Knowledge and Attitude towards Blood Donation among the Residence of owode Yewa Local Government Area of ogun State Nigeria

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Abstract:
Blood donation is commonly regarded as an altruistic act and has been extensively studied. According to a study by Mitra (2010), there is no perfect substitute for blood, as it cannot be artificially manufactured, making blood donation an essential aspect of patient care. This study aimed to assess the knowledge and attitude toward blood donation among residents of Owode Yewa Local Government Area in Ogun State. A prospective descriptive survey design was adopted, utilizing a systematic sampling technique to select 80 residents, regardless of their status. Data was collected using a self-structured questionnaire, with 72 responses correctly completed and retrieved. The data was analyzed using descriptive statistical methods. Findings revealed that the majority of respondents, 62 (86.1%), had good knowledge of blood donation. However, 50 (69.4%) exhibited a poor attitude toward it. Factors such as blood-related illnesses (e.g., leukemia), menstruation, fear of blood, and feelings of weakness after donation were identified as barriers to participation in blood donation. In conclusion, while knowledge of blood donation is high among residents of Owode Yewa, their attitude toward donation remains poor. To address this, the study recommends implementing intensive awareness campaigns to educate and encourage the community, dispel misconceptions, and foster a more positive outlook toward voluntary blood donation.

Key Words: Knowledge, Attitude, Blood, Donation

Chapter One
Introduction

1.1. Background To The Study :

Blood is the most frequently donated tissue in medical practice and plays a crucial role in numerous life-saving situations when used appropriately (Salaudeen and Odeh, 2015). Despite significant advancements in medical science, there is still no perfect substitute for blood. It can only be produced by humans, making human donations the only means of obtaining blood to address emergency needs, such as road traffic accidents, complications during pregnancy and childbirth, anemia, and surgical emergencies. Blood donation involves giving one's blood to be transfused into someone else for therapeutic purposes. It benefits not only the donor and recipient but also the community and blood transfusion services (World Health Organization, 2014). Globally, approximately 80 million units of blood are donated annually, but only two million units are donated in sub-Saharan

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Africa, where the need is substantial. Several factors, including donation history, age, gender, and education level, influence the decision to donate blood. Fear of blood donation is more common among non-donors than those who have donated before, with younger individuals and women being more fearful than older adults and men. This fear is less common among those with higher incomes (Shaz, James, Demmons, Schrebier, and Hilifer, 2011). Previous research on female college students suggests that they are willing to donate blood if supported by their institution, and educational campaigns can help increase awareness of the safety of blood donation and the ongoing need for a sufficient blood supply (Shaz et al., 2011). Education, knowledge, and awareness about blood donation play an essential role in people's decisions to donate (Renzaho and Polonsky, 2012). In many African countries, there are misconceptions that contribute to male dominance in blood donation, such as the belief that men are healthier than women and that women naturally donate blood through menstruation (Lefrere and Renzaho, 2015). Donated blood is critical for individuals who have lost significant amounts of blood due to severe accidents, surgeries, civil conflicts, or military wars, as well as for patients who suffer from severe anemia caused by conditions like cancer. Therefore, ensuring the availability of blood is a societal concern. Over the past three decades, the source of blood has shifted from imported blood to locally sourced donations. Today, blood donations primarily come from involuntary donors who replace blood for family and friends, voluntary unpaid donors, and paid donors (Abdel, 2011). In Nigeria, although half of the population is medically eligible to donate blood, only four out of every thousand individuals voluntarily donate blood (World Health Organization, 2013). Given that infectious diseases can be transmitted through blood transfusion, it is crucial to obtain blood from low-risk populations. Ensuring blood safety begins with encouraging voluntary, non-remunerated, and regular blood donors who commit to donating at least once or up to three times a year. The National Blood Policy advocates that blood donation should be entirely voluntary and that donors must be in good health (Federal Ministry of Health, Nigeria, 2010).

Consequently, many nations continuously review their blood donor strategies to meet the increasing demand for blood and its components, while also addressing the reduction in eligible donors due to strict safety criteria (Takpo and Sam, 2012). Blood donation involves voluntarily having blood drawn for transfusion or for use in medications through a process known as fractionation. The safety of blood and its components depends largely on the quality of donors. However, some infectious agents have long incubation periods and may be transmitted through transfusion even if the infected individuals show no symptoms. These transfusion-transmitted infections (TTIs) include human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), human T-cell lymphotropic virus (HTLV), and *Trypanosoma cruzi* (Diarra and Nama, 2012). A study by Mitra (2010) emphasized that there is no ideal substitute for blood, making blood donation an essential component of patient management. As a result, ensuring the safety and availability of blood and blood products remains a significant public health concern. Promoting voluntary blood donation, conducting proper screening and storage of blood, and increasing awareness about blood donation and safety among healthcare providers and the general public are crucial steps in addressing this issue. A single unit of

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donated blood can save up to three lives, as blood consists of three critical components: plasma, platelets, and red blood cells. Since blood cannot be artificially manufactured, it must come from voluntary donors. The decision to donate blood is influenced by various factors, including replacement needs, social behavior, peer pressure, and altruism. Raising awareness and fostering a positive attitude toward blood donation are key objectives of blood transfusion centers (Javadzadeh and Shahshahani, 2010). Therefore, this study was conducted to assess the knowledge and attitudes toward blood donation among residents of Owode Yewa Local Government Area in Ogun State.

1.2. Statement of Problem :

Blood donation remains the only means of obtaining blood to address urgent medical needs, such as road traffic accident victims, pregnancy and childbirth complications, various forms of anemia, and surgical emergencies. On a global scale, approximately 80 million units of blood are donated annually, yet only two million units are collected in sub-Saharan Africa, where the demand is significantly high (Salaudeen and Odeh, 2015). A study conducted by Olaiya, Alakija, Ajala, and Olatunji (2012) at Lagos State University Teaching Hospital found that nearly 67% of blood donations were driven by hospital policies, particularly the requirement that expectant mothers donate one pint of blood before registering for antenatal care. Additionally, 25.8% of blood donations came from family members replacing blood used for their hospitalized relatives, indicating that most donations were motivated by necessity rather than altruism. The study also identified major barriers to blood donation, including misconceptions, fear, and religious and cultural beliefs. However, voluntary donations were often observed during special events such as Muslim or Christian youth programs, World Blood Donation Day, and other club-organized activities, which typically occur on an annual basis. Similarly, research conducted among Dhaka University students in Bangladesh (Hosain, 2013) found that only 16% of donors gave blood voluntarily, with fear of physical harm being a common deterrent. In fact, 32.3% of respondents cited fear as the primary reason for not donating.

Likewise, in Scotland, a prevalent concern among the population was the fear of contracting HIV through blood donation, which negatively impacted their willingness to donate (Robertson and McQueen, 2010). These findings are concerning, especially in a world shaped by increasing globalization and advancements in medical science. Given the urgency of addressing health-related misconceptions and fears, particularly among potential donors, it is imperative for healthcare professionals to thoroughly investigate the barriers to blood donation. This study, therefore, seeks to contribute to that effort by exploring the knowledge, attitudes, and factors influencing blood donation practices.

