

FACTORS AFFECTING VOLUNTARY BLOOD DONATION AMONG COMMUNITY MEMBERS AGED (19-45) YEARS IN BBIINA ZONE A, KAMPALA DISTRICT. ACROSS SECTIONAL STUDY.

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Abstract.

Background.

Globally, 10.7 million blood donations are registered from unpaid donors though it is still low, responsible for blood scarcity leading to death of patients and pregnant mothers. This study was to assess the factors affecting voluntary blood donation among community members aged 19 to 45 years in Bbiina Zone A, Kampala district

Methodology.

A sectional descriptive study design utilizing a quantitative data collection method was used among 70 community members aged 19 to 45 years who were randomly sampled. Data was collected using a pretested questionnaire analysed using Microsoft Office and presented as frequency tables, graphs, and pie charts.

Results.

Most of the respondents 34(48.6%) were aged between 25-30 years, 40 (57.1%) of the respondents had a secondary education level and 30(42.9%) of the respondents were Catholics. 68(97%) of the participants were aware of voluntary blood donation, 58(83%) knew its side effects, 44(62.9%) reported that their culture allowed them to donate blood, 67(93%) said they easily accessed blood donation centres and 38(54%) did not get support from their family members regarding blood donation.

Conclusion.

Respondents reported fears about voluntary blood donation side effects, fears about the activity, and lack of support from families acted as hindrances to voluntary blood donation.

Recommendations.

Relevant bodies should prioritize community sensitization about voluntary blood donation, ensure the availability and accessibility of blood donation services and centres, and involve local leaders in voluntary blood donation activity.

Keywords: Blood donation, Bbiina Zone A, voluntary, community members.

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Background.

Voluntary Blood donation is the act of accepting blood to be drawn out of a person for transfusions and it may be whole blood, or specific components directly (WHO, 2023). Blood donation is a fundamental component of healthcare as it plays a big role in saving millions of lives yearly, both in routine cases and emergencies. It enables complex medical and surgical interventions and greatly improves the life expectancy and quality of life of patients with various acute and chronic conditions (World Bank, 2022). Blood donors are the cornerstone of a safe and adequate supply of blood and blood products from low-risk populations worldwide. Blood and blood products are an essential part of health care for patients deficient in one or more blood components and it remains the only source of replacement therapy in cases of its loss as well as for other components (Nnachi et. al, 2022). The World Health Organization recommended all countries meet a voluntary, non-remunerated blood donation (VNRBD)

standard of 10 blood donations/per 1000 population as a baseline for saving their populations (CDC, 2023).

Globally, there is an increase of 10.7 million blood donations from voluntary unpaid donors from 2008 to 2018 has been reported by 119 countries with the highest increase in South-East Asia.

Region (127%) followed by Americas (81%) and Africa (81%) (World Health Organization, 2022). 79 countries collect more than 90% of their blood supply from voluntary unpaid blood donations (38 high-income countries, however, this voluntary blood donation rate is still low, responsible for increased death of patients and pregnant mothers due to lack of blood (WHO, 2023). Notably, the American Red Cross estimates that someone in the United States needs blood every two seconds but only around 3% of age-eligible people donate blood yearly which has led to failure to meet the need for blood in the country hence increased patient.

Significantly only 4% of the British population donated blood voluntarily and most of these donated regularly however, (37%) of the population especially youths said that they would donate if they were being paid and one in six (17%) of voluntary donors said they would do it more when paid (Raven, 2022). In South-East Asia, 15 million units of blood are required each year, but only 7 million units are collected annually, also Taiwan has the highest rate of blood donation among all Asian countries with a donation rate of 7.86%.

Significantly, Africa's blood donation rate has remained too low to meet its demand with 38 African countries recording a combined shortfall of more than 3 million units of blood in 2020 as the rate of voluntary donations is low in Africa with only 0.5% of the population donates blood voluntarily in sub-Saharan Africa which is half of the minimum preconized by WHO to meet the needs of the African population (Ngunza et. al, 2020). Also, in Ghana, around 180,000 blood donations were collected in 2022 far short of the year's target of 308,000 donations which hindered healthcare service delivery (WHO, 2024).

The voluntary blood donation rate falls to 0.34% in DR Congo, where only 70% of transfusion requirements are met essentially through replacement blood donations hence increased morbidity and mortality rates in the country (Ilunga et. al, 2023). According to a report from the Ethiopian Ministry of Health, Ethiopia collected 223,000 units of blood in 2019/2020, meeting only 22% of its needs as per the standard of the World Health Organization (Beyene, 2020). The Kenya Health Demographic Survey report 2020 indicated that only 16% of the 1 million units of blood needed in the country were collected which is very low as seven patients required blood and its products every 10 minutes (World Bank, 2022). In Tanzania which had a population of 54 million people in 2020, the demand of blood was 540,000 units of blood that were needed however, less than 200,000 blood units were collected, creating a shortage of more than 300,000 blood units and 15% of the collected units were not approved due to the various reasons, further decreasing the amount of useful blood (Finda et. al, 2022).

Uganda collected 250,000 units of blood in 2021 yet it needed about 340,000 units of blood to be able to meet its national need which makes the country remain in a deficit of blood hence the poor health of patients (Ashipala & Joel, 2023). According to the Uganda Blood Transfusion Services. (UBTS), Uganda's safe blood demand stands at 473,000 units but only 300,000 units are collected which is unable to sustain the total population of currently stands at 45.7 million people (UBTS, n.d.). Therefore, this study aimed to assess factors affecting voluntary blood donation among community members aged 19 to 45 years in Bbiina Zone A, Kampala District.

Methodology.

Study design and rationale.

A descriptive cross-sectional study design was used and utilized quantitative methods of data collection. This research study design was preferred since it was less time-consuming and also the researcher collected data at once without following up with respondents.

Study setting and rationale.

The study was conducted in Bbiina Zone A, Kampala district. Bbiina Zone A is located in a village in Nakawa Division, Kampala Capital City, and Central Uganda. Upper Bbiina is situated near the villages Bbiina B and Lake Side, two and a half Kilometer from Paragon Hospital in the west, near Butabika Mental Hospital and Luzira suburb. The economic activities in the area are trade and healthcare services. The area has approximately 7000 people with a ratio of 2:5 males: to females. The study was chosen because it has a good population which will fulfill the objectives of the research study.

Study population.

The study targeted 85 male and female community members of Bbiina Zone A, aged 19 to 45 years since the researcher anticipated that they were eligible for blood donation.

Sample size determination.

The study contemplated a sample size of 70 community members in Bbiina Zone A, Kampala. This was according to Krejcie & Morgan's table of 1970 since it allowed the researcher to make decisions about a population with confidence and provide higher accuracy.

Sampling procedure.

