

## Advancing Health Equity through Culturally Responsive Blood Donation Strategies: Insights from Qualitative Research with Muslim Migrants in Aotearoa New Zealand.

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Ensuring equitable participation in blood donation remains challenging among ethnically and religiously diverse groups. This qualitative study explores the attitudes, beliefs, and behaviors of Muslim migrants regarding blood donation in New Zealand, utilizing the Theory of Planned Behavior (Ajzen, 1991) as a conceptual framework. Using purposive sampling, 31 first-generation migrants (14 men, 17 women; aged 20–66) from Pakistan (n = 16) and India (n = 15) were recruited. Four community-based focus group discussions were held, and the data was analyzed thematically.

Thematic analysis showed how cultural, religious, and social factors influence blood donation among Muslim migrants. Participants emphasized that accurate and accessible information about procedures, eligibility, and health effects is crucial in shaping willingness to donate, reflecting insights from migrant-targeted campaigns elsewhere (Francis et al., 2017). Islamic values, which stress the sanctity of life, were viewed as supportive of donation. However, concerns about contamination and religious impurity led some to prefer intra-faith settings, reflecting broader faith-based health initiatives. Gender roles and family structures heavily impacted women's ability to donate, with many citing the need for male consent or facing cultural restrictions rooted in perceived physical vulnerability and modesty. Participants also considered the physical and spiritual risks of donation, with fears of needles or health decline being common, especially among older people, with many preferring family-based donation methods. Younger migrants demonstrated greater confidence and a higher willingness to donate, often due to their exposure to health systems.

This presentation examines a qualitative study on how cultural, religious, and gender factors influence blood donation attitudes among Muslim migrants in Aotearoa. It highlights gaps in blood donation services that hinder equitable access and emphasizes culturally relevant, inclusive outreach strategies—such as involving religious leaders and family networks—that exemplify best practices in community outreach engagement (Polonsky et al., 2013).

### Keywords

Health equity, Muslim migrants, blood donation, cultural safety, qualitative research

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