1.3. Objectives of Study:

General Objective:

- To assess the knowledge and attitude towards blood donation among the residence of Owode Yewa L.G.A of Ogun State.

Specific Objectives:

- To determine the level of knowledge about blood donation among the residence of Owode Yewa community.
- To assess the attitude of the resident's community towards blood donation.
- To identify factors that hinders the practice of blood donation among the residence of Owode Yewa community in Ogun State.

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1.4. Research Questions:

-Do people living in Owode Yewa community have adequate knowledge about blood donation**?**

- What is the attitude of the residents of the community towards blood donation?
- What are the factors mitigating against blood donation among the people living at Owode Yewa community?

1.5. Significance of The Study:

The findings of this study will serve as encouragement to the people on the importance of blood donation in other to help prevent death related to lack of available blood in the blood bank. It will also improve the knowledge and attitude of people towards blood donation and thus motivate them to voluntarily donate blood on regular basis.

1.6. Scope / Delimitation of Study:

The scope of this study covers both male and female residing in Owode Yewa Community of Ogun State. People on transit in the community are excluded in this study.

1.7. Operational Definition of Terms

- **Knowledge:** Is the fact which the people have about blood donation.
- **Attitude:** A like or dislike, a positive or negative approaches about blood donation practices among the people.
- **Patient:** An individual that requires components of blood such as red blood cells, white blood cells, fresh frozen plasma, clotting factors and platelets for therapeutic purposes
- **Blood Donation:** The process in which a volunteer who is a healthy person has his blood voluntary drawn for transfusion to the needy, or for preparation into other blood products.
- **Mitigating:** The process of reducing, decreasing, or lessen of something.

Chapter Two

Literature Review

2.1 .Conceptual Review:

Human blood remains the sole source for replacement therapy, essential for transfusion in cases of blood loss due to road traffic accidents, complications during pregnancy and childbirth, various anemic conditions, and surgical emergencies. Blood donation is an invaluable act that cannot be bought with money; it plays a crucial role in sustaining life and should be recognized for its significance in society (Mehendale, 2013).

This chapter provides a review of relevant literature related to the subject matter, aligning with the specific objectives and theoretical framework of the study, which includes:

- Knowledge of blood donation
- Attitudes toward blood donation
- Factors hindering blood donation
- Conceptual framework

2.1.1. Knowledge About Blood Donation:

The World Health Organization (WHO), in the Melbourne Declaration, acknowledged the significant reliance on family or relative replacement and remunerated donors in developing countries. It advocates for the establishment of national blood transfusion services based on voluntary, non-remunerated blood donation by member states (Central Statistical Agency Report, Ethiopia Demographic and Health Survey, 2011). Several studies conducted across the developing world have reported low levels of knowledge and practice regarding blood donation. A study among Health Science students in South India found that only 42.7% of respondents had good knowledge of blood donation, while a significant proportion (62%) had never donated blood. However, the same study showed an encouraging trend, with 87.3% of

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respondents demonstrating a positive attitude toward blood donation (World Blood Donor Day, Melbourne, Australia, 2010). Similarly, a study examining the relationship between knowledge levels and factors such as gender among Indian medical students found that the prevalence of blood donation among students was only 13.1%. Although this is significantly lower than the estimated 60% blood donation rate in developing countries, the findings align closely with studies conducted by Pravin and Keerti (WHO, 2012; Federal Ministry of Health, 2015). A similar study conducted among physicians in a Nigerian tertiary health facility revealed that they possessed good knowledge of voluntary blood donation and maintained a positive attitude toward it. According to the study, 41.4% of physicians had previously donated blood, a rate slightly higher than findings from previous studies in India.

Additionally, 8.6% of respondents donated blood more than three times a year. Among those who donated, the majority (53.4%) did so out of a sense of voluntarism (Benedict, Usimenahon, and Alexander, 2013). Another study assessing knowledge, attitude, and practice regarding blood donation in the urban population of Yazd, Iran, found that while respondents had relatively good knowledge about blood transfusion services and the uses of blood and blood products, only a small percentage had actually donated blood (Amit, Gauravi, and Kakadia, 2014). Similarly, a study by Mullah, Kumar, Antani, and Gupta (2013) evaluating healthcare support staff at a tertiary healthcare facility in Gujarat reported low levels of knowledge, with only 51.6% having acceptable knowledge, while 91% perceived blood donation as unsafe (Javadzadeh, Yavari, Attar, and Ahmadiyeh, 2010). In Thailand, a study found that 89% of respondents had never donated blood in their lifetime, a result consistent with findings from research in Sikkim, where 87.3% of young people had never donated blood. Furthermore, 42.7% of respondents in the study demonstrated good knowledge about blood donation, a figure significantly lower than findings from studies conducted among Addis Ababa University students and Nigerian healthcare workers (Mullah, Kumar, Antani, and Gupta, 2013). Additionally, research by Malema (2015) on knowledge, attitude, and practice of blood donation among Black employees at the University of Limpopo, South Africa, found that 96.3% of respondents were aware of blood donation, with most receiving information from friends and the media. Although 61% knew where to donate blood, all participants acknowledged its vital role in healthcare. Regardless of religious beliefs, respondents recognized the sacred nature of blood donation. The study also revealed that 85% of participants were willing to donate blood, highlighting a growing interest in blood donation. However, it emphasized the need for new strategies to further educate and motivate potential donors (Agbovi, Kolou, Feteke, and Haudrechy, 2012).

2.1.2. Attitude Towards Blood Donation:

Blood donation is often regarded as an act of altruism and has been widely studied and discussed. Many voluntary blood donors perceive it as their responsibility to assist others, regardless of any personal connection or incentives for those receiving the donation (Alessandrini, 2013). Gillespie and Hillyer (2012) examined the factors influencing blood donation decisions and found that the decision-making process and behaviors associated with blood donation are complex and must be analyzed from multiple perspectives. Healy (2010) highlighted religious activities and personal convictions as key indicators of the altruistic motivation behind blood donation. Blood is often seen as the essence of life and holds

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both religious and traditional significance. It is believed that donating blood is akin to giving life and strength. However, some fear that frequent donations could lead to physical and spiritual vulnerability, making individuals susceptible to illness or supernatural harm. In many traditional settings, anonymous and voluntary blood donation may be difficult to accept, whereas donating to a known individual is seen as an act of care that strengthens social bonds. The most common motivation for donating blood is altruism, with 66.0% of donors giving voluntarily, while 31.7% donate for family members or financial compensation (Kabinda, Sylvain, and Michèle, 2014).