A simple random sampling procedure was used for the study because it gave respondents equal chances of being enrolled in the study. The researcher wrote 70 papers labelled "Yes" and other 70 papers labelled "No" and all papers were put in the same box and shaken to mix them well, then the researcher allowed respondents who consented to participate in the study to pick one paper randomly without returning it, and any respondent who picked the paper written on Yes was enrolled for the study, this was repeated until a total of 70 respondents was reached. The researcher used this method because it would enable her to collect accurate data with no bias among respondents

Inclusion criteria.

The study involved all Bbiina zone A, community members aged 19-45 years who were available on the day of data collection and willing to take part in the study.

were interviewed each day for 30 minutes and data was collected for 5 days to achieve a total of 70 respondents.

Data management

In the process of data collection, each questionnaire after being filled was checked for completeness and accuracy before leaving the area of study and losing contact with respondents. Filled questionnaires were kept properly in a locker for confidentiality and safety and the key was kept with the researcher.

Data analysis.

The data collected was first organized manually by tallying findings and then the researcher entered the raw data in the computer using Microsoft Word and Excel 2016 which was then presented in the form well well-explained tables, graphs, and pie-charts.

Ethical considerations.

An introductory letter was obtained from the principal of Kampala University School of Nursing and Health Sciences which was presented to chairperson Bbiina zone A, Kampala district seeking permission to carry out the study from the study area. After being granted permission, the researcher introduced herself to the respondents who received an explanation of what the study was about in simple and easy language that was understood by everyone. Only those willing to consent to participate in the study were enrolled. Participants were assured that they were free to withdraw from the study at any time they wanted and were not forced to participate in the study which is a fundamental principle of voluntary participation in research ethics. Confidentiality was also ensured to respondents and was highly observed during the study by respondents using serial numbers instead of names and questionnaires were kept in a locked cupboard after they were filled and the key was kept by the researcher.

Results.

Socio-demographic characteristics of the respondents.

From table 1 most of the respondents 34(48.6%) were aged between 25-30 years, 18(25.7%) were aged between 19-24 years, 18(25.7%) had age between 31-35 years, 5(7.1%) were aged between 36-40 years and minority 3(4.3%) were aged between 41-45 years. This might be due to the youth of that particular age dominating the society

Mentally retarded members and those members who were eligible but with reasons for not participating in the study such as being very busy at their work.

Independent variable

The independent variables of the study comprised individual factors and socio-cultural factors affecting voluntary blood donation.

Dependent variable.

The dependent variable of this study was voluntary blood donation.

Research Instruments.

Data was gathered from respondents using a questionnaire comprised of both open and closed-ended questions in simple English language designed to assess factors affecting voluntary blood donation among community members aged 19 to 45 years in Bbiina zone A, Kampala district. The data collection instrument was set in sections of individual factors and socio-cultural factors and was chosen because it was time-saving and easy to interpret for illiterate people.

Data collection procedures.

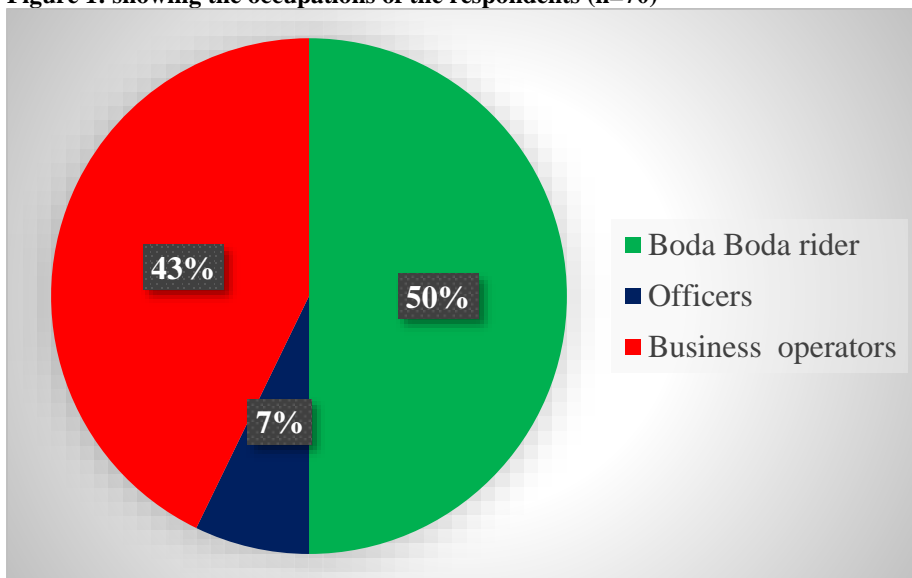
An introductory letter was obtained from the principal of Kampala University School of Nursing and Health Sciences which was taken to the chairperson of Bbiina zone A, Kampala District for approval who in turn after its approval introduced the researcher to the residents and guided her to the Village health team, who guided the researcher to the respondent's homes. After the sampling process, the researcher explained the purpose of the study to the selected respondents and requested them to ask her questions that they did not understand before the study began, the researcher administered a questionnaire and then issued it to each respondent after they had consented and were filled immediately. The questionnaire was then gathered and checked for completeness after being filled, 14 respondents

Table 1: Shows the age of the respondents (n=70)

Age (years)	Frequency	Percentage (%)
19-24	10	14.3
25-30	34	48.6
31-35	18	25.7
36-40	05	7.1
41-45	03	4.3
Total	70	100

(Source: Primary Data, 2024).

Figure 1: showing the occupations of the respondents (n=70)



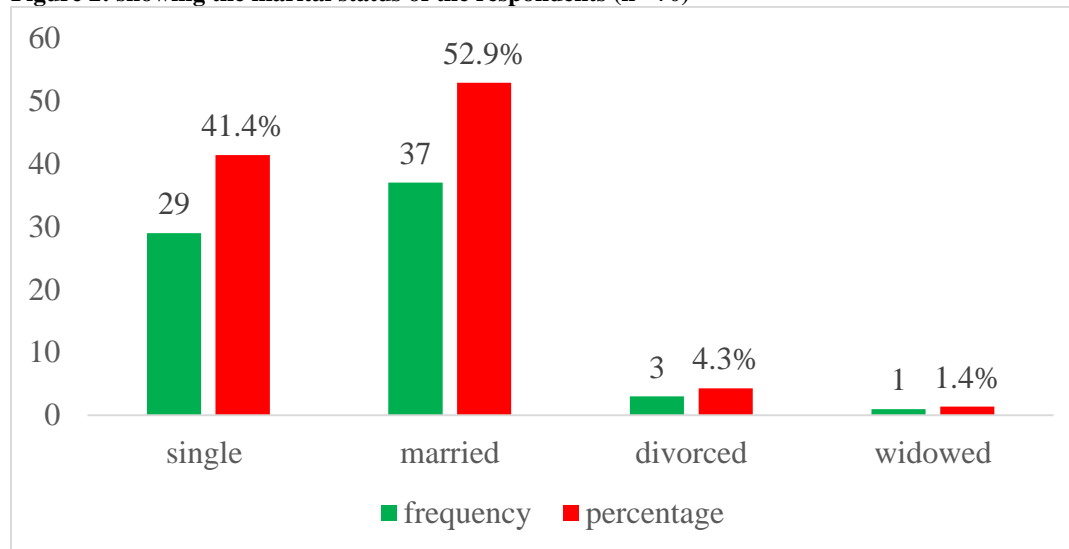
(Source: Primary Data, 2024).

