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## CONSUMER MOTIVATIONS FOR BLOOD DONATIONS IN DEVELOPING COUNTRY: A STUDY ON RAJSHAHI CITY IN BANGLADESH

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### ABSTRACT

*This study aims to identify consumer motivations for blood donations from a developing country perspective where, due to the identified problem, only 3-6% of people aged from 18-65 years donate blood. The research specifically focuses on addressing three research objectives: determining the main reasons why people do not want to donate blood, finding out what factors would convince people to donate blood, and determining how income has an effect on blood donations and how these people can be convinced to donate blood. Using survey research a questionnaire was designed, using nominal, ordinal and interval scales in order to get the answers of the mentioned questions. A Pre-test questionnaire was conducted before data was collected to ensure that questions were understandable. The sample size was 200 and included men and women living in the northern divisional city Rajshahi of Bangladesh. To analyse the data a number of different statistical tools were used. Inferential statistics includes factor analysis, Chi Square and one-way ANOVAs which enabled the researcher to make applications about the broader group of Rajshahi city residents. Descriptive statistics within the sample population showed that most of the respondents had not donated blood before and that the main reason for those who are donors is the fact that the blood helps others. Chi-square comparisons and One-way ANOVAs were conducted to examine possible relationships between numbers of donors and demographic factors such as area of living or income brackets. The findings can be utilized by hospitals or individual blood donation centres to identify ways for better attraction of possible donors.*

### KEYWORDS

Blood donation, consumer motivation.

### 1. INTRODUCTION

Donating blood is considered as a noble cause for saving human life. The demand on supplying blood is increasing worldwide day by day in order to meet massive need of blood and ensure a safe and adequate supply of it (Masserr *et al.* 2008). However, blood agencies are facing enormous challenges from recruiting and retaining blood donors (Masserr *et al.* 2008). Every year the need of blood is increasing due to many reasons such as accidents and diseases both in the developing and underdeveloped countries. As a developing country, need of blood in Bangladesh is increasing every year as well. Among these, road accidents, diseases, and accidents occurred from natural calamities are worth mentioning (Godin *et al.* 2007). As a consequence, need for blood to save critically injured human beings is becoming essential. Despite the fact that blood donation can save many human lives, research on blood donation that addresses the questions like why people donate or do not donate blood is surprisingly limited (Masserr *et al.* 2008; Godin *et al.* 2007; Farley and Stasson 2003) in a developing country like Bangladesh. Peoples' willingness to donate blood can vary due to socio-demographic, organizational, physiological, and psychological factors (Masserr *et al.* 2008). An increasing number of studies have also focused on the role of psychological factors in explaining, predicting, and promoting blood donation behaviour. However, changes in motivation and the development of self-identity as a blood donor are vital for understanding the processes whereby first-time donors become repeat donors (Masserr *et al.* 2008). Therefore, the aim of this study is to analyse the consumer motivations for blood donations. The problem that has been identified is the lack of people that donate blood even though they have the ability to. Therefore the main focus of this research is to find out why people choose not to donate blood and then to find out the methods to encourage more people to donate blood. The research focus is based on specific research objectives that have been developed for analysis. These include factors such as reasons why people do and do not donate blood, how people can be convinced to donate blood and how demographic characteristics such as age, gender and income influence blood donations.

### 2. BACKGROUND OF THE RESEARCH

Much research has been conducted over the years on consumer motivations for blood donations. Tihana BRKLJAČIĆ (2002) states that "50% of persons aged from 18-65 years can donate blood but only 3-6% actually does." It appears that there are many people who do not donate blood even though they have the ability to and there is much research to back this up.

According to Reid and Wood (2008) it is extremely challenging to be able to motivate people to donate blood. Therefore the aim of this research project is to look at why people choose not to donate blood and hence investigate ways in which they could be influenced to donate. When considering those people that should be targeted for blood donations is essential to look at past research and industry background in order to understand how these people could be targeted. Research conducted by Holdershaw *et al.* (2011) shows that many of the health services across the world do not have enough donated blood and find it difficult to encourage more blood donors. An examination of further secondary data and further research on the industry has shown that the need for more blood donations has increased due to enhanced medical abilities and an ageing population. It has also been found that negative publicity of the wasting of blood has discouraged people from donating blood (Mathew *et al.* 2007). Therefore it appears that there is a serious problem with the need for blood donations increasing and the amount of blood donated decreasing.

This research also found that one of the key issues regarding blood donations is that there needs to be a better education provided about the necessity of blood donations in order to encourage more people to donate blood. The main solution to this is coming up with "successful recruitment and retention strategies" so that more people will feel the need to donate blood and realise what a worthwhile cause it is (Mathew *et al.* 2007). This tries in with the aim of this research which is to find out ways that more people can be encouraged to donate blood.

Mathew *et al.* (2007) has found that because blood donations is purely a volunteer activity, an important factor for encouraging people to donate blood is portraying blood donations as something important and meaningful. Further examination of industry background shows that more research needs to be put into providing incentives for people to donate blood in order to try and increase blood donations significantly. Finding incentives for people to donate blood is a complicated process as everyone responds in various ways to different things. For example Chmielewski *et al.* (2012) showed that the majority of respondents found it encouraging if they receive a personal letter of acknowledgement for their blood donations. However, there were still those respondents who believed that their donation is a personal matter and did not want acknowledgement for it. Therefore, when finding incentives for blood donations, it can be seen how there are many complex issues to deal with, as a fixed incentive is not going to be appealing to everyone. Another example of the complicated process of finding incentives for blood donations is the idea of post-donation refreshments. Chmielewski *et al.* (2012) believed that some donors found that post-donation refreshments were an extremely valuable reward whereas others viewed them as a necessity for the recovery process. There was also another group of donors who believed that it is too costly to provide refreshments and that the money should be put to better use. Chmielewski *et al.* (2012) also discovered that the staffs at blood donation centres play a large role in the donation experience. The majority of donors value appreciation for what they have done from the staffs and if they do not experience this then it can play a large role in discouraging them from donating again. This will tie in with the research conducted for this project as one of the aspects that will be examined is the experience of blood donation and how much impact this has on the willingness to donate again.

Yuan *et al.* (2011) showed that one of the biggest incentives for donating blood is "it feels good to help my community/help someone/do a good deed." 95.4% of the respondents chose this answer and this also fits in with the research conducted for this project as it helps to answer one of the objectives of finding ways to motivate more people to donate blood. If people can be made to feel appreciated and valued when donating blood, this can play a large role both in encouraging them to donate again and in recruiting new donors.

### 3. MAJOR CONTRIBUTIONS OF THE RESEARCH

The major contributions of this research are the reasons why people have not donated blood and also the reasons why people have donated blood. This will then help to provide an explanation and possible ideas for the ways of encourage more people to donate blood. This research will be useful to non-profit organisations involved in blood donations such as The Red Cross. They may use this information to create better advertising campaigns in order to encourage a greater number of individuals to donate blood.

Other benefactors of this information will be hospitals because they can use this research to convince their peers why they should be donating blood. In addition, patients in hospitals and their families can also be the benefactors of this research. Those in need of blood can give these facts and figures to their families and friends and point out the importance of blood donations and how it can save lives. This may then help encourage those outside of the hospital to donate blood themselves.

### 4. RESEARCH OBJECTIVES

The main objectives of the research is analyse the consumer motivations for blood donations. The researcher came up with three main research objectives based on finding out various reasons why people do and do not donate blood. This was conducted based on possible reasons why people donate blood, possible reasons why people do not donate blood and demographic characteristics in order to find out what income brackets should be targeted for encouraging more blood donations.

On the basis of the main objective, the research has the following specific objectives:

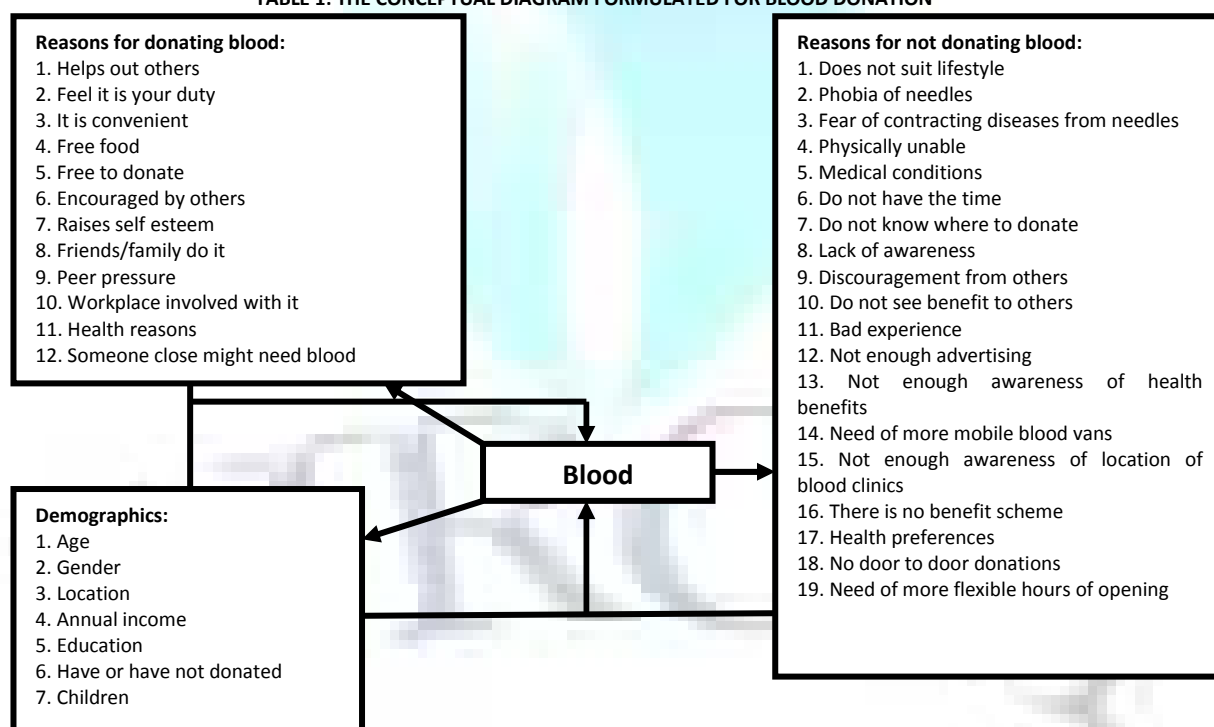
1. To ascertain the main reasons why people do not want to donate blood.
2. To know what factors would convince people to donate blood.
3. To know whether income has an effect on blood donations and how these people can be convinced to donate blood.

### 5. RESEARCH METHODOLOGY

When undertaking a research project with the size and complexity like this one, it is important to understand and cover many different factors that influence people in wanting to donate blood. As each and every one of us is different, it is important to ensure that all facets of blood donation are covered in one single succinct questionnaire. Therefore, much time and effort was placed in prior research such as basic research which has given us a greater understanding of what type of category could potentially be explored and targeted for increasing blood donation. The basic research process begun well in advance of the final questionnaire being circulated to the general population. This was to ensure the foundation that could be laid for the underlying research objectives of the study.

From the basic research a conceptual diagram (see table 1) is developed which formed the basis for what is wanted to achieve and which individuals can be targeted to increase the rate of blood donations.

TABLE 1: THE CONCEPTUAL DIAGRAM FORMULATED FOR BLOOD DONATION



In-depth interviews were conducted to help gain a greater understanding of an individual's perspective of blood donation. Two of these interviews were carried out during the early stage of the research. This was an exploratory technique designed to refine research objectives as well as provide greater insights into an individual's perceptions of donating blood. It was important to use the information gained from these interviews to assist with producing an accurate and succinct questionnaire as well as helping to further define research objectives. While no projective techniques were used during the initial stage of research project, other techniques such as exploratory research were used. This helped to further define the research problem as aimed to be built on designated research objective. Through exploratory research process it was possible to identify certain key constraints and research problems that had the potential to hinder results.

With all the basic research and exploratory research complete, it was time to design the questionnaire and this was done in conjunction with the conceptual diagram. The questionnaire as previously touched on was designed so that it would provide concise and succinct questions as not to bore or distract respondents while they completed it.



## 6.1 RESEARCH INSTRUMENT

Listed below are three types of scales that were used in the final questionnaire. Those scales were useful in determining consumer motivation for blood donation.

- Ordinal scale
- Nominal scale
- Interval scale

### 6.1.1 NOMINAL SCALE

Numbers or letters are assigned to objects served as labels which are used in nominal scale for identification or classification (Zikmund 2007). This scale is used while defining gender, relationship status or ownership status. To answer questions with nominal scale it is required to tick a box with the right provided answer or simply decide on an answer such as yes or no, where for example 0=no, 1=yes. All nominal scale options have been used in this project. Questions with possible answer of yes/no have been asked three times. Even usage of “yes” and “no” scales is often not avoided due to possible ambiguity. In this research yes/no questions were used clearly, to state basic facts such:

Have you donated blood in the past?

1=yes; 2=no

Other nominal scales were used to determine such as what is the major reason for donors to donate as well as what is the gender of respondents.

### 6.1.2 ORDINAL SCALE

An ordinal scale “arranges objects or alternatives according to their magnitude in an ordered relationship” for example highest formal education. 4 out of 12 question categories had ordinal scale and were used to determine:

- What was the age of respondent:
  - 18-28                      ○ 29-39    ○ 40-50    ○ 50+
- The personal annual income of the respondent:
  - Under TkTk19,999                      ○ TkTk20,000 - Tk29,999
  - Tk30,000- Tk44,999                      ○ 45,000+
- Highest Formal Qualification of respondent:
  - Not completed High School    ○ High School Graduate
  - Attended some Colleges    ○ College Graduate    ○ Graduate Degree
- How many times has the respondent donated blood:
  - Zero    ○ Once    ○ Twice    ○ Three    ○ Four+

There are some limitations of ordinal scale worth mentioning. For example, some of the responses such as a person with an annual income of Tk 250,000, or a respondent that has donated blood more than 10 times in his life already, will never be recorded.

### 6.1.3 INTERVAL SCALE

Interval scales such as nominal and ordinal scale also uniquely classify where the ordinal scale preserves order. What makes internal scale even more unique is the use of equal intervals. In this scale the respondent is encouraged to rate specific attributes by importance and by circling a chosen number which represents the level of agreement for the given statement. In questions using interval scale the respondent can decide the importance of the given matter and is able to circle a chosen number.

Interval scale is much better for marketing as it helps to specify answers which would be too generous with “yes/no” answers. Instead of asking yes/no in our survey for questions like “Does not suit your lifestyle”, the interval scale gave a better overview with the scale from 1 to 7 from “strongly disagree” to “strongly agree”. Out of all 3 scales used for this research, this scale was used the least. It was part of just 2 categories.

The two question groups, which used internal scale, are stated below:

- Please rate the extent to which you agree or disagree with the following statements regarding reasons for donating blood.
- Please rate the extent to which you agree or disagree with the following statements regarding reasons for why you have not donated blood.

Range of all interval scales is from 1 to 7, where 1 stands for “strongly disagree” and 7 for “strongly agree”.

## 6.2 PRE-TEST AND FINAL QUESTIONNAIRE

Before conduction of surveys a pre-test was conducted, on a group of friends and family, to determine and implement any required changes.

TABLE 2: PRE-TEST AND FINAL QUESTIONNAIRE FORMAT

	Pre-test questionnaire format	Final questionnaire format
1.	Pre-test participants identified ambiguity in the flow of questions, as I did not give clear introduction to other parts of the questions	Final questionnaire is restricted and have clear and understandable flow
2.	Pre-test participants identified that there were two questions regarding reasons for not donating blood which confuse participants	Final questionnaire includes only one section regarding reasons for not donating blood
3.	Pre-test participants stated that it is important to ask donors about how many times they have donated blood in their lives as that would provide better overview on the situation	To the final questionnaire “How many times do you donate blood in a year” has been added
4.	Pre-test participants pointed out that if they do donate blood, asking them for reasons why they would not donate blood does not make sense	Final questionnaire has a part after the questions regarding experience in donating blood which directs to next section of the answer despondingly
5.	Pre-test participants stated that there was a lack of continuity by placing some of the reasons for not donating blood in different sections	Final questionnaire has list of all possible reasons for not donating blood in the appropriate sections

## 7. SAMPLING

The researcher decided to survey both male and female aged 18 and above. That decision was made due to fact that minors under the age of 18 are not eligible to donate blood without the consent of their legal guardians. The research undertaken aimed to determine key reasons why people do not donate blood and potential ways in which people can be convinced to donate. Target marketing was a key issue and researcher wanted to find out exactly which income brackets should be targeted for increased marketing in order to motivate donating blood.

The sampling frame planned was 200 questionnaires. 205 were distributed in case of any invalid questionnaires. Out of the 205 collected questionnaires, 200 were valid. Five questionnaires were invalid due to lack of completion of the back page in the questionnaire.

The sampling method used was non-probability sampling, due to the fact that the target market consisted of people 18 years of age and older. This sampling method was chosen for the survey as respondents were targeted based on their age. Non-probability sampling means that the probability of “selecting any particular member is unknown” therefore there is a reduced probability that some individuals may be selected. Systematic sampling has been utilized on students and colleagues as well adult members of the families of the researcher.

## 8.1 RESULTS AND ANALYSIS

### 8.1.1 DESCRIPTIVE STATISTICS

In this analysis, descriptive statistics were used to look at the data and provide the frequencies and means of the research objectives and answers obtained. The aim of doing descriptive analysis is to describe the combined results that have been received from respondents. Within this analysis, it is important to measure the frequencies of those that do and do not donate blood, as well as the frequencies of the reasons why the respondents choose to donate blood and why they choose not to donate blood. Another important descriptive statistic to analyse is the mean age of respondents.