A study conducted by Kabinda et al. (2014) to assess the knowledge, attitudes, and practices regarding blood donation and transfusion among the general population of Bukavu in the Democratic Republic of Congo found that among 162 participants aware of blood donation, 85.2% supported both blood donation and transfusion. During the survey, 59.4% of respondents expressed willingness to donate blood. When asked about their motivation for donating, out of 247 individuals willing to donate, 66.0% cited volunteering as their primary motivation, while 19.1% were willing to donate for a family member, 12.6% would do so in exchange for money, and 2% stated they would donate only under medical pressure. A study conducted at Lagos State University Teaching Hospital on knowledge, attitudes, beliefs, and motivations regarding blood donation among donors in Lagos, Nigeria, revealed that 67% of blood donations were driven by a hospital policy requiring the donation of one pint of blood as a prerequisite for antenatal registration. Additionally, 25.8% of blood donations came from relatives replacing used blood for their ill family members. This indicates that the majority of donors gave blood for personal or required reasons. The study identified misconceptions, fears, and religious and cultural beliefs as major barriers to donation. Among voluntary donors, 70% participated in donation drives organized by religious and social groups, such as Muslim or Christian youth weeks and club activities, which typically occur annually (Olaiya, Ajakaiye, Ajala, and Olatunji, 2012). In Mmabatho, research on blood donation behaviors and beliefs among high school students showed that only 17.5% had ever donated blood. Many students perceived blood donation as a health risk, while others were uncertain about its safety (Mwaba and Keikelame, 2015). Similarly, studies conducted in Mwanza, Tanzania, among blood donors found that fears of contracting HIV and concerns about health risks associated with donation were common deterrents (Jacobs and Berege, 2010). In Nigeria, two separate studies also highlighted those fears, misconceptions, and religious beliefs significantly contributed to the inadequate availability of blood (Olaiya, Ajakaiye, Ajala, and Olatunji, 2012).

2.1.3. Factors that hinders blood donation: Several factors contribute to people's reluctance to donate blood. A study on knowledge, attitudes, and practices regarding blood donation among Black employees at the University of Limpopo revealed that common reasons for not donating included fear of needles, the sight of blood, concerns about feeling weak after donation, and medical conditions such as low iron levels. Some respondents perceived blood donation as frightening, time-consuming, leading to weakness and fainting, or even causing infections. Other reasons cited for not donating included never being personally asked, never considering it, and believing that blood donation should be left to healthcare

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professionals (Mamabolo, 2012). The fear of infection, particularly HIV, aligns with findings from a study by Olaiya, Ajakaiye, Ajala, and Olatunji (2012), which examined the motivations behind blood donation. Despite being well-informed, many respondents in the study feared that donating blood could lead to an HIV diagnosis. Some individuals, reluctant to undergo voluntary HIV testing, viewed blood donation as a way to indirectly determine their status. They would donate blood and wait to be invited for another donation, as being called back was perceived as confirmation that their blood was safe for transfusion. Conversely, not being invited again was seen as an indication that their blood was unsuitable for use.

Similarly, a study by Kabinda et al. (2014) assessing the knowledge, attitudes, and practices of the general population of Bukavu in the Democratic Republic of Congo identified several barriers to blood donation. These included fear of contracting diseases—especially HIV—religious beliefs, concerns about medical staff profiting from blood sales, and anxiety over potential HIV test results. The reluctance to donate blood is often rooted in a lack of information, which can be addressed through well-organized awareness campaigns. Many potential donors perceive blood donation as a cold, intrusive, and complicated process, with uncertainty about where their blood goes. Additionally, since donating blood is a deeply personal decision, individuals may be hesitant to discuss or share their experiences. However, promoting open discussions about blood donation can help normalize the practice, making it more approachable and less intimidating. In Nigeria, socio-cultural barriers to voluntary blood donation are particularly prevalent in predominantly illiterate rural communities. Many misconceptions, misinformation, and a general lack of awareness about the safety and effects of blood donation contribute to low participation. Fear remains a major deterrent, and blood donation is often carried out for personal benefits rather than as an altruistic act. Due to insufficient knowledge, many people mistakenly believe that donating blood poses a risk to their health. Additionally, incentives—whether monetary or non-monetary—are seen as important motivators for encouraging blood donation (Olayia, Ajakaiye, Ajala, and Olatunji, 2012).

2.2. Theoretical Review:

A theoretical review helps researchers assess and structure information, organizing phenomena according to their relevance within a common theme. It is often likened to a road map that guides the researcher through the study process (Pilot & Beck, 2008). This study is grounded in the Theory of Reasoned Action (TRA), developed by Martin Fishbein and Icek Ajzen in 1980. The TRA was introduced as an improvement over the Information Integration Theory, aiming to predict behavioral intentions, which are influenced by attitudes and subjective norms. There are two key distinctions between the TRA and earlier theories. First, the TRA introduces the concept of behavioral intention in the persuasion process. Unlike the Information Integration Theory, which focuses solely on predicting attitudes, the TRA explicitly addresses behavior. However, the theory acknowledges that certain factors or circumstances can restrict the influence of attitudes on behavior. For instance, a person may have a positive attitude toward going on a date, but if they lack the financial means, their behavior will not align with their intent. Therefore, the TRA predicts behavioral intention as a middle ground between merely forecasting attitudes and directly predicting behavior while also considering external limiting factors. The

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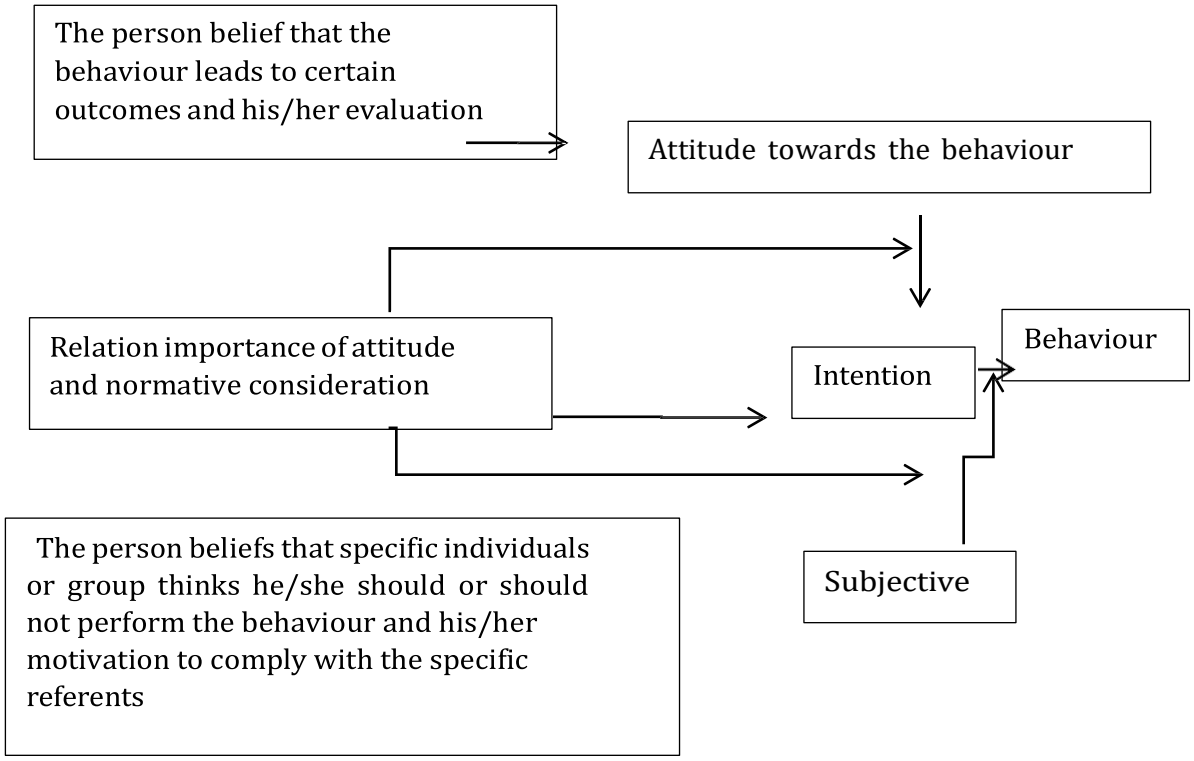
second major distinction is that the TRA incorporates two elements—attitudes and subjective norms (the expectations of others)—to predict behavioral intent. When attitudes and social norms conflict, both factors contribute to determining behavior. However, as Fishbein and Ajzen (1980) note, attitudes and norms do not always have equal weight in predicting behavior. The influence of each factor depends on the individual and the specific situation. For example, a person who is indifferent to social opinions may place little importance on subjective norms when forming their behavioral intentions (Ajzen & Fishbein, 1980).



