

Psychosocial Impact of Blood Donation: A Cross-Cultural Study on Motivational and Sociocultural Factors Influencing Donor Behavior

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Abstract:

Background: Blood donation is essential for healthcare systems worldwide, yet maintaining an adequate donor pool remains challenging, particularly in developing countries like Bangladesh where only 30% of blood comes from voluntary donors. Understanding psychosocial and sociocultural factors influencing donor behavior is crucial for developing effective recruitment strategies.

Objective: This study aimed to assess motivational factors, barriers, and sociocultural influences affecting blood donation behavior among donors and non-donors in Sirajganj, Bangladesh.

Methods: A cross-sectional comparative study was conducted from January to June 2024 at the Department of Transfusion Medicine, Shaheed M. Monsur Ali Medical College, Sirajganj. A total of 200 participants (100 donors, 100 non-donors) were enrolled using purposive sampling. Data were collected through face-to-face interviews using a structured questionnaire covering sociodemographics, motivations, barriers, and sociocultural beliefs. Statistical analysis was performed using SPSS version 26 with descriptive statistics, chi-square tests, t-tests, and binary logistic regression.

Results: Donors were predominantly male (91.0% vs. 66.0%, $p<0.001$), educated (64.0% vs. 44.0%, $p=0.012$), and urban residents (56.0% vs. 42.0%, $p=0.020$). Altruistic motivation was the strongest domain (mean 4.40), with 92.0% reporting satisfaction from helping others. Among non-donors, primary barriers were lack of awareness (48.0%), lack of time (46.0%), fear of fainting (44.0%), and misconceptions about weakness (37.0%). Donors demonstrated significantly higher knowledge (3.42 vs. 2.18, $p<0.001$), greater public trust (4.12 vs. 3.24, $p<0.001$), and stronger social support (3.86 vs. 3.12, $p<0.001$). Independent predictors of donation were male gender (AOR=6.17), knowledge of blood group (AOR=5.37), public trust (AOR=3.45), knowledge score (AOR=2.89), and higher education (AOR=2.14).

Conclusion: Blood donation in Sirajganj is driven primarily by altruism, intrinsic rewards, and religious beliefs, while lack of awareness, fear, and mistrust are major barriers. Public trust emerged as a critical independent predictor. Targeted interventions addressing knowledge gaps, leveraging religious motivation, and building institutional trust are essential for increasing voluntary blood donation in Bangladesh.

Introduction:

Blood donation is a cornerstone of modern healthcare, essential for surgeries, trauma management, treatment of chronic diseases such as thalassemia, and maternal health emergencies. The World Health Organization (WHO) recommends that all countries achieve 100% voluntary non-remunerated blood

donation (VNRBD) to ensure a safe and adequate blood supply, with voluntary donors from low-risk populations being the safest source.^{1,2} Despite global efforts, maintaining a stable donor pool remains a significant challenge, particularly in low- and middle-income countries where replacement donation still predominates.³ Bangladesh, with a

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population exceeding 170 million, faces substantial challenges in meeting its blood requirements. According to the National Safe Blood Transfusion Programme under the Directorate General of Health Services, the estimated annual demand stands at approximately 800,000 to 1,000,000 units of blood, primarily needed for managing various medical conditions, particularly among women of childbearing age, thalassemia patients, and victims of road traffic accidents⁴. Currently, only about 30% of the country's blood supply comes from voluntary donors, with the remaining 70% sourced through family or replacement donors, highlighting a significant gap in meeting national demand through voluntary donations alone⁴.

A recent assessment conducted by WHO revealed that, despite high demand, a portion of collected blood remains unused, highlighting inefficiencies in need-based collection and utilization planning⁴. The decision to donate blood is complex and multifactorial, influenced by an interplay of psychological, social, cultural, and structural factors⁵. Altruism, the selfless desire to help others, has consistently been identified as a primary motivator for blood donation across diverse cultural settings. However, motivations extend beyond pure altruism and include personal values, social responsibility, religious beliefs, intrinsic rewards, and family obligations⁵.

The Self-Determination Theory (SDT) framework has gained attention in understanding donor motivation, distinguishing between intrinsic motivation and various forms of extrinsic regulation, with integrated and intrinsic regulation emerging as key drivers of sustained donation⁶. Conversely, numerous barriers prevent individuals from donating blood. Fear-related factors, including fear of needles, pain, dizziness, and seeing blood, are consistently reported across studies³. Logistical barriers such as lack of time, inconvenient donation center locations, and limited awareness about donation procedures further compound the problem³.

