

Full Length Research Paper

An exploration on blood donation intention among population in Hawassa city, Southern Ethiopia; theory of planned behaviour approach: A qualitative study

Dereje Geleta and Berhan Meshesha

College of Medicine and Health Sciences, School of Public Health, Hawassa University, Ethiopia.

Received 10 October, 2018; Accepted 26 April, 2019

Millions of lives are saved each year through blood transfusions. Blood donation is therefore considered as a humanitarian act and a positive behavioural phenomenon. To explore intention to donate blood among Hawassa city population, southern Ethiopia, 2017, a qualitative study using the theory of planned behaviour was employed. Data collection was done using a semi-structured interview guide with open-ended questions. Focus group discussion (FGD) and in-depth interviews were employed for data collection. Data analysis begun with translation as it was the first step in data analysis for the qualitative study. Transcripts were coded using the Atlas.Ti.7 software. For coding the data, the basic constructs of the theory of planned behavior was used. Almost all participants do not know the minimum and maximum age to donate blood. Television and friends are mentioned as the main source of information about blood donation. Majority of the participants had mentioned that it is very difficult for them to know for whom the donated blood is given. Almost all participants in this study see blood donation as a humanitarian act. For married participants, wives and husbands were stated as subjective norms. The influence of subjective norm is not so much considered. Majority of the participants stated that they had fear that they will suffer from some health problem if they donate blood. Being anemic and weak is reported by the majority.

Key words: Blood donation, voluntary donation, qualitative research, Hawassa, theory of planned behaviour.

INTRODUCTION

Blood transfusion is a core service within health care systems and individuals, who donate their blood, provides a unique contribution to the health and survival of others. Donation of blood has always been considered as a humanitarian act and a positive behavioural phenomenon. Millions of lives are saved each year through blood transfusions. However, in most developing

countries, including in Ethiopia people's still die due to an inadequate supply of blood and blood products.

An increasing demand for more blood has risen the concerned of society especially those in a healthcare setting to beg for more blood donors. In fact, most of the developed countries experienced a critical level of blood shortage since they are unable to meet the demand of

*Corresponding author. E-mail: darajegalata@gmail.com.

Author(s) agree that this article remain permanently open access under the terms of the [Creative Commons Attribution License 4.0 International License](https://creativecommons.org/licenses/by/4.0/)

Table 1. Presents sociodemographic characteristics of FGD and IDI participants, 2017.

| Socio-demographic characteristics | | FGD participants | | | | IDI participants | | | |
|-----------------------------------|----------------------|------------------|------|-------|------|------------------|------|-------|------|
| | | Male | | Women | | Male | | Women | |
| | | No. | % | No. | % | No. | % | No. | % |
| Religion | Orthodox | 31 | 63.3 | 35 | 72.9 | 8 | 66.7 | 5 | 62.5 |
| | Muslim | 18 | 36.7 | 13 | 27.1 | 4 | 33.3 | 3 | 37.5 |
| Education status | Can't read and write | 6 | 12.2 | 8 | 16.7 | - | - | - | - |
| | Elementary | 13 | 26.5 | 12 | 25.0 | 2 | 16.7 | 1 | 12.5 |
| | Secondary | 12 | 24.5 | 13 | 27.1 | 2 | 16.7 | 2 | 25.0 |
| | College and above | 18 | 36.8 | 15 | 31.3 | 8 | 66.6 | 5 | 62.5 |
| Blood donation status | Ever donate | 3 | - | 3 | - | 2 | 16.7 | 1 | 12.5 |
| | Never donate | 43 | - | 45 | - | 10 | 83.3 | 7 | 87.5 |

blood every day. According to World Health Organization (WHO), the statistic of blood collection per year for most of the developing countries showed that, the countries only capable to collect for about 45% of blood product annually (WHO, 2010).

Blood transfusion is becoming a crucial component in the management of patients presenting with accident injuries, surgical conditions, malignancies, pregnancy complications, and other medical conditions (WHO, 2014). WHO estimates that at least 1% of the population needs to donate blood to meet the minimum requirement of blood for a country. Globally, 67 countries have a blood donation level less than the optimal level of 10/1000 population (WHO, 2014).

