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Research Article

**STUDY OF MYTHS AND MISCONCEPTIONS ABOUT BLOOD
DONATION AMONG PATIENTS OF AGE 15-46 YEARS,
VISITING OPD OF SIR GANGA RAM HOSPITAL, LAHORE,
PAKISTAN**¹Dr. Afaf Arif, ²Dr. Maham Iqbal, ³Dr. Sehar Sarfraz¹Sir Ganga Ram Hospital Lahore²Jinnah Hospital Lahore³Sir Ganga Ram Hospital Lahore**Article Received:** October 2020 **Accepted:** November 2020 **Published:** December 2020**Abstract:**

Aim: Blood donation is very crucial in saving lives. Blood and blood products are needed in many lifesaving procedures, globally. To our despair the demand of blood always exceeds its supply. Therefore, the aim of this study is to highlight the misconceptions and myths about blood donation among patients of age group 15-46 years, their prevalence and the association between misconceptions and sex, socioeconomic status, literacy rate in the study population.

Method: A cross sectional study was conducted in the OPD of Sir Gangaram hospital, Lahore from 1st July 2020 to 30th September 2020. A self-administered questionnaire was given to the patients and their attendants coming to medical, surgical and gynecological OPD of SGRH. The data was collected and the conclusion was made accordingly.

Result: Out of 141 respondents, female were predominant 70.2 % and male were 29 %. 81.6% of respondents have never donated blood out of which 93 negative responses were of females and 21 were male. 45 percent female believed that blood donation was associated with increased weakness. 54% percent believed that blood donation cannot lead to hepatitis or AIDS.

Conclusion:

The knowledge about blood donation is not up to the mark and hence has led to many misconceptions regarding it.

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INTRODUCTION:

Blood is a vital force of body. “More blood, more life” was the motto of 2011 World Blood Donor Day by WHO. “Blood transfusion is any volume of blood that is withdrawn from healthy person and given to one who needs it”^[1]. Transfusions are indicated when Hemoglobin level falls below 8g/dl^[2], poor oxygen saturation^[3] and cardiovascular diseases^[4]. For this purpose, blood and blood products are used. Initially transfusions were associated with high morbidity profile but over the years with increased screening measures^[5], measures for standardization^[6] and increase in non payment donor^[7]. Steps towards its improvements have been taken, still the gap between blood donated and required has not been fulfilled.

A study conducted in South East Asian region by Dr. Rajesh Bhatia, WHO – SEARO identified seven key areas as challenges that need urgent attention, one of which was myths and misconceptions related to voluntary blood transfusion^[8]. “Myth is an idea or story that is believed by many people but is not true”^[9]. “Misconception is a conclusion that is incorrect because it is based on faulty thinking for understanding that is wrong”^[10].

There are two basic types of donors: Voluntary donors and Replacement donors. Of the estimated 80 million units of blood donated worldwide, less than 45% is collected in developing countries home to 80% of world population. Average number of blood donation per thousand population is 10 times higher in high income countries than in low income countries.

Research conducted on a sample of Thai University students showed that people associate blood donation with age, sex, religion and community status^[11]. Disparity between sexes exists because they think that women cannot donate blood on the grounds that they are ineligible^[12]. Also people do not donate blood to their spouse because they think it will create blood relation between them. Some people think that blood donated by low socioeconomic class is impure.

Certain myths regarding blood donation were studied in research in India 2012, which included increased time required during transfusion. People think that blood transfusion produces iron deficiency, fluctuates blood pressure, blood sugar and induces episodes of severe headache and vomiting and that blood from geriatric population is not worth donation^[13]. Another opinion reported was that people who smoke, have

allergies or are taking any medication cannot donate blood.

Although the studies suggest voluntary non-remunerated blood donation rates are low in Pakistan, they do not provide a detail understanding of the root causes for these low rates. A critical gap in our knowledge today is a lack in deeper understanding of why people are hesitant to donate blood.

The above discussion shows insufficient comprehensive data about myths and misconceptions in Lahore, Pakistan, especially in the study population of patients visiting SGRH. The aim of our research is to identify different myths and misconceptions in this study population and to measure their prevalence. Also, to find out the association of these misconceptions with age, sex, literacy rate and socioeconomic status. This is important because without proper knowledge about magnitude of problem, planning of intervention cannot be done. The OPD of SGRH represents, mostly, a population of low socioeconomic group and a research on this problem would provide data that could be used to guide further researches in other under privileged areas of Lahore or in time Pakistan. Results obtained from these studies will help in better understanding of problem, targeted campaigns, provide basis for the political support and better policy making. Results of further researches can also be compared to check the adequacy of intervention program.

