

ORIGINAL RESEARCH ARTICLE

Socio-Cultural Barriers to Voluntary Blood Donation for Obstetric Use in a Rural Nigerian Village

OUI Umeora^{1*}, SO Onuh² and MC Umeora³

Department of Obstetrics & Gynaecology, Ebonyi State University Teaching Hospital, Abakaliki, Ebonyi State, Nigeria¹; Department of Obstetrics & Gynaecology, Nisa Premier Hospital, Alex Ekwueme Way, Jabi, Abuja, Nigeria²; Department of Paediatrics, Ebonyi State University Teaching Hospital, Abakaliki, Ebonyi State, Nigeria³

*For Correspondence: E-mail: oujair@yahoo.com and Phone: 234 803 955 8074

Abstract

Availability of blood for transfusion is of utmost importance in the fight against maternal morbidity and mortality. This study was conducted to identify the socio-demographic characteristics and reasons of persons declining voluntary blood donation. Patients' relatives declining blood donation in rural Ebonyi State were randomly recruited and interviewed using standardised questionnaire after obtaining informed consent from each of them. Responses were ranked according to frequency of positive respondents. Illiteracy was prevalent among the population: over 76% had no formal education. 'Not being strong enough' and 'not having enough blood' were the two major reasons for declining blood donation, while loss of manhood/libido and exposure of blood to witchcraft were the other reasons given. Respondents' level of awareness of HIV/AIDS was appreciable. Socio-cultural barriers to voluntary blood donation exist in predominantly illiterate rural communities of the country. Most of the reasons given were based on misconception, misinformation and ignorance about the effect and safety of blood donation. (*Afr J Reprod Health* 2005; 9[3]:72-76)

Keywords: Culture, blood, donation, transfusion, HIV/AIDS, Ebonyi

References

1. World Health Organization. *Reduction of Maternal Mortality. A Joint WHO/UNFPA/UNICEF/World Bank Statement.* Geneva: WHO, 1990; 10-13.
2. Federal Ministry of Health. *Maternal Mortality Situation and Determinants in Nigeria. A Review Commissioned by the Federal Ministry of Health, Abuja, 2004; 1.*
3. Anorlu RL, Orakwe CO, Abudu OO and Akanmu AS. Uses and misuse of blood transfusion in Obstetrics in Lagos, Nigeria. *W Afr J Med* 2003; 22(2): 124-127.
4. Raufu A Risinf. HIV infection through blood transfusion worries Nigerian health experts. *AIDS Analysis Afr* 2000; 11(1): 15.
5. Jacobs B and Berege ZA. Attitudes and beliefs about blood donation among adults in Mwanza region, Tanzania. *E Afr Med J* 1995; 72(6): 345-348.
6. Royal College of Obstetrics and Gynaecology. Blood transfusion in obstetrics and gynaecology. *Br J ObstetGynaecol*1997; 104: 278-284.
7. World Health Organization. *Mother-Baby Package: Implementing Safe Motherhood in Countries. Practical Guide.* Geneva:WHO Maternal Health and Safe Motherhood Programme, 1994; 1-7.
8. United Nations. Millennium Declaration, New York 2000. <http://www.un.org/millennium/are5552e.pdf>.
9. Sharma R. South East Asia faces severe shortage of safe blood. *BMJ* 2000; 320(7241): 1026.
10. Gobatto I. Donating blood in the time of AIDS. Some ideas from a study in Bangui. *Socd'AfrSida* 1996; 13: 8-10.
11. King DJ. Transfusion and the use of blood products. *BaillClinHaematol* 1991; 4: 545-569.