Access to safe blood could help to prevent up to one-quarter of maternal deaths each year and blood transfusion has been identified as one of the eight life-saving functions that should be available in a first-referral level healthcare facility providing comprehensive emergency obstetric and newborn care (Debas, 2006; WHO, 2007). While some countries have well-established systems of voluntary blood donation, the majority are still dependent to varying degrees on family/replacement donors and sometimes on paid donors (WHO, 2014). There is a serious mismatch between the demand and availability of blood in the developing Countries. Against 8.5 million units/year requirement, the availability is only 4.4 million units/year of which only about 52% is through voluntary donations (WHO, 2014).

There are various barriers to donating blood that influence the behaviour of people towards blood donation such as cultural beliefs in some ethnic groups, socio-economic factors, their knowledge or lack of knowledge with regards to blood donation (Amitabh, 2010). Road traffic accidents kill 1.2 million people and injure or disable between 20 million and 50 million more a year, a large proportion of who require a transfusion during the first 24 hours of treatment (Peden, 2004). The timely availability of blood at emergency healthcare facilities is

one of the determinants of patient survival (Peden, 2004).

Study approach

Theory of planned behaviour is one of the most frequently used theories in the literature. This theory assumes that the best prediction of behaviour is given by asking people if they are intending to behave in a certain way. According to Azjen, three determinants explain Behavioral intentions are;

The FGD participants and 20 IDI participants were participated in the study.

Findings of the study

The findings of this study showed that there is almost similar response from all participants that blood donation is considered as major humanitarian action. Majority of the respondents have mentioned they do not know the minimum and maximum age for blood donation (Table 1). Being a young was considered as a single criteria to donate the blood. The same was true regarding the weight. Indeed, some of the participants of FGD and in-depth interview were surprised about weight to be one of the criteria for blood donation. Television and friends were mentioned as the main source of information about blood donation.

Even though donating blood is mentioned as humanitarian action, majority of the attitude (opinions of oneself about the behaviour), The subjective norm (opinions of others about the behaviour) and the perceived Behavioral control (self-efficacy towards the behaviour). Background variables, as demographical factors, are supposed to influence the behaviour through the three determinants and the intention (Ajzen, 1988). The model of the theory of Planned Behaviour assumes that individuals make decisions by calculating the costs

Table 2. The major findings to blood donation, theory planned behaviour approach, Hawassa city, Southern Ethiopia, 2017.

| Thematic summary or the concepts | Repeatedly stated opinions of the participants |
|---|--|
| Knowledge | Minimum and maximum age is not known Weight is not considered as important for donating a blood |
| Personal attitude | Blood donation is a humanitarian act Blood donation is a life saving and good act |
| Subjective norm | Is not considered as determine blood donation practice Friends, families are stated by few participants Wife and husband is stated as reference group by married couples |
| Behavioural beliefs | Being anemic Being weak |
| Outcome evaluations | Not confident in transparency and fair utilization of collected blood Rumours related to blood is commercialized It was considered as wastage if the recipient was die |
| Intention/ within next 6 months | The majority have no readiness for voluntary blood donation Will donate without any pre-requisite for replacement/family donation |
| Motivation to comply | Is considered as not determine the practice of blood donation |

and benefits of different courses of action and choosing the option that maximizes their expected net benefits Ajzen (2005).

METHODOLOGY

Study setting

The study was conducted among the eligible population in Hawassa city, southern Ethiopia. Hawassa city is the capital of the Southern Nations, Nationalities, and Peoples Region and located in Sidama zone 270 Km South of Addis Ababa. Based on the 2007 census conducted by the central statistical agency of Ethiopia, this zone has a total population of 258,808, of whom 133,123 are men and 125,685 women. While 157, 879 or 61% are living in the city of Hawassa.

Study design

A qualitative study design using Theory of planned Behaviour Approach was employed.

Source population

All Hawassa city population.

Study population

All eligible population, age >18 and <65 years old living in Hawassa

city.

Inclusion criteria

All eligible population (age >18 to 65 years), who was living in Hawassa city at least for 6 months during the interview.