After conducting a descriptive analysis on all results, Figure 1 shows that 71.5% of respondents have not donated blood and only 28.5% have donated blood.

FIGURE 1: AVERAGE RESPONDENTS WHO DONATE BLOOD

#### Have you donated blood?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	57	28.5	28.5	28.5
	No	143	71.5	71.5	100.0
	Total	200	100.0	100.0	

This fits in with previous research conducted in the industry in which there is only a very small percentage of people that actually donate blood. This is described in the industry background and research section of this report. Therefore this poses the question stated in research objective, one which is to determine why people do not want to donate blood. This then leads to the second research objective which is to find out what would convince people to donate blood.

FIGURE 2: REASONS WHY RESPONDENTS DONATE BLOOD (HELPS OUT OTHERS)

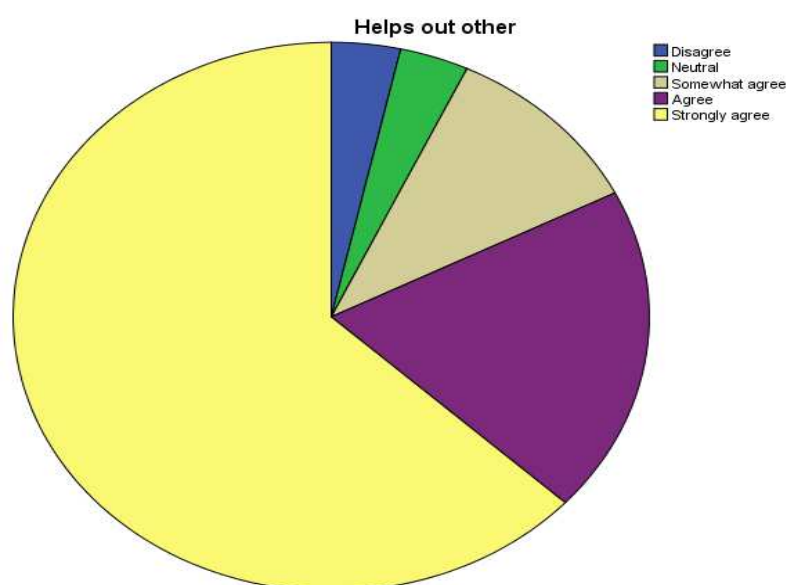


Figure 2 shows that the main reason why the respondents donate blood is because it helps out others. 63% of respondents strongly agree with this being the main reason for why they have donated blood. Therefore this could tie in with research objective two in using it as a motivator to convince more people to donate blood. If more people could realise the benefits to donating blood and how much it helps others and saves lives, then they may be convinced to donate blood.

FIGURE 3: SECOND REASON WHY RESPONDENTS CHOOSE TO DONATE BLOOD

#### Someone close to you might need blood

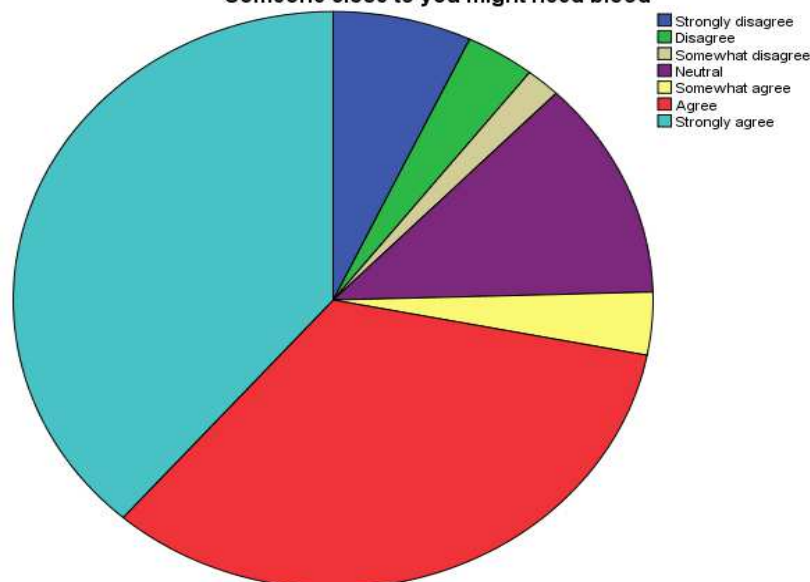


Figure 3 shows the second major reason why respondents choose to donate blood. 38.6% of respondents "strongly agreed" with the statement that someone close to you might need blood and 33.3% just "agreed." Therefore for further research this may also be used as a tool for motivating more people to donate blood.

### 8.1.2 DEMOGRAPHIC PROFILE OF RESPONDENTS

FIGURE: 4: AVERAGE AGE OF RESPONDENTS

**What is your age**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-28	155	77.5	78.7	78.7
	29-39	13	6.5	6.6	85.3
	40-50	14	7.0	7.1	92.4
	50+	15	7.5	7.6	100.0
	Total	197	98.5	100.0	
Missing	System	3	1.5		
Total		200	100.0		

Descriptive analysis was also used to form a demographic profile of respondents. Figure 4 indicates that the average age of respondents was between 18-28 with 78.7% of the population being in this age bracket. This is largely because the majority of respondents were university students.

FIGURE 5: AVERAGE ANNUAL INCOME OF RESPONDENTS

**What is your personal annual income**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Under \$19 999	128	64.0	65.3	65.3
	\$20 000-\$29 999	27	13.5	13.8	79.1
	\$30 000-\$44 999	15	7.5	7.7	86.7
	\$45000+	24	12.0	12.2	99.0
	5.00	2	1.0	1.0	100.0
	Total	196	98.0	100.0	
Missing	System	4	2.0		
Total		200	100.0		

Figure 5 shows the average annual income of respondents. 65.3% of respondents earn under Tk19 999. This information will be useful for inferential analysis in order to try and determine what income bracket needs to be convinced to donate blood. This will tie in with research objective three.

### 8.1.3 INFERENTIAL STATISTICS

Inferential statistics are useful for making judgments on the whole population but can only be used if the level of significance is below 5%. For the analysis of this research, there are four types of inferential analysis conducted on the results. These were chi square test, correlations, independent samples T-test and One-way ANOVA.

#### 8.1.3.1 Chi Square Test

The Chi Square Test is aimed at looking for relationships between two nominal or ordinal variables. Within the Chi Square analysis many different variables were examined and compared. This included looking at the relationship between gender and those who donate blood, education and blood donations, number of children and blood donations, income and blood donations, geographical location and blood donations and many more factors.

#### 8.1.3.2 Independent Samples T-test

This type of analysis is used for looking at relationships between nominal and ordinal groups with a comparison between two groups. It is done by comparing the averages between the two groups. In this analysis a T-test was conducted for many issues including blood donation versus gender, blood donation versus age, blood donation versus geographical location, how many times people donate in a year and many more. These comparisons were based on the research objectives stated above.

#### 8.1.3.3 One-way ANOVA

The one-way ANOVA test is used to analyse variance and relationships in the data between three or more nominal or ordinal groups. Some examples of the types of analysis conducted for this particular test is the relationship between the number of donations and education, income and age. There are also many other relationships that have been analysed in conjunction with the research objectives which will be shown further on in this section.

## 8.2 STATISTICAL ANALYSIS

### 8.2.1 RESEARCH OBJECTIVE 1

#### 8.2.1.1 Demographic

Of course the first figure is considered to look exactly at the people who do not want to donate blood. By looking at the table below, this can be inferred that 71.5% of the total survey group has not donated blood. This figure is below the expected figure that has previously been used by the Red Cross; however it is still overwhelmingly high.

FIGURE 6: THE PERCENTAGES OF PEOPLE WHO HAVE AND HAVEN'T DONATED BLOOD.

**Have you donated blood?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	57	28.5	28.5	28.5
	No	143	71.5	71.5	100.0
	Total	200	100.0	100.0	

#### 8.2.1.2 Chi-squares

Secondly, people who do not donate blood is considered. Combining this data with the previously looked at table (figure 1) the researcher is able to conduct a Chi-square test that can point out which people do not donate blood. On inspection of this data (figure 2) the researcher is able to deduct that the significant figure of the Pearson Chi-Square test is 0.02, which means that the relationship is a good one.

FIGURE 7: AWARENESS OF HEALTH BENEFITS OF BLOOD DONATION.

## Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.989 <sup>a</sup>	3	.002
Likelihood Ratio	14.260	3	.003
Linear-by-Linear Association	.911	1	.340
N of Valid Cases	195		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.75.

By knowing these figures the researcher is now able to infer, on geographical basis, any information about why they do not donate. The researcher now needs to look at the correlation between the questions in section 3.0 regarding the reasons why people do not donate blood. This is an important section to look at and it will have importance where the answers to why people donate blood will be taken under consideration.

Using a correlation table of the section 3.0 questions, it is possible to see which questions drew a stronger relationship than others. The first strong relationship is the statement that there is not enough awareness of health benefits of blood donation, which are well documented however evidently not pressed to the public enough. The strength of the relationship is at  $r=0.6$  which is a moderately strong relationship and shows that the people interviewed felt that there were not enough health benefits made public about blood donation.

