COBA
COALITION OF BLOOD FOR AFRICA

Nivi

From Awareness to Action

Inside the Drivers of Blood Donation Among Youth in Kenya and Nigeria

Introduction

Across Africa, access to safe and reliable blood supplies remains a critical yet often under-recognized pillar of effective health systems. Every day, patients rely on blood transfusions to survive life-threatening situations, including childbirth complications, severe childhood anaemia, traumatic injuries, and complex surgical procedures. Despite its indispensable role in modern healthcare, many countries across the continent continue to face persistent blood shortages, limiting their ability to respond effectively to medical emergencies.

The consequences of these shortages are profound. Delays in accessing blood can mean the difference between life and death, particularly in emergencies requiring rapid transfusion. This is especially evident in cases of maternal haemorrhage, one of the leading causes of maternal mortality across Africa, as well as among children suffering from severe anaemia due to malaria and other conditions. In such instances, timely access to safe blood is not just important; it is lifesaving.

In response, governments, national blood transfusion services, and civil society organizations have implemented a range of initiatives to encourage voluntary blood donation. These campaigns have played an important role in raising awareness and, in some contexts, have led to gradual improvements in donor recruitment. However, voluntary donation rates in many African countries still fall significantly short of meeting national demand.

A key challenge is that many of these campaigns focus primarily on raising awareness without fully addressing the underlying motivations, concerns, and practical barriers that influence individual decisions. Awareness alone does not necessarily lead to action. Even when individuals understand the importance of donating blood, they may hesitate due to safety concerns, unanswered questions, or limited access to convenient donation opportunities.

To address this gap, Nivi partnered with the Coalition of Blood for Africa to generate real-world insights into how young people perceive blood donation and what drives their willingness to participate. The objective was not only to assess attitudes but also to identify actionable opportunities to strengthen blood donation strategies through a deeper understanding of human behaviour.

Between October and December 2025, Nivi conducted a WhatsApp-based survey across Kenya and Nigeria to explore how young adults think about blood donation and what motivates or discourages them from taking action. The findings offer valuable insights to inform more effective policies, campaigns, and partnerships aimed at strengthening voluntary blood donation systems across the continent.

Why Understanding Donor Behaviour Matters

Blood systems are often designed around infrastructure-collection centres, supply chains, and clinical protocols. While these are essential, they are not sufficient. At the heart of every blood system is a human decision: whether or not to donate.

People do not make this decision based on information alone. Their choices are shaped by trust, fear, social influence, convenience, and timing. Many individuals support blood donation in principle but hesitate in practice because they are unsure where to go, concerned about safety, or simply waiting for someone they know to ask.

This gap between awareness and action is where most blood donation strategies fall short. Campaigns that focus only on education often fail to address the real barriers that prevent participation.

Digital platforms offer a powerful opportunity to close this gap. By engaging individuals through familiar channels like WhatsApp, it becomes possible to gather real-time insights into how people think, what they feel, and what ultimately motivates them to act.

Survey Summary

The survey was conducted through Nivi's WhatsApp-based health engagement platform, which connects users to trusted information across a range of health topics, including family planning, immunization, maternal health, and general wellness. With over 500,000 users in each of Kenya and Nigeria — and 2.5 million users across six countries — the platform provides a scalable and accessible channel for engaging diverse populations in real time.

For this study, users in Kenya and Nigeria were invited to participate in a short, conversational survey exploring their attitudes toward and experiences with blood donation. The questionnaire was intentionally designed to be simple, mobile-friendly, and easy to complete, enabling participants to respond quickly and conveniently via their phones.

Participation was entirely voluntary, and no personal identifiable information was collected beyond basic demographic data such as age, gender, preferred language, and general location. To ensure inclusivity and broader reach, the survey was made available in three languages: English, Swahili (for participants in Kenya), and Hausa (for participants in Nigeria).