Sample size determination and sampling technique

Sampling technique

Among 8 sub-cities in Hawassa city, 4 sub-cities were selected purposively. Twelve Kebeles were included from the selected sub-cities. The selection was done by considering the nature of sub cities and Kebeles, availability of the resource for study, data collection method, time for study and nature of the proposed study. Almost all the sub-cities have similar demography in their structure and infrastructure by considering their location and variation in population; we try to include sub-cities from by considering factories make them similar and differentiate them from each other's.

The sampling technique focused to involve various stakeholders who can reflect the different inputs required to meet the set objective. The sampling for FGD participants were focused on age categories of young's, adults, and elders of both sexes. For in-depth interview general practitioner from hospital, laboratory technician from hospital and laboratory technician from regional blood bank were included. A total of 12 FGDs was conducted.

Participant selection

Investigators consulted with different personnel like kebele youth association leaders, kebele administrators and other key informants

to the most efficient ways, to recruit potential participants for the proposed study. Investigators have developed the recruitment guidelines which explain the procedure briefly to the participants. In developing recruitment guidelines, special care was taken to avoid saying anything that was interpreted as coercive. This was aimed to provide a clues and brief understanding about the topic of the study. The voluntary nature of participation in the research study was given emphasis

Sample size

Data collection was done until theoretical saturation of themes was achieved. A total of 12 FGD, 2 with young males, 2 FGD with young Women, 2 FGD Mix of young males and women, 2FGD with Elder males, 2 FGD with Elder women and 2 mixes of Elder male and women. Eight to ten participants participated for each FGD. A total of 20 In-depth interviews were conducted with different stakeholder working on an area of blood donation and key informants from different sectors.

Sampling method

Maximum variation sampling was employed. This deliberate strategy was used due to the characteristics vary widely from one participant to other. The aim is to identify central themes that cut across the participants.

Data management and analysis procedure

All field notes and audio recordings were translated to English immediately after data collection. Data analysis was done in conjunction with data collection; the interview was transcribed and analyzed. Following the transcription, coding of the data was done. Axial coding was employed. Codes were aggregated and the concepts were summarized under the constructs of the theory of planned behaviour. To explain the opinion under each construct of the theory constructs, memos were elaborated to the concepts developed by the researcher. To manage the overall coding and summarizing the data ATLAS.ti -7 software was used.

Strategies for maintaining the validity

Triangulation of data, using interview notes, in-depth interviews and focused group discussions were utilized to maintain the validity of the study findings. Creating honesty among participants during interview, interactive questioning and member checking was employed.

Ethical considerations

Prior to starting the proposed study, permission to carry out the study was requested from Hawassa University Institutional Review Board/ IRB. After all permission and the necessary budget were secured, a letter of permission was submitted to selected sub cities and Kebeles. Within this letter of invitation, a short explanation which comprised of the aims of the study, briefly what the participation will entail, the rights of the participants, discussion on confidentiality, and phone numbers and email addresses of investigators to allow participants to clarify any queries was stated.

Privacy and confidentiality were maintained at all times. Audiotaped interviews were transcribed verbatim, thus no names were recorded during the interviewing process. All interviews were coded and no names used so that participants' responses were not identifiable.

RESULTS

Socio-demographic characteristics of the respondents

A total of 117 participants, 97 participants were non-donors. Majority of the participants have repeatedly mentioned that it is very difficult for them to know whom the donated blood is given (Table 1).

Knowledge regarding blood donation

Almost all of the participants have mentioned they heard about blood donation. Television, friends, and radio were repeatedly mentioned by the study participants as the source of information. The participants have mentioned that being young and adult was enough for blood donation.

The majority of the participants have information that the donor should be at good health condition. As the same time, they reported the blood of the donor have to be tested for safety before donation. Being free of HIV/AIDS negative status was mentioned frequently as one of the good health condition of donor. One of the participants said:

"...Sometimes I hear about blood donation from TV and radio. For me, those people who have adequate blood will donate blood. I think not all people can donate blood. Exactly I don't know the age range for blood donation. The same too, I don't know the weight requirement. But I know that both male and female can donate. There is no problem-related sex. But it is better if male donate than female.....because female were not as strong as men" (Female FGD, Tabor sub-city).

