

**PUBLIC RELATIONS STRATEGIES AND
BLOOD DONATION IN THAILAND:
A CASE STUDY OF BLOOD DONORS AND
NON-DONORS**

Thesis submitted for the degree of

Doctor of Philosophy

at the University of Leicester

by

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June 2010

ABSTRACT

Public Relations Strategies and Blood Donation in Thailand: A Case Study of Blood Donors and Non-Donors Patama Satawedin

The study explores the relationship between public relations strategies regarding blood donation in Thailand and audience responses to blood donation on the part of blood donors and non-donors as a comparative case study in terms of a) demographics, media exposure to blood and blood donation messages, knowledge of blood and blood donation, attitudes towards blood donation, and practices of blood donation and non-donation and b) blood and blood donation media messages.

A variety of literature regarding public relations, communication, persuasion, and blood donation was reviewed and explained under a two-way, cyclical process of public relations, starting with analysing the situation, the programming and planning of communication objectives and goals and the defined target audiences, and communicating and implementing public relations strategies. The process ended with feedback and evaluation. To accomplish the objectives of the study, a mixed strategy of semi-structured in-depth interviews and documentary research was used for examining the communication source. Four hundred questionnaires and eight focus groups, divided equally to compare blood donors and non-donors, were employed to investigate responses to blood donation.

The study revealed the importance of distributing blood and blood donation messages targeted to raise knowledge, inform attitudes and motivate behaviour change, through the controlled media supplemented by uncontrolled means and personal channels. Similarly, levels of education and knowledge, together with attitudes are all indicative factors in donating blood, while non-donors were lacking those variables. Important reasons for blood donation or non-donation were also, respectively, altruism and fear. Otherwise blood donors and non-donors mainly reflected similar responses to the media messages; however, non-donors made more requests for fear reduction and statistics and attached greater importance to message repetition. The available resources of the communication source, the messages themselves, and the communication channels all play an important role in promoting blood donation to the audiences.

ACKNOWLEDGEMENTS

I am sincerely grateful to my first supervisor, Professor Gillian Youngs, for giving me advice, suggestions and criticisms, and for her encouragement as well as generous help both in my study and personal life. I also would like to thank Dr Eugenia Siapera as my former second supervisor and Professor Barrie Gunter as my personal tutor and current second supervisor for providing me with beneficial, constructive comments. My further gratitude goes to Dr Vincent Campbell for his constructive hints when I was giving my presentation for the upgrading interview. In addition, I would like to thank Professor Rachel Gibson for her assistance in ethical issues. Grateful thanks, in addition, go to my internal examiner, Mr Anders Hansen, and external examiner, Professor Karen Ross, University of Liverpool, for their time and dedication and their kind and beneficial suggestions for huge improvements to my thesis. I should like to extend warm thanks to Associate Professor Dr Jitraporn Sudhivoraesj, Associate Professor Ubolwan Pitipatanacozit, Associate Professor Patchanee Cheyjunya, Associate Professor Dr Parichart Sthapitanonda, and all my instructors from kindergarten to the present level of education for sharing their knowledge and education with me.

My appreciation is also due to Assistant Professor Dr Werasit Sittitrai, Director, Strategy and Planning Office, Thai Red Cross Society, Emeritus Professor Dr Chaivej Nuchprayoon, MD, Chairman, the National Blood Center's Executive Board and the former Director of the National Blood Center, Dr Soisaang Phikulsod, MD, Director of the National Blood Center, and Krongthong Phetwong, Chief, Public Relations and Blood Donor Recruitment Division, National Blood Center, for giving their time to

answering the questions which provided me with very fruitful references for my thesis. Special thanks are also due to other members of the Public Relations and Blood Donor Recruitment Division for their kind help. My gratitude also goes to all contributors who conscientiously and carefully completed the questionnaires and voluntarily participated in the focus groups for their time, dedication, tolerance, and constructive suggestions.

I am very grateful to Bangkok University for offering me a valuable PhD scholarship that encourages self-development and self-confidence in being a lecturer. I should also like to express gratitude to Dr Vichien Katesigha for his valuable suggestions in regard to the statistical management. My further thanks are due to Assistant Professor Sunisa Prawichai, Director, Research Institute of Bangkok University, for her kindness in managing the distribution of my questionnaires and for her helpful comments, Assistant Professor Chanunshee Pangkhanont, Director, Bangkok University Press, for her kindness in document production, and Panthamitre Khunsriruksakul, Director, Educational Technology Center, for his assistance in technological appliances. My thanks, additionally, go to Peter Graves for proofreading and editing my thesis. I would, in addition, like to say a million thanks to Dr Bubpha Mechsrihongkum, Dr Peeraya Hanpongpanth, Atistan Promsirisang, Wararat Taksinwarajarn, Dr Pawana Tachavimol, Athri Vanichtrakul, Khajornjit Bunnag, Dr Ari-shai Akraudom, Saparat Fongmat, Dr Eknarin Bangthamai, Sawita Diteeyont, and other Bangkok University colleagues who showed me great kindness and sympathetic support.

I am especially grateful to all my friends, including Dr Sirinart Sirinvaravong, MD, Sarasvadee Boondech, Chantatda Ruangrat, Kirasa Piraromthana, Nawarit Akkaworagij, Kawee Thanawatdej, and the other three best friends (even if I cannot mention your

names, please be aware that you are always in my mind) for their determination and encouragement in the successful completion of my work and for always staying beside me. I also would like to express my thanks to Dr Pan Nilphan, Dr Singhanat Nomniam, Natwipa Sinsuwan, Treechada Chotiratanapinun, Dr Danaya Tutchanok Holloway, Titiyawadee Punmanee, Dr Pramarn Subphadoongchone, Chih Jung Fan, Japhet Mchakulu, Naparat Prueksuralai, Naowarat Keawseangtham, and all my friends for their kind assistance, suggestions, and support.

Most importantly, I am especially and profoundly indebted to my parents, Associate Professor Dr Parama and Associate Professor Laksana Satawedin for their continuous support, patience, encouragement, kindness, and spirit, without which my ambitions could never be achieved.

I dedicate this thesis to
my lovely father and mother

Associate Professor Dr Parama and Associate Professor Laksana Satawedini

I do not know how to express my thanks, but this thesis could not have been completed
without your love, understanding, support, and encouragement.

THANK YOU VERY MUCH FROM THE BOTTOM OF MY HEART.

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ABBREVIATIONS

AVEC	Advanced Vocational Educational Certificate educational level
BCC	Behavior Change Communication
BD	Blood Donor
BD&SD	Blood Drawing and Storage Division
BDRU	Blood Donor Recruitment Unit
BM/BW	Businessman/Businesswoman
CAU	Communication Arts Unit
CfRPVBD	Committee for Recruitment and Promotion of Voluntary Blood Donors of the Thai Red Cross Society
CP	Charoen Pokphand Group
CPBRB	Chalerm Prakiat Borom Rajineenart Building
CSR	Corporate Social Responsibility
ELM	Elaboration Likelihood Model
EODWM:	Extended Organ Donor Willingness Model
GO	Government Official
HB	Haemoglobin
HW/HH	Housewife/Househusband
IFRC	International Federation of Red Cross and Red Crescent Societies
ISO	International Organization for Standardization
KAP	Knowledge-Attitude-Practice
LS	Lower Secondary educational level
NBC	National Blood Center

NBSB	National Blood Service Branch
NBSR	National Blood Service Region
NBT	National Broadcasting Services of Thailand
ND	Non-Donor
NSO	National Statistical Office
PEE	Private Enterprise Employee
PG	Postgraduate educational level
PM	Primary educational level
PR	Public Relations
PR&BDRD	Public Relations and Blood Donor Recruitment Division
PRU	Public Relations Unit
S&PO	Strategy and Planning Office
SCT	Social Cognitive Theory
SEE	State Enterprise Employee
SMS	Short Message Service
SPSS	Statistical Package for the Social Sciences
ST	Student
SWOT	Strengths-Weaknesses-Opportunities-Threats
TAT	Tourism Authority of Thailand
TPB	Theory of Planned Behavior
TRCS	Thai Red Cross Society
UE	Unemployed
UG	Undergraduate educational level
US/VEC	Upper Secondary/Vocational Educational Certificate educational level
WHO	World Health Organization

CHAPTER 1

INTRODUCTION

1.1 Introduction

This chapter presents a comprehensive picture of my entire thesis: what I am studying and why, what literature is reviewed, how I convey my research findings, and a summary in order of the contents of the thesis.

1.2 Research objectives

The study explores public relations (PR) strategies regarding blood donation in Thailand, which are managed by a non-profit health organisation, the National Blood Center (NBC). The NBC is one of the Bureaus under the Thai Red Cross Society (TRCS), which provides the Thai people with a wide range of services including medical and health care services, disaster services, blood, eye, and organ services, and community services (TRCS 2008b; TRCS 2006a). Alongside the NBC there are a variety of organisations under the TRCS: these are, for example, the Red Cross Youth Bureau, King Chulalongkorn Memorial Hospital, and so forth (TRCS 2008b). The study also investigates the audience responses to blood donation from two perspectives: a) demographics, media exposure to blood and blood donation messages, knowledge of blood and blood donation, attitudes towards blood donation, and practices of blood donation and non-donation and b) blood and blood donation media messages. These

responses by blood donors (BDs) and non-donors (NDs) are given in a comparative case study. Next I will give the reasons for my interest in studying both the communication source and the audience.

1.3 Research background and rationale

There are three important reasons underlying my interest in investigating both the communication source and the audience. Gaps can be perceived in the present, real circumstances of blood and blood donation in Thailand, which is regarded as a developing country and is situated in Southeast Asia. The next reason is to examine the performance of the NBC in practice. My interest also lies in reviewing the current literature.

The first reason comes from the current situation of blood and blood donation in Thailand. Blood shortages overwhelmingly exist in numerous countries throughout the world (Editorial 2005: 2151). Those include Thailand, where there has been no balance between blood supply and demand. Ferguson (1996, in Giles et al. 2004: 380) stated that ‘The increased demand for blood products by the health service has meant that hospitals are dependent on a constant supply of blood’. The situation arises because out of the total population approximately 1.6% per year are BDs (Public Relations and Blood Donor Recruitment Division (PR&BDRD), NBC, TRCS 2007a: 1; see more details in chapter 4), there is no consistency of blood donation, and there is also a loss of willing BDs due to the establishment of high and rigid BD selection criteria for reasons of blood safety (Colgan et al. 2000, in Custer et al. 2004: 1417; Davey 2004: 597;

Jalalian et al. 2008: 4685; Riley et al. 2007: 1180). More details of the blood and blood donation situation in Thailand will be available in chapter four.

I also study the audience for blood and blood donation messages, because the findings of PR strategies regarding blood donation in Thailand have revealed that evaluations are broadly and non-systematically conducted, in particular only in regard to links with representatives of various external organisations which assist the NBC in recruiting BDs (see 5.2.4 Feedback and evaluation). Wilcox et al. (2003) underlined the importance of assessments of, primarily, ‘message exposure’ (p.194, 195), Knowledge-Attitude-Practice (KAP) (p.194, 200-202) and, additionally, so-called ‘communication audits’ (p.194, 203), to monitor whether information is reaching the target audiences properly (p.203) (see more details in chapter 2). Thus this study also aims at filling this gap.

The third reason is based upon reviewing current literature on blood donation studies. My own review of present studies both in Thailand and other countries around the world indicate that gaps are to be found in blood donation research. Generally speaking, there has been wide study devoted to understanding the audiences in terms of KAP (e.g. Adewuyi & Olawumi 2008; Alam & Masalmeh 2004; Amiri 2003; Gonzalez et al. 2008; Harrington et al. 2007; Marantidou et al. 2007) or psychological factors based upon the Theory of Planned Behavior (TPB) in particular (e.g. France et al. 2007; Lemmens et al. 2005; Lemmens et al. 2009; Robinson et al. 2008). Apart from such factors, there are correspondences between demographics (e.g. Tison et al. 2007; Weinberg et al. 2009) and media exposure to blood and blood donation messages (Phetwong 2001) and blood donations. Popovsky (2006: 501) referred to what has been written by Gillespie (2005), namely that in the past attempts to evaluate BDs or future

BDs through a precise approach, including personal characteristics, have not received much attention. In agreement with Wilcox et al. (2003) and the gaps found, this study will take such factors into account, including demographics, media exposure to blood and blood donation messages, knowledge of blood and blood donation, attitudes towards blood donation, and practices of blood donation and non-donation.

In turn, understanding the communication source, i.e. the national blood centres of various countries, their available resources, messages, and modalities, which are all important for reaching the audience, has not been done before. This excludes Phetwong's (2001) study, in which blood and blood donation content are analysed, along with seeking to understand audience responses regarding those variables mentioned above and to media messages. However, it did not study the importance of the communication source including internal and external factors, communication objectives and goals, and the target audience, which impact on PR strategies (e.g. Cutlip et al. 2000: 382; Wilcox et al. 2003: 167).

Filling the next gap involves samples of the studies. Despite conducting her study among private and government employees, Phetwong's (2001) study reflects mixed voices of all types of BDs, i.e. regular, repeat BDs and NDs. Examining this situation is the objective of not only this study (i.e. Phetwong 2001), but also other studies in Thailand (Techaudomphokha 2001; Wiwanitkit 2002) and abroad (e.g. Shahshahani et al. 2006; Shenga et al. 2008). In other instances research is conducted separately into either BDs or NDs (e.g. Buciuniene et al. 2006; Goncalvez et al. 2008; McVittie et al. 2006). Despite having a number of studies which pay attention to making a comparison between BDs and NDs, they are not conducted in Thailand (e.g. Harrington et al. 2007;

Mathew et al. 2007; Sampath et al. 2007; Zaller et al. 2005). Further reasons for employing BDs and NDs as the comparative case study will be available in 3.3 Case study.

Questionnaires are still a popular research method in various studies, including this one, in order to understand BDs' and NDs' demographics, media exposure, and KAP, because they save time and money over a qualitative method in gaining a large response, and it is also easy to make a comparison between one group and another within the study (see 3.4.3 Questionnaires). As stated above, although responses to media messages are targeted in Phetwong's (2001) study, the quantitative research approach is used. I still respect the primary advantages and importance of using questionnaires, nonetheless it will be clearer and more detailed if a qualitative research approach is employed. In other words, responses to media messages are studied to explore the opinions and points of view of the audience, on the basis that different people have different thoughts and viewpoints on a particular issue. Thus the qualitative method can provide reasons and explanations for the responses, while overall levels of feeling on a specific subject can only be reflected in the questionnaires. It may be argued that an open-ended question can be asked on the questionnaires, but it takes people longer to answer such enquiries and their responses can be limited. Focus groups, especially small ones, can specifically provide more space for the audience to discuss (Morgan 1998a, in Bryman 2001: 341; Krueger & Casey 2000: 10) and rich data will be given based upon such group discussions. The methodology will briefly be illustrated later and will be described in chapter three.

To help develop the blood and blood donation situation in Thailand and fill the research gaps mentioned above, my study explores the relationship between the communication source, i.e. PR strategies concerning blood donation in Thailand, and the audiences, by taking BDs and NDs for the comparative case study. Their comparative responses to blood donation, i.e. the similarities and differences, are investigated from two perspectives. First, similarities and differences are explored in terms of two groups' demographics, media exposure to blood and blood donation messages, knowledge of blood and blood donation, attitudes towards blood donation, and practices of blood donation and non-donation. Along with this, I will examine how BDs and NDs similarly and differently respond to blood and blood donation media messages. Consequently two main research questions are developed in this study:

1. How are PR strategies formed and addressed to influence the target audiences?
(RQ1)
2. How do BDs and NDs assess blood donation? (RQ2)
 - a. How do BDs and NDs assess blood donation in terms of demographics, media exposure to blood and blood donation messages, knowledge of blood and blood donation, attitudes towards blood donation, and practices of blood donation and non-donation? (RQ2a)
 - b. How do BDs and NDs assess blood donation in terms of blood and blood donation media messages? (RQ2b)

The significance of studying the relationship between the communication source and the audience is to understand the operation of cause and effect, which will enable

recommendations to be given to the NBC, in particular as to what should be continued and what should be changed and developed (see 8.2 Key research findings).

There are a number of words whose specific meanings are included for this study. These are explained below in order to ensure a correct understanding between myself and readers throughout the thesis:

A BD is an individual who has a history and experience of blood donation. In other words, he has donated blood at least once in his life. It includes the individual who is a regular, repeat, lapsed,¹ or one-time² BD.

A ND is an individual who has no history and experience of blood donation. In other words, he has never donated blood in his life. It includes individuals who may have been present at a blood donation service point, but they are deferred because they cannot meet the criteria for BD selection.

Demographics, details of which will be asked in the questionnaires, are the present personal states of an individual. These include gender, age, marital status, level of education, occupation, and monthly income.

¹ A lapsed BD is an individual who has donated blood in the past, but has now paused and/or stopped blood donation for a particular reason for a period of time.

² A one-time BD is an individual who just donates blood once in his life.

Media exposure refers to three kinds of communication channels: uncontrolled or mass media, controlled or specialised media, and personal or one-on-one media, and the details of these will be explained in chapter two. Likewise, media exposure to blood and blood donation messages, which will be asked about in the questionnaires, will be assessed through the three kinds of modalities and based upon the year 2007, because that was the time of my data collection. In the study, what will be included in each kind of the channels will be explained as follows:

Uncontrolled or mass media include television, radio, newspaper, magazine, and the internet.

Controlled or specialised media include postcard, poster, leaflet, banner, brochure, and booklet.

Personal or one-on-one media include father/mother/sibling, relative, friend, colleague, teacher, boss, doctor/nurse, other hospital staff, and NBC staff.

The following section will present a thorough examination of a two-way, cyclical process of PR as the conceptual framework of the study.

1.4 Literature review

Because of the intention to study the aspect of both the communication source and the audience, the notions of PR, communication, persuasion, and blood donation will be employed and described under a two-way, cyclical PR process, i.e. firstly providing literature concerning internal and external factors which are important for analysing the situation of the NBC. It then moves on to explain the programming and planning of communication objectives and goals and the defined target audiences. These two previous stages are significant for communicating and implementing messages through selected communication channels to reach the target audiences. Literature regarding various kinds of message and media strategies is included. As indicated, it is not one-way communication, since feedback and evaluation from the audiences can offer the organisations benefits for the development of PR strategies in the future (e.g. Cutlip et al. 2000: 382; Wilcox et al. 2003: 167). Chapter two will provide full details. The next section will present an overview of the research methods which I use for this study.

1.5 Methodology

To investigate the outcomes in relation to my research interests and research questions, I employ four research methods: semi-structured in-depth interviews, documentary research, questionnaires, and focus groups. The first two qualitative research approaches are used for exploring PR strategies regarding blood donation in Thailand. The combination of these two qualitative approaches is to ensure that the research is valid (Lindlof & Taylor 2002, in Sriramesh et al. 2007: 12; Tellis 1997) and that it is

reliable (Miles & Huberman 1994, in Sriramesh et al. 2007: 13). Likewise, the other two research methods of the quantitative questionnaires and the qualitative focus groups are used for investigating the responses of the audiences in a comparative case study of BDs and NDs. However, these dual approaches are utilised for different purposes. Generally speaking, the audiences' demographics, media exposure, and KAP are evaluated by the quantitative method. Along with this, their responses to blood and blood donation media messages are revealed through the group discussions. At the same time, human ethics are always considered.

The fieldwork took place between October 2007 and March 2008. While the semi-structured in-depth interviews and documentary collections were being organised, the delivery of the questionnaires and the conduct of the focus groups was taking place. However, the questionnaires were distributed prior to the group discussions. I had also started to transcribe the qualitative data, fill in the quantitative information in Statistical Package for the Social Sciences (SPSS) 16.0, analyse, and interpret those records from February 2008 onwards.

The presentation of the findings from such data collection sources is divided into three chapters. Chapter five contains the first findings and sets out the results of the information collected by the combined methods of the semi-structured in-depth interviews and documentary research. That information includes the NBC's factors, both in-house and outside, its objectives and goals of communication, defined target audience, its message and media selections, and evaluation. This is examined through a discursive discussion and is backed up by quotes or a series of quotes from the interviews and on occasions also by details of documents. The comparative responses

of BDs and NDs to demographics, media exposure, and KAP based upon the questionnaires, and to media messages impinging upon the focus groups, are revealed in chapters six and seven respectively. In the former chapter, a discursive explanation and discussion which comes attached with descriptive and inferential statistics is reflected in the textual and pictorial illustrations, whereas chapter seven includes quotes, or a series of extracts, from the focus groups. Chapter three is devoted to expanding and enlarging such methodological details.

The chapters of the thesis have just briefly been introduced. For more elucidation, the next section will put them in order and give a further brief explanation.

1.6 Thesis structure

The thesis is divided into a total of eight chapters. It starts by presenting an overall picture of the entire thesis: in essence the first chapter explains what I am doing, why I am doing it, what literature is being discussed, how I reached the outcomes, and how the findings are presented.

Chapter two sets out the communication literature of the research which, in this study, is determined by the PR notion and explained under a two-way, cyclical process of PR, in particular. The literature regarding PR, communication and persuasion principles and paradigms as well as blood donation is addressed, covering the situation analysis in terms of institutional, cultural, and financial dimensions, programming and planning, including the importance of communication objectives and goals, and the different

personal attributes of the audiences, together with communication and implementation generating message and media strategies. At the end of this chapter and at the end of the PR process, the importance of feedback and evaluation will be discussed.

Chapter three firstly demonstrates the link between the research questions, research methods, and themes used in the study, together with explanation of case study. The chapter then shows data from the research methods which I use for this study: the semi-structured in-depth interviews, documentary research, questionnaires, and focus groups, in terms of their nature, their application to my study, their limitations, and the analytical process. Even if it is placed in the final part of the chapter, I also seek to emphasise my concern for ethical issues.

Because of analysing the organisation directly responsible for managing blood donation in Thailand, I am aware that it is first necessary to provide an overview of Thailand itself and of the situation regarding blood services and blood donation in that country, also to describe the origin, vision and mission, organisation chart and manpower of the NBC. These points, and other related issues, will be covered in chapter four.

In chapters five, six, and seven I shall, then, present my research findings. Chapter five will deal with the consequences of the mixed methods of semi-structured in-depth interviews and documentary research relating to PR strategies, while chapters six and seven will discuss the audience responses received through questionnaires and focus groups respectively.

Chapter eight presents a combination of the literature and research methods, and research findings are discussed. Along with this, the implications and recommendations for practice and policy are shown. The research contribution, together with the research limitations and recommendations for future research, are all gathered together in the following sections of this chapter.

1.7 Conclusion

This study seeks to examine PR strategies for blood donation in Thailand as employed by the communication source, the NBC, and also the responses of the audiences, i.e. BDs and NDs, on a comparative basis in terms of their demographics, media exposure, and KAP and responses to blood and blood donation media messages. With two research questions as the starting-point, the study employs the four research approaches of semi-structured in-depth interviews, documentary research, questionnaires, and focus groups. Various literature is reviewed and described under the two-way, cyclical process of PR in order to discuss those primary objectives. The following seven chapters will give information in greater depth.

CHAPTER 2

LITERATURE REVIEW:

PUBLIC RELATIONS STRATEGIES

2.1 Introduction

This chapter demonstrates and discusses a framework for the study. PR definitions will be introduced, together with explaining the two-way, cyclical PR process. It has to start from analysing the organisations' situations, programming and planning their communication objectives and goals and defined target audiences, communicating and implementing message strategies through appropriate media selection, and undertaking evaluation for the purpose of developing communication approaches. Various pieces of literature relating to PR, communication, persuasion, and blood donation will also be presented below.

2.2 What is public relations?

Because misunderstanding still remains, definitions of PR in various years are presented below to understand what PR is and to see the changes in its understanding. Ewen (1996: viii) stated that 'Over the course of a century - justly or not - the terms *PR* and *public relations* have become widely accepted shorthand for subterfuge and deception'.

Public Interest PR, Inc (1987: 1) differentiated between advertising, promotion, publicity, and PR by citing the opinion of Readers' Digest that:

'... If the circus is coming to town and you paint a sign saying "Circus Coming to the Fairground Saturday," that's advertising. If you put the sign on the back of an elephant and walk him into town, that's promotion. If the elephant walks through the mayor's flower bed, that's publicity. And if you can get the mayor to laugh about it, that's public relations'.

Anonymous (1997: 1) defined PR as 'the business of carefully selecting messages and aiming them effectively at target groups of people. Much of the work of Public Relations is exploiting channels of communication, of which the most predominant is the press and broadcast media'. Cutlip et al. (2000) described PR as '**the management function that establishes and maintains mutually beneficial relationships between an organization and the publics on whom its success or failure depends**' (p.6), while advertising is described as '**information placed in the media by an identified sponsor that pays for the time or space. It is a *controlled* method of placing messages in the media**' (p.11). Wilcox et al. (2003: 108) distinguished the two terms of advertising and PR by questioning "Will it increase sales?", in which case it is perceived as advertising, or "Will it make friends?", in which case it is PR (p.108). Wilcox et al. (2003: 6) further stated that, in conclusion, PR has to comprise '*deliberate ... planned ... performance ... public interest ... two-way communication ... management function*' (p.6). L'Etang (2008: 21) recently concluded that up-to-date PR is

- ‘present in all changes - technological, economic, social, political, legal
- issue-driven (reactive and proactive - bringing things on to the public agenda as well as responding to new developments)
- dynamic and flexible
- problem-solving
- involves standing back from immediate problems to view the wider picture and the complexity of organizational relationships and overlapping networks
- integral to complex post-industrial societies and takes place in a wide variety of contexts: politics, science, health, the arts, sport, entertainment, leisure, education, commerce’.

Hence the main difference between advertising and PR is financial, i.e. advertising normally involves large sums of money, but PR to a much lesser extent, as clearly presented in Cutlip et al.’s (2000) and Wilcox et al.’s (2003) definitions. Unlike today’s PR, publicity was utilised and represented for a one-way process of communication and propaganda during the early years of World War I (Cutlip et al. 2000: 3). In contrast, PR has been regarded as a ‘*two-way*’ process of communication (Wilcox et al. 2003: 5) and a repeated process (Wilcox et al. 2003: 7) since 20-30 years after World War II (Cutlip et al. 2000: 3). Its importance is becoming increasingly evident in all social dimensions, as L’Etang (2008) proposed above. The next section will be devoted to describing what a two-way, cyclical process is.

2.3 Public relations: A two-way, cyclical process

In order to build PR strategies, it is vital to have '*Available data*', '*Communication and public relations principles*', and '*Communication and persuasion theories*' (Austin & Pinkleton 2001: 37). More specifically, Vijaykumar (2008: 193) concluded that:

'An in-depth insight of the situation/issue, an understanding of the target audience, audience segmentation, theory-based approaches to message construction, pretesting messages, decentralized implementation, consistent process evaluation, and impact evaluations are all basic steps in the process that will provide the required scientific and programmatic rigor to organizations conducting theory-based, strategically designed [Behavior Change Communication] BCC interventions on the way to achieving their goals of impacting healthier reproductive health behavior'.

In agreement with this, it can be said that a two-way, cyclical process is fundamental for an organisation's PR practitioners. Cutlip et al. (2000: 382) and Wilcox et al. (2003: 167) suggested that the process is composed of four phases, i.e. situation analysis, programming and planning, communication and implementation, and feedback and evaluation. Although L'Etang (2008: 22-23) gives six issues, 'research, objectives, publics, messages, strategy and tactics, evaluation,' to explain why PR is a process, her study can also show how the first step is researching, the second planning (planning objectives and the defined publics), the third communicating (exploring messages and

strategy and tactics), and the fourth evaluating. In a two-way, cyclical process, therefore, the initial stage is to define the problem and analyse the situation. The flow of information also needs to determine, as the second step of programming and planning, what the communication goals and objectives are and to whom the organisation specifically wants to talk. To implement the plan, thirdly, media and message selections are imperative in order to direct the intended information to the target audiences, which is the stage of communication and implementation. Discovering whether the audiences are satisfied with what the organisation distributes is finally achieved through evaluation. The audiences' feedback is a reflective voice for the organisation for re-visiting and re-thinking its own policies, cultures, PR strategies, and other related factors in order to promote the development of communication strategies. Communication which is developed is generated and the circle re-starts and so on. PR is, therefore, not stable, but dynamic and constantly recreated (see also L'Etang 2008: 21, on p.16). Consequently this chapter will be illustrated under four headings, i.e. situation analysis, programming and planning, communication and implementation, and feedback and evaluation, according to the two-way, cyclical process of PR.

2.3.1 Situation analysis

PR strategies vary from one organisation to another. The differences derive from the situations challenging the organisations. Cutlip et al. (2000: 351) stated that analysing the situation in the form of a [Strengths-Weaknesses-Opportunities-Threats] "SWOT" or "TOWS" analysis has to actually be carried out by PR persons (p.351). As agreed, the word: SWOT is being used throughout the thesis. Weihrich (1982: 11) stated that

‘to minimize both weaknesses and threats’ and to ‘maximize both strengths and opportunities’ are the expected results.

To analyse the situation, in agreement with Cutlip et al. (2000: 350) explaining various internal, institutional and financial features concerned, in their studies, Miller and Williams (1998: 145) concluded that ‘The financial, institutional and cultural capital of sources are important determinants of their capacity to shape media accounts’. As a result of this, I will review the literature dealing with characteristics of a non-profit organisation, an organisation’s structural model, internal communications, the cultural dimension, and monetary perspectives will be included. An important role of PR which is to build relations with the media, widely known as media relations, will also be presented.

As the study studies a non-profit health organisation, its nature and attributes are addressed. According to Cutlip et al. (2000: 520-521) adopting from Salamon and Anheier’s (1996: 33-34, 291-292) definition, non-profit organisations possess five certain values. Firstly, the organisations are ‘*[o]rganized*’ (p.520) by having ‘a charter, regular meetings, officers, rules, or other indicators of relative performance’ (p.520). They are also ‘*[p]rivate*’ (p.520) agencies since they are neither institutions of, nor under the control of, governments, even though they are funded by them. ‘*Nonprofits distributing*’ (p.520) to managers or administrators is accepted. The non-profit organisations engage in ‘*[s]elf-governing*’ (p.521). Finally, the non-profit organisations are called “charitable organizations” and “voluntary organizations” (p.521), since ‘some aspect of charitable contribution [is] involved’ (p.521) (Cutlip et al. 2000: 520-521).

Bloisi et al. (2007: 92) described an organisational structure as ‘a way of grouping people and tasks into departments or subunits, and defining the linkages among departments so that work flows and decision authority are co-ordinated and communicated’. The extent to which ‘work flows and decision authority are co-ordinated and communicated’ (Bloisi et al. 2007: 92) is dependent upon general structural models of either the simple model, the bureaucracy model, or the matrix model (Robbins 2003: 433-436). The bureaucracy model will be discussed, as it is the archetype which is used by the NBC (see 4.5.3 Organisation chart and manpower).

Robbins (2003: 434) described the bureaucracy paradigm which is ‘Standardization!’ as

‘highly routine operating tasks achieved through specialization, very formalized rules and regulations, tasks that are grouped into functional departments, centralized authority, narrow spans of control, and decision making that follows the chain of command’ (Robbins 2003: 434).

However, because employees of a department have their own professional skills, there is the emergence of disagreement between divisions and then what the organisation wants to achieve can be in conflict with what the sub-bureaus desire (Robbins 2003: 434). Accordingly, not only vertical, but also horizontal dimensions, i.e. to communicate between employees whose career positions are on the same level always operate in an organisation’s internal communications. Vertical direction, as stated above, comprises both downward and upward communications. Because very frequently the lower-placed employees ‘have a better understanding of the problems’ being encountered (Hirokawa 1979: 86), their voices being heard by top management

provides advice and standpoints on amending opinions sent out by the higher-placed ones (Hirokawa 1979: 86; Oliver 2001: 11). Oliver (2001: 11) called this situation as '*one-to-one counselling*'. Such vertical aspects can beneficially give the organisation internal, good and close rapport and the smooth flow of data, but a lesser extent of competence than horizontal ones (Bloisi et al. 2007: 363). Cho (2006: 563) also stated that 'To be effective communicators, practitioners need to have support from management and co-workers'.

For the cultural factor, according to Pettigrew (1979: 574), culture is 'the system of such publicly and collectively accepted meanings operating for a given group at a given time'. This includes 'symbol, language, ideology, belief, ritual, and myth' (Pettigrew 1979: 574). Morgan (1986, in Senior & Fleming 2006: 146) thus regarded 'organizations as cultures'. In this study, bidding, particularly for an extremely low price in media production, is defined as the specific ritual or culture of the NBC. The reason is that the bidding culture may vary in different organisations and this is always jointly operated by the NBC.

To some extent communication strategies are influenced by the size of financial resources. Miller and Williams (1998: 124) stated that 'The lack of financial resources imposes clear limits on the kinds of informational strategies it is possible to launch'. However, Davis (2003: 36-37) referred to a study in the UK and mentioned that although there may be financial shortages, effective PR work can be produced through meeting the major PR needs of 'work space, basic communications equipment (telephone, fax, computers) and people' (p.37). Davis (2003: 37) further stated that, since 'interest groups' frequently know lots of volunteers, employing these unpaid

assistants can help some of them where many PR persons cannot possibly be employed. Davis's (2003) literature will also be used as a main theoretical framework for analysis of the NBC's PR strategies (see chapter 5), because these three factors can clarify, and fit well with, the NBC's circumstances in terms of its SWOT analysis, and they also affect its PR strategies. Likewise, it is unnecessary to invest a large amount of financial resources in a PR plan; by contrast, more successful strategies can be encouraged if the amount of capital is smaller (Public Interest PR, Inc 1987: 16). It depends upon the capability of PR professionals in gaining media attention and interest to help distribute the organisations' messages to the wider public. The substantial duty of PR personnel is media relations.

Close relationships between the PR source and the media are inevitable. A participant in the study of Johnson and Sallot (2006: 171) reflected that "As much as [journalists] think we are nuisances, we can't work well without each other; it is a two-way street, love-hate or hate-hate". Wilcox et al. (2003: 242) additionally explained that 'The media must have material and ideas from public relations sources, and practitioners must have the media as a place to tell their stories'. And 'material and ideas from public relations sources' (Wilcox et al. 2003: 242) are 'a steady stream of press releases [sent out] to [the] database of journalists' (Vaitilingam 2001: 5) and 'press conferences or press releases', subsequent to the importance of a "news source" (Viswanath et al. 2008: 759). As agreed by PR persons, press releases need generally and in practice to be considered as audience-targeted, not organisation-oriented (Cutlip et al. 2000: 332). Because journalists can see press releases of non-profit organisations as seeking simply for informing the publics, not for selling products and/or services, without payment for

the space or time, moreover, those of the charitable institutions have greater opportunity to be published than those from private companies (Wilcox et al. 2003: 242).

Those internal factors considered to be the organisations' strengths or weaknesses can be highlighted by taking advantage of external opportunities or by responding to the challenge of external threats. External factors which should be considered in situation analysis are, for instance, PR clippings, lists of media contacts, allied and opponent sources, organisational statistics, and so forth (Cutlip et al. 2000: 350).

The second stage of programming and planning is to consider what the objectives and goals are and who the defined target audiences are.

2.3.2 Programming and planning

Planning the communication objectives and goals and the defined target audiences, is a programming and planning framework which is the second stage, so that effective communication and implementation can be ensured.

2.3.2.1 Communication objectives and goals

Shortly, Wilcox et al. (2003) categorised objectives into two types, which are 'informational and motivational' (p.150): the former is established to arouse the audience to message exposure and boost knowledge of a particular matter, while the latter is to stimulate attitude and behaviour change (p.150-151).

2.3.2.2 The audience

Defining the target audiences is to ensure that the particular information disseminated by the organisation can effectively reach them. For example, individuals' levels of interest in an issue determine particular ways to communicate with them (Mendelsohn 1973: 50). The target audiences can be ranged from as large as all the inhabitants in a country or federation to as small as a specific associate of a formal working group (Miller & Williams 1998: 129). It is therefore important for PR persons to analyse and understand the variety of the audiences and divide them up into a particular group. In health communication, it is widely accepted that segmenting the audience is very imperative, so that successful communication can be achieved (e.g. Arkin 1992: 38; Backer 1992: 54; Pentz 1992: 142; Rice 1992: 147; Salmon 1992: 157; Atkin & Freimuth 1989; Donahew 1990; Grunig 1989, in Slater 1996: 267). Referring to Smith's (2001) thought, Washer et al. (2008: 43) underlined a greater willingness to consider variations in audience characteristics than to judge them as a whole, because they vary in their 'diverse social characteristics and viewing practices'.

Because 'psychological rather than physical' obstacles are the most intricate (Hyman & Sheatsley 1973: 448), the nature of particular demographics such as sex, age, marital status, socio-economic status, i.e. level of education and income, ethnicity, religions, and the like are often used as a main component of audience analysis (e.g. Bittner 1996: 467; Cutlip et al. 2000: 384). As another who accepts the popularity of audience segmentation on a demographic basis, Slater (1995: 188) did not deny the fact that diverse demographic factors determine 'knowledge, constraints, motivation' which lead to amending health practices. There are a variety of blood donation studies also

demonstrating the impact of the differences in individual attributes on media exposure and KAP: between gender and marital status and blood donation (Phetwong 2001), between gender, age, family status, educational level, and occupation and KAP, but not between age and family status and attitudes towards blood donation (Shahshahani et al. 2006), between gender and income, status and career of parents and media exposure to blood donation (Techaudomphokha 2001) and also of other health communication studies (e.g. Conesa et al. 2004: 1269; Hoa et al. 2009; Ríos et al. 2007; Thornton et al. 2006).

Slater (1995: 188), however, argued that, a large cause-effect relationship between such variables is not given (see also Perloff 1993: 190 on p.26). And this is proved by several studies (e.g. McQueen et al. 2008). Therefore, for the greatest effectiveness of audience segmentation, not only demographics, but also other characteristics are encouraged, as agreed by many scholars (Boslaugh et al. 2005: 430; Maibach et al. 2006: 732; Paek et al. 2010: 428-429; Slater 1995: 188-189; Wolff et al. 2010: 167).

Because its importance still exists, as shown above, and also my study explored who the BDs and NDs are and hypothesised the differences between these two groups whose demographics including gender, age, marital status, level of education, occupation, and monthly income and also the combinations of these variables and behaviour, i.e. BDs and NDs, the findings from the focus groups will present the impact of these variables at some points, and the literature relating to gender, age, socio-economic status, ethnicity, and religion will also be demonstrated. As Washer et al. (2008: 43) said while addressing Kitzinger's (2006) opinion that researchers can make sense of what is presented in message content itself and also what the audience interact with it is

possibly determined by the impact of their various personal factors such as sex, socio-economic status, and so on and ‘the wider cultural context’ (p.43). Not only these, but ‘Personal experience is [also] a key source of influence’ (Kitzinger 1998: 199).

In consideration of gender, Brooks (1971: 213-214) identified that more stances towards ‘being emotional, submissive and home-oriented’ (p.213) and ‘people-centered’ (p.214) are presumably cultivated among women than men. Wang (2008: 55) similarly found that women are naturally more emotional (i.e. having sad feeling) rather than logical, however, men are in the line between these attitudes. Quite similar to Brooks (1971), the notion of Tannen (1999), taken by Newton et al. (2010: 481-482) said that ‘Women are also more likely to utilise so-called “rapport talk” in that they focus on establishing relationships with others, whereas men tend to employ an assertive and competitive style of discourse that has been termed “report talk”’. Again Newton et al. (2010: 481) referring to the ideas of Caldwell and Peplau (1982) and Wright and Scanlon (1991) stated that women are more friendly than men.

It is argued that in today’s literature regarding gender difference, the roles of women have relatively changed, and Mellström and Johannesson (2008: 847) concluded from the study of Croson and Gneezy (2004) that ‘... women appear to be more prosocial, more risk averse, and more competitive than men’. Given these characteristics, therefore, Perloff (1993: 189), interpreting Eagly’s (1978) and Eagly and Carli’s (1981) studies and Scheidel (1963: 355), agreed that it is easier to persuade women than men. Perloff (1993: 190), nonetheless, argued that ‘..., given that the gender differences in influenceability are relatively small in magnitude’, it is difficult to draw an obvious conclusion. In Thailand, additionally, the National Statistical Office (NSO) (2004a)

revealed that news programmes are more popular among males whose ages are over six years old and who watch television than females, while entertainment programmes are more favoured among women than men in this channel. Preference for media consumption is also sexually different in various health-related campaigns (e.g. Hoa et al 2009: 10; Huhman et al. 2008: S246). An interesting study showing gender differences and relating to my study is that American females and males and Thai men fancy and accept slimness to a lesser extent than in the perception of women in Thailand (Sharps et al. 2001: 518).

In terms of age, Burgoon (1974: 59) said that probably due to more experiences of obstacles and negative responses, older people incline to be 'more pragmatic and cautious' than teenagers, who are 'more idealistic, optimistic and liberal' (p.59). Therefore this causes difficulties in bringing about attitude change and persuasion in adults (Burgoon 1974: 59; Wilcox et al. 2003: 237). With the adults' nature, much greater interest is paid to health and medical issues, especially how far these are boosted, by the more elderly (Wilcox et al. 2003: 237). Schramm and Roberts (1971: 194) gave the proposition that to reach the majority of the mature in developed countries, television and newspapers are preferable, whilst for those in developing countries radio might be their selection. Their claim is partly true, since Hispanic Americans aged 50-64 and ≥ 65 in a developed country, the US like getting colonoscopy screening information from television and newspapers, although their power is mostly interfered by interpersonal communication, as presented in this following order 'A doctor/provider', 'Health brochures', 'Television' being equal to 'Someone who speaks my language', 'Family members' being the same as 'Magazines', 'Newspapers' being equal to 'Another type of healthcare provider' (Ellison et al. 2010). Today is the era of

the internet, especially among teenagers: there are quicker applications of the internet and means that can make teenagers themselves joyful than radio and television to reach today's young people, as Flynn et al. (2010: 60) set out, referring to the ideas of Roberts et al. (2004). The internet is not preferable for only the young, but also for older people for getting health-related information (Ellison et al. 2010; Nguyen et al. 2010: 755; Tustin 2010: 3).

A better chance of communication and persuasion is noticed in communicating with people who have a higher level of education and knowledge and socio-economic status. For example, Niederdeppe et al. (2008b: 1343) claimed to possess a large number of data to conclude that, it is a regular situation that more success in anti-smoking media campaigns targeting the whole population is registered among high socio-economic groups than their lower counterparts is and there are very few evidences showing more success among the latter than the former, however, a similar quantity of success between the two socio-economic status groups is, on occasion, revealed. Snyder (1990: 877) concluded from several studies that, under a condition of high information distribution, learning by individuals with a lower socio-economic status from the uncontrolled channels will take longer compared to those with a higher socio-economic status. For the greatest effectiveness, the broadcasting media should be selected for attracting the less-educated and lower socio-economic groups (Bogart 1996: 106), whereas print is the most attractive source of information for the well-educated and higher socio-economic status (Bogart 1996: 106; Rivers et al. 1971: 279). Rivers et al. (1971: 279) reasoned that, the affluent need to be exposed to hard news such as 'public affairs' and 'sports and society news', but less to images and 'cartoons', and the print

media (i.e. newspapers) are presumably utilised by the well-educated for seeking ‘information’, while ‘entertainment’ is sought by the lower literate.

Apart from interests, attitudes, and behaviour, physiological structure, health behaviour, and health care are determined by different ethnicity (Brondolo et al. 2009: 4). This result is presented in several studies (e.g. DeLorme et al. 2010: 18; Ellison et al. 2010; Manfredi et al. 2010: 272; Myers 2009: 15). Davis et al.’s (2010) study revealed that because the African-American population are a target group of a variety of health communication campaigns (p.532), therefore sub-grouping the targeted population into 16 groups is encouraged (p.533).

Finally, concern for the religious dimension is inevitable as it involves people from birth to death and from the past to the present. Especially in Thai society, how Thais closely relate to Buddhism will be shown in 4.2 Overview of Thailand and its social and cultural context. Childs (1965: 147-148) stated that its effects can be seen in three different aspects of everyday opinions and actions, of economic perspective, and of political support. The first framework of daily lives presented by Childs (1965) is strengthened by current research regarding HIV/AIDS as ‘a curse or punishment from God’ perceived by those who are African Americans and are highly attached to religion (Muturi & An 2010: 388) and as one of the effective strategies in inducing the likelihood of a wish to register as a volunteer of organ donation (Newton et al. 2010: 481).

What kinds of message strategies, and which media strategies should be employed, is the next stage of communication and implementation.

2.3.3 Communication and implementation

Trent and Friedenberg (1995: 12) mentioned that ‘..., the core of each campaign is communication’. The word ‘communication’ in this chapter will be described in two dimensions, i.e. message and media.

2.3.3.1 Message strategies

It is important for PR practitioners to strategically and deliberately develop and design communication messages, so that appropriate messages ‘that attract attention and produce comprehension lead to learning and attitude change’ (Wicks 2001: 53) are produced. To encourage individuals to process persuasive messages, ‘motivation and ability’ are the two important factors in the Elaboration Likelihood Model (ELM) (Petty & Cacioppo 1981: 263) based upon personal differences, including ‘personal relevance’ (Petty & Cacioppo 1979b, in Petty & Cacioppo 1981: 263), ‘level of knowledge’ (Booth-Butterfield & Welbourne 2002: 159), and the like. A variety of message strategies which will be included in the study will, therefore, be described in order as 2.3.3.1.1 Response to individuals’ needs, 2.3.3.1.2 Emotional appeals and vividness of messages, 2.3.3.1.3 Source credibility, 2.3.3.1.4 Cartoons, 2.3.3.1.5 Understandability of messages, and 2.3.3.1.6 Repetition of messages. The reasons for including these factors are that they may be relevant to message strategies that the NBC uses for distributing blood and blood donation messages in its PR materials and to comparative, reflective responses by BDs and NDs which appear in the study’s focus groups.

2.3.3.1.1 Response to individuals' needs

Wilcox et al. (2003: 221, see also Hallahan 2000; Marsh 1992) stated that the messages will be attractive if messages of interest to an audience's 'psychic or economic needs' are being put forward. For instance, to give "something in return" to altruistic volunteers and donors, messages from charitable organisations should present '(1) self-esteem, (2) the opportunity to make a contribution to society, (3) recognition from peers and the community, (4) a sense of belonging, (5) ego gratification, or even (6) a tax deduction' (Wilcox et al. 2003: 222).

Many studies in various countries revealed that blood donation is motivated by altruism (see p.65) and also that showing what others will receive rather than what people themselves will obtain calls for money donations (Fisher et al. 2008: 519). However, a shift is found in some evidence showing more importance of egocentricity, what people themselves will obtain rather than what others will receive is of interest (Ferguson et al. 2008: 327; Hupfer 2006: 996; Peng & Tang 2010: 695). This situation is happening because attitude towards thinking of people themselves is presumably being cultivated in today's society (Ringwald et al. 2010: 298).

Here I would like to expand 'psychic or economic needs' to so-called 'self-efficacy' because the majority of NDs in this study reason psychological condition of fear as their most important reason for not giving blood. To be more understandable, Maibach and Cotton (1995: 47), working from the original definition of Albert Bandura (1986, in press) in Social Cognitive Theory (SCT) explained that:

‘Self-efficacy is a pivotal factor in SCT in that it mediates the application of knowledge and skills in the pursuit of behavioral attainments. Self-efficacy refers to people’s belief in their capability to organize and execute the course of action required to perform a given behavior successfully (Bandura, 1986, in press)’.

Maibach and Cotton (1995: 47) further demonstrated that:

‘This includes people’s confidence in their capability to regulate their motivation, thought processes, emotional states, and their physical and social environment to attain their behavioral goals. When people judge themselves to be efficacious, they are confident in their capability to overcome the difficulties inherent in changing and maintaining a *specific* behavior’.

It is important to present a message reinforcing self-efficacy (France et al. 2008a: 528-529; Grow & Christopher 2008: 1401; Perloff 1993: 325). Such messages include what donors concern and how they are able to deal with the blood donation problems successfully and general information about what qualifies for, and disqualifies from, blood donation, what will happen if BDs agree to blood donation, what will happen to the blood donated, and how to preserve BDs and recipients from harm (France et al. 2008a: 528-529). And that can lead to long-lasting behaviour change (Perloff 1993: 325) or a greater intention of giving blood in future (France et al. 2008a: 528-529). Its importance is also considered to be an additional factor in predicting blood donation

intention in extended TPB (see France et al. 2008b: 160; France et al. 2007: 1010) and to foresee the intentions of both BDs and NDs (Giles et al. 2004: 387).

‘Recruiting donors through raffle tickets, tee shirts, and cholesterol tests is not a sustainable answer’ (Popovsky 2006: 501), nonetheless there are many studies addressing the significance of self-centredness. To a lesser extent than other factors, what incentives in various forms BDs will receive from blood donation are taken into consideration (Buciuniene et al. 2006; Marantidou et al. 2007: 446; Olaya et al. 2004: 16; Phetwong 2001: 173; Shahshahani et al. 2006: 407; Sojka & Sojka 2008: 59). With respect to incentive forms, if given, certificates are popular for voluntary blood donation in both Alam and Masalmeh’s (2004: 319) and Olaya et al.’s (2004: 15) studies. Compared to no incentives proposed or a free cholesterol test presented, providing ‘a free lottery ticket’ is the best (Goette & Stutzer 2008: 22). The study of Germain et al. (2007: 1867) disclosed that incentives were less attractive to lapsed first-time donors rather than current first-time ones. To make BDs proud of what they do and retain their blood donation behaviour, incentives, for example, ‘the donor card, donor pins and awards, milestone cards and certificates’ should be given (Devine et al. 2007: 255). A possibly significant link to altruism is found only among the population of Sweden: when the study of Mellström and Johannesson (2008: 852) let people know that either no money would be given or SEK50 provided would be made to charity, the number of BDs increased, whereas it was the other way round if SEK50 was paid and offered.

Attracting individuals to a particular issue can be brought about by an emotional and concrete stimulus. This will be explained in 2.3.3.1.2 Emotional appeals and vividness of messages.

2.3.3.1.2 Emotional appeals and vividness of messages

In this part, the order of the discussion is that I will begin with a general perspective on emotional appeals. Under these appeals, I will talk about the well-known types of fear appeals and dramatic cues. As Wilcox et al. (2003: 224, see also Hallahan 2000; Marsh 1992) noted, drama can be employed in the form of '*humanizing an issue*', which is naturally employed by journalists to attract audience and gain their attention, and through use of an '*application story*' or '*case study technique*' it can also illustrate to consumers how a product and/or service is being used by a person or a producer (p.224). Case studies will then be discussed. These are compared with the effectiveness of statistics in many previous studies (Bell & Loftus 1985: 659), therefore critical comparative perspectives of case studies and statistics will also be provided.

Keys et al. (2009: 192) addressing Flora and Maibach's (1990) study found that, rather than appeals just transmitting logical, concrete, and discursive information, pleas dramatising feelings and emotions get the people for whom HIV/AIDS is an issue of low relevance closer to the subject, whereas by contrast it was the other way round for their high issue-relevant counterparts. Kopfman and Smith (1996: 46) claimed that emotional stimuli should not be used for convincing people who have a low willingness to register as organ donors, because these are lacking in altruism. More odds of keeping the audience's attention, helping them to retain such messages is revealed in cues arousing feelings than those giving information (Lewis et al. 2007: 72). There is no difference found in the explanation of them as to the value of emotional appeals and what the other two previous pieces of literature put forward, namely that the effectiveness of emotional pleas is to get the audiences more closely involved and

familiarised with a particular issue, even though they may not have considered it before (Austin & Pinkleton 2001: 320-321), and to awaken attention on the part of the audiences to necessary social issues (Ferguson 1999: 165).

Fear appeals are widely employed in order to lead people to amend their 'attitudes, intentions, and/or behaviors' (Maddux & Rogers 1983, in Lewis et al. 2007: 62). Nevertheless, their use is '*always*' debatable in health communication (Hornik 1992: 105). Cauberghe et al.'s (2009: 282) study showed the impressive result of fear cues on willingness to cut speed, whereas there is no preference for some researchers (e.g. Dyak 1992: 73; Field 1992: 77; Gillespie 1992: 101; Johnson 1992: 113). The reason put forward is that fears appeals have no impact on amending thoughts or practices (Rogers 1992: 151; Stewart 1992: 159), but only in grabbing 'attention' (Rogers 1992: 151). Such emotional cues are popularly implemented in teenager-targeted campaigns (Austin & Pinkleton 2001: 321). Nevertheless, some health communication scholars (Coleman 1992: 62; Deutchman 1992: 68; Flavier 1992: 80; Gallion 1992: 96) disagree on the effectiveness of evoking fear among children and juveniles. Lewis et al.'s (2007: 61) study found that there is no disparity in effectiveness between cues making teenagers joyful and those arousing their fear, as a result, this should be taken into consideration.