FIGURE 8: THE 'NOT ENOUGH AWARENESS'

Not enough awareness of health benefits	Pearson Correlation	.600
	Sig. (2-tailed)	.000
	N	141

Figure 8: Table shows the 'not enough awareness' at  $r=0.6$

Secondly, there is this issue of advertising. This proves to have a strong relationship as well at  $r=0.6$ . This is another telling figure that shows that people believe there is not enough advertising about blood donation. This is something the researcher will look at in the recommendations.

FIGURE 9: THE MEAN R-VALUE OF ADVERTISING ISSUE

Not enough advertising	Pearson Correlation	.600
	Sig. (2-tailed)	.000
	N	141

Figure 9: Shows the mean R-value of advertising issue.

Thirdly, look at the location of blood clinics and how the surveyed people saw this issue. Researcher see that there is a stronger relationship in this field with a figure of  $r=0.644$ . This is relating to the awareness of health benefits and advertising.

FIGURE 10: THE AWARENESS OF LOCATION ISSUE WITH THE r VALUE

Not enough awareness of location of blood clinics	Pearson Correlation	.644
	Sig. (2-tailed)	.000
	N	141

Figure 10: Shows the awareness of location issue with the r value IS 0.644

It seems that people do not donate blood mostly because of the lack of awareness of all things related to blood donation. The awareness includes clinic locations, health benefits and in general the advertisements concerning blood donation. In further sections it will be discussed what can be done to solve these issues.

### 8.2.1.3 T-test

The t-test tables can be used to highlight particular figures easily. There are a number of issues that have been highlighted in the table which show that when people have children there is a higher chance that they are threatened by either catching a lifestyle, illness, physical inability and strangely a phobia of needles.

FIGURE 11: T-TEST TABLE OF CHILDREN AND ISSUES

## Independent Samples Test

		Levene's Test for Equality of Variances				
		F	Sig.	t	df	Sig. (2-tailed)
Does not suit your lifestyle	Equal variances assumed	2.385	.125	4.758	135	.000
	Equal variances not assumed			3.980	24.502	.001
Phobia of needles	Equal variances assumed	.440	.508	2.323	137	.022
	Equal variances not assumed			2.146	25.994	.041
Fear of contracting disease from needles	Equal variances assumed	.008	.930	3.703	137	.000
	Equal variances not assumed			3.558	26.739	.001
Physically unable	Equal variances assumed	.162	.688	2.801	137	.006
	Equal variances not assumed			2.813	27.704	.009
Medical conditions	Equal variances assumed	.262	.610	4.391	137	.000
	Equal variances not assumed			4.020	25.835	.000
Do not have the time	Equal variances assumed	3.901	.050	1.535	137	.127
	Equal variances not assumed			1.728	30.925	.094
Do not know where to donate blood	Equal variances assumed	.601	.439	.516	137	.607
	Equal variances not assumed			.474	25.890	.640
Lack of awareness	Equal variances assumed	1.059	.305	.098	137	.922
	Equal variances not assumed			.090	25.891	.929
Discouragement from others	Equal variances assumed	7.297	.008	2.269	137	.025
	Equal variances not assumed			1.881	24.318	.072
Do not see the benefit to others	Equal variances assumed	6.333	.013	5.023	137	.000
	Equal variances not assumed			3.932	23.621	.001
Bad experience	Equal variances assumed	7.016	.009	3.013	137	.003
	Equal variances not assumed			2.434	23.992	.023

Figure 11: T-test table shows children and issues 3.0 cropped to show appropriate figures.



The researcher personally believe the phobia of needles factor is a coincidence and not something to consider seriously; however, from the mean figures of the three other issues it is clear they are more significant than other issues on the list at over 4 in each issue as can be seen in the table.

Parents are clearly going to have a duty of care towards their children and the risks can sometimes outweigh the reward of donating. This will need to be addressed in the recommendations in further reading.

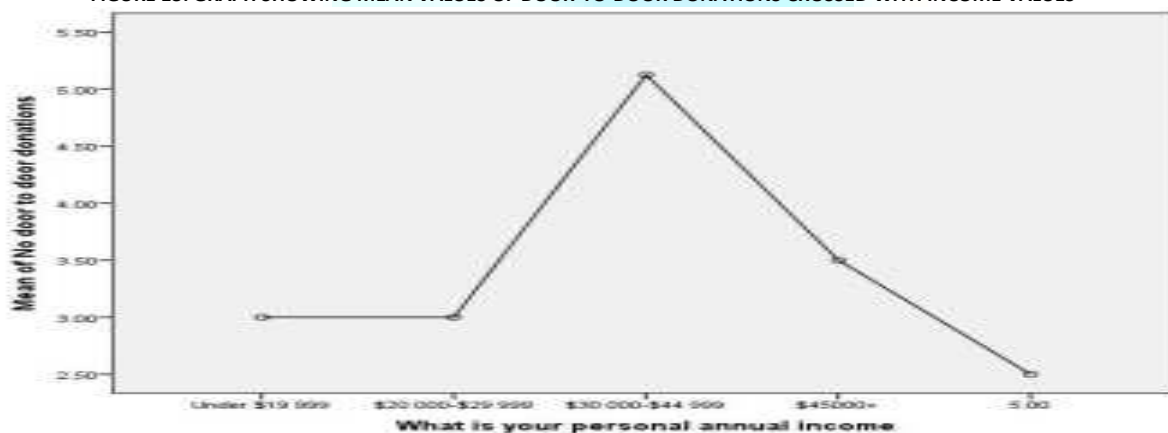
FIGURE 12: THE MEAN VALUES GATHERED FROM THE CORRESPONDING t-TEST

Group Statistics		N	Mean	Std. Deviation	Std. Error Mean
Does not suit your lifestyle	Yes	21	4.8095	2.06444	.45050
	No	116	2.9224	1.59429	.14803
Phobia of needles	Yes	21	4.5714	2.29285	.50034
	No	118	3.4237	2.04817	.18855
Fear of contracting disease from needles	Yes	21	4.1905	1.86062	.40602
	No	118	2.6356	1.75735	.16178
Physically unable	Yes	21	4.3810	2.10894	.46021
	No	118	2.9746	2.12217	.19536
Medical conditions	Yes	21	4.3810	2.03657	.44442
	No	118	2.4746	1.79606	.16534
Do not have the time	Yes	21	4.4762	1.63153	.35603
	No	118	3.7881	1.93418	.17806
Do not know where to donate blood	Yes	21	4.0000	2.07364	.45251
	No	118	3.7712	1.83699	.16911

#### 8.2.1.4 ANOVA tests

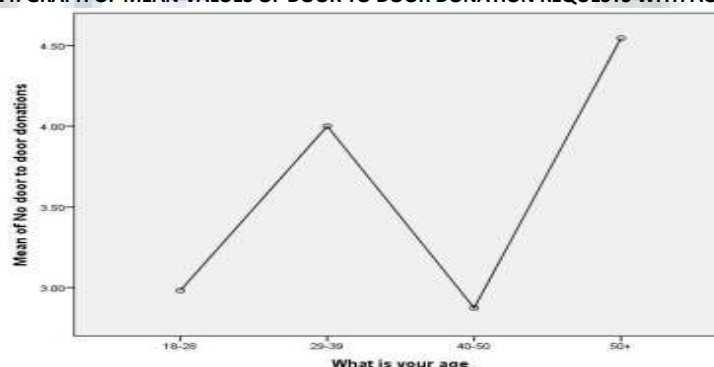
When looking at the ANOVA test the results showed significant data points in the income and issues 3.0. The figure indicates the issue of door-to-door donations. The graph below shows that the upper mean figure lies in the Tk30, 000 to Tk44, 500 bracket. One can infer from this figure that if someone earns a moderate amount of money they are going to be a younger busier person that may not have time to worry about blood donation, rather they are just worried about paying the bills.

FIGURE 13: GRAPH SHOWING MEAN VALUES OF DOOR-TO-DOOR DONATIONS CROSSED WITH INCOME VALUES



The second ANOVA test depicted a factor explaining why people do not donate blood relates to the age of our participants. The researcher found that people of early to middle age cared more about the fact that there were no door to door donation systems to use. The reason for this mean value seen in the graph is due to the same reason as the previous ANOVA test. The people that are part of the demographic used this issue as a reason for not donating blood. As they are a working age, they are busy and most likely do not have time to access a blood donation clinic. Because of this they feel there should be a door-to-door blood donation service so that they do not have to face any sort of inconvenience and also because this would make the donation process more streamlined.

FIGURE 14: GRAPH OF MEAN VALUES OF DOOR TO DOOR DONATION REQUESTS WITH AGE VALUES





**8.2.2 Research Objective 2**

To find out what factors would convince people to donate blood.

**8.2.2.1 Chi square test**

Firstly, the researcher needs to take a look at the gender distribution to get an understanding of which genders can be focused on when it comes to recommendations. Looking at the chi-square, the Pearson significant figure was well below 0.05 therefore making this a valid relationship to consider in the findings.