As stated in the above quote, the participants have information about blood donation even they don't know some of the pre-requirement to donate a blood and who was the potential donor. Additionally, male were considered as more potential to donate blood than female by majority of participants. One participant said:

"....it is better if male donate. It is difficult to ask women, particularly those who has delivered, by nature female lose a lot of blood, in addition, she loses blood during delivery. For me asking women to donate is difficult. It leads health of women into risky condition" (IDI, female, Hayek Dar sub-city).

Some of the participants have mentioned blood is donated for relatives, as result of health problem and if blood was needed. In such case, that is, the case of relatives, even if you can't donate blood, you can buy blood from those donated by payment. One of the participants said:

“...sometimes you have no option order than to save the life of your relatives, rather donate or buy blood. If you have adequate blood or have a good relative who likes to donate his/her you will do. Unless you must buy a blood from those sell their blood. I don't know what type of people they are, but I heard there are people selling their blood. I don't have adequate knowledge about blood donation. I heard about perquisites like age and weight now from this discussion, nobody told me about blood donation. I hear about blood at the hospital and from people come from the hospital”. (FGD, Male, Matahari sub-city)

Knowledge about frequency of blood donation

From this study, the participants have different opinions about repeat blood donation. This opinions varies among those donate and non-donated. One participant stated that:

“...I personally believe it is difficult. But I hear from media and my friends that there are some people that donated blood many times, like more than 40 or 50 times. It is quite amazing. I don't know what kind of person they are. Might be they have something unique. I never try such a thing, unless I decide to die” (FGD, Male, Behal Aderash sub-city).

There is almost similar opinion stated by another participant:

“ ..For me repeatedly blood donation is dangerous. I don't think frequently blood donation is good. Because you might be a victim, you have to care for yourself sometime when you try to save the life of others” (IDI, Male, Menaharia sub-city).

From the above quote, it stated that repeatedly donating blood is considered as a dangerous act. This clear stated the majority of the participants don't have adequate information regarding repeatedly donating blood. Majority of the study participants are all the same though that frequently donating blood is a dangerous act of their health. One participant stated that:

“....I think it is difficult. If you donate blood frequently, after a while you also need blood. In case you don't get blood you will die. Sometimes a person for who donate your blood might not donate you back and you will die. So, you have to take care of your life too” (IDI, Male, Tabor sub-city).

The statement for the Doctor from HURH:

“...The knowledge and attitude of the community toward blood donation is so poor. Sometimes so many people

come with a single patient. Even we face a challenge to provide care for that patient, as the case is crowded with people. Just once we say she/he needs a blood transfusion, almost all of them leave the room. There is a fear related to donating blood” (GP, Emergency OPD, HURH)

Person attitude towards blood donation

In this study, we tried to explore the personal attitude of the participants regarding blood donation. Almost all participants were considered blood donation as a humanitarian act. The expected evaluation of donating blood was valued as saving lives. There is no doubt that it is socially and morally good act regardless of this, some of the participants have worry how to know a person who is saved by a blood they donate.

Some participants prefer to know a people who received their blood, as it will make them feel happy and satisfy, for the blood they have donated. One of the participants said:

“.... donating blood is a good thing for me. Because it is to save lives. You don't know that one people may be saved by blood you donate and if you see that person, who saved by blood you donate, really it is something very satisfying and give you happiness. But you don't know exactly for whom your blood is going to be given. That is something very difficult. Anyhow it is good to think as said donating blood is humanitarian”. (Male FGD, Tabor sub-city)

From the quote it clear that blood donation is considered as god act. The expected evaluation of the behaviour is also positive, i.e. saving lives and this is considered a source of satisfaction and happiness if you know the person who receives your blood. If you don't know who receives your blood this is under question. They have no confidence and the expected evaluation of donating blood is good. One participant stated that:

“... It is a good thing for me.it is necessary to donate blood. But still I have no such adequate knowledge to donate blood, for example as you ask me earlier; I don't know the age limit, the weight and others. This thing matters to me whether I am able to donate or not, but as a general act, donating blood is good. As said, it lifesaving” (Female FGD, Hayek Dare sub-city)

Form the above it clearly shown that the knowledge of an individual is the determined factors for the personal attitude. Within all this limited knowledge regarding blood donation, individual consider blood as a humanitarian act.