Table 2: Shows the levels of education of the respondents (n=70)

Level of education	Frequency (f)	Percentages (%)
No education level	03	4.3
Primary	10	14.3
Secondary	40	57.1
Tertiary education	17	24.3
Total	70	100.0

(Source: Primary Data, 2024).

Figure 2: showing the marital status of the respondents (n =70)



(Source: Primary Data, 2024).

From figure 1, most of the respondents 35(50%) were Boda Boda riders, 30(43%) were business operators, and the minority 5(7%) worked in office. This might be attributed to the nature of the low employment rates in the area, prompting most of the youth to join the boda boda work to earn a living.

Table 2 results indicate that most of the respondents 40 (57.1%) had secondary education level, 17(24.3%) had tertiary education level, 10(14.3%) had attained primary education level, while minority 3(4.3%) had no educational level. This might be due to the ability of many families to afford secondary education due to the availability of USE supported schools in the area.

Results in figure 2 show that majority of the respondents 37(52.9%) were married, 29(41.4%) were single, 1(1.4%) were divorced, while the minority 1(1.4%) were widowed.

This might be because most participants were in a stage which is legally accepted for marriage and also were sexually active

Table 3 results indicate that the majority of the respondents 30(42.9%) were Catholics, 23(32.9%) were Anglicans, 10(14.2%) were Muslims, 06(8.6%) were Pentecostals, whereas the minority 1(1.4%) were Orthodox. This might be due to the fact that the area of study is majorly Catholic-dominated.

Study results in table 4 shows that majority of the respondents 45 (62.3%) were Baganda, 13(18.6%) were Banyankore, 10(14.2%) were Basoga, whereas the minority 2(2.9%) were Batooro by tribe. This is because the area under study is in Buganda region and thus many of the respondents belonged to the dominating tribe Baganda.

Table 3: Shows the religions of the respondents (n =70)

Religion	Frequency (f)	Percentage (%)
Catholic	30	42.9
Anglican	23	32.9
Muslim	10	14.2
Orthodox	01	1.4
Pentecostal	06	8.6
Total	70	100

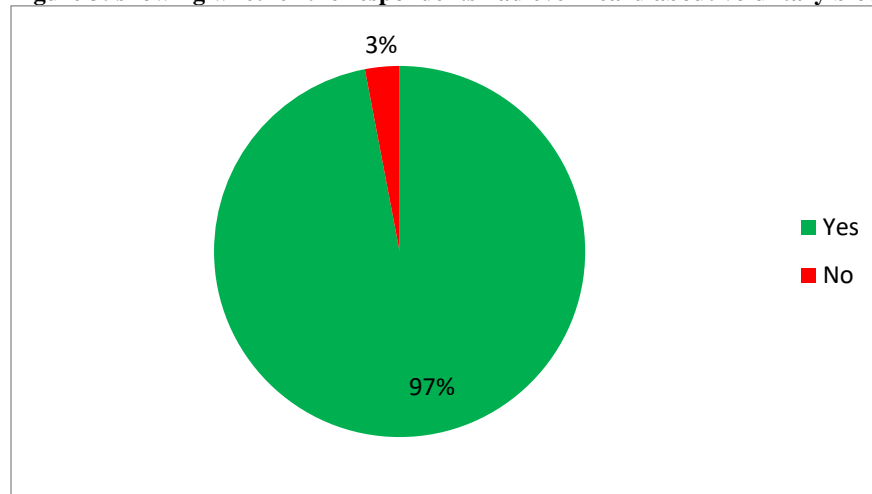
(Source: Primary Data, 2024).

Table 4: Shows the tribes of the respondents (n =70)

Tribe	Frequency (f)	Percentage (%)
Baganda	45	64.3
Basoga	10	14.2
Banyakore	13	18.6
Batooro	02	2.9
Total	70	100.0

(Source: Primary Data, 2024).

Figure 3: showing whether the respondents had ever heard about voluntary blood donation (n=70)



(Source: Primary Data, 2024).

Individual factors affecting voluntary blood donation among community members aged 19 to 45 years in Bbiina zone A Kampala district

Figure 3 results indicated that the highest number of the respondents 68(97%) had heard about voluntary blood donation, whereas the minority 2(3%) had never. This might be due to the awareness created by various bodies through community outreaches and media platforms. Results from figure 4 indicate that slightly more than half of respondents 35(51.1%) had heard about voluntary blood donation from TVs and radios, 20(29.4%) heard about it from friends and family members, 10(14.7%) from internet, whereas the minority 3(4.4%) heard about voluntary blood donation from health workers. This could be because the respondents most respondents had access televisions and radios where health talk shows where encouraging community members to voluntary donate blood was held.

From table 5, majority of the respondents 40(57.1%) mentioned that voluntary blood donation is done in blood donation campaigns, 20(28.6%) mentioned schools, 09(12.9%) mentioned from health facility, whereas minority of respondents 1(1.4%) mentioned that blood donation is

done at the blood bank. This might be because the blood donation campaigns were always held in the areas hence considering it as the first place of blood donation.

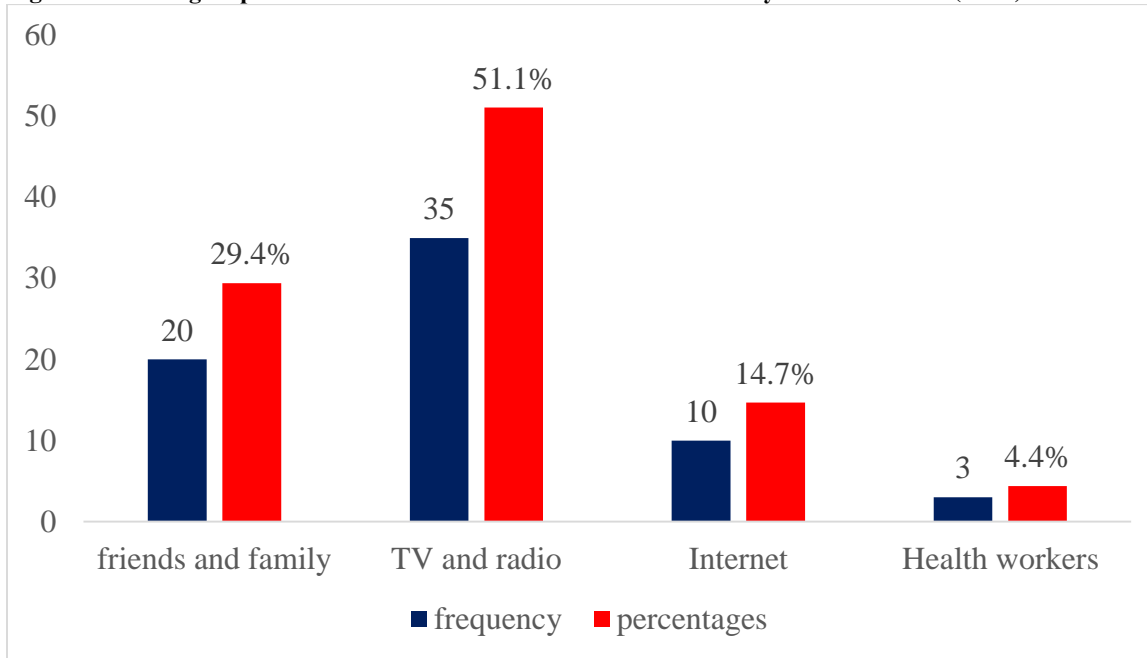
From figure 5, most of the respondents 58(83%) knew the side effects of voluntary blood donation which hinder blood donation, whereas the minority 12(17%) did not know. This might be because respondent had heard experiences shared by people who had ever donated.