Health misconceptions, including beliefs that donation causes weakness or has negative health effects, also contribute to non-donation. A study conducted among residential students and teachers of religious institutions in Jamalpur district, Bangladesh, provides valuable insights into local barriers and motivators⁷. The study found that over

90% of participants were aged 18-30 years, yet the majority (92%) had never donated blood. Common reasons for not donating were lack of knowledge (40%), lack of opportunity (20%), thinking it was harmful to health (21%), and fearing needles (16%). Importantly, more than 67% did not know their blood group, and about 61% had never heard of or could not recall any blood donation program. However, the same study revealed strong motivational potential rooted in religious and moral beliefs. More than 80% of participants considered blood donation a moral responsibility and an Islamic act. Those who considered blood donation a religious act and a moral responsibility were twice as likely to become regular blood donors. Participants willing to donate blood to strangers were four times more likely to do so regularly. These findings underscore the importance of culturally and religiously tailored messaging in the Bangladeshi context. Recent research in Khulna city, Bangladesh, examined knowledge, attitude, and practice of voluntary blood donation among 720 residents. The study found that only 68.58% were knowledgeable about blood donation, and 64.71% had practiced voluntary blood donation. Higher education was significantly associated with better knowledge, with those having master's degrees or above showing 3.27 times higher odds of knowledge. Being male (AOR=3.6), knowing about voluntary blood donation (AOR=2.31), and having a positive attitude (AOR=3.78) were significant factors for practicing blood donation. The study concluded that residents demonstrate poor blood donation practices and limited knowledge, emphasizing the need for awareness campaigns by health authorities and organizations. Sociocultural factors play a particularly important role in shaping donation behavior in collectivist societies like Bangladesh. Research on South Asian communities has revealed context-specific beliefs about blood and blood donation. Studies in Pakistan have documented how gendered notions of blood construct reproductive blood loss as less serious than other types of blood loss, affecting donation practices.

In India, researchers have identified that blood donation is intertwined with religious experience and community dynamics⁹. These findings underscore the importance of understanding local belief systems rather than relying on uniform global policies. Recent cross-cultural research across 28 European countries demonstrated that country-level public trust in the

healthcare system significantly predicts individual donation behavior, often more strongly than objective healthcare quality indicators¹⁰. This finding highlights the role of subjective perceptions of the healthcare system for blood donation behavior. Public trust in healthcare institutions may be particularly relevant in Bangladesh, where perceptions of safety and transparency could influence willingness to donate. Despite growing international literature, limited research has been conducted on blood donation behavior in Bangladesh, particularly in semi-urban and rural settings like Sirajganj district. Most existing studies have focused on metropolitan areas such as Dhaka, Khulna, and Jamalpur^{7,8}, leaving a gap in understanding the psychosocial and sociocultural factors affecting donation behavior in smaller cities and surrounding rural communities. Sirajganj, with its mixed urban-rural population and reliance on a tertiary care hospital, provides an ideal setting to examine these factors.

Objectives:

Primary Objective:

- To assess the motivational factors influencing blood donation behavior among donors and non-donors in Sirajganj, Bangladesh

Secondary Objectives:

- To identify barriers to blood donation among non-donors
- To examine the role of sociocultural factors (religion, family influence, community norms) in shaping donation behavior
- To compare knowledge, attitudes, and public trust between donors and non-donors

Methods:

This cross-sectional comparative study was conducted from January to June 2025 at the Department of Transfusion Medicine, Shaheed M. Monsur Ali Medical College, Sirajganj, Bangladesh, a tertiary care hospital serving approximately 4 million people from northern Bangladesh. The study included 200 participants aged ≥ 18 years, comprising 100 blood donors and 100 non-donors. Donors were individuals who had donated blood at least once, while non-donors had never donated. Sample size was calculated using the formula for comparing two proportions (95% confidence level, 80% power), yielding 85 participants per group; this was increased

to 100 per group to account for incomplete responses. Donors were recruited consecutively from the transfusion medicine department and blood donation camps, while non-donors were recruited from hospital visitors and community members using purposive sampling. Inclusion criteria were age ≥ 18 years, willingness to participate, and ability to understand Bengali; exclusion criteria were age < 18 years, severe illness, inability to communicate, or refusal to consent. A structured questionnaire was developed based on literature review and consisted of seven sections: sociodemographic information (8 items), blood donation history (6 items), motivational factors (20 items across five domains), barriers (20 items across five domains), sociocultural factors (16 items), future donation willingness (3 items), and open-ended suggestions. Motivational and barrier items were measured on a 5-point Likert scale (1=Strongly Disagree to 5=Strongly Agree).

