

Understanding Barriers to Blood Donation by Sub-Saharan African Migrants and Refugees: Preliminary Focus Group Results

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Abstract

Blood donation rates in Australia are relatively low (i.e., around 3%) but are even lower among migrants. For Sub-Saharan African migrants, availability of blood is more problematic as they have higher rates of rare blood types and increased incidence of diseases requiring blood transfusions. Meeting their increased need for blood products requires blood services to understand socio-cultural beliefs and practices associated with blood and blood donation. This research sought to address this gap. Nine focus groups were conducted with Sub-Saharan African migrant community members in order to understand the barriers inhibiting blood donation in this sub-population. Preliminary analyses of results indicate this group is positively disposed to blood donation, but there are some negative attitudes and knowledge gaps that contribute to low donation rates. Additionally, there is a general feeling of discrimination that is also inhibiting donation. The implications of this study are discussed for enhancing blood donation levels within the Sub-Saharan community.

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Introduction

Currently, Sub-Saharan communities comprise approximately 1% (192,000 people) of the Australian population, but are one of the fastest growing communities in Australia (Australian Bureau of Statistics, 2007). The majority of migrants from Sub-Saharan Africa enter Australia under the refugee and humanitarian program, with the exception of caucasian South Africans and most of those from Zimbabwe (Renzaho, 2007). The increased global migration of Sub-Saharan communities and their special blood needs make understanding blood donation attitudes more pressing. Available data suggest that the blood donation rate in Australia is only about 3 percent of the eligible donor population (Reid & Wood, 2008) and is even lower among migrants of non-Anglo-Celtic backgrounds (Flood, Wills, Lawler, Ryan, & Rickard, 2006). According to the Flood Report (2006), most Australian donors are 50-59 years old and are of Anglo-Celtic background, which is problematic as this blood supply fails to meet the needs and blood specificities of all those in Australia.

Information on blood donation by Sub-Saharan Africans in Australia is limited. It has been suggested that new migrants, especially those from Sub-Saharan Africa have higher blood needs because of increased prevalence of conditions such as sickle cell anemia (Gibney, et al., 2009). They also have rare blood types not generally found in the majority of the caucasian donor cohort (Grassineau, Papa, Ducourneau, Duboz, & Chiaroni, 2007; Shaz, Zimring, Demmons, & Hillyer, 2008). As such there is a need to increase donation rates among this sub-population in Australia. The first steps of this process are to identify the barriers of blood donation, some of which may be related to their cultural backgrounds or experiences in donating blood in their home country. This paper seeks to address this gap, by examining how Sub-Saharan migrants view blood donation and potential barriers they experience or perceive.

Background

A review of the literature has identified two examples where researchers sought to understand these communities' views on blood donation. Grassineau et al. (2007) examined Comorian migrants in France, and Merav and Lena (2010) examined Ethiopian migrants in Israel. In both of these cases, the communities had some cultural link with their host country (past colonial relationship and religion, respectively). However, Sub-Saharan migrants often have few cultural ties with Australia, prior to their migration. There is other research that has examined blood donation and perceptions of donation in African communities in Africa (Geissler, 2005; Jacobs & Berege, 1995; Okpara, 1989; Olaiya, Alakija, Ajala, & Olatunji, 2004), which, in conjunction with the studies of African migrants, might provide insights into the attitudes and perceptions of Australian Sub-Saharan migrants. Grassineau et al. (2007) found that blood is a particularly symbolic fluid in Africa and is perceived as more than just a biological product. Migrants and others in Africa identified that they would be more likely to give blood to their community and family members rather than to strangers (Olaiya et al, 2004). Also, in Africa, blood is imbued with cultural meanings associated with strength, kinship, and the occult. Some researchers have found that giving blood is believed to deplete

one's life force and reduce strength and virility, create kinship between donors and recipients, and leave one vulnerable to attack by witches or voodoo practitioners (Ottong, Asuquo, Olaniran, Duke, & Abia, 1997; Umeora, Onuh, & Umeora, 2005). Blood also has economic and political properties, with studies from Africa showing that blood is sold for money, traded for medication and medical treatment, and perceived as 'stolen' in some instances by agents who sell voluntary blood donations for profit (Comaroff & Comaroff, 1999; Fairhead, Leach, & Small, 2006). Such factors may influence how migrants from Africa interpret the donation process in their new countries of residence, even though they may not have any host country donation experiences.

There are a number of barriers to blood donation that were found to be common across populations including, fear of needles, and practical difficulties associated with donation such as lack of time, poor access to mobile blood donation units and lack of awareness of donation sites (see Armitage & Conner, 2001; Giles & Cairns, 1995; Godin et al., 2005; Lemmens et al., 2005). This research examines the degree to which culturally specific barriers exist as well as the more general barriers to blood donation.

