

Blood donation Word-of-Mouth behavior among Chinese and Indian donors: an exploration with Australian donors

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Background - Cultural diversity in a blood donor panel is vital for healthcare, especially in countries where multiple cultural groups are growing in representation and have unique phenotypes. Word-of-mouth (WOM) is considered a potentially powerful way to recruit diverse donors; however, donors seldom talk about blood donation. This study explores factors influencing positive WOM about blood donation among people within Chinese and Indian communities in Australia.

Materials and methods - Six online focus groups were conducted with 35 donors (20 Chinese and 15 Indian) aged 18-57 who had donated in the past 12 months. Using thematic analysis, the factors that contributed and inhibited sharing WOM about blood donation were identified. Participants shared their WOM experiences, motivations, perceived barriers, and supports needed to enhance their WOM activities.

Results - Donors from both cultural groups recognized the benefits of discussing blood donation, however their engagement varied. Most were reactive, responding to inquiries rather than initiating conversations. Their WOM behaviors were influenced by personal experiences, conversational context, and social connections. The main concern was being perceived as bragging, while motivators included altruism and professional links to healthcare. Significant cultural differences emerged: Indian participants were cautious about WOM to avoid personal health disclosures from recipients, while Chinese donors highlighted cultural perceptions of loss of vitality from donating, especially among older individuals, as a barrier to discussing donation. A proposed model of willingness to share WOM was developed based on individuals' goals for sharing WOM and perceived agency to do so.

Discussion - Strategies are needed to help donors view their role as including active support for blood donation. Tools and resources that give donors a "license" to initiate WOM discussions about blood donation, while addressing cultural misconceptions, may strengthen their confidence and agency to discuss blood donation.

Keywords: *blood donation, Word-of-Mouth, Australian Red Cross Lifeblood, multicultural donors, culturally diverse groups.*

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INTRODUCTION

Donor word-of-mouth (WOM), the informal and interpersonal act of blood donors speaking to others about donating blood and their donation experiences¹⁻⁴, is widely recognized as an effective and low-cost strategy for recruiting new donors, particularly within multicultural communities⁵⁻⁷. With enhancing WOM often suggested as a strategy for increasing blood donations⁸⁻¹⁰ or undertaking other health activities¹¹.

Cultural diversity in a blood donor panel is vital for healthcare, especially when there are increasing numbers of cultural groups who have unique phenotypes integrating within host country populations¹². Increasing donor acquisition and diversity within the donor panel is essential to meet blood product demand and enable appropriately matched blood for all patients¹³. In Australia the population is increasingly becoming culturally and ethnically diverse, thus there is a need to engage donors from all cultural backgrounds to meet local demand¹⁴. Any country that lacks a diverse ethnic representation in the donor pool is impeded in its ability to provide matched blood for patients needing rare or multiple transfusions^{13,15}.

Globally research has found that low rates of blood donation among ethnic minority groups arise because of limited trust of blood collection organizations, lack of knowledge about blood donation, language barriers, and social exclusion¹⁶⁻¹⁸. It should be noted that these factors are not unique to ethnic minority groups, with these factors also contributing to lower donation rates in the majority community (see Bednall and Bove for a meta-analysis of barriers)¹⁹.

While blood donation is important, globally it is not something frequently spontaneously discussed²⁰. Many donors lack motivation and confidence in their ability to talk about blood donation²¹ and perceive there is limited opportunity to talk about blood donation²². This, therefore, inhibits WOM¹. Given that previous research has shown that WOM can increase people's intentions to donate²³⁻²⁴ and influence actual behavior²⁵, making these conversations easier to have is therefore essential. However, there is limited information about what facilitates or prevents blood donation WOM¹, particularly among culturally diverse communities²⁶.