The questionnaire was translated into Bengali and back-translated to English by independent bilingual experts. Content validity was assessed by three experts (two transfusion medicine specialists and one public health expert). A pilot study with 30 participants assessed clarity and comprehensibility, leading to minor modifications. Reliability testing yielded Cronbach's alpha values of 0.82 for motivational factors, 0.79 for barriers, and 0.81 for sociocultural factors, indicating good internal consistency. Face-to-face interviews were conducted by trained research assistants in private settings at the transfusion medicine department, blood donation camps, and community outreach programs.

Each interview lasted 15-20 minutes; for participants with limited literacy, questions were read verbatim in Bengali. Ethical approval was obtained from the Institutional Review Board of Shaheed M. Monsur Ali Medical College, and written informed consent was secured from all participants. Confidentiality and anonymity were strictly maintained. Data were analyzed using SPSS version 26. Descriptive statistics (frequencies, percentages, mean, SD) were calculated for all variables. Chi-square tests compared categorical variables between groups, and independent t-tests compared mean scores. Bivariate analysis calculated odds ratios (OR) with 95% confidence intervals (CI). Binary logistic regression identified independent predictors of donation status, with variables showing $p < 0.10$ in bivariate analysis

entered into the model. Adjusted odds ratios (AOR) with 95% CI were calculated. Model fit was assessed using the Hosmer-Lemeshow test ($p > 0.05$ indicating good fit). Statistical significance was set at $p < 0.05$.

Results:

A total of 200 participants were enrolled, comprising 100 blood donors and 100 non-donors. Table I presents the sociodemographic characteristics. The majority of participants were aged 18-29 years (62.0%). Males comprised 78.5% of

the sample, with a significantly higher proportion among donors (91.0%) compared to non-donors (66.0%) ($p < 0.001$). Educational attainment was significantly associated with donation status ($p = 0.012$), with 64.0% of donors having higher secondary education or above versus 44.0% of non-donors. Monthly income ($p = 0.049$) and urban residence ($p = 0.020$) were also significantly associated with donation status. No significant difference was observed for religion ($p = 0.892$).

Table I: Sociodemographic Characteristics of Study Participants (N=200)

Characteristic	Category	Total (N=200) n (%)	Donors (n=100) n (%)	Non-Donors (n=100) n (%)	χ^2	p-value
Age Group (years)	18-29	124 (62.0)	68 (68.0)	56 (56.0)	5.23	0.073
	30-39	48 (24.0)	22 (22.0)	26 (26.0)		
	40 and above	28 (14.0)	10 (10.0)	18 (18.0)		
Gender	Male	157 (78.5)	91 (91.0)	66 (66.0)	18.24	<0.001
	Female	43 (21.5)	9 (9.0)	34 (34.0)		
Religion	Islam	183 (91.5)	92 (92.0)	91 (91.0)	0.21	0.892
	Hinduism	15 (7.5)	7 (7.0)	8 (8.0)		
	Other	2 (1.0)	1 (1.0)	1 (1.0)		
Educational Level	No formal education	18 (9.0)	4 (4.0)	14 (14.0)	14.85	0.012
	Primary (1-5)	26 (13.0)	10 (10.0)	16 (16.0)		
	Secondary (6-10)	48 (24.0)	22 (22.0)	26 (26.0)		
	Higher Secondary	54 (27.0)	32 (32.0)	22 (22.0)		
	Graduate and above	54 (27.0)	32 (32.0)	22 (22.0)		
Monthly Income (BDT)	<10,000	48 (24.0)	18 (18.0)	30 (30.0)	7.86	0.049
	10,001-25,000	72 (36.0)	36 (36.0)	36 (36.0)		
	25,001-50,000	52 (26.0)	32 (32.0)	20 (20.0)		
	>50,000	28 (14.0)	14 (14.0)	14 (14.0)		
Residential Area	Urban	98 (49.0)	56 (56.0)	42 (42.0)	5.42	0.020
	Rural	102 (51.0)	44 (44.0)	58 (58.0)		

*Data presented as frequency (percentage). Chi-square test was used to compare between groups. Bold p-values indicate statistical significance ($p < 0.05$).