Method

After receiving ethics approval and informed consent from participants, nine focus groups were undertaken to identify the barriers to and enablers of blood donation within Sub-Saharan African communities in Australia, although we have focused on barriers within this paper. Recruitment of participants was through community groups dealing with Sub-Saharan migrants and refugees and religious organisations (i.e. churches and mosques), which comprised significant numbers of Sub-Saharan migrants and refugees. Direct presentations to these groups were made, either by the researchers or the community leaders. The inclusion criteria for the focus groups were that participants had to be members of this community and at least 16 years old (which is the minimum age for blood donations). Past and present donation status, were not included as recruitment criteria.

Qualitative discussions allowed participants to articulate the issues most salient to them (Grassineau et al. 2007), and enabled the identification of a range of potential donation barriers. In total, 88 participants (49 percent men; 51 percent women) were interviewed. The sample included both migrants (38 percent) and refugees (62 percent) from a number of African countries (e.g., Sudan, Eritrea, Ghana, Congo, and Burundi). Three focus groups were undertaken in regional Victoria and six in urban Melbourne. Two focus groups were conducted with young people (16-24 years old), four were single gender and two were mixed gender groups with individuals (25+ years). Thirty-one percent of participants were aged 16-24, 48 percent were 25-40, 13 percent were over 41 years of age and 9% did not provide their age.

The focus groups were conducted in languages appropriate to the participants, using bilingual workers who translated from English to the relevant language and back. Only 58 percent of participants spoke English. Each focus group took approximately one hour and, where permission was given, discussions were recorded. In the one focus group where permission to record was not given, detailed notes were taken and read back to participants for verification. The English components of all focus group recordings were professionally transcribed. Interview transcripts were read separately by the study authors and thematically coded. Next, joint discussions were held to identify similarities, resolve differences and achieve consensus,

with refining of coding occurring as required. With identification of key themes, interviews were incorporated into NVivo Ver.8 for more structured coding and analysis to identify meta-themes. Results were also related back to the peer-review literature for comparison to identify consistencies or new issues previously not identified.

Findings and Discussion

Blood was found to have multiple meanings among participants, being linked among other things to personality and strength. Participants suggested that blood from young people was seen to be 'stronger' compared to blood from older people, or from women with large families who would have lost a lot of blood through childbirth. Previous research also found a belief that some people's blood is stronger than others (Grassineau et al. 2007).

Our women, if maybe a mother has given blood for so many children and maybe that's not that good. I mean, maybe she lost a lot of blood giving birth, but that could hinder her giving blood. But I think the young ones, the young women or young girls, they could give blood. (Rural, refugee)

Participants noted that witchcraft, superstitious beliefs and religious practices may deter some people from donating blood. However, no one applied these beliefs directly to themselves or to anyone they knew; rather, they were mentioned in a broader context (i.e., 'some people'). Thus, traditional cultural issues identified in past research on barriers to donate blood in Africa (Olaiya et al. 2004) were not found to be important for respondents in Australia.

We, yeah there's some religious groups that do not give, accept blood transfusion and an example of these are Witness of Jehovah, they don't give or accept blood transfusion. (Urban, refugee)

Possibly one of the most important findings was that all participants expressed positive attitudes towards donating blood, which was seen as a gift of life and to be given free of charge to those in need:

I feel like donating blood is an action of love cause it helps to revive those who are in need of blood. (Urban, refugee)

If you didn't get paid and you used your blood to save that person, it will help a lot, and you think you did something good for once in your life, you know. (Urban, refugee)

Many of the male participants had donated blood in their home countries in Africa. These donations were often made to family or community members based on immediate appeals. Alternatively, some had donated in institutionalised settings, as members of the armed forces or as school children. Male and female participants suggested that women were believed to be weaker and to have less blood because of menstruation, or because of the blood loss associated with childbirth. Participants also referred to donation occurring in Africa to assist a known person or member of the community. These previous home country donation experiences shaped perceptions and understanding of ability to donate in Australia.