**FIGURE 15: CHI SQUARE TEST OF GENDER AND BLOOD DONATION****Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	8.777 <sup>a</sup>	1	.003		
Continuity Correction <sup>b</sup>	7.857	1	.005		
Likelihood Ratio	9.088	1	.003		
Fisher's Exact Test				.004	.002
Linear-by-Linear Association	8.732	1	.003		
N of Valid Cases	196				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 24.29.

b. Computed only for a 2x2 table

**Have you donated blood? \* What is your gender Crosstabulation**

			What is your gender		Total
			Male	Female	
Have you donated blood?	Yes	Count	15	41	56
		Expected Count	24.3	31.7	56.0
	No	Count	70	70	140
		Expected Count	60.7	79.3	140.0
Total		Count	85	111	196
		Expected Count	85.0	111.0	196.0

The findings and the figures at the cross tabulation indicate that females are more likely to donate than males. This is a very helpful statistics to take into account as it shows which gender need to focus on in recommendations and using the same techniques which one can relax and hopefully increase.

Secondly, the researcher needs to look at the donations per year. The reason for seeking these figures is because it's important to understand if people who donate are repeat donors or if they prefer to only donate once.

CHI-SQUARE TESTS			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	131.664 <sup>a</sup>	4	.000
Likelihood Ratio	142.966	4	.000
Linear-by-Linear Association	102.255	1	.000
N of Valid Cases	197		

a. 4 cells (40.0%) have expected count less than 5. The minimum expected count is 1.14.

When looking at this table the significant figure for the Pearson chi-square test is at 0.00, which is perfect. This means we can consider the cross tabulation figures of this issue. This shows that when people donate they prefer to donate once or twice a year. The numbers are still encouraging for three and four times a year however it would be more realistic to focus on once and twice a year considering that people are reluctant to donate in the first place.

**FIGURE 16: CROSS TABULATION-HAVE YOU DONATED BLOOD V, HOW MANY TIMES DO YOU DONATE**

Have you donated blood? * How many times do you donate blood in a year Cross tabulation								
			How many times do you donate blood in a year					Total
			Zero	Once	Twice	Three	Four+	
Have you donated blood?	Yes	Count	5	26	14	8	3	56
		Expected Count	38.1	10.5	4.0	2.3	1.1	56.0
	No	Count	129	11	0	0	1	141
		Expected Count	95.9	26.5	10.0	5.7	2.9	141.0
Total		Count	134	37	14	8	4	197
		Expected Count	134.0	37.0	14.0	8.0	4.0	197.0

Chi-Square Tests					
	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	132.679 <sup>a</sup>	1	.000		
Continuity Correction <sup>b</sup>	128.880	1	.000		
Likelihood Ratio	145.408	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	132.005	1	.000		
N of Valid Cases	197				
a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 19.33.					
b. Computed only for a 2x2 table					
Have you donated blood? * Have you donated blood in the past Cross tabulation					
			Have you donated blood in the past		Total
			Yes	No	
Have you donated blood?	Yes	Count	54	2	56
		Expected Count	19.3	36.7	56.0
	No	Count	14	127	141
		Expected Count	48.7	92.3	141.0
Total		Count	68	129	197
		Expected Count	68.0	129.0	197.0

At the same time the researcher should look at whether people who have donated in the past still donate today. This is an important statistics to consider, as it will indicate if the researcher still needs to focus on past donors as well as on current donors to come in and donate blood. From looking at the chi square test we can see a significant figure of 0.00 for the Pearson figure, which of course means the relationship, is a valid one. Regarding the figures in the cross-tabulation chart they show us that by a clear margin people who have donated in the past are repeat donors and more often than not will donate again. This means we do not have to worry about these people as much as the rest of the general public as we know that they will more often than not come in again to donate.

#### 5.2.2.2 Correlation

When looking at the correlation table for issues 2.0, which were reasons for donating blood, there are a number of positive relationships that can be used to the advantages when considering the recommendations section in further reading.

TABLE 3: CORRELATION

		Correlations											
		Helps out other	You feel it is your duty	It is convenient	Free Food	It is free to donate	Been encouraged by others	Raises your self esteem	Your friends/family do it	Peer pressure	Workplace is involved with it	Health reasons	Someone close to you might need blood
Helps out other	Pearson Correlation	1	.047	-.326 <sup>**</sup>	-.027	-.417 <sup>**</sup>	-.063	.057	-.188	.014	.163	-.370 <sup>**</sup>	-.137
	Sig. (2-tailed)		.730	.013	.844	.001	.640	.675	.162	.918	.224	.005	.311
	N	57	57	57	57	57	57	57	57	57	57	55	57
You feel it is your duty	Pearson Correlation	.047	1	.516 <sup>**</sup>	.367 <sup>**</sup>	.162	.275	.402 <sup>**</sup>	.385 <sup>**</sup>	.275	.121	.225	.280
	Sig. (2-tailed)	.730		.000	.006	.229	.038	.002	.003	.038	.371	.098	.036
	N	57	57	57	57	57	57	57	57	57	57	55	57
It is convenient	Pearson Correlation	-.326 <sup>**</sup>	.516 <sup>**</sup>	1	.530 <sup>**</sup>	.482 <sup>**</sup>	.403 <sup>**</sup>	.311 <sup>**</sup>	.504 <sup>**</sup>	.446 <sup>**</sup>	.285 <sup>**</sup>	.598 <sup>**</sup>	.326 <sup>**</sup>
	Sig. (2-tailed)	.013	.000		.000	.000	.002	.018	.000	.001	.032	.000	.013
	N	57	57	57	57	57	57	57	57	57	57	55	57
Free Food	Pearson Correlation	-.027	.367 <sup>**</sup>	.530 <sup>**</sup>	1	.528 <sup>**</sup>	.361 <sup>**</sup>	.393 <sup>**</sup>	.441 <sup>**</sup>	.622 <sup>**</sup>	.414 <sup>**</sup>	.339 <sup>**</sup>	.112
	Sig. (2-tailed)	.844	.006	.000		.000	.006	.002	.001	.000	.001	.011	.407
	N	57	57	57	57	57	57	57	57	57	57	55	57
It is free to donate	Pearson Correlation	-.417 <sup>**</sup>	.162	.482 <sup>**</sup>	.528 <sup>**</sup>	1	.395 <sup>**</sup>	.376 <sup>**</sup>	.403 <sup>**</sup>	.230	-.011	.362 <sup>**</sup>	.048
	Sig. (2-tailed)	.001	.229	.000	.000		.002	.004	.002	.085	.938	.008	.723
	N	57	57	57	57	57	57	57	57	57	57	55	57
Been encouraged by others	Pearson Correlation	-.063	.275	.403 <sup>**</sup>	.361 <sup>**</sup>	.395 <sup>**</sup>	1	.553 <sup>**</sup>	.382 <sup>**</sup>	.327 <sup>**</sup>	.124	.481 <sup>**</sup>	.225
	Sig. (2-tailed)	.640	.038	.002	.006	.002		.000	.003	.013	.368	.000	.092
	N	57	57	57	57	57	57	57	57	57	57	55	57
Raises your self esteem	Pearson Correlation	.057	.402 <sup>**</sup>	.311 <sup>**</sup>	.393 <sup>**</sup>	.376 <sup>**</sup>	.553 <sup>**</sup>	1	.591 <sup>**</sup>	.423 <sup>**</sup>	.177	.522 <sup>**</sup>	.294 <sup>**</sup>
	Sig. (2-tailed)	.675	.002	.018	.002	.004	.000		.000	.001	.188	.000	.027
	N	57	57	57	57	57	57	57	57	57	57	55	57
Your friends/family do it	Pearson Correlation	-.188	.385 <sup>**</sup>	.504 <sup>**</sup>	.441 <sup>**</sup>	.403 <sup>**</sup>	.382 <sup>**</sup>	.591 <sup>**</sup>	1	.472 <sup>**</sup>	.125	.504 <sup>**</sup>	.323 <sup>**</sup>
	Sig. (2-tailed)	.162	.003	.000	.001	.002	.003	.000		.000	.354	.000	.014
	N	57	57	57	57	57	57	57	57	57	57	55	57
Peer pressure	Pearson Correlation	.014	.275	.446 <sup>**</sup>	.622 <sup>**</sup>	.230	.327 <sup>**</sup>	.423 <sup>**</sup>	.472 <sup>**</sup>	1	.664 <sup>**</sup>	.554 <sup>**</sup>	.270 <sup>**</sup>
	Sig. (2-tailed)	.918	.038	.001	.000	.085	.013	.001	.000		.000	.000	.042
	N	57	57	57	57	57	57	57	57	57	57	55	57
Workplace is involved with it	Pearson Correlation	.163	.121	.285 <sup>**</sup>	.414 <sup>**</sup>	-.011	.124	.177	.125	.664 <sup>**</sup>	1	.322 <sup>**</sup>	.134
	Sig. (2-tailed)	.224	.371	.032	.001	.938	.358	.188	.354	.000		.017	.322
	N	57	57	57	57	57	57	57	57	57	57	55	57
Health reasons	Pearson Correlation	-.370 <sup>**</sup>	.225	.598 <sup>**</sup>	.339 <sup>**</sup>	.362 <sup>**</sup>	.481 <sup>**</sup>	.522 <sup>**</sup>	.504 <sup>**</sup>	.554 <sup>**</sup>	.322 <sup>**</sup>	1	.418 <sup>**</sup>
	Sig. (2-tailed)	.005	.098	.000	.011	.008	.000	.000	.000	.000	.017		.001
	N	55	55	55	55	55	55	55	55	55	55	55	55
Someone close to you might need blood	Pearson Correlation	-.137	.280	.326 <sup>**</sup>	.112	.048	.225	.294 <sup>**</sup>	.323 <sup>**</sup>	.270 <sup>**</sup>	.134	.418 <sup>**</sup>	1
	Sig. (2-tailed)	.311	.035	.013	.407	.723	.092	.027	.014	.042	.322	.001	
	N	57	57	57	57	57	57	57	57	57	57	55	57

\*. Correlation is significant at the 0.05 level (2-tailed).