In considering the degree of success in using fear appeals, Janis and Feshbach (1953, in Hovland et al. 1966: 140, see also in Cutlip et al. 2000: 255; Petty & Cacioppo 1981: 72-73) found that mild fear appeals are the best, as strong and moderate degrees of fear create greater levels of stress after high school students have processed information about dental hygiene. Because of having more stimuli leading to resistance against the ever-changing society, some professionals (e.g. Kincaid 1992: 122; Pavlik 1992: 136)

suggested that the use of ‘moderate’ levels of fear appeals can produce success, especially among high-risk women and teenagers. To encourage the effectiveness of fear arousal Devlin et al.’s (2007: 115) and Algie and Rossiter’s (2010: 264, 277) studies provide current evidence for giving a possible way of how to minimise or eradicate fear as previously agreed by various health communication scholars (e.g. Flay 1992: 83; Petty & Cacioppo 1981: 73; Wallack 1992: 164; Witte 1992: 341). This also possibly indicates effective solutions of giving fear appeals in combination with ‘economic success and social acceptance’, particularly for adolescents (McCallum 1992: 126).

It is a controversial issue in terms of a gain- or loss-framed message. While many health communication studies propose the preference of what is being gained rather than what is being lost (e.g. Chang 2007: 143; Farrell et al. 2001: 1335, 1338-1339; Latimer et al. 2010: 54; Purewal & van den Akker 2009: 3136), some research revealed the other way round (e.g. Abhyankar et al. 2008: 1; Cherubini et al. 2005: 732; Meyerowitz & Chaiken 1987: 500). No disparity between these framing strategies is, however, found (Chang 2007: 143; Maguire et al. 2010: 344; Park et al. 2010: 196). Numerous studies, in relation to this, present the fact, namely that ‘The influence of framed information on decision making is contingent on people, first, internalizing the advocated frame and, then, on the degree to which performing a health behavior is perceived as risky’ (Rothman & Salovey 1997: 3). In terms of the audience, it is shown in many studies, for instance, previous experience of a particular health issue (Chang 2007: 143), light smokers (Szklo & Coutinho 2010: 622), having friends being a smoker or non-smoker (Cho & Boster 2008: 428), having sexual relationship with many ‘partners’ (Gerend & Shepherd 2007: 745), and level of one’s ‘consideration of future consequences’

(O'Connor et al. 2009: 213). For the perceived-risk correlation to behaviour, i.e. 'prevention or detection', if a great extent of risk is perceived, what is being lost is more desirable while it will be the other way round if much risk is not recognised (Bartels et al. 2010: 821).

Drama is another tool in drawing people's attention and modifying behaviour. The study of Kamo et al. (2008: 203) revealed that drama seems to be effective among young juveniles, however, not evident among older people. Despite no obvious indication of success being given, the claim was made that 99% provided very desirable response (cited in Koroneos 2006: 84). By contrast, Fabio Gratton, the chief innovation officer of Ignite Health reasons why he used dramatic, dark-scene cartoons in the "Live With It" series for cultivating the general public understanding of HIV that "We wanted to focus on a message that was a little bit more dramatic. And when you do drama, it requires tension; it requires a little bit of intrigue and mystery, and a little bit of drama in essence" (cited in Koroneos 2006: 83).

As stated above, drama can be used through the two forms of '*humanizing an issue*' and an '*application story*' or '*case study technique*' (Wilcox et al. 2003: 224). Only the latter will be included in this study. Perloff (1993: 158) mentioned that vivid messages, including multi-coloured portraits, physical narratives, harsh photos, and individual stories. Money will be donated, if an audience are exposed to a sad and/or scary message (Fisher et al. 2008: 519; Perloff 1993: 158), for instance, an image of a very hungry young person (Perloff 1993: 158). Only this kind of message does not produce the greatest success, by contrast, unless it is combined with a joyful and/or humourous message (Carrera et al. 2010: 726). Apart from increasing enjoyment and arousing

emotion (Perloff 1993: 158), different colours can give people ease of understanding and clarity (Hill et al. 2010: 1).

The use of case studies may successfully catch such people's attention. The large increase in first-time and regular, repeat blood donations at the 5 RDS Centers in the first week following the 9/11 attack (Glynn et al. 2003: 2249-2250). Mathew et al.'s (2007: 732-733) study further revealed that, to make people realise how important blood and blood donation are, case studies of people who receive blood in reality need to be presented on advertisements. Recent studies also present the use of emotional case studies to increase the odds of people quitting smoking, especially with the low socio-economic status (Durkin et al. 2009: 2222; Niederdeppe et al. 2008a: 922) and to get young women more familiar with the issue of breast cancer (Bottorff et al. 2010: 668).

In terms of statistics, Lin and Hullman's (2005: 188) study highlighted the importance of health and economic statistics, as two of the important online tobacco-prevention messages, since they are presented on different websites whose sponsors are varied, according to content analysis. There is a controversy over displaying statistics, as those who support it feel that figures have 'credibility and validity' (Mathew et al. 2007: 733), while those of the opposite persuasion perceive them as difficult to understand (Hill et al. 2010: 1; Mathew et al. 2007: 733).

Albeit without comparing the value of case studies and statistical information, such studies' findings prove the nature of both emotional case studies and statistics, namely that:

‘Information may be described as vivid, that is, as likely to attract and hold our attention and to excite the imagination to the extent that it is (a) emotionally interesting, (b) concrete and imagery-provoking, and (c) proximate in a sensory, temporal, or spatial way’ (Nisbette & Rose 1980: 45).

From the statement of Nisbette and Rose (1980), vivid messages of case studies arouse emotions, let the audience tangibly and clearly see a picture, and get them familiar with a subject. Case studies ‘are [also] based on the reports of a relatively small number of persons, whereas statistics reflect the experiences of a large, representative sample of individuals’ and the former ‘have a certain reality and immediacy’ leading to an increase in ‘believability’ (Perloff 1993: 159). However, to validate the previous literature asserting that vivid messages are more favourable than figures or other data formats (Bell & Loftus 1985: 663; Koballa 1986, in Ferguson 1999: 162; Taylor & Thompson 1982: 156), in more recent studies, no single answer can be given whether vivid messages are better than pallid in general perspective. This is because it depends upon a study’s condition including the ‘level of attentional constraint’ (Frey & Eagly 1993) and how harmonizing between message content and components of vividness within it (Smith & Shaffer 2000: 769).

The next type of message strategy that will be included in this study is a discussion of the importance of source credibility.

2.3.3.1.3 Source credibility

Source credibility can gain the audiences' attention if the source has three criteria which represent its credibility: these are '*expertise*', '*sincerity*', and '*charisma*' (Wilcox et al. 2003: 218, see also Hallahan 2000; Marsh 1992). Wilcox et al. (2003) further explained those characteristics as demonstrating whether the audiences 'perceive the person as an expert on the subject', 'the person come[s] across as believing what he or she is saying', and 'the individual [is] attractive, self-assured, and articulate, projecting an image of competence and leadership' (p.218). Their notion is preferable for this study because their proposition describes the credibility as 'a perception of credibility rather than a direct measure of actual quality' (Freedman & Spyridakis 2004: 240). '[R]eliable, objective, and credible sources' are required to gain the audience's attention to information regarding the uptake of multivitamins (Lindsey et al. 2009: 148-149). Dillard and Ye's (2008: 149) study showed that although multiple sources are desired, of either an individual or a cluster, what kind of a message is and who are the people who give feedback indicate who should be chosen which later can have effectiveness of content before launching a persuasive campaign. In this particular study, the sources that are perceived as credible are the monarchy and celebrities (see the findings in chapters 5 and 7).

In Thailand particularly the monarchy can be said to be the best source of credibility, and it is impossible to observe any negative change in the effectiveness of the institution of royalty (see chapter 4). Patisang's (2006: 162) study revealed that Thais have a positive attitude towards the 'Following His Majesty The King's Foot Step with Love and Goodness' project because, according to Thai values, Thais highly respect the royal

family. The discussion provided by the Foreign Office, the Government PR Department (2007) gave further reasons why the royal family, HM the King Bhumibol Adulyadej in particular, is highly revered by the Thai people and is regarded as ‘the centre of Thai people’s hearts and lives’ and why he is the most acceptable, credible source: this is because he

‘seeks full knowledge and accurate information about everything he pays attention to, ... leads a virtuous life in accordance with high moral standards and principles, both as a monarch and as an individual, and with the unequivocal, kind concern he has shown towards his subjects throughout the more than six decades that have passed. ... [Thai audiences] all accept royal addresses, speeches and projects without any doubt, knowing in their hearts that those words and deeds come from their King’s deep concern and immeasurable kindness towards his subjects, because he gives without expecting anything in return’ (Foreign Office, the Government PR Department 2007).

Celebrities are also a popular and frequently used attraction. Pringle (2004: 210) quoted a word of Richard Storey, an account planner at M&C Saatchi, that shows why celebrities are popularly employed: ‘Jesus, that’s someone I respect’ (p.210). The effectiveness of different celebrities is widely recognised in many health communication studies (Brown et al. 2003: 41; Brown & de Matviuk 2010: 358; Chapman et al. 2005: 247; Cram et al. 2003: 1601; Grow & Christopher 2008: 1401). Although there are not many BDs who mention the influence of mass media on blood donations, the importance of well-known people is greatly accepted (Chliaoutakis et al.

1994: 1463-1464). Especially Earvin 'Magic' Johnson, formerly an extremely famous basketball player, encourages a growth in awareness of HIV/AIDS after he confessed to being HIV positive (e.g. Brown & Basil 1995: 345; Casey et al. 2003: 250; Singhal & Rogers 2003: 91). However, celebrities do not play important, endorsing role in the odds on cancer diagnosis (Larson et al. 2005: 694-695) and in audience perception the relationship between meticillin-resistant *Staphylococcus aureus* (MRSA) and infected female celebrities, i.e. Leslie Ash and Clare Rayner (Washer et al. 2008: 46).

Effectiveness or ineffectiveness depends upon analysing the audiences whom the organisation wants to reach (Wilcox et al. 2003: 220). Through content analysis female celebrities have never been proposed when celebrities are being used in magazines whose sale volumes are the maximum and which relate to health infection (Clarke & Binns 2006: 44). In consideration of Kelly (1992: 117), the problem of using celebrities nowadays, because some are in disgrace, is that there is a limited number of them who are admired and perceived as heroes among juveniles, and a disjuncture can, on occasion, occur in how celebrities are recognised and what is wished to communicate. Good and moral celebrities are required, even as presenters of drug issues, for Thai juveniles in Thapthiang's (2004: 198) study. With today's cultural exchange, the choice of celebrity preference among Thai teenagers is more likely to shift from native to international stars. As the study of Siriyuvasak and Hyunjoon (2007: 125) highlighted, 'At the other end of the spectrum our investigation of the K-pop fan club shows that the Thai middle class youths are actively organizing themselves in new and often unique fashions'. Difficulties in using celebrities also result from the increasing clutter of advertisements, which leads the audiences to encounter the problem of remembering; difficulties also arise from the large number of celebrities from among whom a single

well-known individual is utilised for a variety of products, and endorsing other different, competing brands in the same category as the one that the celebrity is promoting (Wilcox et al. 2003: 220). In relation to source credibility, the next promotional message strategy is the use of cartoon characters.

2.3.3.1.4 Cartoons

Pringle (2004: 262) proposed the necessity of creating cartoons or 3D animations as they try to be like real celebrities, but they are not exactly like the real celebrities. Wilcox et al. (2003) also said that cartoons can portray what will happen step by step if people participate in an activity being demonstrated in an instruction booklet (p.543) and they, especially ‘a whimsical cartoon character’ (p.543), can be a symbol of a service or an objective or a whole campaign (p.543). However, Wilcox et al. (2003: 543) mentioned that only the best quality of cartoons should be considered. Petersen et al.’s (2006: 197) study also presented the work of a cartoon narrative contained in a set of 10 A4-sized 8-page booklets in ‘informing the development and diffusion of health-enhancing social representations that shape the potential for health-related behaviour change’ (p.197). Koroneos (2006: 83) proposed his idea why cartoons are used in “Live With It” campaign that: ‘The idea for the cartoon series was born out of the need for easier-to-digest educational materials, in a format other than print’ (p.83). Van Rompay et al.’s (2008: 1) study revealed that cartoons are used in giving people with the less educated clear and digestible messages about HIV. Compared to giving information in a textual format, likewise, learning by individuals with the uneducated will take shorter if moving comic strips which are prepared in a good format (Leiner et al. 2004: 591). The previous studies, additionally, disclosed similarity between conveying messages

about Arthritis and Rheumatism in pictorial, cartoon formats and in written form in booklets (Moll et al. 1977: 225). Also, being exposed to cartoons impacts badly on ‘children’s attentional capabilities’ (Thakkar et al. 2006: 2025). By contrast, many of the later studies showed the utmost value of cartoons (Moll 1986: 198; Wellman et al. 2002: 343). Therefore, Giarelli and Tulman (2003: 945) stated that ‘Cartoons are a legitimate, interesting, and engaging source of data’.

From the literature reviewed above, it is clearly wise for health communicators to use cartoons for two reasons. They are another device for communicating with vulnerable people such as children, those with a low or non-existent level of literacy, people with an infectious disease, those who learn slowly, and so forth. It is likewise worth remembering that people in today’s society are busier and fed with (too) much information.

Whatever is communicated to people, it needs to be reasonable and clear if it is to be understood and consumed. Understandability of messages is going to be discussed in 2.3.3.1.5 Understandability of messages.

2.3.3.1.5 Understandability of messages

The messages will be attractive if they are definite and explicit, i.e. the content is not either too difficult or too easy (Ferguson 1999: 162). Peter Drucker (cited in Wilcox et al. 2003: 222) similarly highlighted that “An innovation, to be effective, has to be simple and it has to be focused. It should do only one thing, otherwise it confuses”.

This can be explained by the fact that the ability to process messages is determined by ‘level of knowledge’ (Booth-Butterfield & Welbourne 2002: 159). Bull et al.’s (2002: 483) study reveals that apparent messages regarding the outcomes of sexually transmitted diseases resulting from failure to use a condom are requested by almost all of the focus group participants. Not only the clarity and ease of messages, but also ‘greater recognition’, the ability to understand, interpret, and make an impact upon attention, knowledge, and memory can be achieved through the use of a variety of approaches, including both text and images such as ‘photos, illustrations, charts and graphs’, ‘concrete (vs. abstract) words’, ‘*exemplars*’, ‘*demonstrations*’, ‘*analogies*’, ‘*symbols, slogans, and marks*’ such as ‘logos, logotypes, service marks, and trademarks’ (Hallahan 2000: 472).

The results of the current studies also support each of the suggested strategies of Hallahan (2004). For example, avoiding the use of non-simple terms about core blood donation is recommended for instance, from “autologous” to “private” and from “allogeneic” to “altruistic” (Salvaterra et al. 2010: 304). The problems of remembering and being bewildering can possibly be lessened by employing visual aids, i.e. photos and diagrams (Kondilis et al. 2010: 550). In relation to what Hallahan (2000) mentioned and to the literature about statistics (see 2.3.3.1.2 Emotional appeals and vividness of messages), moving pictures are more desirable than still graphics or statistical reports, because more feelings of sadness, fear, humour, and so forth are created (Ancker et al. 2009: 461), however, the latter strategy cannot be undervalued, despite being not easy to count how many infected people there are (Ancker et al. 2009: 461, see also Hill et al. 2010: 1; Mathew et al. 2007: 733, on p.38), since statistical figures have greater reality (Ancker et al. 2009: 461). It, therefore, depends upon what

the communication source wants to tell, either to inform or to motivate. Through the opinions of the gatekeepers as the significant people in conveying messages to the intended audiences, presenting logos of such as the Centers for Disease Control and Prevention is important, since it presumably enhances ‘credibility’ (Flores et al. 2010: 172).

Finally, message repetition is important to encourage ability to process messages (Cacioppo & Petty 1979b; 1980a, in Petty & Cacioppo 1981: 265). This factor will be illustrated in 2.3.3.1.6 Repetition of messages.

2.3.3.1.6 Repetition of messages

Especially among audiences whose knowledge or attention is low, in order to make certain that the messages are processed, they need to have ‘an optimal number of times’ for message exposure (Hallahan 2000: 473). As illustrated by the AIDS media campaign, the quantity of diverse AIDS messages to which recipients are exposed determines diverse levels of knowledge of the illness (Kitzinger 1998: 192). McGuire (1989), referred by Blake et al. (2010: 195) also underlined the necessity of message recalls, stating that ‘Sustained media exposure is a condition usually necessary for media effects on individual judgements and behaviour’ (p.195). Rosen et al. (2010: 564), taking the opinion of Snyder and Hamilton (2002), said that the more messages audiences are exposed to, the more desired practice is performed. This has been revealed in various health communication studies (e.g. Andersen et al. 2009: 347; Frazee et al. 2009: e23; Grau et al. 2009: 1; Reynolds et al. 2008: 619). However, it is not always true that there is a positive relationship between increased media exposure and

desired behaviour, i.e. increased media exposure lead to increased smoking behaviour (Heatherton & Sargent 2009: 63). It is assumed that ineffective and inappropriate message design led to the problem caused.

How many times media exposure should take place is the question to be considered. Hallahan (2000: 473) referred to the Krugman's notion (in MacInnis & Jaworski 1989) that no fewer than 'three exposures' is not only the minimum needed but is also perhaps the ideal number for achieving the best effects (p.473). The effectiveness of three exposures (Batra & Ray 1986: 440-441) and at least three times a week (Palmgreen et al. 2001: 293) and three to four times a week (380 gross rating points) (Flynn et al. 2010: 54; Solomon et al. 2009: 646) is generally agreed. Because the increasing growth of advertisement clutter causes people to have difficulty remembering (Wilcox et al. 2003: 220), the most recent studies proposed a greater number than previous studies to the likelihood of greater effectiveness, for instance, at 10,000 gross rating points (Farrelly et al. 2009: 381).

Many studies clearly present the effectiveness and success of various message strategies, i.e. response to individuals' needs, emotional appeals in a variety of forms, source credibility, cartoons, understandability of messages, and repetition of messages, as discussed above, which can be helpful for blood donation communication strategies. With such considerable data reviewed, however, it is difficult to reach a final answer as to what is the most effective strategy(ies). There are many important reasons supporting this opinion.

The first reason can be that a study is conducted through only targeting a researcher's interest in exploring the effectiveness and persuasiveness of either a single message strategy (e.g. Brown & de Matviuk 2010: 358; Cauberghe et al. 2009; Ferguson et al. 2008; Mellström & Johannesson 2008) or the use of multiple, specific intervention strategies (e.g. Siegel et al. 2008: 170). It could also be that one kind of message is compared with another in the same message strategy in conveying a particular issue, for instance a more recent study showed that pleas making teenagers joyful are as good as appeals frightening them (Lewis et al. 2007: 61). It is also dependent upon the type of campaigns, for example, the intervention of fear appeals is popularly used and studied in road safety (see, e.g. Cauberghe et al. 2009; Lewis et al. 2007).

However, there is no evidence comparing all types of message strategies to show which single one alone would provide the greatest result, i.e. to donate blood or to induce some other behaviour. As Perloff (1993: 324) stated, '[The] weakness [of the research on campaigns] is that studies are not often derived from theory, but instead are one-shot attempts to evaluate a particular campaign'. Even in smoking cessation, also, it can apparently not be identified which message strategy(ies) is the greatest (Wakefield et al. 2003: 242-243).

Message recipients are themselves the factor indicating the variations in message effectiveness, for example, demographics (e.g. Bottorff et al. 2010: 668; Durkin et al. 2009: 2217; Wang 2008: 55), personal involvement (e.g. Flora & Maibach 1990, in Keys et al. 2009; Bae 2008: 20), prior experience (Chang 2007: 143), health status (Ma et al. 2008: 654; Sutfin et al. 2008: 480), level of exposure, i.e. 'exposed' versus

‘unexposed’ clusters (Grau et al. 2009: 1), and so forth. In other words, it is ‘about the group being studied’ (Berger 2000: 191).

In relation to this, the other reason comes from the social and cultural background within a country or outside a nation. Although the institution of royalty as a source credibility presumably is the most effective strategy in Thailand because of its cultural context, this may not be the case in other different societies and cultures. Likewise, the population in the same country always share the general social and cultural context, but different people presumably have specific, different opinions toward a particular message cue (Wakefield et al. 2003: 243), and also people in different places have different preferences to a specific message strategy (Siegel et al. 2008: 170), even living in a same country.

A persuasion theory, which is used as a theoretical framework in a study is the other factor, for example, (Extended) Parallel Process Model (Carrera et al. 2010: 726; Witte 1992), SCT (Flynn et al. 2010: 60), TBP (France et al. 2007; Lemmens et al. 2005; Lemmens et al. 2009; Robinson et al. 2008), and so forth. In addition to the point made, the selection of a message strategy is decided on the objectives of communication either to inform or to motivate (see Ancker et al. 2009: 461 on p.45-46).

Last but not least, media control and regulations frame what it is acceptable to advertise. Again the Thailand context will be used as an example because it is my original country. A section included in the Ministerial Regulation on Alcohol and Caffeine Advertising in Cinemas and Billboards 2004 will be taken as an example, showing that

although celebrities are one of the various message strategies and presumably the most effective in a country, in Thailand this is being reconsidered. The Regulation states that an alcohol advertisement which either (1) builds a perception of social or sexual success or better physical health, or (2) uses athletes or workers as a presenter, or (3) uses stars, singers, or actors as a presenter, (4) uses cartoons, or (5) persuades and convinces consumers to buy or consume the product and give money for donations is prohibited (Office of the Consumer Protection Board 2006).

Not only well-designed messages, but well-established and -selected means are also necessary for PR practitioners.

2.3.3.2 Media strategies

McLuhan (1964: 7) claimed that ‘the medium is the message’. Like message selection, communication channels for message distribution, whether uncontrolled, controlled, or personal sources, need to be chosen carefully to have an effect on the audiences. Referring to Salmon and Atkin’s (2003) opinions, Noar (2006: 30) explains, ‘No matter how persuasive one’s campaign messages are, they cannot be effective without being placed in channels with great potential to reach the target audience’. A single or multiple media, or a so-called ‘media mix’ (Ephron & Gray 2001: 86; Evanson 1984: I-3; Kendall 1996: 346) or ‘synergy in multimedia communications’ (Naik & Raman 2003: 375) need to be decided. Along with health communication scholars (Chen 1992: 59; Flora 1992: 87; McCallum 1992: 127; McDonald 1992: 132), in general the use of multiple channels of communication, which is recommended as an information-seeking

source and/or effective source for KAP, provides the ultimate, most successful result, as shown by many health communication studies and campaigns (e.g. Andersen et al. 2009: 347; Buckley et al. 2008: 681; Colon-Ramos et al. 2009: 119; Gag e 2008: 125; Hafstad & Aaro 1997: 267; Huhman et al. 2008: S246; Jones et al. 2006: 107; Kelly et al. 2010: 735; Lariscy et al. 2010: 102; Lee 2010: 629; Li et al. 2009: 424; Mohammed 2001: 148; Moore et al. 2002: 46; Peterson et al. 2008: 432; Roberts 2000: 8; Sharma et al. 2009: 321, 329; Walsh et al. 2010: 445). However, there is no obvious literature which reaches a definitive conclusion on how many media should be used or their best combination.

What governs the decision on the types and number of channels used for communication comes from the source, the messages themselves, the media themselves, and the audiences. In other words, consideration must be based upon the various benefits and drawbacks of each channel, for instance, its '*reach*', the '*economy*' of media production and message distribution, the '*credibility*', '*targetability*', and flexibility of media '*production*' and information circulation (Atkin 1994, in Atkin 2001: 58, see also Newsom et al. 2000: 334), the complexity of the message (Atkin 1994, in Atkin 2001: 58; Austin & Pinkleton 2001: 322). Newsom et al. (2000: 334) and Bogart (1996: 104) additionally highlighted the importance of the aims and the financial plan affecting the selection of a communication channel. '[T]he audience' (see 2.3.2.2 The audience), 'the message', and 'the element of timeliness' are also the important variable for judging which media are suitable (Newsom et al. 2000: 334). Media uses and viewing practices vary with demographic variables (e.g. Belenko et al. 2009: 612; Lariscy et al. 2010: 102; Roberts 2000: 8; Walsh et al. 2010: 445; Ward et al. 2010: 69). The amount of media that is available and accessible in an area varies,

and this is also a major influence in making a decision on the use of multiple means of communication (Onemolease & Adisa 2007: 57-58). To put it in a nutshell, “it all depends” (Bogart 1996: 104) can be a good explanation for ‘Which medium is the best?’ (Bogart 1996: 104).

All three kinds of communication channels for PR, i.e. uncontrolled channels, controlled media, and interpersonal communication are presented in the study in order to show some facts of how beneficial and/or detrimental each medium is. They all are discussed in this study because they may be selected as the NBC’s media strategies, and levels of exposure to blood and blood donation messages by those means and their effect on blood donation decisions appear in the questionnaires. It also is worth noting that mass media will include the traditional means of television, radio, newspapers, magazines, and new interactive media like the internet. It is important to state that, although the internet could be perceived as either an uncontrolled or a controlled medium, in this study it is included as a mass channel due to its ability to reach mass audiences and the inability for it to be under control at a certain point, which will be demonstrated later (see also Wilcox et al. 2003: 271-272).

2.3.3.2.1 Uncontrolled or mass media

Mass media including traditional and interactive are employed to raise knowledge and to reply to questions and give people spaces for sharing data respectively (Hallahan 2000, in Wilcox et al. 2003: 165). Along with radio and print channels, there has been great popularity for television among campaign designers (Noar 2006: 30) as well. Its

particular success lies in its character as not only an audio but also a visual medium (e.g. Austin & Pinkleton 2001: 322; Cutlip et al. 2000: 318). Consequently especially with people who have less interest in a topic, more attraction can also be gained by television than print media like newspapers or magazines (Austin & Pinkleton 2001: 322). Since it is a kind of mass media, messages via television can get to a great deal of people (e.g. Chen 1992: 59; Field 1992: 77) and produce a huge impact on the audiences (e.g. McGuire 2001: 28). Regardless of whether young people or general public, television is heavily consumed (McGuire 2001: 28; Nielsen, in Wilcox et al. 2003: 255). The latest statistics, likewise, revealed that among Thais over 15 years of age television is the most popular medium for consuming information and entertainment, followed by listening to radio and reading newspapers (NSO 2004a). Further evidence discovered that a lack of any regular pattern in watching television (i.e. less than once a week) impacts on the irregularity of condom use (Mai et al. 2008: 374), and level of exposure among women to breast cancer television news significantly determines levels of fear concerning breast cancer (Lemal & Van den Bulck 2009: 191). The selection of television is, however, possibly prevented by the huge amount of expenditure of, for example, time and production (Coleman 1992: 63; Quera 1973, in Newsom et al. 2000: 335; Stewart 1992: 160). Not only to meet 'cost-effectiveness', but also to boost the target audience's exposure and influence them, the utility of, for instance, billboards and television is recommended (Peterson et al. 2008: 432).

Even if radio is another extremely valuable (including cost-effective) medium for delivering health messages to (high-risk) youth and a larger population, in particular (e.g. McDonald 1992: 132; McGuire 2001: 28), it is basically not widely used (e.g. Atkin 1992: 49; Freimuth 1992: 93) and health researchers felt that television is

possibly better than radio (Field 1992: 77). One of the major reasons is that research on the influence of radio is nowadays not adequately studied (Ashley 1992: 45). Other possible but distinctive reasons include its lack of a 'visual' component and also its time constraints (Quera 1973, in Newsom et al. 2000: 335). Span and Saffron (2007), by contrast, discussed that no visual component in radio gives the listeners a greater chance of consideration on the issue regarding drink-driving in New South Wales. The fact of no image can be perceived as either a benefit or a drawback, yet employing only the sense of hearing and having the difficulty of time restriction are stated by Quera (1973, in Newsom et al. 2000: 335), and less sophisticated but more succinct messages are required for radio production and message distribution (Wilcox et al. 2003: 253).

Unlike the visual and audio channels, Austin and Pinkleton (2000: 322) said that more opportunities for unhurriedly or continually processing and understanding complicated information are available in print channels like newspapers and magazines. Likewise, although both television and newspapers are popular sources for PR practitioners to publicise their organisations' information, what is real and what is mediated or constructed is vague in television, as is stated by Curtain (1993: 19, in Cutlip et al. 2000: 319-320), but not in newspapers (Donsbach et al. 1993: 37). Differences are also found that newspapers seek to provide varied information to all levels of learning and finance, whereas magazines select a specific audience who have shared interests (Wilcox et al. 2003: 246). As a result of the advantages and disadvantages of both broadcast and print media, Huhman et al. (2008: S246) preferred a mix use of television advertising and print media (such as magazine) to produce greatest effectiveness among younger women.

It is unsurprising that apart from television and controlled media such as direct mail, the internet are competing with newspapers for today's communication (Wilcox et al. 2003: 243). Deciding on watching television stems from not only the 'use of the Internet', but also other variables including 'ritualistic motivations', 'audience availability', 'the cost of multi-channel service', 'age', 'instrumental motivations', and 'gender' (Cooper & Tang 2009: 400). Its principal benefit in its competition with the other mass media is the provision of two-way communication (Culip et al. 2000: 285). Hallahan (2000, in Wilcox et al. 2003: 165), however, stated that '[q]uasi-two-way interaction' is only produced by the interactive modalities. Additionally, Tanner and colleagues (2009: 743) reasoned that '[the internet] is an asynchronous form of communication that can be accessed as long as the web can be accessed'. It is, likewise, the medium that has fewer time and space limitations (*PR Reporter* 1999, in Wilcox et al. 2003: 265). Furthermore, online forum is generally a place for building knowledge, sharing political interest, and conveying how people feel (DeSouza & Dutta 2008: 326). Although the benefit of the internet's speed in giving information is recognised, especially during an urgent situation, it is not faster than reports on television and radio (Troy et al. 2008, in Tanner et al. 2009: 743). The widespread of the internet providers and services is also reasoned. Kelly et al.'s (2009: 574) study showed that the greater use of the internet than other sources of information for getting data on hereditary cancer is explained by the fact that more than half of the samples have access to the internet 'at home'. Lastly rather than being influenced by its characteristics and a large number of service providers, a decision to employ the internet comes rather from 'motivation' than other factors such as personal attributes (Sun et al. 2008: 408).

Cutlip et al. (2000: 286) further highlighted that former “one-on-one” communication is today replaced by the “many-to-many” ability of the high-speed medium. Lee’s (2008) study disclosed that instead of asking as to whether the internet ‘*displaces* or *replaces*’ health experts (p.452), a combination of both produces a better chance of obtaining health information and physical treatment (p.461). For the effective reach, the implication of a mixed used of these two channels is disclosed in Kelly et al.’s (2009: 574) study.

The obvious effectiveness of the internet on behaviour modification is found in various health communication studies, especially among young people (Chiauzzi et al. 2008: 555; Lovecchio et al. 2010: 805). At the same time, the internet (possibly) falls into the category of being able to satisfy the well-educated (Kelly et al. 2009: 574; Lee 2009: 374; Walsh et al. 2010: 445). Jalalian et al. (2008: 4685-4686) also noted that, despite there being no specific studies on the effectiveness of using the internet for providing education and increasing knowledge of safe BD recruitment, it is apparent from other health-related studies that, alongside personal media and specialised means such as catalogues and posters, brochures, and uncontrolled channels including television, radio, newspapers, the internet can be an effective means of disseminating specific messages promoting education and an awareness of voluntary, unpaid BD recruitment to the target audiences for the purpose of recruiting safe BDs.

As suggested by various studies, controlled or specialised media cannot be discarded. Their importance will be discussed in the next section.

2.3.3.2.2 Controlled or specialised media

Hallahan (2000, in Wilcox et al. 2003: 165) stated that the primary use of controlled media is to encourage a specific issue and furnish comprehensive information. Awareness and people's campaign recognition can be raised and awakened by being exposed to information brochures (Gummersbach et al. 2010: 412). Because media competition nowadays is growing considerably, Hallahan (2000, in Wilcox et al. 2003: 165) pointed out that 'design' and 'distribution' should be taken into careful consideration when producing controlled media. Ward (1992: 30-31), for instance, stated that a particular poster and leaflet might be abandoned in favour of other competitive commercial advertisements, leaflets, and information documents that are more interesting and convincing.

Discussing a specific issue with family members, friends, health officers, and the like gives a chance for an individual to know, understand, recognise, and, above all, modify behaviour about the issue, which will be considered in 2.3.3.2.3 Personal or one-on-one media.

2.3.3.2.3 Personal or one-on-one media

Of all communication channels television is the most influential medium that can compete with the strength of personal sources (Bogart 1996: 108; Ellison et al. 2010). It is widely accepted by numerous scholars that 'the more personal a medium is, the more likely it is to be persuasive', as asserted by Agee et al. (1988: 44). Agee et al. (1988:

44) concluded that the most successful means is interpersonal communication, with television, film, radio, and print media coming after. It can generally be said that mass media have minimal or limited effects (Klapper 1960: 8; Severin & Tankard 1992: 248). The five conditions of limited effects are set out by Klapper (1960: 8) (see Klapper 1960: 8): The minimal or limited effects of mass communication still exist in Lee's (2010: 629) study.

In consideration of the social dimension, humans do not live in isolation; they have a web of social relationships with acquaintances, collaborators, and one's social group (Baran & Davis 1995: 122; McQuail & Windahl 1993: 63). Consequently what they obtain from the mass media is less credible than that from discussing with such persons (Baran & Davis 1995: 122). Austin and Pinkleton (2001: 323-324) also indicated that communicating with people ensures correct understanding of the messages obtained and provides for modifications, because both audio and visual aids and non-verbal communication and interaction, i.e. obtaining queries and offering answers, are operating. Austin and Pinkleton (2001: 324) added that in circumstances which actual practices can hardly be convinced and in 'models of a desired attitude or behavior' success can be provided by personal media. Dutta-Bergman (2004: 276) also claimed that interpersonal communication provides 'flexible and situation-oriented repositories of information'. With personal media's potential and effectiveness therefore, 'Public communication campaigns can be very effective at stimulating interpersonal communication' (Valente, Poppe & Merritt 1996, in Valente 2001: 118).

Of all personal channels, 'friends, family members, and associates' are the sources of disseminating communication campaigns' messages to the audiences (Wicks 2001: 63).

Especially friends with whom people feel that they spend less effort than other unfamiliar individuals in having a conversation, perhaps because there are no differences between opinions and characteristics of acquaintances and those people recognise in themselves (Burgoon 1974: 69). A preference for talking to friends is frequently found (e.g. Buckley et al. 2008: 681; Hafstad et al. 1997: 124; Mohammed 2001: 137; Moore et al. 2002: 46), as well as with those who are described as friends or relatives (Li et al. 2009: 431; Sojka & Sojka 2008: 60). The role of other types of individuals varies due to the particular conditions or the specific health issues, for instance, with family members or parents (Bull et al. 2002: 482; Le et al. 2009: 111-112; Moore et al. 2002: 46), parents, especially mothers (Namisi et al. 2009: 68), colleagues, neighbours, or acquaintances, relatives, in particular (Misje et al. 2005: 238), military commanders' requests (Weinberg et al. 2009: 130), and personal physicians (Jones et al. 2006: 107).

In order to ascertain whether what the communication source thinks and what the audiences perceive is parallel, it is imperative for the former to listen to feedback and evaluation, which will be discussed further in 2.3.4 Feedback and evaluation.

2.3.4 Feedback and evaluation

Reaction, evaluations, and guidance from the audiences to the communication source, theoretically known as '*feedback*', is regarded as the fifth element in today's models of communication (Wilcox et al. 2003: 167). Its key implications are to find out how far an organisation's work is being pursued, and knowing about the progress is the spur for

altering the institution's culture, or so-called '*organizational surveys*' (Oliver 2001: 11), and to assist the communicator in making good where lapses in practical communication are proved, or so-called '*training*' (Oliver 2001: 11-12). The significant and most popular features are to assess the endeavours of PR, alongside 'measurement of production', assessment of 'message exposure' and KAP (Wilcox et al. 2003: 194), especially the last three factors because they 'are relatively easy to measure, ...' (Rogers 1973: 380). Furthermore, Wilcox et al. (2003: 203) proposed other approaches towards measurement, including 'communication audits' to discover whether information can reach the various target audiences properly, and these should be carried out through analysing communication activities and/or having a casual conversation with 'rank-and-file employees and middle management and top executives' and 'community leaders, media gatekeepers, consumers, distributors, and other influential persons in the industry' (p.203). Especially in relation to consumers, it will be better if the audiences are given an opportunity to evaluate a medium and provide their advice on this matter (Wilcox et al. 2003: 203). In this section I will include the literature on various factors, which are BDs' demographics, media exposure, knowledge, attitudes, altruism, and fears. Altruism and fears are addressed in this study because they are the most important reason and motivation for blood donation or non-donation (see 6.2.5 Practices of blood donation and non-donation and 6.2.6.2 Practices of blood donation and non-donation).

2.3.4.1 Profiling blood donors' demographics

In Thailand, NBC, TRCS (2006a) profiled BDs' demographics and showed that most of them are males (p.17), aged between 21 and 30 years (p.16), and company employees

(p.14). Phetwong (2001: 201, 211) demonstrated that different genders and marital status correlate to blood donation, while there is no correspondence between age, level of education, and income and performance. A correlation is also perceived between gender and occupation and blood donation (Chliaoutakis et al. 1994: 1464). Older, male, and married persons with a higher level of education and income are found in employer-organised BDs rather than among volunteers (Tison et al. 2007: 1873). Gillum et al. (2008: 367) showed a close relationship between a history of blood donation and birth, education, poverty, and marital status, but not between blood donation and age, metropolitan residence, receipt of public assistance, current labour-force participation, or religion. Veldhuizen et al. (2009: 129) stated the importance of age, the number of donations, gender, socio-economic status, ethnicity, and urbanisation level for active and former BDs. Likewise, their study revealed that the first, third, and fourth factors relate to being a frequent and repeated BD. Notari et al. (2009: 2231-2232) uncovered the association between age and repeat blood donation behaviour among first-time BDs. In Weinberg et al.'s (2009: 130) study, marital status is not associated with blood donation. No correspondence between gender, age, and educational level of subjects studied, and blood donation was also identified in Wiwanitkit's (2002: 98-99) study.

2.3.4.2 Media exposure

In blood donation average degrees of media exposure to blood and blood donation messages in Thailand are from low to very low. Phetwong's (2001: 160, 162, 164) study disclosed that exposure to blood and blood donation information through the uncontrolled and controlled media and interpersonal communications is overall very

low among most government and private office workers. A very low level of media exposure is also apparent among the majority of upper secondary school students through those channels, excluding the mass media, as a low level is seen in the research conducted by Techaudomphokha (2001: 102-104). The former revealed that there is a (negative) relationship between media exposure to personal channels and blood donation, but no association between the mass and specialised media and blood donation (p.234), whereas the latter stated that media exposure to mass and personal media has a negative effect on the willingness to make an initial decision on blood donation (p.128). The majority of the US focus group participants revealed no opportunity to receive information about blood and blood donation (Mathew et al. 2007: 732). In total contrast to the findings of Thailand and the US, even higher in BDs than NDs, almost 100% of current BDs, lapsed BDs, and NDs (i.e. 98.0%, 97.0%, and 96.0% respectively) in Ireland have been exposed to an advertising campaign (Harrington et al. 2007: 364).

2.3.4.3 Knowledge

Alba and Hutchinson (1987: 411) explained that '*familiarity*' and '*expertise*' are the two components of knowledge: the former is '*the number of product-related experiences that have been accumulated by the consumer*', which covers 'advertising exposures, information search, interactions with salespersons, choice and decision making, purchasing, and product usage in various situations', while the latter broadly is '*the ability to perform product-related tasks successfully*' involving 'cognitive structures (e.g., beliefs about product attributes) and cognitive processes (e.g., decision rules for acting on those beliefs)' (p.411). Addressing the concept of Bandura's SCT Maibach

and Cotton (1995: 44) stated that knowledge as a personal determinant 'is a necessary precondition for behavior change'. Kopfman and Smith (1996: 35), furthermore, used the Extended Organ Donor Willingness Model (EODWM) and stated that the more knowledge of organ donation is taken, the less will people be fearful about it and the more positive attitudes there are towards it, and also vice versa.

Thai people have relatively good knowledge of blood and blood donation: as high as 42.1% have a high level in Phetwong's (2001: 168) study. A good degree of blood and blood donation awareness is evident in the majority of Thai university students (i.e. 80.0%) according to Wiwanitkit's (2002: 98) study, and a lower, mid level is perceived among the mass of Thai upper secondary school students (i.e. 48.4%) in Techaudomphokha's (2001: 106) study. A tendency to have an intermediate awareness of blood donation and transfusion is also found among the majority of both young military employee BDs (i.e. 45.76%) and NDs (i.e. 17.45%) in Israel, according to the study of Weinberg et al. (2009: 130). No level of awareness of blood and blood donation is identified in the studies of Alam and Masalmeh (2004: 319) and Zaller et al. (2005: 281), but they revealed that greater accurate knowledge of blood donation tended to be evidenced by Saudi and rural Chinese BDs as against NDs. There is, then, a relationship between knowledge of blood donation and actual blood donation (Chliaoutakis et al. 1994: 1464; Holdershaw et al. 2007: 3568). Wiwanitkit (2002: 97, 99), conversely, revealed that blood donation is not influenced by having greater understanding of blood donation.

2.3.4.4 Attitudes

Fishbein and Ajzen (1975: 6) addressed the definition of attitudes, which could be accepted by the majority of researchers as '*a learned predisposition to respond in a consistently favorable or unfavorable manner with respect to a given object*'. In particular, favourable attitudes towards blood donation are found in Shahshahani et al.'s (2006: 405) study revealing that nearly 100% (i.e. 97.5%) have a 'healthy feeling and feeling of happiness, replacement of blood cells and reduction in heart attacks' (p.405). The mass of the respondents to Phetwong's (2001: 172) and to Techaudomphokha's (2001: 109) studies disclosed middle to positive attitudes towards blood donation respectively. And both studies showed a (negative) statistical correspondence between attitudes and blood donation for the former (p.237) and a willingness to make blood donations for the latter (p.132). Holdershaw et al.'s (2007: 3567-3568) study, however, displays that attitudes encourage blood donation. Various psychological studies, likewise, showed that attitudes have a direct relationship to blood donation intentions, which can lead to a willingness towards blood donation among young NDs (Lemmens et al. 2005: 950), to regular, repeat blood donation among experienced BDs (France et al. 2007: 1009), to actual blood donation at a mobile clinic (McMahon & Byrne 2008: 330), to the willingness of first-time BDs and a readiness to give for the first time in the next three months among NDs (Robinson et al. 2008: 2563).

2.3.4.5 Altruism

Macaulay and Berkowitz (1970: 3) described altruism ‘as behavior carried out to benefit another without anticipation of rewards from external sources’. More currently Mueller et al. (2008) classified altruism into three types, so-called “No- or low-cost”, “dutiful”, and “supererogatory” (p.202), and although there are differences in all the three clusters, their similarity is ‘giving one’s resources to benefit others’ (p.202). The concept, namely that it is doing something to advantage other people will be used in the study.

There are several studies in different countries throughout the world whose respondents predominantly explain their actual blood donations through altruism as the first and most important reason (Amiri 2003: 146, 188; Goncalvez et al. 2008: s43; Harrington et al. 2007: 365; Phetwong 2001: 173; Shahshahani 2007: 453; Shahshahani et al. 2006: 407 respectively). ‘Altruism’ is given not in first place but as the second reason in the study of Adewuyi and Olawumi (2008:14), and Misje et al.’s (2005: 239) respondents highly support ‘altruistic and empathic reasons’. It is possible to highlight the fact that altruism is closely tied to religious beliefs (Mueller et al. 2008: 202). In consideration of differences in demographics, Goncalvez et al. (2008: s39) stated that there are other motivators stemming from different personal attributes.

The more regularly blood is given, the less often it happens which is found in the studies of Alam and Masalmeh (2004: 319) and Amiri (2003: 146, 185) and also is disclosed by PR&BDRD, NBC, TRCS (2007a). This situation also pertains in Greece,

because the majority of the respondents donated blood once to three times; however, higher figures are found among those who give blood more than 10 times rather than those donating between four and ten (Marantidou et al. 2007: 445). Weinberg et al. (2009: 130) also found out that not all 71.9% ($N = 159$) respondents who have a history of blood donation, only 67.0% give blood two times and above. Likewise, Adewuyi and Olawumi (2008: 12) revealed that of 84% who have ever donated blood, only 45% have given blood two times and above.

2.3.4.6 Fears

Bandura (1977: 83) stated that ‘People suffering from intractable fears and inhibitions are not about to do what they dread’. This is true because fears of various kind remain the first three demotivating factors in blood donation in various studies throughout the world: first are ‘fear of pains and needles’ (Phetwong 2001: 174) and ‘fear’ (Wiwanitkit 2002: 99), second comes ‘fear of needles’ (Harrington et al. 2007: 367), and third is ‘fear of collapse’ (Umeora et al. 2005: 74), ‘fear of needles’ (Sampath et al. 2007: 85), and ‘fear of adverse effect on health’ (Adewuyi & Olawumi 2008: 14). ‘Afraid of needles’ is also ranked at third for the first-time survey and at second for the second-time survey (Amiri 2003: 177, 200-201). Additionally, Al-Drees’s (2008: 75-76) study disclosed that various fears are one of the important factors keeping NDs from actually taking action. Similar to those statistical studies, in two qualitative studies Mathew et al. (2007) and McVittie et al. (2006) revealed close results in terms of fears. Those fears include fear of needles, of infectious diseases, for instance HIV received during the blood donation process, and of disclosing an illness, for example hepatitis or HIV (Mathew et al. 2007: 732), of not being informed about the blood donation venue

and process, of transmissible infection received during blood donation, of reverse negative outcomes, and correlation between undesirable practices in the past and willingness in the present (McVittie et al. 2006: 3-4).

2.4 Conclusion

The study explores the relationship of the communication source and the audience or, in short, all the communication components of source, message, communication channel, and receiver are the subjects of my interest. This chapter then has reviewed a variety of pieces of literature relating to PR, communication, persuasion, blood donation, and health communication and discusses them under a two-way, cyclical process of PR.

Communicating and implementing PR strategies must take place on a basis of analysis and understanding various factors, including internal strengths and weaknesses, the institutional, cultural, and financial resources and external opportunities and threats, communication objectives and goals, and defined target audiences. To accomplish such informational and motivational objectives and goals, a wide range of widely-used, persuasive literature regarding responses to individuals' needs, emotional appeals and vividness of messages, the source credibility, cartoons, readability of messages, and their repetition is emphasised. And reviewing such studies leads to the fact that no single answer of which message strategies are most effective can be provided. The reasons vary from a focus of a study, the audience, social and cultural background, theoretical framework, the communication objectives, and media control and regulations. The reviewed literature also suggests multiple use of the communication

channels of uncontrolled, controlled, and personal media as the most significant media strategy to convey a wide range of messages for the purpose of achieving the utmost effects and success, in accordance with behaviour change in terms either of prevention or of actual practice. The factors such as type of messages, the media themselves, the audience, media availability, and so forth overall give the answer as to why multiple channels of communication are preferable. Also feedback and evaluation are extremely important for the future development of communication approaches. Audience research, especially in blood donation, indicates the influence of pre-existing factors including demographics, exposure to media, knowledge and attitudes, upon behaviour affecting blood donation, with altruism also encouraging a positive response while fear leads to non-donation.

The following chapter will provide information in theory and in practice on the four research methods I used for studying the communication source and the audience. Those are semi-structured in-depth interviews, documentary research, questionnaires, and focus groups.

CHAPTER 3

METHODOLOGY

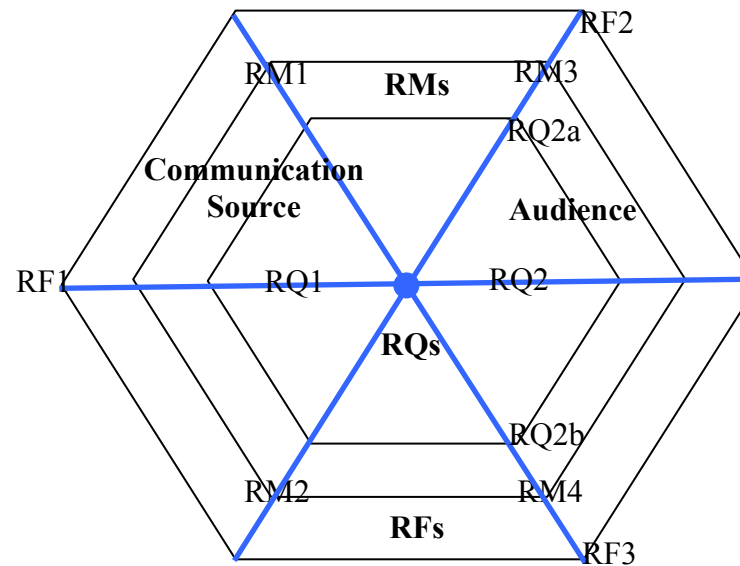
3.1 Introduction

This chapter demonstrates and discusses the research methods used in this study. It starts with explanations in the form of a diagram as to why the methods of semi-structured in-depth interviews, documentary research, questionnaires, and focus groups are used in the study and how they relate to the research questions and what themes and categories are used in the study. In taking BDs and NDs as a comparative case study, the general perspective of the case study is set out. Moreover, the nature and the application of those research approaches to this study, together with their limitations, are dealt with separately under each research method's heading. The analytical methods of qualitative and quantitative analyses are demonstrated. Because the research involves humans, my ethical considerations in collecting the data through those four research methods are presented at the end.

3.2 Relationship between the research questions, research methods, and research findings of the study

In order to see clearly a close link between the research questions, research approaches, and research findings' categories, the two questions should be recalled at this point. As

to why the four research methods, i.e. the semi-structured in-depth interviews, documentary research, questionnaires, and focus groups are used and what the main categories of the findings are will be explained. I would then like to provide a broad framework of the relationship between these issues in Figure 3.1.



Key words

RQ1: Research question 1, i.e. how are PR strategies formed and addressed to influence the target audiences?

RQ2: Research question 2, i.e. how do BDs and NDs assess blood donation?

RQ2a: Research question 2a, i.e. how do BDs and NDs assess blood donation in terms of demographics, media exposure to blood and blood donation messages, knowledge of blood and blood donation, attitudes towards blood donation, and practices of blood donation and non-donation?

RQ2b: Research question 2b, i.e. how do BDs and NDs assess blood donation in terms of blood and blood donation media messages?

RM1: Research method 1, i.e. semi-structured in-depth interviews

RM2: Research method 2, i.e. documentary research

RM3: Research method 3, i.e. questionnaires

RM4: Research method 4, i.e. focus groups

RF1: Research findings 1, i.e. the outcomes of a mixed strategy of semi-structured in-depth interviews and documentary research

RF2: Research findings 2, i.e. the outcomes of questionnaires

RF3: Research findings 3, i.e. the outcomes of focus groups

Figure 3.1 Relationship between the research questions, research methods, and thematic analysis used in the study

In a large snapshot of the entire study, the research questions, as the centre of the study, have been developed to examine the perspectives of both the communication source (RQ1) and the audience (RQ2) in terms of the RQ2a and RQ2b. BDs and NDs are looked at in a comparative case study (see 3.3 Case study). Then in order first to explore the communication source's PR strategies regarding blood donation in Thailand, the mixed strategy of semi-structured in-depth interviews and documentary research is used. Along with this, for the audience, the questionnaires are distributed and they are followed by conducting the focus groups.

To answer the 'how' questions, the study *explores*, not just *explains*, in order to understand and observe the relationship within a particular situation, i.e. the circumstances of the NBC, its communication objectives and goals, target audiences, and message and media strategies for the first research question; the second research question will seek to understand the similar and different perspectives of BDs and NDs to blood donation. Decuir-Gunby (2008: 128) stated that research methods are indicated by the type of research questions as 'Qualitative research questions are broad questions that most often begin with "what" or "how." Such questions concern process' (p.128). Likewise, Cresswell (2009: 4) stated that 'Qualitative research is a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem'. Thus it is clear for the study of both the communication source and the audiences that qualitative research methods are being employed.

In consideration of the second research question exploring the comparative responses of BDs and NDs to blood donation in terms of the RQ2a and RQ2b, my intention was at first to use RM3 as the data collection method because basically they are less time-

consuming in terms of large data collection, distribution, and analysis and interpretation (see 3.4.3 Questionnaires) than the qualitative research approaches. Although I respect the quantitative method's advantages, it is used only for the RQ2a since the advantage of surveys is to assess KAP and so forth (Gunter 2000: 24; Hansen et al. 1998: 225; Wimmer & Dominick 2006: 180) and the questionnaires are the primary instrument for such surveys (Hansen et al. 1998: 225). For the RQ2b, the RM4 as a qualitative research method are used. There are various main reasons for drawing up a series of standardised, fixed questions regarding responses to blood and blood donation media messages in the questionnaires to be used in the focus groups. Firstly, there has been a limited number of studies which pay attention to comparing responses of various audiences to blood and blood donation media messages, especially in Thailand, only Phetwong's (2001) study, but this focused on a rather mixed-voiced selection of BDs and NDs who were a group of governmental and private office workers in her study. In her research she solely employed questionnaires. In consideration of her objectives, questionnaires are definitely used to find out the results of KAP and of the responses of the audience. However, I consider that responses to blood and blood donation media messages involve expressions of opinions that are varied from one individual to another, and giving the audiences time and space to express their viewpoints is important, which is my second reason. And that could provide fruitful information to respond my RQ2b. Additionally, it can be argued that an open-ended question can be included in the questionnaires. Nonetheless, I consider that a longer time will be spent by respondents giving answers to such questions, and their responses can be limited. Moreover, considering the main RQ2, the 'how' question requires a qualitative research method (Decuir-Gunby 2008: 128). More information why both the RM3 and RM4 are used

will be available in 3.3 Case study. The final reason comes from reviewing some of the relevant studies, as shown in Table 3.1.