Results in figure 6 indicate that most of the respondents 50(86.2%) mentioned dizziness as the side effects of voluntary blood donation that affect the practice, while the minority 8(13.8%) mentioned temporary weakness. This could be because dizziness is the most common side effect of blood donation developed after the activity by many people

Table 6 results revealed that majority of the respondents 30(42.9%) knew that people living with other diseases, pregnant mothers, females experiencing their menstruation and underweight people should not do voluntary blood donation, 17(24.%) mentioned underweight people, 14(20.0%) mentioned pregnant and lactating mothers, 7(10.0%) knew people living with other diseases, whereas the minority 2(2.9%) knew that females experiencing their

menstruation should not voluntarily donate blood. This could be as a result of accessibility to information from community sensitizations and media concerning blood donation hence good knowledge.

Figure 4: showing respondents' sources of information about voluntary blood donation (n=70)



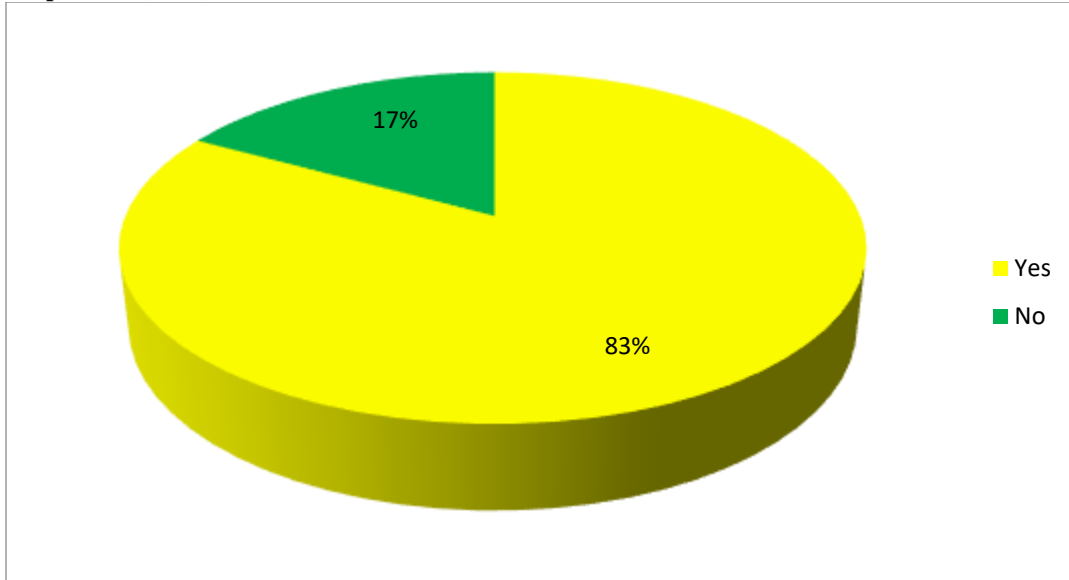
(Source: Primary Data, 2024).

Table 5: Shows the venues where voluntary blood donation is done (n =70)

Variable	Frequency (f)	Percentage (%)
Health facility	09	12.9
Blood donation campaigns	40	57.1
Blood bank	01	1.4
Schools	20	28.6
I don't know	00	0.0
Total	70	100.0

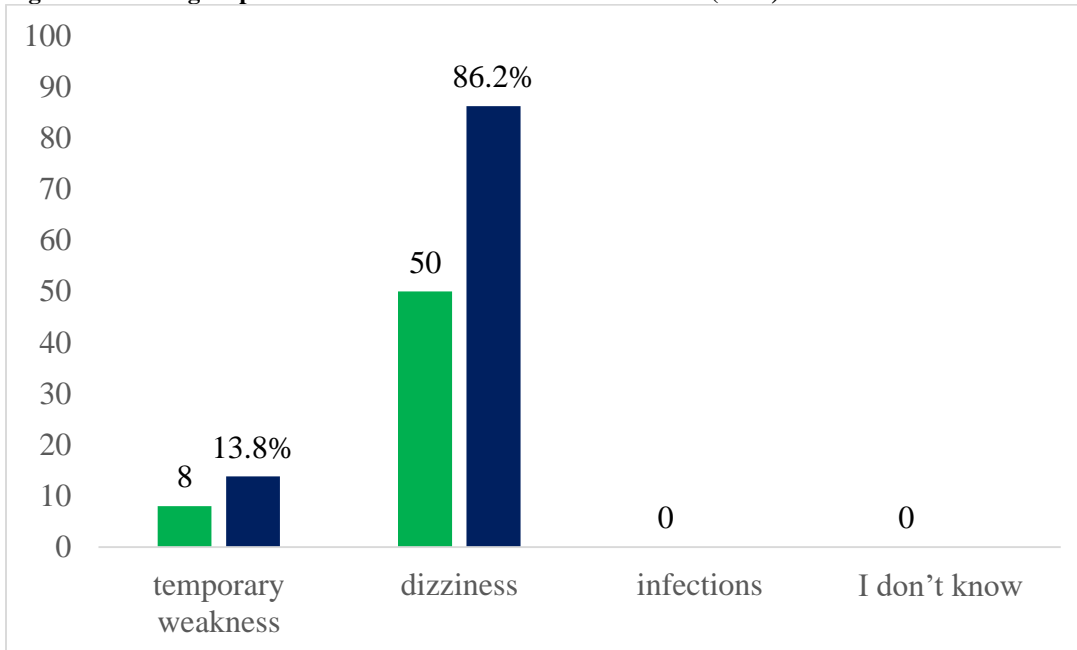
(Source: Primary Data, 2024).

Figure 5: showing responses on whether respondents knew the side effects that result from blood donation and hinder the practice (n=70)



(Source: Primary Data, 2024).