When I tried to donate in Africa I was told I was too skinny and I have not tried to

donate again. (Urban, refugee)

Some participants stipulated that their donation patterns (likelihood of donation; rates of recurrence) would be affected by the approval, or lack thereof, from their community, including elders and/or spouse:

In our society, we give so much respect to the aged ..., I mean, I am married, but I will call my father and my mother to donate blood she will say, "No, I am not happy, I have had this experience, or I have heard of this, don't go." So, if mum says that or dad says that, we drop. (Urban, migrant)

There were a number of perceptions that blood was sold for profit or wasted (i.e., not used), with some suggesting that giving to the "blood bank" was somehow less acceptable. This may have related to the way that blood donors were recruited in Africa, that is, to help a known person. There was also widespread lack of awareness about the blood donation process in Australia. For many, the focus group discussions were the first time they had talked about blood donation in Australia. Consequently, there was confusion as to how much blood constituted a donation, with some participants querying whether blood given for a blood test could comprise a donation. Some participants also reported having been deferred for donation in Africa but not all knew why they had been deferred.

You know, I think if like a lot of people knew that if they donated blood and then it stay in the fridge for a few weeks and then they threw it away, they wouldn't want to donate again because they chuck it out after a few weeks so that's like a waste. (Rural, refugee)

This is the first time we've sat with somebody to talk about blood donation. This is like the first time so we didn't know that there was anything like that or any urge or any need of donating blood. (Urban, refugee)

One unanticipated barrier related to respondents' experiences of stigma and discrimination, which were widely reported by many participants who felt that their blood would be excluded from the donation pool on the basis of their race. Many suggested that they believe Australians perceived "Africans as being diseased". This, in turn, led many participants to conclude that their blood would not be accepted by the mainstream Australian community because "white people don't want African blood".

My friend from Australia said, "You can give blood every year if you want but you're African, you can't, because the people are afraid of you. You might have AIDS." She said that. So that's why the Australian people don't ask us about the blood. They think we have AIDS. (Rural, migrant/refugee)

Feeling excluded and socially isolated from the mainstream was cited by many participants across the focus groups. Others reported not donating because of experiences of negative experiences in the health system, which they translated into the system not wanting to take or use their blood. One participant recounted how a relative had a negative experience in the hospital and felt it was directly related to being African:

When we went to see this person in the morning, she was just wandering in the corridors and with this bag and having had a laparotomy. This looked very, very bad

and no confidence at all. I think if they can treat us in that way, then how would they treat my blood? They will not give my blood to any white person. Because I think if they can stigmatise me like this then everything that is on me even my clothes, anything is just as bad. (Urban, refugee)

Implications and Conclusion

Findings from this study indicate that, among the Sub-Saharan migrant population, there are a number of negative attitudes towards donation, a limited knowledge of the donation process in Australia and feelings of discrimination that inhibited donation. Some of these issues overlap with findings from studies done elsewhere on African migrants. For example, Grassineau et al. (2007) found that Comorian migrants in France were concerned that blood was being sold or misappropriated by the blood service. Merav and Lena's (2010) study in Israel found that among Ethiopian Jews there was a deep-seated resentment that, in the past, their blood had been discarded because they were from Africa.

While, overall, there was a positive view of blood donation, respondents perceived a general level of discrimination within the wider community, which was linked to feelings of exclusion and marginalisation among Sub-Saharan African migrants, and potentially impeding them from donating blood. The barriers seem to relate less to traditional cultural issues, but are more related to a feeling of being excluded within their new host community. As shown in other Australian studies, social capital and feelings of belonging to Australian society are positively correlated to blood donation (Alessandrini, 2006). Findings from this study show that where migrants and refugees do not feel fully integrated into their host community, it affects their sense of inclusion and social support which, in turn, will influence their willingness to engage in a range of activities, blood donation being one example. Any interventions to increase blood donation within this community do need to take this and other cultural issues into consideration. For example, it might be that promotions for donation emphasize the fact that blood from all members of the community is needed and is useful for a diverse range of recipients. Of course such a strategy would possibly not focus on the specific needs of members of the Sub-Saharan community, which might also benefit from some targeted promotion.

There are limitations to this study, namely, the size of the sample and the language barrier. The focus group questions and answers were translated and back-translated through bilingual workers, which may have caused the loss of some of the richness of the responses in some instances. Further research is needed in the field of blood donation and migration to ascertain whether these findings are unique to Sub-Saharan African communities, or are experienced by migrants more broadly. Alternatively, there may be unique socio-cultural barriers within each migrant community. Investigations also need to examine the effectiveness of interventions seeking to increase blood donation rates or change respondents' attitudes and perceptions. Study limitations notwithstanding, this is the first study in Australia to examine blood donation among Sub-Saharan African migrants. Preliminary analyses from the focus group data presented here offer a number of potential opportunities for social marketers and factors that need to be considered when developing strategies to increase blood donation amongst this cohort. Though a challenging task, the research provides organisations with information that will allow them to address the unique cultural differences of migrant communities; the benefits which accrue will outweigh the costs of not addressing the communities' needs.

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