Table 3.1 Comparisons of my study and some of other relevant studies

Factor	My study	Glasgow Media Group (Miller et al. 1998)	Phetwong	Harrington et al.	Mathew et al.	Sampath et al.	Zaller et al.
Type of the campaign	Blood donation	AIDS	Blood donation				
The communication source	√	√	-	-	-	-	-
Media representation	√	√	√	-	-	-	-
Audience responses	√	√	√	√	√	√	√
Theoretical framework	All	Moral panic	KAP, Persuasive communication	KAP	Persuasive communication	KAP	
Period of the study	2006-2010	1995-1999	2001	2007			2005
Original country	Thailand	UK	Thailand	The Republic of Ireland and Northern Ireland	Maryland, US	Trinidad and Tabago	China
Sample of the study	BDs and NDs	Various groups	Mixed, governmental and private office workers	Lapsed BDs and NDs		BDs and NDs	
Research method	1. Interviews and documentary research (communication source) 2. Questionnaires and focus groups (audience responses)	1. Interviews and documentary research (communication source) 2. content analysis (media representation) 3. Questionnaires (pilot) and focus groups (audience responses)	1. Content analysis (media representation) 2. Questionnaires (audience responses)	Computer-based questionnaires	Focus groups	Questionnaires	

Despite the last four studies comparing between BDs and NDs, generally speaking, three of them solely used questionnaires and the remainder solely employed focus groups, none of them have conducted all the communication factors, only the audience research instead. Even in the study about HIV/AIDS campaign, the Glasgow Media Group conducted their study relating to the process of mass communication, so-called 'the circuit of mass communication' (see Miller et al. 1998). And that used the five research methods shown above. What I found in using the mix of interviews and documentary research in studying the communication source was the nature of qualitative research methods which gives researchers clear, full explanations of what they are researching and what interviewees reflect resulting from the reality of where they are 'in' and 'from' (see Smith 2001; Kitzinger 2006, in Washer et al. 2008: 43, on p.24, 25-26 respectively).

In consideration of the target of the audience-oriented studies, as presented in Table 3.1, most blood donation studies employed questionnaires as their research approach. Not only questionnaires, but also focus groups could provide information relating to the audiences' KAP (see 3.4.3 Questionnaires and 3.4.4 Focus groups and also the studies shown in Table 3.1). The next reason supporting my decision on using questionnaires and later focus groups basing upon such previous studies is the nature of both research methods. The information and comparisons received clearer when a quantitative research method is used, because figures are apparently provided (see 3.4.3 Questionnaires). By contrast, such nature is not evident in a qualitative research method, however, it enlightens what the audiences profoundly think and feel and again present their background of, once again, where they are 'in' and 'from' (see Smith

2001; Kitzinger 2006, in Washer et al. 2008: 43, on p.24, 25-26 respectively; Kover 2008: 664 on p.107).

As discussed above, for the communication source I will use the mixed qualitative methods of RM1, supplemented by RM2 to ensure that the research is valid, i.e. similarities and divergences between information collected by diverse research methods can be examined and no differences are produced in the results (Lindlof & Taylor 2002, in Sriramesh et al. 2007: 12; Tellis 1997) and to ensure that the research is reliable by avoiding prejudice against one research approach (Miles & Huberman 1994, in Sriramesh et al. 2007: 13). Daymon and Holloway (2002: 184) also stated that the validity of interview conversations should be completed by the employment of the documentary analysis method. Accordingly, for the audiences I firstly employ RM3 to comparatively assess the RQ2a. Along with this, the RM4 are utilised for investigating the RQ2b. The brief conclusion is that doing PR research is not far from the use of qualitative and quantitative research methods of focus groups, interviews, and surveys (Wimmer & Dominick 2006: 396). After involving a process of analysis (see 3.5 Analytical approaches), the findings of the study will be described under the main themes as shown in Table 3.2.

Table 3.2 Summary of the main themes used in the study

Research findings 1 (chapter 5)	Research findings 3 (chapter 7)
<p>5.2.1 Understanding of the organisation</p> <p>5.2.1.1 Analysis of the institutional dimension</p> <p>5.2.1.1.1 Characteristics of the organisation</p> <p>5.2.1.1.2 Internal, vertical communication</p> <p>5.2.1.1.3 Internal, horizontal communication</p> <p>5.2.1.1.4 Communication tools</p> <p>5.2.1.1.5 Human resources</p> <p>5.2.1.2 Analysis of the cultural dimension</p> <p>5.2.1.3 Analysis of the financial dimension</p> <p>5.2.1.4 External collaboration</p> <p>5.2.1.5 Relations with the media</p> <p>5.2.2 Communication objectives and goals and diverse target audiences</p> <p>5.2.3 PR strategies</p> <p>5.2.3.1 Message strategies</p> <p>5.2.3.2 Media strategies</p> <p>5.2.3.2.1 What PR strategies ‘the NBC’ itself actually pursued</p> <p>5.2.3.2.2 What PR strategies ‘others’ actually carried out for the NBC</p> <p>5.2.3.2.2.1 Committee for Recruitment and Promotion of Voluntary Blood Donors of the Thai Red Cross Society (CfRPVBD)</p> <p>5.2.3.2.2.2 External collaboration</p> <p>5.2.3.2.2.2.1 Partnership as a campaign leader and media sponsor</p> <p>5.2.3.2.2.2.2 Partnership as a BD and BD recruiter</p> <p>5.2.4 Feedback and evaluation</p>	<p>7.2.1 Persuasiveness of the media</p> <p>7.2.1.1 Persuasiveness of the brochure</p> <p>7.2.1.2 Persuasiveness of the booklet</p> <p>7.2.2 Knowledge of blood and blood donation</p> <p>7.2.2.1 Criteria for BD selection</p> <p>7.2.2.2 Venues of blood donation</p> <p>7.2.2.3 Use of blood donated</p> <p>7.2.2.4 The process of blood donation</p> <p>7.2.2.5 ABO and Rh blood group systems</p> <p>7.2.2.6 ‘Ferrous sulphate’: the iron tablet</p> <p>7.2.3 Response to individuals’ needs</p> <p>7.2.3.1 Excellence of blood donation</p> <p>7.2.3.2 Information on fear reduction</p> <p>7.2.3.3 Incentives</p> <p>7.2.4 Emotional appeals and vividness of messages</p> <p>7.2.4.1 Case studies</p> <p>7.2.4.2 Statistics</p> <p>7.2.4.3 Colours</p> <p>7.2.5 Source credibility</p> <p>7.2.5.1 The institution of royalty</p> <p>7.2.5.2 Celebrities</p> <p>7.2.6 Cartoons</p> <p>7.2.7 Understandability of messages</p> <p>7.2.7.1 Non-linguistic compositions</p> <p>7.2.7.2 Linguistic compositions</p> <p>7.2.7.2.1 Use of letters</p> <p>7.2.7.2.2 Avoid complicated sentences</p> <p>7.2.7.2.3 Conciseness of the content</p> <p>7.2.7.2.4 Avoid jargon and technical terms</p> <p>7.2.7.2.5 Continuity of messages</p> <p>7.2.8 Repetition of messages</p>
Research findings 2 (chapter 6)	
<p>6.2.1 Demographics of BDs and NDs within the study</p> <p>6.2.2 Media exposure to blood and blood donation messages</p> <p>6.2.3 Knowledge of blood and blood donation</p> <p>6.2.4 Attitudes towards blood donation</p> <p>6.2.5 Practices of blood donation and non-donation</p> <p>6.2.6 Significance of demographics</p> <p>6.2.6.1 Media exposure, knowledge, and attitudes</p> <p>6.2.6.2 Practices of blood donation and non-donation</p>	

As mentioned above, the study examines similarities and differences between BDs and NDs as a comparative case study. Thus the next section will present the nature of case study and its advantages and disadvantages.

3.3 Case study

The study's objectives are to study both the communication source and the audiences. Especially in regard to the latter, it explores how the audiences assess blood donation. The use of a case study comes from attempting to answer 'how' or 'why' research questions (Tellis 1997; Yin 2004: 2, 21; Yin 2003: 1, 6). However, the word 'case study' is controversial because it 'has been used in a variety of different ways, not all of them clear, and some of them mutually inconsistent' (Platt 2007: 100). Lijphart (1971: 691) pointed out that:

‘The statistical method can be applied to many cases, the comparative method to relatively few (but at least two) cases, and the case study method can and should be closely connected with the comparative method (and sometimes also with the statistical method); certain types of case studies can even be considered implicit parts of the comparative method’.

Stake (1995, in Creswell 2009: 13) mentioned that case studies insightfully investigate ‘a program, event, activity, process, or one or more individuals’ in a particular time span and action by employing several data collection methods and collecting the data ‘over a sustained period of time’. Baxter and Jack (2008: 544) importantly stated that ‘a

phenomenon in context' is investigated by a qualitative case study, which permits researchers to employ a wide range of data collection approaches and helps them to understand and disclose the phenomenon from not only one, but diverse perspectives (Yin 2003, in Baxter & Jack 2008: 544). Flyvbjerg (2006: 241) additionally said that conducting a case study is regarded as a qualitative research method which by its nature provides 'depth', but lacks 'breadth' (p.241), however, the quantitative research methods of surveys are important since 'breadth' is given rather than 'depth' (p.241).

A qualitative case study provides a 'rich description' (Geertz 1973, cited in Stark & Torrance 2005: 33), rigorous examination (Baxter & Jack 2008: 544; Lijphart 1971: 691), and 'flexibility' (Baxter & Jack 2008: 544). In terms of case study design, either in single or multiple case studies, Baxter and Jack (2008: 550) declared that applying numerous case studies giving comparative considerations to a study is more likely to be 'robust and reliable, but it can also be extremely time consuming and expensive to conduct' as against a single case providing clear understanding of a particular incident. Ragin (1992: 225, cited in Flyvbjerg 2006: 235), nonetheless, argued that one-case studies "are multiple in most research efforts because ideas and evidence may be linked in many different ways". By contrast, the use of a (single) case study as a research tool limits generalisability (Lijphart 1971: 691; Stake 1995: 7; Stark & Torrance 2005: 33; Tellis 1997). Likewise, the extent to which a case study is inclusive or limited is difficult to indicate (Stark & Torrance 2005: 34), yet it is important to do so in order to escape from the difficulties presented by a 'too broad' research question or having 'too many' research purposes (Stake 1995; Yin 2003, in Baxter & Jack 2008: 546).

Taking together what Lijphart (1971) and Flyvbjerg (2006) said, the validity of quantitative questionnaires and qualitative focus groups as a research method is underlined.

In this study, there are three important justifications for employing a comparative case study of BDs and NDs. Most importantly, the responses of these two groups are combined as presented in previous studies (Armitage & Conner 2001 in Masser et al. 2008: 33). And although there are some studies which target the comparative responses of BDs and NDs, these have not been conducted in Thailand (e.g. Harrington et al. 2007; Mathew et al. 2007; Sampath et al. 2007; Zaller et al. 2005). Moreover, BDs are a group of the audience whose importance is equal to that of NDs, because although their blood donation behaviour is satisfactory, their consistency of blood donation also helps to ensure stability sufficiency, and safety in blood supplies (see also World Health Organization (WHO) 2009, on p.137). Studying BDs will not only produce an understanding and knowledge of their thoughts and actions, so that regular, repeat blood donation is sustainable, but it is also possible to use their responses as the basis for developing PR strategies to communicate with and persuade NDs actually to give blood in the future. Mostafa (2009: 5031) stated that ‘profiling blood donors is very important because the first step in planning the target marketing strategy is to segment the market and develop profiles of the resulting market segments’. Likewise, current NDs are a group of the audience who could potentially boost the number of eligible, long-lasting BDs and increase the amount and quality number of blood in Thailand’s blood bank. Therefore it is important to understand what they think and perceive. Not only in this study, but also in the UK, McVittie et al. (2006: 5) stated that ‘Understanding why the majority of the eligible population do not give blood must be a first step towards

meeting their concerns and increasing the numbers of BDs within the UK'. Lemmens et al. (2009: 71), furthermore, agreed that 'Understanding blood donation motivation among non-donors is prerequisite to effective recruitment'.

The following section will illustrate in sequence the four data methods for data collection.

3.4 Research methods for data collection: The communication source and the audience

This section is to give information and clarity about the research methods for the data collection which were used in this study to discover PR strategies regarding blood donation in Thailand and the responses of the audiences to this issue. The section is divided into 3.4.1 Semi-structured in-depth interviews and 3.4.2 Documentary research for the communication source and 3.4.3 Questionnaires and 3.4.4 Focus groups for the audiences. Under a specific research strategy, I will generally illustrate what the method is and how I apply it to my study, and what the method's limitations are.

3.4.1 Semi-structured in-depth interviews

To begin with the communication source, in this explorative study semi-structured in-depth interviews are initially conducted to explore PR strategies relating to blood donation in Thailand. This section will firstly set out the general literature regarding interviews. It will, then, display the details in applying this qualitative research method

to my study in particular. Finally, I will present a combination of my experience and the literature on the method's drawbacks.

3.4.1.1 Nature of the interviews

According to Berger (2000: 111), an interview is 'a conversation between a *researcher* (someone who wishes to gain information about a subject) and an *informant* (someone who presumably has information of interest on the subject)'. Daymon and Holloway (2002: 166) stated that 'Interviewing is more than just conversation, however'. The transmission of interviewees' knowledge and information to a sociological and psychological researcher's series of prepared questions comes from their personal experiential basis and is conveyed in a speaking technique (Daymon & Holloway 2002:167) which is close to 'the conversations of daily life' (Kvale 1996: 10). This approach was employed by the Glasgow Media Group (see Kitzinger & Miller 1998) and has widely and recently been used in various study areas including research into health-related issues, for example, Park and Qin (2007). The application of the semi-structured in-depth interviews will be illustrated in the following section.

3.4.1.2 Application of the interviews to the study

The study explores PR strategies of blood donation in Thailand. There are a variety of factors including an organisation's situation and resources, targets of communication and the audiences, which govern the selection and launching of PR strategies. Those features of the NBC in particular are best ascertained by talking with the individuals who are directly related to the establishment and have control of policies and

administrative practices which impact on the practical action of the professionals. That particular information is obtained on a one-to-one basis, with semi-structured interviews with a list of key informants through asking them a series of main questions. The interviewing with those interviewees took place at different venues, and their interviewing data was recorded either on video tape or cassette tape. Those aspects will be described in 3.4.1.2.1 Details of conducting the interviews, 3.4.1.2.2 Means of interviewing and asking questions, and 3.4.1.2.3 Data recording accordingly.

3.4.1.2.1 Details of conducting the interviews

In accord with the study's objectives as proposed above, it involved several concerned parties, among whom were a policy maker, administrators, and a PR practitioner. The NBC is an organisation under the TRCS whose policies are established and generated throughout all its TRCS Bureaus. Therefore the first person was a TRCS policy maker, Assistant Professor Dr Werasit Sittitrai, Director, Strategy and Planning Office (S&PO), TRCS. The second key informant was the current Director of the NBC, Dr Soisaang Phikulsod, MD, who brought those policies to actual implementation in order to provide blood services to the Thai people. To achieve the goal, the task was to distribute blood and blood donation messages to raise knowledge, motivate positive attitudes, and stimulate actual behaviour among the public. Those roles are the responsibility of PR practitioners, and Krongthong Phetwong, Chief, PR&BDRD, NBC was speaking on their behalf. Apart from those key informants, it was my great honour to conduct an interview with Emeritus Professor Dr Chaivej Nuchprayoon, MD, the former Director of the NBC and now Chairman, Executive Board of the NBC, since he could give more in-depth information on blood services and PR strategies from the past to the present.

The interviews were planned to be conducted from the broad level, that is top management, to the more specific practitioner level and were placed in order, so that a larger-scale picture could be obtained of the TRCS, with the aim of gradually understanding and discovering which factors, how, what, and why PR strategies were initially presented. In practice, however, the interviews were conducted in the opposite order, that is from the practitioner to the top-level persons, due to their busy routines, and they lasted from 15 minutes to approximately three hours. It is necessary to say that outcomes and the information provided remained as planned.

It is important to mention at this point that I did an additional interview with Phetwong on 12 December 2008. This was because, generally speaking, while transcribing and analysing and interpreting the data previously collected, there was an issue whose meaning I felt uncertain, i.e. National Blood Service Regions (NBSRs) and National Blood Service Branches (NBSBs), and I recognised that there was some additional information that was needed to clarify and complete analysis and interpretation. All the questioning, the approach to interviewing and putting the questions, the recording of data, and ethical considerations, were all done as previously. These issues are explained below.

The information was clarified by a series of structured questions that were previously prepared as an interview guide, and unstructured questions were spontaneously asked at the interview for probing a particular interviewee (see Berger 2000: 112). Those major and supplementary enquiries comprised a combination of ‘grand-tour’ and ‘mini-tour’ queries (Spradley 1979: 86-88). Spradley (1979: 88) explained that grand- and mini-tour questions are similar, but the latter call for ‘a much smaller unit of experience’.

Thus both general and more detailed issues of the former and additional enquiries were addressed. And out of questions addressing ‘experience/behavior’, ‘opinion/values’, ‘feeling’, ‘knowledge’, ‘sensory’, and ‘background/demographic’ (Patton 1990: 290-292), my series of questions can mostly be categorised into ‘knowledge’ and some into ‘opinion/values’, but seldom, or not at all, the remainder. Those enquiries, supplemented with the interviewing dates, times, and venues, are displayed in appendix one by ranging my illustrations in order from the PR professional to the policy maker. How those questions were asked of the key informants will be addressed in 3.4.1.2.2 Means of interviewing and asking questions.

3.4.1.2.2 Means of interviewing and asking questions

Interviewees were probed through a one-to-one interview, whose level of use is the maximum (Daymon & Holloway 2002: 168). This one-to-one interview is performed face-to-face, since I could simply draw my key informants’ attention to answering a series of questions and clearly observe their non-linguistic appearance, which could indicate their understanding of what I was saying and asking and assist my understanding of what the key informants were communicating. Although freedom was my foremost concern, the semi-structured approach was included because I wanted to be confident that I had probed all major questions and received answers that were related to my study. I could also probe more related and interesting queries after the interviewees’ responses, aside from the main questions in the interview guide (see Berger 2000: 112). In accord with my purpose mentioned above, the semi-structured interview is less time-consuming and provides a smaller level of ‘dross rate’ (a figure of

information unrelated to the study) than its unstructured counterpart (Daymon & Holloway 2002: 170-171).

The method commonly offered rich data. Thus for the purpose of accuracy and completion, I employed interviewing equipment to record the full, entire interview, which will be clarified in 3.4.1.2.3 Data recording.

3.4.1.2.3 Data recording

The vital reason for asking my interviewees to be recorded was that the use of tape recording can best transcribe what researchers are curious and what the informants express as accurate as could be, yet doing so requires permission (Daymon & Holloway 2002: 178) and also is able to repeat the interviews as many times as I needed for precision. Better than tape recording, however, video recording was my initial preference and intention because both verbal and non-verbal communications including facial expressions, gestures, body movements, and so forth can be more accurately registered and visibly observed. I do not mean that non-linguistic messages were analysed in this study, but rather I was concerned that sometimes verbal saliences were replaced by non-verbal, for instance, ‘nodding his/her head’ representing one’s agreement and ‘shaking his/her head’ meaning disagreement and rejection. Although it was my wish to do this, the interviewees’ consent was a priority. The consent to be video recorded was given by Dr Phikulsod and Phetwong, whereas the Director, S&PO did not allow me to video record, but rather sound record, and there were no facilities for setting up video equipment at the interviewing venue for the former Director, NBC.

It is important to stress that all four interviewees gave me their permission to be either video or tape recorded.

During the interviewing, I experienced some challenges that will be shared in the next section.

3.4.1.3 Limitations

Although the interviewing method provides various advantages for getting profound information about a specific issue, the research approach gives various disadvantages. The verbal communication between the key informants and me sometimes caused difficulty in understanding and reaction between both parties. Berger (2000: 124-125) stated and also suggested that because what researchers are talking can be in conflict with what their key informants are saying and also the other way round, such conflict can be avoided by probing and assessing. When in doubt, therefore, I asked the interviewees to explain and/or enlarge on their responses again. Additionally, transcription and analysis of the interviewing data took longer and a greater ‘unanticipated’ time span than I had planned for completion, as nearly two hours were spent for every 15-minute interview and more than five months were used for deliberate scrutiny. Daymon and Holloway (2002: 184) said that researchers have to spend a longer period of time finishing the ‘transcribing and analysing’ of information obtained than they can expect.

A mixed strategy was utilised for exploring the communication source. Documentary research will be the other research approach in this study, in addition to the semi-

structured in-depth interviews. The details of documentary research including its nature, application to my study, and constraints will be contained in 3.4.2 Documentary research.

3.4.2 Documentary research

As a supplement to the interviews, documentary archives were studied in order to aid understanding of the NBC. As with the interviewing method, I will introduce the nature of the documentary research and its application to my study. The section will end by telling of some disadvantages of this research approach based upon my experiences and upon the literature.

3.4.2.1 Nature of the documentary research

Wimmer and Dominick (2006) said that documentary research is ‘much like unobtrusive measurements’ (p.128) which ‘are usually used to support or corroborate findings from other observational methods rather than to draw conclusions from’ (p.127). It is a common practice among research method authors that less attention is paid to this approach than to other social science research methods including questionnaires, interviews, and participant observations (Scott 1990: 1). There is, however, the study of the Glasgow Media Group which documentary evidence is utilised, in addition to the interviewing method (see Kitzinger & Miller 1998). How this research method was applied to my study will be revealed in the following section of 3.4.2.2 Application of the documentary research to the study.

3.4.2.2 Application of the documentary research to the study

What kind of manuscripts and how many pieces of the documentary archives for this study are summarised in the following table. It is necessary to point out that information about some documents as set out below will be used both in chapters four and five.

Table 3.3 A summative number of the documentary archives primarily used in the study

Documentary category	CfRPVBD minute	Brochure	Booklet	Handbook	Annual report	Miscellaneous	Miscellaneous	Annual report	Annual report	Miscellaneous
	NBC,TRCS						PR&BDRD, NBC, TRCS		TRCS	
Source	2007l 2007m 2007n 2006c	2006b 2006d 2007h 2007i 2007j	2007p 2007f 2007o	1997	2006a	2008c 2007a 2007k 2007e 2008c 2007g	2007b 2007a	2005- 2006	2006a	2008a 2008b
Total	4	5	3	1	1	6	2	1	1	2
	26									

Although documentary research was a secondary source which seemed not to present any problem involving the preparation of questions, places, recording equipment, participants, and the like, there were some drawbacks, which will be shown in 3.4.2.3 Limitations.

3.4.2.3 Limitations

The study employed a variety of public and private documents, especially private texts including minutes in which participants' names were obviously mentioned, and therefore the difficulty of ethical issues might emerge (Wimmer & Dominick 2006: 128). Consequently a word representing a person or a group of the people who gave statements was used. More details of ethical considerations regarding documentary research will be discussed in 3.6.2 Documentary research. Likewise, because some documents were photocopied, not in original form, completeness and clarity were also my concern. Scott (1990: 20) stated that in addition to primary troubles such as 'missing pages', '[m]inor smudges and blurs' are generally found. To minimise these problems, I attempted to check whether I received a perfect document after obtaining both original and photocopies either via email or by hand.

For the communication source, PR strategies of the NBC are completed by the semi-structured in-depth interviews and documentary research. The study also pays attention to investigating the audiences' comparative, reflective perspectives on how BDs and NDs as a comparative case study similarly and differently evaluate blood donation. Questionnaires were used to explore both groups' responses to blood donation in terms of demographics, media exposure to blood and blood donation messages, knowledge of blood and blood donation, attitudes towards blood donation, and practices of blood donation and non-donation. Along with this, the focus groups were employed to examine the responses to blood and blood donation media messages. Because I firstly distributed the questionnaires and then conducted the focus groups, I will initially give explanations relating to the former, and these will be followed by the latter.

3.4.3 Questionnaires

For the audience, the study investigates similarities and differences in demographics, media exposure to blood and blood donation messages, knowledge of blood and blood donation, attitudes towards blood donation, and practices of blood donation and non-donation between BDs and NDs as a comparative case study was carried out through the use of the questionnaires. I will, therefore, explain the nature of the questionnaires and apply them to my study. Both my experiences and the literature on the research approach's constraints will be presented at the end.

3.4.3.1 Nature of the questionnaires

Surveys popularly target the measuring of KAP and the like (Gunter 2000: 24; Hansen et al. 1998: 225; Wimmer & Dominick 2006: 180). In response to the intended objective in exploring convergences and disparities between two groups, Calnan (2007: 180) similarly emphasised that 'survey methods are valuable in examining comparisons and variations between groups, particularly in large populations'. This research method is also flexible in conduct and collection (Schröder et al. 2003: 225). Berger (2000) stated that not only economical as numerous data are obtainable as a snapshot (p.191), but because surveys are based upon a quantitative, statistical approach, they also produce a higher level of accuracy 'about the group being studied' (p.191) which no other research methods can generate (p.191). This technique is then highly reliable, but presumably, not as valid as experimental research is (Schröder et al. 2003: 225). However, Neuman et al. (1992: 27) argued that 'The large number of respondents in the sample gives us a moderate degree of external validity as well as some internal validity

from the intercorrelated responses to questions about media usage, knowledge of issues, and personal characteristics’.

As the fundamental apparatus for surveys (Hansen et al. 1998: 225), questionnaires were chosen for this study. The abilities to find out similarities and differences between diverse clusters and to work out the extent to which the people reply to subjects are given by using questionnaires, since they have convergences in a series of enquiries set out and the approach of delivering those queries, but disparity in the people who are answering them (Gunter 2000: 96). There is a wealth of recent studies in blood donation (see some examples in Table 3.1) and in other health communication areas (see, e.g. Grunau et al. 2009; Li et al. 2009) giving examples of useful and practical questionnaires with various distribution approaches. The next section will illustrate several concerns and practices.

3.4.3.2 Application of the questionnaires to the study

This section will explain the use of the questionnaires in my study which start from 3.4.3.2.1 Hypothesis setting, 3.4.3.2.2 Means of distributing the questionnaires, 3.4.3.2.3 Sampling, 3.4.3.2.4 Questionnaire design, 3.4.3.2.5 Pretesting, and 3.4.3.2.6 Research assistants respectively.

3.4.3.2.1 Hypothesis setting

In consideration of convergences and divergences between BDs and NDs as a case study of this research in demographics, media exposure to blood and blood donation

messages, knowledge of blood and blood donation, attitudes towards blood donation, and practices of blood donation and non-donation between BDs and NDs as a case study of this research, and various literature (see 2.3.4 Feedback and evaluation) which presented associations and differences between those variables and blood donation, four major assumptions are developed in order to draw conclusions as to whether the two groups display statistical differences in such variables. These are included in Table 3.4:

Table 3.4 Primary hypotheses of the study

No				Abbreviation
1	There is a statistical difference in	demographics including gender, age, marital status, level of education, occupation, and monthly income	between BDs and NDs	H1
2		media exposure to blood and blood donation messages through the mass, specialised, and personal media in the year 2007		H2
3		knowledge of blood and blood donation		H3
4		attitudes towards blood donation		H4

Attention is additionally paid to statistical differences in media exposure, knowledge, and attitudes between BDs and NDs in various demographics including sex, age, marital status, educational level, occupation, and income per month because some studies showed the influence of demographics on these three factors (Phetwong 2001; Shahshahani et al. 2006; Techaudomphokha 2001). In relation to this, the other three additional assumptions of this study are presented in the following table.

Table 3.5 Additional hypotheses of the study

No				Abbreviation
5	There is a statistical difference in	media exposure to blood and blood donation messages through the mass, specialised, and personal media in the year 2007	between BDs and NDs in various demographics	H5
6		knowledge of blood and blood donation		H6
7		attitudes towards blood donation		H7

It is necessary to explain why the year 2007 was chosen to evaluate media exposure to blood and blood donation messages and frequency of blood donation among BDs (see appendix 2): this is because, generally speaking, it was the year that I did data collection and fieldwork. To test those hypotheses, thought has to be given to the manner of data collection, irrespective of how the questionnaires are delivered, how many respondents there should be to ensure representativeness, how the questionnaires are designed, how pretesting should be worked, and who will distribute the questionnaires. These will be discussed in order.

3.4.3.2.2 Means of distributing the questionnaires

Hansen et al. (1998: 233) proposed three alternatives of questionnaire distribution including ‘face-to-face’, self-completion carried out by an interviewer or researcher, ‘with or without’ the aid of other people, telephone questionnaires, and posted, self-administered questionnaires. As agreed, the term “self-completion questionnaires” is being used throughout the thesis and face-to-face, self-completion is my preference for the process of interviews conducted with the help of a group of research assistants, which will be described in 3.4.3.2.6 Research assistants. The method of self-completion

was used because it involves much less or no chance of prejudice on the part of researchers (Berger 2000: 190; Gorard 2003: 93; Neuman 2006: 299). Also the self-completion questionnaires which are personally distributed probably produce 'a higher response rate' than posted questionnaires (Hansen et al. 1998: 236), while a high response rate by posted questionnaires will happen if the questionnaires target the well-educated or direct attention to a particular issue or an organisation where involves conducting research (Neuman 2006: 299). Following this, the questionnaires were conducted face-to-face, personally handed out to the respondents by the research assistants on behalf of myself, and they collected those questionnaires back after the participants had finished inputting their responses, which took them approximately 15 minutes to complete. It may be questioned who those respondents were and how many there were. In the following part 3.4.3.2.3 Sampling will provide the answer.

3.4.3.2.3 Sampling

In this study, Bangkok was the focused boundary for distributing the questionnaires since, of all the current expected amount of blood collection per year in Thailand, i.e. 1,600,000 units, 1,100,000 units or 68.75% are requested in 12 NBSRs, while the number in Bangkok is 500,000 units or 31.25% (NBC, TRCS 2007d; PR&BDRD, NBC, TRCS 2007a, see details of these 12 NBSRs in NBC, TRCS 1997: 36; TRCS 2006b). Despite having a smaller percentage, it is important to emphasise that this proportion is provided in only one province, while the former percentage can be collected in provinces around the country. Additionally, the study investigates PR strategies of the NBC, which is located in Bangkok, the centre of blood collection and blood and blood donation message circulation as well as being the location of

Thailand's blood bank. Over 40% of blood collected at the NBC is also brought to those 12 NBSRs (PR&BDRD, NBC, TRCS 2007a, see also NBC, TRCS 2006a: 44-45). As a result of this, if the expected figure of blood collection or more than this can be achieved, the NBC would have a sufficient amount of blood in the blood bank and could distribute it to patients in hospitals nationwide. Also the audience responses in this study can be a framework for re-visiting the NBC's policy and culture and developing PR strategies for the people in Bangkok and can be used for developing PR strategies in other provinces.

Since the exact number of Bangkokians, i.e. 5,695,956 (NSO 2004b), was acknowledged accurately and in advance by the current statistics of the NSO (2004b), the following Taro Yamane formula would be appropriate (Yamane 1967: 581, see also Sudhikulsombat 2004).

$$n = N/1+Ne^2$$

when $e =$ Margin of error

$N =$ Population in Bangkok

$n =$ Sample size

Source: *Yamane 1967: 581, see also Sudhikulsombat 2004.*

In this study, 95% of confidence level and 5% or 0.05 of margin of error (e) was used and, as shown above, 5,695,956 was the population in Bangkok (N), hence there should be no fewer than 399.97 respondents (n) to whom I had to distribute the questionnaires. In practice, 400 face-to-face, self-completion and anonymous questionnaires were the

figures studied. Likewise, in order to make a comparison between BDs and NDs as my comparative case study and intended objective, out of a total of 400 the questionnaires were divided into 200 questionnaires for BDs and the other 200 questionnaires for NDs, so that there was no tendency towards a larger number of questionnaires for either BDs or NDs. In real circumstances, furthermore, the figures of men and women in both groups were likely to be the same, therefore, I divided the numbers of males and females in each group, based upon the actual numerical proportions of those who registered as BDs at the NBC for BDs (NBC, TRCS 2007r, see also NBC, TRCS 2006a: 17) and of those who were Bangkokians for NDs (NSO 2004b). For the former, 51.05% and 48.95% were the numbers of male and female BDs at the NBC in the fiscal year 2006 (NBC, TRCS 2007r, see also NBC, TRCS 2006a: 17), whereas the figures of NDs were 47.78% and 52.22% (NSO 2004b). Therefore of 200 questionnaires for each group of BDs and NDs, 102 and 98 and 96 and 104 male and female BDs and NDs respectively were expected to be collected for data analysis. Appendix five will provide the demographic proportions of the study's sample. Hansen et al. (1998: 242) underlined that:

‘The crucial point is to attempt to achieve a degree of representativeness of the population at large by ensuring an equal weighting of categories (such as sex, age, income) so as to replicate their proportions in the population at large’.

When the objective is to compare assessments on blood donation between BDs and NDs and those whose quota of men and women reflect the real situation in society, purposive and quota sampling methods, which are a major and additional technique of non-

probability random sampling, were preferable. In reference to the methods of non-probability random sampling, Wimmer and Dominick (2006: 90) and Sthapitanonda (2002: 139) agreed that non-probability random sampling is less time-consuming and expensive than the alternatives. In terms of purposive sampling, Davis and Scott (2007: 158) and Sthapitanonda (2002: 140) declared that purposive sampling is the sampling technique by which researchers deliver their material to particular groups which have been selected for a study. For the supplementary sampling approach, quota sampling involves choosing individuals by chance, varying the selected criteria and collecting them until a proportion of an actual group in a selected criterion is completed (Gray 2004: 88; Sthapitanonda 2002: 140).

The trouble with representativeness in my sampling techniques may be mentioned, especially taking purposive sampling as the main, intended technique as a non-probability, because no representativeness of the general population can be achieved (Gray 2004: 88; Wimmer & Dominick 2006: 90). Berger (2000: 192) claimed that the moderate level of difficulty in representativeness has often been demonstrated in surveys. Further to this, Hartmann (1987: 16) referring to the non-probability, '*[p]urposive sampling*', stated that the ability to examine whether there are relationships between independent and dependent variables or investigate whether there are similarities and differences between diverse clusters should be more emphasised than considerations of substantial or favourable representativeness of samples studied. In relation to this, what I was asking the questionnaire respondents to achieve, the hypotheses established, and the discovery of similar and different evaluations of blood donation between BDs and NDs will be disclosed in 3.4.3.2.4 Questionnaire design.

3.4.3.2.4 Questionnaire design

To accomplish the targeted objective, the questionnaires were designed with six sections (see appendix 2). Bearing in mind that completion time should be no longer than 15 minutes, close-ended questions were primarily employed throughout the questionnaires. Bryman (2001: 134) stated that the benefit of an enquiry with some choices being given is the feasibility of coding in advance, which can later facilitate effortless scrutiny of collected information by computer.

The questionnaires began by asking the respondents' demographics. Hansen et al. (1998: 244) highlighted that those enquiries are the kinds of benchmark questions often found in questionnaires. A close-ended question with a single answer among several alternatives was offered, since there might be no willingness to disclose individual details, if an open-ended question was presented (Berger 2000: 192; Hansen et al. 1998: 244).

A close-ended query was also applied to the whole section of knowledge of blood and blood donation, which comprised 10 questions. Those questions concerned what qualifies for, and disqualifies from, blood donation and what blood is. And each had five options underneath including 'don't know', so that as accurate a response as possible was provided by the research contributors (Hansen et al. 1998: 249).

Close-ended questions in the form of five-level rating or scaling, widely known as Likert scales, were utilised in examining the extent to which the respondents had seen and watched general information, so as to identify the possibility of obtaining blood and

blood donation messages via different kinds of communication channels, i.e. most often, often, moderate, not often, least often, and how they felt, i.e. strongly agree, agree, neutral (neither agree nor disagree), disagree, and strongly disagree about blood donation. Black (1999: 227) underlined that ‘Attitudes can also be ascertained by presenting a list of declarative statements and asking respondents to rate them in terms of agreement or disagreement’. In relation to a series of standardised numbers given for a certain level of media exposure and responses as proposed by Manheim et al. (2008: 168-169) referring to a study, in my study ‘five’ means most often and strongly agree, whereas ‘one’ represents least often and strongly disagree, and ‘three’ displays a neutral degree.

Besides these, a series of close-ended questions also addressed willingness to give blood in the future, which was specifically answered by NDs. Likewise, such close-ended questions, but with a requirement for multiple answers, were used to discover the practices of non-donation.

An open-ended question involved the issue of the frequency of blood donation in a life and in the present year, i.e. 2007, the former varying from once to approximately 176 times (if regular, repeat blood donation is approximately performed every three months from 17 to 60 years), and the latter could simply be stated, i.e. from zero to four times a year is a typical number of blood donations.

The details on those questionnaires mentioned above were used in the pretest and in the real situation after having made some changes, according to suggestions relating to the preliminary content validity made by communication scholars, the NBC members of

staff, and other related-field academics. The information on pretesting and the content validity are illustrated in 3.4.3.2.5 Pretesting.

3.4.3.2.5 Pretesting

Pretesting is essential because ‘a questionnaire needs to be considered as a whole rather than simply as a list of questions’ (Pole & Lampard 2002: 102). It is important to say that pretesting was done in order to confirm validity and reliability which the latter’s measurement is relatively less difficult than the former’s (Neuman 2006: 192; Pole & Lampard 2002: 101). Of the four kinds of validity evaluation (see Neuman 2006: 192-193), content validity was chosen in this study’s pretesting, to determine whether a questionnaire included all the information relating to an issue that needed to be studied and measured (Neuman 2006: 193; Pole & Lampard 2002: 101). Sarantakos (2005) concluded that ‘Validity is the property of a research instrument that measures its relevance, precision and accuracy’ (p.83) and the reliability is to investigate whether a questionnaire has ‘objectivity, stability, consistency, and precision’ (p.88). My questionnaires’ content validity was, therefore, initially checked by communication scholars, the NBC members of staff, and other related-field academics. After editing and/or making some changes, to guarantee content validity and reliability, the questionnaires were disseminated to ‘a small-scale [sample who is] under simulated or actual research project conditions’ (Peterson 2000: 117). Forty individuals or 10% of the total 400 sampling figures, with the proportions of 10 male and female BDs and NDs in each category, were therefore targeted for pretesting. Those 40 questionnaires were also distributed to respondents who possessed similar attributes to the actual respondents and in the same area, i.e. Bangkok. All of those 40 questionnaires were

fully completed and their information was coded and inputted in SPSS 16.0, so that the reliability test on media exposure to blood and blood donation messages in the year 2007 through the mass, specialised, and personal media, knowledge of blood and blood donation, and attitudes towards blood donation was processed and scrutinised. Nunnally (1978, in Santos 1999) and Pole and Lampard (2002: 101) mentioned that the acceptable scale for the reliability test is no lower than 0.70.

Because the questions about knowledge of blood and blood donation were not presented in a Likert-scale form, but rather in nominal form and coded as zero for incorrectness and one for correctness, it was important to employ the Kuder-Richardson formula in calculating reliability. Kuder-Richardson's method, as a unique form of Cronbach's Alpha, is an approach of knowledge testing in the study which codes the respondents' answers as only 'false/wrong' and 'true/right' (e.g. Black 1999: 282; Manheim et al. 2008: 170). In this study, a 'false' answer including 'don't know' responses is scored as zero point, while a 'true' reply means a one score. The respondents' answers were analysed by using Kuder-Richardson 21 (KR21) of which the difficulty of each question was not calculated, only \bar{X} and standard deviation instead (Katesigha 2000: 92).

$$rtt = \frac{k}{k-1} \{1 - \frac{\bar{X}(k - \bar{X})}{kS^2}\}$$

when k = Numbers of questions

\bar{X} = Mean of the entire scores

S^2 = Standard deviation of the entire scores

Source: *Katesigha 2000: 92.*

The findings revealed that 0.721 was the reliability test for knowledge of blood and blood donation. For the Likert-scale questions of media exposure and attitudes, their reliability was proved by Cronbach's Alpha, which was processed and evaluated in SPSS 16.0. Santos (1999) said that Cronbach's Alpha is 'an index of reliability associated with the variation accounted for by the true score of the "underlying construct"'. According to Cronbach's Alpha tests, 0.910 was the figure for media exposure to blood and blood donation messages in 2007 in all kinds of communication channels, 0.798 for the mass media, 0.894 for the specialised means, 0.857 for the personal channels, and 0.897 for attitudes towards blood donation. Those figures proved that my questionnaires were valid and reliable and were ready for delivery by the research assistants in the actual situation. Their importance will be discussed in 3.4.3.2.6 Research assistants.

3.4.3.2.6 Research assistants

I asked the research assistants who were students and an academic employee to distribute the questionnaires on my behalf. The reason for requiring their help was because they could possibly increase the penetration of the questionnaire distribution. And because those assistants were working on behalf of myself, I arranged a briefing day 'to familiarise interviewers with the idiosyncrasies of the questions ... Interviewers should also be provided with project instructions and/or a manual that they can refer to' (Pole & Lampard 2002: 116). On the day I gave my research assistants a document which contained a standardised transcript, my requirements, and a set of questionnaires and ensured that they had shared understanding of my research, sampling criteria, understanding my questionnaires, and a deadline for questionnaire submission.

I would like to underline at this stage that, although 400 questionnaires were my intended number of questionnaires for the study, mistakes and errors could be anticipated, and I therefore prepared and printed 450 questionnaires for the research assistants, i.e. a total of 22-23 copies, i.e. the number of the questionnaires for BDs and NDs and males and females varied between five and six for each research assistant. As expected, there was a total of 10 copies which had gone wrong or were flawed. Thus 440 questionnaires could be processed and scrutinised. The reasons for such mistaken responses might result from, for example, clarity of the questions, which Wimmer and Dominick (2006: 181) mentioned as a regulation of constructing a questionnaire, namely that '2. Questions should be clear and unambiguous' (p.181), and likewise sequence of enquiries (Pole & Lampard 2002: 105). However, as stated above, only 400 copies were my intention, therefore 40 questionnaires were excluded. To gather only 400 questionnaires out of 440, with only 20 questionnaires per research assistant, the number of BDs and NDs and of males and females was between four and six for each research assistant.

Although the use of the questionnaire-based surveys could be beneficial for various studies including mine, there were some constraints in using the survey method, which will be set out in 3.4.3.3 Limitations.

3.4.3.3 Limitations

Because the study is not an experimental study, there is smaller or no manipulation of independent variables in non-experimental or non-laboratory surveys than their counterparts which could lead to difficulty in seeking for causal relationships between

independent and dependent variables (Schröder et al. 2003: 225; Wimmer & Dominick 2006: 180).

As mentioned previously, I experienced one disadvantage of using the questionnaires in the fact that they contain a series of standardised, inflexible questions. However, sometimes an individual has a particular, different viewpoint and needs space to express their ideas. And open-ended questions can be asked in the questionnaires, however, it may take the respondents time to complete the questionnaires and their responses may be limited. Along with the questionnaires, focus groups were then employed to investigate the responses of BDs and NDs to blood and blood donation media messages. The information regarding their nature, the application to my study, and limitations will be given in 3.4.4 Focus groups.

3.4.4 Focus groups

In order to respond to the research questions, to consider the excessive length of the questionnaires, and provide more opportunities for BDs and NDs to express their thoughts on whether they are favourably disposed towards blood and blood donation media messages, whether they understand them, and how to gain their attention and provide qualitative, rich data for me, I employed the focus group research method. According to Wilcox et al. (2003: 203), ‘communication audits’ should be carried out ‘at least once a year’ and can be performed by mail and telephone surveys, focus groups, and the like. There was a wide range of discussions on the subject of using the focus groups as a qualitative research technique in general, which will be explained in 3.4.4.1 Nature of the focus groups.

3.4.4.1 Nature of the focus groups

It is a common practice to use focus groups, along with quantitative approaches (such as questionnaire surveys) (e.g. Barbour 2007a: 16; Daymon & Holloway 2002: 188). As a type of qualitative research, Kover (2008: 664) also highlighted that:

‘Qualitative research is used after surveys, to explicate their meanings.

Relatively small, fast quantitative studies can give the insight to form qualitative research. And at least one manufacturer does both *simultaneously* to provide a full story, rather than a jumble of numbers.

The key is to use what works best at any stage and in any combination’.

Krueger and Casey (2000: 24) also agreed that pre-collection of statistics can be made clear by group discussions. Referring to the Everyday Cultures Project, ‘..., so the more open oral testimony could help make sense of the statistics’ and ‘give a more vivid sense of the lived texture of cultural practices’ (Schröder et al. 2003: 205).

Focus groups become more and more popular among media and cultural research (Bryman 2001: 337). This is because focus groups could provide researchers with space for probing questions on the audience’s attitudes and practices (Wimmer & Dominick 2000: 119), attempting to comprehend dissimilarities in thought between clusters or groups of individuals and discovering why people have the ‘opinions, behavior, or motivation’ (Krueger & Casey 2000: 24), answering why people behave and feel in a particular way, and expanding and learning about new and effective approaches of communication (Daymon & Holloway 2002: 189). Recently focus

groups have been used both by themselves (for blood donation, see Mathew et al. 2007, for other health communication areas, see, e.g. Ancker et al. 2009; Dorey & McCool 2009; Graffigna & Olson 2009; Price et al. 2009) and mixed with other qualitative and/or quantitative research approaches (see Friedman et al. 2009a; Friedman et al. 2009b; Hyde & White 2009) in regard to various health communication areas. The following section will give information regarding the use of the focus groups in this particular study.

3.4.4.2 Application of the focus groups to the study

The purpose of the focus groups was to ask BDs and NDs to evaluate blood donation by giving their responses as to whether media messages used as the samples were satisfying, understandable, sensible, and accessible, in order to discover what kind of message strategies for blood donation could be accepted and developed. How the focus groups were conducted in practice will be explained in the sections 3.4.4.2.1 Numbers of groups and participants, 3.4.4.2.2 Participant recruitment, 3.4.4.2.3 Arrangement of day, time, and venue, 3.4.4.2.4 Moderator, 3.4.4.2.5 Data recording, and 3.4.4.2.6 Sequences of the focus groups respectively.

3.4.4.2.1 Numbers of groups and participants

To determine either the extension or cutback of focus group size, apart from considerations of the extent to which the research objectives are reliant upon focus groups (Hansen et al. 1998: 268), how much money researchers have (Bryman 2001: 339; Hansen et al. 1998: 268; Krueger & Casey 2000: 28), and the extent to which

researchers are available (Bryman 2001: 339; Krueger & Casey 2000: 28), Wells (1979: 6, cited in Fern 2001: 162-163) stated, in discussing group numbers in exploratory studies, that:

‘From the first interview on an unfamiliar topic, the analyst invariably learns a great deal. The second interview produces much more, but not all of it is new. Usually by the third session, and certainly by the fourth, most of what is said has been said several times, and it is obvious that little is to be gained from continuing’.

Livingstone and Lunt (1994: 181) also pointed out that ‘The number of focus groups was determined by continuing until comments and patterns began to repeat and little new material was generated’. Those two statements reflect Krueger and Casey’s (2000: 26) idea of ‘*Saturation*’, i.e. if there is nothing ‘new’ following the conduct of ‘three or four groups’, running more group discussions may be unnecessary (p.26). Kitzinger (1994, in Bryman 2001: 340-341) is more favourably disposed to many focus groups since she would wish not only to ensure representativeness, but also to achieve a variety of viewpoints. Nonetheless, Kitzinger (1994, in Bryman 2001: 340-341) stated that running many group discussions will be useless and costly unless there is a need to obtain high degrees of diverse viewpoints on some issues.

Like the number of groups, making a decision on the number of participants in a group is vague and depends upon various criteria. Krueger and Casey (2000: 73) and Morgan and Scannell (1998: 73, 75) pointed out that if a research issue is intricate, a smaller size group (i.e. 10 to 12 participants or more in a group is too big) will be conducted, and if

the issue has more relevance to participants or they possess a large degree of prior understanding of the topic, a smaller number in a group will be more appropriate. Krueger and Casey (2000: 10, 73-74) described groups which consist of four to six contributors as 'mini-focus groups' whose popularity is more and more accepted. Krueger and Casey (2000: 10) further stated its advantages as providing the people with more chances to express their standpoints, thus limiting any tendency to make their thoughts known to near neighbours through gossiping, i.e. if there is chat with other participants it will more likely take place in an extremely large group, and there is also the benefit that 'restaurants, homes, and other environments' are venues where researchers can run their 'mini-focus groups' without difficulty. Morgan (1998a, in Bryman 2001: 341) agreed that there was more chance of talk among participants in a smaller focus group.

With the aim of finding out similarities and differences between BDs and NDs as a comparative case study, as Wells (1979, cited in Fern 2001), Livingstone and Lunt (1994), and Krueger and Casey (2000) mentioned and as small as 10% of the figures of the respondents for the questionnaires, I conducted four focus groups for BDs and the other four focus groups for NDs. And in agreement with Krueger and Casey (2000) and Morgan and Scannell (1998), there were five participants in a group. This number was chosen in order that the group could produce a majority opinion, since five is an odd number. Therefore there were a total of 20 individuals in each group of BDs and NDs.

Likewise, homogeneity was achieved, which in this study self-evidently meant groups respectively of BDs and NDs. Focus groups achieve more when based upon participants whose particular characteristics are shared, as commonly accepted by many

focus group scholars (Hansen et al. 1998; Morrison 1998; Libes & Katz 1990; Krueger 1998, in Payton 2003: 85). Nonetheless, my concern was that there would be an excessive discrepancy if such individuals were broadly grouped as only BDs and NDs. Consequently according to the literature (i.e. Phetwong 2001; Techaudomphokha 2001; Wiwanitkit 2002) and the findings of the interviews, documentary research, and questionnaires, each group of BDs and NDs was sub-divided into the four primary audiences, i.e. private enterprise employee (PEE), student (ST), housewife/househusband (HW/HH), and government official (GO).³ For PEE, I requested an individual who was working at a private company in any position. STs were individuals aged between 18 and 22 years and were recruited from two public universities, two private institutions of higher education, and an open university. Those universities' names were proposed when BDs and NDs were recruited, while there is no mention of them in the thesis in order to respect their privacy. In the case of HWs/HHs, they were a man or a woman who had no work, but stayed at home for cooking, cleaning his/her home, looking after his/her children, whereas his/her wife and husband was working. This also included retired people, i.e. over 60 years only for ND groups. Although they might not practically change their practice, i.e. give blood in the future due to being overage, as people who had never donated blood their reflections could still be beneficial and represent the viewpoints of other NDs. Lastly, GOs were individuals who were working in public universities, banks, organisations, and ministries. This also expanded to cover persons whose occupations were in state

³ Following the results of the questionnaires, PEEs and STs were the two important audiences. They were followed by businessmen/businesswomen (BMs/BWs) and GOs. However, I realise that PEEs and BMs/BWs are rather close; therefore, I conducted another focus group with HWs/HHs as the fifth sequence of the questionnaires' results.

enterprise organisations which were originally run by the government. My reason was to give priority to participants' willingness to take part on a voluntary basis, and therefore more alternatives were provided.

In relation to the questionnaire sampling, the proportion of male and female participants in each focus group was precisely divided, varying in the actual number of BDs of the NBC and Bangkokian men and women and those were vertically and horizontally divided, as shown in Table 3.6.

Table 3.6 Divisions of focus group participants

Group	BDs		NDs	
	Men	Women	Men	Women
PEE	3	2	2	3
ST	2	3	3	2
HW/HH	2	3	2	3
GO	2	3	3	2
Total⁴	9	11	10	10

Thus there were five male and female individuals in each group. Barbour and Schostak (2005: 46) made the following point in relation to the disparities in focus group participants' personal traits such as race, gender, social class, and places of residence: 'While not desirable – or, indeed, possible - to carry out detailed comparisons for presentation in a final report, such observed differences may provide valuable hunches, usefully informing further sampling' (p.46). How I enlisted such partakers into my study was my next concern which will be explained in 3.4.4.2.2 Participant recruitment.

⁴ Actually, there should be each of 10 male and female BDs and NDs. And the number of HW and HH BDs should be two and three respectively. However, HHs in Thailand are rare; hence, three HWs and two HHs were recruited.

3.4.4.2.2 Participant recruitment

The 20 BD participants were freely⁵ enlisted by a member of staff of the Blood Donor Recruitment Unit (BDRU), PR&BDRD, NBC, based upon the BD lists stored in the NBC database. It is possible to use contributors' names which have been available in various types of organisations' records as long as consent of right to use is given by them (Hansen et al. 1998: 268). The reason for asking for help was that all BD information and figures have been kept and updated from time to time. In the meantime, the other 20 ND contributors were sought out by myself through my personal networks. Even if I had initially attempted to avoid inviting people who had a close relationship to myself, this was not possible since I encountered a problem in recruiting the ND participants which I had not foreseen. Hence, they were my friends, teacher, parents' friends, the students of friends, and university colleagues' students and friends. It is necessary to stress that all the participants in the focus groups, no matter whether BDs or NDs, were not respondents to the questionnaires, due to difficulty in participant recruitment in the process of the questionnaire distribution (i.e. by the research assistants) and not asking for personal details, i.e. names and contact numbers on the questionnaires. Although they were not the questionnaire contributors, the focus group participants possessed the same principal attributes of being BDs or NDs as the intended sample of the study.