Figure 6: showing responses on the side effects of blood donation (n=70)



(Source: Primary Data, 2024).

Table 6: Shows the kinds of people that are not allowed to donate blood (n=70)

Variable	Frequency (f)	Percentage (%)
Pregnant and lactating mothers	14	20.0
Females experiencing their menstruation	02	2.9
People living with other diseases	07	10.0
Underweight people	17	24.2
All the above	30	42.9
Total	70	100.0

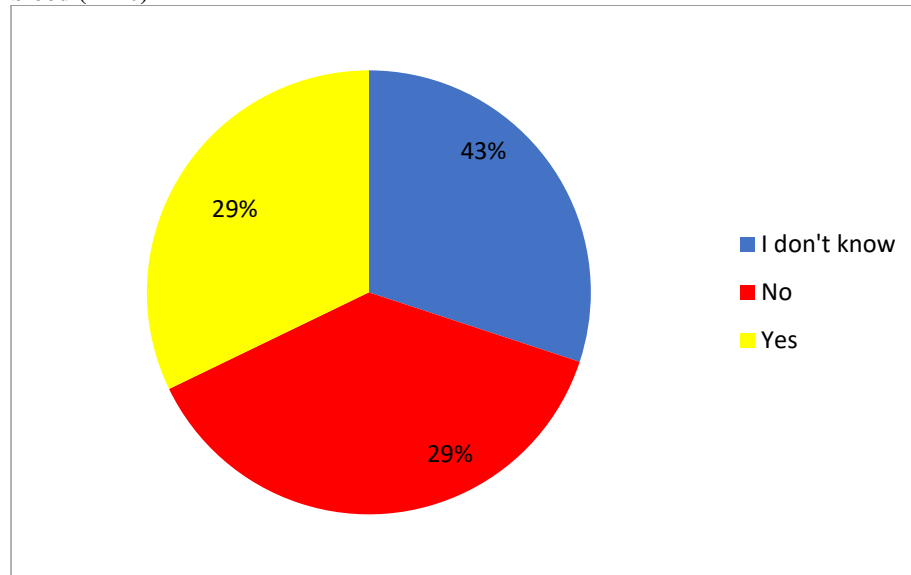
(Source: Primary Data, 2024).

Table 7: Shows respondents' knowledge on the importance of voluntary blood donation (n=70)

Variable	Frequency (f)	Percentage (%)
It saves lives for those that have lost blood in different occurrences i.e. accidents.	41	58.6
For rituals	01	1.4
It is used when a person loses a lot of blood in theaters	27	38.6
All the above	01	1.4
Total	70	100.0

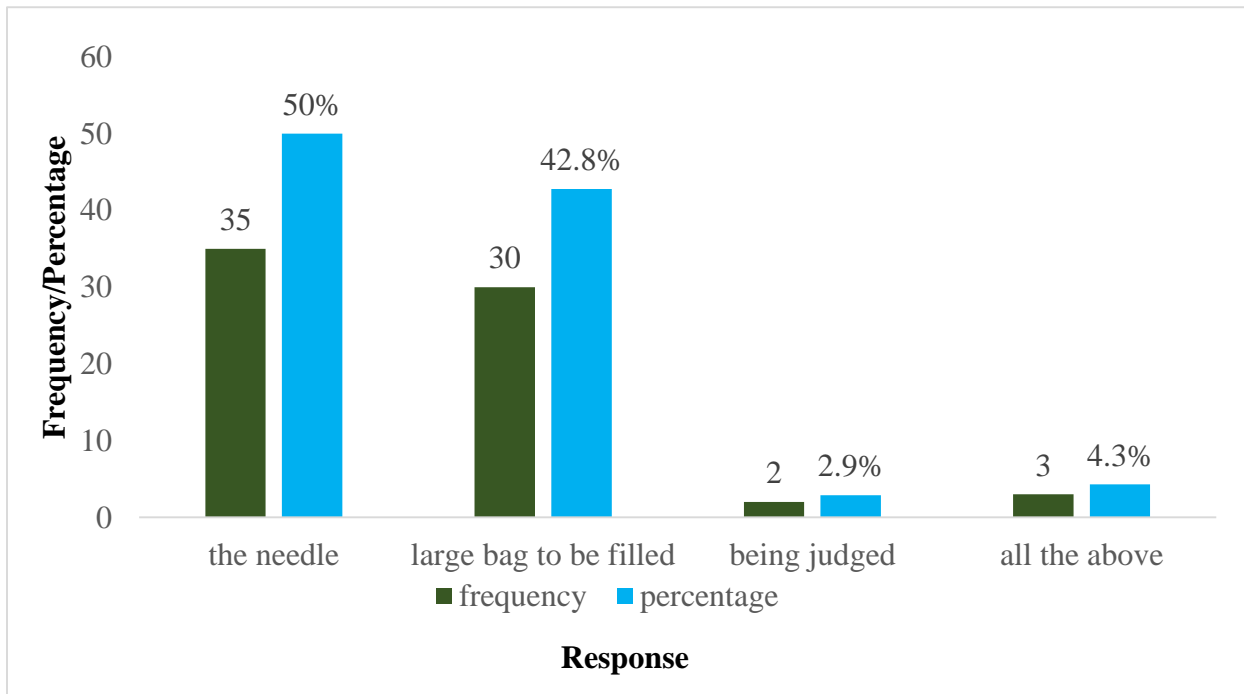
(Source: Primary Data, 2024).

Figure 7: showing responses to whether any of respondents' family members or close relatives had ever received blood (n=70)



(Source: Primary Data, 2024).

Figure 8: showing responses on responses fears about blood donation (n=70)



(Source: Primary Data, 2024).

From table 7 above, majority of the respondents 41(42.9%) mentioned the importance of blood donation was that it saves lives for those that have lost blood in different occurrences i.e. accidents, 27(38.6 %) mentioned that it used when a person loses blood in theatre, whereas minority of respondents 1(1.4%) knew that blood got from blood donation either saves lives for those that have lost blood in different occurrences i.e. accidents, is used when a person loses a lot of blood in theaters and in rituals or reported that blood got from donation is used in rituals only.

Figure 7 results show that most of the respondents 30(43%) did not know whether any of their family members or close relatives had ever received blood, 20(29%) mentioned that the family members had never received blood, while the minority 19(29%) reported that their family members had ever received blood. This might be because most of the respondents minded less about the health of their family members and close friends.

Figure 8 shows the majority of the respondents 35(42.8%) mentioned that they feared the large needle during voluntary blood donation, 30 (42. 8%) feared the large bag to be filled with blood, 02(2.9%) feared being judged, whereas the minority 3(4.3%) mentioned that they feared the needle used, large bag to be filled and being judged. This might be because the needle used during blood donation has a large

size to allow smooth and fast flow of blood since its thick and respondents lacked enough courage to with stand it

Socio-cultural factors affecting voluntary blood donation among community members.