Figure 1 presents the percentage of agreement with various motivational factors for blood donation among 100 donors. The data highlights the key reasons influencing individuals to donate blood, with the highest motivation being "Satisfaction from helping others" (92%), followed by "Help someone in need" (89%) and "Happiness/mental peace after donation" (88%). Other notable motivators include

the sense of moral responsibility (84%) and humanitarian duty (86%). Motivations linked to community respect, family experiences, and peer influence show comparatively lower percentages, with "Influenced by friends who donate" at 54%. This figure illustrates the diverse factors that encourage individuals to engage in blood donation, with a predominant focus on personal fulfillment and a sense of duty.

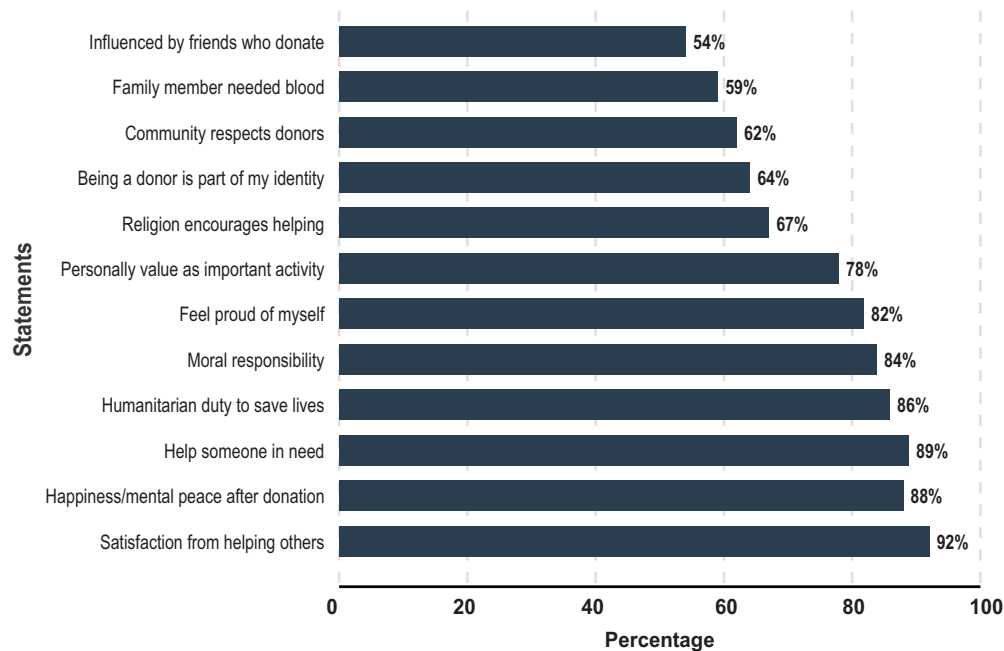


Figure 1: Motivational Factors for Blood Donation Among Donors (n=100)

Figure 2 illustrates the barriers preventing blood donation among 100 non-donors. The top barriers identified include “Don’t know where to donate” (48%) and “Lack of time” (46%), followed closely by “Fear of fainting/dizziness” and “Don’t know donation process” (44%). Other significant obstacles include fear-related concerns, such as “Fear of needles” (41%) and “Fear of pain” (38%). The data

also reveals logistical issues, including “Never had opportunity” (42%) and “Distance to center too far” (38%). The perception that donation may cause weakness (37%) and concerns about the potential sale of donated blood (36%) also contribute to hesitancy. This figure highlights the various factors that prevent individuals from donating blood, ranging from lack of knowledge and opportunity to physical and psychological barriers.