⁵ I initially asked the staff member for every third recruitment, but she asked if she could do it freely as it was time-consuming and sophisticated. I, then, allowed this, since her reason, convenience, and routine work were prioritised and respected.

Clearly I might be criticised for differences in closeness between the participants in each group and myself. All the focus groups were organised by myself with informal environments, so that all participants could feel as relaxed and comfortable as possible and their insight and thoughts could also be conveyed without hesitation or reluctance. In fact, the closer my affiliation with the ND contributors, particularly with those who were very likely to be eligible or potential BDs, the more their opinions could frankly and accurately be reflected, so that their first-time donation could simply emerge. Also satisfaction with the focus group participation was assessed at the end of the group discussions. Generally speaking, the result of the focus groups I conducted was highly satisfactory (Mean = 4.75 of 5).

The next consideration was when and where would be appropriate for conducting the focus groups. This information will be reflected in 3.4.4.2.3 Arrangement of day, time, and venue.

3.4.4.2.3 Arrangement of day, time, and venue

The location for conducting the focus groups can have an impact on what the audience answer (Green & Hart 1999, in Green 2007: 116; Hansen et al. 1998: 272). Consideration in choosing a location includes relaxed size and room arrangement (Daymon & Holloway 2002: 194) and ‘good facilities’ including drinks, available spaces in room, and accessibility of venue (Green 2007: 116). The focus groups were, therefore, conducted at the PR&BDRD meeting room, seventh floor, Chalerm Prakit Borom Rajineenart Building (CPBRB), NBC. The venue, which was free of charge and used with permission, undertakes core blood donation activities with which BDs are

familiar. It is also easily accessible since it is located at the heart of Bangkok and surrounded by important and well-known attractions, therefore, there was no difficulty in searching for the place for both BDs and NDs. The room was also not too small and/or too big for a total of seven people, i.e. the five participants, myself, and my research assistant (see 3.4.4.2.5 Data recording). Furthermore, there was a long quadrilateral table with three participants seated at one side, the rest at the other, myself at the top of the table, and my research assistant at the opposite end to myself, which allowed for natural group discussion and a productive dynamic. Through my personality and performance, communication approach, and provision of light refreshments, all focus groups were arranged in a friendly atmosphere. My next concern was about the participants' availability, traffic congestion, and limited parking lots, and so all the focus groups were run on weekends and each session took no longer than three hours to avoid participants' boredom and exhaustion (see appendix 6).

The focus groups could not be carried out unless there was a group leader, also known as a moderator, to lighten up the discussions and facilitate the focus group participants. Who would be the moderator for my focus groups and his/her vital roles will be illustrated in 3.4.4.2.4 Moderator.

3.4.4.2.4 Moderator

All the focus groups were moderated by myself, since I am the person who profoundly knows what the study is about and what needs to be achieved (Hansen et al. 1998: 273). Likewise, if there were some issues that interested me and were perceived as beneficial,

I could ask the participants more questions and probe for more insightful viewpoints to obtain rich data.

My next concern was to ensure accuracy and completeness, and so I employed a tool for recording the discussions, which will be revealed in 3.4.4.2.5 Data recording.

3.4.4.2.5 Data recording

The participants' words and communication, both verbal and non-verbal, were video recorded. Although non-verbal communication is not mainly studied, it 'signals people's responses, opinions, alertness, interest in the topic and so on, and is therefore crucial' (Litosseliti 2003: 6), especially when transcribing and analysing the data. Although Berg (2007: 158-159) said that making out whose voice it is when transcribing the data is helped by a research assistant as one of the vital constituents or '*checklists*' in focus groups, in the agreed view of several scholars which Berg (2007: 158-159) included in his book, likewise, videotaping was used in my study to make more certain about it and to verify the meanings when managing extracts. Nonetheless, there are difficulties in videotaping, i.e. 'equipment, lighting, camera-angles' (Hansen et al. 1998: 278) and consent not usually being given or probably not (Berg 2007: 159). In my study, those first three problems were solved by the use of a research assistant, and the latter was managed by informing all research participants about the video recording prior to their participation in the focus groups and asking them to sign an informed consent (see 3.6.4 Focus groups). Video taping equipment was then consented to by all the participants.

Thus the main role of my research assistant was to control and manage a video camera, for example, changing video tapes, adjusting camera angles, lighting, and voice control. Supplementary jobs were to distribute the focus group documents and incentives⁶ to the participants and ask them to sign once money was received, and manage refreshments and other miscellaneous issues. Green (2007: 116) stated that apart from the moderator, there is the other person who practically deals with, for instance, welcoming contributors, providing drinks, ensuring that the recording functions correctly, and possibly note taking and making a summary of primary matters.

This major part will end with the process of before, during, and after the focus groups, which will be clarified in 3.4.4.2.6 Sequences of the focus groups.

3.4.4.2.6 Sequences of the focus groups

All participants were informed by an initial contact through an informal telephone call and later a formal invitation letter to which was attached the focus group's details and location map. Another call was also made to all the contributors a couple of days before running the focus groups. Hansen et al. (1998: 271) said that a confirmation letter informing the participants that their participation had been confirmed and giving them where and when focus groups take place had necessarily to be distributed. Hansen et al.

⁶ Incentives of 700 Baht (or approximately £10) were given to all the participants. Nevertheless, their participation was based upon their willingness and given voluntarily. Barbour (2007b: 55) asserted that focus group participation and -possibly-'wider participation' can be boosted by giving money or vouchers or awards where appropriate.

(1998: 271) further mentioned that calls are important to ensure that all participants know 'how to get to the location'. As a result of this, the 40 participants did show up. Likewise, such issues were repeated and some more information was given on the day of the focus groups, so that one could be sure that all the contributors received the same information and they had more chance to ask any question. At this stage, the participants were given a chance to introduce themselves and talk about some relevant issues in order to get all the participants closer to each other, to myself, and the discussion environment. After initial discussion, they were asked to sign a consent form and complete the questionnaires. Prior to group discussions, researchers often give a questionnaire to the focus group participants or so-called 'extended focus group' scheme (Berg 2007: 159; Gunter 2000: 43; Wimmer & Dominick 2006: 130). Nonetheless, such completed questionnaires were not processed to present the statistical data, only their demographics, as shown in appendix six and their information relating to their behaviour and their reasons where appropriate were offered in the thesis. This was because I was not sure that their answers were accurately represented by their existing knowledge and feelings or by the sampled print tools which were prepared for asking their opinions and viewpoints about blood and blood donation media messages.

The discussions were the next step and they were driven by showing two specialised media, i.e. the brochure titled *How excellent is blood donation....* (NBC, TRCS 2006b) and the booklet known as *The blood donation booklet, if you wish to donate blood, you should read [this]* (NBC, TRCS 2007p) were selected as the stimulus. At this point the criteria for choosing these two printed media will be clarified. Firstly, according to the interview with the Chief, PR&BDRD, NBC (see chapter 5), the controlled media such as leaflets, brochures, posters, BD postcards, and booklets were primarily used to

circulate blood and blood donation messages to the audiences. Secondly, using two publications was intended to provide the focus group participants with the choice of making a comparison and enlarging on further beneficial issues. The number was also chosen with a view to concerns over time and worry about the participants' tiredness and boredom. Fourthly, to fit well with the period of my data collection, the current printed media which were produced and circulated to the audiences in the year 2007 were my preference, so that the information would be up-to-date and recently designed. Fifthly, both persuasive-based, i.e. a brochure, and informational-based tools, i.e. a booklet, were employed to explore what persuasive and informational messages BDs and NDs were lacking and needing. Sixthly, the modalities could reflect what the Chief, PR&BDRD, NBC said (see p.182-187), i.e. the importance of primary knowledge of blood and blood donation, incentives, and source credibility. Finally, my priority was to be liberated from any private sponsor. In other words, I preferred to use the materials that were created by the NBC for various reasons. Both linguistic and non-linguistic components such as colours and printing quality could be partisan, depending upon the organisation which produced a tool (see p.187). Likewise, because the NBC was the organisation which was taking direct responsibility for blood donation, its employees should fully know what they should communicate first, and if it was important, they could provide this information to external organisations.

A series of questions including the audiences' thoughts about the selected media's understandability, content, colours, pictures, language, persuasiveness, and other suggestions were asked. The focus groups ended up by answering an evaluation form and obtaining incentives of 700 Baht (or approximately £10). Thomas et al. (1995, in

Green 2007: 113) explained the stages of focus groups that are composed of ‘*Welcome*’, ‘*Icebreaking exercise*’, ‘*Introductory exercise*’, and ‘*Group discussion*’.

Like other research methods, there were some issues that challenged the use of the focus groups and these will be unveiled in 3.4.4.3 Limitations.

3.4.4.3 Limitations

During the focus groups there was sometimes dominance in which some contributors discussed a specific topic for longer than the rest. Daymon and Holloway (2002: 199) and Wimmer and Dominick (2006: 130) said that in a focus group there are a few participants taking a leading role over other contributors in talking and discussing their thoughts. Consequently I allowed such participants approximately 10-15 minutes until I was sure that no more interesting and innovative and ‘out of the topic’ viewpoints were forthcoming. Then I politely and cautiously interrupted them with words such as, ‘May I disturb you for a while? ...’

This can also limit the independence of the participants (Berg 2007: 149; Bhavsar et al. 2007: 1; Stewart et al. 2007: 43) as a participant’s reflections and opinions could be dependent upon those of others. Daymon and Holloway (2002: 199) referred to Carey and Smith’s (1994) criticism about group pressure that ‘participants relinquish their critical stance towards the views of other members and the result is conformity in thinking or convergent answers’. I minimised this problem by asking the particular participants to explain and/or enlarge their responses.

Because dynamics and the flow of the group essentially generate the participants' outlooks, (Gunter 2000: 44), a moderator's expertises in, for instance, asking for auxiliary data, interrupting the partakers' unrelated contributions, drawing them to group discussions and the like are required (Wilkinson 2004: 179; Wimmer & Dominick 2006: 131). Even if I attempted my best to conduct the focus groups, I accept that, due to a lack of experiences and skills, I felt that no absolute perfection was seen in the focus groups, notwithstanding my ability to ask for more information and when there were unclear opinions being voiced and interesting issues raised, arrange the setting of the environment, my communication approach, and so forth.

Like one-to-one interviews, transcribing and interpreting the extracts was also not very easy and was time-consuming. Berg (2007: 151) said that although receiving responses is quicker in focus groups than individual interviews, in consideration of the similar amount of contributors, a much larger extent of information emerges in the latter than in the former. It is also not easy to scrutinise and interpret data from conducting focus groups, because a large number of opinions are given (Litosseliti 2003: 25; Stewart et al. 2007: 43).

The previous section showed how the raw data, both qualitative and quantitative, was collected to address the research questions mentioned at the beginning of this chapter. Nevertheless, it was impossible to use such raw material directly without data management for analysis and interpretation. More information regarding this operation will be given in 3.5 Analytical approaches.

3.5 Analytical approaches

Once I had finished collecting the qualitative data of the interviews and the focus groups and transferring from videotapes to DVDs, I transcribed and translated⁷ all the data in full by ‘myself’, ‘because this allows [me] to immerse [myself] in the data and become sensitive to the issues of importance’ (Daymon & Holloway 2002: 179). Also all quantitative data was inputted in SPSS 16.0. The management of qualitative data is explained in 3.5.1 Analysis of qualitative research and that of quantitative materials will be illustrated in 3.5.2 Analysis of quantitative research.

3.5.1 Analysis of qualitative research

For the qualitative approaches of the semi-structured in-depth interviews, documentary research, and focus groups, Marshall and Rossman (2006: 156) said that the analytical process of the qualitative data commonly comprises seven stages, i.e.

‘(a) organizing the data; (b) immersion in the data; (c) generating categories and themes; (d) coding the data; (e) offering interpretations through analytic memos; (f) searching for alternative understandings; and (g) writing the report or other format for presenting the study’ (Marshall & Rossman 2006: 156).

The interviewing, documentary, and focus group materials were organised both in storing the data on the computer and in making short notes. Then the full manuscripts

⁷ All the interviews and focus groups were conducted in the Thai language.

and documents were read several times in order to understand what the participants had said and be closely acquainted with the information (Marshall & Rossman 2006: 158). While reading and re-reading the transcripts, the extracts were coded by the use of key words, and different coloured highlighters, as well as abbreviated messages and the main themes and categories were being searched for and constructed. By taking Tucker's (1996) work, Marshall and Rossman (2006: 161) suggested that her coding could be performed manually such as placing various coloured spots on the interview extracts and using diverse coloured highlighters and field notes, although the aid of qualitative software was not applied. I then developed my themes and categories by considering the research questions, the research objectives, the literature, what I had found, and what Boyatzis (1998: 53) said about finding out a perfect code (i.e. a theme) which should contain five factors, i.e.

- '1. A label (i.e., name)
2. A definition of what the theme concerns (i.e., the characteristic or issue constituting the theme)
3. A description of how to know when the theme occurs (i.e., indicators on how to "flag" the theme)
4. A description of any qualifications or exclusions to the identification of the theme
5. Examples, both positive and negative, to eliminate possible confusion when looking for the theme' (Boyatzis 1998: 53).

Along with making the themes and coding, many pieces of papers were prepared in order to make any notes and note down thoughts 'for generating the unusual insights

that move the analysis from the mundane and obvious to the creative’ (Marshall & Rossman 2006: 161). This behaviour was also applied to developing ‘interpretation [, which] means attaching significance to what was found, making sense of findings, offering explanations, drawing conclusions, extrapolating lessons, making inferences, considering meanings, and otherwise imposing order ...’ (Patton 2002: 480, see also Marshall & Rossman 2006: 162) on the reports before writing, during the writing, and after (when revising and re-editing) writing the actual reports.

To be more obvious, I would like to conclude that the main themes which will be used in chapter five were developed from reviewing the literature. Likewise, the major themes which will appear in chapter seven were built from the key findings and the literature. For qualitative data presentation (chapters 5 and 7), under each theme, I will provide my analysis and interpretation, with a supplementary quote or series of quotes. Therefore, many symbols will be used and these will be summed up in the following table.

Table 3.7 Summary of the symbols and abbreviations used in the study and their meanings

Symbol/Abbreviation		Meaning
A series of three dots	‘... xxx’	Having previous sentences, but having no relation to the discussion
	‘xxx ... xxx’	Giving a relevant quote which will be articulated somewhere else during an interview and have relevance to what was being investigated
	‘xxx ...’	Having other talks afterwards
	‘xxx. ...’	Having an issue being explored, but nonetheless the following sentences were not related to what was being discovered
A parenthesis	[]	Where appropriate, inserting an additional word or phrase for clear understanding and the establishment of a full, complete sentence within it

A parenthesis, <i>italic</i>	(xxx)	Referring to non-verbal communication being used
Triple Xs	XXX	Referring to a third party's name being called out to respect a third party's confidentiality and anonymity
Times New Roman, 12 pt, double line spacing, and indent or in a single quotation mark ('...')		Giving a quote
S.		Representing the researcher
PEE, ST, HW/HH, and GO		Representing the audiences
A parenthesis	(Mr X.) _{1}	Referring to the participant who gives his/her opinion: <ul style="list-style-type: none"> • The participants' titles, i.e. Mr/Mrs/Ms and the first English letters of their surnames will be enclosed where quoting. • The participants' full, de-identifiable details, i.e. their titles, first English letters of surnames, gender (M/F), age, occupation, and BDs or NDs, will be presented in appendix six.

I would like to emphasise that no absolute changes of meanings were made, even if a section of a quote and a series of three dots and a parenthesis [] were employed.

3.5.2 Analysis of quantitative research

Due to using SPSS programmes for statistical data analysis, unless coding is processed, it will be impossible to interpret or draw conclusions because the schemes 'only deal with numbers, they do not deal with statements, opinions, or long drawn out answers' (Hansen et al. 1998: 253). Hansen et al. (1998: 254) further said that coding 'will enable researchers to make sure that the right codes apply to the right answers'. Coding in this study had to be separated into two major issues: pre-coding and post-coding. To test the hypotheses proposed above, post-coding was developed after collecting the data. Those codes were varied and had specific ranges and meanings, which will be presented in Table 3.8.

Table 3.8 Coding and its ranges and meanings

Coded as	5	4	3	2	1
Range	4.21-5.00	3.41-4.20	2.61-3.40	1.81-2.60	1.00-1.80
Overall media exposure to blood and blood donation messages through the uncontrolled, controlled, and one-on-one modalities⁸					
Meaning	Very high	High	Moderate	Low	Very low
Attitudes towards blood donation⁹					
Meaning	Very positive	Positive	Moderate	Negative	Very negative
Knowledge of blood and blood donation¹⁰					
Range	9.00-10.00	7.00-8.00	5.00-6.00	3.00-4.00	0.00-2.00
Meaning	Very high	High	Moderate	Low	Very low
Blood donation in an entire life¹¹					
Range	45-55	34-44	23-33	12-22	1-11
Meaning	Very high	High	Moderate	Low	Very low

In consideration of the study's objectives and assumptions, the Crosstabs and Pearson Chi-Square test was employed for the purpose of descriptive and inferential analyses. Antonius (2003: 156-157) mentioned that Crosstabs can indicate a statistical correlation which is realised by the level of measurement of the qualitative variables between nominal independent and nominal dependent in a contingency table. Cohen (1988: 215) stated that the Chi-Square test on frequencies is 'the most frequent application ... is quite general in its applicability to problems in data analysis in behavioral science, in

⁸ The range came from a five-Likert scale, i.e. from one to five, i.e. it was $1-5/5 = 0.80$ in range.

⁹ See footnote eight.

¹⁰ It was important to state that if the respondents gave a right answer, they would receive a score of one, but if they provided either a false or a don't know answer, zero would be given. There were the entire 10 marks in total. Since it was my intention to group into five, the recoded range was calculated from $0-10/5 = 2.00$ in range.

¹¹ Of the 55 times, the recoded range of blood donation frequency were from $1-55/5 = 11.00$.

both manipulative experiments and survey analysis'. Statistical significance value in this study was as acceptable as $P < 0.05$ (or confidence level was 95%). In other words, if statistical significance presented was greater than 0.05, there would be an algebraic similarity between BDs and NDs on the conditions and assumptions studied.

In application of Marshall and Rossman's (2006: 156) qualitative procedure after coding and in response to the research question and the research objective, the main quantitative themes and categories were developed by following the main sections on the questionnaires. Then while I was reading, analysing, and interpreting the statistical data, I noted significant and interesting issues and thoughts as well as an appropriate style of information structure. Notes also were taken before writing, during writing, and after (when re-working) writing the actual paper.

In writing the quantitative findings chapter (see chapter 6), apart from the texts containing explanations and interpretation, figures of total number of BDs and NDs and their demographics, percentage (of 100% each), df, N , χ^2 , and (exact) P value¹² which explained what I had found, pie, bar, and line charts, mostly for the former, are employed to present the descriptive information in order to provide no difficulty in understanding, clarity of the numerical data, and display similarities and differences between BDs and NDs in the subjects I studied. Pie charts are displayed to demonstrate numerical parts of a specific, total group (Calnan 2007: 184) and emphasise the necessity of 'one or two' chunks of that entire group (Argyrous 2007: 200). Similarly,

¹² Wherever the analysis displays that more zero cells have an expected count less than five, an exact significance test is chosen for Pearson Chi-Square (Brace et al. 2006: 125-126).

Calnan (2007: 184) mentioned the widespread acceptance of bar charts ‘because they are relatively easy to read and interpret and useful for purposes of comparison’. In agreement with Calnan (2007), line charts are employed for ease of understanding and interpreting data when the aim is to draw comparisons. Apart from PEE, ST, HW/HH, GO, and BM/BW, there is a series of glossaries that will often be employed in this chapter as follows: Primary (PM), Lower secondary (LS), Upper secondary/Vocational educational certificate (US/VEC), Advanced vocational educational certificate (AVEC), Undergraduate (UG), Postgraduate (PG), State enterprise employee (SEE), and Unemployed (UE).

Finally, because this research involved humans, I was always thinking of ethical issues. I therefore devote the last section to ethical considerations, in order to raise their value and importance and my concern on this point.

3.6 Ethical considerations

According to the University Code of Practice on Ethical Standards for Research Involving Human Participants, I had to fill out a form, a so-called Research Ethics Review Checklist, clarifying my project details, asking my supervisor to certify my potential to carry out this research, and answer a series of 10 questions. Where I had put ‘yes’ to some, I needed to give more explanation on the Ethics Approval Application Form, Department of Media and Communication about how I was doing the research and respecting people’s privacy and confidentiality. Those forms were submitted to the Departmental Ethics Researcher and it was confirmed that my study met the University’s rules and regulations.

Involvement in dealing with ethical issues is worth preparing myself for beforehand to enable the process of data collection to proceed, including the establishment of a series of ethical questions and related documents such as an 'asking for permission' letter, consent forms, a document for the briefing day, and the like. It was also necessary to limit and/or get rid of any invasion of privacy through putting unintended hurdles in the way of the key informants, the respondents, and the participants which might possibly, or very likely, cause no 'truth' revelation, lack of confidence, or inconvenience. I also had to ensure no embarrassment to the people concerned and no damage to one's reputation. My respect for individual sensitivity, privacy, and confidentiality is displayed below. It is important to note that some information was insignificantly changed and added, following Thailand's cultural and social dimensions and pretesting while I was doing data collection.

3.6.1 Semi-structured in-depth interviews

Brief information and agreement was unofficially given to the key informants via telephone calls. An official invitation letter, which explained information about the study's nature, objectives, videotaping, and confidentiality, was presented only to the present Director, NBC and the Chief, PR&BDRD, while the Director, S&PO rejected it and no need of it was required by the former Director, NBC. However, they were informed of those issues in advance. Likewise, only tape recording was used with the latter two interviewees, by reasons of consent and the convenience of the interviewing location respectively. They finally were asked to sign a consent form to confirm their understanding and permission and ask whether they wanted either their real names and positions to be shown or preferred other words, i.e. policy maker, other words,

administrative level, and operational level accordingly. As agreed, they all gave me their permission to use their real names and current positions on my thesis and published and unpublished documents.

3.6.2 Documentary research

Although the analysis of documents was not directly related to people, on some manuscripts the real names of participants were presented. And although the use of their names was permitted by Krongthong Phetwong, on behalf of the NBC and the TRCS, I respected their privacy. Therefore their opinions are anonymously presented on the thesis, i.e. only 'a participant(s)' will be shown. It is also necessary to state that the consent to use all the documents relating to this study has been given by Phetwong, on behalf of the NBC and the TRCS.

3.6.3 Questionnaires

Before completing the questionnaires, the respondents were initially asked by the research assistants about their willingness to participate on a voluntary basis. If so, they would introduce and explain what the questionnaires were about and how long the questionnaires would take. Likewise, on the questionnaires the nature of the research and the certainty of anonymity were demonstrated.

The questionnaires might raise concerns about the provision of sensitive alternatives (see appendix 2, Part 6 Non-donation behaviour and rationales). Nonetheless, confidence in unidentifiability could be assured as anonymity was preferable and only

general perspectives were presented. Also the respondents' personal details, i.e. full names and contact details, were not required for the study.

3.6.4 Focus groups

An official invitation letter which included the information about the study's nature, objectives, date, time, and venue was posted to all the contributors a week prior to the conduct of the focus groups. This letter was enclosed with a document which introduced what the focus groups were about, who was the moderator and my individual profile, what would happen in the focus groups, what questions were asked, how much money the partakers would receive, and how the focus groups were recorded and the NBC location map. Furthermore, more details about the focus groups, including the management of the videotapes, the use of de-identifiable codes, i.e. Mr/Mrs/Ms, the first English letter of the surname, gender, age, occupation, and BDs or NDs, the approach to confidentiality and so forth, were provided and exactly explained on the days of the focus groups, so that I could ensure that all the participants had the same understanding, and they had more chance to ask me more questions. Finally, all the contributors were asked to sign consent forms. If sensitive topics were raised in the focus groups, where it was more likely to occur than in the other research methods, I limited those by interrupting the discussion and changing the topic. The participants were assured that all materials were kept securely in a safe place.

3.7 Conclusion

In considerations of the study's research questions and as a comparative case study, the research methods of semi-structured in-depth interviews, documentary research, questionnaires, and focus groups are used. In detail, to explore PR strategies regarding blood donation in Thailand, semi-structured in-depth interviews are conducted with four persons, a policy maker, two administrators, and a PR practitioner, and further evidence is presented from documentary archives. A total of 400 face-to-face, self-completion, anonymous questionnaires were distributed to 200 BDs and the other 200 to NDs. A total of 10% out of those 400, although not the same people as the questionnaire respondents, make up the 40 focus group participants, of whom 20 are BDs and the other 20 NDs. The data collection is performed with ethical considerations and such information collected is systematically managed afterwards for data analysis and interpretation.

Before disclosing the findings of the study, it is necessary to describe Thailand and its blood services in order to basically understand why PR strategies are created and why BDs and NDs respond to blood donation in a particular way.

CHAPTER 4

BLOOD DONATION IN THAILAND

4.1 Introduction

This chapter includes an overview of Thailand and the country's blood services, together with the current situation of blood donation and the NBC, whose main responsibilities are BD recruitment and blood collection for the purpose of building a correspondence between blood supply and demand. The aim of providing the information is to build understanding among readers because the entire study has been carried out and researched exclusively in Thailand and on a particular organisation which is in charge of blood services. Its purpose is to provide analysis and give explanations, which will be revealed in the next three chapters.

The information put forward in this chapter primarily comes from the documents including statistics provided by a key informant with whom I conducted an interview, also PR tools, published and unpublished archives which are collected for the use of data analysis, quotes from the semi-structured in-depth interviews, and the official websites of the TRCS (www.redcross.or.th) and the NBC, TRCS (www.blooddonationthai.com). It is supplemented by other sources of information including print media, radio recordings, and other related formal websites. It is necessary to state again that the consent to use those manuscripts has been given by Phetwong, on behalf of the NBC and the TRCS.

4.2 Overview of Thailand and its social and cultural context

‘The Land of Smiles’: Thailand is one of the Southeast Asian countries and its capital city is Bangkok. Thailand has a democratic system with the King as head of state. It presently has 63,079,765 inhabitants, and the mother-tongue, both spoken and written, is Thai (Tourism Authority of Thailand (TAT) 2003-2007a). According to the statistics collected between 2000 and 2004, the Thai ‘[a]dult literacy rate’, measured amongst adults aged 15 years and above, is 93% (International Labour Organization 2007).

Buddhism retains considerable importance to the lives of the people in Thailand (Chareonla 1979-1981: 15; Kusalasaya 1965: 7). Therefore, ‘Indeed, without Buddhism, Thailand would not be what it is today’ (Kusalasaya 1965: 6). About 94% of the Thai population primarily believes in Buddhism, especially in Theravada Buddhism (TAT 2003-2010b). The heart of Buddhism is ‘karma (or kamma)’¹³ meaning ‘action’, signifying ‘the law of cause and effect’ (Sri Dhammanada 1994: 7). Bhikkhu (1988: 24) and Sri Dhammanada (1994: 7) argued that the religion’s core concept is far more than just the belief that good returns will be given to the people who behave well and bad returns will be given to those who behave badly. Instead, by taking the interpretation of Sri Dhammanada (1994: 8) for ease of understanding, it is suggested to discontinue bad behaviour by being aware of its negative effects and lessen negative matters including ‘evil thought, selfishness, hatred, anger, jealousy, grudges, and ill-will’, in order to avoid producing bad actions leading to bad outcomes, and do ‘more and more good’ action (p.8). Good or evil behaviour and consequences are in the

¹³ Kamma will be used throughout the thesis.

hand of humans per se, not those of God, unlike other religious doctrines (Sri Dhammanada (1994: 8).

In relation to the teaching about doing good kamma, Cranley et al.'s (1999: 37) study also pointed out that Theravada Buddhism chiefly forms the Thai traditional values of, for instance, 'non-aggression, gratitude, generosity, honest, and modesty, but also more secular values like respect for authority and seniority and respect for proper etiquette' (p.37). Their viewpoint also confirmed Goodman's outlook on Thai society (1999, in Thanasankit & Corbitt 2000: 13) that paying respect to older people, or people of lower social rank paying respect to those who are ranked in a higher position, is seen as a social value in Thailand. Corbitt (1999) also cited a CEO's statement and that later was quoted by Thanasankit and Corbitt (2000: 13) that: "Thais have to belong to a group" (p.13).

Power, dignity, reputation, and money not only exist but also become more and more important and acceptable in Thai society. Cranley et al. (1999: 28) took an interview of a senior academic in psychology as she thinks that "it's the same everywhere. People don't care much for the spiritual value or the things that are non-materialistic, but [rather] the things that have more materialistic values. Money, for example. Money, career promotion. The material reward" (p.28). No change has been made recently, namely that 'Under this environment of "only money matters", and with growth and profit as key determinants of success, ...' (Devakula 2006: 3). The dynamic of Thai society stems originally from the prominence given to 'growth' (Gnamvidhayapong 2006). In other words, Thais, especially the new generation, are less concerned about 'quality, value, and merit' than about 'numbers and quantity' (Devakula 2006: 3).

The next section will give broader details of blood services in Thailand in terms of the nature of blood donation, blood group systems, and approaches of giving blood.

4.3 Blood services in Thailand

Corresponding to the philosophy of Buddhism, there are various ways of doing good and better actions and performing meritorious deeds including giving donations which benefit the givers themselves and also aid other human beings (Nanthaya 2007, April: 20). Of all donation activities, blood donation is regarded as the great[est] philanthropy (Nanthaya 2007, April: 20). Although scientists have for ages attempted to seek for a substance to replace blood, such efforts have ended in failure (NBC, TRCS 2007p: 4; NBC, TRCS 2006d).

Blood donation is the giving of surplus blood to patients. No danger is caused for BDs as the amount of blood in one's body is equal to approximately 17-18 glasses of water (4,000-5,000 millilitres), while only 15-16 glasses of water are used, so the remainder can be donated and blood can be donated every quarter. After blood donation, the bone marrow will produce an equivalent quantity of blood cells as were there before. If blood is not donated, by contrast, bodies will excrete the wasted blood cells due to their expiry in the form of urine, faeces, or sweat. Blood donation takes about 15-20 minutes. Blood that is withdrawn from a vein on an arm is packed in a blood bag containing between 350 and 450 millilitres (CC). However, the amount of blood collection depends upon a BD's body weight (NBC, TRCS 2007p: 5; NBC, TRCS 2006d).

In general, 77% of blood collected is for patients who have had accidents, operations, stomach diseases, or have undergone childbirth, for instance, while the rest (23%) is used to cure specific diseases including thalassemia, low counts of platelets, and haemophilia, and more (NBC, TRCS 2006d). Because blood in human bodies is composed of blood cells and plasma (see more information provided by Dr Viroj Chongkolwatana, MD, in Meewong 2007, 1 November: 41; NBC, TRCS 2007s; NBC, TRCS 1997: 10), blood collected is later separated into those different blood components in order to be used for different medical treatments (see more details in Meewong 2007, 1 November: 45).

Of over 20 blood group systems, ABO and Rh blood group systems should be known (NBC, TRCS 1997: 11). In ABO blood group system, O blood group (37.5%) is the most common among Thai people, followed by B (33.4%), A (21.7%), and AB (7.4%) (NBC, TRCS 2007f: 9). In Rh blood group system, it can be divided into Rh-Positive and -Negative. Among the Thai population, 99.7% possess Rh-Positive, whereas Rh-Negative can hardly be found, i.e. only 0.3% (NBC, TRCS 2007f: 16-17; NBC, TRCS 1997: 13).

Blood can be donated in three ways, i.e. voluntary, non-remunerated donations, family/replacement donations, and paid donations (WHO 2009). Compared to the last two types, HIV, hepatitis viruses, and other ‘blood-borne’ diseases are least present in voluntary, unpaid donations and BDs whose altruism is their motivating factor, and regular, repeat blood donations provided by voluntary, non-remunerated donations can ensure adequacy of safe blood supplies (WHO 2009). Thailand is one of the countries

(i.e. Turkey and Uganda) where 100% of blood could be collected from voluntary, non-remunerated BDs in 2006 (WHO 2008).

Although Thailand can achieve a primary national blood collection policy which recruits safe, low-risk BDs through voluntary non-remunerated giving, according to the International Federation of Red Cross and Red Crescent Societies (IFRC) (2007: 4), Thailand is a nation that fails to achieve a balance between blood supply and demand, i.e. lower blood supply than demand. The next section will illustrate the current situation of blood donation in Thailand.

4.4 Current situation of blood donation in Thailand

From all the Thai population approximately 1.6% donates blood a year (PR&BDRD, NBC, TRCS 2007a). However, about 3-4% of the population needs to donate blood in order to create a balance between blood supply and the growing blood demand. The Chief, PR&BDRD and the former Director, NBC respectively underpinned this point as follows:

[It is] not enough, actually because we can do as much as we can. According to the statistics of the WHO, there have to be 35 BDs per 1,000 of the population. That means that over 2,000,000 [units of blood] is the amount of blood [we] have to collect. ... Per year, [we] have to collect over 2,000,000. But, nowadays we can do only 1,600,000. A total of 1,600,000 means 42,000 a month. [This is] the highest [number we] are able to do. According to the statistics collected

and calculated by the Distribution Unit, however, over 50,000 [units of blood] is the [most] efficient and required amount of [blood] that can be distributed.¹⁴

... In fact, we only want about 4-5% of the entire population. For example, of 100 people, we want four or five to be BDs. Of a million, we want about 40,000-50,000 people only. This is because, before using blood [collected], its quality has to be tested. ...¹⁵

As a result of this, Thailand is one of the countries threatened by occasional blood shortages. The present statistics illustrate that overall there is no absolute sufficiency of blood donations and supplies compared to blood requests throughout the fiscal year 2006 (1 October 2005-30 September 2006) (NBC, TRCS 2006a: 22). Apart from a smaller number of BDs than the WHO's estimate, the country is deficient in blood supply for two other important reasons. Not to give blood regularly but rather on special occasions, such as the birthdays of the Thais' beloved King Bhumibol Adulyadej and Queen Sirikit and on World BD Day, is most Thais' blood donation behaviour. The present Director of the NBC said that:

[We have] no adequacy of blood supply. [Blood request] has always been publicised [via a variety of mass media]. ... Patients use a steady amount of blood, approximately 1,500 units a day in Bangkok, whereas blood donation depends upon either BDs' frame of mind or the [current]

¹⁴ Phetwong (2007).

¹⁵ Nuchprayoon (2008).

trend [in society]. Consequently 2,000 units [of blood] can be collected some days, but 800 or 1,000 units [of blood] are possible at other times. If [we] can collect more than 1,500 units [of blood] a day, it] will be sufficient ...¹⁶

The following figure demonstrates the popularity of those exceptional events.

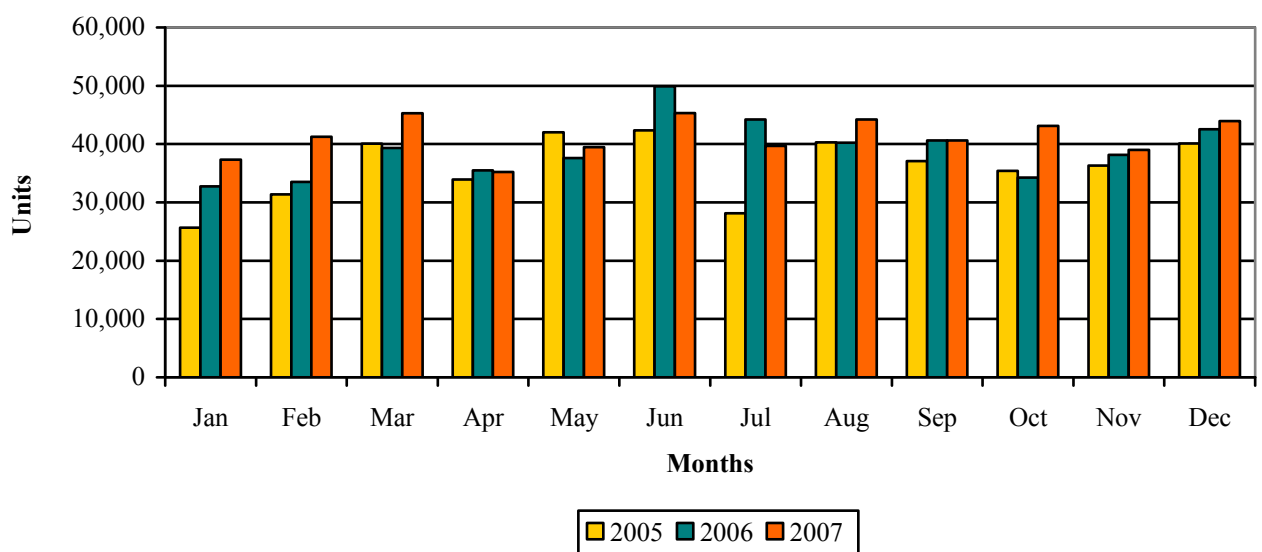


Figure 4.1 Comparisons of blood collections in the fiscal years 2005-2007¹⁷

Source: NBC, TRCS (2007b).

Figure 4.1 shows that, despite fluctuations in blood donation, there are only three months, i.e. June, August, and December in all three years, when blood supply exceeds 40,000 units and - almost- reaches the expected ceiling of blood collection, i.e. 42,000 units a month (NBC, TRCS 2007d; PR&BDRD, NBC, TRCS 2007a). Nowadays, the expected figure of blood collection in Thailand is 1,600,000 units of blood per annum

¹⁶ Phikulsod (2007).

¹⁷ NBC, TRCS (2007b).

nationwide. Of these, provincial collection amounts to 1,100,000 units, while 500,000 units are collected in Bangkok. The monthly requirement is 42,000 units, with daily collections estimated at 1,500 units, these being further divided into 600 for on-site and 900 for off-site collection (NBC, TRCS 2007d; PR&BDRD, NBC, TRCS 2007a). The prominence of blood donation in those months is because 14 June every year is World BD Day, when attractive activities are held to persuade Thais to donate blood. Due to the high respect in which the royal family is held as ‘the centre of Thai people’s hearts and lives’, most Thais are in addition happy to donate blood on 12 August and 5 December, which are the birthdays of HM the Queen and HM the King respectively.

The other substantial reason for failing to meet the required amount of blood collection is deferral because of the creation of rigorous criteria for BD selection in the interests of safety (Colgan et al. 2000, in Custer et al. 2004: 1417; Davey 2004: 597; Jalalian et al. 2008: 4685; Riley et al. 2007: 1180). As mentioned above, the IFRC (2007: 4) have set out the recruitment of safe, low-risk, and voluntary, unpaid BDs as a key policy of blood collection. The criteria generally involve appropriate body weight, suitable age, and good health (see more in NBC, TRCS 2009). This situation implies that the people lack understanding and knowledge of blood and blood donation, leading them to be unprepared for blood donation. The number of donors who have to delay giving blood is as high as 30%. Phetwong gave her opinion as follows:

... because it [the number of deferred BDs] is very high, almost 30%.

Have you noticed that of 100, there are 30 BDs who are deferred? Only

70 are collected. ... [There is] no readiness [among BDs]. ... In

meetings, everybody blames [us] for failing to collect the amount of blood as targeted.¹⁸

Figure 4.2 also demonstrates that, even if there are greater numbers of kind-hearted BDs from the years 2004 to 2006 than the current target established by the NBC, there is still a big loss of those potential BDs because of deferral.

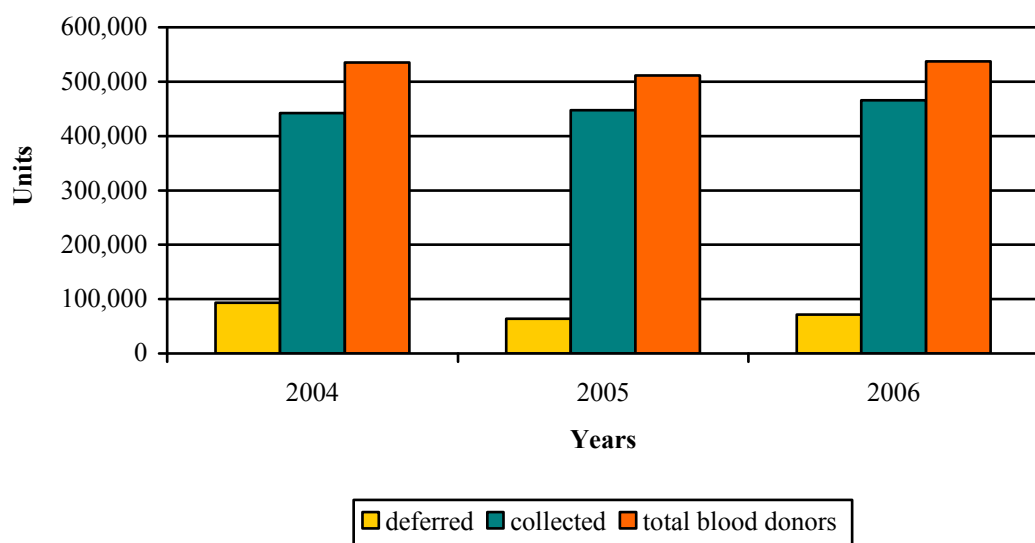


Figure 4.2 Comparisons of blood donors deferred, blood collected (unit), and total numbers of blood donors at the National Blood Center and at mobile units between the years 2004 and 2006¹⁹

Source: NBC, TRCS (2007c).

As shown in Figure 4.2, if those deferred BDs have knowledge of blood and blood donation, they can prepare themselves and possibly pass the standard required. In that

¹⁸ Phetwong (2007).

¹⁹ NBC, TRCS (2007c).

case the current, expected 500,000 units of blood in Bangkok can be more than achieved (see p.140-141). Those deferred BDs are equal to nearly one-seventh of the BD total. The most obvious reason for deferral is low levels of haemoglobin (HB) found more in previous BDs than their newer counterparts in all three years between 2004 and 2006 (NBC, TRCS 2007q). Together with low counts of HB, there is also a failure to qualify because of incomplete qualifications (NBC, TRCS 2007q). The role of providing blood collection services, raising knowledge of blood and blood donation, creating positive attitudes towards blood donation, and encouraging blood donation are central to the NBC. The following section will explore it.

4.5 National Blood Center

The NBC is an organisation which is directed by the TRCS. The TRCS was established in order to provide a wide range of social support and services (see p.1). In this section the brief history and origin of the NBC will be outlined, followed by its vision and mission, organisation chart and manpower, the CfRPVBD, and responsibilities.

4.5.1 History and origin

The concern for providing blood services in particular was [officially] developed in 1951 the 17th League of Red Cross Conference was held in Stockholm, Sweden. It resolved to establish blood services in a country based upon the principle of voluntary, non-remunerated blood donation (NBC, TRCS 1997: 1). Subsequent to the outcome of it, Professor Dr Chalerm Burananonda, MD, the Director of the Science Section, TRCS, decided on the construction of the Blood Service Unit in the Science Section of the Thai

Red Cross Council. With authorisation, blood services of the TRCS were founded on 18 January 1952 to comply with the decision of the International Red Cross Society. In 1963 the improvement of blood services in Southeast Asian countries covering Thailand received assistance from the French government. Following the visit of Professor Jean Barnard, an expert in haematology, Thailand was informed that personnel training and equipment to the value of 10 million Baht would be offered with the aid of the French government to implement the construction of the NBC. On 16 September 1965 the French government's support in the building of the NBC was accepted by agreement of the Thai Red Cross Council, and the TRCS was to be responsible for its management. On 24 February 1966 this agreement was approved, and the Council accepted that the Blood Service Unit should be separated from the Science Section and its name changed to the NBC, TRCS. Its first Director was Dr Burananonda. Over the past 20-30 years Thai blood services have significantly developed and expanded, especially in terms of quality and safety, and this has broadly been recognised by Thais and foreigners (NBC, TRCS 2008b; NBC, TRCS 1997: 1-3; TRCS 2008a).

4.5.2 Vision and mission

The NBC vision is to provide sufficient and quality blood services nationwide that meet international standards and reach the most outstanding level in the regions (NBC, TRCS 2008e; TRCS 2006a: 140). To achieve the organisation's vision, it is committed to providing an adequate supply of blood and blood components to patients nationwide, ensuring for the public a level of blood safety to identical standards nationwide, recommending blood products and any product regarding blood services, providing a particular group of patients with extra services (including stem cell services), and

promoting blood services which meet international and regional standards (NBC, TRCS 2007g; TRCS 2006a: 140).

4.5.3 Organisation chart and manpower

The structure of the NBC is shown below.

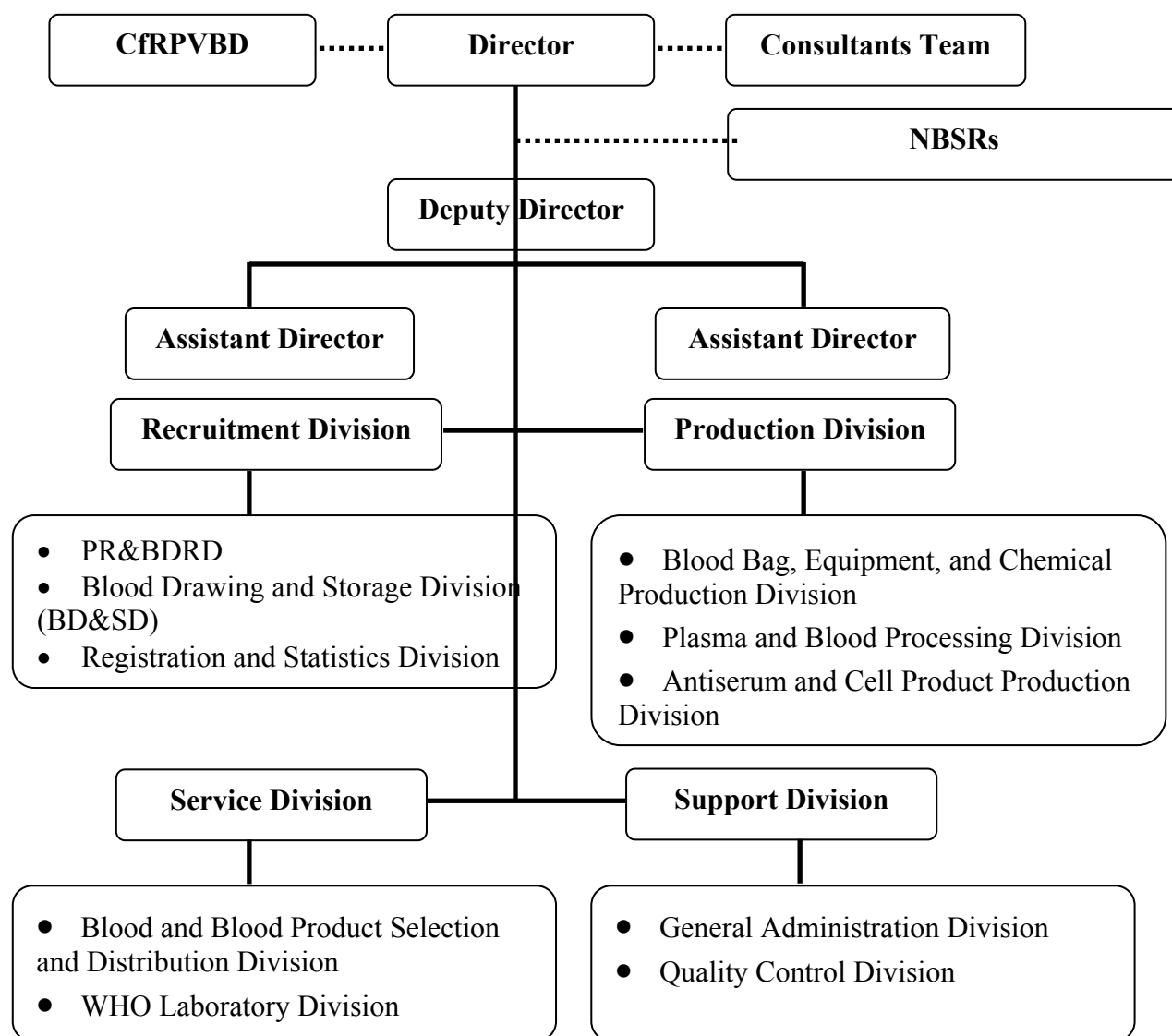


Figure 4.3 The National Blood Center structure and manpower

Source: NBC, TRCS (2008c); NBC, TRCS (2006a: 6); NBC, TRCS (1997: 7); TRCS (2008a).

Here the explanations of the PR&BDRD will be provided only because this Division has main relevance to my study. The PR&BDRD is responsible for planning outside blood collection and BD recruitment through contacting public and private organisations and the target audiences, building informed understanding among the public, so that they continually have an accurate knowledge of blood and blood donation and are willing to engage in blood donation, promoting awareness of new technologies concerning blood services through all forms of media, producing PR tools covering teaching media, and arranging academic seminars and creating campaigns encouraging the target audiences to recognise the value of blood services and increase their support (NBC, TRCS 2008d; NBC, TRCS 1997: 10; TRCS 2008a; information about other Divisions is available in NBC, TRCS 2008a; NBC, TRCS 2008d; NBC, TRCS 1997: 7-9; TRCS 2008a).

4.5.4 Committee for Recruitment and Promotion of Voluntary Blood Donors of the Thai Red Cross Society

Generally, the Committee's main responsibilities are to collect blood and provide knowledge of blood donation to the general public, so that they recognise the benefits of blood, especially in saving patients, and the safety of blood donation, and give advice and encourage the public to increase their attention to blood donation, so that the demand for blood to treat patients around the country can be met (NBC, TRCS 1997: 6). Under the CfRPVBD, there are the Fundraising Subcommittee, the BD Recruitment Subcommittee, the Academic Subcommittee, and the PR Subcommittee (NBC, TRCS 1997: 6).

4.5.5 Responsibilities

Nowadays, the NBC plays a vital role in gathering blood and blood products, so that they can be provided to public and private infirmaries in Bangkok and the proximate provinces, managing the production of blood drawing and storage equipment in order to facilitate its activities and distribute these products to blood service units nationally, generating blood-testing chemicals for its own use, NBSBs, and educational institutions nationwide, making plasma components, for instance, albumin and immunoglobulin to treat patients, drawing up practices and rules for blood service units nationally, aiding blood banks at hospitals in testing problematic blood groups and collecting blood groups, conducting short-term training for employees involved in blood banks, and being in charge of establishing the 12 NBSRs (NBC, TRCS 2008d; NBC, TRCS 1997: 4; TRCS 2008a).

4.6 Conclusion

Each country has its own geographical, social, and cultural dimensions. The same applies to the problems which might threaten the development of a nation. For Thailand one of the most pressing difficulties, to which this study pays close attention, is the question of blood shortages, that is, the availability of blood supply is lower than the demand for it, which can hamper the prosperity of the country due to the premature loss of valuable human resources before the appropriate time. Whenever a problem arises, it is the responsibility of an organisation to make every effort in order, at the very least, to reduce and, at best, to eliminate the crisis. However, the country is likely to have no problem in BD recruitment for voluntary, unpaid donation. In any case, the NBC,

which is under the TRCS, gets directly involved in this health issue in order to achieve its principal vision of providing sufficient and quality blood services nationwide that meet international standards and reach the very highest level in the regions and are able to cope with any problem they may encounter.

I shall then reveal all the findings of the study. In details, the consequences of the mixed methods of the semi-structured in-depth interviews and documentary research relating to PR strategies of blood donation in Thailand will be given in chapter five. Chapters six and seven will reveal the outcomes of the audience responses to blood donation which are based upon the scrutiny of the questionnaires and that of the focus groups.

CHAPTER 5

PUBLIC RELATIONS STRATEGIES AND BLOOD DONATION

5.1 Introduction

This chapter reveals the findings of the study relating to the first research question, i.e. how are PR strategies formed and addressed to influence the target audiences?. The findings of the chapter stem from the results of the information collected by the mixed research approaches of the semi-structured in-depth interviews and documentary research (see 3.4.1 Semi-structured in-depth interviews and 3.4.2 Documentary research). The study reveals that both informational and persuasive message strategies are delivered by the NBC through the controlled media, supplemented by the uncontrolled and personal communication channels, to reach its various target audiences. To be more effective in its reach, the non-profit organisation works in collaboration with its CfRPVBD and various external organisations. The PR strategies are shaped by internal, institutional, cultural, and financial factors and external factors, as well as by planning communication objectives and goals and the defined target audiences.

The key findings relating to the PR strategies which have been planned and used for promoting blood donation for the purpose of boosting the numbers of (regular, repeat

and first-time) BDs are portrayed in the sequence of a two-way, cyclical process of PR, which is the primary literature in this study (see all themes in Table 3.2). The reason for this is in order to have understanding of how PR strategies regarding blood donation in Thailand are created and addressed, as mentioned in 3.2 Relationship between the research questions, research methods, and research findings of the study. ‘Qualitative research questions are [also] broad questions that most often begin with “what” or “how.” Such questions concern process’ (Decuir-Gunby 2008: 128). More details concerning an analytical process of qualitative research and how the qualitative data in this chapter will be presented were available in 3.5.1 Analysis of qualitative research.