\*\*. Correlation is significant at the 0.01 level (2-tailed).

First, the positive relationship is 0.598 regarding the convenience factor and health reasons. This is a significant relationship to consider for recommendations. It shows that people are after a healthier lifestyle while not putting in the hard yards to do so. This could be used to the advantage in the recommendations section. Secondly there is a relationship between the free food selling point of donating blood, which is never used as an advertising effort and peer pressure. This is a relationship of 0.622, which is a moderately strong one. With these two factors being used it will make it easier to find ways to bring peer pressure into the equation. It will be able to give people instructions on what types of things they can say to their friends to make them donate blood.

The last issue is the workplace involvement, which is a great way to get more people to have access to donation clinics and peer pressure again. The relationship was a great figure at 0.664, which again gives us a great way to convince people to donate blood, because people already want to have a workplace involvement factors that adds positive relationship of peer pressure. It can again be used to the advantage in a great way and make it easier to pull more people into donation clinics.

### 8.2.2.3T-test

The t-test used for looking at the gender specific quality with the issues 2.0 is a great way to see which gender needs to be focused on more than the other. At the same time it will be easy to answer objective of finding out who and why people donate blood. It is found that the 4 points that had significant figures running less than 0.05, which is the cut off, were the convenience, the free food, and self-esteem and health reasons. Under all of these questions it was seen that the males entered at a higher average than females across the board. This is interesting as it was expected to see a few female numbers come up. It is however useful information to know what men are convinced by when donating blood and what we need to work on regarding the female demographic.

FIGURE 17: T-TEST

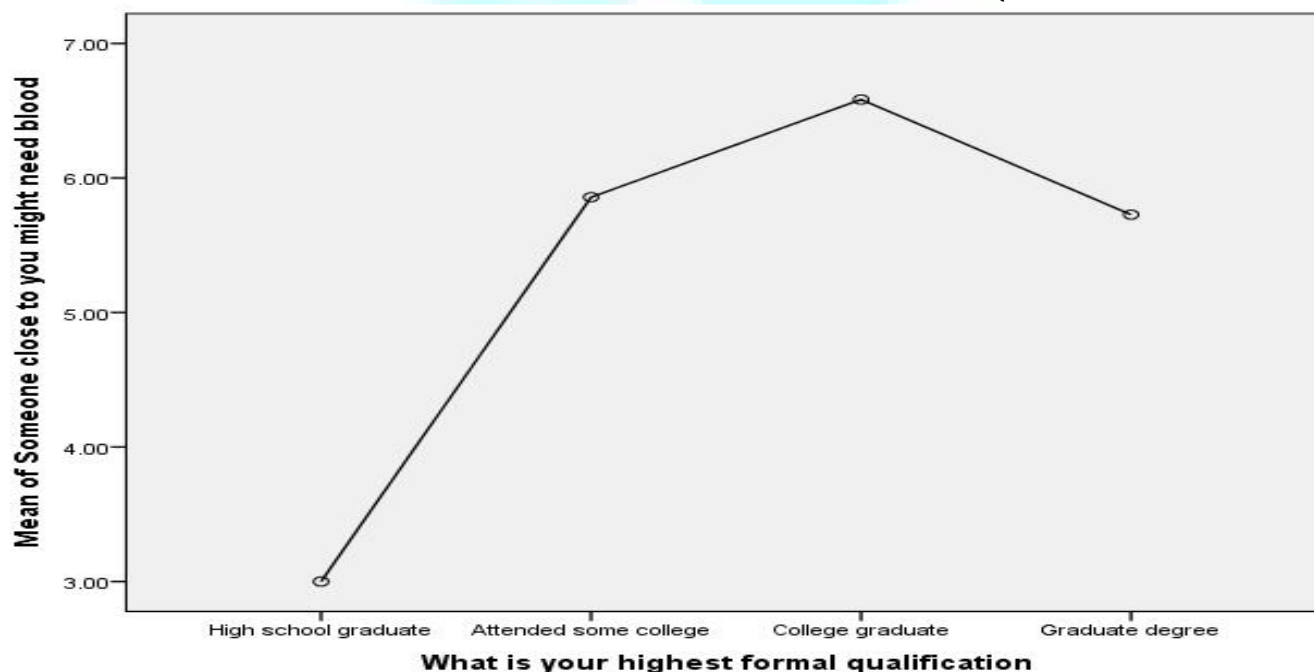
## Group Statistics

	What is your gender	N	Mean	Std. Deviation	Std. Error Mean
Helps out other	Male	15	6.4667	.63994	.16523
	Female	41	6.3171	1.27356	.19890
You feel it is your duty	Male	15	5.4667	1.55226	.40079
	Female	41	5.1951	1.32702	.20725
It is convenient	Male	15	5.2667	1.57963	.40786
	Female	41	4.2683	1.58152	.24699
Free Food	Male	15	4.4667	1.99523	.51517
	Female	41	3.1220	1.95186	.30483
It is free to donate	Male	15	5.2000	1.69874	.43861
	Female	41	4.3659	2.15356	.33633
Been encouraged by others	Male	15	5.6667	1.11270	.28730
	Female	41	5.2439	1.52939	.23885
Raises your self esteem	Male	15	5.8000	1.01419	.26186
	Female	41	4.7317	1.36060	.21249
Your friends/family do it	Male	15	5.4667	1.59762	.41250
	Female	41	4.8780	2.05177	.32043
Peer pressure	Male	15	4.3333	2.16025	.55777
	Female	41	3.0488	1.73135	.27039
Workplace is involved with it	Male	15	4.2667	2.28244	.58932
	Female	41	3.0244	1.96835	.30740
Health reasons	Male	13	5.6154	1.75777	.48752
	Female	41	3.9756	2.03086	.31717
Someone close to you might need blood	Male	15	5.8667	1.68466	.43498
	Female	41	5.4390	1.87148	.29228

## 8.2.2.4 ANOVA education

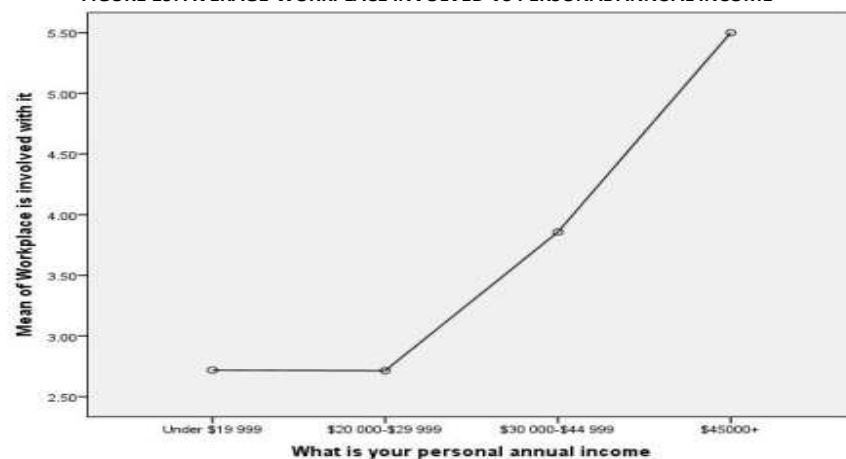
When looking at the ANOVA statistics of education and the issues 2.0 it can be observed that the only point that came up positive was the point asking if it mattered if someone close to the person needed blood. Looking at the table below it can be seen that the means for the reactions increased to around 5 which was a strong reaction. These graduates did not bother about this point and this can be understood from thinking like a teenager. Most teenagers like this as they have not yet developed strong relationships to warrant a reason to care. They also have not had the same life experience and hopefully have not yet experienced the loss of family and friends that people always do as the years progress.