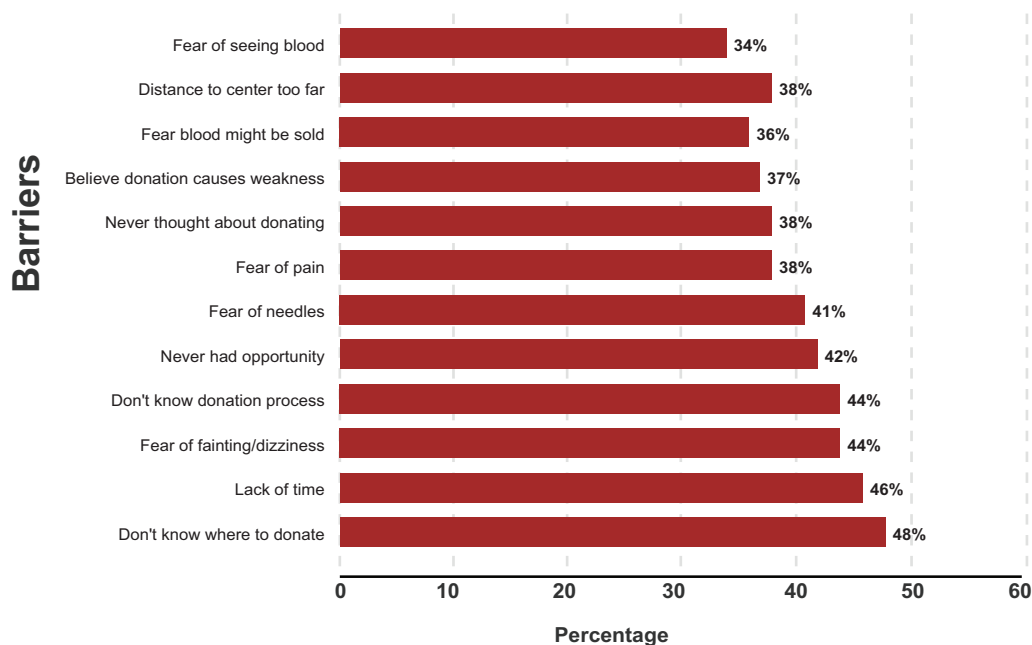


Figure 2: Barriers to Blood Donation Among Non-Donors (n=100)

Table II compares psychosocial factors between donors and non-donors. Donors demonstrated significantly higher knowledge (3.42 vs. 2.18, $p < 0.001$), more positive attitudes (4.38 vs. 3.42, $p < 0.001$), greater public trust (4.12 vs. 3.24, $p < 0.001$), and stronger perceived social support (3.86 vs. 3.12, $p < 0.001$) compared to non-donors.

Table 3 presents factors that would encourage future donation. Family need was the strongest potential motivator (68.0%), followed by convenient donation camps (61.0%), better awareness (60.0%), and safety assurance (59.0%). Non-donors rated all factors higher than donors, indicating greater responsiveness to interventions.

Table 4 presents factors associated with blood donation status. Bivariate analysis revealed that gender had the strongest association, with males having 5.20 times higher odds of donating compared to females (OR=5.20, $p < 0.001$). Knowing one's blood group was also strongly linked, with those aware having 7.37 times higher odds of donating (OR=7.37, $p < 0.001$). Higher education ($\geq$ Higher Secondary) increased the odds of donating by 2.27 times (OR=2.27, $p = 0.005$), while urban residents had 1.76 times higher odds compared to rural residents (OR=1.76, $p = 0.047$). Higher income showed a positive association but was not statistically significant (OR=1.65, $p = 0.082$).

Table II: Comparison of Psychosocial Factors Between Donors and Non-Donors

Variable	Donors (n=100) Mean $\pm$ SD	Non-Donors (n=100) Mean $\pm$ SD	Mean Difference	t- value	p-value
Knowledge about Blood Donation (0-4)	3.42 $\pm$ 0.68	2.18 $\pm$ 0.94	1.24	10.68	<0.001
Attitude toward Blood Donation (1-5)	4.38 $\pm$ 0.52	3.42 $\pm$ 0.78	0.96	10.24	<0.001
Public Trust in Healthcare System (1-5)	4.12 $\pm$ 0.65	3.24 $\pm$ 0.89	0.88	8.06	<0.001
Perceived Social Support (1-5)	3.86 $\pm$ 0.72	3.12 $\pm$ 0.84	0.74	6.72	<0.001

*Data presented as mean $\pm$ standard deviation. Independent t-test was used for comparison between groups. Bold p-values indicate statistical significance ($p < 0.001$). *

Table III: Factors Encouraging Blood Donation (Multiple Responses) (N=200)