Figure 9 shows that majority of the respondents 68(97.1%) rated the areas where they lived as urban, whereas minority 2(2.9%) rated their area of residence as semi-urban. This is because the area under study in situated in an urban residence.

Results from figure 10 reveal that majority of respondents 44(62.9%) mentioned that their culture allowed them to donate blood, 20(28. 5%) mentioned they did not know their cultures attitude towards blood donation, while the minority 6(8.6%) mentioned that their culture did not allow them to donate blood. This could be because culture considered blood as Samaritan act

From table 8, most of the respondents 04 (66.6%) reported that they did not know why their culture forbids them to donate blood, while the minority 1(16.7%) mentioned that blood donated is taken for sacrifice and that their culture does not allow them to see blood. This could be because respondents' culture never gave specific reasons for being against voluntary blood donation. Figure 11, the highest number of the respondents 67(93%) mentioned that they had

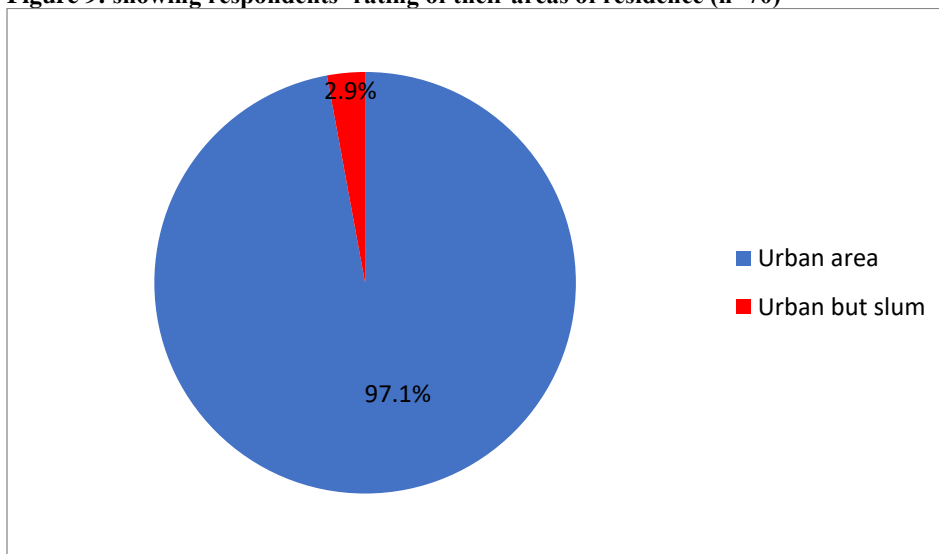
easy access to blood donation centers, whereas the minority 3(7%) mentioned that they did not easily access the blood donation centers. This might be because most respondents resided in urban areas where blood donation centers are easy to access.

motivate community members to voluntary donate as a way of reducing blood scarcity.

Table 9 results indicate that majority of the respondents 60(89.6%) reported that cultural leaders engaged in voluntary blood donation campaigns, 05(7.5%) mentioned political leaders, while the minority 02(2.9%) mentioned churches. This might be due to the cultural leaders' devotion to the wellbeing of their people than other types of leaders hence acting as examples to other people by donating blood especially in the kingdom where the study area is situated.

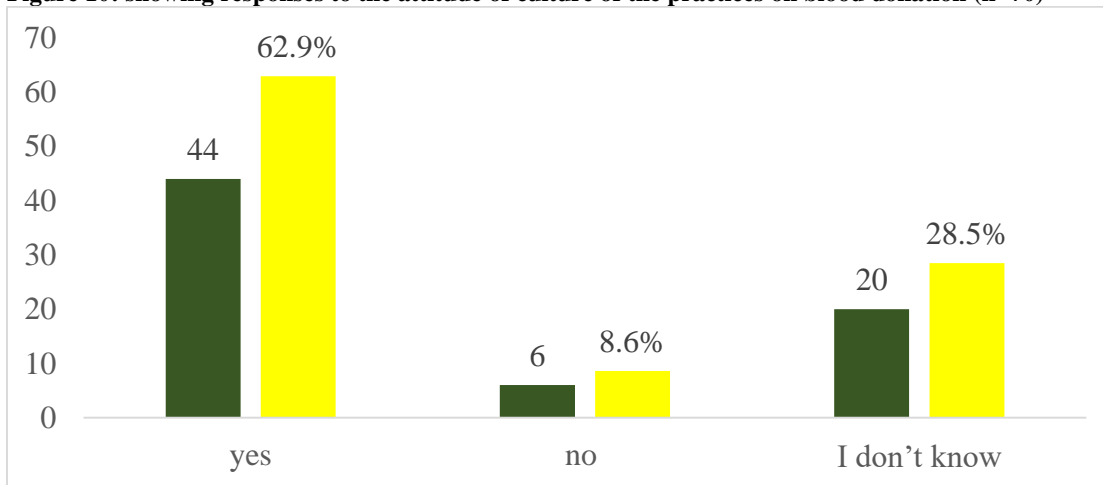
Results in figure 12 indicate that majority of the respondents 67(95.7%) reported that leaders engaged in voluntary blood donation campaigns, whereas the minority 3(4.3%) reported that the leaders did not engage in voluntary blood donation campaigns. This could be because most leaders wanted to

Figure 9: showing respondents' rating of their areas of residence (n=70)



(Source: Primary Data, 2024).

Figure 10: showing responses to the attitude of culture of the practices on blood donation (n=70)



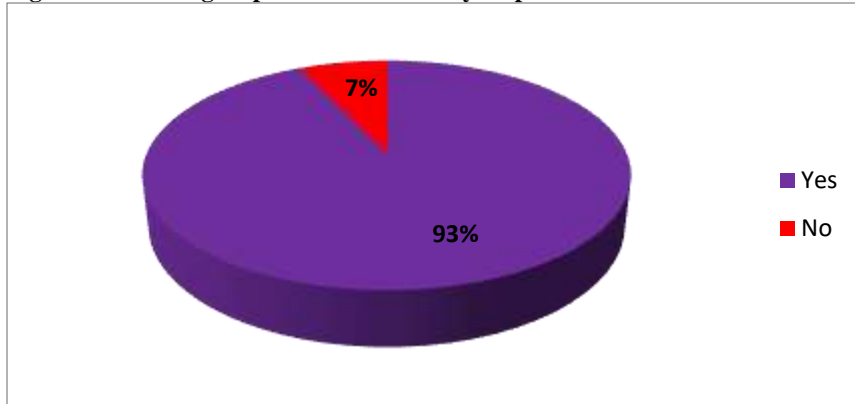
(Source: Primary Data, 2024).