5.2 Findings of the study

How PR strategies are addressed to influence the target audiences or the third stage of a two-way, cyclical process of PR were considered, after analysing the organisation’s internal and external environments and its planning of communication objectives and goals and the defined target audiences as the first and second phases respectively, and feedback and evaluation which are such an important function for better communication are the final stage (Cutlip et al. 2000: 382; L’Etang 2008: 22-23; Wilcox et al. 2003: 167). The reason for addressing feedback and evaluation is to show how broad, non-systematic evaluation was conducted and relating to limitation of human resources, especially PR professionals (this issue will be discussed in 5.2.1.1.5 Human resources). Before beginning to demonstrate an analysis of the qualitative findings from the semi-structured in-depth interviews and documentary research, which will be explained under the two-way, cyclical process of PR, I will illustrate the findings relating to PR strategies of blood donation in Thailand in a diagram, which will be given in Figure 5.1.

Its aim is to make it easier to understand and follow what I will say subsequently in this chapter.

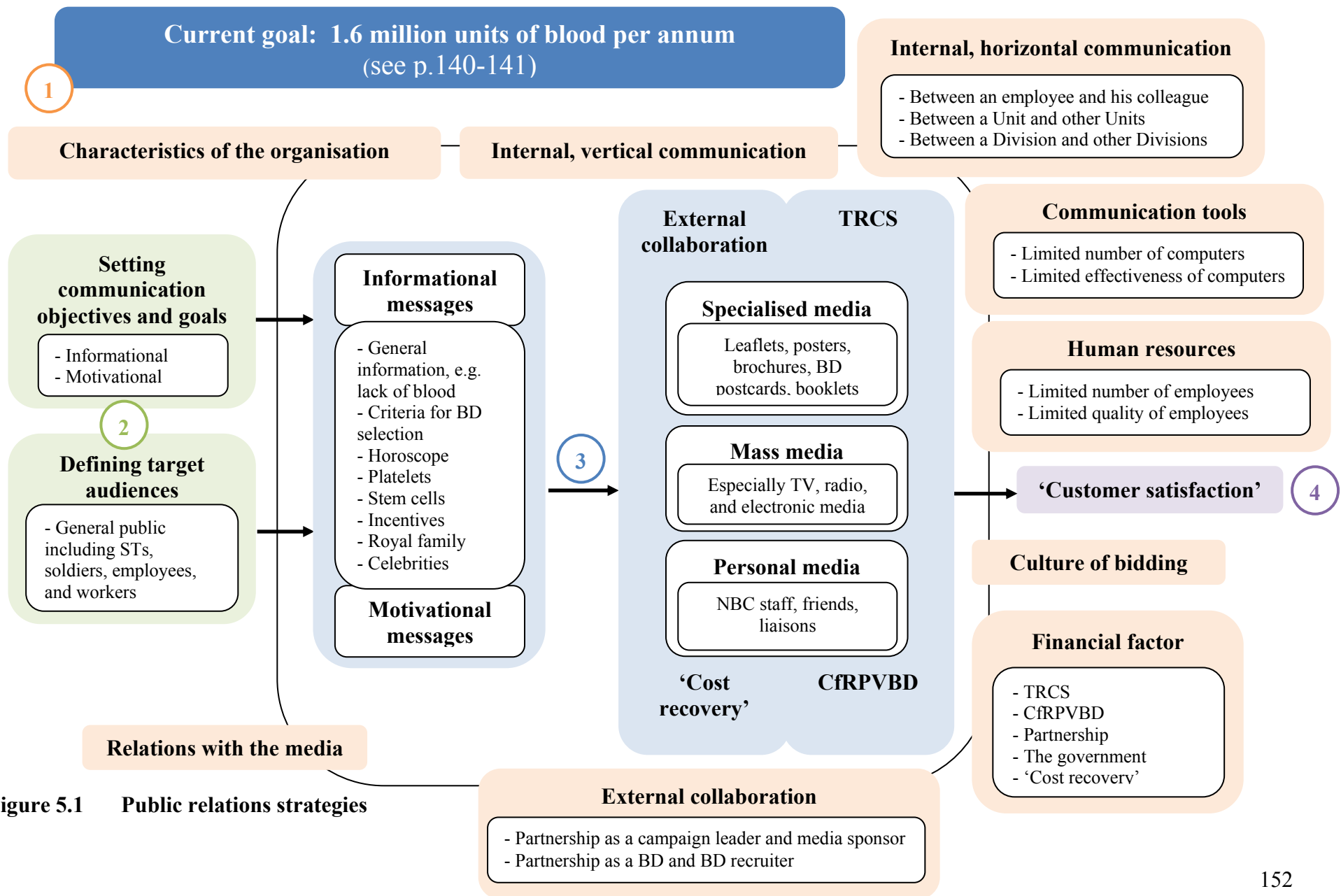


Figure 5.1 Public relations strategies

5.2.1 Understanding of the organisation

This section will introduce the analyses of internal strengths and weaknesses of the NBC, together with external opportunities and threats. In agreement with Cutlip et al. (2000: 350) and Miller and Williams (1998: 145), a non-profit organisation's domestic advantages and disadvantages include consideration of institutional, cultural, and financial factors respectively. In the study, the institutional analysis includes characteristics and structure of the organisation, internal communications (Cutlip et al. 2000: 350), 'basic communications equipment' and 'people' (Davis 2003: 37). Drawing on the analysis of the institutional aspect, therefore, displayed below is a map of characteristics of the NBC, internal, vertical and horizontal communication, communication tools, and human resources within the organisation. The NBC is also driven by the external opportunities of external co-operation and relations with the media. In turn, these chances can also be identified as a threat for the former and a weakness for the latter. What will be presented in this section was available in Table 3.2.

5.2.1.1 Analysis of the institutional dimension

To understand the institutional strengths and weaknesses of the NBC, this section will discuss its characteristics and structure, internal, vertical and horizontal communications, communication tools, and human resources.

5.2.1.1.1 Characteristics of the organisation

The NBC is a Bureau under the umbrella of the TRCS. The TRCS is one of the most credible organisations in Thailand. Its utmost credibility is through the grace of HM the King as Patron, HM the Queen as President, and HRH Princess Maha Chakri Sirindhorn as Executive Vice-President (TRCS 2006a). With the target of '*[n]onprofits distributing*' (Cutlip et al. 2000: 520) by giving health aids and social support (see details on p.1), it presents the TRCS as a great "charitable" and "voluntary" organisation (Cutlip et al. 2000: 521). Furthermore, Cutlip et al. (2000) stated that a non-profit organisation is '*[p]rivate*' (p.520) and '*[s]elf-governing*' (p.521), although it is funded by the government (p.520). The TRCS possesses these characteristics (all these TRCS characteristics were available in TRCS 2006a and see also 5.2.1.3 Analysis of the financial dimension). Instead Assistant Professor Dr Sittitrai pointed out that, in accordance with the vision of the Secretary-General of the TRCS, the Working Group for Planning and Strategy of the TRCS was '*[o]rganized*' (Cutlip et al. 2000: 520). He pointed out the importance of the Working Group as follows:

Making a continual plan is substantially realised by the Secretary-General. The plan should continually be done [and] should meet either international or national standards. So the continuity [of the plan] is the tactic. All Bureaus take part in [it]. Also the quality of the plan has to meet international and national requirements. Thus we have started to do the 2006 plan and the 2007 plan. For 2008 [plan-making] is considered a learning process of making a plan in order to build the potential of plan-making among the TRCS personnel. In the past, we

had no process of making the plan that was systematic and standardised throughout the Bureaus. There was the emergence of the problem of making [the plan] and [the plan] was not used. [This is because] there was no relation between the plan and budget or structure. We think that the proposed plan has to connect to budget and structure and [it] has to be used and evaluated. [It] is an issue that all organisations have to be involved in. But we have not constantly and systematically done [such a plan] yet. We have done [the plan] sometimes, but not continually. Or [we] have done [the plan] sometimes, but not systematically. ...

The Working Group took the responsibility of identifying key benchmark indicators, providing stability and standards throughout the entire organisation and to meet international requirements, giving a learning process to all TRCS employees, and managing budgetary stability and organisational structure and hierarchy. The Director of the S&PO also stated that the Working Group was composed of two employees from each Bureau of the TRCS and had in total 40 members.

Those characteristics of source credibility, an institution of great merit, governmental funding, and self-governance could be identified as the internal strengths of the NBC. Also the NBC has its own board of directors. In consideration of the NBC hierarchy (see 4.5.3 Organisation chart and manpower), it could be stated that the organisation possesses the form of the bureaucracy model which is 'Standardization!' (Robbins 2003: 434) (see more details on p.20).

Since decisions are centralised, there is very little opportunity for lower-positioned personnel to take a decision maker's role, which was the first disadvantage limiting PR strategies. Limited chances of taking this responsibility would be present in a limited situation. As proposed by Phetwong, whenever lower-positioned employees were assigned and whenever their decisions had no risk, the role of decision making could be taken on. Thus PR strategies could be limited, because in other situations decision making might involve several stages through having to follow the chain of command to reach a central person or a main decision maker.

What Robbins (2003: 434) defined about the bureaucracy paradigm: 'tasks that are grouped into functional departments', 'centralized authority', and 'decision making that follows the chain of command' (p.434) and what Bloisi et al. (2007: 92) explained about an organisational structure (see details on p.20), all this could indicate that internal communications, both vertical and horizontal, are important. Internal, vertical communication, 'centralized authority' and 'decision making that follows the chain of command' (Robbins 2003: 434) could refer to communication from the top management to the lower-positioned employees. However, voices from the bottom to the top are very important as they were considered to be '*one-to-one counselling*' (Oliver 2001: 11). The findings of the study demonstrated that the second drawback was the limitations of upward communication, since there was frequently downward communication instead. There was no awareness of the importance of PR and informational distribution. The discussions regarding lack of upward communication will be presented in 5.2.1.1.2 Internal, vertical communication. Along with this, due to 'tasks that are grouped into functional departments' (Robbins 2003: 343) and the statement of Bloisi et al. (2007: 92), internal, horizontal communication is necessary for

achieving the organisation's goals. Vertical communication is less powerful than horizontal one for enhancing good and close relationship and the smooth flow of data which are beneficial to the organisation itself (Bloisi et al. 2007: 363). However, disagreement between them can happen, which can be the third weakness. This issue will be demonstrated in 5.2.1.1.3 Internal, horizontal communication.

5.2.1.1.2 Internal, vertical communication

The failure to listen to PR practitioners' comments and a lack of concern for the necessity of PR and media issues which could influence PR strategies were reflected in three areas. Those were expressed and illustrated by the Chief of the PR&BDRD. Despite this having been pointed out to the managers, no standard policy on BD rejection was provided, and instead that information was 'devised' by NBC employees, for example, that BDs whose body weight was 50 kilograms or above could give blood when there was a greater number of one blood group than the others. Without one main policy set out by the central person, however, misunderstandings about blood and blood donation could be spread among the audiences. In terms of the PR&BDRD location, secondly, there was a failure that involved the Chief, as her office was still located on the seventh floor instead of the ground floor, which would be easier to facilitate audiences and disseminate information to them. For media policy, more importantly, the employees' voices in allocating the budget for media production and distribution by the NBC were ignored by the top-level managers. Unfortunately, the main media policy of the NBC is to seek for co-operation from external private and public organisations whose main policy is also to practise Corporate Social Responsibility (CSR). With

reference to the six policies that were set out by the Secretary General and revealed by a participant in the 24th CfRPVBD meeting, those policies comprised:

- 1) Awareness regarding blood donations and blood donation behaviour should be built and cultivated with young people. There should be collaboration between the TRCS and the Ministry of Education in promoting the issue of blood donation in the educational curriculum.
- 2) Effectiveness regarding the blood services of Provincial Red Cross Chapters and NBSBs should be strengthened.
- 3) A strong relationship with the government sector should be established, so that blood services can be effective and their goals can be achieved.
- 4) Effectiveness of NBSRs should be established, so that they would follow the same integrated implementation as the NBC.
- 5) There should be collaboration between the TRCS and the private sector and a network of Red Cross Youth volunteers for blood donations.
- 6) For high-level co-ordination, there should be the establishment of a national committee for requesting the co-operation of the public sector (A participant, NBC, TRCS 2007n: 5). More details are discussed in 5.2.1.4 External collaboration.

In relation to this, Phetwong illustrated her viewpoint concerning the top management not paying attention in the matter of providing a budget for media production and distribution:

Phetwong: If [it is necessary] to reduce the budget, [the media budget] will be the first to be cut. Supposing that the NBC

receives a billion Baht from the TRCS, the PR&BDRD only asks for a budget for media, and [we get] approximately a million Baht. The million Baht has to cover the whole country.

S.: The million Baht are spent throughout the country, [are not they]?

Phetwong: Yes, we have been able to survive until now because [we] use money from the CfRPVBD and from partnership, for example, some campaigns are supported by Thai Life Insurance [Co., Ltd.] or Siam Commercial Bank [Plc]. Or [Charoen Pokphand Group] CP helps the whole campaign of the ‘Thai Youth Gives Blood’ project. But for the budget provided by the TRCS, [we] ask for six million Baht. [However,] only just over a million can be given [to us].

S.: Why [does such a situation happen]?

Phetwong: They [The top-level persons] think that [a media budget] is not necessary. ... No. They see that all kinds of media can be incorporated. They do not think that [they] will invest in buying the media. There is no policy.

S.: Have you ever talked to the executives about this?

Phetwong: [I] have prepared a memorandum. [I] have written a report. But they are satisfied with what we do. The total sum [we] have to spend [for media production] is 20 million Baht. But all [i.e. media production and distribution] that has been launched has been entirely supported by [our partnership]. Yet they have never thought that they need to separate 10% of the

entire budget to carry out the work of PR. I think that they do not have to give money to the NBC, but they should [spend money] to make the public understand about the TRCS.

S.: What [is the TRCS]? What are its responsibilities?

Phetwong: They have never invested [in it]. They are still happy [although] the people understand that the TRCS is under King Chulalongkorn Memorial Hospital.

The sentence ‘[I] have written a report. But they are satisfied with what we do’ could indicate that, although the problem in practice might be seen by the lower-level employees, who very frequently ‘have a better understanding of’ a challenging difficulty (Hirokawa 1979: 86) and attempt to say something about it, the importance of this upward communication was not taken into account. Informational strategies could, then, be limited. Phetwong gave further reasons why her Division’s importance was not recognised. She said that resizing, which was firstly carried out within the PR&BDRD, was because it was a Division which could not bring in any revenue to the NBC.

At the same level, PR strategies were framed by the relationship between employees internally and Bureaus, or horizontal communication, which will be discussed next.

5.2.1.1.3 Internal, horizontal communication

‘To be effective communicators, practitioners need to have support from management and co-workers’ (Cho 2006: 563). Nonetheless, the necessity of internal, horizontal communication for the development of PR strategies seemed to be of no concern to the

NBC from a small to a large scale in this study. That meant shortages in collaborative rapport between an employee and others whose office desks were close and positioned in the same room, an absence of any shared bond between employees of a Unit and those of other Units within the same Division, and no reciprocal arrangement between a Division and other Divisions. This could cause obstacles to PR strategies.

The internal, horizontal communication and co-operation initially included the relationship between an employee and his/her colleague(s). Two employees, i.e. XXX (1) and XXX (2) of the PR&BDRD, who worked in the same room, were an example, as the department was heavily engaged in designing blood and blood donation messages and communicating them to the audiences through the selection of various communication channels. The findings revealed that the axiom ‘know the others and know yourself’ could indicate how effectively an employee or the immediate neighbours had performed for the purpose of enhancing the work flow, as there would be a relationship between them in their work. The interview extract showed the dissatisfaction of Phetwong, which could indicate that there was no rapport between these two employees.

The mutual relationship and team working between workers in a Unit and those of the others within a Division could also lead to the expansion of PR strategies regarding blood donation. Once again the PR&BDRD was taken as an instance. Under the Division there were several Units, consisting of the Public Relations Unit (PRU), BDRU, Special Project Unit, Audio-Visual Unit, and Communication Arts Unit (CAU). For instance, the PRU was required to give the BDRU co-operation/mutual aid, Phetwong said. The former primarily played the important role of 1) making of a PR

plan and building media relations, which included making a list of the press and analysing media content; 2) serving the audiences by providing information, raising knowledge, giving answers, and welcoming BDs through producing bulletin boards and training programmes; 3) designing PR messages for print and electronic media and the internet; and 4) working by following the International Organization for Standardization (ISO) (NBC, TRCS 2007k). Phetwong further explained that, through this Unit as ‘an information service giver’, the information, for example, announcing and informing the audiences and BDs about a shortage in the supply of blood, which blood groups were most wanted, general topics such as other related special needs, mobile units, and the NBC closing day, i.e. 1 January every year that would be delivered came from the BDRU, which was directly involved in 1) planning BD recruitment for collecting blood, blood components, and stem cells and 2) filing the data for contract review and management review, i.e. to review the demand for blood and blood components, give lectures about blood donation, contact and persuade Rh-Negative BDs and work by following ISO (NBC, TRCS 2007k).

At a larger level it could possibly reflect what Robbins (2003: 434) said about disagreement between a Bureau and other Bureaus which occurs due to their own professional skills. Lack of an inter-sectional relationship occurred, especially between on the one hand the PR&BDRD, which promoted good understanding and correct comprehension of blood and blood donation, construct good recognition of blood donation, and convince as many BDs and audiences as possible to give blood, by circulating blood and blood donation messages through a wide range of communication channels (NBC, TRCS 2007p), and on the other hand the other Divisions, for instance, the BD&SD as an indicator for determining the extent to which messages should be

distributed, i.e. there should be a balance between the number of information distributions and the ability to collect blood. Unfortunately, sometimes equality between both tasks failed. Emeritus Professor Dr Nuchprayoon firstly highlighted the importance of correspondence between the PR&BDRD and the BD&SD, and Dr Phikulsod later spoke of the loss of opportunity for collecting more blood due to constraints in the number of employees:

[Problems] can take place at every stage. Blood services are perceived as an activity. [For instance,] suppose that we provide too much publicity, which leads to too many people donating blood [and] the number of our employees [for blood drawing] is insufficient. Everything can happen. Thus everything should be based upon shared understanding, knowledge, and goals. There should also be a synergy between each other. If there is too much blood donated and [it] is not used, resources can be lost because every unit of blood involves a cost.

Sometimes we can encourage the people to donate blood, but [then] we cannot manage the [actual] blood collection. There is the limitation of human resources. Thus blood collection can emerge when there are the employees taking the responsibility for blood drawing ... [i.e. Thus blood collection depends upon a sufficient number of employees to do the actual taking of the blood ...].

Failure of communication between the PR&BDRD and the BD&SD could be perceived since sometimes there were a lot of BDs due to having too much (effective) PR, which

could indicate the professional skills of the employees in this specific Division, i.e. PR&BDRD; yet blood collection could then not be managed because the human resources for blood drawing and collection were limited. In turn, the assumption was that PR strategies were directed by a number of employees of the BD&SD.

It was not the fault of the PR&BDRD or those Divisions, but rather it stemmed from a failure in mutual, consistent, and shared communication between both of them. Informal arrangements for a weekly or monthly meeting, a seminar, a trip, working environment, and so forth, could be an appropriate alternative to bridge the gap and experience ice breaking for the purpose of increasing familiarity and understanding, not only between employees within and between Divisions, but also between top-level persons and other members of staff.

In relation to this, the findings agree with Davis (2003: 36-37) that, from a British study, 'people' (p.37) are a primary PR requirement for enhancing successful PR operation even if there was also a limit to monetary resources (p.36-37) (see 5.2.1.3 Analysis of the financial dimension). The further finding will be examined in 5.2.1.1.5 Human resources. '[B]asic communications equipment (telephone, fax, computers)' are another factor (Davis 2003: 37), which will firstly be discussed in 5.2.1.1.4 Communication tools.

5.2.1.1.4 Communication tools

In this study communication tools were in particular computers, whose number and effectiveness were limited, especially those in the PR&BDRD. Phetwong stated that

although the production of PR media and many other things was needed, ‘They [the top management] think that the PR&BDRD does not need to use technological appliances. [Unlike the WHO Laboratory Division, t]hus whenever computers are asked for, the request is not approved by the top management ...’. So ‘... We [the PR&BDRD] are always at the end of the pecking order. ...’. Nowadays old computers and not up-to-date and limited programmes were used. Accordingly, not only a sufficient number of computers, but also their proficiency were needed to facilitate PR strategies.

The next section will talk about human resources, which could be perceived both as the strong and weak points of the NBC.

5.2.1.1.5 Human resources

In consideration of what Davis (2003: 36-37) said, once again ‘people’ (p.37) are one of the important factors for driving successful PR work, in spite of having difficulties in financial resources (p.36-37). In this study human resources will be considered from two angles, i.e. the number of employees and the quality of employees, especially those in the PR&BDRD.

In terms of the number of human resources at the NBC, there was an inadequacy, which could affect PR strategies. Those employees were the ones who took the role of blood drawing (see p.163) and worked under the PR&BDRD. In the PR&BDRD, there was a limitation in human resources, especially in those who were full-time employees. Davis (2003: 37) mentioned that, because ‘interest groups’ have lots of volunteers’ contacts, the limitation of hiring a large number of PR professionals which some ‘interest groups’

might be facing could be solved by employing these volunteers (p.37). Although this difficulty was solved by hiring temporary employees who were volunteers, it caused double the problems, which could impact on PR strategies. According to Phetwong, the problem of insufficient full-time PR&BDRD employees was addressed by employing temporary volunteers. Nevertheless, this solution was ineffective for two reasons. Firstly, due to no stability of their working period, the PR&BDRD employees put them to work on general tasks. Some PR&BDRD employees, however, assigned these temporary volunteers to work in more detailed jobs, so having no idea themselves how they should work later could emerge among the PR&BDRD employees once those volunteers resigned. From this point, it could obviously affect consistency in not only general working tasks but also in informational distribution to the audiences.

In support of the quality of employees, especially PR professionals, it was mentioned by the Director of the S&PO that:

PR or the PR team of the NBC, at present, is the best [when] compared to other working Bureaus.

The PR&BDRD of the NBC nowadays was the best PR or PR team of the TRCS, compared to that of the other Bureaus, which could imply that that was the other strength of the NBC. Unfortunately, the ‘best’ was not evident in an examination of some actual practical performance, i.e. there was no message pretesting, no annual media plan, inactive media relations (see 5.2.1.5 Relations with the media), inadequate media distribution (see p.183), and insufficient broad and non-systematic evaluation

(see 5.2.4 Feedback and evaluation). The outcomes of messages and media strategies will be revealed in 5.2.3 PR strategies.

Vijaykumar (2008: 193) made a concluding remark that message pretesting is a vital stage for organisations in designing strategic messages for BCC. Unfortunately, message pretesting was not practised by the NBC and ‘... [The medium] has never been [tested]. ... [The medium] is [always] designed by [the employees of the CAU] themselves. ...’, the Chief of the PR&BDRD said. Feedback and measurements from co-ordinators or BDs provided an indication for guiding PR strategies (see 5.2.4 Feedback and evaluation). When PR strategies were thought and designed by the NBC employees themselves, blood and blood donation messages were straightforwardly distributed to the target audiences, with no message pretesting. The statement saying that press releases which should generally and practically be audience-oriented, not organisation-oriented should be produced, as accepted by PR persons (Cutlip et al. 2000: 332), was borrowed. Taking one of the most important factors of PR which is addressed by Wilcox et al. (2003: 6), namely ‘*public interest*’, however, designing blood and blood donation messages was not audience-oriented, but rather was organisation-oriented instead, due to no message pretesting.

In terms of no annual media plan, Phetwong also said that:

[It] is really direct. You can write [about this because] it is the weakest point of my Division. ... No, there is no year plan for media management. We do not have the year media plan because all work depends upon that part [the CAU]. Everybody is in a hurry.

She stressed that having no media plan per annum was the greatest drawback of the PR&BDRD. Consequently, there was no stability of media distribution, because there were no remaining copies of a particular version of a specific brochure, as again stated by Phetwong. Taking the words that Wilcox et al. (2003: 6) concluded as the most important concept of PR to be taken into consideration, namely that there must be ‘*deliberate ... planned ... performance ...*’ and ‘*management function*’ (p.6) it might be said that there being no arrangement for an annual media plan does not reflect this notion. This problem could impact on the continuity and consistency in the reception of messages that could later influence the raising of knowledge and motivating positive attitudes and actual performance among the audiences.

Lack of media and message management could be explained on two grounds, i.e. educational backgrounds and experiences of the NBC employees and lack of full potential of working and multi-skills as declared by Phetwong. She pointed out the importance of educational backgrounds and experiences in communication and PR as well as potential of working and multi-skills in order to understand what they should do to communicate effectively with the audiences and to work more effectively and creatively. The difficulty in lack of full potential of working and multi-skills could also be evident in considering the potential and creativity of PR practitioners (see p.167), which could be regarded as the other constraint.

In fact, the NBC has a great deal of opportunities building relations with the media as a non-profit organisation, however this chance was limited by the performance of the PR professionals of the NBC, which could limit PR strategies. All explanations regarding this point will be discussed in depth in 5.2.1.5 Relations with the media.

Consequently, notwithstanding the strength of being the best PR team, the weakness in institutional, cultural, and financial resources and media relations, and in the opportunities of external collaboration and media relations, could best be rectified by the self-study and self-development of the PR professionals of the NBC to improve their skills of ‘thinking out of the box’ in response to success and ever-changing situations or limitations in order to maintain itself as the centre of the dependency and of the policy which involved external collaboration, ‘knowing their way around the world’ to not only persuade people to donate blood, but also to give primary knowledge of blood and blood donation, and ‘having a nose for news’, as asked for by the persons who took charge of the policy maker, administrator, and practical head respectively.

The next internal indicator for generating the PR strategies of the NBC was its cultural perspective, which was, generally speaking, accepted by the organisation’s employees in the light of regarding ‘organizations as cultures’ (Morgan 1986, in Senior & Fleming 2006: 146).

5.2.1.2 Analysis of the cultural dimension

Within a series of collective organisational cultures, the culture of bidding, i.e. seeking a low price amongst the competition, was slowing the process of media production and distribution. This difficulty was mirrored by Phetwong that the process of preparation and approval for media production was completed, but losing time before the actual printing was caused by the bidding culture. This culture was perceived as a public system. She further stated:

Yes. Bidding has to compete with the factor of money. After [bidding], [we] can produce [the print media] at a very low price. Yet everything is completely done by us, [so] this also slows the process. We do the art work. [What we are looking for] is that they will receive the raw materials [from us] and bring them to design and finish on the schedule we expect. That should be the right thing for bidding.

There could be, then, no means of discontinuing this bidding culture, as it seemed to be a necessary competition to the NBC for gaining the best result. However, a policy of ‘cost-effectiveness’ should be prioritised instead. Generally speaking, cost-effectiveness refers to the agency’s ability in both media design and production to use NBC materials at a reasonable price, i.e. a low one, but maybe not the lowest, and professional aspects including management, scheduling, creativity, and punctuality. This transcript repeatedly displayed the prevalence of implementing downward communication. And it mirrored the importance of upward communication. The top management should provide an opportunity for a responsible person dealing with media design and production to offer his/her opinion on these matters.

In the three previous extracts (p.158-160, 163, 169-170), the implication was that the financial resources available dictated PR strategies regarding blood donation. This notion will be explained in the next section.

5.2.1.3 Analysis of the financial dimension

It seemed that the NBC had no problem with financial resources that might lead to difficulty in informational production and distribution, because there were in total five major sources giving the NBC financial support. According to the interview with the Chief of the PR&BDRD (see p.158-160), the organisation received money from three important sources including the TRCS, the CfRPVBD, and partnership. Likewise, there were two other important sources providing the non-profit organisation with money. As illustrated by Dr Phikulsod, the other two vital monetary sources were the government and so-called 'cost-recovery'. Specifically, the former was responsible for the NBC employees' income each month. The latter was the national social security system for GOs, private employees, and Thai citizens under the '30 Baht health scheme' or '30 Baht can cure all disease' project, which ensured that (the rest of) their medical treatment expenditure would be reimbursed by various organisations. Those patients would use such money to pay the NBC. This budget paid for the supplementary expenses of blood services, for instance, buying chemical solutions and equipment, developing PR and campaigning, and purchasing posters.

However, there were several situations that could indicate the limitation of the NBC's financial resources which later could shape PR strategies regarding blood donation in Thailand. Miller and Williams (1998: 124) said that 'The lack of financial resources imposes clear limits on the kinds of informational strategies it is possible to launch'. The extract of Dr Phikulsod (see p.163) could signify an 'indirect' problem of a financial nature in respect of PR strategies. Likewise, the experience of Phetwong (see

p.158-160, 169-170) could also indicate the 'direct' effects of a limited amount of money on informational distribution.

The reason why the monetary issue could indirectly impact on message dissemination was made clear by the view of Dr Phikulsod. It not only led to weaknesses in communication and a breakdown in building relationships between employees of the Division of information circulation and those of the Division of blood drawing and storage, but it also produced a failure on the part of the organisation's employees which stemmed from the limited monetary resources available to the NBC. Consequently it could be regarded as the other organisational disadvantage.

Because there was a significant and obvious antagonism between an increasing number of BDs and the remaining number of responsible employees that, as mentioned above, impacted on a number of informational deliveries, a participant of the 24th CfRPVBD requested support for proposing a plan to the TRCS executives to increase the number of employees to meet actual working circumstances (A participant, NBC, TRCS 2007m: 14). The participant also said that, for example, comparing the statistics in 1995 and 2006, the rate of employees rose only 7%, i.e. there were 323 employees in 1995, whilst there were 347 persons in 2006. By contrast, the growth of blood collection stood at 57%, i.e. 296,715 and 465,448 units of blood were collected in 1995 and 2006 respectively. So there had been a definite shortage in the workforce under the real circumstances (A participant, NBC, TRCS 2007m: 14). Phetwong also commented that, for off-site blood collection of the NBC there were only seven teams. From this viewpoint, the 'indirect' influence of financial resources is clearly demonstrated. A limited number of employees, which could be caused by a limited budget, led to

limiting the number of blood collections per year. As a result of this, it could signify that the number of message distributions was limited.

Nonetheless, Dr Phikulsod showed that a balance between consistency and permanence in blood and blood collection was the reason why the number of required personnel had to be a matter of deliberate thought. Unless there was equilibrium between the employees and BDs, the government could not provide any more support. In other words, the government played the role of a monetary source for the NBC by supporting its employees' income every month. If there were too many employees, support might not be maintained. However, in consideration of the real circumstances as displayed above and the NBC vision (see 4.5.2 Vision and mission), this should be seen as the most important reason for requesting an increase, not a large one but rather a small number of employees to be able to service appropriately the number of blood collections in today's situation. This, then, would lead to better PR strategies.

According to Phetwong's reflection (see p.158-160), the direct effect of financial matters on PR strategies resulted in establishing a media policy that required requesting support from external agencies (more information is given in 5.2.1.4 External collaboration). Because the top management thought that PR strategies could be assisted by such external organisations, a rather smaller media budget than reasonable (six million Baht a year) and actual (20 million Baht a year), collected by the NBC from the TRCS, was prepared for media production and distribution of the PR&BDRD. Likewise, if it was necessary, the media budget was the first to be cut, i.e. from the request for six million Baht, only approximately a million Baht was really invested in a year, and that amount was spent in Bangkok and nationwide. In the meantime, the NBC

rather heavily depended upon the CfRPVBD for media production and distribution. But the Committee played the role of NBC supporter, it was not the main actor. As indicated in developing a CfRPVBD fund, the target was to provide capital for PR and/or to arrange specialised activities for BD recruitment and promotion in the form of special programmes, extraordinary projects, and/or exceptional events such as production of PR tools and premiums for BDs (NBC, TRCS 2006c: S2, see also NBC, TRCS 2007n: 11; NBC, TRCS 2007m: 7). In consideration of the bidding culture (see p.169-170), this could also indicate that the limited money available was blocking PR strategies, because a printing agency that could offer a very low cost for printing and production was considered.

The findings in regard to the internal, institutional, cultural, and financial resources available to the NBC confirmed what Miller and Williams (1998: 145) concluded, i.e. ‘The financial, institutional and cultural capital of sources are important determinants of their capacity to shape media accounts’ (p.145).

External collaboration due to the era of CSR has been referred to several times previously. Its importance can be regarded at the same time as both an external opportunity and an external threat to the NBC, which will be displayed in 5.2.1.4 External collaboration. As stated above, relations with media outlets will likewise be seen as another opportunity and a weakness of the NBC. This issue, once again, will be described in 5.2.1.5 Relations with the media.

5.2.1.4 External collaboration

It has been accepted in this study that external coalitions and the CfRPVBD's affiliations had a large impact on PR strategies. They also had an influence on boosting the number of BDs. Phetwong advocated that the large support for blood donation came from the popular stream of CSR, which was established as one of the main policies of various external companies and could further encourage the surge in communication on blood donation to wider audiences. Of all available alternatives, blood donation was such a simple and obvious issue, compared to the other Bureaus under the umbrella of the TRCS. Because of its advantages, it could also again turn to a consideration of the volume of human resources because of the excess of work.

In turn, the display of philanthropic commitments could provide the perception of a good image and reputation for a particular institution. The current Director of the NBC also pointed out companies' recognition of CSR, particularly with the NBC, so that their good image could be established, i.e. there were not solely personal economic advantages, but social benefits were also perceived. Consequently no money was spent on some issues, especially information deliveries thanks to corporate assistance.

The findings disclosed that private agencies expressed their concern with CSR involving blood donation activities in two main ways, i.e. partnership as a campaign leader and media sponsor and partnership as a BD and BD recruiter. The full explanations will be presented in 5.2.3.2.2 What PR strategies 'others' actually carried out for the NBC.

Through organising and being involved in blood donation activities, their messages were automatically distributed by these firms' own internal mechanisms, with no effort on the part of NBC employees. Phetwong called this situation the 'pendulum'. As a PR professional, she was dissatisfied with her work, as not much information about blood donation was being disseminated from her Division. Or, success in PR strategies came from the incidence of the pendulum, which was based upon support from the co-operation of external institutions rather than the efforts of the PR professionals. In other words, blood and blood donation messages were spread not by the NBC's PR persons, but it was the effects of blood donation activities arranged by external organisations. The help of such organisations leading to greater reach of information of blood and blood donation will, once again, be available in 5.2.3.2.2 What PR strategies 'others' actually carried out for the NBC.

On the one hand, the popularity of CSR could aid the stream of blood and blood donation information from the NBC. It could on the other hand possibly reduce the level of improvement in communication strategies and the PR of blood donation in the sight of a PR professional, since in line with the executive's policy there was no need for investment in media production and distribution, but rather in the development of such relationships instead. As a substitute for spending the organisation's revenues, along with the benefits of CSR to obtain 20 million Baht as estimated for PR strategies nationwide, so that maximum media potential, coverage, and frequency could be achieved, it was a main policy that the budget that should appropriately be allocated for media was firstly resized and replaced with that of affiliations (see p.158-160), which made it impossible for informational and persuasive information to reach the audiences at a certain level. Therefore external collaboration resulting from CSR could directly

strengthen PR strategies at a certain level and could indirectly contribute to human resources, which later had an impact on wider and larger PR strategies. However, it did not reach the expected or possible degree, because using the option of asking for external support tended to close off any chance of obtaining the anticipated media budget, and it was set as the main policy in informational dissemination and media production.

The stream of CSR was seen as a ‘two-edged sword’. The opportunity and advantage of CSR was not only given to the NBC, but the benefits were also sometimes secretly taken by the private agencies themselves, including access to BD personal demographics, in order to distribute their own product samples at the same time, therefore, both hidden and open intentions had to be monitored in consideration of protecting BDs, according to Dr Phikulsod.

As discussed above, sometimes PR strategies would be more developed if there was equality between the policy of employing collaboration with external agencies and the organisation’s money management of information delivery to the different audiences, who had differences in message and media preferences. Whether the financial limitations can also be solved by the opportunity of building relations with the media or media relations will be discussed in the next section.

5.2.1.5 Relations with the media

Building media relations is one of the vital responsibilities of PR practitioners for the purpose of publicising their information (Wilcox et al. 2003: 242). Nonetheless, under

the circumstances of the NBC this responsibility was ignored. It, once again, could reflect the importance of ‘people’ (Davis 2003: 37) as a vital variable for producing effective PR work even with financial deficiencies (Davis 2003: 36-37).

Under the name of the TRCS, no matter what the organisation was, various media outlets took great delight in free-of-charge information distribution because it was a powerful non-profit institution. Likewise, it was widely known among the press that all employees who had worked there were basically benevolent and good-hearted. Phetwong referred to the advantages provided by this point:

S.: Because the TRCS is a non-profit organisation, is there any advantage or disadvantage for media relations?

Phetwong: [This issue] is the strongest point of the TRCS. The TRCS is one of the most powerful names. The employees here have several strengths. Because it is a non-profit organisation, [we] can easily get in touch with the media.

S.: And [media] help you a lot [, do they not?]

Phetwong: [We] can also ask for free [media time and space] because they know what we do. It is an advantage. Furthermore, although the employees do not behave in a good way, the employees’ minds in this organisation are ...

S.: [Are they] sensitive?

Phetwong: [They] are, generally speaking, kind- and gentle-hearted personnel. The people who work here have to be partly kind- and gentle-hearted. ... [This] is the strength of this organisation.

[We] are good at the intangible issues. But with the tangible issues such as the active strategies, [we] fail.

The last two sentences could imply that the image of being a non-profit organisation with sympathetic and generous employees was noticed by media personnel. Wilcox et al. (2003: 242) also said that, unlike private companies, the intention of just informing the publics, not of selling products and/or services without paying for the space or time was recognised by journalists when news releases were distributed by non-profit organisations, therefore, theirs could be published. Nonetheless, even if the NBC had a great, open chance of media relations and of obtaining the press's assistance, the opportunity was not taken. Phetwong, then, said that despite having the means to create articles, distribute statistical reports and updated information such as Nucleic Acid Testing, setting a new budget and changing goals for an expected number of stem cell volunteers, and arrange press tours such as the safety of blood donation at the NBC in order to gain more media attention and interest as well as more awareness of blood donation issues among the audiences, none of this had been done, only passive press releases were issued.

In the two-way, cyclical process of PR, communication objectives and goals and the defined target audiences are planned. In relation to PR strategies regarding blood donation in Thailand, these will be revealed in 5.2.2 Communication objectives and goals and diverse target audiences.

5.2.2 Communication objectives and goals and diverse target audiences

A variety of messages regarding blood and blood donation were distributed through a variety of communication channels to the target audiences for ‘informational and motivational’ purposes (Wilcox et al. 2003: 150). In other words, the NBC’s target was to raise awareness and stimulate accurate knowledge of blood and blood donation, and motivate regular, repeat and first-time blood donations. Understanding of blood and blood donation among the target audiences was the most important task. The Chief of the PR&BDRD stated that, whether or not actual blood donations were performed, the people must have knowledge of blood and blood donation, according to both the NBC and IFRC principles. Below is how she emphasised this point:

... It is not only the policy [of the NBC], but also the principle of the IFRC. Whether [it results in] blood donation or non-donation, [the people] have to have awareness. If they have correct knowledge of blood, [it] is sufficient. If they have problems about health, inconvenience, readiness, [or] no place available for blood donation, [it] will not matter. But [the people] must have understanding of blood, and we have been attempting to achieve [this]. Nevertheless, the most we can do is the production of brochures, posters, and radio spots. ...

Raising knowledge of blood and blood donation was very important, even if no blood donation was made for various reasons, because having understanding could prepare the audiences and provide an opportunity for them to consider giving regular, repeat and first-time blood donations some times in the future.

To raise understanding and motivate attitude and behaviour change, designing messages and selecting modalities was based upon different target audiences. Vijaykumar (2008: 193) highlighted the ‘understanding of the target audience’ as a vital factor for BCC. Emeritus Professor Dr Nuchprayoon said that, depending upon the goals of ‘broad’ and ‘target’ PR, the target audiences were divided into the public and ‘target’ who were STs, soldiers, employees, and workers. Along with this, Phetwong included the general public, factory workers, STs, and employees as the target audiences. What kinds of PR strategies are addressed to reach a range of target audiences will be disclosed in the section on communication and implementation.

5.2.3 Public relations strategies

Along with considering the responsibilities of the PR&BDRD (see 4.5.3 Organisation chart and manpower), a participant concluded that it is important to 1) have a PR plan and a BD recruitment plan; 2) do internal and external PR; 3) produce PR media and ask for the co-operation of all kinds of mass media; 4) organise a special campaign to stimulate an increased number of blood donations; and 5) give information services to the target audiences who wish to know about the blood donation service (A participant, NBC, TRCS 2007n: 7). In consideration of the internal and external environments of the NBC and its communication objectives and goals and the target audiences, what PR strategies the NBC actually followed will be presented in 5.2.3.1 Message strategies and 5.2.3.2 Media strategies.

5.2.3.1 Message strategies

As mentioned previously, to raise awareness and establish knowledge of blood and blood donation and motivate attitude and behaviour change, blood and blood donation messages were designed to reach the various target audiences. Phetwong cited the words of her former Director that:

...there are millions of people, [therefore] we have to say millions of words. We cannot speak just once through communication channels and [expect] the millions of people to understand.

To make people understand blood and blood donation issues, messages had to be distributed consistently and repeatedly.

Along with informing the audiences and BDs about an inadequacy of blood supply, which blood groups were immediately needed at present and other information about mobile units and the NBC closing day (see 5.2.1.1.3 Internal, horizontal communication), Phetwong discussed what kinds of messages were selected for building understanding of blood and blood donation among a variety of the target audiences as mentioned above. The Chief of the PR&BDRD said that informal messages such as criteria for BD selection, horoscope, and the like were prepared for the general public and for people who worked in factories. By contrast, for those who had gained a higher level of understanding of blood and blood donations including STs and employees, sophisticated messages, for instance relating to platelets and stem cells, were selected. If it is a group of STs, the set of releases entitled ‘Thai Youth Gives

Blood' project will be transmitted. Although the target audiences were predominantly divided, there could be difficulty in reaching them because media users and providers, i.e. the PR&BDRD employees, had no concern about and knowledge of what kinds of messages were appropriate for a particular group. This could also reflect the personal background and experiences of the PR professionals of the NBC (see 5.2.1.1.5 Human resources).

A variety of informational PR materials were actually produced to provide such knowledge of blood and blood donation. Some examples were shown in Table 5.1:

Table 5.1 Examples of the informational public relations materials

Type	Brochure	Booklet
Source	NBC, TRCS	
Document	2006b 2006d 2007h 2007i 2007j	2007f 2007o 2007p

Not only messages providing information, but also those with persuasive and motivational content were discussed. These messages mainly included incentives for blood donation, i.e. Red Cross Awards medals and the credibility of the source, including the beloved royal family and celebrities.

In terms of incentives, Wilcox et al. (2003: 222) stated that 'a tax deduction' can be an effective message strategy for charitable organisations. Even with small ones, several studies have revealed the importance of incentives, no matter what form they take (e.g. Olaiya et al. 2004: 16; Shahshahani et al 2006: 407; Sojka & Sojka 2008: 59).

Phetwong was also concerned about the necessity of incentives and said on this point that:

... Moreover, the Red Cross Awards medals [are one of the main persuasive tactics] to display BDs' identity. Media channels are obviously required to [present such a promotional strategy and] support the work of [BD] recruitment, along with retention, and recognition as a package. It is the main function of marketing. ...

The value of making use of this kind of message was that it went along well with the marketing strategy for recruiting BDs and continuing and being aware of blood donations, the so-called package of BD recruitment, retention, and recognition. Her notion was confirmed by the suggestion of Devine et al. (2007: 255) namely that, to make BDs proud of blood donation and keep their blood donations records, incentives, for example, 'the donor card, donor pins and awards, milestone cards and certificates' should be given (p.255). The Red Cross Awards medals that Phetwong had in mind consisted of the first, second, and third levels, which represented 100th, 75th, 50th blood donation respectively (NBC, TRCS 2006b). Apart from these, special and commemorative pins were marked with the frequency of blood donation at the first, seventh, 16th, 24th, 36th, 48th, 60th, 72nd, 84th, 96th, and 108th occasions, and they depicted priests and neophytes decorated with ranks of palmleaf fans varying according to the number of blood donations (NBC, TRCS 2006b). Along with these commemorative pins, there were privileges of medical treatment (NBC, TRCS 2006b) and a wide range of promotional tokens of appreciation given in yearly events. For example, yellow t-shirts were given to the people on World BD Day and World Red

Cross Day. Additionally, picture frames and stickers as World BD Day ‘Celebrating the Gift of Blood’ 14 June 2007 were awarded on World BD Day. For Rh-Negative activities, BDs received pin buttons (NBC, TRCS 2007a).

For source credibility, both the Thai royal family and celebrities’ ‘*expertise*’, ‘*sincerity*’, and ‘*charisma*’ (Wilcox et al. 2003: 218, see also Hallahan 2000: 468; Marsh 1992) were recognised by the NBC as gaining the target audiences’ attention. In other words, such people were perceived to be experts on blood donation, generating belief in what he or she was speaking about, and presenting an image of proficiency and leadership (adapted from Wilcox et al. 2003: 218).

The Thais’ beloved royal family, moreover, as ‘the centre of Thai people’s hearts and lives’ is widely accepted among them, since a democratic system with the King as head of the state is the system of government in Thailand (see 4.2 Overview of Thailand and its social and cultural context). And HM the King is the Patron, HM the Queen is the President, and HRH Princess Maha Chakri Sirindhorn is Executive Vice-President of the TRCS (TRCS 2006a). Phetwong clarified the value of the royal family:

... Whenever [we] produce radio [or] television spots, [they are about] using persuasion to make blood donations to give to HM the King. Everybody comes [because] they want to donate blood for HM the King. They are unconcerned about anything [else]. They know only how old they are [and] how much body weight they have [and] they know that they are ready, then they come to donate blood for HM the King.

‘... to donate blood for HM the King’ could effectively convince Thai people to give blood even if they might possess little knowledge of blood and blood donation. Any connection with the royal family therefore results in success in terms of encouraging donations, charity and aid. The necessity of the institution of royalty was featured on various PR tools, for instance, an image of HM the Queen and her honourable statement were placed on NBC, TRCS (2006b), and a logo saying ‘For the beloved King, [we all should] donate blood’ was positioned on NBC, TRCS (2007p).

The perception of celebrities’ ‘*expertise*’, ‘*sincerity*’, and ‘*charisma*’ (Wilcox et al. 2003: 218, see also Hallahan 2000: 468; Marsh 1992) was further noted by the Chief of the PR&BDRD:

For ‘Nadia’ [Vichita Nimitrewanich] or ‘M’ [Apinant Prasertwattanakul], they are like testimonials. They are actual BDs. They can be used centrally. That is to say, everybody can donate [blood]. Children should recognise that celebrities who donate [blood] are not fat. [This is] because children are sensitive. They are scared. Women are scared of [blood] donation. Or women generally recognise [that blood] donation can make [them] fat. We think that celebrities can help us to build understanding of this matter. Actual [blood] donation does not make [the audiences] fat [because] it depends upon each individual’s eating behaviour. [The use of celebrities] is to emphasise this point.

All celebrities who were used as a medium's presenter were actual BDs, i.e. they had actually donated blood. It was also thought that whatever celebrities said and performed could make the audiences, especially children and women, believe, and it could solve the difficulty of being fat, resulting in blood donation. Thus they should be attractive. Some examples were as follows. On the front page of the NBC, TRCS (2006b) was a picture of a celebrity widely known as 'M'. On the NBC, TRCS (2007p), it was a picture of 'Nadia'. The image of 'Beam' Kawee Tanjararak and his mother was placed on a cut out and banner as well as on a premium given on World BD Day 2007 (NBC, TRCS 2007a).

Due to CSR, as stated above, the NBC was given support from various partnerships as a campaign leader and media sponsor. As a result of this, some external organisations caused a problem in media production. Phetwong explained this point that the NBC was responsible for message design, while partnerships assisted in media printing. However, designing messages could be performed by such partnerships because colours in particular were changed in line with the organisations' specific colours, for example, from yellow or orange to blue.

In consideration of the aims, 'the audience', 'the message', 'the element of timeliness', and financial resources (Newsom et al. 2000: 334), the kinds of communication channels selected to distribute blood and blood donation messages to reach the target audiences will be illustrated in 5.2.3.2 Media strategies.

5.2.3.2 Media strategies

The kinds of media strategies used to convey such informational and motivational messages of blood and blood donation involved multiple means of controlled, uncontrolled, and personal channels. Controlled media were, conversely, primarily used and supplemented by uncontrolled and one-on-one modalities. Evidence could be seen in the extracts shown (see p.180, 185) and the following information which, once again, was provided by Phetwong (see p.194). It is also widely agreed by many health communication scholars and studies in this field that multichannel outlets should be used (e.g. Buckley et al. 2008: 681; Chen 1992: 59; Flora 1992: 87; McCallum 1992: 127; McDonald 1992: 132; Peterson et al. 2008: 432). In the area of blood donation, in spite of no obvious evidence supporting the internet's success in raising knowledge of blood and blood donation and encouraging understanding of voluntary, non-remunerated BD recruitment in the target audiences, for the purpose of safe BD recruitment the internet can be effective when it is used in addition to interpersonal communication and specialised materials such as catalogues and posters, brochures, together with mass media such as television, radio, and newspapers (Jalalian et al. 2008: 4685-4686). Although the NBC had faced numerous problems, its PR works were largely carried out by its CfRPVBD and external collaboration (see p.158-160).

To enlarge the point mentioned above, although the PR&BDRD had encountered such institutional, internal factors including working environment, communication tools, and human resources, bidding culture, and financial resources of approximately a million Baht and some 'cost recovery' leading to the limited flow of blood and blood donation messages, all the informational and motivational materials were launched amid such

problematic circumstances. The NBC was, nonetheless, fortunate because it has the CfRPVBD and the co-operation of various external public and private sectors to compensate for the organisation's weaknesses and make use of its strengths and opportunities as appropriate. What media strategies were pursued by the NBC itself with no assistance from such two concerned parties will firstly be shown. How PR works are helped by the two concerned parties will be discussed afterwards. Because financial resources must again be mentioned and discussed in the following parts, it is noteworthy here that money received from the government will be excluded because it obviously is used for the employees' monthly salaries, therefore it did not produce any effect on PR strategies.

5.2.3.2.1 What public relations strategies 'the National Blood Center' itself actually pursued

This section shows what the NBC itself carried out for the delivery of blood and blood donation messages in challenging situations. They were, again, conveyed through the use of multiple means of communication with greater use of specialised controlled channels rather than through mass media or personal channels.

A wide range of specialised media including posters, brochures, leaflets, BD postcards, and booklets (see p.180, 194) were the most appropriate communication alternatives for the delivery of such blood and blood donation messages. According to the transcript of Phetwong, no matter what the outcome, i.e. either blood donation or non-donation, having understanding of blood and blood donation is the most important factor (see p.180). It is agreed by Hallahan (2000, in Wilcox et al. 2003: 165) and Gummersbach

et al. (2010: 412) that controlled media are a valuable means of raising awareness and increasing knowledge of a particular matter. They also can encourage people recognise the importance of a campaign (Gummersbach et al. 2010: 412).

With the external opportunity of establishing relations with the media and the responsibilities of the PR&BDRD as well as reaching a mass audience, although the potential and the capability of the PR professionals of the NBC were complained about (see p.165-168), a variety of blood and blood donation information was distributed to the media by sending out the important PR tool of (inactive) press releases and asking for their co-operation. For example, '*TRCS produces the watch 'Time is important for lives' for HM the King's 80th Birthday Celebration*' (PR&BDRD, NBC, TRCS 2007b) given to the media in the conference on this regard. '[A] steady stream of press releases ...' (Vaitilingam 2001: 5) and 'press conferences or press releases' (Viswanath et al. 2008: 759) are the important PR tool for building media relations. Raising knowledge and responding to a wide range of questions and giving people spaces for sharing data are the natural characteristics of uncontrolled media including the traditional channels and the new, interactive medium respectively (Hallahan 2000, in Wilcox et al. 2003: 165). Since the popularity of the internet, by which information could be distributed as not as much problem of time and space constraint (*PR Reporter* 1999, in Wilcox et al. 2003: 265), some informational messages about blood and blood donation were also available online on the website under the name of the TRCS, i.e. www.redcross.or.th.

Prior to discussing the personal media for distributing blood and blood donation information, the reasons for less use of the mass media than of their specialised counterparts will be presented. There were three important reasons leading to this

result, and these were, once more, articulated by Phetwong. The first reason was that investing in producing full television and radio spots was kept to a minimum due to their high costs. Coleman (1992: 63), Stewart (1992: 160), and Quera 1973 (in Newsom et al. 2000: 335) stated that the expenditure of, for instance, television time and production is not cheap. The next reason concerned the fact that, despite the messages being aired, they were ineffective because they were broadcast during the off-peak period, i.e. between one and two o'clock in the morning. Finally, not only no update on such domain had been carried out yet, but the NBC website per se also had not yet been completed. In addition to this, Short Message Service (SMS), i.e. texting, was planned to be used, however such electronic genre's potential was not fully utilised.