Encouraging Factor	Donors (n=100) n (%)	Non-Donors (n=100) n (%)	Total (N=200) n (%)
Family member or friend needs blood	64 (64.0)	72 (72.0)	136 (68.0)
Donation camp near home/ workplace	58 (58.0)	64 (64.0)	122 (61.0)
Better awareness about blood donation	52 (52.0)	68 (68.0)	120 (60.0)
Assurance about safety and hygiene	56 (56.0)	62 (62.0)	118 (59.0)
Free health check-up	42 (42.0)	48 (48.0)	90 (45.0)
Seeing more community members donate	44 (44.0)	46 (46.0)	90 (45.0)
Religious leaders encouraging donation	38 (38.0)	42 (42.0)	80 (40.0)

Data presented as frequency (percentage). Participants could select multiple options.

Table IV: Bivariate Analysis of Factors Associated with Blood Donation Status

Variable	Category	Donors (n=100) n (%)	Non-Donors (n=100) n (%)	Odds Ratio (95% CI)	p-value
Gender	Male	91 (91.0)	66 (66.0)	5.20(2.32-11.65)	<0.001
	Female	9 (9.0)	34 (34.0)	Reference	
Education	$\leq$ Higher Secondary	64 (64.0)	44 (44.0)	2.27 (1.29-3.99)	0.005
	$\geq$ Secondary	36 (36.0)	56 (56.0)	Reference	
Residence	Urban	56 (56.0)	42 (42.0)	1.76 (1.01-3.06)	0.047
	Rural	44 (44.0)	58 (58.0)	Reference	
Knows	Yes	94 (94.0)	68 (68.0)	7.37 (2.98-18.22)	<0.001
Blood Group	No	6 (6.0)	32 (32.0)	Reference	

*Data presented as frequency (percentage). Odds ratio (OR) and 95% confidence interval (CI) calculated using binary logistic regression. Bold p-values indicate statistical significance ($p < 0.05$). *

Table V: Binary Logistic Regression - Independent Predictors of Blood Donation

Predictor Variable	B	S.E.	Wald	df	p-value	Adjusted Odds Ratio (AOR)	95% CI for AOR
Gender (Male vs. Female)	1.82	0.48	14.38	1	<0.001	6.17	2.41 - 15.82
Education ($\geq$ Higher Secondary vs. $\leq$ Secondary)	0.76	0.38	4.00	1	0.045	2.14	1.02 - 4.51
Knows Blood Group (Yes vs. No)	1.68	0.52	10.44	1	0.001	5.37	1.94 - 14.86
Public Trust in Healthcare System (per unit increase)	1.24	0.32	15.02	1	<0.001	3.45	1.84 - 6.47
Knowledge Score (per unit increase)	1.06	0.28	14.33	1	<0.001	2.89	1.67 - 5.00
Constant	-6.84	1.42	23.20	1	<0.001	0.001	

Model Summary: Hosmer-Lemeshow Goodness-of-Fit Test: $\chi^2 = 6.24$, $df = 8$, $p = 0.62$; Nagelkerke $R^2 = 0.58$; Overall correct classification rate: 82.5%

Table V highlights the independent predictors of blood donation status identified through logistic regression. The model was statistically significant ($\chi^2=89.64$, $p<0.001$), explaining 58% of the variance and accurately classifying 82.5% of cases. The strongest predictor was male gender, with males having 6.17 times higher odds of donating compared to females (AOR=6.17, $p<0.001$). Knowledge of one's blood group was also a powerful predictor, increasing the odds of donation by 5.37 times (AOR=5.37, $p=0.001$). Public trust in healthcare played a significant role, with each unit increase in trust boosting the odds of donation by 3.45 times (AOR=3.45, $p<0.001$). Additionally, higher knowledge scores and higher education were associated with increased odds of donation, with odds increasing by 2.89 times (AOR=2.89, $p<0.001$) and 2.14 times (AOR=2.14, $p=0.045$), respectively. In contrast, factors like residence (urban/rural) and income did not remain significant in the multivariate model, suggesting their effects were mediated by other variables like education and knowledge.

Discussion:

This study examined the psychosocial and sociocultural factors influencing blood donation behavior among 200 participants in Sirajganj, Bangladesh. The findings reveal significant differences between donors and non-donors across multiple domains and provide important insights for developing targeted interventions. The socio-demographic profile of donors in this study—predominantly male (91.0%), young (68.0% aged 18-

29 years), and educated (64.0% with higher secondary education or above)—is consistent with previous research in similar settings. Studies in India and Iran have reported comparable gender disparities, with males comprising over 90% of donor populations^{11,12}.