One participant said:

“...donating blood is not so simple act. It is like giving your life for others because they will live by your blood. It

is a great gift. I have no doubt that is a good thing both morally and humanitarian. When you save the life, someone, I hope everyone feels satisfied" (Male, IDI, Menaharia sub-city)

It is clear from the above statement that blood donation is the lifesaving. It is considered as giving a life and a great gift.

One participant stated that:

"...Personally as human being donating blood is a good act. My question is how my blood is utilized and who going to manage and how it is managed. If they take my blood and sell, or destroy it, I refuse. I hear some blood is thrown out without given to some person. So, when you think such actions even though blood donation is saving lives but you are not motivated to donate" (IDI, female, Behal aderash sub-city)

Subjective norm/social influence regarding blood donation

From this study, even though participants have stated different subjective norms for their different actions, they did not strongly stated their intention to donate blood influenced by external pressure exerted on them, from different individuals. Majority of the participants have stated they are the only one to decide on their blood donation. They strongly state that the level of external influence on them is not considered as matters to determine their status of blood donation

One of the participants stated that:

"....Actually, blood is mine. No one can decide on it. I mean that is naturally gifted. As you said, in order to donate a blood sometimes you need motivation. For me, I don't know so much. I think my friends and my families. I always discuss with my families to do something. I don't know what is their idea regarding blood donation, but if I want to donate a blood I think I will tell to them before I do that, particularly my friends" (Male FGD, Behal aderash sub-city)

In the above quote, it was stated that for young's friends are more influential than their families, relatively. Even though majority of the participants mentioned it is upto the individual to donate blood, it was stated that at the certain extent they need a motivation to donate blood. One participant stated that:

"... for me my friends influence me to donate or not. You see friends are the person with whom you always share your thoughts and feelings. Also discuss with them free to something. So, if I want to donate a blood I prefer to discuss with my friends. I think their feedback may affect my discussion regarding a blood donation" (IDI, Female, Tabor sub-city)

The above quote clearly showed that, the influence of a friend. It was the repeatedly stated opinion that almost by

all young participants. They have stated that their friends exert a pressure on their action on both sides, that is, encourage or discourage.. There are also young participants those stated their families as the subjective norm for their action. One of the participants said:

"...my wife. I discuss everything with her and if I want to donate blood, I will tell her. I don't know whether she allows me or not. Because we didn't discuss this issue so far. Let it not be, if some of the family members or my relatives are in need of blood transfusion due to some injury or accident, I don't need to talk to anyone. I will do it. If health professionals allow me" (IDI, Hayek Dar sub-city)

From the above quote, particularly for married, wives and husbands have stated as subjective norms. From the quote, even married couples do not know the couple's influence on them, whether it is, positive or negative.

Behavioural beliefs related to blood donation

Majority of the participants have stated that they have fear of suffering from some health problems, if they donate blood. One of the participants stated that:

"..I fear to donate because I will harm if my blood is not replaced. Once I donate blood and my blood is not replaced, I feel will die or I will suffer from blood shortage. That means I also become in need of blood" (IDI, male, Menaharia sub-city)

There is a similar statement stated by one participant subsequently:

"... Really, I fear. I don't know the amount of blood they take. I hear sometimes it is about 1 liter and assume what was happen to me if I donate this entire amount. Even half liter of blood is also not a little. So, I fear and I think was suffering from some health problem is I donate" (female, FGD, Hayek Dar Sub-city)

In both the above quotes, we clearly see that there is a high fear of donating a blood. The participants repeatedly stated as they will harmed if they donate. In addition, lack of knowledge regarding amount of blood unit donated a time. This lack of lack knowledge has direct influence on the Behavioral belief of the participant's about blood donation.

Outcome evaluations of donating blood

Participants have repeatedly stated by emphasizing on utilization of collected blood. Majority of them have said they are exposed to different rumours exist in the community related to the transparency and fair utilization

of the collected blood. As a result, they worried how their blood is being utilized, if they donate.