In terms of interpersonal communication, it was obvious from the words of the current Director of the NBC (see p.169) and the Chief of the PR&BDRD (see p.157) that NBC employees were one of the most important sources of blood and blood donation information. Not only internal employees but also external persons stemming from the help of various external institutions (their details will be discussed in 5.2.3.2.2.2 External collaboration) played the important role of tailoring blood and blood donation messages. Through 'Thai Youth Gives Blood' and the 'Club 25 of Thailand' projects, friends were used as an information source (see more details of the projects in 5.2.3.2.2.2.1 Partnership as a campaign leader and media sponsor). Links with such organisations, or more generally their representatives, were also the other personal channel that the NBC used to widen distribution of blood and blood donation messages and reach a specific audience. Among these persons knowledge of blood and blood donation was built via Training for Trainer, Phetwong stated. 'Public communication campaigns can be very effective at stimulating interpersonal communication,' said

Valente, Poppe and Merritt 1996 (in Valente 2001: 118). Even in the circumstances which actual practices can hardly be convinced and in persuasion models, the role of interpersonal communication can help convince and change attitudes and behaviour (Austin & Pinkleton 2001: 324) because both verbal and non-verbal expressions as well as interaction in terms of enquiries obtained and answers provided are facilitated through having conversations with persons, and this leads to the certainty of understanding of the messages and the giving of amendments (Austin & Pinkleton 2001: 323-324).

The next section will explain and expand on how much ‘others’, including the CfRPVBD and the partnership, help the NBC’s PR strategies.

5.2.3.2.2 What public relations strategies ‘others’ actually carried out for the National Blood Center

‘Yes, we have been able to survive until now because [we] use money from the CfRPVBD and from partnership, ...’, expressed Phetwong. Their importance will be presented in 5.2.3.2.2.1 CfRPVBD and 5.2.3.2.2.2 External collaboration.

5.2.3.2.2.1 Committee for Recruitment and Promotion of Voluntary Blood Donors of the Thai Red Cross Society

According to the statement shown above, it confirmed the notion of Miller and Williams (1998: 124), namely that ‘The lack of financial resources imposes clear limits on the kinds of informational strategies it is possible to launch’ (p.124). The financial

difficulty, nevertheless, has been lessened by the CfRPVBD and a reasonable budget of around six million Baht, the sum requested by the PR&BDRD for carrying out its PR tasks, could be achieved with the help of the CfRPVBD. A participant said that based upon the statistics of the NBC, an amount of approximately six million Baht is annually requested for (A participant, NBC, TRCS 2007m: 7). About 3.8 million Baht was provided by the Committee for PR work (A participant, NBC, TRCS 2007m: 10). Such money comes from establishing a CfRPVBD fund which, once again, would constitute financial resources for supporting the work of the NBC, including the PR&BDRD, for the ultimate purpose of achieving the expected goal of 1.6 million units of blood collection (see p.140-141).

The information relating to external co-operation will be discussed in the next part of 5.2.3.2.2.2 External collaboration.

5.2.3.2.2.2 External collaboration

The term ‘external collaboration’ in this part will include partnership of the NBC itself and that of the CfRPVBD. As briefly mentioned above, the flow of blood and blood donation messages was through collaboration with external public and private sectors which was seen in two variations, i.e. partnership as a campaign leader and media sponsor and partnership as a BD and BD recruiter.

5.2.3.2.2.2.1 Partnership as a campaign leader and media sponsor

Phetwong also mentioned that some campaigns were driven and contributed to by outside firms such as the ‘Thai Youth Gives Blood’ campaign, which was sponsored by CP, and other programmes had been aided by Thai Life Insurance Co., Ltd. and Siam Commercial Bank Plc. The on-going ‘Thai Youth Gives Blood’ campaign is continually sponsored by CP. Its objectives are to encourage Thai youth as a focus centre for persuading people nearby to donate blood (TRCS 2006a: 144). The one that has been co-operated on by Thai Life Insurance Co., Ltd and Thai Red Cross Youth Bureau, TRCS is the ‘Club 25 of Thailand’. Its expected goal is to have no fewer than 500 members whose age is between 17 and 25 years old in the campaign. It also encourages no less than 25% of all the education institutes where blood donation activities have been organised to organise their own Youth Volunteers Club and Club 25 in the year 2008 (NBC, TRCS 2007l: 9).

Phetwong additionally highlighted that media outlets, for example, the National Broadcasting Services of Thailand (NBT), were among the important media sponsors.

[Leaflets] are included with posters, brochures, and BD postcards. For radio and television, we have paid for production costs. Just as [we] ask for co-operation [, for instance, we] ask the NBT to do a master [tape]. [By using the master,] other copies are produced and distributed. [We] do not do a perfect production [because] millions would be spent. ...

The NBT had been requested to provide a master tape, not the entire media production, which would have involved spending a huge amount of money. Later copies of the master tape were produced for other interested parties.

Although informational and motivational materials were prepared by the PR&BDRD and these were produced by various external organisations, causing the colour bias in the print media, as discussed above (see p.187), in fact, the NBC received the help of such partnership, for example, Siam Commercial Bank Plc, Bangkok Bank Plc, Thai Life Insurance Co., Ltd., CP, and Cerebos (Thailand) Co., Ltd. in producing such informational and promotional print materials, so that there is an increase in consistency and concentration as well as in wider distribution and reach, not only in Bangkok but also in other provinces throughout the country (A participant, NBC, TRCS 2007m: 10). For example, the NBC, TRCS (2007j) brochure was helped by Thai Life Insurance Co., Ltd. The brochure and poster for the *Donor care: Plus one for beloved king saves more lives* campaign was produced by Bangkok Bank Plc (NBC, TRCS 2007a).

In relation to the point made in the CfRPVBD, additionally, although money contributed by its partnership was not obviously seen in the format of partnership as a campaign leader and media sponsor, their money donated was collected for the CfRPVBD fund, so that greater NBC work, and especially PR work, can be encouraged and developed.

5.2.3.2.2.2.2 Partnership as a blood donor and blood donor recruiter

Many organisations were willing to join blood donation activities. The institutions included communities, companies, military forces, universities, colleges, and media outlets, for instance. A partnership's BD recruitment could not only provide the NBC with an opportunity to increase its membership and the amount of blood, but it also helped to raise correct awareness of blood and blood donation (PR&BDRD, NBC, TRCS 2005-2006: 3) as well as spread and publicise blood donation news and announcements among their internal employees and through their own media channels and media relations, for instance, Royal Thai Army, the Church of Christ in Thailand, *30 Young Jaew* [Intelligence, Even Thirty Years] programme, Thai TV Color Channel 3, Talaadthai, and ITV television station²⁰ (A participant, NBC, TRCS 2007n: 10), which could reach audiences nationwide. With the aid of the BD Recruitment Subcommittee under the CfRPVBD, many organisations including temples, Bangkok Metropolitan Organisation, educational institutions, private banks, retailing businesses, other governmental organisations, and private sectors had been enlisted and assigned to arrange blood donation activities once a week from Sunday to Saturday as appropriate. The Subcommittee's media relations could also promote the distribution of blood and blood donation information with no charge through *Rueng Den Yen Ni* [Outstanding News This Evening] programme, which was a very famous news programme in Thailand and the 106 FM radio station (NBC, TRCS 2007l: 11). How far messages were conveyed to the wider audience through the partnership as a BD and BD recruiter could be seen in the total number of arranging blood donation activities in 2005 and 2006, i.e. 2,595 and 2,527 (PR&BDRD, NBC, TRCS 2005-2006: 59). Despite the

²⁰ ITV was a formal name of the Thai PBS presently.

financial limitations of the PR&BDRD, greater success, if not much work of the PR&BDRD, was provided (p.158-160) by CfRPVBD and partnership.

At the end of the process evaluation is significant, and whether or not its importance is taken into consideration by the NBC is discussed in the next section.

5.2.4 Feedback and evaluation

The importance of feedback and evaluation was to give organisations an opportunity for reflection on the extent to which their work is being operated, how they can be furthered or assisted in promoting the organisations' cultural change, so-called '*organizational surveys*' (Oliver 2001: 11), and provide communicators with opportunities to bridge the practical communication gap or so-called '*training*' (Oliver 2001: 11-12). For the NBC, feedback and evaluation was monitored annually by surveying service users' satisfaction both at the NBC, TRCS and NBSRs, TRCS. Phetwong stated that:

... Apart from analysing the statistical data, customer satisfaction each year has to be concerned with considering what problems we faced last year and what we should do. If there are no comments about us, we should look at what we should develop. ...

Customer satisfaction was evaluated every year for the purpose of identifying for the NBC problems which had arisen in the previous year and providing the NBC with suggestions for solving the difficulties. In consideration of the key findings of surveying customer satisfaction at the NBC, TRCS and NBSRs, TRCS in 2007, the

measurements basically involved satisfaction with blood drawing and storage at the NBC and mobile units, the quality and services of blood and blood components, antiserum and standard cells, blood bags, copper sulphate, quality and blood products, white blood cell units' service users, red blood cell units' service users, BDs donating particular components of blood including the plasma collection unit's service users, platelets collection units' service users, red blood cell collection's service users, and white blood cell collection's service users, and PR and co-operation with blood collections (NBC, TRCS 2007e). At the 12 NBSRs, service users were primarily asked about their frequency of using services at hospitals, their satisfaction with donation services at the NBSRs in cases of delivering BDs' blood to be tested at the Regions, using services about utilising blood and blood products, using antiserum products, other suggestions, and satisfaction with the delivery method in cases of using services for delivering antiserum and products of the NBC (NBC, TRCS 2007e).

Wilcox et al. (2003), in particular, said that communication measurements were commonly done on people's 'message exposure' (p.194, 195), KAP (p.194, 200-202) and additionally acted on annually by asking several parties concerned to express their opinions on communication activities in order to check whether proper messages were reaching the various target audiences properly (p.194, 203). Unfortunately, these assessments were not performed by the NBC. And customer satisfaction regarding communication was surveyed only in relation to links with various external organisations. In other words, co-ordinators were asked about their affiliations, status, PR media that were helpful in persuading blood donation in their organisations, the NBC print media's style and format, whether they had ever received PR modalities from the NBC before blood donation, whether the PR media that were received were

enough, and levels of satisfaction when contacting PR&BDRD employees. Such reflections were statistically reported (NBC, TRCS 2007e). Although such respondents were given the chance to express their ideas, their comments regarding the NBC's PR strategies were relatively broad. These included 1) the speed with which information is given to institutions after blood collections should be improved; 2) posters' style and wording should be improved to be more prominent and attractive; 3) there were delays in the provision of PR material, and no employees were responsible for monitoring whether such materials had arrived, leading to a smaller number of BDs; 4) there was a lack of variety in PR modalities; 5) instead of postcards, SMS should be sent directly to BDs to encourage them to give blood; 6) commemorative pins should be given to make BDs proud of themselves; and 7) exhibitions should be arranged before blood donation activities take place, so that various employees of external institutions can be informed (NBC, TRCS 2007e). As a consequence of broad, non-systematic measurements with external links in particular, and with no message pretesting after message development as mentioned above, opportunities for blood and blood donation messages reaching their target audiences were likely to be problematic. This difficulty, once again, mirrored the potential of the NBC employees, especially PR persons.

5.3 Conclusion

The qualitative methods of the semi-structured in-depth interviews and documentary analysis revealed that a variety of informational and motivational messages, for example, current situation of blood and blood donation, criteria for BD selection, horoscope, platelets, stem cells, incentives and the credibility of the institution of royalty and of celebrities as a source, are conveyed through multiple means, with

greater use of specialised media including leaflets, posters, brochures, BD posters, and booklets than mass communication channels, especially television, radio, and electronic media, and interpersonal communication, i.e. liaisons, friends, and NBC employees in order to raise awareness and understanding of blood and blood donation among the target audiences and encourage them to donate blood for the ultimate purpose of eliminating the problem of having an inadequacy of blood for blood distribution nationwide.

The study also disclosed that, because the NBC as the responsible organisation for blood donation in Thailand has been facing institutional, cultural, and financial challenges, these perspectives cause the NBC to experience an inconsistency of informational and motivational content flow. This is due, in particular, to the decision making being centred on a specific person, the lack of effective internal, vertical communication, ineffective collaboration between the people in the organisation, the limited number and power of computers as a necessary tool for PR work, together with the limited number and potential of employees as the other important resource for effective PR task, no message pretesting, no media plan, inactive media relations, inadequate media distribution, insufficient broad and non-systematic evaluation, the culture of bidding, and a small amount of money provided by the TRCS and ‘cost recovery’.

To effectively carry out PR strategies, however, and taking into account the strength of having the CfRPVBD and the opportunity of the CSR, and also following the media policy addressed by policy makers, they are in co-operation with both the CfRPVBD and a variety of external public and private sectors. To add more on the budget received

from the TRCS, i.e. about a million Baht and to achieve the expected, reasonable cost, approximately six million Baht per annum is provided by the CfRPVBD to the NBC and about four million of it is requested by the PR&BDRD. Together with the CfRPVBD, its affiliated organisations and various external public and private organisations play their role as campaign leaders and media sponsors and/or as BDs and BD recruiters. With the power of these two involved parties, they achieve greater consistency and range of message targeting, in order to raise awareness and build understanding of blood and blood donation and encourage attitude and behaviour change, not only among the audience in Bangkok but also those living around the country, so that the current anticipated goal of at least 1.6 million units of blood (see p.140-141), or more than that, can be collected throughout the country.

How the donating and the non-donating respondents respond to blood donation in terms of RQ2a, i.e. demographics, media exposure to blood and blood donation messages through the mass, specialised, and personal channels of communication in 2007, knowledge of blood and blood donation, attitudes towards blood donation, and behaviour of donation and non-donation will be revealed in the next chapter.

CHAPTER 6

AUDIENCE RESPONSES TO BLOOD DONATION: BLOOD DONORS VERSUS NON-DONORS

6.1 Introduction

This chapter reveals the findings of the study relating to the second research question, i.e. how do BDs and NDs assess blood donation in terms of their demographics, media exposure to blood and blood donation messages, knowledge of blood and blood donation, attitudes towards blood donation, and practices of blood donation and non-donation?. The findings of the chapter stem from the results of the information collected by the questionnaires (see 3.4.3 Questionnaires). The study discloses that performance of blood donation is influenced by various factors including level of education, knowledge, and attitudes, while no relationship exists between media exposure and blood donation action. Altruism and fears are also the significant reasons for blood donation and non-donation respectively. However, if the type of blood donation is added in, the significance of demographics, including gender, age, marital status, level of education, occupation, and monthly income, can have a different influence on media exposure and KAP.

Following the sequence of the series of questions on the questionnaires and in relation to the key findings, the chapter's findings will consist of six sections (see Table 3.2).

Information as to how the data will be presented and the various abbreviations used in this chapter was provided in 3.5.2 Analysis of quantitative research.

6.2 Findings of the study

Before starting to present an analysis of the statistical findings from the questionnaires, I will illustrate the findings relating to the comparative responses of the BDs and the NDs to blood donation as a snapshot, which will be given in Table 6.1. Its aim is to make it easier to understand and follow what I will say subsequently in this chapter.

Table 6.1 Summary of the key findings in the chapter

Variable	Demographics						Media exposure			Knowledge	Attitudes
	Gender	Age	Marital status	Level of education	Occupation	Monthly income	Mass media	Specialised media	Personal media		
BDs	Male	21-30	Single	UG	PEE	5,000-15,000	Low	Very low	Very low	Moderate	Very positive
NDs	Female				ST		Very low				
df	1	5	4	5	7	6	4				2
N	400										
χ ²	0.360	8.609	3.873	11.447	3.473	7.967	8.099	4.059	8.564	45.733	31.130
P	0.548	0.115 (e)	0.450 (e)	0.043	0.838	0.242 (e)	0.086 (e)	0.388 (e)	0.071 (e)	0.000	0.000

*(e) was exact *P*

6.2.1 Demographics of blood donors and non-donors within the study

The respondents, who were BDs and NDs, were initially asked who they were, in terms of their gender, age, marital status, level of education, occupation, and monthly salary. There are various studies showing the importance of these demographics for blood donation, for example, gender (e.g. Chliaoutakis et al. 1994: 1464; Phetwong 2001: 201), age (Notari et al. 2009: 2231-2232; Veldhuizen et al. 2009: 129), marital status (Phetwong 200: 211), occupation (Chliaoutakis et al. 1994: 1464), and socio-economic status (Veldhuizen et al. 2009: 129).

Nonetheless, this study disclosed the relationship between level of education and blood donation. According to the result of the Pearson Chi-Square test, in other words, a significant difference, in which P value was 0.043 ($\chi^2(5, N = 400) = 11.447$), was found in levels of education between the BDs and the NDs. Therefore the study indicated that level of education could lead to blood donation. The people who had a higher level of education might have a better understanding of a specific issue, thus better and easier decisions could be made. In contrast, because blood donation needed knowledge and understanding of blood and blood donation, there was no influence of other personal demographics on blood donation, as these traits had no relevance to knowledge and understanding. The study also confirmed Gillum et al.'s (2008: 367) study, which highlighted the association between education and history of blood donation to the effect that the level of education had a statistical relationship with blood donation.

Of the 200 BDs the majority were male, 21-30 years, single, UG, and PEE and earned 5,000-15,000 Baht a month. The characteristics of the mainstream of the 200 NDs were almost similar to the BD recipients, female, 21-30 years, unmarried, UG, and ST and with an income of 5,000-15,000 Baht per month. Descriptively, the BDs differed from their non-donating counterparts regarding sex and career. Based upon the factual statistics of the NBC and of the entire population of Bangkok (see p.97-98), there was a relative difference in gender proportions between the BDs and the NDs, i.e. 102 (51.0%) and 96 (48.0%) were the male BDs and NDs respectively, meaning that the female component of each group was 98 (49.0%) and 104 (52.0%). A slight divergence also emerged in the category of occupation, as there was more PEE (33.5%) than ST (31.5%) in the group of BD respondents, whilst it was different for NDs, i.e. 31.5% and 32.5% respectively. Appendix five gives a comparative figure of BDs and NDs concerning their personal attributes of gender, age, marital status, educational level, occupation, and income per month, and the proportions of BDs regarding their gender, age, and occupation were the same between those within this study and the NBC (NBC, TRCS 2006a: 14, 16, 17). The result of the Pearson Chi-Square test, however, surprised me in that the statistical disparity between BDs and NDs within this study was found only in their level of education. Blood donations were mostly offered by the well-educated. But the majority of NDs were low- and middle-educated.

6.2.2 Media exposure to blood and blood donation messages

Media exposure to blood and blood donation messages was evaluated through the mass, specialised, and personal media. However, regardless of whether through the uncontrolled, controlled, or personal modalities, the study found no correspondences in

the particular year 2007 between media exposure to blood and blood donation messages and blood donation. In detail, exact P values of 0.086 ($\chi^2(4, N = 400) = 8.099$) for the mass media, of 0.388 ($\chi^2(4, N = 400) = 4.059$) for the specialised channels, and of 0.071 ($\chi^2(4, N = 400) = 8.564$) for the one-on-one modalities, which signified similarities in media exposure to blood and blood donation messages between the BDs and their non-donating counterparts were revealed. The assumption was that there was a limited amount of, and no consistency in, disseminating blood and blood donation information from the communication source to the various target audiences. The same result was also revealed in Phetwong's (2001: 234) study, in terms of the uncontrolled and controlled modalities.

There was a possibility of exposure to blood and blood donation messages, as the average general media consumption by a majority of both the BDs and the NDs through various modes of uncontrolled channels, including television, radio, newspaper, magazine, and the internet, were similar, i.e. both were at a moderate level (32.0% of the BDs and 34.5% of the NDs). Unfortunately, both the BDs and the NDs barely viewed blood and blood donation information in the particular year 2007, neither through the mass media just considered, nor via specialised modalities or personal channels. This situation applied not only to Thailand (Phetwong 2001: 160, 162, 164; Techaudomphokha 2001: 102-104), but also abroad as in the US (Mathew 2007: 732). Consequently the study found no correspondence between media exposure to blood and blood donation messages through the mass, specialised, and personal media and blood donation.

Figures 6.1, 6.2, and 6.3 display comparative fractions of media consumption of blood and blood donation messages by the BDs and NDs through the uncontrolled, controlled, and one-on-one channels respectively in the year 2007. Explanations will be provided after each figure. Likewise, the discussion will follow the illustrations of all these three figures.

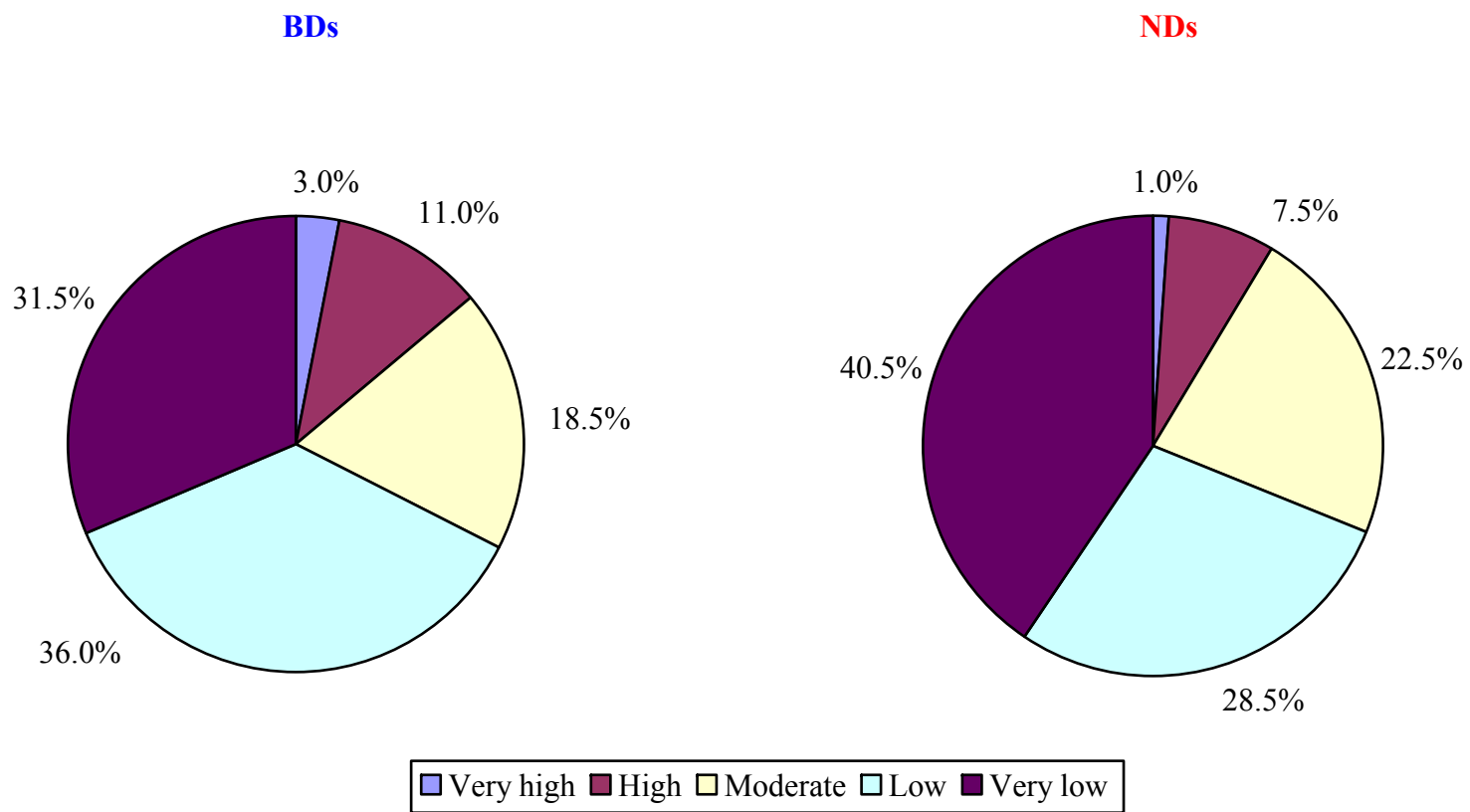


Figure 6.1 Overall media exposure to blood and blood donation messages through the mass media in 2007

Figure 6.1 demonstrates that the mainstream of BDs received a low level of blood and blood donation messages through controlled means. It was followed by very low, moderate, and high levels. The smallest figure was discovered at a level of very high. Close to the trend of the BDs, very low was the scale of media consumption among the majority of the NDs. And the more the frequency of media exposure grew, the smaller was the number of ND respondents. By way of comparison, as high a figure as 69.0% of the NDs were exposed to blood and blood donation messages through the mass media at very low and low levels, whereas the equivalent for BDs was 67.5%. The remainder, i.e. 32.5% of the respondents had at some time given blood and 31.0% of those had never consumed such information at a moderate level or above. A relatively small difference of only 1.5% was found on those scales. Consequently Pearson Chi-Square proved that there was no statistical difference between BDs and NDs in media consumption through the mass media.

As the controlled channels are the primary media for giving blood and blood donation information (see p.180, 194), the similarity or difference in its consumption will be shown in Figure 6.2.

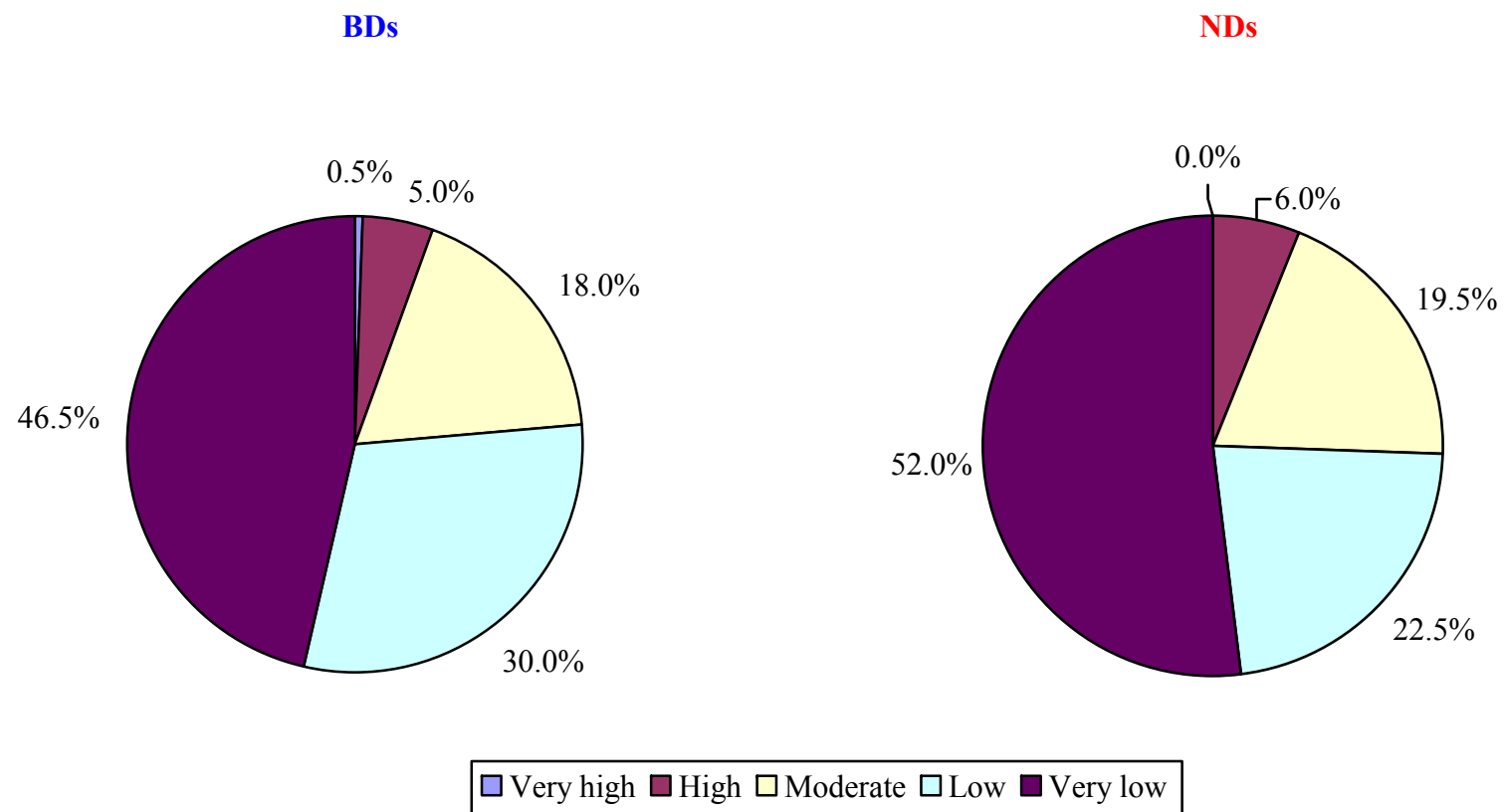


Figure 6.2 Overall media exposure to blood and blood donation messages through the specialised media in 2007

Figure 6.2 illustrates that almost half of the BDs and more than half of the NDs received a very low rate of blood and blood donation messages through the specialised media. Likewise, only 0.5% of the BDs and none of their non-donating counterparts had ever seen such information on the primary channels of the NBC. In other words, 76.5% of the BDs and 74.5% of the NDs were exposed to blood and blood donation messages at very low and low levels, while 23.5% and 25.5% respectively were exposed at moderate levels and above. A difference of only 2.0% was found between both groups at those overall two levels, greater than 0.05, implying that a statistical convergence was revealed between BDs and NDs in media exposure to blood and blood donation messages via the specialised media.

The personal media the NBC mainly employed for circulating blood and blood donation messages were the friends network through ‘Thai Youth Gives Blood’ and ‘Club 25 of Thailand’, collaborative links in various public and private corporations, and NBC employees (see p.191). The value of these and the other one-on-one modalities will be discussed below.

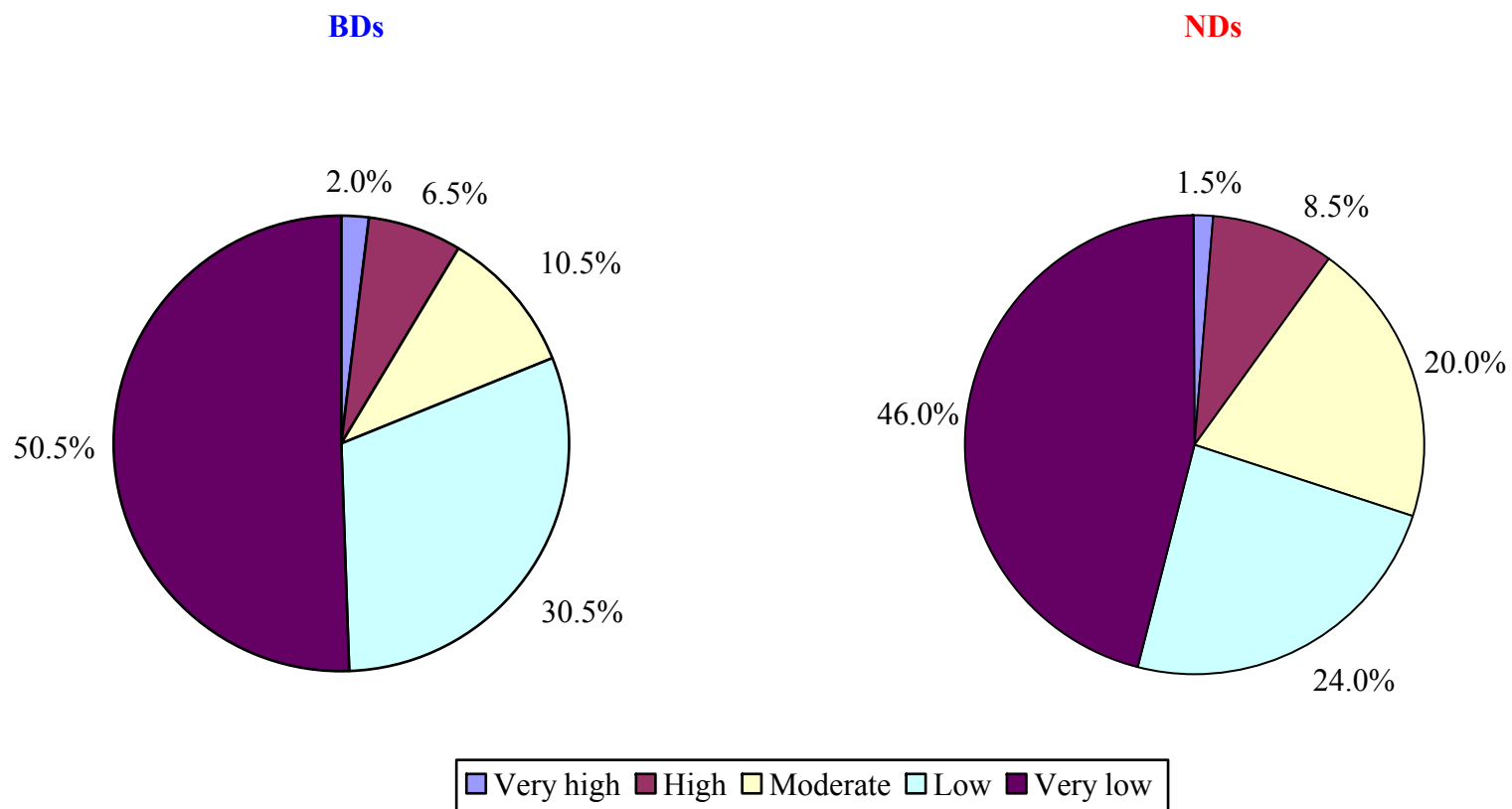


Figure 6.3 Overall media exposure to blood and blood donation messages through the personal media in 2007

Figure 6.3 shows that both BDs and NDs were similar in the proportions that revealed very low media consumption of blood and blood donation messages through one-to-one channels, since the percentage for BDs was 50.5% and for NDs it was 46.0%. By contrast, fewer, albeit greater numbers of, NDs were exposed to blood and blood donation messages at very low and low levels (70.0%) and at moderate levels and above (30.0%), compared with their donating counterparts, who came in at 81.0% and 19.0% respectively. Nevertheless, a greater significance value than 0.05, which represented no statistical discrepancy between the BDs and the NDs in terms of their media exposure to blood and blood donation messages through personal means, was shown by the Pearson Chi-Square test.

As explained above, there were no statistical differences in media exposure to blood and blood donation messages between BDs and NDs, irrespective of whether they were derived the uncontrolled, controlled, and personal media.

In consideration of a particular carrier, the study disclosed a remarkable finding that blood and blood donation messages were mostly received through chatting with friends or watching television. This meant that the level of media exposure to information via a friend or the broadcasting media among the majority of BDs and NDs was moderate (33.5% and 28.0% of the former and 32.5% and 30.5% of the latter respectively), while the least frequent level, longer than once a month/never, was produced by the rest of the communication channels. As shown above, a greater number of the majority of BDs and NDs preferred to discuss with a friend than watch television. The value of a friend, therefore, will be explained first and followed by that of television.

Friend

Friends were preferable for two important reasons. Generally it was because people were not living alone, but were surrounded by social relationships with individuals, acquaintances, colleagues, and one's social group (Baran & Davis 1995: 122; McQuail & Windahl 1993: 63), hence there would be more limited credibility of what is received from mass media than their interaction with such personal sources (Baran & Davis 1995: 122). Furthermore possibly because friends' opinions and perceived characteristics are not different from those people recognise in themselves, they prefer to talk to acquaintances rather than unfamiliar sources (Burgoon 1974: 69). Also blood and blood donation messages were distributed through a network of friendships, including 'Thai Youth Gives Blood' and 'Club 25 of Thailand' (see p.191).

Television

More opportunities for seeing and hearing blood and blood donation information through television rather than the other modalities could be explained by various factors. The popularity of the broadcasting means was normally acknowledged not only among over-15-year-old Thais, who consumed information and entertainment through television most (NSO 2004a), but also among most of both BDs and NDs, who were exposed to general information via television at a very high level in this study. Likewise, the popularity of the screen could be the result of external collaboration. The NBC was aided by many external public and private organisations, including television stations such as *30 Young Jaew* [Intelligence, Even Thirty Years] programme, Thai TV

Color Channel 3 which had consistently arranged blood donation activities and publicised its events and *Rueng Den Yen Ni* [Outstanding News This Evening] programme, Thai TV Color Channel 3 (see more details in 5.2.3.2.2.2 Partnership as a BD and BD recruiter). I was also surprised by the finding that a smaller percentage of blood and blood donation messages was seen by the majority of BDs, who possessed experience in blood donation, than by their non-donating counterparts, who had less familiarity with, and awareness of, this issue. Television could therefore attract the latter, who had less interest in a particular issue, more effectively than print channels like newspapers or magazines (Austin & Pinkleton 2001: 322).

6.2.3 Knowledge of blood and blood donation

Lack of understanding of blood and blood donation was one of the important reasons for today's blood shortages in Thailand, because that could cause the loss of an eligible, potential BD due to their being deferred. Ten questions regarding what qualified for, and disqualified from, blood donation and what blood is (see appendix 2) were put to BDs and NDs to measure whether both groups had knowledge of blood and blood donation, which will be illustrated in Figure 6.4. This study revealed that there was a relationship between knowledge of blood and blood donation and actual blood donation itself. Generally speaking, the Pearson Chi-Square test revealed an absolute significant difference, i.e. $P = 0.000$ ($\chi^2(4, N = 400) = 45.733$) in knowledge of blood and blood donation between the BDs and the NDs. Blood donation and making decisions on blood donation therefore depended upon level of knowledge of blood and blood donation. The more knowledge was obtained, the more easily would people respond

and make a positive decision. This study was in agreement with the studies of Chliaoutakis et al. (1994: 1464) and Holdershaw et al. (2007: 3568).

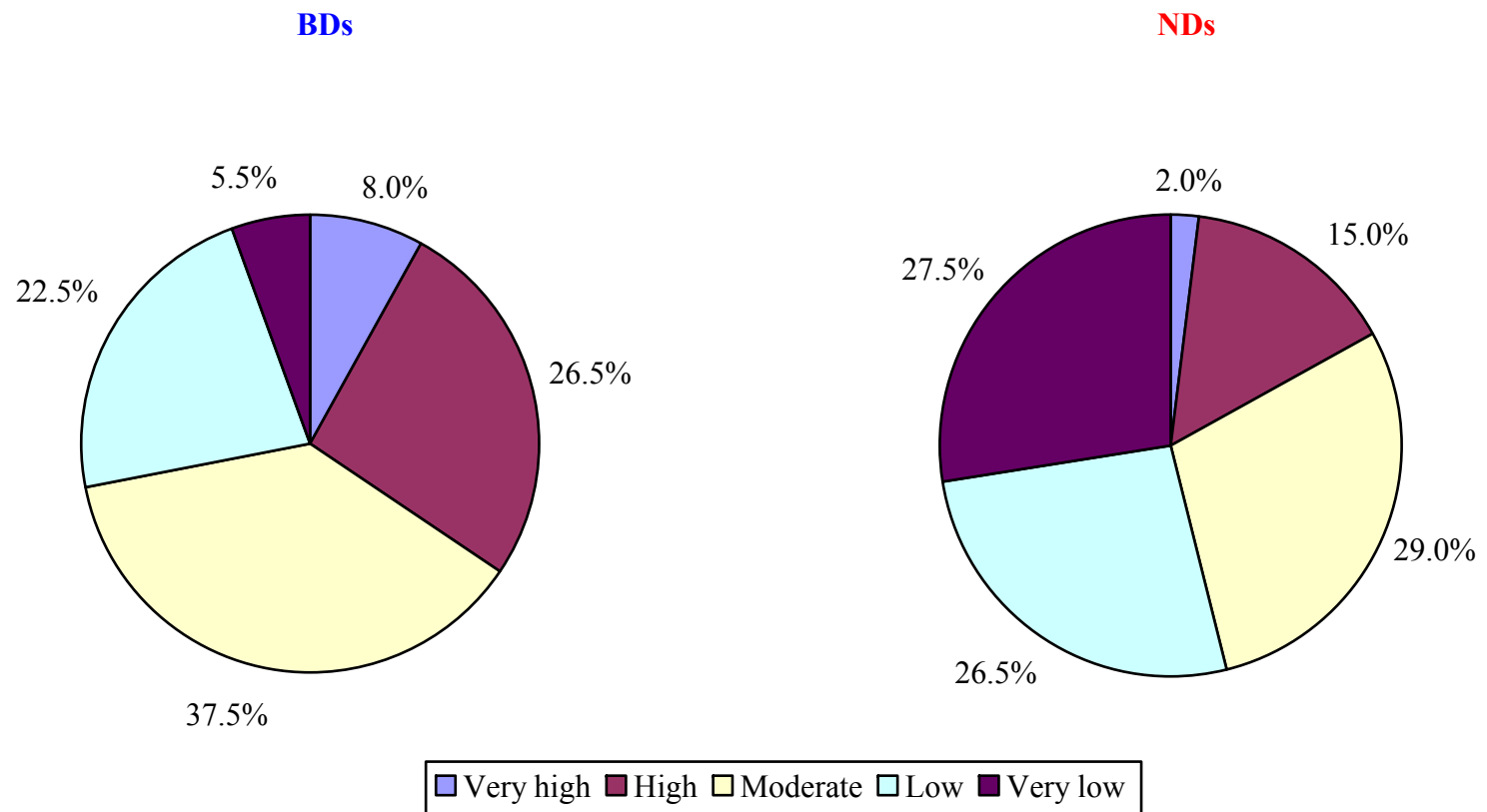


Figure 6.4 Knowledge of blood and blood donation

Figure 6.4 shows that the majority of both groups (37.5% of the former and 29.0% of the latter) equally held a moderate degree of awareness of blood and blood donation, which was in agreement with the studies of Techaudomphokha (2001: 106) and Weinberg et al. (2009: 130). However, as seen, greater percentages in terms of awareness of blood and blood donation were discovered among BDs, who had very high scores, high, and moderate, but less in low and very low, compared with the results of NDs. In detail, as many as 72.0% of the BDs received five scores and above, whereas 46.0% of their non-donating counterparts did. Conversely, only 28.0% of the former rated scores equal to or lower than four, while this figure reached 54.0% for the latter. This could signify that the NDs had less accurate knowledge than their counterparts. Despite differences in cultural and traditional backgrounds, this situation emerged in Saudi Arabia (Alam & Masalmeh 2004: 319) and rural China (Zaller et al. 2005: 281). The Pearson Chi-Square test, however, revealed an absolute significant difference in awareness of blood and blood donation between the BDs and the NDs.

6.2.4 Attitudes towards blood donation

The BDs and the NDs were further asked how favourable they felt towards blood donation on the basis of a five-Likert scale (see appendix 2). The relationship between attitudes towards blood donation and actual donating was revealed in this study. In other words, the Pearson Chi-Square test disclosed an absolute significant difference, i.e. $P = 0.000$, $\chi^2(2, N = 400) = 31.130$ in attitudes towards blood donation between the individuals who had histories and experiences of blood donation and those who did not. Thus the more positive attitudes there were towards blood donation, the more easily would a decision be made on turning these into actual behaviour. The study was

consistent with the study of Holdershaw et al. (2007: 3567-3568). Figure 6.5 shows the proportion of evaluations between BDs and NDs.

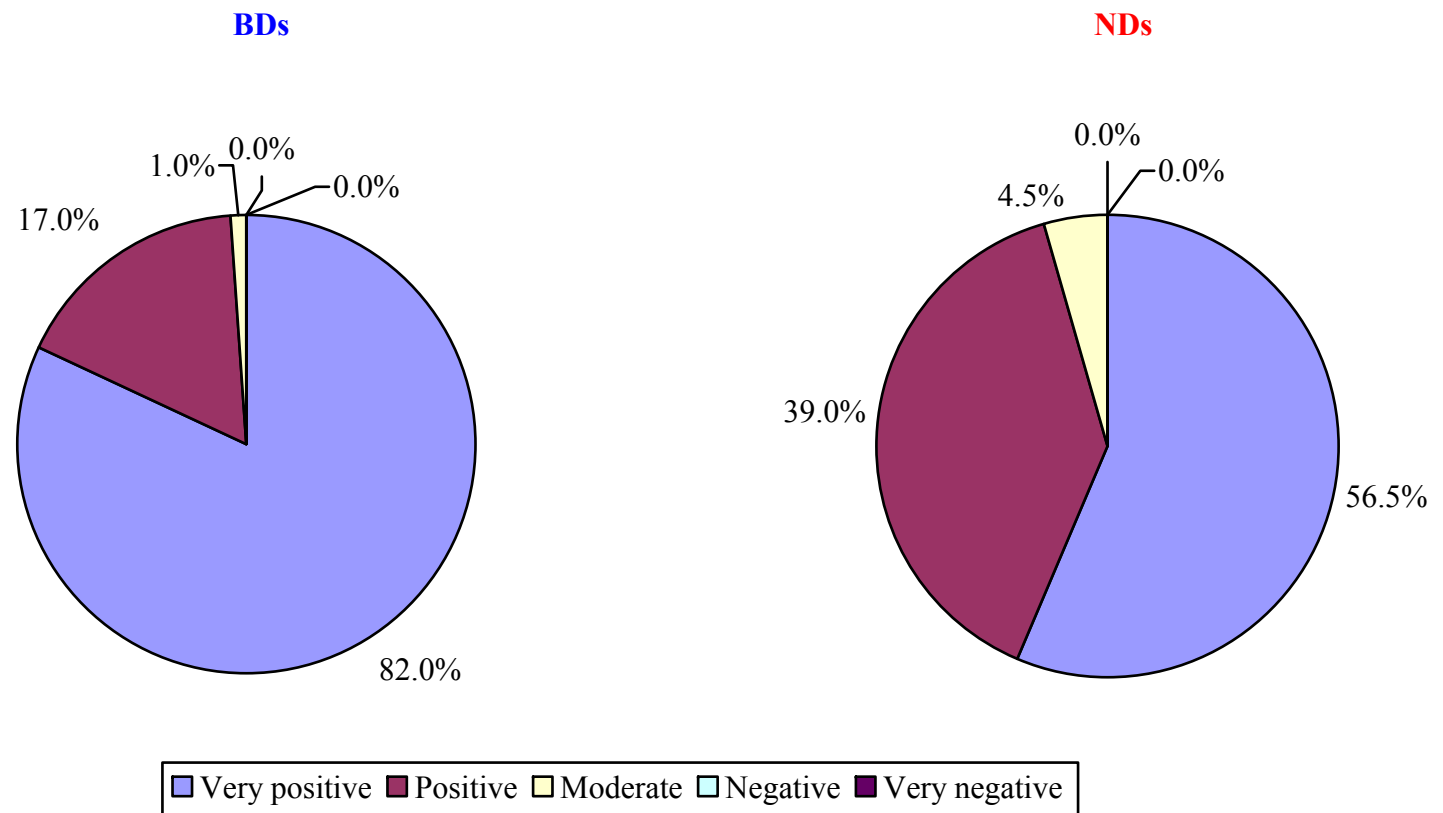


Figure 6.5 Attitudes towards blood donation

Figure 6.5 presents a more favourable overall picture than the studies of Phetwong (2001: 172) and Techaudomphokha (2001: 109), but like that of Shahshahani et al. (2006: 405), almost 100% of the BDs and more than half of the NDs expressed their very positive attitudes towards blood donation, whereas neither the BDs nor the NDs indicated negative viewpoints. Nevertheless, although the preponderance of NDs overall recognised blood donation a very positive on the scale, this was still lower among the NDs than the BDs, with a greater number of the NDs coming out at positive or moderate. This resulted from some bad and incorrect subconscious feelings towards blood donation buried in the minds of those who had never given blood, leading to suspicion and vagueness. Pearson Chi-Square, then, confirmed a statistical difference in attitudes towards blood donation between the BDs and the NDs.

6.2.5 Practices of blood donation and non-donation

In this section, attention was paid to exploring the extent to which BDs had donated blood in their lives and also within the specific year of 2007, their reasons for doing so and their motivation for giving blood. For NDs, the reasons for their non-donation and the prospects of their giving blood in the future were the subjects of enquiry. The study revealed that altruism and fears were the most important reasons for the BDs and the NDs respectively. And following making a decision oneself, friends and television were the necessary communication channels that could motivate blood donation. However, although actual blood donations were made, BDs' blood donations were inconsistent. For the NDs, because of fears, the majority were unsure about giving blood in the future. Reasons for blood donation and non-donation will be shown in

Figure 6.6. Figures 6.7 and 6.8 will display motivations for blood donation and the frequency of blood donations throughout one's life and in the year 2007 respectively.

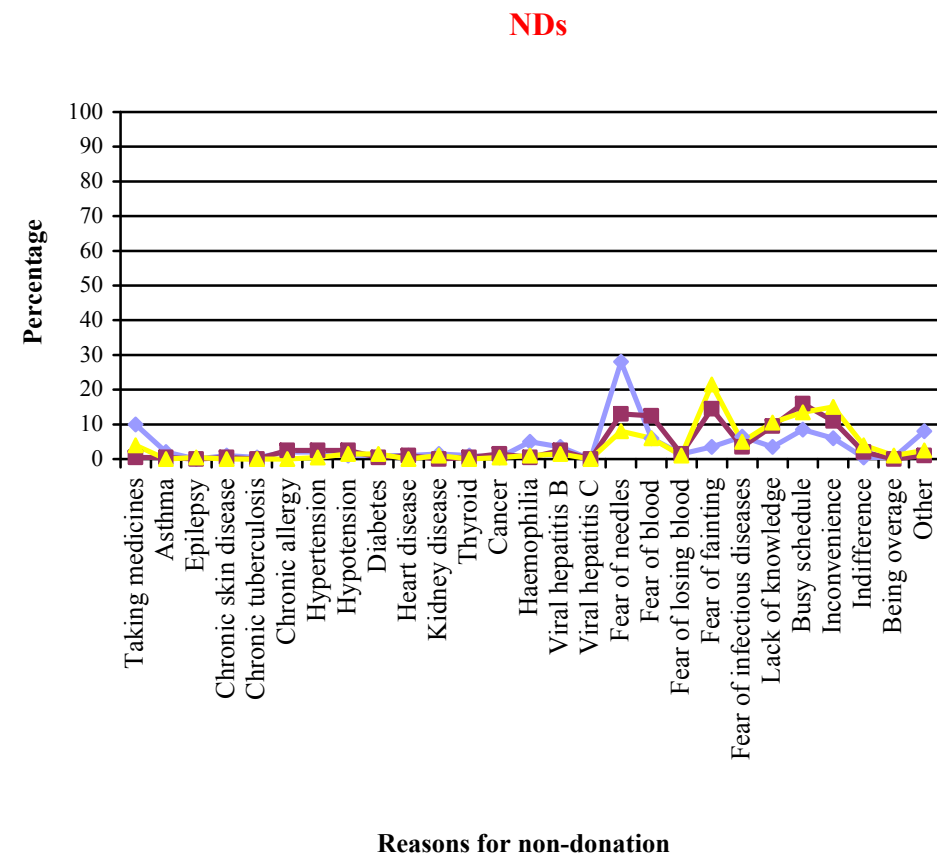
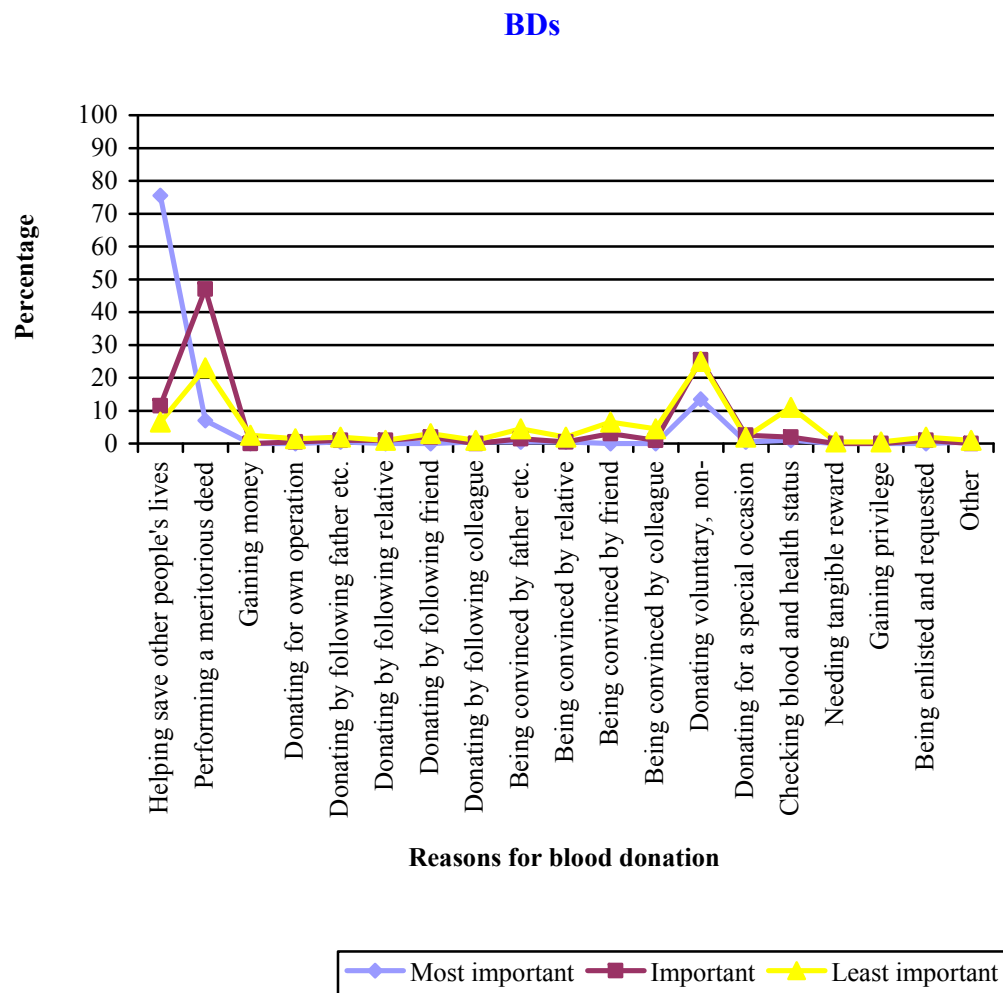


Figure 6.6 Reasons for blood donation and non-donation

Figure 6.6 shows that a common feeling of humanity and moral responsibility within the community were important reasons for blood donation. In contrast, personal matters, both psychological and social, were demotivating the NDs. These explanations will be given below.