Application of the Theory:

This theory suggests that a person's intention to donate blood, along with their subjective norms, is shaped by factors such as religious beliefs, age, ethnicity, and gender, all of which influence an individual's perception of voluntary blood donation. Both personal attitudes and social norms have a direct impact on behavioral intentions, which are the most reliable predictor of actual behavior. External factors in the environment affect behavior only indirectly by shaping attitudes and subjective norms. When an individual perceives blood donation as a safe practice, they are more likely to develop a positive attitude toward it. This perception is reinforced by the understanding that blood donation helps regulate iron levels in the body, reducing the risk of heart and liver diseases caused by excessive iron accumulation. As a result, they are more inclined to donate blood voluntarily. The experience of voluntary blood donation often influences future donation behavior. Therefore, this study aims to evaluate the knowledge and attitudes toward blood donation among residents of Owode Yewa Community in Ogun State.

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2.3 .Empirical Review:

Numerous studies have examined knowledge and attitudes toward blood donation, with a focus on both developed and developing countries. Mishra, Sachdev, Marwaha, and Avasthi (2015) conducted a cross-sectional study in North India to assess college students' knowledge and attitudes toward voluntary blood donation, as well as to compare the reasons for donating and not donating.

A total of 1,000 college students participated in the study after giving their consent, and data were collected using a pre-validated, self-administered structured questionnaire. The results showed a statistically significant difference in knowledge levels between blood donors (mean: 14.71 ± 2.48) and non-donors (mean: 11.55 ± 2.82). Donors demonstrated a higher level of knowledge, and previous experience with blood donation had a significant impact on their awareness. Additionally, donors exhibited a more positive attitude toward blood donation compared to non-donors, with a statistically significant difference in their attitudes. The study also found that nearly half (45.8%) of the students refrained from donating due to health concerns—26.8% believed they were not fit to donate, while 19% feared becoming weak afterward. Furthermore, 27.4% of students were afraid of needle pain, which discouraged them from donating. The study concluded that health-related concerns were the primary barrier to blood donation. To achieve national voluntary blood donation targets, the researchers recommended targeted strategies for donor education, motivation, and recruitment. Addressing prevalent myths and misconceptions, particularly among high school students, was emphasized as a key approach to developing a strong volunteer donor base in developing countries.

Chapter Three

Research Methodology:

This chapter deals with research design, setting, target population, sample and sampling techniques, instrument for data collection, validity and reliability of the instrument, method of data collection, method of data analysis and ethical consideration.

3.1. Research Design :

The research design used was prospective descriptive survey. The method was used to obtain information concerning the perceived problem. It was used to describe what exist with respect to the variables or conditions in a given situation.

3.2. Research Setting:

This research work was carried out at Owode Yewa Community in Ogun State Nigeria to access and elicit the knowledge and attitude towards blood donation among people.

3.3. Target Population:

The target population for this study are 240 people residing at Owode Yewa Community Ogun State in Nigeria.

3.4. Sampling Size:

The sampling size of 80 people who were randomly picked out of total population of 240 people was used for the study.

3.5. Sampling Technique:

The sample technique used for the study was systematic sampling techniques in order to ensure that all respondence within the study area has an equal chance of being selected for the study.

3.6. Instrument for Data Collecton:A well-structured questionnaire was developed by the researcher. The questionnaires were constructed based on the stated objectives and research questions. The structured

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questionnaire consists of four (4) sections A, B, C and D: Section A consists of demographic data, Section B consists of knowledge about blood donation and Section C consists of attitude towards blood donation while Section D consists those factors hindering blood donation. The questionnaires contained both open and close ended questions. The close ended questions enabled the respondents to choose and tick the best option that satisfied their disposition on the subject matter while the open-ended questions enabled them to respond from their own point of view.

3.7. Validity of Instrument :

To ensure the validity of the instrument, a draft of self-structured questionnaire was presented to the research expert who vetted and made necessary corrections so that the instruments meet face validity.

3.8. Reliability of Instrument:

Reliability is the ability of the instrument to consistently measure what it is designed to measure. Pre-test or pilot study was used to ascertain the reliability of the instrument and corrections were made before administration of the instrument to the actual respondents.

3.9. Method Of Data Collection:

A total number of 80 questionnaire were distributed to the respondents using systematic sampling techniques which is a probability sampling method in that sample member of 80 people are selected according to a random starting point and a fixed interval period. The researcher used 6 days to retrieve 72 questionnaires out of 80 questionnaires distributed. This represents 90% response rate.

3.10. Method of Data Analysis:

The data gathered were analysed using simple descriptive statistical method using frequency and percentage counts and results obtained were presented in charts and tables
.

3.11. Ethical Consideration:

Permission was duly sought from the appropriate authority before embarking on this research. The researcher ensured that the research does not infringe on the right of the study participants. No form of force was used to obtain information, and information obtain was kept confidential. The participant was informed on the nature of the study, and for what purpose it is intended. The implication of the research was fully explained, that it's mainly for academic's purpose. The issue of fairness was adhered to by ensuring that religion, tribe or socio-economic background is not a yardstick in choosing respondent.

Chapter Four
Results

4.1. Presentations of Data Using Tables and Charts:

This chapter entails the analysis of data generated from respondent through valid completed questionnaires. The responses were organized, analysed and presented in tables, Pie charts, Bar charts and Histogram. A total of 80 questionnaire were administered to the respondents and 72 were duly filled and returned, this represents 90% response rate.