There are also participants those stated that they are not ready to donate blood, since they get a clear understanding of the utilization of the donated blood:

"..I don't have trust on voluntary blood donation. I have been hearing different rumours, and that prevents me from blood donation. I have no clear understanding of the clear utilization of the collected blood. Not only me, but many of people also have the same feeling that is what I hear from my friends" (Male, FGD, Behal Aderash sub-city).

Participants have stated another issue, which considers blood as a business. This was related to the rumours in the community that blood is purchased from those donate blood by payment.

"...there are people talk about blood donation is like a business. For example, I have been in prison. During that time I have friends who sell their blood frequently to get money. Even one of them repeatedly asked me to do the same thing with them. Someone come and contacts them, and then after they agree on the payment, they go and donate their blood for money. So, they sell their blood. So, I consider that blood donation is like a business if you have adequate blood". (IDI, male, Menaharia Sub-city).

Another FDG participant also stated that:

"..As said prior it is good to act, but to tell you the truth are different rumours regarding blood donation in the community. Some say it is sold. Some say it is given based on relatives and relationship with Doctors and health professionals. Some say, they ask some people to buy blood while giving it free for other.so, there are different thoughts are in the community. So, I can say blood donation is good to act, but what is done by professionals sometimes influence the feeling of the community regarding blood donation. Particularly, voluntary blood donation. (Female, FDG, behalf Aderash sub-city)

There is an assumption among the study participants, which consider donating blood as wastage. Particularly, for severe injured Individuals, if do not have a belief that person a will survive by a blood to be donated, it was considered as a wastage. One participant stated that:

"..Sometimes even though the individual is getting your blood, he might not save. In case, I feel sorry, for my blood become useless. It is like wastage" (IDI, Hayik Dar female, sub-city).

There is a similar statement stated by a laboratory technician, from the blood bank:

"...when we counsel them to donate blood voluntarily, many people ask me that what if the receive die after take their blood. There is such question in the community. You know this is a probability and you can confident to convince them. This shows the awareness gap in the community" (Lab technician, regional blood bank)

Similar, laboratory technician from HURH, stated that:

"... Some people don't like to donate blood, even for their wives. They think if she is not saved by blood she receives, why other people become a victim. I remember some months ago when, the husband asked to donate blood for his wife, and he said why both of us die. Let me stay with our children. If I donate blood and she passed away, I will also die. There are such opinions in the community, which prevent them even to donate for their families" (Lab technician, HURH).

Intention to donate blood in next 6 month

The Participants have stated different views of their intention, from different perspective. Majority of the participants have reported that they have no intention to donate blood for voluntary act except in case of their relatives, families or friends come across health problem which leads to blood donation. . They have stated different reasons, why they do not have readiness to donate blood in the next 6 months.

One participant stated that, to donate blood in the next:

"...It is difficult for me. Within the current knowledge and belief, I don't donate. But as said prior, if my relatives or families members injured and in need have blood transfusion I will do it even by tomorrow. Because in that case, I have no option and I have to save my family's life by any option I can. But for a voluntary donation, I think I don't do. As stated by my colleagues there are different rumours regarding the collected blood utilization" (Male, FGD, Menaharia sub-city).

Similarly, other participant expressed her readiness as:

"...I don't donate. Except for some injury is happened to my families or friend. I am not ready to do that to tell you frankly. Personally, I don't donate for voluntary blood donation" (IDI, female, Hayik Dar, sub-city).

There are also participants those have stated current knowledge they have and misconceptions in the community have an influence on them for not ready to donate a blood. One of the participants stated:

"..I feel happy if some saved by my blood. But still, I need more knowledge and transparency regarding how to utilize the collected blood. So, you need a mental readiness to donate. I think if I got adequate counselling and motivation, I may donate. I am not 100% sure

that I will donate within next 6 months” (IDI, Male, Behal Aderash sub-city).

Another participant has stated similar opinion that he doesn't have adequate knowledge regarding blood donation. As a result, he considers himself as he has no readiness to donate within the next 6 months.

“...Especially, it is difficult to decide. As I said I didn't donate previously. Most probably I think I don't donate. It is not a simple thing. You must have adequate knowledge and expect the outcome of your blood donation is good to donate your blood” (FDG, Male, Behal Aderash sub-city).