The low representation of female donors (9.0%) in our study reflects cultural norms, higher prevalence of anemia, and gender-specific barriers that require targeted interventions¹³. Altruistic motivation emerged as the strongest domain (mean 4.40), with 92.0% reporting satisfaction from helping others. This finding aligns with global literature identifying altruism as the primary driver of voluntary blood donation¹⁴. The high endorsement of intrinsic rewards (88.0% experiencing happiness and mental peace) supports previous research documenting the “warm glow” effect of donation, where positive emotions serve as powerful reinforcers for continued donation behavior¹⁵. Religious motivation played a significant role, with 67.0% agreeing that their religion encourages helping others. This finding is particularly relevant for Muslim-majority countries. A study in Iran reported similar findings, with religious duty serving as an important motivator for donation¹².

Research in Cameroon also documented that participants viewed donation as both a humanitarian act and a form of religious responsibility¹⁶. This underscores the potential of engaging religious leaders in blood donation advocacy. Among non-donors, lack of awareness was the highest-scoring barrier domain (mean 3.26), with 48.0% unaware of

donation locations. This mirrors findings from studies in India where lack of knowledge about donation procedures and locations was a primary barrier¹³. Fear-related barriers particularly fear of fainting (44.0%) and fear of needles (41.0%) were also prominent, consistent with research across multiple countries identifying fear as a universal deterrent^{14,17}. A Nigerian study similarly identified fear of blood and time constraints as major deterrent factors¹⁷. Mistrust emerged as a concerning barrier, with 36.0% fearing blood might be sold. This finding aligns with research from Cameroon where participants expressed fear of the “ritualistic use” of donated blood and perceptions that donation is a commercial activity¹⁶. Recent cross-cultural research across 28 European countries demonstrated that public trust in healthcare systems significantly predicts donation behavior, often more strongly than objective healthcare quality indicators¹⁰. This highlights the critical importance of building institutional trust through transparency and quality assurance. The significant differences between donors and non-donors in knowledge, attitudes, public trust, and social support highlight the multifaceted nature of donation behavior.

A multi-country study of university students across 16 countries found that knowledge about blood donation was significantly associated with positive attitudes and donation behavior¹⁸. These findings suggest that interventions must address multiple domains simultaneously rather than focusing on single factors. The multivariate analysis identified male gender (AOR=6.17), knowledge of blood group (AOR=5.37), public trust (AOR=3.45), knowledge score (AOR=2.89), and higher education (AOR=2.14) as independent predictors of donation status. The strong association between knowing one's blood group and donation behavior suggests that blood group testing camps could serve as an entry point for donor recruitment. Studies in India have reported that 41.9% of non-donors were unaware of their blood group, similar to our findings¹³. Encouragingly, 60.0% of non-donors expressed willingness to donate in the future, with family need (68.0%) and convenient donation camps (61.0%) identified as the strongest potential motivators¹⁵. This represents a significant opportunity for conversion, consistent with research showing that convenient access and

personal relevance are key facilitators of donation behavior.

Conclusion:

This study examined the psychosocial and sociocultural factors influencing blood donation behavior among 200 participants in Sirajganj, Bangladesh. The findings reveal that donors are predominantly male, young, educated, and urban residents. Altruism is the strongest motivator, followed by intrinsic rewards and religious beliefs. Among non-donors, lack of awareness, fear of fainting, lack of time, and misconceptions about weakness are the primary barriers. Donors demonstrate significantly higher knowledge, more positive attitudes, greater public trust, and stronger social support compared to non-donors. Independent predictors of donation include male gender, knowledge of blood group, public trust, knowledge score, and higher education. These findings highlight the complex interplay of individual, social, and institutional factors shaping donation behavior in Bangladesh.

Recommendations:

Further research is warranted to deepen understanding of donation behavior in Bangladesh. Qualitative studies exploring gender-specific barriers through in-depth interviews with female non-donors would provide rich contextual insights. Longitudinal research tracking motivational changes over time among first-time donors could identify factors influencing retention. Intervention studies testing the effectiveness of religiously-tailored messaging and trust-building initiatives would provide evidence for program design. Expanding research to other districts would enable national-level comparisons and more generalizable findings.

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