Over the three-month period, the survey received 2,464 responses, including 1,093 from Kenya and 1,371 from Nigeria. The median respondent age was 24, reflecting a predominantly young and digitally engaged population. The sample skewed female, particularly in Kenya, and per-question response rates ranged from 26% to 51%.

The survey explored five core dimensions of blood donation behaviour:

1. Motivations for first-time donation
2. Trust and safety perceptions
3. Preferred communication channels
4. Incentives and recognition preferences
5. Barriers to donation

By analyzing these areas, the study aimed to uncover actionable insights into the behavioural drivers and constraints shaping blood donation among young peopleproviding a foundation for more targeted, effective strategies to increase voluntary blood donation.

From Comparison to Insight: Kenya and Nigeria

The survey findings reveal a set of clear and actionable patterns that deepen our understanding of how young adults in Kenya and Nigeria perceive blood donation. While there are strong similarities across both countries, important differences also emerge offering valuable direction for more tailored campaign design and policy development.

One of the most compelling insights is the powerful role of social influence in shaping first-time donation behaviour. Nearly half of respondents indicated they would be most motivated to donate if encouraged by a friend or family member. This underscores that decisions around blood donation are often driven more by personal relationships and social networks than by formal awareness campaigns alone.

This strong peer effect points to the potential of strategies that promote group-based participation. When individuals see friends, relatives, or colleagues donating blood, it can reduce hesitation and build confidence. Over time, this kind of social reinforcement can help normalize blood donation as a routine community practice rather than a one-off or exceptional act.

At the same time, concerns around safety remain a significant barrier. A notable proportion of respondents expressed worries about potential health effects or the risk of infection during the donation process. While many are generally aware that blood donation is safe when conducted properly, these concerns still play a meaningful role in influencing behaviour.

Addressing these perceptions will require clear, consistent, and transparent communication. Providing simple, credible information about the use of sterile, single-use equipment and the presence of trained health professionals can help build trust and reassure potential donors.

The findings also highlight persistent challenges related to access and convenience. Many respondents reported not knowing where or when to donate, while others cited time constraints or limited access to nearby donation sites. This suggests that improving the visibility, frequency, and convenience of donation opportunities could significantly increase participation.

Finally, the results indicate a strong underlying willingness to donate. Roughly 30% of respondents indicated they would donate without any material incentive, while a separate 30% identified free health screening as their preferred form of recognition.

Kenya vs. Nigeria: Key Differences in Blood Donation Behaviour

Understanding why people choose to donate blood, what holds them back, and how they prefer to receive information is critical for designing effective campaigns. While both Kenya and Nigeria have large, digitally engaged youth populations with a general willingness to donate, the underlying drivers of their decisions differ in important ways.

The table below compares the two countries across five key areas: motivators, barriers, trust and safety perceptions, communication preferences, and incentives. Viewing these insights side by side helps to clearly identify where strategies should converge and where they need to be adapted to local contexts.

These findings go beyond statistics; they reflect what truly matters to people. In Kenya, social influence from friends and family plays a strong role in motivating first-time donation, though concerns about potential side effects remain a key barrier. In Nigeria, respondents are more likely to describe themselves as reactive

donors who only give blood when there is an immediate need, alongside heightened concerns about the risk of infection.

