's overall opinion regarding certain behaviours, is a major influencing factor when forming intentions in the context of blood donation. Similarly, subjective norms (belief of approval from those around them) and perceived behavioural control (feeling of control over successfully completing a behaviour) are also strong influences toward intention formation in this context. Therefore, addressing these three underlying factors of behavioural intention should be the main focus of marketing strategies aiming to increase both repeat behaviour and behaviour initiation. From a practitioner's perspective, the influential role of social media marketing as a predictor of blood donation intention within South African Millennial online communities is accentuated.

In concluding the managerial implications, it is fundamental to note that while the study has corroborated the powerful role of social media marketing in driving blood donation intention, information alone is not adequate, hence a more behaviour change communication approach needs to be employed to guarantee blood donation practice. Blood donation drives and other events are also still regarded

as having value in creating awareness. It is thus crucial to diversify health education efforts by including such events in order to bring about the desired behaviour change.

7.5.2. Policy Implications

From a policy perspective, the study highlights that an online community that is derived from social media, coupled with the robust influence of peers, reference groups and family, as demonstrated in the current research, underscores that any initiatives that seek to foster and advance good citizenship, such as giving blood, should focus on propelling the motivation of individuals in social groups. Through utilising people's social connections and harnessing the cogency of such networks and the group effect, policymakers can leverage the motivational impact of policy interventions which are designed to promote social conscience and good citizenship as well as establish a mass blood donation movement.

7.5.3. Academic Implications

The study provides insights into the otherwise under-researched areas of the impact of marketing, psychological and social factors on blood donation attitudes and intention. The outcome of this study demonstrates that when people engage about blood donation on social media, their awareness, perceptions and motivation to donate blood are enhanced. Furthermore, family and peer communication via social media, provides a huge influence on the donor, which in turn, plays a pivotal role in changing blood donation attitudes and intention to donate blood. Therefore, on the academic aspect, the current study contributes to existing literature by confirming the applicability of social media marketing for blood donation organisations, assisting them to understand what Millennial donors expect from

future interactions in the South African context. This study also makes a significant contribution to the social media use literature by systematically exploring the impact of social media marketing on attitudes and intention to donate blood, via psychological and social factors. In particular, the current study's findings provide tentative support for the proposition that social media marketing should be recognised as a significant antecedent and tool to influence Millennials' attitudes towards blood intention.

7.6. Limitations of the Study

This research, as with any study, has some shortcomings, which may stimulate direction for future research. In this section, these limitations and corresponding suggestions for future research are presented.

a) The first limitation of the study relates to its geographic scope, which only focused on Johannesburg based university-going Millennials, from the University of Witwatersrand in Johannesburg. This shortcoming compromises the generalisability of the research findings and may render it inappropriate to relate the outcomes of this study to other universities outside Johannesburg or other provinces in South Africa. This drawback however also presents an opportunity for future studies to incorporate data from a larger sample of Millennials from other universities in Gauteng, as well as other provinces in South Africa in order to enrich the generalisability of the study outcome. The same study could also be replicated in other countries in Africa.
b) The study focused on Millennials who are students. A suggested area of future research could be the exploration of a sample of employed Millennials. Furthermore, other generational cohorts could also be

investigated, such as Generation Z, who were born from 1997 onward. This cohort is crucial as they represent the next group of blood donors and thus must be a big focus in instilling a culture of blood donation.

c) While the study focused on blood donation behaviour of Millennials in South Africa, there seems to be a dearth of data that represents the age profiles of blood donors in South Africa, which may compromise the study outcomes. The only demographic profile that is available is the racial profile. A suggested area of research is a clear determination and understanding of the South African donor demographics and behaviour.

d) Technological interventions, such as social media marketing in the health realm, may have the unintended effect of broadening disparities between individuals who have access to smart mobile devices or the internet and those who do not. Despite the potential benefits afforded by emerging technologies, many individuals will remain without access, such as individuals in the most impoverished settings and rural areas without reliable network coverage or without smart phones, who may thus be excluded by the study.

e) The fact that some of the data was collected during a blood drive, may potentially limit or compromise the generalisability of the study.

7.7. Suggestions for Future Research

The limitations of this study can also be viewed as opportunities for future research.

- The measurement of all the study constructs was done at a single point in time. It should be realised that the constructs of perceptions, attitudes, motivation and awareness are not stagnant. Such constructs develop sequentially over a period of time. The study has not taken cognisance of this aspect. It would be interesting

then for future research to explore perceptions, motivations and attitudes over a longer period which would provide better insights on the dynamism of these variables.