METHOD:

A cross sectional study was conducted in the OPD of Sir Gangaram hospital, Lahore from 1st July 2020 to 30th September 2020. A self-administered questionnaire was given to the patients and their attendants coming to medical, surgical and gynecological OPD of SGRH.

Self-administered questionnaire was developed and targeted towards peoples’ information regarding blood donation and their practices. A few questions were derived from International blood fear index questionnaire. The questionnaire was translated from English to the Urdu language (the national language of Pakistan), to maximize response by answering in either language. Participant who did not know how to read or write (non-educated) were assigned a non-medical facilitator to guide them through the procedure.

Ethical Considerations:

Oral and written consent was obtained from all the participants prior to the start of the study. Ethical

approval was obtained from the hospital where data was collected.

The participants were briefed regarding the nature of the study and were provided information about blood donations after filling up the questionnaire by a specialist. They were also provided the opportunity to ask any questions regarding the issue. The data was analysed using Statistical Package for Social Software (SPSS) version 17.

RESULTS:

Out of 141 respondents, female were predominant 70.2 % and male were 29 %. Out of these, 30.5 % were within 15-25 age range (25 female, 17 male) 39.7 % were from 26-35 age range (44 female, 12 male), 17.7 % from 36-44 (16 female, 9 male) only 12 % from 45-

46 age range (14 female, 3 male). 81.6% of respondents have never donated blood out of which 93 negative responses were of females and 21 were male.

45 percent female believed that blood donation was associated with increased weakness and 16 percent were unsure of its effect on bodily strength. Out of 41 male respondents, 60% believed that it wasn't associated with weakness.

Out of 99 female respondents, 55 percent females weren't reluctant to receive blood from elderly and 54 percent believed that blood donation cannot lead to hepatitis or AIDS. However there seemed to be no association with socioeconomic status, cast issues and religious reasons that prevented the respondents from donating blood.

Reasons for not donating blood, and motivations & misconceptions regarding blood donation.	
Reasons for not donating blood, motivations & misconceptions	%
Reasons for not donating	
Apprehension about feeling weakness after donation	54
Reluctance to receive blood from elderly	64
Gender issues	29
Religious reasons	0
Socioeconomic status	0
Misconceptions	
Donor has risk for contracting infection like HIV or Hepatitis B& C	60
Time consuming process	7
A painful procedure	58
Fear of blood relation	0
Cast issues	0

DISCUSSION:

The aim of this study was to study the misconceptions and myths about blood donation among patients of age group 15-46 years. This study was conducted in OPD of SGRH, Lahore. The questionnaire was given randomly to patients and their attendants coming in OPD. Illiterate people were facilitated to answer the questionnaire. As our results showed, majority of participants had never donated blood and female

gender was prominent among non-donors. Among misconceptions checked, female population was more inclined to believe that blood donation was associated with body weakness and a significant number was unsure of its effect on body strength. Contrarily, male participants predominantly replied with a clear no regarding this misconception. The health belief model of women belonging to rural areas revolve around hearsay mostly and this leads to potentiation of myths

and misconceptions. In peripheral areas, awareness regarding health and its betterment is generally poor and quackery also benefits from this vague concept of body weakness. Hence our result was in line with common health belief misconceptions prevalent in rural women. Although previously considered significant, blood donation from elderly didn't prove to be a significant variable in reluctance to blood donation in our study. Overall there was no significant difference in female population towards receiving blood donation from elderly, however results showed that in comparison to male, female were reluctant. Similarly, in previous studies fear of contracting infections including Hepatitis and AIDS was dominant but our study didn't show this result. Majority of population didn't believe this misconception. Various other factors were checked including painful and time consuming procedure which didn't provide significant results. In variables generating significant results, female population was predominant. It could be because of asymmetrical sample population in which female were almost 70%. This is a limitation of this study resulting in gender bias towards female. Equal number of participants from both genders should've been included. Another limitation was that living in rural or urban areas wasn't included in demographic details. As literacy rate is low in rural areas, there is a significant chance that myths and misconceptions are also common in rural population. But this wasn't checked in our study.

As our study showed that majority of population was willing to donate blood, it is safe to say that with awareness regarding benefits and need of blood donation along with busting of myths prevalent in society, current percentage of blood donation could be increased significantly.

CONCLUSION:

The knowledge about blood donation is not up to the mark and hence has led to many misconceptions regarding it.

Recommendations:

We recommend that Blood donation campaigns should be arranged on regular basis by hospitals and general practitioners, especially in rural areas, with sterilized equipment so that fear of contracting infections could be minimized among general population. Campaigns regarding blood donation should also be run on television and radio and women

should especially be counselled regarding body weakness by lady health workers.

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