In other words, helping save humans lives ($N = 151$, 75.5%), performing a meritorious deed ($N = 94$, 47.0%), and donating voluntarily, unpaid ($N = 50$, 25.0%) were placed highest in the order of, respectively, the most important, important, and least important reasons for blood donation by the BDs. These outcomes could confirm the success of the NBC in recruiting voluntary, non-remunerated BDs, which was the BD recruitment policy of the IFRC (IFRC 2007) and WHO (WHO 2008) for the purpose of blood safety, and they highlight the announcement of the latter organisation that in 2006 Thailand was one of the countries (i.e. Turkey and Uganda) where the entire blood supply came from voluntary, non-remunerated blood donation (WHO 2008). This is true not only of Thailand, as presented by this study and Phetwong's (2003: 173) study, but also of other countries, as has been demonstrated in several studies (Amiri 2003: 146, 188; Goncalvez et al. 2008: s43; Harrington et al. 2007: 365; Shahshahani 2007: 453; Shahshahani et al. 2006: 407).

In contrast to BDs, Figure 6.6 shows that fear still remained as the most important reason for non-donation. The majority of the NDs expressed their fear of needles ($N = 56$, 28.0%) and fainting ($N = 43$, 21.5%) as the first and the third reasons for not giving blood. Also 32 (16.0%) NDs revealed their busy schedule as the second interfering factor. One cannot here claim that different countries have dissimilar cultural and social aspects, because several studies both in Thailand and abroad (e.g. Amiri 2003: 177,

200-201; Phetwong 2001: 174; Harrington et al. 2007: 367; Sampath et al. 2007: 85) have pinpointed fear of needles as one of the first three determining reasons for not giving blood.

Reasons for blood donation given above could illustrate that the decision to give blood must always in the last analysis be one's own decision. This could, once again, reflect the success of recruiting voluntary, non-remunerated BDs. Nonetheless, with the aim of further ranking the other two motivators which could encourage blood donation, friends and television were ranked by most of the BDs in the sequence of the important and least important motivators. These details will be portrayed in Figure 6.7.

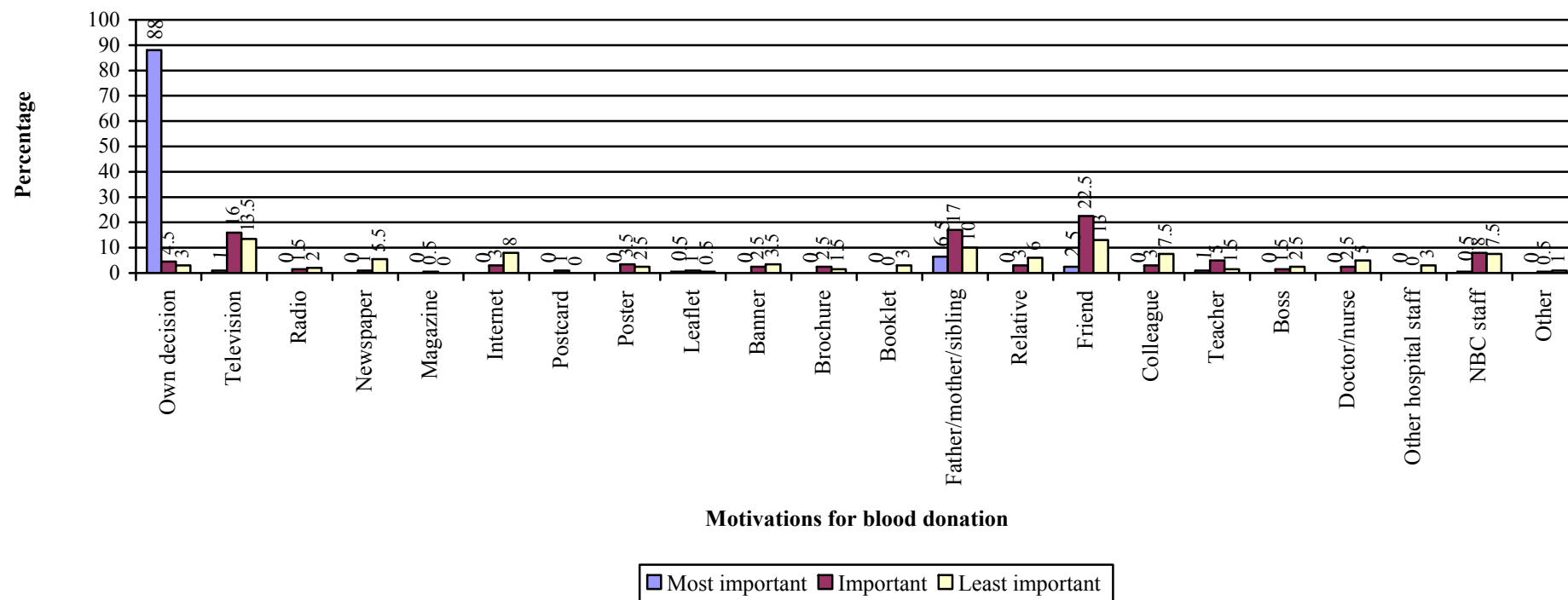


Figure 6.7 Motivations for blood donation

Figure 6.7 presents the fact that the most important factor that drove actual blood donation was self-decision ($N = 176$, 88.0%). Making the decision to give blood could be affected by the values of friends ($N = 45$, 22.5%) and television ($N = 27$, 13.5%), the former having more power than the latter. Their influence on blood donation could stem from media consumption when companions and the audio and visual media were more often sources of exposure than the other kinds of media as mentioned and explained in 6.2.2 Media exposure to blood and blood donation messages. Likewise, the greater power of the personal medium than the broadcasting, uncontrolled media could illustrate the dilemma posed by the minimal or limited effects of the uncontrolled modalities (Klapper 1960: 8; Severin & Tankard 1992: 248, see also Lee 2010: 629). Once again, it could also reflect the fact that the people were surrounded by various close individuals, including acquaintances, collaborators, and social clusters (Baran & Davis 1995: 122; McQuail & Windahl 1993: 63) they, therefore, rely more on information coming from having a chat with those persons than that they obtained through mass channels (Baran & Davis 1995: 122). Nevertheless, compared to the other uncontrolled media, this finding could signify that, in competing with the advantage of personal media, television was the most dominant channel (Bogart 1996: 108; Ellison et al. 2010).

Although BDs had already actually given blood, there was little regularity of blood donation, not only in Thailand as this study shows, as Dr Phikulsod said (see 4.4 Current situation of blood donation in Thailand) and as PR&BDRD, NBC, TRCS (2007a) displayed, but also in other countries including Saudi Arabia (Alam & Masalmeh 2004: 319) and the United Arab Emirates (Amiri 2003: 146, 185). In this regard its finding will be demonstrated in Figure 6.8, in which the left-hand pie chart

shows the consistency of blood donation in the BDs' entire lives and the right-hand pie chart gives the frequency of blood donation in the year 2007.

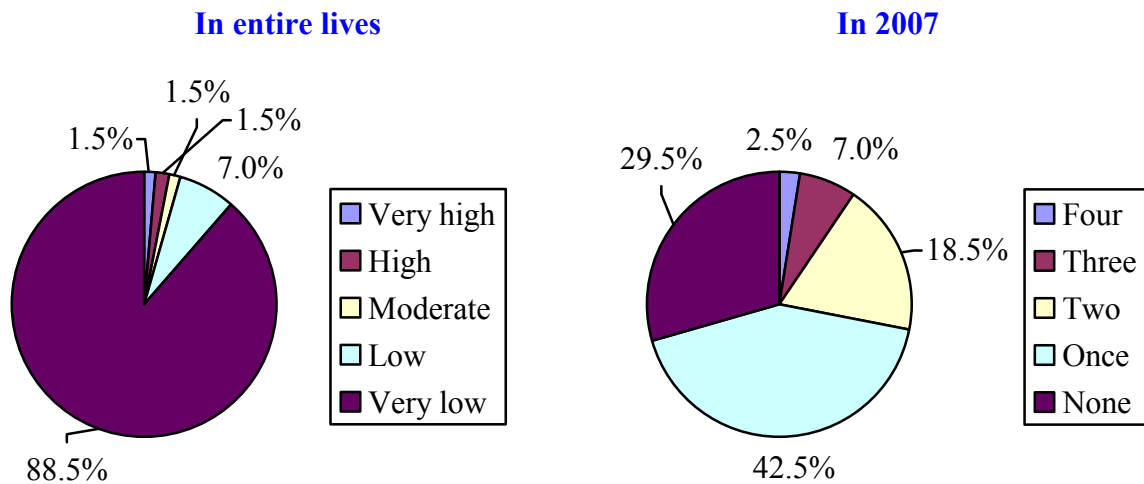


Figure 6.8 Frequency of blood donation

Figure 6.8 shows that of the 200 BDs in this study, the pie chart indicated that the predominant level displayed came out as very low ($N = 177$, 88.5%). This was followed by low and moderate, high, and very high respectively. Likewise, it reached 42.5% ($N = 85$) for BDs who donated blood only once in 2007, whereas there were only 28.0% repeating their blood donation more than once. Higher than this, 59 (29.5%) was the number of BDs who had given no blood in this particular year.

In relation to what the NDs said as to why actual blood donation did not take place, no self-confidence, i.e. fear of needles and fainting, could lead them to have uncertainty about giving blood for the first time in the future, which was reflected by almost half of the 200 ND respondents ($N = 98$, 49.0%). More happily, the rest of those NDs had a

greater intention to give more blood in the future ($N = 81$, 40.5%) than those who would definitely not donate blood again ($N = 21$, 10.5%).

6.2.6 Significance of demographics

This study also revealed the impact of gender, age, marital status, educational level, occupation, and monthly income, along with types of blood donation performance, on media exposure, knowledge, and attitudes. In this section such relationships will be presented in two parts. The first will illustrate the correspondences between the variables of demographics and the type of blood donations, i.e. either BDs or NDs and the three variables. And the second will display the practices of blood donation and non-donation in each personal category.

6.2.6.1 Media exposure, knowledge, and attitudes

Demographics are often used as a main component of audience analysis (e.g. Bittner 1996: 467; Cutlip et al. 2000: 384). Various blood donation studies have presented the effects of gender, age, marital status, level of education, occupation, and economic status on media exposure and KAP (Phetwong 2001; Shahshahani et al. 2006; Techaudomphokha 2001). Because both those personal factors and the type of blood donations were combined in this study, the findings disclosed three conditions. Firstly, both personal attributes and type of blood donations could lead to a statistical difference in media exposure, including the mass, specialised, and personal media, knowledge, and attitudes. The second condition is where both those variables had no effect on those

five dependent variables. And the third condition was where individual traits had no impact on those variables, but the type of blood donations did. However, I will present only the first condition, where both demographics and type of blood donations were influenced by a statistical difference in media consumption, including the uncontrolled, controlled, and one-on-one means, and in understanding, and in attitudes. By taking some examples of various individual attributes, Tables 6.2 will show the relationship between the mixed variables of demographics and type of blood donations and those three variables.

Table 6.2 Examples of influences of demographics and type of blood donations on media exposure, knowledge, and attitudes

Demographics and type of blood donations	Media exposure			Knowledge	Attitudes
	Mass media	Specialised media	Personal media		
Female BDs vs Male NDs					
df	4				2
N	194				
χ^2	6.785	5.832	4.241	47.349	21.661
P	0.151 (e)	0.185 (e)	0.391 (e)	0.000	0.000 (e)
31-40 BDs vs 21-30 NDs					
df	4	3	4		2
N	145				
χ^2	7.169	1.350	9.578	13.360	14.686
P	0.125 (e)	0.726 (e)	0.041 (e)	0.009 (e)	0.000 (e)
Single BDs vs Married NDs					
df	4	3	4		2
N	196				
χ^2	6.066	9.500	5.285	34.580	8.997
P	0.188 (e)	0.021 (e)	0.250 (e)	0.000 (e)	0.011 (e)
UG BDs vs PM NDs					
df	4	3	4		2
N	155				
χ^2	12.680	4.758	6.513	14.583	7.827
P	0.023 (e)	0.169 (e)	0.149 (e)	0.010 (e)	0.032 (e)
ST BDs vs PEE NDs					
df	4	3	4		2
N	126				
χ^2	7.432	12.977	9.107	29.452	5.534
P	0.109 (e)	0.003 (e)	0.051 (e)	0.000 (e)	0.060 (e)
35,001 BDs vs 15,001 NDs					
df	4				2
N	46				
χ^2	3.352	6.715	7.390	9.637	6.995
P	0.508	0.160 (e)	0.139 (e)	0.039 (e)	0.027 (e)

Table 6.2 discloses that women BDs had a greater understanding of blood and blood donation and more positive attitudes towards blood donation than male NDs. Excluding the variable of type of blood donations, it could denote the effects of differences in gender on those two variables. It was agreed that women gained more understanding and positive attitudes than men because they possess the three characteristics of Mellström and Johannesson (2008: 847) concluding from Croson and Gneezy (2004) namely that ‘... women appear to be more prosocial, more risk averse, and more competitive than men’ (p.847).

Greater media exposure to blood and blood donation messages through one-on-one media, awareness of blood and blood donation, and more positive feelings towards blood donation were also discovered among 31-40 BDs than 21-30 NDs. Not including the impact of actual behaviour, the older preferred to chat with individuals such as doctors for the purpose of seeking health information (Ellison et al. 2010), and more attention was paid to health and medical areas, especially how far these are enhanced, by the older (Wilcox et al. 2003: 237).

The table also reveals that there were differences between single BDs and married NDs, i.e. single BDs had greater knowledge of blood and blood donation and more positive attitudes towards blood donation than the married NDs. Particularly the married NDs rather than their counterparts preferred to access the controlled media. The assumption was that, having fewer responsibilities in the home and fewer family burdens, people who were unmarried might have more room to pay attention to other issues around them.

The last three examples, exclusive of blood donation performance, could confirm the conclusion of Snyder (1990: 877) that under high information dissemination conditions, quicker learning from the mass means could be found among people of higher socio-economic status than their counterparts.

6.2.6.2 Practices of blood donation and non-donation

The importance of altruistic and moral standing within the community remained one of the first three influential reasons for blood donation among most of the BDs with various personal attributes. Nevertheless, Gonzalez et al. (2008: s39) stated that different demographics have influence in producing different motivations for blood donation. In the study, there were other intervening factors that could produce discrepancies in blood donation which could be examined in some individual traits. For example, the majority of the 51-60, UE, and 35,001-45,000 Baht a month BDs indicated the desire for a health check. This was because they were getting older, and they could feel the need to ensure their healthiness. For UE, because they had no job, there was no social welfare including an annual health check, which was normally provided by employers.

Conversely, the fear of needles and fainting, and the problems of a tight schedule still hindered blood donation. However, fear of needles receded as a reason behind taking medicines among the bulk of some groups, such as the divorced, LS, GO, and 25,001-35,000, 45,001-55,000, and more than 55,000 Baht per month NDs. A reluctance to

give blood could also stem from inconvenience or physical problems or illness among various personal traits of the NDs.

In relation to the reason of philanthropy and a sense of decency, one's own decision was the first imperative motivation for blood donation in all categories. In the second and third motivations, the necessity of various uncontrolled, controlled, and personal channels of communication were differently addressed, varying according to demographics.

Among those BDs in various individual attributes the majority had not donated blood more than 11 times in their lives, which was regarded as a very low level. Inconsistency was also seen where just one was the most popular number of blood donations in 2007 in a variety of groups. Nonetheless, there were some groups, i.e. 41-50 years, married, widowed, PM, AVEC, HW/HH, other jobs, and 45,001-55,000 Baht a month, in which the majority had made no blood donation in that year, while that of BM/BW (35.0%) gave blood twice in 2007.

With regards to what hindered blood donation, the majority of the NDs in most personal groups were hesitant about giving blood in the future. There was an obvious exception among the mainstream of the ST, 25,001-35,000, and 45,001-55,000 Baht a month NDs who had confidence (i.e. 'yes') in their future blood donation.

6.3 Conclusion

Level of education, knowledge of blood and blood donation, and attitudes towards blood donation are the factors that encourage people to donate blood. Generally speaking, because BDs have all these aspects, they succeed in coping with a variety of fears and then give on a voluntary basis, with no consideration of any reward for donating blood. The more the people are well-educated, have understanding of blood and blood donations, and have positive attitudes towards blood donations, the higher the likelihood that they will consistently continue donating blood. Likewise, if those factors are fed into the minds of NDs, fears will be minimised and they might decide to commence blood donations.

The study also found an association between BDs and NDs whose demographics are diverse, as is their media exposure to blood and blood donation messages through the mass, specialised, and personal modalities, knowledge of blood and blood donation, and attitudes towards blood donation. It can also highlight the value of demographics on such variables.

The next chapter will reveal the findings regarding RQ2b, i.e. the responses of BDs and NDs to blood and blood donation media messages.

CHAPTER 7

AUDIENCE RESPONSES TO MEDIA MESSAGES:

BLOOD DONORS VERSUS NON-DONORS

7.1 Introduction

This chapter reveals the findings of the study relating to the second research question, i.e. how BDs and NDs assess blood donation in terms of their responses to the blood and blood donation media messages appearing in the brochure and the booklet, which are the primary source used by the NBC, TRCS (see p.180, 194). The findings of the chapter stem from the results of the information collected by the focus groups (see 3.4.4 Focus groups). The study revealed that BDs and NDs generally give similar responses to non-persuasiveness of the overall media, to the importance of knowledge about blood and blood donation, to the benefits of blood donation, to incentives, case studies, colours, source credibility, cartoons, and understandability of messages. The NDs were different, however, in attaching greater value to ways of reducing fear, to statistics, and to message repetition.

I will firstly set out the discussions of BDs' and NDs' general viewpoints regarding persuasiveness. Then I will give their responses on particular issues, and in the specific medium of the brochure and/or the booklet, under the key themes as presented in Table 7.1 (see also Table 3.2).

Table 7.1 Summary of the key findings in the chapter

Main themes	Brochure		Booklet	
	BDs	NDs	BDs	NDs
7.2.1 Persuasiveness of the media				
7.2.1.1 Persuasiveness of the brochure	√	√		
7.2.1.2 Persuasiveness of the booklet			√	√
7.2.2 Knowledge of blood and blood donation				
7.2.2.1 Criteria for BD selection	√	√	√	√
7.2.2.2 Venues of blood donation	√	√	√	√
7.2.2.3 Use of blood donated	√	√		
7.2.2.4 The process of blood donation	√	√	√	√
7.2.2.5 ABO and Rh blood group systems			√	√
7.2.2.6 'Ferrous sulphate': the iron tablet			√	
7.2.3 Response to individuals' needs				
7.2.3.1 Excellence of blood donation	√	√		
7.2.3.2 Information on fear reduction		√		√
7.2.3.3 Incentives	√	√		
7.2.4 Emotional appeals and vividness of messages				
7.2.4.1 Case studies	√	√		
7.2.4.2 Statistics		√		
7.2.4.3 Colours	√	√	√	√
7.2.5 Source credibility				
7.2.5.1 The institution of royalty	√	√	√	√
7.2.5.2 Celebrities	√	√	√	√
7.2.6 Cartoons				
7.2.7 Understandability of messages				
7.2.7.1 Non-linguistic compositions	√	√		
7.2.7.2 Linguistic compositions				
7.2.7.2.1 Use of letters	√	√		
7.2.7.2.2 Avoid complicated sentences		√		
7.2.7.2.3 Conciseness of the content	√	√	√	√
7.2.7.2.4 Avoid jargon and technical terms			√	√
7.2.7.2.5 Continuity of messages				√
7.2.8 Repetition of messages				
	√	√	√	√

7.2 Findings of the study

In considering the main target of the study regarding the audience responses, these responses generally depend upon previous personal experience of blood donation, i.e. those who have a history and experience of blood donation and those who do not, even though they may have been at a blood donation service point but were then deferred.

Personal experience is also expanded to cover other aspects of an individual. As Kitzinger (1998: 199) stated, 'Personal experience is a key source of influence'. This study also reveals other determining factors including demographic variables of the participants, their psychological barriers, their social and cultural environments, and their level of media exposure impacting on the BDs and their non-donating counterparts' responses. It is emphasised by Washer et al. (2008: 43) referring to Smith's (2001) opinion that there should be understanding of the individual audience rather of the audience as a whole, because their responses are differently influenced by various factors of 'diverse social characteristics and viewing practices' (p.43). Taking the thought of Kitzinger (2006), similarly, Washer et al. (2008: 43) noted that apart from what is communicated in message content by itself, the impacts of personal characteristics such as sex, socio-economic status, and the like, and collective culture indicating how the audience react to the texts create significance and implication.

With the aim of comparing the responses to blood and blood donation media messages between BDs and NDs, I will initially present overall responses as to whether such messages in the brochure and the booklet can be persuasive and give the reasons expressed by both groups.

7.2.1 Persuasiveness of the media

The BD and the ND participants were asked whether the brochure and the booklet were overall able to persuade them to continue or commence blood donations. This section will be divided into the participants' responses to the brochure in 7.2.1.1 Persuasiveness of the brochure and those to the booklet in 7.2.1.2 Persuasiveness of the booklet.

7.2.1.1 Persuasiveness of the brochure

Although there were levels of fluctuation as to whether the brochure was impressive, the majority of both groups' participants inclined to its non-persuasiveness. For the BDs, two important issues of prior experience of blood and blood donation and their social and organisational status were put forward as reasons. Responses of their non-donating counterparts to the inability of the brochure to persuade them referred to lack of self-efficacy, and also personal relevance to blood donation.

What the BDs said was:

Mrs S._{2}: If [it is] this brochure, for me, [it will] not be completely [persuasive] (*laughs*).

Mr P._{3}: Wait. At this time, I have already had experience [and] knowledge of blood donation.

Mr D._{4}: [This brochure] is not effective.

Mrs S.: [This brochure] is not effective [because] I will use myself [to persuade other people to donate blood].

Mr P.: Nowadays, do not forget that I already have knowledge and ideas about blood donation at a certain level. For myself, [this brochure] is not effective. [You] do not have to provide any [printed] paper for me. But [if I ask someone] to read (*turn to the cameraman*) [and tell them that blood donation] is good [to] try to convince them to donate blood, this [the brochure] will

later be used [to persuade] others. It partly replaces my own self.

...

The BD participants made clear that because they had individual experience and understanding of blood and blood donation, the brochure was not convincing and could only be utilised to help convince other people around to donate blood. In other words, the brochure could be ‘a leading medium’ for persuading others, but not for convincing themselves.

Despite hesitation, a (very) small percentage of the brochure’s persuasiveness was highlighted, for instance, ‘[the brochure] has not much of [effectiveness because] blood donation is in my bloodstream. ...’ said a HH BD._{14} Because of his personal experience of repeated blood donation, this diminished the ability of the brochure to convince him to give blood continually.

An individual accepts various personal and social responsibilities. Like the other three PEE cohorts,_{5,4,1} along with being BDs, they have links with various external organisations which assist the NBC with the increased recruitment of BDs. One of them therefore expanded on this matter:

Mr C._{5}: To answer your question, as I told you, it is too broad. ...

The example supposes that BDs have to be divided into a group of organisations, for instance. ..., if I am a business owner, will it [this brochure] have something involving me? It is not relevant to [me]. It is about general BD. It should be addressed

to the obvious target groups including organisations, schools, and the general public. So a brochure should be [designed] for the organisations or the most important person in such organisations, ... It is the first thing business owners or directors will receive. Secondly, for students or employees themselves there should be another brochure, as different one.

His perspective was clearly influenced by his position as co-operator with the NBC in convincing employees within an organisation to donate blood. To achieve this, it is his responsibility to communicate and encourage his top management to give consent to do this. From this standpoint it raised the issue of how different demographic variables underpinned the disparity in the viewpoints provided.

Almost all the NDs also shared their disagreement on the persuasiveness of the brochure. It was obvious that a variety of fears which prevent people gaining experience of blood donation were another indicating factor.

Mr P._{37}: What can reduce [the feeling of] being scared (*all: laugh*)?

S.: Yes, what do you think could be done?

Mr P.: How [could we do something] (*all: laugh*)?

S.: I get stressed by the thought of needles.

Mr P.: What should [I] do? Should a course of psychiatric treatment be arranged?

S.: Psychological [treatment should be arranged].

Mr P.: My fears would be reduced (*laughs*). ... [I] would like to add something else. NDs should be separated into those who have no knowledge [of blood and blood donation and] those who are scared (*all: laugh*). ...

Because this contributor suffered from so much anxiety, the reduction of fear was his main request. More information on this will be discussed in 7.2.3.2 Information on fear reduction.

Another female ND_{23} commented that the brochure was not persuasive and ineffective. To arouse her gone through being exposed to blood and blood donation messages a robust, impressive brochure, for example, telling a number of BDs in Thailand should be produced. This could also indicate the fact that blood donation was closer to BDs, but more distant from NDs.

The next section will show how convincing the booklet was.

7.2.1.2 Persuasiveness of the booklet

Compared to the brochure, which was directed towards motivating people, the booklet focused upon providing information. Although there were differences in their personal experience of blood donation, both ST BDs and NDs had rather similar opinions. Interestingly, the two BDs_{8,9} and the three ST NDs_{28,29,26} referred to the huge impact of the booklet. For the latter participants, although their reasons for not donating blood were different, i.e. the first two were ill while the last one was scared of dirty needles,

they were impressed by the detailed information given in the booklet. The rest, excluding the one ST ND_{30} who was afraid of needles (more information relating to fears will be discussed in 7.2.3.2 Information on fear reduction) were hesitant about its effectiveness. Although the information provided could drive him half-way to donating blood, it was important in making him change his behaviour, i.e. to go to bed earlier when giving blood.^{27} This example, however, was found ineffective by numerous NDs_{23,25,24,35,37,38,36} who said that the booklet was only to inform, not to motivate. Thus blood donation required correct knowledge and motivations.

Although the BDs had personal experience of blood donation, informational messages giving knowledge about blood and blood donation was still important, and the provision of it might be more crucial than that of motivational messages. With limited personal experience, a lower degree of media exposure, and indication of fear, both informational and motivational cues were likely to come together to get NDs closer to blood donation and more self-efficacious. How the BDs and NDs responded to blood donation on a particular issue will be presented later.

To conclude from the discussions about the persuasiveness of the brochure and the booklet, furthermore, they obviously showed that the more the audiences were targeted separately, the more effective and attractive the messages could be expected to be. As Vijaykumar (2008: 193) pointed out, the two stages of ‘an understanding of the target audience’ and ‘audience segmentation’ are critical for the purpose of BCC (see more details on p.17).

The following sections will specifically show the responses of the BDs and the NDs to a particular message strategy.

7.2.2 Knowledge of blood and blood donation

Like the findings of the previous quantitative chapter, which indicated that BDs had understanding of blood and blood donation whereas NDs were short of such knowledge, the results from the qualitative focus groups overall underlined the importance of knowledge about blood and blood donation. The more knowledge of blood and blood donation is built up, the greater the chance of people donates blood. Maibach and Cotton (1995: 44), interpreting SCT initiated by Bandura, explained that amending behaviour is driven by knowledge. It is important to stress again that the disparity in understanding of blood and blood donation is primarily determined by personal experience of blood and blood donation and media exposure, which will be presented in 7.2.8 Repetition of messages. In accordance with the sequence of the group discussions, six vital issues regarding blood and blood donation were brought up and will be explained in the following order as follows:

- Criteria for BD selection
- Venues of blood donation
- Use of blood donated
- The process of blood donation
- ABO and Rh blood group systems
- ‘Ferrous sulphate’: the iron tablet

7.2.2.1 Criteria for blood donor selection

The issue of criteria for BD selection was addressed first of all because it was widely discussed among the BDs and the NDs alike in connection with both the brochure and the booklet. Their viewpoints truly represent how blood donation is perceived and how far the BDs and their non-donating counterparts have understanding of the criteria for BD selection. I will firstly present the transcripts of a BD and a ND, while a discussion of the brochure and the issues raised will be presented later.

The BD participant noted:

Mr D._{4}: ... I also have a problem regarding preparation for blood donation. ... I even sometimes forget. Once [I] had a sore throat; [then, I] went to a medical room [and] took medicine. Only a couple of days later [I] had to donate blood. Last year there was one occasion when [I could not donate blood] even though I tried to control [the frequency of blood donation] throughout the year. It is very important [to know] how to prepare for blood donation. This [issue] is not included in the brochure. ...

As the ND one remarked:

Ms V._{23}: Yes, there should be more focus on the preparation. All I know from reading this [the brochure], is that [I] have to stop

drinking. But [if] I have rice with cooked pork shank or drink
the night before, then I fail: I cannot donate [blood]. ...

In relation to the dialogues shown above, blood donation was perceived by the BD as an issue that requires readiness, intention, and preparation. This apparently indicated that knowledge of the criteria for BD selection was something he was aware of. This was not the case for the ND, however, as if she was not exposed to the brochure, she had no idea about any such requirements or prerequisites for blood donation. More understanding of blood and blood donation was therefore apparent among the BDs than their non-donating counterparts. What differentiated the donating participants from their non-donating counterparts in this regard above all stemmed from individual familiarity with blood donation. The BD's words once again displayed how professional he was in saying that he could not donate blood at a particular time since he took some medicine before the actual day of blood donation, and it also proved the fact that personal experience of regular blood donations relates to knowledge of the criteria for blood donation. The importance of personal experience of giving blood repeatedly leading to maintaining understanding of this issue was also present in the other two transcripts of the HWs within the discussions concerning the brochure in the first conversation and the booklet in the second:

Mrs P._{12}: ... When arriving, [I] do not pick up something to read.

[I] do not look at anything. [I] just know from the first time what
[I] should do. The second time [I] do the same. That is all. And
I am told when the next appointment is. [I] think I already know
those things; so, [I] do not pay too much attention. ...

Mrs B._{11}: ... I have donated blood more than ten times. Every time I come, it is something like this. ..., I have donated blood ten times.

Mrs P._{12}: [You] (*points her pencil to Mrs B., Mrs P._{13}, Mr B., and Mr C.*) are professionals.

Mrs B.: Doctors [and] nurses recommend that [I] should do things every time before blood donation like drinking water. And, [I am] invited to go upstairs. It is the same every time I come.

Mrs P._{12}: [You] are professional (*smiles*).

Mrs B.: [Every time] I gave blood two to three bags of the [iron] medicine and my card were placed on my chest. It is the same every time I donate blood.

They made clear that knowledge of blood and blood donation, especially the criteria for BD selection, came from their personal experience of donating blood repeatedly. Every time they went to give blood, in other words, nothing was different or changed from what they previously encountered.

Apart from individual familiarity with donating blood, being exposed to blood and blood donation messages through a variety of communication channels was also given as a reason why the BDs possessed more understanding of this issue than their non-donating counterparts. Another BD who was a university ST recalled her source of knowledge while reviewing the brochure:

Ms T._{6}: ... For example, at [my] school, when [I] donated [blood] for the first time, [my] teacher informed [me] beforehand about [the BD factors of] age, body weight, and length of sleep. [It] also comes from [my] previous experiences of [blood] donation. [For instance,] if [people] go to bed at three o'clock [in the morning] and get up at three o'clock in the afternoon, [they] will be rejected. Sleeping in the daytime is not as good as sleeping at night time.

Her viewpoint represented the relationship between not only her personal experience of blood donation, but also her exposure to blood and blood donation messages through a personal medium, i.e. her teachers and understanding of how to prepare BDs themselves prior to giving blood.

Moving back to the non-donating counterparts, their levels of knowledge were varied from either having no understanding anymore as expressed by the ND presented above (see p.246-247), or having it, but not to any great extent and/or leaving uncertainty. The latter condition will be shown by taking the excerpts of the ST NDs within the discussion about the brochure. The first participant said:

Mr E._{27}: ... No, the main reason for non-donation is, I do not know whether [I] have correct knowledge, that if people go to bed very late, they should not donate [blood]. And I am one who goes to bed very late, I have never donated blood. ... For me, when I was a grade 11 [or] 12 [student], there was blood

donation at [my] school and I joined [blood] donation. But I was asked about my age which at that time was about 16.

S: So you could not [donate blood, could you not?].

Mr E.: [er:] No, I asked [the reason] why [I] could not donate blood. [I] was told that I was too young. I, then, asked later about other things. [I] was also told about going to bed late. So, [I] can still remember [that].

Originally this ND had no perception of readiness, intention, and preparation or no knowledge of the criteria for BD selection. Being deferred indicated that blood donation requires the importance of this regard. Because he made a decision on donating blood without it, however, existing knowledge of this regard stemmed from both personal experience of blood donation and media exposure through interpersonal communication. The claim that the NDs had lower knowledge of this issue than the BDs was made because it was reflected in his frustration. Compared to this non-donating participant (see the first sentence), the BDs showed how confident and clear they were in knowing what they had to prepare before giving blood.

Let me make a comparison again, on the time to sleep in order to ensure blood donation, between the non-donating participant, i.e. Mr E. and the two donating counterparts, i.e. Ms T. and Mrs B. Even if the ND knew about this point, lack of self-confidence resulting in lack of blood donation awareness and of being exposed to the message repeatedly let him not having blood donation awareness and not preparing himself for blood donation again, but instead repeating his daily routine (see p.252 for his later reaction unless this knowledge was provided and see also 7.2.8 Repetition of messages).

It was the other way round for the donating counterparts who absolutely know that blood can be donated if BDs have slept for at least six hours within a normal time. In other words, her previous experience of blood donation reminded her that she should go to bed at a normal time of sleep if she wished to give blood. The second BD's expression likewise showed that she may normally go to bed late, but, because she wished to donate blood on the following day, she then went to bed, attempted to sleep and not allowed her family members to disturb her so that her hours of sleep were within the appropriate, required period of time for blood donation (see p.254-255).

Quite similar to his friend, another ST ND_{29} made an eloquent statement:

Mr S._{29}: ... [I] do not know whether I am right or wrong. [My] older sister frequently donates blood. And, she told [me] that if women have, how to call ...

S.: The menstruation period.

Mr S.: [They] cannot donate [blood]. [The people] should be told how many days after blood donation they can donate [blood]. And after how many days of giving birth they can donate [blood]. Because there are some people who wish to donate blood, but [they] do not know about this.

Through hearing this from his sister, he had some knowledge of the criteria for BD selection, particularly on the ones relating to women's issues, i.e. menstruation period and giving birth. Unlike the BDs, however and once more, his expression also showed his uncertainty in knowing these criteria, i.e. 'whether I am right or wrong'. If they

were a BD, like those who had personal experience and were exposed to blood and blood donation repeatedly, their confidence in understanding of blood and blood donation would be strengthened.

A further conclusion from this point was that priority should be given to telling people how BDs should prepare themselves prior to giving blood. Without knowledge of the criteria for BD selection, the result was not only no actual participation in a process of blood donation (adapted from Maibach & Cotton 1995: 44) but also negative psychological reactions. From the transcript of the BD, i.e. Mr D.,^{4} once again, he exactly knew when he could donate blood due to his personal experience, being forgetful happens naturally, especially when people are getting older. Without this explained repeatedly, he could not only donate blood at the specific time, but also it shows how disappointed he apparently was when his actual intention to maintain his record of 'consistent' blood donations was obstructed. Luckily, the wish to repeat his blood donation was still there. Unlike the BD, worse responses were the NDs' outcomes. Let us see the extract of Ms V. again, who was neither allowed to donate blood nor did she wish to commence blood donation. Like Ms V., the ST ND, i.e. Mr E.,^{27} made further comments that could indicate the limitation of his knowledge of the prerequisites of blood donation and his negative reactions when there was no mention of the information. He said: '... As the others said, there should be preparation for blood donation because nothing is there [about that]. For example, if I pick up [the brochure] from a hospital and know how it is good and decide to donate blood, but [I] cannot donate blood, it will be discouraging. Why is this not referred to? I will never donate blood next time'. If there was this information, therefore, it could raise his knowledge and avoid him facing the same history (see p.249-250) and let him feel more confident

about donating blood. But if not, there was less likelihood of his starting his blood donation again.

Like Mr E., a PEE participant noted that: ‘I was asked by a nurse whether [I] drank water and had food after midnight (*playing with his pen*). [I,] then, answered that [I] drank coffee. So, [I] was rejected. Because water cannot be drunk, I think it [blood donation] is too realistic. It does not matter (*smiles*)’.^{25} Without message repetition, or with less of it, he initially had no knowledge of the criteria for BD selection; by contrast, because he decided to get involved in the blood donation process, he then gained some knowledge of blood and blood donation from the NBC employee. His statement showed that blood donation related to readiness, intention, and preparation and also was not perceived as a sensible issue to behave. Without the information of this regard and its clarity, it would be difficult to convince him to first-time blood donation. Although now he was unable to give blood, his life was not changed and he was probably still happy instead.

Although some of the information was written in the booklet, there were numerous NDs^{23,27,36,37} who requested a complete and full explanation of the requirements, since numbers were currently too limited, and only a short paragraph was included instead. And a man^{37} made the point that, for it to be called a booklet, it would provide all the entire inclusive details concerning the basic qualifications for blood donation. This, once again, displayed limited or no knowledge of the criteria for BD selection. And this result was caused by the influence of having no personal experience of blood donation and of being referred as well as of a smaller amount of media exposure.

Although understanding of the criteria for BD selection of the BDs differed from that of NDs basically because of personal experience of blood donation and level of media exposure, the information relating to how to prepare BDs before giving blood had to be seriously addressed in order to ‘remind’ BDs what they had to prepare before giving blood and to ‘keep’ them on their motivational track of blood donation records, also to ‘inform’ NDs when blood can be donated and ‘encourage’ them that the odds of being able to donate blood were higher if such criteria for BD selection were completed. This was because blood donation needs preparation and also was not seen as a concrete issue.

Not only knowledge in this regard, but information on the locations where people could donate blood is also necessary for blood donation. The latter issue will be illustrated in 7.2.2.2 Venues of blood donation.

7.2.2.2 Venues of blood donation

Blood donation overall requires convenience and comfort. It is important to raise knowledge of the venues where the people could give blood so that it would be seen as convenient and easy. The question was asked as to whether the BDs and the NDs had understanding of the blood donation venues. The conversations from the groups of HW/HH BDs and of GO NDs during discussion of the brochure will be taken for comparison.

The donating participants who were HWs and HHs said:

Mrs B._{11}: [It was] from noon to four o'clock. Finally, there was only one day. [I] was not informed.

Mr B._{14}: Which day [is it]?

Mrs B.: [There were] only Saturdays left. I asked where the [blood-donating] vehicle was.

S.: I think that that edition was published a long time ago. A new version may be being produced.

Mrs B.: ... [I] needed to ask a policeman where the vehicle was. He told me that there was only one day [left] (*all: laugh*). Oh! I tried to sleep.

Mrs P._{13}: You tried to prepared yourself, did you not?

Mrs B.: [I] tried to sleep. And I also told [my family] not to disturb me [because] I would donate blood tomorrow.

The non-donating counterparts who were working in government organisations stated:

Mr P._{36}: ... Personally, I would like to know where [I can donate blood]. Suppose that ...

S.: Do [you] mean where the NBC is?

Mr P.: Where is the NBC? I want to go, ...

Ms P._{38}: The places [where the people] can easily go.

Mr P.: [The places where the people] can easily go.

S.: [Do you mean] the mobile units?

Mr P.: [er: Yes].

Ms P.: Where are they?

Mr P.: [Am I] right? [For example,] I am living in Suwinthawong. And I sell antique items. Where can I earn money if I have to come from Suwinthawong to the NBC? [It is] 70 kilo[metres]. ...

Mr P._{37}: ... [It is] okay to have a map, but [I] think there is only one place for blood donation.

Both the BDs and the NDs made clear that convenience and ease were preferable for blood donation, so that both could be confident. The expression of the BD, i.e. Mrs B. indicated not only the importance of familiarity, but also her knowledge of where she could donate blood and how many days and hours a day that the service point would open. Unlike the donating participants, the non-donating counterparts stated, that as long as blood donations could be seen to be available under conditions of proximity [i.e. 70 kilometres] and an affordable budget [i.e. ... Where can I earn money if I have to come from Suwinthawong to the NBC?], and without too much effort [i.e. [‘The places where the people’] can easily go], they initially did not even know whether one gave blood either at the NBC or other mobile units. After being exposed to the brochure the two GOs recognised that blood could be donated at the NBC. The reasons why these two groups had different degrees of knowledge of the blood donation places stemmed from their different levels of media exposure and also their personal experience of blood donation. In other words, because the BD was exposed to a source of information, she knew where the closest and most convenient venue was for her blood donation and because she later continued giving blood, she could remember all the details of the particular place. By contrast, no media exposure, or a lower level, was the first explanation.

Further to the point made above, in the case of the BD, her extent of media exposure was not as much as it could be, so she did not receive up-to-date information. Repetition of messages should be considered by the NBC. The other issue coming from the BD's discussion, together with a ST ND who also requested for information about this issue, stated that 'For mobile units, this is difficult to control because this printed ad lasts longer. Therefore, it is difficult to specify the places. There may be errors. ...' {30} The use of the internet could be effective. As referred to by Tanner et al. (2009: 743), Troy et al. (2008) preferred the use of the high-speed medium especially in an urgent situation, because although it is not quicker than reports on television and radio, it is to some extent fast enough so that up-to-date, emergency data can be circulated. Jalalian et al. (2008: 4685-4686) also commented that to give education and raise awareness of voluntary, non-remunerated BD recruitment to the target audiences for the ultimate goal of safe BD recruitment, there can be success in using the internet, apart from controlled media such as catalogues and posters and brochures, uncontrolled channels such as television, radio, and newspapers, and interpersonal communication.

Not only understanding of what preceded blood donation in terms of BD selection criteria and places of blood donation, but also what happened after blood donation was vital. After blood donation relates to how blood donated by BDs is used. Its importance will be presented in 7.2.2.3 Use of blood donated.

7.2.2.3 Use of blood donated

Blood donation would happen, if people's understanding of how blood donated was used is provided. Although only a few participants of both BDs and NDs, particularly ST ND groups made comments on the use of blood donated, regardless of whether there was knowledge of this issue, they thought that paid donation still existed. The quotes of a BD and a ND who were STs and exposed to the brochure will be shown as examples below.

Ms C._{7}: ... For the content inside, additional information on how blood donated is used should be added because I talked to my friends and some of them misunderstood. I had persuaded my friends to donate blood and they told me that blood donated was used for this and that. I had also heard that blood collected was sold. [So] I feel that [it] will be more interesting if clear information is provided on how donated blood. ...

Ms C. could identify that her friends had misunderstandings on how donated blood is used. It was reasoned that her knowledge led her to be confident that blood that was given by BDs was actually used for medical treatment. Her understanding came from interpersonal communication through her friends and, possibly, NBC professionals. The last sentence also presented the influence of friends in creating this BD's frustration as to whether blood donated was directly used for medical treatment or was sold.

It was made plain why NDs were curious about how blood donated was used. As one ND said:

Ms L._{26}: ... [It,] furthermore, should explain how blood donated is used. Is [it] unambiguous?

With less media exposure to blood and blood donation messages, unlike BDs, her doubt about how blood donated is used was expressed through the word ‘Is [it] unambiguous?’ This then raised the importance of describing a clear process from beginning to end, i.e. blood collection, blood testing, and blood transport to hospitals.

Addressing not only knowledge to prepare BDs for blood donation, i.e. the criteria for BD selection and the venues of blood donation, the booklet might also intend to illustrate the simplicity and immediacy and understanding of the blood donation procedure. Whether both BDs and NDs, however, had the same reactions as intended will be illustrated in 7.2.2.4 The process of blood donation.

7.2.2.4 The process of blood donation

The process of blood donation which was included in the booklet should remain there, since it seemed that both BDs and NDs realised its value and no one rejected its significance even though both groups had different knowledge of the process of blood donation.

While discussing the brochure and the booklet, the two HW BDs made plain their familiarity with what they had to do from the beginning of the process of blood donation until the end of it and this was repeated every time they came to give blood (see their transcripts on p.247-248). Their personal experience of blood donation and media exposure, therefore, correlates to their understanding of the blood donation process. How easy and quick it was was also perceived by these HW participants, indicating their possession of knowledge of the blood donation process. They said:

Mrs P._{12}: [I] do not know. I was [there] for a short time, but the others were there for a long time.

Mrs B._{11}: For me, [it was] such a short time.

Mrs P._{13}: [It was] less than ten minutes.

Mrs B.: For me, [it was] about five minutes. Do [you] know why [it was so short]? [This is because] my children sat at the back, [so, I had to be] done in a hurry. [I was afraid] that they would hit [me] (*all: laugh*).

Personal experience of blood donation would not play an influential role in providing knowledge of the blood donation process unless a non-donating participant raised a query in this regard_{24} and this also was enlarged upon by other ND participants._{39,36}

Let us present what Mr J._{39} said because he stated that he did not have any knowledge of the process of blood donation. As he noted: ‘For me, it is better to [explain] the process because I did not know about it before. I have not studied what [I] will be

tested for [and what will happen]. When reading, I just know what will happen. I have never known this because whenever I go to [a mobile unit], I am rejected. So I do not know the process'. Although he had gained a little more personal experience of blood donation than other NDs, personal experience leading to attaining understanding of this information was limited due to his being referred. His viewpoint also displayed how little he was exposed to blood and blood donation messages.

Moving back to the first ND,_{24} whilst sharing his opinion about the brochure, he expressed his viewpoint that he was attracted to the picture(s) (see **1** in appendix 3) depicted on the brochure: 'In fact, it provides links. But it is unnecessary to show them like this. [I] already knew that for blood donation people have to lie down and be stabbed (*Ms V._{23}: laughs*). It is unnecessary to show it like this'._{24} It was very obvious to him that if he donated blood, he needed to lie down on a bed and his blood would be drawn. From Ms V.'s reaction while this non-donating participant was speaking, she was likely to agree with him that it was common knowledge how to donate blood.

When later talking about the booklet, nonetheless, it was clear that he knew some of the whole process, but 'not overwhelmingly and truly knew' about the whole process of blood donation as he put forward his query as follows:

Mr R._{24}: [It] takes time to check. ...

S.: **Not really. [It is] about five minutes [for screening].**

Mr R.: Really?

**S.: Then you have to register. After the registration, you
will go upstairs for [blood donation]. [It is] about 10
minutes. Are [you] interested in it? It is not too difficult.**

Mr R.: If [it] is quick and easy, it may help people feel that it is
not too difficult. ...

From his expression, although he was greatly surprised at the time spent for doing this, his understanding of the stages of the blood donation process was fulfilled. He showed his pleasure at how ‘unbelievably’ quick and easy the process of blood donation was, and he would like this point to be directly made in order to catch the attention of the audience, especially of himself and the NDs. The next assumption was that he previously perceived blood donation as an intricate process, as he expressed his incredulity in the exclamation ‘Really?’, and the last sentence tended to show how relieved he was in knowing that it was effortless and comfortable. His surprise obviously resulted from his non-donating background and also his lesser extent of media exposure.

The last ND made a very long comment concerning his tiredness and annoyance about the length of the information relating to the process of blood donation and later indicating his perception of inconvenience and unease of blood donation:

Mr P._{36}: ... I do not think the general public can understand. For
the process of blood [donation] (*sighs*), [because] I was in a
public organisation where [people] are asked to take a seat and

fill out a pile of forms. It is annoying? Do [you] understand?
Contacting with any public organisation (*tired face*), [is very
tiring]. I want to pay my tax [because] I am a good citizen who
is glad to pay his taxes, but anybody, except employees in the
Department of Accounting can calculate the tax. Is [that] right?
...

**S.: It should be possible to cut out this information,
should not it?**

Mr P.: Only identification cards should be presented. [And they
can immediately know that] I am Mr P. and I can donate blood.
After that, I can go home. But I do not want to fill out [any
forms]. I will take [those forms] back home. Do you
understand? I think it is annoying.

S.: Do [you] want something that is comfortable and fast?

Mr P. : That would make me really glad. Like the example of
the tax payment, I had to come to ask the employees of the
Department of Accounting and ... I studied Arts, so I really hate
seeing numbers, ...

This participant related his prior personal experience of other kinds of tasks to the blood donation issue and had high expectations for ease and comfort. His responses indicated that blood donation was recognised as not easy but complicated and that he lacked understanding of blood and blood donation, including the whole process. It was suggested that not only the length of the blood donation process should be improved, but the content published should also be made concise, so that the ease, comfort and

speed of the whole process would be apparent. In consideration of one of the NBC's missions clearly stating that it must ensure for the public a level of blood safety to identical standards nationwide (NBC, TRCS 2007g; TRCS 2006a: 140), however, it was impossible to do it as quickly and comfortably as he thought. No involvement in blood donation before and low level of media exposure to blood and blood donation messages were the indicators because he expressed his strong feelings which indicated that he had not known about this before.

There are more than 20 blood group systems around the world, but people should have familiarity with ABO and Rh blood group systems (NBC, TRCS 1997: 11), especially in Thailand. However, not all Thai people could differentiate those blood group systems' nature and disparities. This issue will be talked about in the next section.

7.2.2.5 ABO and Rh blood group systems

Several NDs, when discussing the booklet, asked that the information of ABO and Rh blood group systems should be offered, while none of their donating counterparts did. This was simply explained by the facts of personal experience of blood donation and media exposure. In the group of ST NDs, while one_{28} could correctly indicate that A, B, O, and AB blood groups were known, she had no idea what the Rh blood group system was, another participant had neither knowledge of ABO nor Rh blood group systems, noting that: '... If [I] am not wrong, there may be five groups. [Am I right?] [I] am not sure. ... [There are] about four or five [blood groups], as far as I know. ...'_{29} The words 'four or five' could imply that Mr S. lacked self-confidence as to

whether he could give the right information. Although these NDs might not be possible to give blood in future because of their personal illness, knowing about this could boost knowledge of blood and blood donation as required by the communication source (see p.180) and, for other NDs, encourage their motivation when there are patients whose blood groups match theirs.

There was also concern with what one might call the after-sales service of giving blood. One of the main responsibilities of the NBC was the safety and strength of BDs after blood donation, and its significance was portrayed in the booklet in terms of suggesting that BDs should take ferrous sulphate and the NBC would look after them in case of anything abnormal. Although information regarding ferrous sulphate ought to be able to be taken for granted, its importance in fact was not widely unrecognised.

7.2.2.6 'Ferrous sulphate': the iron tablet

Knowledge regarding 'ferrous sulphate', widely known as the iron tablets, which were given after blood donation and should be taken once a day for a couple of weeks for men and a month for women in order to replace the loss of iron and substances, as explained in the booklet, related again to the level of personal experience of blood donation and that of media exposure. With such factors in mind, none of the NDs asked what the iron tablets were or discussed them thoroughly, instead among those with experience of blood donation. This could imply for the non-donating groups that the issue of the iron tablets was too far away because they had not even got involved in the first stage of blood donation. BDs therefore differed from NDs in this regard, generally

speaking. And as mentioned previously, as only BDs responded to this information in this section it is their perspectives which will chiefly be discussed.

Among BDs, despite their having a history and experience of blood donation, the degree varied from one individual to another, and this correlated with their knowledge of the iron tablets. The discussion conducted by the HH/HW BD participants was as follows:

Mr B._{14}: How many black tablets are provided?

Mrs B._{11}: [There are] ten tablets. There are ten tablets in a bag.

Mrs P._{13}: Sometimes, [I receive] two bags.

Mr B.: [I] have never had [them]. Sometimes, [I] give [them] to [my] neighbours.

S.: There is information on page 9. For men, there are 15 tablets or a tablet a day whereas for women, there are 30 tablets or a tablet a day.

Mrs B.: Sometimes, [I] receive two to three bags. I, sometimes, do not put [them] in [my] bag.

Mr C._{15}: Normally, only 15 tablets are given. But, I prefer two bags, 30 tablets for a month.

Mrs P._{12}: [I] obtain two bags every time. [I] have [them] because I have heard that I can give good blood the next time. ...

Their debate provided both unsurprising and surprising results. In comparing who had the most history and experience of blood donation, the questionnaires and their

comments within the focus groups indicated that Mr B. won, followed by Mr C., Mrs B., Mrs P._{13}, and Mrs P._{12}. It was unsurprising when Mr C. could give complete and correct information on the iron tablets while the other three, whose number of blood donations was less, could only say how many tablets there are in a bag and how many bags are provided for a blood donation. It was, however, surprising from this discussion that the question about how many tablets are given per blood donation was raised by the one who had the greatest experience within this group. His knowledge could be explained by his level of media exposure relating to the collapse of communication between the NBC and its BDs.

Along with these contributors' perspectives, there were other BD participants who showed not so much the influence of personal experience but rather of media exposure. In other words, with their number of blood donations varying from two to 93, no one exactly knew how good and beneficial the iron tablets are. Although Mrs P._{12} took them because she heard that she could give good blood the next time, she could not and did not provide any information on how excellent and useful they are. For the rest, the results were worse, such as the man_{14} with the greatest experience of blood donation who said he had never taken any tablets and they were also given to his neighbours. His colleague_{11} also said that sometimes she did not even take any iron tablets back home (see their expressions in previous conversation).