- The study followed a very generic approach to social media marketing, with no focus on any type of social media platform. As different patforms work differently and addressing diverse objectives, it would be interesting for future studies to examine which specific social media platform has the most robust influence on Millennials' blood donation intentions.
- Future studies should, therefore, consider expanding data collection to include other virtual community members who utilise social media platforms, other than focusing on any specific Generational Cohort.
- Whilst this study has corroborated the efficacy of social media marketing in influencing blood donation intention, intention does not necessarily translate into actual behaviour. It is thus crucial that future studies investigate whether social media marketing actually does impact blood donation behaviour.
- Future research can examine user engagement in different types of posts to understand the extent to which each content type can draw users' attentions and trigger their reactions in terms of liking a post, leaving a comment on it, or sharing it with others on Facebook. Understanding user engagement is important because it can transform one-way, provider-to-consumer information dissemination activities into two-way or many-to-many communication processes. In this way, the "social" aspect of such platforms as Facebook can be realised more meaningfully, adding value to the health care organisations' activities in virtual environments.
- Another path for future studies is the investigation of who is actually responsible for generating content from the blood donation service side, particularly posting content on social media pages, and whether they are health, marketing or digital experts. This is important because the expertise of the content provider has a

bearing on the nature of content shared, how it is disseminated and the subsequent degree of consumer engagement. Such insights would provide clearer guidance on how content can be structured to ultimately impact on the overall efficacy of the activities of blood services organisations or other healthcare organisations' activities on social media platforms.

- Another avenue for future research would be to conduct a similar study and make it gender specific i.e. have it focused solely on Millennial men and ther factors that influence their donation intention, or even exclusively on women.
- Future research should facilitate the understanding of processes of behaviour change, particularly how social relations in online networks stimulate the change and adoption of health behaviours such as blood donation and how these online relationships can be maximally mobilised to drive blood donation efforts. These insights would help in the ability to ensure that interventions that are currently being developed to drive blood donation among younger generations can easily be transferable to any other social platforms which may evolve in future, in view of the rapid digital changes that we are experiencing. Therefore, careful and frequent assessment of the mechanisms responsible for influencing health behaviours is necessary to better understand how specific components of social media interventions may contribute to successfully driving blood donation behaviour.
- Whilst social media marketing has proven to have yielded positive results with regards to motivating blood donation, increasing attitudes and blood donation intention, a gap still remains on how other technological applications can be augmented to facilitate the blood donation process and remove the complexity of donating blood, warrants further investigation. Examples of such applications which have been put forward by Foth et al., (2013) and Mostafa, Youssef and Alshorbagy (2014) include smart phone based virtual blood banks that have been proposed in India, which allows people who seek blood to also communicate with

the server through their mobile devices, specifying their blood type and current location in a subscriber application, a quick access blood donation service that has been proposed in Bangladesh to assist in the management of blood donor records, web portal and social network to help users to search and locate the proper blood donation centres adopted by the Swiss and the German Red Cross and a smart phone application enabling existing and potential donors to monitor the national blood levels by blood type in Ireland, among others.

7.8. Conclusion

What can be drawn from the findings of this study is that donation is, to a large extent, externally driven, by myriad factors that have been explored in the study, such as social influences which arise from interactions via social media marketing and communication. It is thus evident that marketing factors, which are a predictor variable for the study have an influence on blood donation intention, via both the psychological and social factors. Social media platforms provide boundless avenues for South African Millennials to interact, express, share and create content about blood donation experiences, views and misconceptions. Thus, the joint implementation of firm-created and user-generated social media communication offers numerous avenues for increasing blood donation in South Africa, hence social media marketing communication must be incorporated as part of the marketing communication agenda for blood donation organisations. It must be conceded that social networking sites are an essential aspect of communication which provides a viable platform to influence the blood donation conversations and discourse. The findings of this study should be integrated into social media strategies of blood donation organisations to fortify relationships with Millennials and enhance the outcomes of their blood donation efforts as well as success in recruiting the South African Millennials. As a caution, although digital technology

represents a highly promising collection of approaches that could be used in combination with other blood donation campaigns, technology should not be considered the only solution for addressing the global challenge of blood shortages and recruitment of new Millennial blood donors.