Motivation to comply with blood donation

From this study, it has shown that motivation to comply is not so much stated. Majority of the participant did not state that they comply with someone. Even those have stated they have motivation to comply with someone, not really now the practice of the person they prefer to comply regarding blood donation, which might differs from what they want to do.

It was repeatedly stated by almost all participants that they have not relying on another person to donate blood. But there are participants those stated they will comply with their wives, husband, family, and friends.

One of the FDG participants said that:

“...I don't follow anyone. I mean don't donate to my friend or someone donate. He /she know why to donate. I also need such understanding. Blood donation is not something you do as others do. If that is a case, believe me every one donates, but I don't simply follow the acts of my friends for everything” (FGD, Male, Hayek Dar, sub-city).

One FGD participant stated that:

“... My wife, but I doubt whether she also donate. That means if she doesn't donate like so far I will not also donate. But in the case of relatives, everyone donates by competition. Even if Doctors told you that your blood is matched with him/her, people feel sorrow for not donate to him/her. In that case, you feel social pressure” (Male FGD, Tabor, sub-city).

DISCUSSION

From this study, it is shown that the majority of participants were stated that they don't know the minimum and maximum age requirement for blood donation. Being an adult is stated repeatedly as criteria for blood donation by the majority of respondents. There are a few respondents stated that sex, particularly female

are not able to donate blood. Whereas, the majority of respondents stated both male-female can donate a blood.

This finding is similar with a study done in Mekelle, which shows that almost more than two-thirds of the study population responded as they don't know the age range for blood donation (Gebremeskel et al., 2014). This similarity can be explained that both communities of Hawassa and Mekelle have similar culture, norms and access to information. Both towns are urban and regional cities.

Weight is not considered as a criterion by participants. There is no awareness regarding the minimum weight requirement to donate blood. Majority of the participants stated the testing for health condition like free from HIV/AIDS and another disease as is repeatedly stated. In addition, blood match is stated as pre-requirement to donate blood, which shows that the majority of participants more aware of family/replacement donation rather than voluntary blood donation.

Almost all of the study participants don't know the gap between the consecutive blood donations. Repeatedly blood donation stated as a dangerous practice. This is similar to Study conducted in north India, which majority about 87% of college students reported that they have awareness about replacement donation. As the time more than half of respondent are stated repeatedly donation result with being Anemic.

In study blood donation is reported as Humanitarian act. The expected evaluation of donating blood is stated as lifesaving. But the main barrier which repeatedly stated is the doubt regarding the utilization collected blood. A study from Mekelle is shown almost similar find that one about 10% of respondent said they have a good attitude towards blood donation.

In this study, subjective norm like friends, families, Wives, and husband for married are stated. But their influence on blood donation is not emphasized. Majority of the participants reported at they are the only one to decide to donate or not donate blood. Those stated their reference group, also doesn't have beliefs that their reference group also has adequate information and as that point, they have beliefs on their reference have the power to exert some pressure on them.

This similar to a study done in Mekelle which are 55% of study participants reported reference group is not important for them and about 40% said reference group is slightly important for them (Gebremeskel et al., 2014). Different behavioural beliefs are stated in this study. Majority of them share the same opinions. Fear of being anaemic, become weak, are the mostly stated behaviour beliefs of blood donation.

A study was done in Dessie, Mekelle, India, and Australia, also share the same findings. Were majority of the study participant said fear of Anemia and is become weak are the fear of blood donation (Gebremeskel et al., 2014; Meinia et al., 2016; Shamble et al., 2016). There is

different outcome evaluation blood donation were stated. Particular rumours and misconception regarding the utilization of collected blood were stated by the majority of the participants.

There are also information that blood is being sold and bought, which leads some participant view blood donation as a business. This leads the majority of the participant to have doubt on transparency and fair utilization of the collected blood. There are peoples consider blood donation is considered as waste, especially if the receiver died.

This study reveals that the majority of the participants are not intended nor have the readiness to donate blood for the next 6 months, particularly, for a voluntary donation. But all most all are reported that, they will donate with any pre-requisite in case replacement/family donation. The current knowledge they have regarding Voluntary blood donation, misconception and rumours regarding the utilization of the collected blood are stated as the main reason for not intended to donate blood for the next 6 months.