Table 8: Shows the reasons why culture forbids blood donation (n =70)

Variable	Frequency (f)	Percentage (%)
It's a taboo	00.0	0.0
Blood donated is taken for sacrifice	1.0	16.7
My culture does not allow me to see blood	1.0	16.7
I don't know	4.0	66.6
Total	6.0	100.0

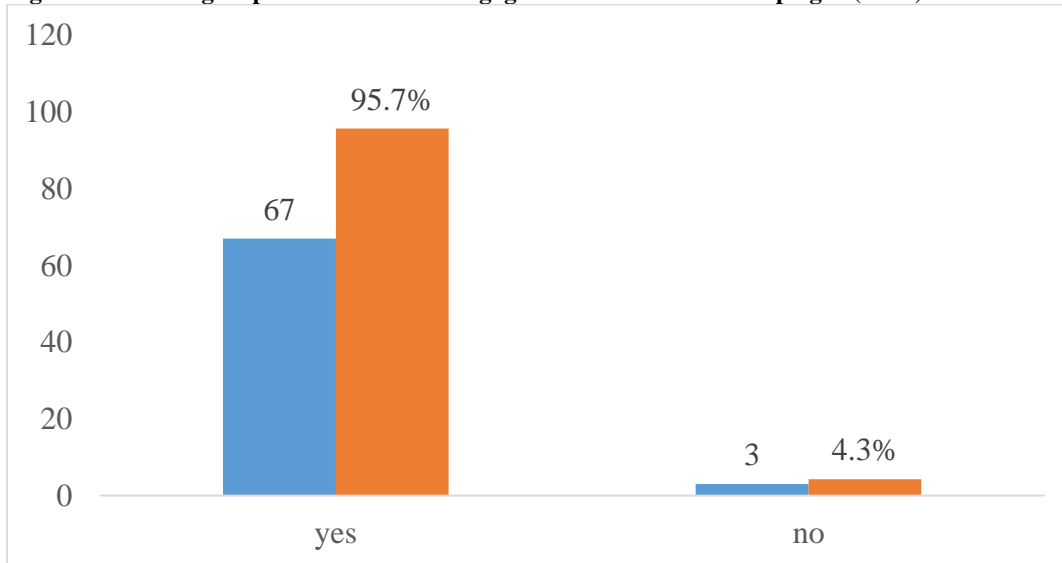
(Source: Primary Data, 2024).

Figure 11: showing responses on how easily respondents access blood donation centers (n=70)



(Source: Primary Data, 2024).

Figure 12: showing response to if leaders engage in blood donation campaigns (n=70)



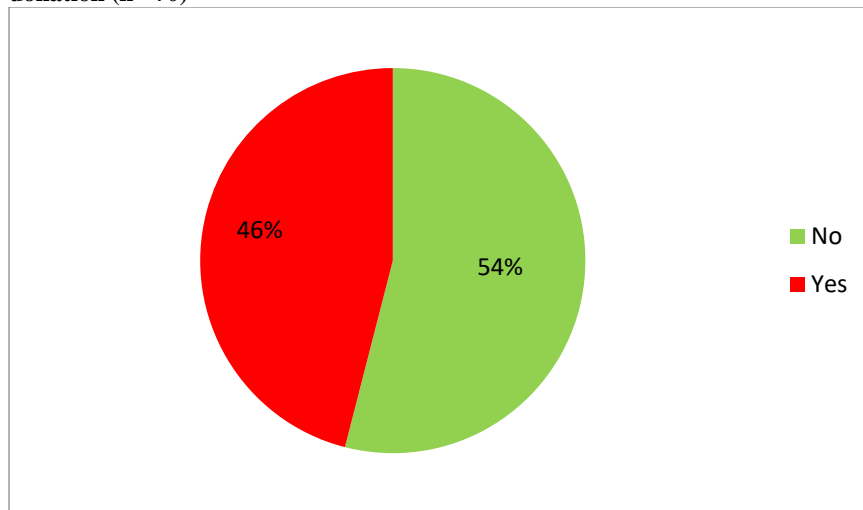
(Source: Primary Data, 2024).

Table 9: Shows which kind of leaders engage in Voluntary Blood Donation (n =70)

Leader	Frequency (f)	Percentage (%)
Church leaders	2.0	2.9
Political leaders	5.0	7.5
Cultural leaders	60.0	89.6
Total	67.0	100.0

(Source: Primary Data, 2024).

Figure 13: Showing response to whether the respondents received support from family members towards blood donation (n =70)



(Source: Primary Data, 2024).

According to Figure 13 results, the majority of the respondents 38(54%) mentioned that they did not receive support from family members towards voluntary blood donation, whereas the minority 32(46%) mentioned they received any support from family members towards voluntary blood donation. This might be a result of the low sensitization of families to the importance of blood donation.

Discussion of results.

Individual factors affecting voluntary blood donation among community members aged 19 to 45 years in Bbiina Zone A Kampala district

The study results noted that most of the respondents 68(97%) had heard about voluntary blood donation, with the majority of respondents 35(51.1%) getting the information from TV and radio, whereas the minority 3(4.4%) from health workers. This could be attributed to the fact that many people have TVs as a means of getting information and news, radios had programs concerning health where sensitization on blood donation was done hence easy information access, and this had a link in promoting blood donation.

This is in agreement with a study by (Kassie & Birara, 2020) in which the sources of information were TVs, media, and radios, the members who had accessibility to sources of information and accessed information were 7times more likely to donate blood compared to their counterparts that never accessed information.

Furthermore, study findings revealed that the majority of the respondents 40(57.1%) mentioned that voluntary blood donation is done in blood donation campaigns, whereas the minority 1(1.4%) mentioned blood banks. This study is in disagreement with a study conducted by Kassie & Birara, (2020) to assess factors affecting voluntary blood donation among adults of Gondar, Northwest Ethiopia, which indicated that accessibility of information concerning blood donation greatly affected voluntary blood donation where 52.4% of the respondents failed to donate blood because they lacked adequate information about where and when blood is donated.

The study findings revealed that most of the respondents 58(83%) mentioned that they knew the side effects of voluntary blood donation with the majority of them 50(86.2%) mentioning dizziness as the side effect of voluntary blood donation, while the minority 8(13.8%)

mentioned temporary weakness. This could be indicative of respondents being knowledgeable on blood donation side effects due to access to information from various sources and experiences shared by friends, this to some extent hindered the rate of blood donation. This is in line with a study by Moore et. al, (2020), in which 55% reported that they never donated blood because they feared post-blood donation effects such as dizziness, tiredness, and feeling weak.

More to that, the study is in line with a community-based study on voluntary blood donation conducted by Urgesa et. al, (2020), among adult residents of Harar town in eastern Ethiopia, which indicated that the knowledge of respondents about voluntary blood donation side effects never affected blood donation where respondents who knew the importance of blood donation like saving lives and helping people found it easy to donate blood compared to their counterparts who never knew the benefits of blood donation.

Regarding who should not donate, study findings identified that the majority of the respondents 30(42.9%) mentioned that people living with other diseases should not do voluntary blood donation, whereas the minority 2(2.9%) mentioned females experiencing their menstruation. This might be an indicator that the respondents had good knowledge of the procedure of blood donation and the qualifying individuals, the study is in agreement with a study carried out by Ahmed (2019) in the central region of Nigeria in Yoruba, which revealed that respondents with good knowledge about voluntary blood donation had better practice of voluntary blood donation.