This study explores how conversations around blood

donation can be encouraged among different cultural communities to raise awareness about donating blood and becoming a blood donor. We focus specifically on Indian and Chinese blood donors, two of the largest non-European ethnic groups in Australia representing 5.6% and 4.6% of the Australian population²⁷, and with the most common ancestry for first generation Australians at 14% and 8.3% respectively²⁸. Having such a large migrant community highlights their importance, even though migrant communities are often ignored in public health research²⁹. There are of course, studies focusing on migrant communities' views of blood donation within their home countries as well (e.g., China³⁰⁻³¹, India³²⁻³³), but these home country views and behaviors do not always translate to migrants in host communities, who may want to be seen more as locals³⁴.

The study explores blood donation WOM behaviors, what motivates individuals in these two communities, what barriers they face, what opportunities exist, and what supports their ability to communicate about donation. The Motivation-Opportunity- Ability-Behavior (MOA-B) framework³⁵⁻³⁶ was adapted to health behaviors and social practices like blood donation, with research highlighting that multiple factors interact to shape individuals' actions³⁷. This analysis of data in these papers, highlights both similarities and key cultural distinctions in WOM behaviors for Chinese and Indian donors and the past literature. It sheds light on how culturally tailored interventions might be designed to foster inclusive and effective donor communication strategies. These insights can inform future recruitment strategies aimed at building a diverse and sustainable blood donor panel.

MATERIALS AND METHODS

The study employed a qualitative research design. Specifically, we used focus groups to collect rich, contextual data examining donor recruitment to understand these complex social behaviors across Indian and Chinese cultural contexts^{1,16,38}.

Participants

Between October and November 2022, via emails and phone calls to the Australian Red Cross Lifeblood (Lifeblood) donor panel, the researchers were put in contact with 202 active donors who had donated in the last 12 months. A total of 44 individuals, aged 18-57 years

Table I - Participant characteristics

Ethnic group	Gender		Age group		Donation history			Country of birth	
	F	M	18-35	36-60	1-4	5-20	21+	Australia	Overseas
Chinese	9	11	10	10	5	11	4	2	18
Indian	4	11	9	6	10	4	1	2	13
Sub-Total	13	22	19	16	15	15	5	4	31

Note: Donation history indicates the number of donations that participants had completed prior to participating. These donations comprise a mix of whole blood, plasma, and platelets.

with varying histories of donations (**Table I**) consented to participate, 21 Chinese and 23 Indian participants. Thirty-five individuals participated (No.=15 Indian, No.=20 Chinese), by attending one of 6 focus group (No.=3 per cultural group) (**Table II**). Focus groups were stratified by ethnicity and facilitated by researchers from the same cultural background to enhance cultural safety and participant engagement. Donors who participated received an AUD\$80 voucher in recognition of their efforts. Compensation is particularly effective when the required time and effort is considerable³⁹, especially among difficult-to-reach groups⁴⁰.

Table II - Target sample details

Ethnic Group	Recruitment sample	Confirmed participants ^A	Actual participants ^B
Chinese	101	21 (20.8%)	20 (19.8%)
Indian	101	23 (22.8%)	15 (14.9%)
Sub-total	202	44 (21.8%)	35 (17.3%)

Note: ^AThe number of donors who agreed to participate either verbally or through email; ^Bthe number of participants who attended the focus groups.

Data collection and analysis

Data collection comprised two phases. First, a pre-focus group online profile survey gathered demographic details and preliminary insights into donation motivations (**Table III**). Second, participants engaged in online focus group discussions lasting 1.5 to 2 hours each. The discussions were guided by a semi-structured protocol (**Table III**) aligned with the MOA-B framework. Key topics included experiences receiving and delivering WOM communication, motivations for speaking about donation, perceived barriers, and suggestions for organizational support. All focus groups were recorded through the Microsoft Teams platform, transcribed verbatim by a professional agency, checked for accuracy and

non-verbal cues added and anonymized by the researchers. The transcripts were analyzed using deductive coding⁴¹ through NVivo 12 software. Coding reliability was established, averaging 89%, through independent analyses by three researchers. Two of these researchers