It found that as blood naturally gifted and is up to the individual to donate or not, motivation to comply is found to behave not such determine the practice of blood donation. Majority of the participant is not stated that they comply with someone. This almost similar to what they stated regarding Subjective norm.

Conclusion

Lack of knowledge about the pre-request to donate blood are contributes a lot for not to donate a blood. Maximum and minimum age to donate blood is not known by the majority of the participants.

In comparison, replacement donation was preferred rather than voluntary blood donation, which clearly show the existence of community awareness and understanding of types of blood donation. The knowledge that the participants have currently, affects their attitudes, beliefs and actions regarding their blood donation practice.

Regardless of personal attitude to blood donation, it was believed as humanitarian act. In contrast, misconception related to transparency and fair utilization of blood is a major problem for not donate blood. The data suggested the presence of lack of readiness for blood donation. Lack of adequate knowledge, lack of awareness on utilization, and negative outcome evaluation of donation were among the reasons for lack of readiness. In conclusion, participants have preferred replacement donation than voluntary blood donation.

Recommendations

Minister of health and other organization needs to focus

on providing adequate information and knowledge to over the knowledge gap related blood donation in the community. Media and communication experts should share the history of individuals benefited from blood donation to create trust on the utilization of blood donated by volunteers. More holistic research should be conducted to identify more factors hinders the practice of blood donation, particularly voluntary blood donation.

CONFLICT OF INTERESTS

The author has not declared any conflict of interests.

REFERENCES

- Access to safe blood. [Internet]. Available from <http://naco.gov.in/access-safe-blood> Program Services_for_Prevention/Access_to_Safe_blood.
- Ajzen I (2005). Attitudes, personality, and behaviour, 2nd ed. Milton Keynes, UK, Open University Press/McGraw-Hill.
- Ajzen I (1988). From intentions to actions: A theory of Planned Behaviour. In: J. Kuhl and Beckmann (Eds.). Action-Control: from cognition to behaviour. Heidelberg, Germany: Springer, pp. 11-39.
- Amitabh Baxi (2010). Misconceptions over blood donation causing shortage in India [Internet]. Available from: <https://economictimes.indiatimes.com/consumer-life/misconceptions-over-blood-donation-causing-shortage-in-india/articleshow/2770144.cms?from=mdr>
- central Statistical Agency (2008) - Summary and statistical report of the 2007 population and housing first census [http://www.ethiopianreview.com/pdf/001/Cen2007_firstdraft\(1\).pdf](http://www.ethiopianreview.com/pdf/001/Cen2007_firstdraft(1).pdf)
- Debas HT (2006). Surgery. In Jameson DT et al. Disease control priorities in developing countries, 2nd edition. Washington DC, World Bank/Oxford University Press.
- Gebremeskel M, Girmatsion F, Lakew A, Zewda B, Mussie A (2014). Intention to Donate Blood among the Eligible Population in Mekelle City, Northern Ethiopia: Using the Theory of Planned Behavior. *American Journal of Health Research* 2(4):158-163. doi: 10.11648/j.ajhr.20140204.19
- WHO U. (2007). UNFPA, World Bank. Maternal mortality in 2005: estimates developed by WHO, UNICEF.
- Meinia SK, Kumar Y, Meinia A, Singh G, Dutt N (2016). A study to assess the knowledge, attitude, and practices about voluntary blood donation amongst the undergraduate medical students in Solan, North India. *International Journal of Medical Science and Public Health* 5(12):2550-4.
- Shamble W, Sisay s, Mengesha B, Prof (Dr.) P. Surender R (2016) Blood donation practice and associated factors among healthcare workers in public health facility of Dessie town, North East Ethiopia. *Oljira H., Medico Research Chronicles* 4(6):486-4
- World Health Organization (2010). Towards 100% voluntary blood donation: a global framework for action. Societies, http://www.who.int/bloodsafety/publications/9789241599696_eng.pdf
- World Health Organization (2014). Blood safety and availability. WHO Fact Sheet no. 279, World Health Organization.
- Peden M (2004). World report on road traffic injury prevention. Geneva, World Health Organization.