

Abstract

This study examines the profiles of blood donors and non-donors who are believed to be different from each other. National Blood Transfusion Service of Sri Lanka requires approximately 300,000 blood donations annually. Approximately 220,000 donations are collected at present from both voluntary and replacement donors. Replacement donations consist of fifty percent of the donations. World Health Organization's recommendation is to collect blood from voluntary non-remunerated donors rather than replacement donations to assure maximum safety.

General objective of the study was to describe the profiles of blood donors and non-donors of the selected districts in Sri Lanka. A descriptive study was carried out to achieve the objective. Sample of blood donation campaigns were visited to find blood donors and two kilometers around the selected blood donation campaigns to find non-donors from 27.03.2007 to 15.07.2007. People who were eligible to donate blood were the study population. Sample size of minimum number of ninety two subjects from each group were decided as the sample size. A multistage cluster sample of 251 subjects from both groups were interviewed by using a questionnaire as the first phase of the study. In the second phase in-depth interviews were conducted with twelve multiple regular blood donors as principal investigator came across them.

Three strata were identified in the sample studied as far as the blood donations are considered. I.e. non-donors, donors with low average

number of blood donations (one to eleven blood donations with an average of four donations) and regular multiple donors (donors who have donated more than twelve to ninety one donations with average of twenty four donations). Profiles of each of these three groups are different.

Socio-demographic profile of blood donors are males, mean age of 31 (SD = 8.8) years, married with children, Sinhalese, Buddhists, educational level varying from primary education to graduate level, income below Rs. 10,000 to no income, unemployed or skilled or unskilled workers. Socio-demographic profiles of non-donors also similar to blood donors except non-donors are unmarried. Psychological profiles of blood donors are; they have intention to donate in future, less fear of being pricked by needles, high in self confidence, high risk takers. Non-donors profiles are opposite to this. Factor analysis of psychological variables associated with blood donors' behaviour revealed "amenable", "self interest", "altruism", "social worker", "fearless" and "careful" factor structure. Behaviour associated with non-donation of blood can be grouped as "fearfulness", "cautious", "not concern" and "self confident" from results obtained from factor analysis. Contributory factor towards blood donations recognized was availability of a donation campaign.

Profiles of a regular multiple donor depicts a male, blue collar worker, mostly a Buddhist, mostly a replacement donor, mostly wish to donate as a replacement donor in the future, majority not studied beyond ordinary level, monthly income is less than Rs. 15,000, very religious,

teetotaler or occasional drinker of alcohol, involved actively in village level societies, not expect any financial gain in return for blood donation. Regular multiple donors' behaviour is mainly due to altruism and humanitarianism. However, their behaviour is more reactive than proactive. Rare blood group holders tend to become multiple regular donors. Numbers of multiple regular blood donors do the donations as meritorious deed to a relative.

These findings are comparable to Burnett (1980) except following contradictory findings. Higher self confidence, higher risk taking behaviour and equal educational levels among non donors and donors were found among the subjects studied. Blood donors are coming from the lower or similar income levels and similar educational level when compared with non donors in contrast to the findings quoted by Piliavin (1989).

Following recommendations were made from the study findings. Firstly, regular calling system of blood donors should be adopted. Secondly, Blood donation messages should reach lower socioeconomic classes. Thirdly, blood to the donor and his family members when required should be assured. Fourthly, recognition of blood donors should be given from the first blood donation. Fifthly, blood donation camps at strategic locations should be increased. Sixthly, measures to eliminate fears associated with blood donations should be taken. Lastly, Knowledge gathered in the study should be disseminated among blood transfusion workers. It is worthwhile to repeat the study in other settings and explore the findings further.