Table III - Focus group survey questions

Pre-focus group survey questions
<p>These questions were sent to participants prior to the focus group as part of a small survey when collecting other demographic information.</p> <ul style="list-style-type: none"> • How long have you been a donor at Lifeblood? • What type(s) of donation do you usually make (whole blood, plasma, platelets)? • Do you like to donate? Why/ why not? • How did you learn about donating blood?
Focus group questions
<p>WOM 1 - Experience receiving WOM</p> <ul style="list-style-type: none"> • Before your first blood donation, did you know other people who donated, and did they talk to you about donating?
<p>WOM 2 - Experience delivering WOM</p> <ul style="list-style-type: none"> • Now that you have donated, can you tell me about a time when you talked to others in person or online about donating blood? Prompt: Who, where, what • How do conversations with others about blood donation start? • What else do you talk about? • When you have talked or posted online about blood donation, how do people react? <p>Optional questions if cultural background is not discussed spontaneously.</p> <ul style="list-style-type: none"> • Do you think your cultural background or beliefs impact what you talk about and to who you talk to/ encourage to donate blood? If yes, how? • Do you think the cultural background or beliefs of the person you are talking to impact what you talk about?
<p>WOM 3 - Motives and barriers</p> <ul style="list-style-type: none"> • Why do you/ why would you tell others about donating blood? • What stops/ would stop you from telling others about donating blood? <p>Optional question if cultural background is not discussed spontaneously.</p> <ul style="list-style-type: none"> • Do you think your cultural background or beliefs impact your reasons for talking or not talking about blood donation?
<p>WOM 4 - Facilitators/Lifeblood support</p> <ul style="list-style-type: none"> • What could Lifeblood do to help and encourage you to talk about donating blood? • What makes/ would make it easier for you to tell others about donating blood? • What do you think someone from your community would need to know to donate blood? • How should the information be shared (what form, by whom)?

were from the target cultural groups. They independently analyzed the transcript content, developed themes and used deductive analysis to align the thematic codes to the MOA-B framework. This helped identify individual and contextual factors shaping WOM behavior. In the results, participant quotes are identified by gender, age group, and ethnic background (e.g., F_31-40_I, indicates a female Indian donor aged 31-40 and a C indicates a Chinese donor).

The study was approved by the Australian Red Cross Lifeblood ethics committee (2022#24), ratified by the University of Queensland's Ethics Committee (2022/HE000640) and registered with Deakin University. A Community Advisory Group (CAG), comprising two representatives from each of the targeted cultural communities reviewed the recruitment protocols and materials and analyzed data to ensure cultural appropriateness and accuracy.

RESULTS

The diversity of participants donation experience (**Table I**) allowed for an in-depth exploration of the factors influencing WOM behavior and provided insight into culturally specific patterns of engagement. The results are structured using the MOA-B framework.

Motivations for engaging in WOM

Motivation to talk about blood donation was influenced by multiple factors across both Indian and Chinese communities. Some of these factors were similar to those which influenced initial donation experiences, with these encouraging sharing of donation experiences within close social circles, highlighting the role of friends, family, and colleagues in encouraging WOM. With social media appeals for collective action, in regard to blood donation behavior being found to generally be an effective promotional strategy⁴². “Yeah, mostly they'd just be close friends. ... because I'm more comfortable around (M_21-30_C)”, and this collective approach has also been found to arise in China⁴³.

This emphasis on the collective may explain why many participants indicated that their first blood donation was made alongside someone they trusted. “I just go with my family (M_41-50_I)”. This sense of social responsibility “one of the easiest ways to be able to do your part for the community (F_21-30_I)” was a critical WOM motivator. Research has

also suggested that collective giving around coordinated workplace or community drives would be preferable⁴². Indian participants, in particular, recounted instances of group drives organized by workplaces or within religious institutions such as temples and mosques that motivated them to talk to others in their community “... and some of the medical colleagues and students, ... they do [come along] as well, on the day of Eid-ul-adha, just go and donated (M_41-50_I)”. These events were often tied to broader cultural or religious observances, embedding blood donation and WOM encouraging the behaviour within the framework of spiritual or communal duty. “... my dad would always say how it's a really good way to give back to society because we're Hindu...(F_21-30_I)”.