Table 1: Socio-Demographic Characteristics of Respondent

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S/N	VARIABLES	RESPONSES	FREQ	(%)
1.	Age	20 – 25 Years	22	30.5
		26 – 30 Years	22	30.5
		31 – 35 Years	10	13.8
		36 – 40 Years	8	11.1
		41 Above	10	13.8
		Total	72	100
2.	Marital	Single	35	48.6
		Married	32	44.4
		Divorced	3	4.1
		Widowed	2	2.7
		Total	72	100
3.	Religion	Christianity	43	59.7
		Islam	29	40.2
		Total	72	100
4.	Ethnicity	Yoruba	22	30.5
		Igbo	17	23.6
		Hausa	20	27.7
		Others	13	18.0
		Total	72	100
5.	Educational Qualification	Primary	5	6.9
		Secondary	33	45.5
		Tertiary	34	47.2
		Total	72	100

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6.	**Gender**	**Male** **Female**	**42** **30**	**58.3** **41.6**
		Total	**72**	**100**
7.	**Years of Residence**	**1 – 10 Years** **11 – 20 Years** **21 – 35 Years**	**36** **21** **15**	**50.0** **29.1** **20.8**
		Total	**72**	**100**

n = 72

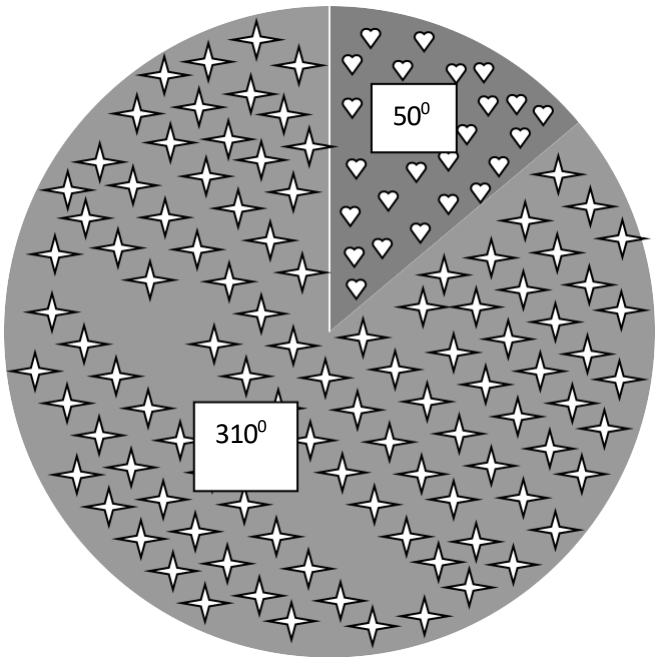

Figure 1: A Pie Chart Showing Knowledge of Blood Donation Among People Living In Owode Yewa Community.

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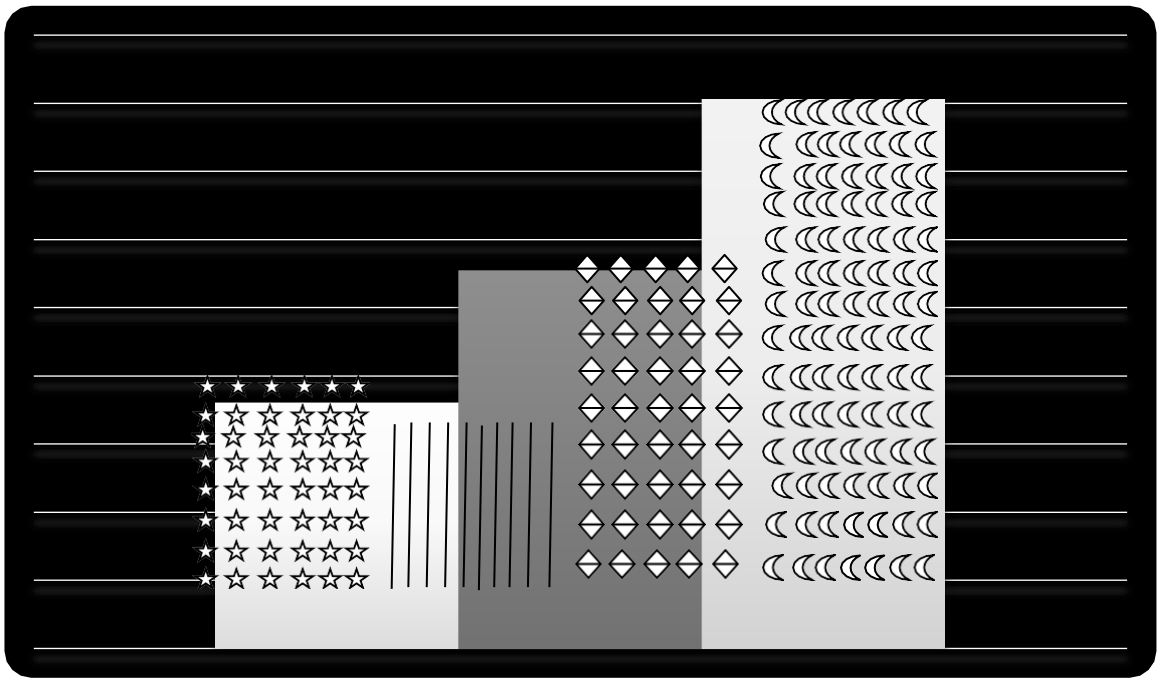

Figure I1:A Histogram Showing The Respondents Blood Group Type

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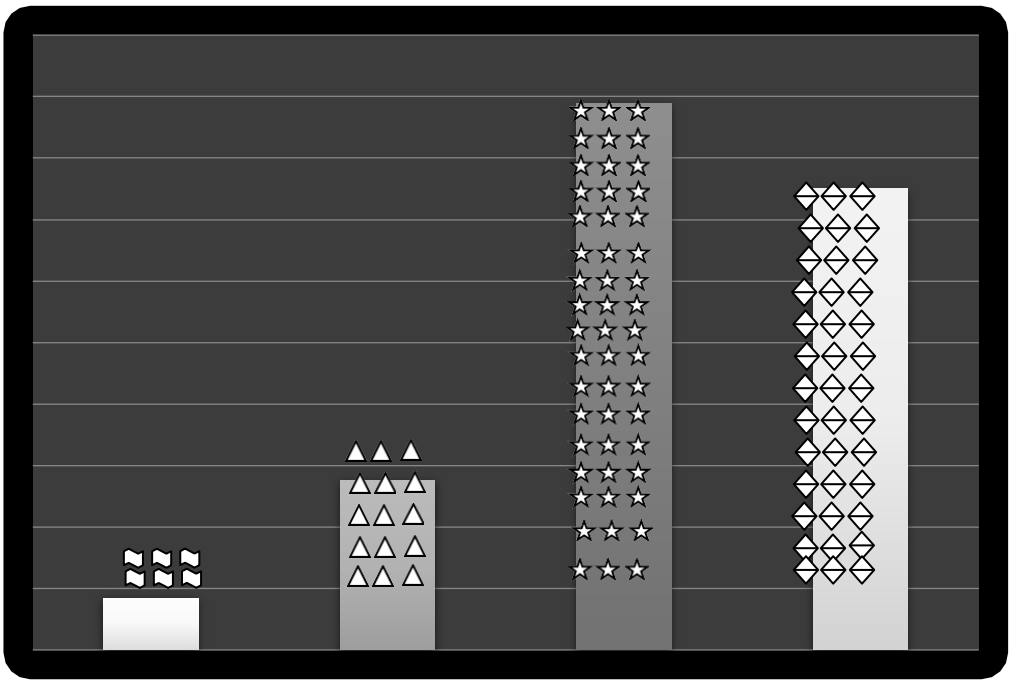
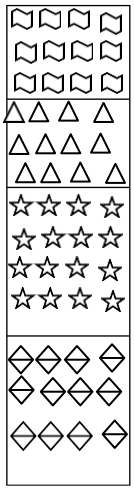