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APPENDICES

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

APPENDIX 1: RESEARCH INSTRUMENT

The University of Witwatersrand
Cell: 082 820 7604
Email: nandidabula@gmail.com
Date: 14 August 2018

Dear Sir/Madam

RE: PARTICIPATION INFORMATION SHEET

My name is Nandi Dabula. I am a student at the University of Witwatersrand in Johannesburg, undertaking a Doctor of Philosophy (PhD) in the field of Marketing. As part of my studies I must undertake a research project, and I am investigating "**Marketing, psychological and social factors influencing blood donation: A case of S.A. Millennials."** The aim of this research project is to find out the following:

- Your level of blood donation and online participation.
- Your awareness levels and perceptions about blood donation and what motivates you to donate or motivates you against blood donation.
- What role do your peers and family play in your blood donation decision?
- Whether your awareness levels, perceptions, motivations, peers and family would influence your attitude towards blood donation.
- The extent to which your attitude towards blood donation would impact on your intention to donate blood.

As part of this research project, I would like to invite you to take part in completing a questionnaire. This is a once-off activity which will take at least 10 - 15 minutes. You will not receive any direct benefits from participating in this study, and there are no disadvantages or penalties for not participating. You may withdraw at any time or not answer any question if you do not want to. The research will be completely

confidential and anonymous, as I will not be asking for your name or any identifying information. Please note that completion of the questionnaire will be deemed to constitute consent.

If you have any questions afterwards about this research, feel free to contact me on the details listed below. This study will be written up as a research report which will be available online through the University of Witwatersrand library website.

If you have any queries, concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (non-medical), telephone + 27(0)11 717 1408, email hrec-medical.researchoffice@wits.ac.za/ Shaun.Schoeman@wits.ac.za

Yours Sincerely

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THIS QUESTIONNAIRE IS STRICTLY FOR RESEARCH PURPOSES ONLY. PLEASE ANSWER THE FOLLOWING QUESTIONS BY MARKING THE APPROPRIATE ANSWER WITH X.

SECTION A: GENERAL INFORMATION

A1. Please indicate your gender		
1	Male	
2	Female	

A2. Please indicate your age category		
1	18 – 24 years	
2	25 – 30 years	
3	31-35 years	
4	36-40	
5	0ther	

A4. Please indicate your highest academic qualification		
1	High School	
2	Diploma	
3	Undergraduate Degree	
4	Postgraduate degree	

A5. Please indicate your occupation		
1	Student	
2	Employed	
3	Self Employed	
4	Unemployed	

SECTION B: INTERNET ACCESS AND USAGE

B1. Do you have access to the internet?

1	Yes	
2	No	

B2. From where do you mostly access the Internet? Please choose 1 option.

1	Home	
2	Work	
3	School	
4	Mobile phone/ Tablet	
5	Internet Cafe	

B3. How many hours do you spend on the Internet a week?

1	Less than 1 hour	
2	2-5 hours	
3	5-10 hours	
4	10-15 hours	
5	More than 15 hours	

SECTION C: SOCIAL MEDIA USAGE

C1. Do you use social media?

1	Yes	
2	No	

C2. Which of the following social media platforms do you use mostly? Please select one option.

1	Facebook	
2	Twitter	

3	Linked In	
4	YouTube	
5	Instagram	
6	All of the above	
7	None of the above	

SECTION D: BLOOD DONATION BEHAVIOUR

D1. Have you ever heard of blood donation?

1	Yes	
2	No	

D2. Source of information

1	Media campaigns	
2	Blood drives	
3	Friends/ Family	
4	Social media	
5	My doctor	
6	Other: Specify	

D3. Do you donate blood?

1	Yes	
2	No	

D4. If you answered Yes to D3 above, what is your Blood donation status?

1	Regular donor	
2	Non-regular donor	

D5. Reason for donating blood.

1	Emergency call for blood donation	
2	Helping a friend/relative	
3	Doing good to others / Sense of social responsibility	
4	Curiosity	
5	Peer/ social pressure/ Family pressure	
6	Other. Specify	

D6. If you answered No to D3 above, please provide the reason for NOT donating blood

1	Fear of needles or fear of sight of blood	
	Fear of illness or side effects	
2	I donate only to my relatives	
3	I don't know why it's important	
4	Religious/cultural beliefs	
5	I don't have time/ Don't know where to donate	
6	Health reason	
7	No specific reason	

If you answered "NEVER" to question D1, please answer the following question, and then proceed to other questions.

D7. Is giving blood something you would consider doing in future?

