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Perceptions of donors and recipients regarding blood donation



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ABSTRACT

Objective: The aim of this study was to identify the perceptions of blood donors and recipients regarding the act of donating blood.

Method: This descriptive study with a survey design focuses on subjective and cultural aspects. Twenty donors and 20 recipients in the blood bank at the time of data collection participated in the study. Interviews were analyzed according to deductive thematic analysis.

Results: Two themes emerged – perceptions of donors and perceptions of recipients. Both groups saw the act of donating blood as something positive, though donors associated their reports with the experiences of people close to them who needed blood transfusions, while the recipients associated donations with the maintenance of their lives as, for them, a blood transfusion was a necessary medical treatment.

Conclusions: Perceptions regarding blood donations are culturally constructed, as the participants associated knowledge acquired in the social world with moral issues and their life experiences. Hence, in addition to helping others, these individuals feel socially and morally rewarded.

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Introduction

In Brazil, blood donation is a voluntary and non-remunerated act. For this reason, blood banks need strategies to attract donors in order to provide blood products to hematology

patients. News reports usually show the difficulties blood banks face in recruiting donors, which results in a reduced supply of blood products.

With the intent to change this context, researchers conduct studies to verify the profile of donors and identify those who are most likely to agree to donate blood. A study conducted

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in a city in the interior of Paraná, Brazil identified 5700 donor candidates in 2008. Most were women (3477) and regular blood donors (3079), which revealed that a large number of donors were loyal to the facility.¹

Other studies using a qualitative methodology identified possible reasons for the donation of blood, such as solidarity, the need to replace supplies, the benefits of donating, and curiosity.² Donating is inherent to the life of humans even if such an act is not always perceived. Conversations regarding blood raise feelings in the social imaginary such as fear, pain, life and death, suffering and joy.³

Therefore, blood donation is an act that involves cultural elements that permeate social life. Culture is an association of information that characterizes an activity performed by an individual. Information cannot be described by biology but by members of a social group, who assign meanings to attitudes, which are then interpreted by researchers to corroborate knowledge from the social milieu.⁴

From this perspective, a health problem is not an individual understanding, but a consensual understanding, which has interpretative relevance in its social group of origin and can affect behavior and even the way people relate to each other when coping with a problem.⁵

Health providers specializing in transfusion therapy and hematology should be attentive to the context in which they are inserted, not only in respect to the clinical or organizational aspects within a blood therapy center but, more importantly, to understand the individuals to whom care is provided. Even if these individuals stay for less than 30 min in the service, they represent a cultural group that receives care from a healthcare facility, assigning meanings and having perceptions regarding the act of donating blood.

Note that healthcare delivery should also be based on the perceptions of patients regarding a given phenomenon, be it of a biological or psychosocial nature, as this may directly influence the maintenance of donation practices. Hence, the objective of this article was to seek an understanding of the perceptions of donors and recipients regarding the act of donating blood.

Method

This descriptive study with a survey design focused on subjective aspects,⁶ highlighting cultural features that emerged in the interviews of the participants. The Anthropology of Health⁷ was the theoretical framework used, based upon which, culture involves the dimensions that directly influence the behaviors of individuals regarding their health, whether related to self-care or care delivered by another. The cultural perception concerning blood donation of people using a blood bank is the focus of this study.

This study was conducted in a blood bank in the state of Pará, Brazil where 40 participants were recruited: 20 blood donors and 20 recipients who attended the facility from January to December 2011. Even though the data were collected in 2011, the authors believe that the perceptions presented here represent the current context of donors and recipients from the facility under study. Therefore, the publication of these

results in the current context is justified based on the scientific maturation of the researchers.

Donors were interviewed after blood donation and recipients were approached during blood transfusions. Note that members of both groups were older than 18 years old and signed informed consent forms before being included in the study.

The interviews were held in a private room provided to the researchers in the facility's premises. A questionnaire addressing sociodemographic data and an interview script addressing perceptions regarding blood donation were applied, audio recorded and later transcribed for data analysis. The meetings lasted 20 min on average.

Sociodemographic data were analyzed according to descriptive statistics. Transcriptions were analyzed using deductive thematic analysis and classified into common categories according to their frequency and relevance and later organized into thematic units.⁸

This study is in agreement with resolution 466/12 of the National Council of Health that provides "Regulatory Guidelines and Standards for Research Involving Human Subjects".⁹ The project was submitted to and approved by the Institutional Review Board at HEMOPA (Blood Therapy and Hematology Foundation Center of Pará: Protocol No. 0541.0.000.324-11). The study's participants are identified by false names whenever excerpts of their reports are included in this paper.

