Blood Donation in a Multicultural Australia - Complexities of Cultural Misunderstanding and Intergenerational Conflict for African Communities

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Introduction

Australia is a multicultural country, with 44% of the population either born overseas or having one overseas born parent (Australian Bureau of Statistics 2007). While Australia purports to embrace and leverage these cultural differences, this does possibly raise issues in regards to marketing to a range of culturally different groups within the community (Nwankwo and Lindridge 1998). Many organisations will potentially be unable to develop strategies targeting multiple cultural groups (Wilkinson and Cheng 1999). However, Australian nonprofit marketers may have a more pressing need to target distinctive cultural segments, especially as they often have a mission designed to foster wider social inclusion or to address the needs of specific cultural groups (Centre for Culture, Ethnicity and Health 2004, Renzaho 2007). This requires that marketers develop culturally relevant marketing activities going beyond simply advertising in different languages (Noble and Camit 2005). This paper seeks to outline some of the cultural challenges related to donating blood using Sub-Saharan African migrants as an example.

Sub-Saharan African needs

Within Australia, Sub-Saharan communities represent one of the fastest growing communities, with the majority of African migrants coming to Australia as refugees and humanitarian entrants. For example, it is estimated that from 2001 to 2006 the number of Liberian born Australians increased by 1240 per cent, those from Sierra Leone increased by 437 per cent and from Sudan 288 per cent (Australian Bureau of Statistics 2007). Migrants from Africa often have higher health needs that have to be catered for by Australian health services. One such health need includes access to blood supplies, which is difficult to fill as migrant communities generally have lower levels of blood donation (Flood et al. 2006). This becomes especially problematic when, as in the case of sub-Saharan African communities, there are special blood needs that can only be met by members of this community (Grassineau et al 2007).

Negative Cultural Perceptions Associated With Giving Blood

The research looking at perceptions of blood donations in Africa has found that there are a number of reasons people do not give. Jacobs and Bergue (1995) found 52.3 percent of their Tanzanian respondents felt that giving blood would damage their health. Umeora, Onuh and Umeora (2005) found that 27.1% of the Nigerian men they surveyed feared a loss of manhood if they were to donate blood. Grassineau et al. (2007) found that Comorian migrants in France felt that giving blood would result in a loss of one’s life forces and South African’s surveyed by Mwaba and Keikelame (1995) also felt there were negative health outcome associated with donating blood.

Within African communities it has been reported that there is also a fear of negative consequences of giving blood, such as opening one up to potential ‘attack by witchcraft or voodoo’ (Umeora, Onuh and Umeora 2005) as well assume general religious opposition to giving blood in Christian denominations such as Jehovah’s Witnesses (Hudson and Johnson 2004). In other religions, such as Islam, religious leaders have put out proclamations stating that blood and organic donation were not only acceptable, but in fact a responsibility,
although some confusion in the community related to this matter still exists (Shaheen and Soquiyyeh 2004).

For many sub-Saharan cultures, blood and blood donation has a strong cultural meaning and defines families (Grassineau et al 2007, Jacobs and Berege 1995, Olaiye et al 2004). This might mean donating blood to help ‘strangers’ might not be viewed positively and in fact could hinder blood donation. This possibly explains why some studies have suggested that African donors were more likely to give to people they know (Olaiya et al 2004).

**Intergenerational Complexity**

There may also be differences between how younger and older migrants view of blood donation, which could relate to differences in acculturation (Lim et al 2009). Research on other cultural groups has found that younger migrants acculturate more quickly than older migrants, i.e. adopting host country behaviours more quickly (Garcia-Maas 1999, Yu-Wen et al. 2007). This is also supported in for African groups moving to France (Grassineau et al 2007). A difference in views between generations toward blood donation will be important, especially if means that negative family factors (i.e. older member’s views) inhibit younger people’s donation behaviour.

**Conclusion**

While nonprofit and public sector marketers may want to ensure there is social inclusion of migrant groups (Alessandrini, 2006), it will mean that they need to develop targeted culturally relevant marketing approaches (Palumbo and Teich 2004). However, this requires that the marketers initially understand the subtlety of cultural issues associated with each targeted group and the targeted behaviour. Simple adoption of a ‘western model’ will possibly fail because it does not do more than make marketers aware of cultural differences. Organisations need to effectively integrate culture into the delivery of services process, which can only be done after they understand cultural issues associate with the behaviour.

Social marketers need to have a better understanding of cultural barriers and motivators, if they are to effective target cultural segments (Reid and Wood 2008) and therefore increased donation rates in specific communities (Zaller et al 2005, Okpara 1989). Targeted approaches to encourage blood donation considering the unique cultural issues of communities have been found to be successful in African contexts (Ottong et al. 1997), where western models have failed (Field and Allain 2007). Targeted approaches have also been successful when target African migrants in other countries (Grassineau et al 2007), although in the later example the migrants had cultural and historical links to the western country, carrying over from past colonial relationships. We propose that similar approaches can be applied in Australia when targeting migrants, even those from home countries that have significantly different cultures.
References


Centre for Culture Ethnicity and Health 2004. Consumer Participation and Culturally and Linguistically Diverse Communities, Centre for Culture Ethnicity and Health, Victoria.