Survey Dimension	Kenya	Nigeria	Key Implications
Motivators (First-Time Donation)	Friends/Family Influence (~43%) is strongest, followed by Health Check-Ups (~19%) and Education/ Awareness (~20%)	Friends/Family Influence (~51%) dominates, followed by Health Check-Ups (~18%) and Community Impact (~14%)	Peer networks are the main lever in both countries. **Kenya:** reinforce social encouragement with safety reassurance. **Nigeria:** leverage peers and community-based campaigns.
Barriers to Donation	Fear of Side Effects (~26%) is top, followed by lack of information (~25%) and practical constraints (~21%)	Reactive Donation Mindset (~30%) is top, followed by lack of reminders (~21%), Fear of Side effects (~17%), and access/time constraints (~16%)	**Kenya:** focus on addressing side effect concerns and improving information. **Nigeria:** shift culture from reactive to proactive donation and address side effects fears.
Trust & Safety Concerns	Health Concerns (~37%) and Mistrust in System (~22%) are highest. Fear of infection (~11%) lower. 21% report no concerns	Fear of Infection (~28%) is highest, Health Concerns (~26%), System Mistrust (~17%). 23% report no concerns	**Kenya:** build confidence via transparency and education on donation process. **Nigeria:** demonstrate safety protocols visibly, emphasize infection prevention.
Communication Preferences	Workplace/School Programs (~31%) top, followed by Social Media (~22%), Community Events (~22%) and SMS (~20%). Community Leaders are less influential	More balanced: Community Events (~26%), Workplace (~25%), SMS (~23%). Social Media (~21%) and Community Leaders (~5%)	**Kenya:** focus on institutional programs and peer engagement. **Nigeria:** combine workplace, community, and SMS approaches for maximum reach.

Survey Dimension	Kenya	Nigeria	Key Implications
Incentives / Recognition	Split between Free Health Screening (~32%) and No Incentive (~31%). Certificates (~14%) and Small Gifts (~19%) secondary. Public Recognition (~4%) least	Certificates (~24%) and No Incentive (~29%) or Free Health Screening (~27%) are important. Small Gifts (~11%), Public Recognition (~9%)	**Kenya:** practical benefits drive engagement. **Nigeria:** formal recognition and social honor more motivating. Tailor campaigns accordingly.

The findings make it clear that a one-size-fits-all approach is unlikely to be effective. While both Kenya and Nigeria have a strong base of potential donors, the factors that motivate participation and the barriers that prevent it differ in meaningful ways.

In Kenya, campaigns should focus on building trust and providing clear, accessible information particularly around concerns related to side effects. Leveraging social networks, workplaces, and educational institutions can be especially effective in reaching potential donors. Practical incentives, such as free health screenings, also resonate strongly and can help convert willingness into action.

In Nigeria, there is a need to shift from reactive, emergency-driven donation toward more consistent, voluntary participation. Making safety measures highly visible and well-communicated is critical to addressing concerns around infection. In addition, peer-led initiatives, along with recognition mechanisms such as certificates and public acknowledgment, can help reinforce positive behaviour. Simple tools like SMS reminders can also play an important role in prompting repeat donations.

Overall, these insights underscore that increasing blood donation is not only about expanding access, but also about understanding and addressing how people think and feel. Designing strategies that reflect country-specific realities will be key to engaging more donors and ultimately, saving more lives.

Strengthening Blood Systems in Africa: Insights for Targeted, Country-Specific Action

The findings from the Kenya and Nigeria survey offer practical and actionable guidance for strengthening blood systems across the continent. While both countries have large, young populations that are generally willing to donate, the motivations, barriers, and behavioural drivers differ significantly. This underscores the importance of designing interventions that are context-specific rather than applying uniform, one-size-fits-all approaches.

1. Targeted Education and Awareness

Fear and misinformation remain key barriers to donation. In Kenya, concerns about potential side effects discourage participation, while in Nigeria, fears related to infection are more prominent. Strengthening blood systems therefore requires clear, consistent, and highly visible education campaigns that demystify the donation process, reinforce safety standards, and directly address common misconceptions. Embedding these messages within workplaces, schools, universities, and community forums can help reach both active and hesitant donors more effectively.

2. Leveraging Social Networks and Peer Influence

Across both countries, friends and family play a significant role in motivating first-time donors. Blood systems can harness this by partnering with community organizations, workplaces, and digital platforms to promote peer-to-peer engagement. Initiatives that encourage group donations or “bring-a-friend” campaigns can help normalize blood donation while simultaneously strengthening trust through familiar social connections.