KEYS



Monthly

Annually

When necessary

I don't know

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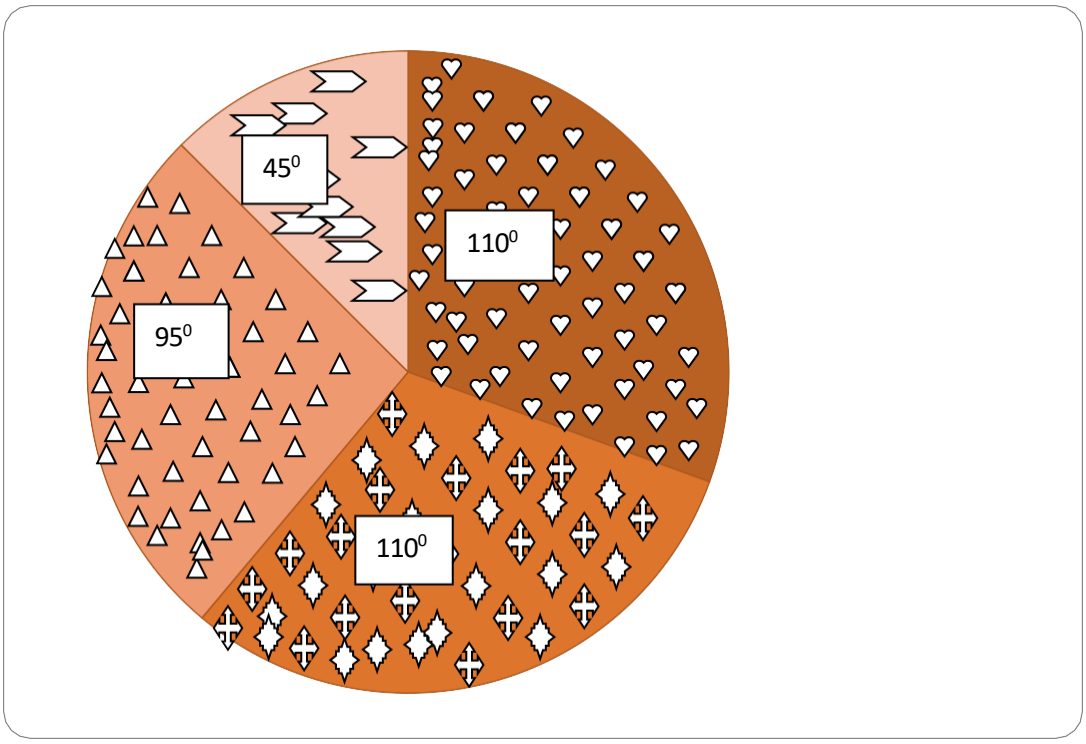
Figure III: A BAR CHART SHOWING THE NUMBER OF TIMES RESPONDENTS ARE EXPECTED TO DONATE BLOOD



Keys

♡ ♡ ♡ ♡	Strongly agree
◈ ◈ ◈	Agree
△ △ △ △ △ △	Disagree
⇨ ⇨ ⇨ ⇨	Strongly disagree

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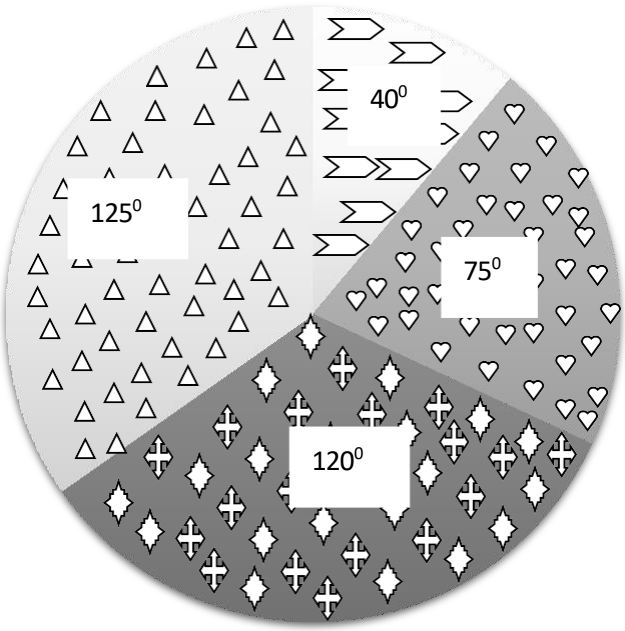
Figure IV: A PIE CHART SHOWING HOW SAFE IT IS TO DONATE BLO PERIODICALLY



Keys

	Strongly agree
	Agree
	Disagree
	Strongly disagree

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Figure V: A Pie Chart Showing If Blood Should Be Done Based On Gender

Table 2: Responses Attitude Towards Blood Donation

S/N	VARIABLES	RESPONSES	FREQUENCY	PERCENTAGE (%)
1.	Have you ever donated blood	YES	22	30.5
		NO	50	69.4
		Total	72	100
2.	Why did you donate	A relative or colleague needed blood	10	13.8
		Voluntary	7	9.7
		Remunerated	3	4.1
		To know my screen status		
		Total	22	30.3
3.	Why did you not donate	Not approached to donate	30	
		Unfit to donate	12	
		Fear of needle prick	5	
		No remuneration	3	
		Total	50	69.2

n = 72

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Table 3: Showing Willingness Of Respondents To Donate Blood

QUESTION	RESPONSE	FREQUENCY	%
I will be willing to donate if:	Token gift are offered	4	5.5
	Monetary compensation is involved	9	12.5
	Solely intended to save life	21	52.7
	Person involved is a relative or a colleague	38	29.1
	TOTAL	72	100

n = 72

Table 4: Distribution of Respondents View on Factors That Hinders Blood Donation. Strongly Agreed (Sa), Agree (A), Disagreed (D), Strongly Disagreed (Sd)

QUESTION	OPTION	FREQUENCY	PERCENTAGE (%)
My religion supports blood donation.	SA	27	37.5
	A	19	26.3
	D	18	25.0
	SD	8	11.0
TOTAL		72	100
A pregnant woman can donate blood.	SA	NIL	NIL
	A	4	5.5
	D	36	50.0
	SD	32	44.4
TOTAL		72	100
Only men should donate	SA	4	5.5
	A	10	13.8

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blood.	**D** **SD**	**29** **29**	**40.2** **40.2**
TOTAL		**72**	**100**
A person with terminal illness such as cancer of the blood can donate blood.	**SA** **A** **D** **SD**	**-** **-** **34** **38**	**-** **-** **47.2** **52.7**
TOTAL		**72**	**100**
Women who are menstruating can donate blood.	**SA** **A** **D** **SD**	**4** **16** **36** **16**	**5.5** **22.2** **50.2** **22.2**
TOTAL		**72**	**100**
Smokers can also donate blood.	**SA** **A** **D** **SD**	**2** **18** **33** **19**	**2.7** **25.0** **45.8** **26.3**
TOTAL		**72**	**100**
Weight can hinder blood donation.	**SA** **A** **D** **SD**	**6** **14** **33** **19**	**8.3** **19.4** **45.8** **26.3**
TOTAL		**72**	**100**

n = 72

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4.2 Description of Contents of Tables and Charts:

Table 1: The data indicates that 22 respondents (30.5%) were aged between 20–25 years, another 22 (30.5%) were between 26–30 years, 10 (13.8%) were aged 31–35 years, 8 (11.1%) were between 36–40 years, and 10 (13.8%) were 41 years and above.