Chinese participants highlighted the importance of peer influence in more informal contexts, especially because of negative cultural views. These negative cultural views have been found to exist in a number of countries⁴⁴. Some Chinese participants were initially hesitant to engage in WOM about donating due to familial concerns or traditional beliefs that blood donation impacts an individual's vitality “but there is this sense that your blood is linked to your vitality and so on. So if you lose blood, you lose vitality, [two participants nod] ... I think, a little bit based on that traditional Chinese medicine that sort of thinking (M_31-40_C)” and is not encouraged as a prosocial behavior “My parents are still actively against me donating blood and plasma. ... They just think that each time you donate you lose a lot of nutrients and it's bad for your health. (M_31-40_C)”. Some overcame these reservations through repeated exposure to positive donation messages from friends and co-workers. For both groups, blood donation WOM motivations extended beyond altruism to encompass civic duty, responsibility, and the symbolic value of donation, consistent with the literature²³. “I feel like we believe we are doing the right thing, ... and we want more people to join the group. That's my motivation to talk others into doing this (F_31-40_C)”.

A few participants, particularly from health-related professions, reported being motivated by their direct understanding of the critical role blood plays in saving lives “... if there was some medical illness that we were talking about with friends, then blood donation might come up, especially if they need to have surgery and possible support by blood products (M_51-60_C)”. This is consistent with research suggesting that medical professionals are generally more

knowledgeable of the importance of blood donation and thus more supportive²⁴.

Exposure to media, including social media posts, enabled WOM “...each time I go for a trip [donating blood], I would take a picture of it, post it up on Facebook, Instagram (M_31-40_C)”. Other factors like promotional campaigns, and donation milestones played a secondary role in prompting conversations “I remember when I got that pin for the 10 donations. ... I did mention it to my friends, close friends, not everyone (M_31-40_I)”. Participants shared that seeing others post images or status updates about donating often sparked curiosity or reminded them, which is consistent with other research suggesting that social media is a powerful tool motivating donation behavior⁴⁵. Social media posts were found to further contribute to their motivation to motivate and remind others “I donated blood for the first time over here [in Australia]. And they [my friends] were, “Oh, we didn’t know how to do it all that. We’re interested in doing (M_31-40_I)”. This is supported by research conducted on how European blood agencies use social media to promote blood donation, with most agencies using social media as a form of reminder⁸. The interplay of personal, professional, and cultural motivations makes the decision to engage in WOM complex, suggesting the need for diverse motivational strategies that consider cultural contexts.

Word-of-Mouth opportunity

Opportunities to engage in WOM were heavily context dependent. Participants from both communities reported that blood donation is not a topic that naturally arises in everyday conversation, “It’s really hard to start a conversation with blood donation. ... I rarely talk about it, even with my online community (F_31-40_C)” largely due to its association with health and bodily integrity, “You don’t know if someone ... they’ve got an autoimmune condition, so you don’t want to run it into those difficult conversations (F_21-30_C)” and sometimes cultural beliefs as noted previously. However, several common triggers or conversational cues emerged. Visual cues such as bandages presented opportunities for donors to talk about donation with others in their network, “...still got my bandage on my hand. And it’s a very obvious question. “Are you okay? What happened to you?” And then I say, “No, I donate.” And they often ask, say, “Oh wow, how often? Where? How did you come across this? (M_31-40_I)”. Other cues included appointment reminders, and branded items

from Lifeblood that served as indirect invitations for others to ask about the experience, enabling donors to initiate conversations without appearing as if they were bragging. Reminders in the form of online content have been found to be used by blood services⁸, as well as to more generally trigger emotional and behavioral responses of potential donors²³.