FIGURE 18: AVERAGE-SOMEONE CLOSE TO YOU MIGHT NEED BLOOD Vs. HIGHEST FORMAL QUALIFICATION



When looking at the ANOVA analysis of income vs. issues 2.0 it shows that there was again only one statistic that revealed it to be a good relationship. This table below shows that the workplace that people are in is a larger factor for convincing them to donate blood once they have a higher income. One can infer that as they are earning a higher amount of money, they must be in a more stable and well paying job. Because of this they probably have built a relationship with the company and also spend a lot of time at the place of work. This can be used in analysis because it shows that it should be focusing more on lower income workers to make sure they have a place to donate blood outside of their workplace, while also paying attention to our higher mean values.

FIGURE 19: AVERAGE-WORKPLACE INVOLVED VS PERSONAL ANNUAL INCOME



### 8.2.3 ANOVA

#### Research objective 3 – Income bracket to blood donation.

Research objective 3 was to determine people from what income brackets have to be convinced to donate blood. Based on the data, gathered from our questionnaire that was circulated to the general population, it is found that there was no significant relationship between any one income bracket and the amount of blood people donated. According to the SPSS computer data analysis program any relationship between two variables with a sig. (Significant) value <0.05 should have a greater research emphasis compared to variable with a sig. value of >0.05.

TABLE 4: ISSUES FOR WHY YOU WOULD DONATE BLOOD COMPARED TO INDIVIDUAL'S INCOME BRACKETS

		Independent Samples Test								
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Helps out other	Equal variances assumed	2.596	.116	-.606	37	.548	-.32143	.53009	-1.39549	.75263
	Equal variances not assumed			-1.020	25.410	.317	-.32143	.31509	-.96985	.32699
You feel it is your duty	Equal variances assumed	.832	.368	-.436	37	.666	-.19643	.45094	-1.11012	.71727
	Equal variances not assumed			-.352	7.425	.734	-.19643	.55737	-1.49926	1.10640
It is convenient	Equal variances assumed	.013	.910	.941	37	.353	.56250	.59753	-.64820	1.77320
	Equal variances not assumed			.951	8.921	.367	.56250	.59170	-.77781	1.90281
Free Food	Equal variances assumed	.195	.661	-.382	37	.705	-.27232	.71266	-1.71632	1.17167
	Equal variances not assumed			-.350	8.142	.735	-.27232	.77712	-2.05893	1.51429
It is free to donate	Equal variances assumed	1.109	.299	.284	37	.778	.22768	.80272	-1.39878	1.85413
	Equal variances not assumed			.239	7.631	.817	.22768	.95225	-1.98680	2.44216
Been encouraged by others	Equal variances assumed	5.555	.024	.654	37	.517	.30804	.47102	-.64633	1.26241
	Equal variances not assumed			.440	6.742	.674	.30804	.70038	-1.36103	1.97710
Raises your self esteem	Equal variances assumed	7.107	.011	-.997	37	.325	-.49107	.49271	-1.48939	.50724
	Equal variances not assumed			-.664	6.715	.529	-.49107	.73968	-2.25529	1.27315
Your friends/family do it	Equal variances assumed	1.808	.187	.842	37	.405	.69643	.82663	-.97849	2.37134
	Equal variances not assumed			.711	7.634	.499	.69643	.98016	-1.58284	2.97570
Peer pressure	Equal variances assumed	.001	.975	.124	37	.902	.08036	.64617	-1.22891	1.38963
	Equal variances not assumed			.123	8.717	.905	.08036	.65438	-1.40730	1.56801
Workplace is involved with it	Equal variances assumed	.124	.726	.006	37	.995	.00446	.75112	-1.51746	1.52639
	Equal variances not assumed			.006	8.226	.996	.00446	.80936	-1.85305	1.86197
Health reasons	Equal variances assumed	.395	.534	1.215	35	.232	1.14375	.94100	-.76658	3.05408
	Equal variances not assumed			1.310	5.647	.241	1.14375	.87304	-1.02532	3.31282
Someone close to you might need blood	Equal variances assumed	1.225	.276	-1.113	37	.273	-.86161	.77404	-2.42997	.70676
	Equal variances not assumed			-1.327	11.071	.211	-.86161	.64924	-2.28945	.56624



As seen in table 4.0, the relationship between an individual's income and whether they feel as though donating blood "helps out other people" generated a sig. value of 0.116 which is far greater than the 0.05 value needed to ensure a relationship is in existence. Similarly, with the question "you feel it's your duty" the results again generated a sig. value of 0.368 which is far greater than the 0.05 required to ensure a relationship is current. This trend continued with another 8 questions which all produced results greater than 0.05 showing that no single income bracket has more individuals donating blood than any other bracket. The sig. values from these 8 questions ranged from 0.975 to 0.187.

For the 12 questions that returned a negative result for their relationship, there were 2 relationships that had a sig. value of lower than 0.05. The first one was "been encouraged by others", and it generated a sig. value of 0.024. This indicates that no matter what income bracket the individual partaking in the survey fell under they still could be encouraged by their peers, friends or family to donate blood. This could be a potential way to get people to donate blood in the future by encouraging people within the community to convey the message that blood donation is not only necessary but a great way to contribute to the community as well as make you feel good.

By targeting the individuals who already donate blood to encourage the people around them to join in and donate blood you could potentially raise the amount of blood donors using a very simple, cheap and effective advertising campaign which is known as word of mouth. Similarly the other question which generated a sig. value of less than 0.05 was the fact that it "raises your self esteem". This relationship is quite clear as it can cover all levels of income earners, and this is because donating blood has the potential to help so many people within the community. The kind, generous act of donating blood will automatically make individuals feel good about themselves as they are potentially helping a friend, family member or an individual within the community who they have never met before. Individuals who have donated blood before would have strongly agreed with this question as this may have been the sole purpose that they chose to donate blood. Similarly, those individuals who have never donated blood before, but still completed the survey would agree with the question that donating blood definitely raises your self esteem; this would therefore be the reason that "raising your self esteem" has such a low sig. value. Furthermore, you could conclude from the low sig. value that individual's emotions play a more important role than their income bracket on whether or not they choose to donate blood.

Finally, when trying to discover the basis to the research objective (determining- people from what income brackets have to be convinced to donate blood) it can be confidently concluded that there is no set relationship between any one income bracket and blood donation. While there may be a few independent correlations of individual's decisions to donate blood such as raising the individuals self esteem and being encouraged by others, there is no set evidence to say that one particular income bracket donates more blood than another. Therefore targeting one individual income bracket increased blood donations would simply not work and a blanket marketing or advertising campaign would be the only way to encourage and educate the general population to donate more blood and increase the blood donation levels right across the country.

## 9.1 CONCLUSION AND RECOMMENDATIONS

### 9.1.1 CONCLUSION

Through this survey, the answers of three research objectives have been found and these include why people donate blood, why they do not donate blood and the income levels of those who have been surveyed and if this made an impact on their reason for blood donation. The data varies from that of a previously collected secondary data slightly but still conforms to the notion that there are not enough people donating blood in our society. The data show that there were markedly more people donating blood amongst the people that have been surveyed. The data showing a change in the trend of people donating blood is debatable and one could argue the limitations of this data, as a survey group would rule the data as inconclusive. The income bracket tests that were performed showed that when people started earning a decent amount of money, their ability for time allocation for blood donation went down across the board. This coupled with a desire for in house donations and a desire for better opening hours showed that people required more information on the timetables of blood clinics and when they could access them.

Reasons for not donating blood were interesting, with such factors as needle phobias and time constraints playing a large role. As discussed above the desire by people to have more awareness about all things relating to blood donation was apparent on top of the fact that it is needed to find a way to encourage people to look past their trepidations regarding the needle. People with children and how they viewed the donation benefits and detriments were briefly taken under consideration. It is again found, a sense of time scarcity amongst people with children on top of a sense of threat of contracting an illness from unhygienic equipment. This showed that the parents felt they had a sense of duty towards their children and did not want to take risk about their health while forgetting that they indeed might need blood someday.

The most useful analysis tools were definitely the chi-square test results as they gave us a clear direction on where to look for more data and gave us a clear inference as to what our objective answers would be.

### 9.1.2 RECOMMENDATIONS

#### RESEARCH OBJECTIVE 1: WHY DO PEOPLE NOT WANT TO DONATE BLOOD?

The Red Cross and Red Crescent should be using more awareness methods to get across to the general public why it is important to donate blood and also where they can donate blood. It has become apparent that this has not been done enough and the people surveyed indicated that they did not know where blood donation clinics were and when they were open. This needs to be pressed to the public to make sure they can understand. On top of this the health benefits of donating blood, not just for the recipient but also for the donor, should be made more and a way should be thought of for convincing people to come into donate. People surveyed indicated they wished they knew more of the health benefits associated with donation regarding them. This would be achieved in an advertising campaign that made the message very clear about where they are, when they're open, and why you should do it.

#### RESEARCH OBJECTIVE 2: WHAT WOULD CONVINCE PEOPLE TO DONATE?

It is found that people who had donated in the past felt that they should donate again, with a very high percentage of former donors either having donated this year or with plans to do so. This is a great advantage to the Red Cross and Red Crescent as they now know they can relax on promoting to the former donors and more to the people who are either on the fence or haven't decided yet. It is also found that if people were subject to peer pressure they would be more likely to donate. Another way is by encouraging people to bring friends along to donate, as the best way to get someone in is to have a friend with them.