Regarding marital status, 35 respondents (48.6%) were single, 32 (44.4%) were married, 3 (4.1%) were divorced, and 2 (2.7%) were widowed.

In terms of religious affiliation, 43 (59.7%) identified as Christians, while 29 (40.2%) practiced Islam.

Ethnic distribution showed that 22 (30.5%) were Yoruba, 20 (27.7%) were Hausa, 17 (23.6%) were Igbo, and 13 (18.0%) belonged to other ethnic groups.

Regarding educational qualifications, 34 respondents (47.2%) had attained a tertiary degree, 33 (45.5%) held an SSCE certificate, and 5 (6.9%) had completed only primary school.

Gender distribution revealed that 42 respondents (58.3%) were male, while 36 (50.0%) were female.

In terms of residency in Igando, 36 respondents (50.0%) had lived there for 1–10 years, 21 (29.1%) for 11–20 years, and 15 (20.8%) for 21–35 years.

Figure I: The results indicate that 62 respondents (86.1%) demonstrated good knowledge about blood donation, while 10 (13.9%) had poor knowledge.

Figure II: Among the 72 respondents, the most common blood type was O, reported by 29 respondents (40.3%). Blood type A was found in 20 respondents (27.7%), blood type B in 13 (18.0%), and the least common was blood type AB, reported by 10 respondents (13.8%).

Figure III: When asked about the frequency of blood donation, 32 respondents (44.4%) believed it should be done, when necessary, 27 (37.5%) were unsure, 10 (13.8%) stated it should be done annually, and 3 (4.2%) suggested monthly donations.

Figure IV: The findings show that 22 respondents (30.5%) agreed with periodic blood donation, while another 22 (30.5%) strongly agreed. However, 19 (26.4%) disagreed, and 9 (12.5%) strongly disagreed. The overall consensus (61.0%) was in favor of periodic blood donation.

Figure V: Regarding whether blood donation is based on gender, 15 respondents (20.8%) agreed, 8 (11.1%) strongly agreed, whereas 24 (33.3%) disagreed, and 25 (34.7%) strongly disagreed. The findings suggest that the majority of respondents did not believe gender plays a determining role in blood donation.

Table 2: The data indicates that a majority of respondents, 50 (69.4%), had never donated blood, while 22 (30.5%) had previously donated.

The reasons for donating blood varied among participants: 10 respondents (13.8%) donated because a relative or colleague needed blood, 7 (9.7%) donated voluntarily, 3 (4.1%) donated due to monetary incentives, and 2 (2.7%) donated to determine their screening status.

Among those who had never donated, 30 respondents (41.6%) stated they had never been approached, 12 (16.6%) were deemed unfit to donate, 5 (6.9%) cited personal reasons, and 3 (4.1%) did not donate due to the absence of financial incentives.

Table 3: When asked about their willingness to donate blood, 38 respondents (52.7%) stated they would donate solely to save lives, 21 (29.1%) would donate if a relative or colleague needed blood, 9 (12.5%) would be willing to donate if financial compensation was provided, and 4

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(5.5%) would donate in exchange for token gifts.

Table 4: Regarding religious beliefs on blood donation, 27 respondents (37.5%) strongly agreed that their religion accepts blood donation, 19 (26.3%) agreed, 18 (25.0%) disagreed, and 8 (11.1%) strongly disagreed. The majority (63.8%) indicated that their religion supports blood donation.

For the question on pregnant women donating blood, 36 respondents (50.0%) disagreed, while 32 (44.4%) strongly disagreed. Only 4 respondents (5.5%) agreed, and none strongly agreed. This indicates that the majority (94.4%) opposed pregnant women donating blood.

When asked whether only men should donate blood, 29 respondents (40.2%) disagreed, another 29 (40.2%) strongly disagreed, 10 (13.8%) agreed, and 4 (5.5%) strongly agreed. The findings suggest that 80.4% of respondents opposed the notion that only men should donate blood.

Regarding individuals with terminal illnesses, 34 respondents (47.2%) disagreed that people with conditions like blood cancer can donate blood, while 38 (52.7%) strongly disagreed. The overwhelming majority (99.9%) did not support blood donation by cancer patients.

For menstruating women donating blood, 16 respondents (22.2%) agreed, while 16 (22.2%) strongly disagreed. However, the majority (72.2%) either disagreed or strongly disagreed with menstruating women donating blood.

Regarding smokers donating blood, 18 respondents (25.0%) agreed, 2 (2.7%) strongly agreed, while 33 (45.8%) disagreed and 19 (26.3%) strongly disagreed. The results indicate that 72.1% of respondents opposed blood donation by smokers.

On the topic of weight affecting blood donation, 14 respondents (19.4%) agreed, 6 (8.3%) strongly agreed, while 33 (45.8%) disagreed and 19 (26.3%) strongly disagreed. This suggests that a majority (72.1%) did not believe that weight is a determining factor for blood donation.

4. 3 .Answering of Research Question.:

In response to the first research question "do people living in Owode Yewa L. G. A of Ogun has knowledge about blood donation?

Figure 1 findings indicate that out of 72 respondents, 62 (3100) have knowledge about blood donation, while 10 (500) lack awareness. This suggests that the majority of respondents are well-informed about blood donation.

In response to the second research question "What is the attitude towards blood donation among people living in Owode Yewa community?

Findings from Table 3 indicate that 50 (69.4%) of respondents have never donated blood, while 30 (41.6%) have. Among those who did not donate, 30 (41.6%) were not approached, 12 (16.6%) were unfit, 5 (6.9%) feared needle pricks, and 3 (4.1%) refrained due to a lack of remuneration. Conversely, among those who donated, 10 (13.8%) did so because a relative or colleague needed blood, 7 (9.7%) donated voluntarily, 3 (4.1%) were motivated by remuneration, and 2 (2.7%) donated to know their screening status. This suggests that attitudes toward blood donation in the Owode Yewa community vary, with personal reasons being a key motivation for those who have donated.

In response to the third research question "Factors that hinders blood donation?"