Online platforms created additional opportunities, particularly for Chinese donors. Nearly half of Chinese participants reported using social media to share their donation experiences, with posts often generating supportive reactions and further dialogue “... each time I post it, there’s always ... a messages behind it”, “it can be because a shortage of blood group that we need it right now, and sometimes I will say the reason why we need blood, or plasma donation... (M_31-40_C)”. Indian donors also used social media, although slightly less frequently, “... like if you have your WhatsApp groups ... some of them are told that they take the photograph during the donation and post it to the group.” “... especially in the family group or people who know you very well (M_41-50_I)”. These results further support the important role of social media in sharing information about blood donation⁴⁵.

Generally, Chinese respondents preferred more intimate conversations during group gatherings or religious events, highlighting the importance of social networks²⁵. These institutional opportunities such as community donation drives, workplaces, and religious institutions offered low-risk settings for collective conversations about blood donation “... I don’t talk much about it outside of my church or my family. I think the other only place that I talk about donation was in my workplace (F_31-40_C)”. However, many participants emphasized that these opportunities were infrequent, especially outside trusted social environments.

Donors expressed a need for more proactive support from Lifeblood to create these opportunities, highlighting the importance of culturally appropriate communication. This is consistent with past research that has also highlighted cultural adaption being needed^{29,46}. Suggestions included developing cultural-specific promotional materials “... say a man with a turban or a lady wearing traditional outfit, and saying”, “I donate blood (F_31-40_I)” and translated resources “... I think there’s a bit of a language barrier which can be broken in that it could be advertised in different languages (F_21-30_I)”. Other examples included initiatives that made donors feel

comfortable such as seeing staff from their own ethnic backgrounds at donation centers “... definitely seeing someone of a similar background and age, (M_21-30_C)”, or “speaking your language, makes a really big difference in that sort of thing. ... (F_31-40_I)” or using familiar cultural symbols or translated text. Some felt that co-opting celebrities including Australians would initiate conversations within community settings. Among young Chinese participants especially using influencers from their communities normalizes blood donation “... they could have done something like maybe hiring influencer, ... I think would help a lot (M_21-30_C)”, while Indian participants supported community, based messaging from trusted leaders “... I guess if it’s an Australian based one [influencer], ... Or it’s a local heart specialist, whatever, ... an identifier is a big thing. ... they start having that conversation... become much less of a, “Oh, we don’t talk about these things (F_31-40_I)”. These examples highlight the importance of culturally familiar contexts to create safe environments that enable donors from both groups to engage in positive WOM.

Word-of-Mouth ability

Participants’ ability to discuss blood donation with others was influenced by their level of donation experience, their knowledge about donation processes, and their confidence in addressing potential concerns. Across both Indian and Chinese groups, experienced donors reported feeling equipped to answer questions and promote blood donation “I’m always happy to share my experience, ... (M_41-50_C)”. Their confidence stemmed not only from familiarity with the logistics of donation (e.g., making appointments, eligibility criteria, and time commitment) but also from positive past interactions with Lifeblood centers “... just showing the facility and how clean it is and how organized it is, ... Yeah (M_21-30_C)”. Donors frequently mentioned referring interested individuals to the Lifeblood app or website, with many demonstrating to their conversation partner how to use it. For Chinese donors, visual demonstrations and concise explanations were particularly useful “The FAQ page on the Lifeblood website is so good (F_21-30_C)”, while Indian donors placed value on sharing comparative insights between donation systems in Australia and their countries of origin “Back in India we don’t have this setup or the infrastructure (M_41-50_I)”. However, some donors expressed hesitation when conversations moved towards medical eligibility as