1	Yes	
2	No	
3	Undecided	

In the following sections, please indicate your level of disagreement or agreement to the statements on a scale of 1-7 where 1 = "Strongly Disagree" and 7 = "strongly Agree",

Section E: SOCIAL MEDIA MARKETING

	Considering that social media comprises Instagram, Facebook, Twitter, YouTube and LinkedIn, rate the extent to which blood donation information in them are effective	**Strongly Disagree**	**Disagree**	**Slightly disagree**	**Neutral**	**Slightly agree**	**Agree**	**Strongly agree**
		1	**2**	**3**	**4**	**5**	**6**	**7**
SM1	I use social media to search for health-related information							
SM2	Social media is a better source of information than other media platforms (e.g. TV, Radio, Newspapers etc.)							
SM3	I have discussed health related issues on social media with my friends							
SM4	I have seen blood donation information and campaigns on social media							
SM5	Reading about blood donation on social media gives more understanding, which is encouraging me to donate blood							
SM6	Information on blood donation on social media are emotive enough to push someone to share with others							

SECTION F: SOCIAL MEDIA AND BLOOD DONATION AWARENESS

	Considering that social media comprises Instagram, Facebook, Twitter, YouTube and LinkedIn, indicate how your awareness of blood donation was created by these sites.	**Strongly Disagree**	**Disagree**	**Slightly disagree**	**Neutral**	**Slightly agree**	**Agree**	**Strongly agree**
		1	**2**	**3**	**4**	**5**	**6**	**7**
AW1	I think social media can go a long way in creating awareness about blood shortages and blood donation							
AW2	Social media creates awareness about the lives of many people that could be saved by blood donation							
AW3	Social media creates awareness about blood donation process							
AW4	Through social media, I am aware and knowledgeable about the process of giving blood							
AW5	Through social media, I am aware of the existence of adverse effects associated with blood donation							
AW6	Social media increased my awareness about safety of blood donation.							

SECTION G: BLOOD DONATION PERCEPTIONS

Rate the extent to which social media has affected your perception of donating blood		Strongly Disagree	Disagree	Slightly disagree	Neutral	Slightly agree	Agree	Strongly agree
		1	2	3	4	5	6	7
PER1	Social media has changed my perceptions about blood donation							
PER2	Social media has made me feel that donating blood is good thing							
PER3	I have learnt from social media that donating blood is a noble act							
PER4	Social media has made me to change my views to start thinking about donating blood							

SECTION H: MOTIVATIONS TO DONATE BLOOD

Please rate how much information about blood donation on social media drives you to be a donor with the following statements:		Strongly disagree	Disagree	Slightly disagree	Neutral	Slightly agree	Agree	Strongly agree
		1	2	3	4	5	6	7
MO1	The information I get on social media about blood donation motivates me to donate							
MO2	From the information I get from social media I have been influenced to donate blood not only if a member of my family requires blood							
MO3	Social media information about blood donation provides reasons I would donate blood as part of giving back to the community							
MO4	Since social media provides information of where, when and how the donation process takes place, I have been moved to become a donor.							
MO5	Seeing experiences of people who have donated blood on social media has made me want to also do it.							

SECTION I: PEER INFLUENCE (REFERENCE GROUPS)

Please indicate the extent to which friends influence you to donate blood		Strongly disagree	Disagree	Slightly disagree	Neutral	Slightly agree	Agree	Strongly agree
		1	2	3	4	5	6	7
PI1	Some of my friends or people in my social networks are blood donors							
PI2	A shared positive donation experience of a friend on social media encourages me to donate blood							
PI3	My friends' social media posts on blood donation influence me to donate blood							
PI4	From all the shared information by friends on social about their being blood donors, it is difficult to ignore the call to donate blood							

SECTION J: FAMILY INFLUENCE

Please indicate the extent to which family members influence you to donate blood		Strongly disagree	Disagree	Slightly disagree	Neutral	Slightly agree	Agree	Strongly agree
		1	2	3	4	5	6	7
FI1	Watching my family members regularly donate blood I think I would like to become a donor in future							
FI2	Considering that a family member had needed blood in the past, I have been motivated to donate blood							
FI3	Since my family and friends consider blood donation as an important valuable act, I have been encouraged to donate blood one day							
FI4	My family believe blood donation is a good thing to do, so I will do it as it is part of how I have learnt from my family							
FI5	Considering that donating blood would make my family proud, I would consider donating blood in the future							

SECTION K: ATTITUDE TOWARDS BLOOD DONATION

Please indicate your thoughts and feelings about donating blood from the following statements	Strongly disagree	Disagree	Slightly disagree	Neutral	Slightly agree	Agree	Strongly agree

		1	2	3	4	5	6	7
ATT1	Blood donation is healthy							
ATT2	I admire people who donate							
ATT3	By donating blood, I am saving someone else's life							
ATT4	Donors should be paid for donating blood							
ATT5	I would donate blood if there were incentives or rewards							
ATT6	I think I would feel good if I would get the chance to donate blood							
ATT7	Donors should undergo pre-donation health checks before donating blood							

