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Original article

Association between religiousness and blood donation among Brazilian postgraduate students from health-related areas



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ABSTRACT

Objective: The aim of this study was to examine the association between religiousness and blood donation among postgraduate students.

Methods: The Portuguese-language version of the Duke University Religion Index was administered to a sample of 226 Brazilian students with ages ranging from 22 to 55 years. All study participants had completed undergraduate courses in health-related areas.

Results: In the present study, 23.5% of the students were regular donors. Organizational religiousness was found to be associated with attitudes related to blood donation. This study also shows evidence that regular blood donors have a higher intrinsic religiousness than subjects who donate only once and do not return.

Conclusion: This study shows that the attitudes concerning blood donation may have some association with religiosity.

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Introduction

In Brazil, blood donation has not been remunerated in any way since 1980.¹ The implementation of an altruistic donation model brought the need for strategies to encourage the population to donate blood voluntarily and regularly. It has been suggested that an understanding of the characteristics of donor groups provides information for the development of effective recruitment and retention strategies.^{2,3} While about 5% of people in the United States donate blood each year,³ less

than 2% of the Brazilian population do it regularly.⁴ In Brazil, it is estimated that only 40% of people return within one year after the first donation and 53% within two years.⁵ In addition, it is estimated that 30% never return to donate after the first donation.

Information about opinions, motivation and feelings of blood donors is important for the organization and administration of blood centers⁶ as well as to establish a profile of these individuals. This information can serve as a basis for the elaboration of projects that aim to educate, mobilize, attract and retain regular voluntary donors.

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Published articles on the motivation and recruitment of blood donors have described that altruism/humanitarianism, sense of solidarity or duty, social pressure, replacement and reward, and possible personal or family benefits are the main reasons for donation.⁷⁻⁹ In addition, the study by Gonçalves et al.¹⁰ showed that altruism is the main motivator for blood donation in Brazil, although Oliveira et al.¹¹ warned that many of the Brazilian blood donors could be motivated for reasons that are not exclusively altruistic, such as seeking tests. Pessi¹² showed that attitudes and acts of altruism are indeed linked to religiosity. If people with religious ties contribute more actively to charitable practices, it is expected that there is some relationship between religiosity and attitudes concerning blood donation. In fact, Aboghasemi et al.¹³ showed that after altruism, religious beliefs are the most common positive motivation for blood donation among Iranians. In a Canadian study,¹⁴ it was found that 7.6% of the respondents reported that religious convictions motivated them to start donating blood. However, in the report on religiousness and blood donation in a large and nationally representative sample of young adults published by Gillum and Masters,¹⁵ religiousness was not associated with a history of blood donation in men, with the exception of higher donation rates among Catholic men aged 35-44 years old. In addition, a North American study,¹⁶ on investigating the relationship of sociodemographic and attitudinal factors with a history of blood donation among the general public, did not find a significant association between religious and spiritual salience and prior history of donation.

Thus, in order to bring more light on this issue, the purpose of the present study was to examine the association between religiousness and blood donation among Brazilian postgraduate students. The attitudes of postgraduate students of health-related areas toward blood donation can be of great importance as they are potentially 'opinion leaders' on social and public health topics, considering that their future activities will be focused on education and healthcare.

Methods

Study population and data collection

The present study included a convenient sample of Brazilian postgraduate students, with data being collected in classrooms during class time in 2012 and 2013 in the Ribeirão Preto Medical School of the Universidade de São Paulo (FMRP-USP). After a brief rapport-building period, the subjects were informed that they would be invited to answer a self-administered questionnaire to give information on gender, age, profession, social standards, and attitudes toward blood donation and religion. A total of 273 subjects agreed to participate in the study with about 3% declining to participate. The interviews were conducted during classes of Biostatistics, which are of interest to students of several postgraduate courses offered in the university campus. The researchers stayed in the classroom during the application of the questionnaire and clarified any doubts that came up. The questionnaire answers were anonymous. Forty-seven subjects were excluded from the study because they declared that they were not able to donate blood (body weight under 50 kg or

Table 1 – Items of the Duke University Religion Index (DUREL).

- (1) How often do you attend church or other religious meetings? (ORA)
1 – Never; 2 – Once a year or less; 3 – A few times a year; 4 – A few times a month; 5 – Once a week; 6 – More than once/week
 - (2) How often do you spend time in private religious activities, such as prayer, meditation or Bible study? (NORA)
1 – Rarely or never; 2 – A few times a month; 3 – Once a week; 4 – Two or more times/week; 5 – Daily; 6 – More than once a day
- The following section contains 3 statements about religious belief or experience. Please mark the extent to which each statement is true or not true for you.
- (3) In my life, I experience the presence of the Divine (i.e., God) – (IR)
1 – Definitely not true; 2 – Tends not to be true; 3 – Unsure; 4 – Tends to be true; 5 – Definitely true of me
 - (4) My religious beliefs are what really lie behind my whole approach to life – (IR)
1 – Definitely not true; 2 – Tends not to be true; 3 – Unsure; 4 – Tends to be true; 5 – Definitely true of me
 - (5) I try hard to carry my religion over into all other dealings in life – (IR)
1 – Definitely not true; 2 – Tends not to be true; 3 – Unsure; 4 – Tends to be true; 5 – Definitely true of me

undeclared reasons). Thus, a final sample of 226 subjects was used in the data analysis. Ethical approval was obtained from the Research Ethics Committee of the Hospital das Clínicas of FMRP-USP.

Questionnaire

The scoring of the Duke University Religion (DUREL) index was employed as a measure of religiosity.^{17,18} The DUREL index includes a Likert-type scale to assess five items that capture the three dimensions of religiosity that most closely relate to health outcomes: organizational religiousness (ORA), non-organizational religiousness (NORA), and intrinsic religiousness (IR). The ORA and NORA dimensions of six-item subscales are obtained directly from the first two items of the DUREL index, with the IR subscale being obtained by summing the answers to the final three items (ranging from 3 to 15 points). IR is measured by God's presence as experienced in the lives of people, the relation between religious beliefs and approach to life, and the effort to live religion in all aspects of life (Table 1).¹⁸

The DUREL index was translated into Portuguese by Moreira-Almeida et al.,¹⁹ and it was initially validated by Lucchetti et al.²⁰ Taunay²¹ studied internal consistency, test-retest reliability and convergent-discriminant validity of the Portuguese-language version of DUREL (P-DUREL) by considering two different samples (university students and psychiatric outpatients). Posteriorly, Martinez et al.²² validated the P-DUREL in a sample of postgraduate students.

In this study the subjects were classified into four groups according to their attitudes toward blood donation. Group 1 was constituted by individuals who donated only once and intended to return to donate again; Group 2 was composed of regular blood donors; Group 3 was composed of individuals who had never donated blood, but wished to become

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