this highlighted the potential issue of being underweight for Chinese females “... weight wise, Chinese female, many of them tend to be below the weight requirements. [two participants nod] So then they might feel that they’re not in a position to donate; ... Yeah, I do find myself censoring myself a little bit. (M_31-40_C)”. These and other culturally sensitive questions (e.g., menstruation or dietary restrictions) sometimes inhibited conversations about donating blood. Additionally, self-efficacy was impacted by social position. This work and past research¹ has found that donors with medical or science-related backgrounds were notably more confident and often acted as informal ambassadors in their networks “It all started from the medical school days. ... and you see people getting better with blood transfusion ... you don’t need any other motivators than this I guess (M_41=50_I)”. However, less experienced or first-time donors voiced concern about saying the “wrong thing”, indicating a need for support materials. Participants suggested that simplified FAQs, myth-busting guides, and culturally responsive conversation scripts “... just normal general information, like how many times a person can donate, ... like in my case, if they can’t donate blood they can donate plasma or blood platelets, ... just some general information and the procedure about that (M_31-40_I)” could increase their ability to engage effectively in WOM promotion.

Word-of-Mouth behavior

How people engage in WOM can be classified using a behavioral hierarchy that distinguishes positive WOM by intensity and effort⁴⁷. We used this approach to categorize participants into four groups: advocates, supporters, sharers, and responders (**Figure 1**). This classification illustrates the variation in how Indian and Chinese donors approached conversations. Advocates were the most active group, initiating conversations with the intent to influence others. This category included Indian participants who organized donation drives and Chinese participants in healthcare roles. Supporters engaged in WOM when prompted, using their experience to provide encouragement and guidance. This group often comprised individuals who donated in groups or alongside workmates.

Sharers posted online or shared stories with close ties but were less focused on converting others into donors. Chinese participants were more likely to fall into this group, reflecting a cultural inclination to avoid direct

persuasion “... I’ll leave it up to the individual (M_41-50_C)”. Finally, responders only talked about blood donation when asked and were present in both groups reflecting the views of individuals with less donation experience or who feared being perceived as bragging “... people are very quick to judge and kind of dismiss you as a bit show off (F_31-40_I)”.

These behavioral differences were informed by community expectation around communication and modesty. Indian participants were slightly more likely to assume advocacy roles, drawing on community cohesion and religious duty “... you can be doing all sorts of prayers, but the best thing is to be able to give back to your society and this is one of the easiest ways to be able to do your part for the community (F_21-30_I)”. In contrast, Chinese participants often cited concerns about overstepping personal boundaries “...I think it’s a personal choice (M_41-50_C)” demonstrating that cultural norms may influence WOM behavior which has implications for how organizations develop culturally responsive marketing resources. As is expanded on in the discussion, the framework in **Figure 1** creates opportunities to better motivate individuals to share WOM.

DISCUSSION

The analysis of Indian and Chinese blood donors WOM engagement highlights both shared and unique pathways through which WOM behaviors are shaped (**Figure 1**).

Motivation is often influenced by the same values that motivate donation such as altruism, civic

responsibility, and, in some cases, religious or cultural beliefs^{7,48}. Motivated individuals are more likely to discuss or advocate for blood donation within their networks, viewing it as a socially valuable act⁴⁹. While both communities are motivated by altruism, civic duty, and group belonging, the ways in which these motivations manifest vary according to cultural values, social networks, and traditional beliefs. For Chinese donors, traditional beliefs about the value of blood to an individual’s vitality have been shown to contribute to blood donation hesitancy¹⁵. The study described here further extends this insight to positive WOM. WOM opportunities are primarily reactive. For blood donation, opportunities may include organized donation drives, community events, or workplace initiatives that make it easier for individuals to participate and discuss blood donation^{19,50}. Opportunity also encompasses the role of visual cues and prompts, like branded materials or advertisements, which can encourage discussions about blood donation and reduce perceived barriers¹⁹. For Chinese and Indian donors, WOM can be facilitated by organizational support and visual cues. Consistent with previous studies, donor ability is largely informed by personal experience, knowledge, and confidence^{19,22,50}. However behavioral expressions of WOM range from active advocacy to passive response.