Results

Characterization of participants

Of the 40 participants, 20 were donors and 20 were blood recipients. Among the donors, 55% were aged between 20 and 29 years old, 30% were aged between 30 and 39 years old, and 15% were between 40 and 49 years old. In regard to gender, 5% were men and 95% were women. Concerning religion, 45% were Catholic, 30% were Evangelical, 10% were Spiritualists and 15% did not report their religion. Half the donors were single, 40% were married and 5% were widowed. The monthly income was from two minimum wages for 70% of the participants, to between three and five times the minimum wage for 20%; 5% had a monthly income 6 to 10 times the minimum wage, while 5% did not report their income. In terms of education, 15% had bachelor's degrees, 15% attended some college, 20% had completed high school, 20% had incomplete high school, 20% had completed middle school, 20% had incomplete middle school, while 5% did not state their level of schooling. The reasons that the participants provided as to why they donated blood included voluntary donations for 35% of donors and 65% were asked to donate blood.

Among the 20 recipients, 50% were aged between 20 and 29 years old, 20% were between 30 and 39 years old, 20% between 40 and 49 years old, 5% between 50 and 59 years old, and 5% were between 60 and 69; most (65%) were men. Catholicism was the religion of 50% of the recipients, while 45% were Evangelical, and 5% did not report their religion. A total of 35% of the recipients were married and 65% were single. In terms of education, 10% had bachelor's degrees, 20% had completed

high school, 50% had incomplete middle school, and 5% had completed middle school. Monthly income varied from one minimum wage for 50% of recipients to three to five times the minimum wage for 30%; 20% did not report their income. The reasons these participants required transfusions included hemophilia A and B in 10% of the recipients, thrombocytopenia in 5%, hypoplasia in 5%, iron deficiency anemia in 10%, sickle cell anemia in 55%, anemia caused by sudden loss of blood in 10%, and anemia that needed clarification in 5%.

Perceptions of donors

Donors considered blood donation to be linked to life, that is, giving blood means fostering life, mainly keeping life and warding off death. The reports reveal perceptions that ratify these statements, such as saving lives, helping lives, strengthening lives, and avoiding death, which can be observed in the excerpts exemplifying the perceptions of the sample under study.

"Donating means cooperating with life, with the facility (blood bank), helping others and oneself, because we have the right to exams every three months, so helping others not expecting anything in return; in addition to having the right to take the day off, though I never do" (Lucas);

"Saving a life. Because, blood is the main organ of life, so it is donating life. I also renew my blood, feel relieved and lighter, and I also feel healthy." (Luís);

"Helping others. People need it and one day I may need it, so I need to do my share to ensure I'll have it. I need to help somehow whoever is in need. I always had a desire to help, perhaps because of my upbringing" (Marcos);

"Donating life, because giving blood helps people live, like when there're accidents. As when my grandma got ill and needed several blood transfusions and it helped her to stay longer with us, before she died... Giving a little blood you won't miss, can save lives" (Feliipe).

Perceptions of recipients

Blood donation permeates the lives of recipients because for them the blood transfusions are a medical treatment and their reports express perceptions related to saving lives, solidarity, an act of love, need for care, in addition to a moral component because the donation of blood is seen as a socially acclaimed action.

"Donating is a need, people should donate to those in need. I have hypoplasia, I need blood to keep going with my life. Donating blood is important because we need to help the ill and also learn about the diseases we have through the research people do" (Pedro);

"Donating is life because without blood, it's difficult right? Nobody survives without blood. I get happy when someone donates to us. Anyone who has the opportunity to donate, should donate. There are a lot of people who need it. I always had the desire to donate, however I had hepatitis when I was a child and you cannot give blood if you have hepatitis and that's when I found out about my problem. But those who can, should donate" (Letícia);

"Solidarity and love because it's a single act that saves lives of other people. It's utterly important because it saved my life" (Nayara);

"It's an act of solidarity because I guess that people who donate are more humane than those who receive it. I guess that donors are very important for me. I guess they should take care of themselves because they save lives and because of them I'm here today; they prolonged my life" (Emanuele).

Discussion

Donors and recipients hold similar perceptions, such as the perspective that donations maintain life, relate to morality, and control the body. We, however, understand that these perceptions are culturally constructed in different ways. The perceptions of donors involve their experiences with someone who needed transfusions, such as their children, relatives or friends, while recipients associate donation with their health conditions, as people who have blood transfusions as part of their medical treatment.