Additionally, study findings indicated that the majority of the respondents 41(42.9%) mentioned the importance of blood donation was that it saves lives for those who have lost blood in different occurrences i.e. accidents, whereas the minority 1(1.4%) mentioned rituals and all the above. This was probably due to the respondent's awareness of the essence of blood donation and considering it as a Samaritan act.

This study is in line with a community-based study on voluntary blood donation conducted by Urgesa et. al, (2020), among adult residents of Harar town in eastern Ethiopia, which indicated that the knowledge of respondents about voluntary blood donation side effects of blood donation where respondents who knew the importance of blood donation like saving lives and helping people found it easy to donate blood compared to their counterparts who never knew the benefits of blood donation. in line with a study by (Tebabal et. al, 2023), in which 76.9% of the respondents who donated blood were willing to do so for their friends and relatives to be saved.

The study results showed that most of the respondents 30(43%) reported they did not know whether their family

members or close relatives received blood, while the minority 19(29%) reported that their family members had ever received blood. This might be because most of the respondents minded less about the health of their family members and close friends hence lack of information on their blood transfusion status.

The study findings found that the majority of the respondents 35(42.8%) mentioned that they feared the large needle during voluntary blood donation, whereas the minority 3(4.3%) mentioned that they feared the needle, large bag being filled, and being judged. This might be because the needle used during blood donation has a large size to allow a smooth and fast flow of blood since it is thick and respondents lacked enough courage to withstand it, this hindered participation in blood donation activities, This study is similar to a study by Ashipala & Joel, (2023), in which 80% of the respondents did not donate because they feared the big needle and the large bag to be filled.

Socio-cultural factors affecting voluntary blood donation among community members

The study findings revealed that the majority of the respondents 68(97.1%) lived in urban areas, whereas the minority 2(2.9%) mentioned that they lived in semi-urban areas. This is because the area under study is situated in an urban area, which could increase chances for blood donation due to the accessibility of donation centers, this study is in agreement with a study by Shama et. al, (2022), which reported that most respondents that resided in urban areas was highly associated with increased blood donation as there was access to blood banks compared to residing in rural areas where blood banks were not accessible and also the information access was low as per the study of Ethiopia.

Furthermore, study findings revealed that the majority of the respondents 44(62.9%) mentioned that their culture allowed them to donate blood, while the minority 6(8.6%) mentioned that their culture did not allow them to donate blood. This might be due to the culture's emphasis on the importance of blood donation, and the involvement of cultural leaders in the activity as they considered it to be a Samaritan act, which promoted blood donation practice. This is contrary to a study by Ashipala & Joel, (2023) which showed that cultural beliefs hampered blood donation as some participants reported that blood donation was regarded as a taboo in their culture and never allowed it.

Concerning why respondents' culture did not allow blood donation, study findings revealed that the majority of the respondents 04(66.6%) mentioned that they did not know why their culture forbids them to donate blood, while the minority 1(16.7%) mentioned that it is because their culture hindered them from donating blood either because blood donated was

taken for sacrifice or their culture did not allow them to see blood.

This could be because respondents' cultures never gave specific reasons for being against voluntary blood donation as they considered them secretive, but it still hindered blood donation in such cultures. This is in agreement with a study by Ashipala & Joel, (2023) in which residents in Oshatumba village Namibia reported that blood donation was regarded as a taboo in their culture and never allowed it, also their culture believed that the blood taken from them could be used for witchcraft and sacrifices hence not donating voluntarily. In addition, findings of the study indicated that the majority of the respondents 67(93%) mentioned that they easily accessed the blood donation centers; whereas the minority 3(7%) mentioned that they did not easily access the blood donation centers. This was due to the fact they live in urban areas where blood donation centers are near and donation camps are often done, which promotes blood donation practices. The study is in line with a study by Shama et .al, (2022), in Ethiopia which revealed that residing in urban areas was highly associated with increased blood donation as there was access to blood banks compared to residing in rural areas where blood banks were not accessible as so as information access.

The study findings showed that the majority of the respondents 67(95.7%) reported that the leaders engaged in voluntary blood donation campaigns with the majority 60(89.6%) reporting that cultural leaders engaged in voluntary blood donation campaigns, 05(7. 5%) mentioned political leaders, while the minority 02(2.9%) mentioned churches. This might be due to the cultural leaders' devotion to the well-being of their people than other types of leaders hence acting as examples to other people by donating blood, especially in a kingdom where the study area is situated, this greatly boosted blood donation.

This is in agreement with a study by Mohammed & Essel, (2019) in the Northern region of Ghana which indicated that communities where the local leaders and culture participated in gathering and informing community members about blood donation were 5 times more likely to take part in voluntary blood donation compared to those whose leaders never engaged in such activities, the engagement of community members acted as motivation and also increased awareness creation hence increased voluntary donation.

Also, findings of the study revealed that the majority of the respondents 38 (54%) mentioned that they did not receive support from family members towards voluntary blood donation, whereas the minority 32(46%) mentioned they received support from family members towards voluntary blood donation. This might be a result of the low sensitization of families to the importance of blood donation.

This acted as a barrier to voluntary blood donation. This study is in disagreement with a study by Mappala et. al, (2023), which indicated that family and community involvement in the blood donation activity acted as a motivation to practice voluntary blood donation, participants who had family members and friends participating in blood donation activity were 6 times more likely to participate in blood donation voluntarily as it acted as a source of motivation hence triggering them to donate blood to save lives.

Conclusion.

The study noted that the majority of respondents had fear about voluntary blood donation side effects, fears about the activity, and lack of support from families acted as hindrances to voluntary blood donation among respondents in the area of study.

Recommendations.

The Ministry of Health should consider launching public awareness campaigns to educate the population on the significance of voluntary blood donation and ensure the availability and accessibility of blood donation services to the population

The management of Uganda Blood Transfusion Services should prioritize consistent availability of blood and blood donation services and centrally focus on community sensitizations on voluntary blood donation, Also, it should involve community leaders in mobilizations of community members for voluntary blood donation activities plus improving staff interpersonal skills and creating a friendly and welcoming atmosphere for community blood donors.

Community members should engage in regular voluntary blood donation campaigns to help relevant bodies address the challenge of blood shortage in hospitals.

Limitations of the study.

Time constraints.
Inadequate funds.
Uncooperative respondents
Language Barrier

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List of abbreviations.

DHO:	District Health Officer.
DRC:	Democratic Republic of Congo.
MoH:	Ministry of Health.
UBTS:	Uganda Blood Transfusion Services.
WHO:	World Health Organization.
UBTS:	Uganda Blood Transfusion Services.
VNRBD:	Voluntary Non-remunerated blood donation.
CDC:	Center of Disease Control.

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The authors declare no conflict of interest.

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