3. Improving Access and Convenience

Practical and informational barriers continue to limit participation. In Kenya, many individuals are unsure of where or when to donate, while in Nigeria, timing and

accessibility challenges are also evident. Strengthening systems should therefore prioritize well-publicized mobile donation drives, clearly communicated schedules, and conveniently located donation sites. Digital tools such as appointment systems, interactive maps, and mobile platforms can further simplify the donor journey.

4. Strengthening Safety and Trust Infrastructure

Trust in the safety of the donation process is foundational. High levels of concern about infection in Nigeria, alongside broader health worries in Kenya, highlight the need for visible and transparent safety practices. Demonstrating the use of sterile, single-use equipment, showcasing trained personnel, and offering educational content such as videos or facility tours can significantly improve donor confidence.

5. Incentives and Recognition Systems

While many individuals are willing to donate without material incentives, certain forms of recognition can enhance participation. In Kenya, practical benefits such as free health screenings are particularly appealing, while in Nigeria, recognition-based approaches such as certificates, public acknowledgment, and appreciation programs may be more effective. A balanced, context-specific incentive strategy can help reinforce voluntary donation behaviour.

6. Use of Digital Tools and Reminders

Digital channels present a powerful opportunity for sustained engagement. SMS reminders, social media outreach, and mobile notifications can help reduce forgetfulness and encourage repeat donations. This is especially important in Nigeria, where donation behaviour is often reactive. Automated reminders and easy appointment scheduling can support the shift toward more regular, voluntary participation.

7. Gender-Sensitive Approaches

The data also points to meaningful gender differences in attitudes toward donation. Women in both countries are more likely to cite health concerns as their top safety worry, and Nigerian women face a much larger information gap than Nigerian men, with 22% saying they don't know where or when to donate compared to 6% of men. Nigerian men, by contrast, are more likely to be reactive donors, with 36% saying they only donate when needed compared to 24% of women. Strengthening blood systems requires gender-disaggregated campaign design, with targeted outreach to men through workplace, sports, and community channels, and clearer information pathways for women.

8. Evidence-Based, Country-Specific Planning

The findings reinforce the importance of localized, evidence-driven planning. Regional averages can obscure critical differences in behaviour and motivation. Policymakers and blood services should continuously monitor donor insights at the country level and adapt strategies accordingly to ensure relevance and effectiveness.

Strengthening blood systems in Kenya and Nigeria goes beyond expanding donation opportunities. It requires addressing behavioural barriers, building trust, leveraging social influence, improving access, and using digital tools effectively. By grounding strategies in country-specific evidence, blood systems can increase voluntary and repeat donations, reduce reliance on emergency-driven supply, and build more resilient systems capable of saving more lives across Africa.