Experience is composed of elements such as history, culture and life and is expressed through language; when analyzing experiences, people give meaning to phenomena they experienced.¹⁰ Therefore, donors and recipients assign meaning to the act of giving blood based on their personal experiences. We believe that experiences are symbolic cultural manifestations socially constructed and show how people act in the world.¹¹

When talking about blood donation as an act that prolongs life, donors desire to keep relatives, friends or people they deem important close. Recipients, however, when they talk about life, talk about their own lives, about the possibility of staying alive and continuing with their plans, desires and dreams. In both cases, when the term life is described, it refers to the maintenance of social relationships established by an ill individual, and, implicitly, the difficult relationship of the participants with the finite aspect of life.

In regard to the conditions that lead to the end of life, it is common for individuals to value daily practices that exemplify happy moments, so they assign meanings to still being alive.¹² Practices such as working, taking care of children, and helping others are part of a positive experience in life¹² and strengthen the motivation to donate.

Talking about death is uncommon in Western society; the subject often leads to an involuntary defense mechanism of denial so people avoid talking about their own death or that of those with whom they have established some affective bond. It is essential however, to talk about this subject as death is an unpredictable phenomenon.¹³

We also believe that the word life was included in the interviews because it is a term used in blood donation campaigns. One of the most famous slogans used is "Donate blood, donate life". Hence, we believe that over the years, the word life became associated with the context of blood therapy and came to be culturally shared by individuals inserted in this context.

According to transfusion history of Brazil, the term was included in the context of blood donation campaigns through the expression "save lives". This was the government's

strategy to recruit donors without offering a material reward, so that donating blood would be a sociocultural act that would enable one to play his/her social role in the process of protecting life.¹⁴

A moral component is present in the participants' perceptions in which donating blood is described as an act of kindness, that is, when people donate, they show to society how supportive they are because they performed an act of love. Hence, individuals are seen in a positive light among members from their social milieu since donating blood is something that adds status to the donor's identity.

Donor candidates go through a screening process and they may donate blood only if they are approved, after which their blood bags are examined to verify whether there are any anomalies. In this context, we see that the donation of blood has another moral component. Being able to donate blood means that one has a healthy life style, that is, once more donors prove to society that they have a normative social life, they have no behaviors or diseases that are stigmatized in the social world. These include acquired immunodeficiency syndrome (AIDS), or having had unprotected sexual intercourse, used drugs, or are men who had sexual intercourse with other men as shown in the Brazilian legislation regulating blood therapy procedures.¹⁵

Moral experience is related to the valorization of what is considered right in a social context. Individuals assume the moral and social consequences involved in a given attitude so that an individual moves closer to or further away from culturally conceived stigmas.¹⁶ The moral world is based on the preservation of fundamental values that constitute social life.¹⁷

Both groups highlighted that the exams provided by the blood bank are essential to the donor role because the process is seen as an exchange, as they donate blood they also receive information regarding their own health. Helping others gains a perspective of taking care of oneself, because when individuals donate they also learn about their own health and have control over their body so that, based on the results of exams they can manage life.

Associating the body with a disease means not only acknowledging its development within the body, but also understanding it as resulting from past actions. Therefore, incorporated habits define future prospects, even if it is not a causally determining factor.¹⁸ The body is an individual agency, in which experience is embodied, it is the center of our actions and desires, which we never fully maintain or control by personal decisions.¹⁹

In the context under study, the act of donating blood is composed of knowledge, attitudes, and behaviors constructed in the social world and also constituted by individual experience so that blood donation is perceived as a positive action and this perception is culturally shared by individuals who experience the phenomenon.

Conclusions

Donors and recipients perceive blood donation as something positive with individuals who give blood being acknowledged as supportive and kind individuals concerned with the health

of others. Nonetheless, elements associated with the act of donating are culturally constructed. They depend on individual experience, as in the case of people with hematologic diseases who need blood transfusions to stay alive or in the case of individuals who want to keep someone, with whom they share an affective bond, alive. These elements also depend on the social world because donation was transformed into a process in which donors are not materially rewarded; rather moral values are the reward.

Giving blood, therefore, is to enable someone to live and to have plans and play a social role. It also means self-care and control over one's own body in addition to ward off death, a topic that is perpetuated as something negative and marginalized in everyday life.

Consequently, the knowledge provided here can support the development of strategies to recruit donors for the blood bank investigated in this study and other blood banks in Brazil, because it presents the moral elements involved in the process of donating blood that are essential to promoting and maintaining this action.

Conflicts of interest

The authors declare no conflicts of interest.

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