SECTION L: BLOOD DONATION INTENTION

Please indicate to what extent you are likely to donate blood		**Strongly disagree**	**Disagree**	**Slightly disagree**	**Neutral**	**Slightly agree**	**Agree**	**Strongly agree**
		1	**2**	**3**	**4**	**5**	**6**	**7**
INT1	From all the life-saving information I get from social media on blood donation, I would consider donating blood in future							
INT2	Considering that donating blood shows concern about the well-being of others, I plan to be a blood donor now							
INT3	Engaging with friends and other people on social media about blood donation encourages me to donate blood in future							
INT4	Since donating blood gives me a chance to contribute towards the country's health system, I will be more likely donate blood in future							
INT5	Considering that donating blood would give me a good feeling, I plan to become a donor							

Thank you for completing this questionnaire.

Appendix 2: Operationalisation of study constructs

Constructs	Conceptual definition	Operational definition*	Sources from which scales were adapted
Social Media Marketing	System which allows people to engage, collaborate, interact and harness intelligence crowd sourcing for marketing purposes	Use social media to search for health-related information	(Fayoyin, 2016)
		Social media is a better source of information than other media platforms (e.g. TV, Radio, Newspapers etc.)	
		I have discussed health related issues on social media with my friends	
		I have seen blood donation information and campaigns on social media	
		Reading about blood donation on social media gives more understanding, which are encouraging to donate blood	
		Information on blood donation on social media are touching enough to push someone to share with others	
Awareness	The extent to which consumers know a brand, a company and its products and services	I think social media can go a long way in creating awareness about blood shortages and blood donation	(Zucoloto & Martinez, 2016)
		Social media creates awareness about the lives of many people that could be saved by blood donation	
		Social media creates awareness about blood donation process	
		Through social media, I am aware and knowledgeable	

		about the process of giving blood	
		Through social media, I am aware of the existence of adverse effects associated with blood transfusion	
		Social media increased my awareness about safety of blood donation.	
Perception	Perception relates to the unique way in which people see the world around them, and how they recognise that they need help in making a purchasing decision	Social media has changed my perceptions about blood donation	(Melku et al., 2016)
		Social media marketing has made me feel that donating blood is good thing	
		have learnt from social media that donating blood is a noble act	
		Social media marketing has improved my perception of donating blood	
Motivation	The compelling energy within individuals that propels them to act	The information I get on social media about blood donation motivates me to donate	(Bednall & Bove, 2011)
		From the information I get from social media I have been influenced to donate blood if a member of my family requires blood	
		Social media information about blood donation provides reasons I would donate blood as part of giving back to the community	
		Since social media provides information of where, when and how the donation process takes place, I have been moved to become a donor.	

		I have been motivated to donate blood from the psychology benefits social media portray	
Peer Influence	The extent to which peers exert influence on the attitudes, thoughts, and actions of an individual	Some of my friends or people in my social networks are blood donors	(Aldamiz-echevarria and Aguirre-Garcia, 2014)
		A shared positive donation experience of a friend on social media encourages me to donate blood	
		My friends' social media posts on blood donation influence me to donate blood	
		From all the shared information by friends on social about their being blood donors, it is difficult to ignore the call to donate blood	
Family Influence	Influence of family on the personality, attitude, beliefs, values of the individual and their decision making with respect to certain behaviours.	Watching my family members regularly donate blood I think I would like to become a donor in future	(Karim et al., 2012)
		Considering that a family member had needed blood in the past, I have been motivated to donate blood	
		Since my family and friends consider blood donation as an important valuable act, I have been encouraged to donate blood one day	
		My family believe blood donation is a good thing to do, so I will not mind becoming a blood donor	
		Considering that donating blood would make my family proud, I would consider donating blood in the future	
Attitude		Blood donation is healthy	

	An individual's evaluations, feelings, and preferences towards an object, a person, an idea or anything.	I admire people who donate	(Zucoloto & Martinez, 2016)
		Donating blood is a respectful and honourable thing to do	
		Donors should be paid for donating blood	
		I would donate blood if there were incentives or rewards	
		I think I would feel good if I would get the chance to donate blood	
		Donors should undergo pre-donation health screening before donating blood	
Intention	An individual's determination to do something and the effort they are willing to put to perform the behaviour (Ajzen, 1991).	I would not mind donating blood in future	(Nguyen et al., 2008)
		I plan to be a donor some day	
		I am encouraged to donate blood in future	
		I will be more likely donate blood in future	
		I intend to now donate blood	