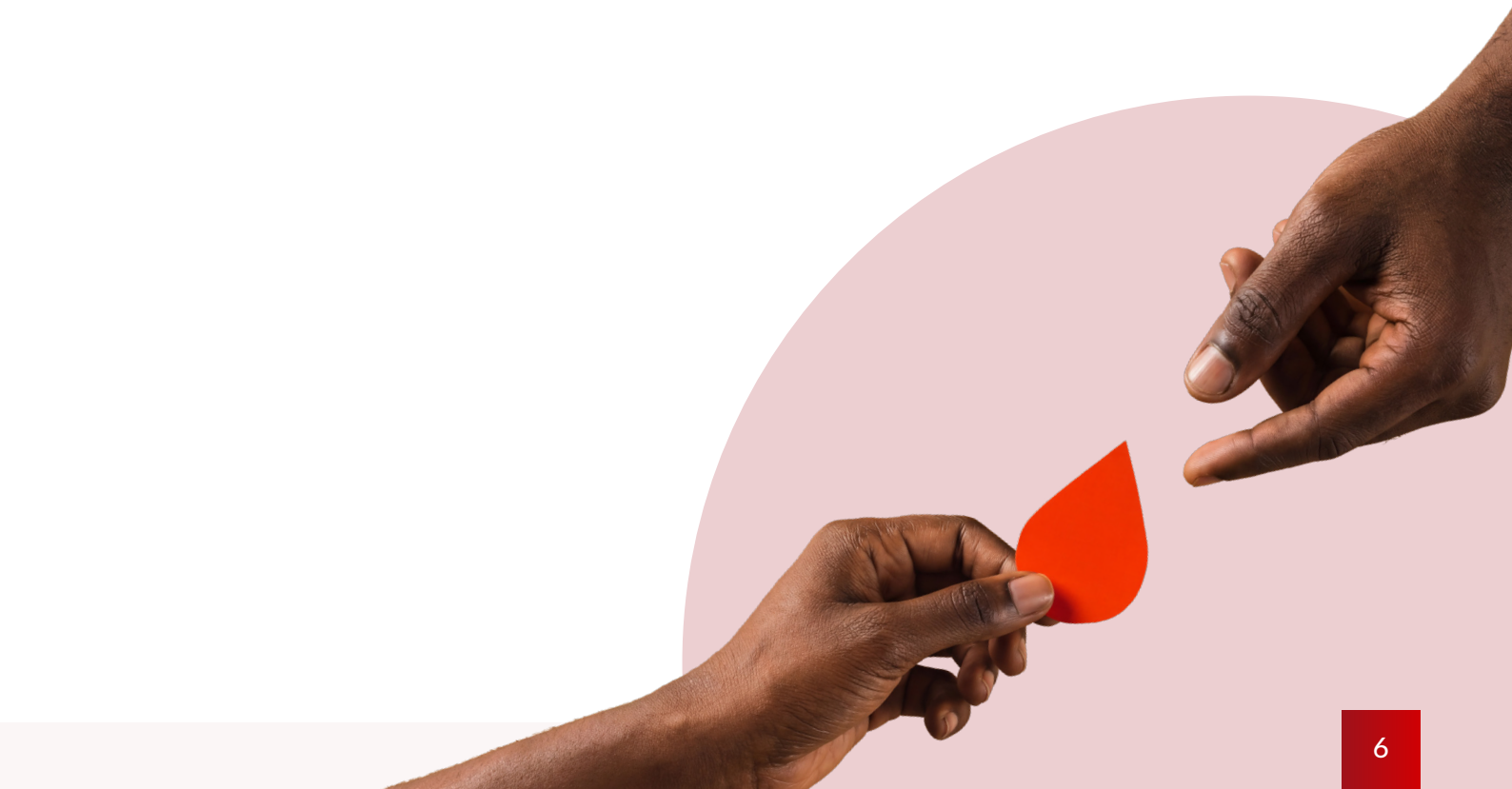
From Insight to Impact: Building Smarter Blood Donation Systems in Africa

The Kenya and Nigeria survey clearly shows that while both countries have large, young populations that are willing to donate blood, the motivations behind donation, the barriers they face, and their preferred ways of engagement differ in fundamental ways. In Kenya, donation decisions are strongly influenced by friends and family, yet many potential donors are held back by concerns about side effects. In Nigeria, peer influence is also important, but donation tends to be more reactive, often driven by immediate need, alongside persistent concerns about infection risk.

These differences highlight a critical lesson: effective blood system strengthening cannot rely on generic, one-size-fits-all regional approaches. Instead, strategies must be tailored to local realities addressing specific fears, leveraging trusted social networks,

using communication channels people already engage with, and offering forms of recognition and incentive that are meaningful within each context.

By applying these insights, stakeholders have a clear opportunity to build more responsive, trusted, and effective blood systems. Investments in targeted education, improved access, trust-building measures, digital engagement tools, and context-appropriate recognition programs can help remove barriers and convert willingness into action. The path forward is straightforward: understanding donor behaviour, listening to community needs, and designing tailored interventions are essential to strengthening voluntary blood donation systems and saving more lives across Africa.



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