Importantly, this study highlights the value of culturally nuanced interventions, as have been suggested in the

		Word of Mouth (WOM) Agency	
		Pro-Active <i>(Donor Initiated WOM)</i>	Re-Active <i>(Other Initiated WOM)</i>
WOM Goal	Inform + Motivate <i>(Explicit encouragement)</i>	Advocates	Supporters
	Inform Only <i>(Implicit encouragement)</i>	Sharers	Responders

Figure 1 - Donor Word-of-Mouth agency/goal behaviour

literature^{29,46}. Indian donors benefit from religious framing and communal engagement such as community drives, while Chinese donors respond more positively to subtle peer influence and culturally safe environments. Promoting blood donation in these communities requires not only targeted communication strategies but also organizational readiness to support diverse donors in becoming effective advocates. Lifeblood and other blood agencies organizations can leverage these findings to build more inclusive marketing campaigns, expand the use of translated and culturally specific resources, and further encourage group-based donation opportunities.

The level of engagement, agency and goal of sharing WOM (see **Figure 1**), can therefore be more effectively be leveraged, as different strategies will be effective with different segments of donors. Changing people's goals for sharing WOM might be achievable, if Lifeblood highlights that talking about donation is possibly as important as donating, and an extension of the donor role. Thus, talking about donation may be an equally important way to advocate for blood donation and something even non-donors can do to support blood services.

Given that talking about donation is important for others considering or donating⁴⁵, leveraging donors desire to support blood donation would be consistent with a donor's role identity¹. In terms of addressing agency, this is potentially challenging if talking about blood donation is associated with cultural taboos about blood donation or health. However, creating more knowledge about blood donation as well as support tools to assist those considering discussing donation, may give these people greater confidence in discussing blood donation behaviors⁴⁶. They may also use this information to feel more able to address concerns related to inaccurate cultural taboos or simply respond to other questions or comments.

By recognizing and addressing cultural differences in communication, health beliefs, and social norms, blood collection agencies can use the donor word of mouth agency/goal behavior diagram (i.e., **Figure 1**) to empower more individuals to engage in conversations about blood donation, ultimately enhancing recruitment, retention, and health equity outcomes across Australia's diverse population.

CONCLUSIONS

Australian donors' WOM behavior across Chinese and India groups varies by social context, cultural expectations and the strength of ties to the conversation partner. Culture plays a significant role in shaping both motivations and constraints around WOM. Among Indian participants, cultural values associated with charity and service acted as strong enablers. Faith-based altruism, particularly within Hindu and Muslim traditions, motivated organizing and participating in blood drives. Religious events provided a platform for collective action, making blood donation both spiritually meaningful and socially encouraged.

In contrast, many Chinese participants described traditional beliefs common among older generations that positioned blood as a vital life force, the depletion of which could lead to loss of vitality, which often discouraged intergenerational discussion of blood donation and posed a barrier to initiating conversations within their family.

These insights suggest that culture-sensitive messaging, group-based interventions, and strategic use of community networks are essential for facilitating WOM engagement in these two donor populations. We also identify that people's goals for sharing WOM and self-efficacy in this sharing are important, as these two factors appear to influence whether and how people engage in WOM. This creates opportunities for better target programs that focus on these two aspects, which will result in enabling donors and other advocates to increase their WOM sharing activities, thereby motivating increasing numbers of others to give.

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Authors' contributions

Design: FE-H, KC, BM, MP, DOI; project management: BM, MP, DOI; project management data collection: KC; data collection: FE-H, MP, HA, SW; managing data collection: FE-H; analysis: FE-H, KC, MP, HA, SW; drafting manuscript: FE-H; revising manuscript: KC, BM, MP, DOI. All Authors approved the final version of the manuscript.

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