Table 4 reveals that key factors hindering blood donation among residents of Owode Yewa community include pregnancy (68 respondents, 94.4%), certain medical conditions such as diabetes and high blood pressure (58 respondents, 80.4%), cancer (72 respondents, 99.9%), smoking (52 respondents, 72.1%), and menstruation (52

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respondents, 72.2%). These findings suggest that most residents are aware of the benefits and significance of blood donation. However, a small percentage (25%) oppose blood donation due to religious beliefs.

Chapter Five
Discussion of Findings
5.1 Key Findings:

This study was conducted to assess the knowledge and attitudes toward blood donation among residents of Owode Yewa L.G.A, Ogun State in Nigeria.

Key findings include:

- The majority of respondents were between the ages of 20-25 and 26-30.
- Most respondents were either single or married.
- Christianity was the predominant religion among respondents.
- A significant portion of respondents had attained a tertiary education.
- Males constituted the majority of the participants.
- Most respondents had lived in Owode Yewa for 1-10 years.
- A majority demonstrated good knowledge of blood donation.
- Blood group O was the most common among respondents.
- Most participants believed that blood donation should be done when necessary.
- The majority supported periodic blood donation.
- Many respondents agreed that blood donation should not be restricted by gender.
- A large proportion had never donated blood before.
- Most respondents expressed willingness to donate blood solely to save lives.
- The majority agreed that their religion supports blood donation.
- Most respondents opposed the notion that only men should donate blood.
- The findings also indicate that the majority of respondents do not support blood donation by smokers.

5.2 Literature Support And Findings:

Level of Knowledge About Blood Donation:

The findings indicate that the majority of respondents, 62 (3100), are knowledgeable about blood donation. This aligns with a study conducted in Melbourne, Australia, in 2010, where 87.3% of respondents demonstrated a positive attitude toward blood donation. Additionally, 32 (44.4%) of respondents stated that blood donation should be done when necessary.

This result is consistent with the study by Benedict, Usimenahon, and Alexander (2013), which found that among all donors, the majority (53.4%) donated based on a sense of voluntarism. However, a minority of respondents, 10 (500), lacked knowledge about blood donation. This finding is supported by Malema (2015), who conducted a study among Black employees at the University of Limpopo, South Africa, where 96.3% of respondents were aware of blood donation, and a majority (85%) expressed willingness to donate when necessary. Furthermore, these findings align with the study by Amit et al. (2014) on knowledge, attitude, and practices related to blood donation in the urban population of Yazd, Iran. The study reported that the population had a relatively good understanding of blood transfusion services and the uses of blood and blood products and was willing to donate when needed.

Assessment of Attitude Towards Blood Donation:

The findings further revealed that a majority of respondents, 50 (69.4%), stated that they had never donated blood, while 22 (30.5%) reported having done so. This suggests that most respondents have not participated in

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blood donation, primarily due to reasons such as a lack of opportunity (30 respondents, 41.6%), being medically unfit (12 respondents, 16.6%), fear of needle pricks (5 respondents, 6.9%), or the absence of financial incentives (3 respondents, 4.1%). On the other hand, among those who had donated blood (22 respondents, 30.5%), 10 (13.8%) did so because a relative or colleague needed blood, 7 (9.7%) donated voluntarily, 3 (4.1%) donated due to financial incentives, and 2 (2.7%) donated to determine their health status. However, these findings contrast with a study by Kabinda, Sylvain, and Michele (2014), which assessed the knowledge, attitudes, and practices of the general population in Bukavu, Democratic Republic of Congo, regarding blood donation and transfusion. Their study found that 66.0% of respondents would donate blood voluntarily, 19.1% would donate to a relative or colleague, 12.6% would donate if financial incentives were offered, and 2% would donate if approached. The significant disparity in voluntary blood donation rates—9.7% in this study compared to 66% in the Democratic Republic of Congo—suggests differing cultural, social, or awareness-related influences on blood donation behavior across these populations

.

Factors That Hinder Practice of Blood Donation:

This study revealed that the majority of respondents believed that certain health conditions, including blood cancer, menstruation, pregnancy, and smoking, could prevent individuals from donating blood. Additionally, factors such as the sight of blood, feelings of weakness after donation, and fear of needle pricks were also identified as barriers to blood donation. These findings align with Mamabolo (2012), who conducted a study among Black employees at the University of Limpopo on knowledge, attitudes, and practices related to blood donation. The study found that individuals often refrained from donating blood due to health-related concerns, fear of needles, discomfort at the sight of blood, post-donation weakness, medical conditions such as low iron levels, and personal perceptions about blood donation. The similarity in findings suggests that common psychological and health-related concerns play a significant role in discouraging blood donation across different populations.

5.3.Implication For Nursing :

Nursing involves diagnosing and treating human responses to actual or potential health issues. It is both an art and a science, centred on client care and playing a crucial role in educating and advocating for preventive measures to maintain optimal health. Findings from this study indicate that while the majority of respondents possess knowledge about blood donation, only a minority exhibit a positive attitude toward it. Nurses play a key role in addressing these attitudes through education, which can help correct misconceptions and encourage voluntary blood donation. Health education programs can be integrated into various social and professional gatherings to raise awareness. Additionally, nurses can serve as advocates by advising the government to establish and maintain blood banks, ensuring the availability of blood and blood products to prevent shortages and save lives.

5.4 Limitation of The Study:

While conducting this study, the researcher faced several limitations regarding the scope of the research, including:

- Limited financial resources
- Time constraints due to the short duration available for the study
- Challenges in obtaining approval from the research ethics committee

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5.5.Summary:

The primary objective of this study was to assess the knowledge and attitude towards blood donation among residents of Owode Yewa L.G.A, Ogun State. A review of relevant literature was conducted to explore various perspectives on the topic. This study utilized a prospective descriptive survey design, with a total population of 240 individuals. Using a sampling technique, 80 participants were selected, and structured questionnaires were distributed. Out of these, 72 were properly completed and retrieved. The findings indicate that while the majority of respondents possess knowledge about blood donation, their attitudes toward it vary.

5.6 . Conclusion:

This study successfully identified the knowledge and attitude towards blood donation among residents of Owode Yewa, confirming that the overall objective was achieved. The findings revealed that while the level of knowledge about blood donation within the community is high, the attitude towards actual donation remains relatively low, possibly due to limited awareness. To address this, regular awareness programs and voluntary blood donation campaigns should be organized at the community level to engage potential donors who may lack the time or opportunity to donate.

5.7 Recommendations:

i. It is recommended that an intensive awareness campaign be launched to educate and encourage the public about blood donation. This initiative should aim to dispel fears, reshape perceptions, and foster a positive attitude toward voluntary blood donation.

ii. Educational programs should incorporate blood donation as part of the school curriculum, given its relevance to health and well-being. Such programs would motivate students to adopt healthy lifestyles, ensuring they remain eligible to participate in this vital responsibility. Moreover, students can serve as key influencers within their communities, spreading awareness and encouraging their family members to engage in blood donation.

5.8.Suggestion for Further Studies :

As the study is not yet exhaustive, the researcher recommends further studies on this topic. Future research should explore the factors contributing to the poor attitude toward blood donation, as attitudes may vary among different segments of the population. Finally, conducting the study with a larger sample size would help enhance the generalization of findings and promote broader awareness.

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