#### RESEARCH OBJECTIVE 3: INCOME

It is found that as people get older they start to earn more money. This is of course no surprise to many however it can be used to increase donations. As we know that these people are either in a family or single, they are all trying to work as much as they can to provide for themselves and therefore there is a time scarcity problem at hand. The Red Cross or Red Crescent should be looking into in-work donations, as this was a response from our participants that they wished to make this happen more often. It is also found that the ability for peer pressure to be effective was and can be used in the workplace. If we know there are a certain percentage of people who donate within a workplace people can then slowly work on peer-pressure methods to increase numbers within any working establishment over time.

Certainly, any of these objectives will be a slow journey to see any real improvement. However we believe the evidence speaks for itself with many people seeing blood donation as something they do not have the time for in their busy lives. We need to make time for them, not the other way around.

### 9.1.3 STRENGTHS OF RESEARCH

The main strength during this exercise was a clear intention of a target demographic and laying out questions accordingly. With the target met it was possible to conduct an efficient and meaningful survey that met many if not all of the objectives clearly. By choosing to survey mainly university areas it was possible to understand their answers with greater clarity. This gives a perspective that could not be achieved by surveying a broader age bracket.

### 9.1.4 WEAKNESSES OF RESEARCH

The main weaknesses during this survey are three fold. Firstly the target, regardless of being something that was aimed to restrict, meant that the data was slightly skewed when it came to finding out income bracket data and other questions that really become relevant as one gets older. This was a decision that was chosen to make at the beginning of this assessment however in hindsight it did restrict the accuracy and the ability to make recommendations for the general

public. The survey was conducted in Rajshahi city, more precisely concentrating Rajshahi University areas. As a consequence this is hardly possible to generalise the result. Finally, about the point of survey size, it is true in any scientific pursuit that to get a real average and spread of numbers means one must get as many samples as possible. While 200 people for a 4 person assignment was a task in itself, it most likely would not give a true indication of valid data when comparing that of surveyed performed by the Red Cross or Red Crescent themselves.

## REFERENCES

1. Australian Bureau of Statistics. 2012. Total population in Perth. <http://www.abs.gov.au/ausstats/abs@.nsf/Products/3235.0~2011~Main+Features~Western+Australia#PARALINKO>
2. Australian Red Cross Blood Service. 2012. *Annual Report 2011-2012*. [http://www.donateblood.com.au/files/pdfs/2012\\_Blood\\_Service\\_Annual\\_Report.pdf](http://www.donateblood.com.au/files/pdfs/2012_Blood_Service_Annual_Report.pdf)
3. Chmielewski, D, L. L. Bove, J. Lei, B. Neville and A. Nagpal. 2012. "A new perspective on the incentive-blood donation relationship: partnership, congruency and affirmation or competence." *Journal of Transfusion* 52 (9): 1889-1900. <http://onlinelibrary.wiley.com.dbgw.lis.curtin.edu.au/doi/10.1111/j.1537-2995.2011.03545.x/pdf>
4. Farley, Sally D., and Stasson, Mark F. 2003. Relative influences of affect and cognition on behavior: Are feelings or beliefs more related to blood donation intention? *Experimental psychology*. Vol. 50(1): 55-62.
5. Godin, Gaston., Conner, Mark., Sheeran, Paschal., Bélanger-Gravel, Ariane and Germain, Marc . 2007. *Transfusion*; Volume 47(9): 1607–1615.
6. Holdershaw, J, P. Gendall and M. Wright. 2011. "Predicting blood donation behaviour: further application of the theory of planned behaviour." *Journal of Social Marketing* 1 (2): 120-132. DOI 10.1108/20426761111141878
7. Masser, Barbara M., White, Katherine M., Hyde, Melissa K., Terry, Deborah J., 2008. The Psychology of Blood Donation: Current Research and Future Directions. *Transfusion Medicine Reviews*, Volume 22 (3): 215–233.
8. Mathew, S. M, M. R. King, S. A. Glynn, S. K. Dietz, S. L. Caswell and G. B. Schreiber. 2007. "Opinions about donating blood among those who never gave and those who stopped: a focus group assessment." *Journal of Transfusion* 47 (4): 729-735. <http://onlinelibrary.wiley.com.dbgw.lis.curtin.edu.au/doi/10.1111/j.1537-2995.2007.01177.x/pdf>
9. Reid, Mike and Angela Wood. 2008. "An Investigation into blood donation intentions among non-donors." *International Journal of Non-profit and Voluntary Sector Marketing* 13: 31-43. DOI: 10.1002/nvsm.296
10. Tihana BRKLJAČIĆ. 2002. "Tissue and Organ Donation: The Relationship Between Attitude Structure and Intention to Donate." *Listopad* 11 (4-5):60-61. [http://hrcak.srce.hr/index.php?show=clanak&id\\_clanak\\_jezik=30806](http://hrcak.srce.hr/index.php?show=clanak&id_clanak_jezik=30806)
11. Yuan, S, M. Hoffman, Q. Lu, D. Goldfinger and A. Ziman. 2011. "Motivating factors and deterrents for blood donation among donors at a university campus-based collection centre." *Journal of Transfusion* 51 (11): 2438-2444. <http://onlinelibrary.wiley.com.dbgw.lis.curtin.edu.au/doi/10.1111/j.1537-2995.2011.03174.x/pdf>

## APPENDICES

### Survey Questionnaire-Blood Donations

I am surveying people about blood donations. Your help in completing this questionnaire is much appreciated. Please be assured that all your responses are confidential and will not be linked to you in anyway.

#### SECTION 1

1. Have you donated blood? Yes No

If Yes move to Section 2

If No move to Section 3

#### SECTION 2

##### Reasons why you donate blood

Person you know may need blood

1. You've needed blood in the past
2. Influenced by Advertising
3. Other

Please rate the extent to which you agree or disagree with the following statements regarding reasons for donating blood.

	Strongly disagree			Strongly agree			
1. It helps out others	1	2	3	4	5	6	7
2. You feel it is your duty	1	2	3	4	5	6	7
3. It is convenient	1	2	3	4	5	6	7
4. Free food	1	2	3	4	5	6	7
5. It is free to donate	1	2	3	4	5	6	7
6. Been encouraged by others	1	2	3	4	5	6	7
7. Raises your self esteem	1	2	3	4	5	6	7
8. Your friends/family do it	1	2	3	4	5	6	7
9. Peer pressure	1	2	3	4	5	6	7
10. Your workplace is involved with it	1	2	3	4	5	6	7
11. Health reasons	1	2	3	4	5	6	7
12. Someone close to you might need blood	1	2	3	4	5	6	7

**SECTION 3**

Please rate the extent to which you agree or disagree with the following statements regarding reasons for why you have not donated blood.

	Strongly disagree Strongly agree						
1. Does not suit your lifestyle	1	2	3	4	5	6	7
2. Phobia of needles	1	2	3	4	5	6	7
3. Fear of contracting disease from needles	1	2	3	4	5	6	7
4. Physically unable	1	2	3	4	5	6	7
5. Medical conditions	1	2	3	4	5	6	7
6. Do not have the time	1	2	3	4	5	6	7
7. Do not know where to donate blood.	1	2	3	4	5	6	7
8. Lack of awareness	1	2	3	4	5	6	7
9. Discouragement from others	1	2	3	4	5	6	7
10. Do not see the benefit to others	1	2	3	4	5	6	7
11. Bad experience	1	2	3	4	5	6	7
12. Not enough advertising	1	2	3	4	5	6	7
13. Not enough awareness of health benefits	1	2	3	4	5	6	7
14. Need of more mobile blood vans	1	2	3	4	5	6	7
15. Not enough awareness of location of blood clinics	1	2	3	4	5	6	7
16. There is no benefit scheme	1	2	3	4	5	6	7
17. Health preferences	1	2	3	4	5	6	7
18. No door-to-door donations	1	2	3	4	5	6	7
19. Need of more flexible hours of opening	1	2	3	4	5	6	7

**SECTION 4**

To analyse the information I will get from this survey, I need to be able to classify information. The information about yourself will not be used for identification but used only for establishing broad categories.

What is your age? (years)	[1] 18-28 [4] 50+	[2] 29-39	[3] 40-50
What is your gender?	[1] Male	[2] Female	
What is your personal annual income?	[1] Under Tk19,999 [4] Tk45,000+	[2] Tk20,000-Tk29,999	[3] Tk30,000-Tk44,999
What is your Highest Formal Qualification?	[1] Not Completed High School [4] College Graduate	[2] High School Graduate [5] Graduate Degree	[3] Attended some College
Have you donated blood in the past?	[1] Yes	[2] No	
How many times do you donate blood in a year?	[1] Zero [2] Once [5] Four +	[3] Twice	[4] Three
Do you have any children?	[1] Yes	[2] No	

Thank you for your time and effort in completing this questionnaire

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