Lack of knowledge about the iron tablets, compared with the information provided about them in the booklet, exist in Thai society. This medicine was taken only for the first three to four days, as a female ST BD_{6} believed that she was not experiencing poor health and there was nothing abnormal after blood donation. Only two to three

capsules of this medicine were also taken by a male ST BD_{10} and a male PEE BD_{3} who explained his reason on the basis of his personal belief, which was likely to be true in a sense, but it could also show his disbelief about the tablets at the same time. The latter_{3} donating participant noted that since the iron tablets were called a medicine, people naturally took pills whenever they were ill. To interpret what he said, because he felt nothing unusual after giving blood, he also thought it was unnecessary for him to take all the iron tablets.

Disbelief was not only present among these contributors, but also with what one_{8} who referred to what she had heard from other people that there was no need to take these pills because the quantity of iron which was lost during blood donation would be replaced either by our bodies themselves or by a diet, so she decided not to take any ferrous sulphate. Optimistically, blood donation is perceived as non-dangerous, because, in their views, it was unnecessary to take any substance for making them healthy afterwards. The other BD_{2} expressed the information she received from her niece, namely that after taking this medicine, her niece got an attack of diarrhoea. One BD also said that, although she did not know whether she was right or wrong, she had heard from other people that having the iron tablets made you fat: it is apparent that, as a young woman, she was concerned about obesity resulting from taking the tablets._{8} Not taking any medicine was therefore what she decided. The same older participant also made clear the belief among the people that taking ferrous sulphate could make females fatter, whilst males had no conception of its necessity._{2} Women in Thai society, especially the younger ones, are really concerned about their weight and perceive that being thin and skinny is an ideal model guaranteeing social acceptance. As noted by Sharps et al. (2001: 518), being slimmer is more desirable in the view of

Thai females than of American females and of males in both states. This perspective of Thai women will also be shown later.

Along with personal experience of blood and blood donation, as suggested many times, level of media exposure is another key factor in the variation of knowledge of blood and blood donation. To recall, the latter issue will be discussed more in 7.2.8 Repetition of messages.

Both the BDs and NDs appreciated the importance of providing understanding of blood and blood donation which could raise knowledge of blood and blood donation and draw their attention to blood donation and perhaps encourage regular, repeat or first-time blood donation. My current findings presented above were closely related to the study of France et al. (2008a: 528-529) stating that exposure to the information about what qualifies for, and disqualifies from, blood donation, what will happen if BDs agree to blood donation, how blood which has been donated is used and how to ensure that BDs and recipients are safe, encourages individuals' self-efficacy leading to the odds of a wish to donate blood.

Whether it is important to raise the issue of the excellence of blood donation, which was the main theme in the brochure, or incentives, which were displayed in rather large spaces in the medium, will be discussed in 7.2.3 Response to individuals' needs.

7.2.3 Response to individuals' needs

Attention can be drawn by meeting the audience's psychological or 'economic needs' (Wilcox et al. 2003: 221, see also Hallahan 2000: 468; Marsh 1992). Wilcox et al. (2003: 222) again suggested that '(1) self-esteem, (2) the opportunity to make a contribution to society, (3) recognition from peers and the community, (4) a sense of belonging, (5) ego gratification, or even (6) a tax deduction' would be a good theme in designing messages from charitable institutions dealing with volunteers and donations to compensate volunteers and donors (p.222). In this section, I will divide the presentation of my findings into two parts. The issue from (1) to (5) made by Wilcox et al. will firstly be discussed in 7.2.3.1 Excellence of blood donation, and the last point will be in 7.2.3.3 Incentives. In the meantime, how to respond to the audience's psychological or 'economic needs' (Wilcox et al. 2003: 221, see also Hallahan 2000: 468; Marsh 1992), in terms of making NDs' self-efficacy stronger will be included and revealed in 7.2.3.2 Information on fear reduction.

7.2.3.1 Excellence of blood donation

As Wilcox et al. (2003: 222) suggested, not just one, but all (1) to (6) were all presented in the brochure in the form of praise for BDs' blood donation, the benefits of blood donation, and incentives (see discussions in 7.2.3.3. Incentives). These comments seem to be appreciated by BDs. In contrast, there was likely to be no consensus among the NDs, i.e. half of them appreciated how excellent blood donation was, whereas the other half did not. This claim of dissatisfaction was surprising because those other NDs, albeit not all, had already recognised how excellent blood donation and its benefits

were.^{22,21,36} Especially among the NDs, there was another psychological need that was unmet. That was the informational and motivational strategies on how to reduce fears which are discussed in the following section.

7.2.3.2 Information on fear reduction

Not only the statistical findings in this study and other studies in other countries, but the results from the focus groups also made plain that the majority of the NDs had not gone to donate blood because of fear. Fears are an indescribable, subconscious psychological condition which it is difficult to get rid of; therefore, having positive behaviour in practice is unlikely to result. As Bandura (1977: 83) made clear, ‘People suffering from intractable fears and inhibitions are not about to do what they dread’. There were a variety of fears expressed during the debates. In psychology, the fearful people are the ones who are lacking self-efficacy in blood donation or they are unable ‘to regulate their motivation, thought processes, emotional states, and their physical and social environment ... and to overcome the difficulties inherent in changing ... a *specific* behavior’ (Maibach & Cotton 1995: 47). Again, according to the numerical presentation, fear of needles was at the top. It was followed by fear of blood and that of unsafety. Fears were present among the NDs because they were lacking knowledge of blood and blood donation.

No claim could be made that fear of needles would only be present in women, but the results of the focus groups gave clear evidence that several men in the groups of PEE, ST, and GO NDs had fear of needles.^{21,32,38,24,30,36,37} While asking the NDs to give

reasons why they decided not to donate blood, concrete fear of needles was shown both in their verbal and facial expressions and such appearances were presented as the examples as follows:

Mrs K._{32}: But, [I] am scared of needles. When checking health, [I] need to do [it] like this (*she stretches her arm in one direction and turns her face in the other*). [I] do not dare to look (*laughs*). [I have been] like this since I was a child until now when I am old (*laughs*).

Mr P._{37}: Once getting in, [I] felt dizzy. [I] have no energy to make a fist (*laughs*). [I] am scared. When [I] am at the University, if [I] know there is blood donation (*laughs*), [I feel] scared [because I] am scared of needles.

Ms P._{38}: Um. Everybody is scared of needles.

Mr P._{36}: It does not mean that [we] do not want to donate blood. Can [you] see?

Mr P._{37}: In fact, [I] have informally said to [my] friends that if [my] blood is needed to be taken out, [I would prefer to be] hit by a piece of wood (*all: laugh*). [I] feel dizzy and [I] do not like this if [my] blood is taken out via needles. [I want to] faint. ...

One strong fear was revealed when being exposed to pictures taken in a laboratory (see appendix 3, 2) as one_{24} conveyed the fact that ‘... I am the one who is really scared

of needles, then, [I feel more scared] when seeing [the picture of] the lab[oratory] (*shakes his head and shudders, all: laugh*). [It will be] better [not to donate blood]. When seeing the blood tube being shaken, [I] ... Oh! (*closes his eyes, all: laugh*) While reading the brochure, [I] am breathing deeply. ... Yes, when people who are really scared see only this, they will not volunteer. So, if [you] want to persuade the people who are really scared, these [pictures] should not be posted. Or, it should be something that looks lively. I guess'. Once again, phrases such as 'a small prick in a finger' and 'blood drawing' _{21,24} or a sentence such as the booklet's title: 'if you wish to donate blood, you should read [this]', should be avoided in the view of the NDs. The conversation about the booklet's title is shown below:

Mrs B._{35}: [The sentence] 'if you wish to donate blood, you should read [this]' as shown below looks scary. [It] seems that if [I] donate blood, what will happen to [me]?

Mrs M._{33}: 'What will you receive from blood donation?' It is rather soft. The wording should be changed.

S.: Do [you] think that [it] seems that [you] are being forced?

Mrs M.: [It is] half-force.

Mrs B.: [um: Yes.] What will happen to me? (*all: laugh*)

Mrs K._{32}: '[You] should read', too. [It] is better than '[you] must read'. If so, it will be worse.

Mrs B.: [What about] 'read now'?

Mrs M.: The wording is really important.

Mr K._{31}: [er: Yes.]

From the dialogue they were questioning what would happen to the NDs if they decided to give blood and the title looked like a sentence conveying semi-compulsion.

From the NDs, whatever arouses their subconscious fears should be reduced so that they are more self-efficacious and whatever strengthen their ability to overcome fears should be increased, as a GO ND_{37} said concerning the importance of this (see p.242-243). The ND_{24} who expressed his fear of needles and seeing the picture of the laboratory suggested that replacing the frightening image there could be one conveying a NBC employee's professionalism and expertise in carrying out the process of blood extraction painlessly. This could be a possible approach in reducing fear. He and his neighbour who was also scared of needles gave further recommendation that:

Mr R._{24}: [It is impossible] to say that it depends upon your own virtue (*all: laugh*). It could be said to some people who are scared that [it is] as painful as ant bites, that it is [also] a very philanthropic act [you can do] (*all: laugh, flips his hand into his body*).

S.: Do you think it is helpful?

Mr R.: At least, some people may think that [it is] very painful because they are having blood extracted. Even with a scratch, [they] may feel pain (*turns his face to see Mr J*). Inserting a needle is very painful. So how can you make [people] feel that [they] are experiencing pain only in this regard, [but] they will receive something more than pain. They only experience pain.

Ms K._{21}: Or, their pain is a slight, but the people who are waiting
for their blood are in far greater pain.

The other two GO NDs whose reason for not donating was also based upon fear of needles also urged the inclusion of a challenging statement such as ‘blood donation is not as scary as you anticipate’_{36} or ‘are you a man?’_{37} Similarly, writing about the virtue that people would obtain from their blood donation was dependent upon what was concerning each target audience such as adults, men, and women. Naturally, the older that Thai people were getting, the more concern they had about the meritorious deeds they wanted to perform. Nevertheless, for Thai young males it was possible to say that there was no danger of infection or epidemic diseases as blood had to be tested, whereas young Thai females were more concerned about beauty and health,_{32} so a written statement affirming that blood donation could make them more gorgeous and healthier might gain their attention. This showed the general Thai social understanding that men are interested in health whereas women appreciate beauty and health, as there were other discussions from both BDs and NDs giving evidence to support this fact. Although now it is because of being overage that he is unable to donate blood, he told of his previous personal experience due to his former career position that he was afraid of AIDS infection, and on behalf of men he said: ‘... it should be said that [blood donation] has no risk anymore, nowadays. ...’_{34} Speaking as a man, Mr J. also made a clear response to his health concern, especially the likelihood of blood donation in the reduction of cholesterol levels._{25} Although the other man in the same group, Mr R. initially perceived this claim as ridiculous, because he is a man, he later acknowledged his interest in health concerns._{24}

For women, concern about beauty, i.e. blood donation can make nicer skin, also became apparent from talking for a long period of time among the donating participants who were also HWs. In relation to this, as presented in 7.2.2.6 'Ferrous sulphate': the iron tablet, the medicine was not taken by younger females because it could make them fat._{8,2} Fear of obesity was also expressed by a GO ND_{38} who still perceived blood donation as making BDs fat. Referring to the study of Sharps et al. (2001: 518), once again, it revealed that American females and males and Thai men accept a body image of greater obesity than do Thai females.

These findings were well consistent with Grow and Christopher's (2008: 1401) study and (Perloff 1993: 325) that a message making people confident in being able to handle a problem is necessary to be presented and also with the study of France et al. (2008a: 528-529) that persons are more self-efficacious and have a greater willingness to give blood in future, if such proposed messages were provided.

Whether '(6) a tax deduction' (Wilcox et al. 2003: 222) is imperative in the comparative sight of the donating and the non-donating participants will be discussed in 7.2.3.3 Incentives.

7.2.3.3 Incentives

There was a huge debate regarding incentives. To conform with the intention of BD recruitment, retention, and recognition, as proposed by the communication source (see p.184), all incentives concerning chemicals in the blood testing service, the privileges of

medical treatment, and Red Cross Awards medals, were set out in this sampled brochure. The majority of the donating and non-donating participants_{3,1,2,14,11,23,29,26,27,34} declined the importance of incentives, with their verbal and non-verbal expressions; they were delighted to give blood, because it could help other people. Below are some examples:

Mr P._{3}: At least there should be some premiums. Personally, [I] am unconcerned. It depends upon an individual. ... Like my neighbour, [he] donates more than a hundred times, every three months. He takes care of his pins received well. For me, I only...

Ms Y._{1}: [You] just keep them.

Mr P.: [I] am unconcerned (*all: laugh*). [I] donate blood because of things like this [Excellence of blood donation].

Mrs S._{2}: I do not mind if [I] do not receive the pins (*laughs*).

Mr P.: I donate blood because I recognise that it is useful for other people. I am more concerned with giving than with the things that I obtain. Or, blood donation can save other people, like Mrs S. said. I am concerned that [it is] okay that I have knowledge of blood: if I do not donate blood, it will naturally be destroyed. This is the point of view of a group, while for other groups that are large, this issue [premiums] is a necessary issue.

Mrs S.: For me, whatever pins, certificates, or whatever I receive from the TRCS, in my opinion, [it is] okay, they are like a

souvenir. But do I want these? Whenever [I] come to donate blood, [I] have never thought to ask for those. ...

Mr S._{29}: But, the thing [I] think is unnecessary is ‘faith of pride’ [giving information about incentives, see p.276-277]. I think it is unimportant because if the people would like to do a good thing, they should not think about any rewards. [Am I] right?

Their debates showed that their behaviour and their intention to donate blood came purely from wanting to help other people or altruism that was consistent with the statistical findings presented in previous chapter. The altruistic notion stemmed from Buddhism doctrine. As Mueller et al. (2008: 202) stated, there is a close relationship between altruism and religious perceptions. In Buddhism, generally speaking, bad action and matters should be minimised, avoided, and withdrawn, by contrast, performing more good behaviour should be promoted (Sri Dhammanada 1994: 8). As Nanthaya (2007, April: 20) also wrote, gaining merit by donations is not only beneficial to the contributors per se, but also helpful to other human lives.

Because she is not a GO, a participant ND who was HH remarked: ‘... But, for this, [I] agree because I am a normal person, not a GO, [so I] do not have a chance to use [those pins]. ...’_{35} The debates conducted by the occupational groups of PEE BDs and PEE and HW/HH NDs also disclosed that there were two groups: grass roots and GOs that presenting incentives could provide impressive results. The need for rewards in these

two groups stemmed from different purposes. The first group who was the grass-roots or working-class people requested them to improve economic and social shortages. The donating participants_{2,3} claimed that those people were likely to be fond of promotional strategies. No matter what the premiums were, no matter how big they were, or no matter what kind of activity, premiums were very important. To fulfil economic and social satisfaction, however, was the reasoning of the other group, i.e. GOs, particularly those who were working up-country which was highlighted by the NDs. Generally speaking, the significance of incentives for them represented long experience,_{24} dignity, power, and prestige._{34}

Corresponding to the altruistic issue and the significance of occupation, it was really interesting that in this study the comments made above were consistent with what the majorities of GO BDs and NDs actually expressed concerning their need of incentives no matter whether in the form of either chemicals in the blood testing service, privileges of medical treatment, or Red Cross Awards medals. The difference that could be noticed between the group of GO BDs and that of GO NDs was that the former attached greater importance to such motivation than the latter. Some of these two groups' perspectives will be presented as follows:

Ms J._{17}: [It is] unnecessary for BDs to ask for incentives. It is like psychological rewards. Oops! We are proud of whenever we receive [the pins because it means] we can donate blood at a certain level.

In contrast to the GO participants who had donated blood, those who had not disputed this:

S.: What do you think about the privileges of medical treatment? Is it okay?

Ms P._{38}: I think it is okay. It can partly be persuasive (*laughs a bit*).

Mr J._{39}: [It is] okay. Like the general public, once they see it, they [may be okay].

Mr P._{37}: [It] depends upon different levels.

In this case, this might happen due to their occupational characteristics. In other words, as articulated previously, the GOs need pins or brooches to demonstrate how long they have been in their position or other issues related to their lives_{24} and how respectful, powerful, and prestigious they are._{34} It later reflected the wider social and cultural environment of Thailand at a certain point, namely that Thai society values money, power, and grandeur. Or generally speaking, the higher social and economic status the people occupy, the more they are respected and admired. As Cranley et al. (1998: 28) took an interview given by a senior psychology academic, this could reflect the point this study found (see her transcript on p.135).

More attention and persuasion to actually give blood could be generated by playing on the feelings of people through putting forward emotional appeals. Their value in the brochure, which will be examined in the next part, tended to be addressed by the NDs.

7.2.4 Emotional appeals and vividness of messages

There were a very few BDs who mentioned the use of case studies, whereas the majority of the NDs agreed with the suggestion that they were convincing and should be exploited in the brochure. Only those NDs, a smaller number than for case studies, was fond of employing statistics in the same medium. The study also showed that case studies include not only personal stories, but also their related, attached multi-coloured pictures. According to Perloff (1993: 158), colourful portraits, physical narratives, harsh images, and individual anecdotes are embraced as vivid messages. When referring to colours, they are one of the most vital, meaningful components of designing a medium. The two strategic approaches of case studies and statistics will accordingly be discussed below in the order of case studies as the most popular and statistics. They will then be followed by the explanation of colours.

7.2.4.1 Case studies

Because very few donating participants mentioned case studies and because the majority of the non-donating counterparts referred to their importance, the discussions of the latter will be mainly presented in this study. The two ND participants from the group of PEE requested case studies because of the emotional involvement they created, such as sadness, sorrow, sympathy, and the like. As one of them eagerly declared: ‘How does it look? (*laughs*) [I like] drama. In fact, it should look dramatic. For example, there are forwarded emails [that have been sent] presenting [the issue of] blood donation. Only forwarded emails attached to pictures, I feel [that I want to donate

blood]. I do not know who they [these victims] are. But I would like to help [them], even a sampled case. I feel that I [want to donate blood], even if [I] do not know whether it is a true story'.^{22} The presentation of a true story and real image could dramatise her profound feelings and sorrow, no matter who an individual was, either known or unknown, and then lead her to an immediate response of blood donation. This went along well with the reflection of Austin and Pinkleton (2001: 320-321) that to get the audiences more closely involved in and familiarised with a particular issue, even though they have no concern about it before, is the substance of emotional appeals. Along with this, the other ND from the same group put forward her key interest in case studies because '... Or, one can ask whether there is a child who really needs blood such as B blood group. Cases should be proposed to look real. ...'^{23} As Perloff (1993: 159) stated, case studies can enhance 'believability' since they 'have a certain reality and immediacy'. From their expressions blood donation was perceived as 'too far' away from NDs' lives for the first participant and as 'too abstract' for the second one. In terms of the latter non-donating contributor, without such factors, clear perception and understanding of how blood donated is used and how beneficial in reality is donated blood was limited.

During the arguments within the ND focus groups, there were several samples of case studies discussed for designing the brochure. Basically a case study in their sight was a person who had a problem and needed a blood transfusion in order to stay alive. For the particular group of women ST, the best choice was a child who was suffering from any disease.^{26,28} Although a ND was a ST^{30} but a boy, and another one was a woman but worked as a PEE,^{23} they were fond of using case studies of children. It was additionally suggested, for example, that a touching portrait of a child could be included

in a case study, together with an attractive, emotional message showing his survival because of your blood or blood bag._{26,28} The result was well consistent with the example provided by Perloff (1993: 158) that to urge the audience to take action by donating money was successful if they were presented with a picture of a very hungry young individual.

Compared to employing a case study of a teenager who had an accident while riding a motorcycle, the case study of suffering children looked more pitiful._{26} Addressing the case study of a juvenile, however, stimulated an interesting, controversial argument among numerous NDs. The study primarily revealed personal experience of driving and gender difference. While males_{24,27,30} disagreed with using this case study, females_{26,28} had opposite viewpoints. The two NDs_{24,27} pointed out that an accident while riding a motorcycle might result from careless driving or recklessness. Therefore it might be thought that he got what he deserved._{24} And he did not deserve to receive a blood transfusion because no one could guarantee his behaviour after a blood transfusion as to whether he would behave the same as he did before. Unless a change was made, a BD's blood was meaningless, and bad behaviour was being cultivated among adolescents._{27} Those views were challenged by the two ST NDs._{28,26} The former girl thought that nobody wanted to play with the line between life and death. In other words, once a person was given the chance of life by a blood transfusion from a benevolent BD, there would be no possibility of repeating such behaviour, or more vigilant riding and driving could be the result. Even less emotive than the case study of children, the latter younger female participant agreed that blood donated by a BD could not only give him a life, but also provide him with a better existence.

What could clearly be noticed from the discussions of men and women was preference for either being rational over emotional or being emotional over rational. The former was recognised among males while the latter happened among females. In this case, it was consistent with the study of Wang (2008: 55), concluding that attitudes towards being emotional is cultivated among women, whereas men are somewhat emotional and logical.

Although another woman whose career was PEE_{23} did support the use of the case study of children but did not obviously show her agreement or give reasons on the use of this case study, i.e. the teenager, her immediate, verbal and non-verbal reactions, i.e. ‘Huh! (*High, frightened voice and laugh*)’ and (*closes her mouth*) indicated that using this case and producing a scary image should be avoided. In contrast to the women mentioned above who were above all appealing to the case study of children suffering from a disease, this case was too soft for the other two female NDs whose occupations were HW_{35} and PEE_{.{22}}. The differences between Ms V. and Mrs B., and Ms P. was traced back to the original reasons for not donating blood. Fears were obstructing blood donation on the part of the first woman whereas incompleteness of the criteria for BD selection and illness were put forward by the latter two participants. As a result of this, either utilising fear appeals to encourage an actual action, or proposing frightening, passionate messages had to be avoided.

The former_{35} did not provide a specific case study, but she preferred that: ‘... If extreme cases are raised, the people may think how they will do if there is no blood. For this picture [of ‘M’] I do not know for what it is used’. Her evidence was consistent with the suggestions of the focus group participants conducted by Mathew et al. (2007:

732-733) that presenting on advertisements individuals who had blood transfusion in reality make people realise how beneficial blood and blood donation are. For the latter participant_{22} and another female in the same group of PEE_{21}, the use of an ‘intense’ case meant a great deal to the people injured as a result of a serious insurgency in three provinces in the southern part of Thailand. No gender difference and with no agreement on the use of the case study of the teenager involved in the motorcycle accident, the male_{24} had the same opinion about employing case studies from the situation on Thailand’s southern borders and also an environmental disaster such as a tsunami. There was agreement on using such natural catastrophe by people of the same gender, but different occupations, i.e. ST._{27,29} For the first male ST,_{27} as stated above, he was not attracted to the case of the careless teenagers, however, the most pressing case study in his mind was a tsunami, because that brought a huge premature loss and was completely unexpected. There were other interesting case studies proposed by the participants who had sexual and age divergences but career convergence, PEE. The female_{21} and the male_{24} brought forward the case studies of having an accident, a person of low socio-economic status, and a kidnap victim. As the PEE ND said,_{22} the other two male ST_{30} and GO_{37} NDs also recommended that a forwarded email was a good source of identifying a case study.

Actual statistics and figures would be preferable for the brochure. The discussions about them will be shown in the section.

7.2.4.2 Statistics

The fact of being exposed to blood and blood donation to a smaller degree than the donating contributors made their non-donating counterparts not know or realise how blood donation is leading to questions of how much immediate blood is currently needed. They suggested the use of statistics. Of only three NDs, two debates will be proposed here and one of them keenly responded to this importance:

Ms L._{26}: ... For people who do not want to donate [blood], they have not known the need [of blood]. [This brochure] does not state that there are many people wanting [blood because] today's people do not know that blood is required every second. ... [They should be] informed how many percentages there are of the injured and how many percentages of the people who need blood. Everybody thinks that there will be other people giving blood. [It] is unnecessary for them to donate blood.

The request for this aspect was also proposed by the other male PEE ND with indications of his curiosity but uncertainty about his information provided as an example.

Mr J._{25}: It could be that (*rubs his chin*) in Thailand there are XXX hospitals and there is a shortage of XXX units. Nowadays, there is only 1% of BD that compares to ... Or, there are nowadays

very few BDs. XXX units have to be imported from Africa. How is that? How much does it cost per unit? If we donate blood XXX a year, there are XXX units that are enough and can be sold to Laos.

As stated above, the limitation of media exposure to blood and blood donation messages caused these two NDs not to have understanding of the current situation of blood and blood donation in Thailand in terms of the number of injured people, the amount of blood required, the figure of blood in blood banks, and the number of BDs. The presentation of such statistics, therefore, drove the NDs evidently to recognise the fact and the reality in contemporary Thai society. Although the use of statistics is not as good as moving pictures in arousing sadness, humour, and so forth, they can give the audience how valid a situation is (Ancker et al. 2009: 461). The ‘credibility and validity’ are the characteristics of statistical reports (Mathew et al. 2007: 733).

Colours are also one of the substantial components in producing an attractive PR tool and increasing the audiences’ enjoyment. That claim was not always true for some people, however. The discussions about the BDs’ and the NDs’ preferences for colours are presented in 7.2.4.3 Colours.

7.2.4.3 Colours

During the discussions on the brochure and the booklet, the points of view towards colours will be disclosed. Basically the colour yellow was applied throughout the

brochure (see appendix 3) while red and white were mainly evident on the front page of the booklet and black and white one on the content pages (see appendix 4). Several male participants appreciated the colour yellow_{20,25,29,27,31} as, for example, they said it looked nice and a BD_{16} and a ND_{24} appreciated this, since it could represent the admirable institution of the monarchy. In contrast, the ineffectiveness of the yellow colour used on the brochure was agreed by many females in the group of PEEs and STs. ‘It is not exciting’ was the opinion of a PEE ND_{23} and ‘It is too plain’ was said by the other two PEE ND_{21,22}. The first ST BD_{8} also felt that it seemed to be a repetitive and monotonous colour which affected the brochure’s prominence adversely. The other ST ND_s_{28,26} also felt that this colour was really unattractive and the second ST ND personally liked contrasting colours like red. Despite the gender difference, this yellow colour could not attract him; the light green colour was requested instead._{9}

Before moving on to present the debate about the colours, especially the red one, one fact is true from the opinions of both those who agreed to the use of yellow and those who opposed it: the institution of royalty is highly revered by the Thai people, and as a result this colour has been employed repeatedly in a variety of communication channels until many Thai people were largely familiar with it. More details of the institution of royalty will be given in 7.2.5.1 The institution of royalty.

Various perspectives towards the colour red were presented with various personal experiences. Since red was associated with blood, so that this colour’s meaning was clearly presented and effortlessly interpreted, two PEE BDs liked this colour._{1,2} However, because this association of this red, a non-donating participant who gave his fear of needles as his reason for non-donation said: ‘[Anything] that is in red, I give up

on'.^{37} He therefore greatly preferred black and white because blood and blood donation messages could be disturbing if colours were utilised, since adding the colour red made not only the link with blood and gore but made the picture very realistic. This interpretation was not seen by the ST ND_{26}, as mentioned above, who instead was attracted. Despite her being fearful, albeit of dirt, the colour red was therefore not decoded as blood arousing fear. Like Mr P.^{37}, the two HW NDs_{32,35} preferred black and white, however the reason they gave was that the colour was clean and classic. In other words, blood donation was not perceived as fearful as Mr P. felt, but blood donation was linked with cleanliness for such two HWs.

The credibility of the royal family and celebrities is highlighted as a persuasive message strategy by the communication source. Whether BDs and NDs agree with this will be revealed in 7.2.5 Source credibility.

7.2.5 Source credibility

The study revealed two important sources in the institution of royalty and in celebrities. These two issues will be discussed separately: 7.2.5.1 The institution of royalty and 7.2.5.2 Celebrities.

7.2.5.1 The institution of royalty

The majority of both the BDs and the NDs, without any individual and social and cultural differences, highly valued the royal family. The fact cannot be denied that the

institution of royalty is ‘the centre of Thais’ hearts and lives’. Thailand and the monarchy are attached together as Thailand has a democratic system with the King as head of state. High levels of commitment to the campaign, ‘Following His Majesty The King’s Foot Step with Love and Goodness’, were evidence that Thais highly value and revere the monarchy (Patisang 2006: 162). The Foreign Office, Government PR Department (2007) also reasoned why HM the King is highly revered (see the detail on p.41). There was also a close link between the royal family and the issue of blood donation, especially since it is widely known that HM the King, HM the Queen and HRH Princess Maha Chakri Sirindhorn are Patron, President, and Executive Vice-President respectively of the TRCS (TRCS 2006a), which controls many Bureaus beneath it, including the NBC. The royal family could surely represent ‘*expertise*’, ‘*sincerity*’, and ‘*charisma*’ (Wilcox et al. 2003: 218, see also Hallahan 2000; Marsh 1992).

To prove such claims, the examples of the BDs’ and NDs’ comments follow:

Mr C._{15}: For me, I do not blame anybody. Even grade-one students who are literate know who she [HM the Queen] is. If a picture of her is included in the brochure, [everybody, even grade-one students] will know.

The effectiveness of including the institution of royalty as an important and credible source causing people actually to donate blood was also clearly exhibited by the two donating participants. The one who was HW said her initial blood donation came from

wanting to dedicate her blood for HM the Queen after hearing about the ‘72 million drops of blood donation for HM the Queen’ campaign.^{13} The other male PEE told of his experience that previous fears of infectious needles were overcome by the golden opportunity of the 60th Anniversary Celebrations of His Majesty’s Accession to the Throne.^{5}

In consideration of the non-donating participants some of them agreed on including this kind of message. For example, one said: ‘... But the pictures should be better than this, such as [showing] her royal duty towards blood donation. [She] can make [people] believe. ...’^{24} His idea was agreed that ‘For [the picture and the wording of] HM the Queen, I feel really good after reading. I feel that HM the Queen is giving us suggestions. ...’, said a ND who was studying.^{26} The other one furthermore commented: ‘[It is] okay. I think that it is good [because] all people know [about this activity]. In other words, all people know [that it is] blood donation [when seeing the picture of HM the Queen]’.^{34} In the same occupation, she stated that ‘[There are] HM the King, HM the Queen, and HRH Princess Maha Chakri Sirindhorn [who are persuasive]’.^{32} The variety of viewpoints put forward by such groups as seen above could again confirm the importance of expertise in encouraging blood donation, and as ‘the centre of Thais’ hearts and lives’ people are led to believe what he or she said; the notions of proficiency and headship are also important (adapted from Wilcox et al. 2003: 218). It was also correct to say that the monarchy was perceived not only as the respected, admired icon and public figure of Thailand, but also the symbol of blood donation.

In addition to this, the point was made that it would also be attention-grabbing. A BD_{17} and a ND_{24} had a similar opinion and suggested that the picture of the institution of royalty would make people want to keep the brochure as presented: ‘I think it is [often] thrown away. If there is a picture of HM the King, [the booklet] cannot be discarded. It will be kept. ... If there is a picture of HM the King, they will keep it. No matter boys or teenagers, it will be impossible to throw away if there is a picture of either HM the King or HM the Queen. They need to keep it.’_{17} and ‘Or the picture of HM the Queen should be included. Once seeing [the picture of] HM the Queen, people are afraid to throw it away. Some people may put the brochure on a shelf. Some villagers may do this. ...’._{24} A HW ND, however, gave an opposite viewpoint, i.e. the picture of the royal family should not be included because it was difficult for her to know where she should keep the brochure. She said: ‘I think after receiving it, sometimes [I wonder] where should [I] put it?’_{35} Although the other ND_{32} in the same cluster initially realised the persuasiveness of the monarchy, once Mrs B. raised this problem, she immediately responded that: ‘[er: Yes, I] need to be concerned about this’, indicating that her opinion was likely to be disturbed. Great respect for the institution of royalty is always in Thais’ hearts.

In relation to the pictures of HM the Queen on the brochure and of the logo ‘We Love the King’, many BD and ND participants made further contributions regarding their quality and consistency. In terms of the quality and the sequence of the brochure, the portrait of HM the Queen should be better than it currently was_{17,21,24} and it was also recommended that the picture of HM the Queen should be placed on the front page and that of the celebrity on the back page._{24,31,32} While there was no comment on the quality of the pictures in the booklet, the two ST BDs suggested that the ‘We Love the

King' logo should appear either on the front page or where the people could easily see it._{10,7} The proposal of the male PEE ND_{24} for the brochure will be used since his comments display how he felt about the unsuitable sequence and how the impact of the picture should be enhanced. It is worth noting that his professional backgrounds involved design. As far as the use of the celebrity's picture on the front page and a picture of HM the Queen on the back page of the brochure is concerned, this caused him to immediately change his opinion. He suggested that it would be more sensible and consistent if there were only images of HM the Queen throughout the brochure. Equally, her picture should be better than it currently was. In other words, her involvement in many royal duties involving blood donation activities, and her depiction wearing a full-length dress, should be placed in a classic photo frame and enclosed with either curly letters or genuine handwriting. And a graphic image of flowers should be attached to the whole brochure. As Hallahan 2000 (in Wilcox et al. 2003: 165) commented, specialised media are dependent upon one of the most crucial factors, i.e. 'design'.

As for the other source of credibility, an analysis of whether celebrities could be persuasive endorsers to draw the audiences' attention will be shown in the following section.

7.2.5.2 Celebrities

The popularity of using celebrities could be underlined by the kind of opinion expressed by Richard Storey, an account planner at M&C Saatchi (cited in Pringle 2004: 210):

‘Jesus, that’s someone I respect’. To attempt to gain that kind of impact a male celebrity, ‘M’, was presented in the brochure and a female celebrity, ‘Nadia’, in the booklet. With no discrepancy in their personal experience, unfortunately, neither the BDs nor the NDs agreed with linking blood and blood donation messages with celebrities in order to grab their interest. However, such a claim might not be the case with teenagers. Almost all of the older people in both groups of those BDs and of those NDs suggested that celebrities were rather more suitable for juveniles because the older were either not interested or could not remember them. Some examples of their opinions follow:

S.: **[Is it] because of ‘Nadia’? (*laughs*)**

Mr P._{3}: I do not recognise stars so much (*laughs*).

Mrs S._{2}: I do not know who she is.

S.: **[She] is a star.**

Mr P.: I need to ask my daughter at home first (*laughs*).

Mrs S.: I cannot recognise her face [I did not know she was a
star].

Ms P._{38}: It is [a question of] whether the presenter can be
persuasive.

Mr P._{37}: Who is he? (*laughs*)

Ms P.: [I] do not know him.

S.: **[He is] ‘M’.**

Ms P.: [It] is not helpful (*laughs*).

Mr P._{37}: [I] do not know [him].

Ms P.: The question is whether it can be persuasive. ... For celebrities, suppose that some people may hardly be exposed to the media, so [they] may not know those celebrities.

S.: It is ineffective.

Ms P.: It is ineffective.

Mr J._{39}: Like them, I do not know who he is (*all: laugh*).

Ms P.: But if it is HM the Queen, ...

Ms I._{40}: [The presence of the star] is suitable for teenagers.

Mr P._{37}: There should be different levels of age (*all: laugh*).

S.: [There should be] different styles and different versions.

Mr P._{36}: [Media production] is such hard work (*all: laugh*).

The findings validated what the adults imagined only with the teenagers in the BD group whose age was between 18 and 22 years, but not with those who were their counterparts. Three extracts each of the younger BDs and NDs have been extracted to show disagreements between them on celebrities.

Ms P._{8}: In fact, celebrities do have an impact on BDs. ...

Mr P._{10}: (*thinking*) Referring to today's juveniles, most [of them] use celebrities as an example [or] an idol. Placing the picture of the celebrity like this may make teenagers more interested.

[They] may want to see [the brochure]. [They] may try to pick up [the brochure] to read it.

Ms C._{7}: For me, it should be included. As [I] told you, [this is] because the star is important because most people know who she is. ... Like me, [when] I see ‘Nadia’, I would be encouraged to read on. ...

These three teenage BDs felt that celebrities were important for adolescents because they were regarded as idols encouraging a particular action.

The failure of celebrities was reflected by the three teenagers who were NDs.

Mr E._{27}: No, I hardly watch drama [or] entertainment news.
Celebrities are not attractive.

Ms K._{28}: As the others said, the pictures of celebrities are not important ...

Mr M._{30}: As I have worked, I have known that celebrities possibly play an important role in having a psychological effect on some groups of people.

S.: **What about you, yourself?**

Mr M.: For me, [I] feel unconcerned [by them].

Celebrities were perceived among the ST NDs as neither appealing nor necessary. Like the first and the third individuals, another male adult BD also reflected that famous people could not gain attention because drama or entertainment news was scarcely consumed. As he commented: ‘It is good. I do not know any celebrity because I do not like watching movies, I like watching news instead’.^{14} It was compatible with the survey of the NSO (2004a), that men whose ages were over six and who were exposed to television were fond of consuming news rather than entertainment programmes on television.

However, the phrase ‘almost all of the older people’ was previously mentioned, since during the discussions there were exceptions among especially some ND participants of the groups of PEE and HW/HH. The various arguments between the HW/HH NDs will firstly be introduced. Their discussion presented all aspects relating to the effectiveness of the celebrities, i.e. agreement, ‘rather’ neither agreement nor disagreement, and disagreement. In particular, even if they were women, one^{33} supported the idea that celebrities could grab her attention at first sight, therefore they were actually valuable, whereas the other^{32} felt that that did not happen to her. Although Mr S.^{34} was in the same group, he was unlikely to show interest in the celebrities. However, it seemed that, when referring to the celebrities, he then paid some attention, but did ‘not really’ give his attention to them.

Like Mr S.,^{34} the participants in the group of PEE NDs did not specifically highlight the effectiveness of the celebrities but rather their discussions could indicate how far

they paid attention to them. While I was introducing the nature of the focus groups, the PEE ND_{24} gave his immediate response about celebrities, not only showing his interest in the use of popular people, but also displaying his and the other male participant's gender identity and characteristics leading them not to be called gay.

Mr R._{24}: I like her ['Nadia'] (*smiles*).

S.: **It is okay. You personally like her** (*laughs*).

Mr R.: If I liked him ['M'], [I] would be abnormal (*laughs*). Do
you like this [the brochure]?

Mr J._{25}: No.

Mr R.: You are right because we are men.

These linguistic and non-linguistic factors were repeated in the later conversation.

Mr R.: [The star] should be changed (*smiles*).

Mr J.: He looks handsome (*smiles*).

Mr R.: (*turns his face to Mr S.*) Hey! [What is happened to
you?] (*draws his chair further away, all: laugh*) I should sit
further away. I am not quite sure [about you].

In relation to this distinctive point, although the ST ND clearly articulated that he was not concerned about the celebrities, because he was asked to compare the male celebrity

on the brochure and the female one on the booklet, his response was that: *‘(pause for a while for thinking) I think it is better because my heart is a man’s’*.^{27}

Nearly at the end of the PEE ND focus group, the same contributor^{24} initially re-opened the debate about the use of celebrities, and information regarding this issue was given by the other participants in the group. This could therefore indicate that employing celebrities would make them pay attention.

The first point that the participant mentioned involved the number of celebrities, either ‘one’ or ‘more than one’. His preference fell between a single star and a pair of celebrities, and he/she/they should be seen as ambassadors for blood donation. Although they were NDs, their thoughts were not in harmony. The preference for the number of celebrities was backed up by the HW ND^{33} who actually supported the use of popular people. The other HH ND^{34} whose opinion towards celebrities was unsure did not attach importance to there being more than one celebrity. For the group of younger ST BDs who accepted the influence of celebrities, one of them^{7} fancied using several celebrities, as she pointed out that the majority of BDs were not only juveniles but also adults. Multiple persons should be used of either an individual or a cluster and alternatives being made are dependent upon what kind of content it is and who are the people whose voices are asked for, Dillard and Ye’s (2008: 149) study revealed.

The second point was that the selection of the celebrity was important. The participants said that acceptable characteristics of celebrities in blood donation should constitute being a good person and having a good personal background.^{24,21,22} The phrase ‘a good person and has good background’ meant there should be no news concerning love

affairs or attempts to compete with others to take their husbands and/or wives, disputation, for example, and they should be reliable. For this target group, those who could fulfil such attributes were ‘Tor’ Suksit Vejsupaporn, ‘Aff’ Taksaorn Paksukcharoen, and ‘Beam’ Kawee Tanjararak. The latter celebrity’s quality was recognised by the communication source (see p.186-187).

Although ‘Pong Lang Saon’ was another good example whose background was acceptable and trustworthy and who could reach a mass audience, as proposed by a PEE ND,_{21} this was opposed by her neighbours_{22,24} for the reason that the band was not reliable and looked funny._{22,24,23} In other words, because the band adopted a particular comical style in its play, it made them look like comedians rather than other types of actors and actresses. The first participant who backed up ‘Pong Lang Saon’, however, returned to her argument as to why she liked using this band: this was because its humorous presentation could reduce fear.

Within this group, i.e. PEE NDs again, ‘Paula’ Paula Taylor was perceived as a good and reliable source, in the sight of a participant_{23}, however her opinion was interrupted by her colleague_{22} who gave her immediate response that Paula was perceived as a unique presenter and representative of a particular brand, which was the ‘Cannon’ camera brand in this case.

Unlike the criteria for celebrity selection proposed by the cluster of PEE NDs, nevertheless, ‘trendy’ celebrities were the most appropriate, best standard for younger people as commented by an adult PEE BD._{1} This adult’s suggestion went along well

with what two girls_{8,7} actually thought, namely that trendy famous persons were more impressive. And in their view such fashionable stars meant that they had to be Korean. This reflection well illustrates what is going on in Thailand nowadays, namely that Thai adolescents, especially females, are now crazy about behaving in the Korean style, for instance in dress, eating habits and the like, and love to be exposed to Korean series. As Siriyuvasak and Hyunjoon (2007: 125) presented their research results on the culture of the K-pop fan club, 'the Thai middle class youths are actively organizing themselves in new and often unique fashions' (p.125).

In his role as link with the external company, a PEE BDs was interested in proposing well-known people who were successful in his career and got involved in blood donation activities, instead of using celebrities._{5}

From the discussions displayed above, in employing celebrities, Wilcox et al. (2003: 220) stated that it is significant for the organisation to analyse its audience, so that it can effectively reach them.

The last issue which was found interesting and important was that of female celebrities. Whilst the men NDs preferred female celebrities because they were men as discussed above, the other two women in the group of HW/HH NDs_{35,32} felt that the picture of the female presenter in the booklet enabled them to feel better in looking at and having positive feelings about blood donation, also to understand how brave she was, but unfortunately the appearance of the woman celebrity could be a scare-driven stimulus. Their interpretations were opposite to what the communication source intended to

communicate, namely that celebrities, especially women, made women less fearful of blood donation (see p.186-187).

It could be concluded at this point that the royal family was more likely to be a powerful and credible source for blood donation than the celebrities as a conversation shown below, although the latter worked well with some target groups including ST BDs, possibly, PEE NDs, and some HW/HH NDs.

Mr P._{20}: For me, I prefer the institution of royalty because stars, as
Ms K. said, [are] suitable for teenagers [or] students.

**S. So, for all of you, including the picture of stars does
not have any impact [on persuading you] towards blood
donation, does it? But if ...**

Ms J._{17}: The pictures of HM the King [and] HM the Queen
[should be better].

Mr P.: HM the King [should be better].

In using celebrities, there would need to be a careful assessment of who the particular publicity was trying to reach, celebrities' characteristics, their numbers, and their gender.

Alongside the discussion of celebrities, another problem regarding the non-linguistic composition's quality will be included in this part because its importance may be

underestimated by the NBC employees due to no message pretesting (see p.167), but composition cannot be undervalued in the eyes of the audience, especially the non-donating participants. We need to recall the statement of Hallahan (2000, in Wilcox et al. 2003: 165) that ‘design’ is one of the most significant features in controlled means.

As stated above, the psychological problem of fear has remained with the NDs. Especially with women ND once again, instead of reducing the fear of blood donation by including the picture of the celebrities who actually donate blood, as intended by the communication source (see p.186-187), the reverse reaction was the result, and being exposed to what is scary and frightening should be avoided. These views were expressed when the female NDs saw the attached picture of the celebrities on the brochure and the booklet.

Ms V._{23}: Yes, yes, yes same as her. [It is] whether or not he is ‘M’. [It] can be whoever. I do not mind. But, his face looks unhappy.

Ms K._{21}: [You] are right (*voice stressed*). That is the message [I am] picking up, that my face will look like this [the face that looks like a balloon] when donating [blood] (*all: laugh*).

Ms V.: [The picture] is also unclear.

S.: **[Do you mean] the quality of the picture.**

Ms V.: [It is because of the number of] pixel.

S.: **There are dots.**

Ms K.: [I] do not mean that ‘M’ is not good.

Ms V.: You are right, right (*voice stressed*). Besides, I have started asking myself whether, if I donate [blood], I have started scaring of the unsafety [it may be unsafe]. [This] happens [in my mind]. Even the medium, [it] is inefficient.

Ms K.: ... There should be no [images of] scissors (*stares closely to the brochure*) placed in the frame (*all: laugh*). At my home, [I] use them to cut something, [but] here [I wonder] whether they are used to cut my blood vessel.

Similarly, the women NDs in the group of HW/HH raised questions:

Mrs B._{35}: [Because] there are dots on the picture, it is like news about a criminal (*all: laugh*). [It] looks scary.

Mrs K._{32}: [er: Yes, you are] right.

Mrs M._{33}: It should be clearer than this. ...

Mrs K.: This person ['M'] seems to have been in an accident and to have come to donate blood.

Mrs M.: This [The booklet] is more persuasive.

S.: **[His] face looks unhappy about blood [donation]**
(*laughs*).

Mrs K.: Although he tries to smile (*laughs*). ... This guy looks indecisive. His smile looks like ...

Mrs B.: [He] tries to ... (*laughs*)

Mrs K.: [He] tries to smile. [He] tries to smile

Mrs M.: For this, she ['Nadia'] smiles warmly.

Mrs K.: He tightly holds his hand (*all: laugh*).

S.: **[It is] very painful. [He] cannot tolerate on it (*all: laugh*).**

Mrs M.: [Her] hand looks relaxed.

Mrs K.: [er: Yes, her] hand looks relaxed. The person who arranged the scene has not done [it] well. [This is because] he is holding his hand tight. [I] do not know what he is holding.

Mrs M.: In fact, the picture can help a lot.

[The posture] of the celebrities were tied to all kinds of fears underlying non-donation. It was worth noting, therefore and once more, that whatever highlighted the psychological perception of fear should be limited, and the reverse is also true, i.e. the NDs would be more self-efficacious if little or no message relating to fear was included.

Both real and/or unreal pictures were used in the brochure and the booklet. Which one the donating and non-donating participants preferred will be discussed in 7.2.6 Cartoons.

7.2.6 Cartoons

The main reason for a preference for comic strips in the brochure and the booklet among the BDs was because they enjoyed them, since the problem of fear had been overcome and also information was easier to digest, leading to more understanding of blood and blood donation messages.^{4,8} Pleasure among some NDs at seeing comic strips was, however, because of their sense of fear, especially of needles, as the most important reason for their not donating blood.

Of the participants who were fearful, two of them said the following during the booklet discussion:

S.: **Should the pictures be cartoons?**

Mr P.^{37}: [They] should be cartoons.

S.: **Should [they] not be real pictures?**

Mr P.: [They] should be cartoons because I just saw this [one]:
the blood collection tube.

S.: **Do you start [being scared]?**

Ms P.^{38}: [It] looks scary.

Mr P.: [I] can see blood, too.

According to Mr P. and Ms P., fears were aroused due to seeing a real picture of a blood collection tube in the booklet. Thus it would be better to use cartoons than the real image in order not to highlight fears, as the nature of cartoons is that their appearance

does not look real but rather imitation. In other words, drawing cartoons or 3D animations is an imitation of a real person or subject, which is different from (celebrities') real lives (Pringle 2004: 262).

As stated above, problems with knowledge of blood and blood donation and, as the statistical findings revealed, understanding of blood and blood donation was an indicating factor of donating blood (see 6.2.3 Knowledge of blood and blood donation), which was supported by Booth-Butterfield and Welbourne (2002: 159), namely that 'level of knowledge' indicates the ability to process messages (p.159). Thus two PEE NDs_{24,21} especially the first, who admitted his lack of understanding of the process of blood and blood donation (see p.261-262), said that there should be a (funny) cartoon showing what would be done in each step of the process, with a short explanation underneath. In regard to what Wilcox et al. (2003: 543) said, cartoon characters could help explain what will happen step by step, which could be seen in an instruction booklet.

In relation to the benefit of comic strips in helping people understand blood and blood donation messages, especially among those who had little or no knowledge of these, there are two other related issues, which will be presented in 7.2.7 Understandability of messages.

7.2.7 Understandability of messages

What is different between the BDs and the NDs is their knowledge of blood and blood donation resulting from their personal experiences of blood and blood donation and their levels of media exposure. They are also different in terms of the psychological factor of fear, the BDs not displaying any and the opposite for their non-donating counterparts. They, however, share the fact of living in Thai society. Understandability of messages included both the pictorial and written format. This section, therefore, will be divided into 7.2.7.1 Non-linguistic compositions and 7.2.7.2 Linguistic compositions.

7.2.7.1 Non-linguistic compositions

The non-linguistic compositions were the subject of greater complaint from the NDs than their donating counterparts. This could be explained by their different degrees of knowledge of blood and blood donation. To increase this, not only verbal but also non-verbal aspects were paid attention to, largely by the individuals who had not undertaken blood donation. Especially in the brochure, there were two major graphic images, i.e. the so-called ‘roof’ and arithmetical shapes, which did not clearly communicate what they were. Not only incommunicability, but also childishness were perceived by both groups in the ‘roof’ picture. The latter especially referred to both incommunicability and the lack of consistency in the drawing of such arithmetic-shaped images in the brochure. Consequently the suggestion was made that more careful design was important in selecting and using a graphic image in its ability to communicate and to

draw attention to blood donation. As Kondilis et al. (2010: 550) emphasised, failing to remember and confusion are likely to be lessened if photos and diagrams are attached. The necessary details of these graphic pictures are shown below.

The first picture, the so-called ‘roof’, i.e. it looked like a U-shaped cut and such shapes were placed together (see appendix 3), was widely questioned in terms of what it was supposed to be. A BD_{16} saw it as the roof of the TRCS, whilst NDs_{32,23,21} hilariously guessed that it was, respectively, a tent for blood donation, a house, or an ice-cream shop. A further thought about the ‘roof’ picture from both groups was how childish it looked. As a result of this, a BD_{17} suggested the replacement of the childishness of the ‘roof’ with a photo of a disabled person, which was more communicable and attractive. A conversation between the two NDs_{21,23} who were discussing the immaturity of the image showed that graphic images were generally important. Moreover, the comments of these two NDs suggest that there is no agreement between the ‘roof’ image as babyish and other parts of the brochure as mature. It could imply that consistency was important for gaining NDs’ attention.

The importance of understandability and consistency was also addressed by a ND_{24} who said ironically when seeing indecipherable graphic images like a background depicting an ‘ox’ or ‘tiger’, ‘hexagon-shaped’, ‘the sponge’, ‘the circle’, and ‘the leaves’. However, his comments could highlight the value of communicability and consistency for leading the audiences, especially the NDs, to process blood donation messages and also be beneficial for the responsible NBC employees not only to meet the NDs’ demands, but also to be a guideline for them in developing future PR strategies.

7.2.7.2 Linguistic compositions

This section will include 7.2.7.2.1 Use of letters, 7.2.7.2.2 Avoid complicated sentences in the findings of the brochure and 7.2.7.2.3 Conciseness of the content, 7.2.7.2.4 Avoid jargon and technical terms, and 7.2.7.2.5 Continuity of messages in the findings of the booklet.

7.2.7.2.1 Use of letters

There was both agreement and disagreement between the donating contributors and their non-donating counterparts about letter arrangements. Age variable was also a key indicator. Although greater knowledge of blood and blood donation among the BDs than the NDs was accepted, the donating participants who were STs and their non-donating counterparts who were PEEs held similar views about better letter and font arrangements in the brochure so that there would be not only greater enjoyment but also greater understandability and simplicity. In consideration of this, a BD's and a ND's insights will be displayed in what follows:

Ms C._{7}: For me, once I have received it, [I] will read [it]. As Mr P. said, there are too many letters. In fact, there is [too much of] a contrast. It is necessary to give lots of information, so that [the people] will know what it is about. But, for the brochure, if there are too many letters, [I] feel [too] lazy to read [it], and only people who are really interested in it will do so. ... As to the

contents inside, they are good. Yet, instead of presenting in a block format, it should be changed because it looks too formal, I think (*laughs*).

Mr J._{25}: [It is] easy to read. But, [I] do not feel impressed [by it].
... Yes, [it is too formal]. ... I think they are too crowded. It looks too packed. It should be easier to read. And it would [then] be better. If [I am] not forced to read [it, I] will not do so.

In contrast to these participants, what was heard from the voices of the other BDs while discussing the brochure will be shown below:

S.: Is it easy to understand [and] read?

Mrs P._{12}: Yes, [it is] easy to understand [and] read.

S.: What about the letters? Are they too small or not beautiful enough?

Mrs P._{12}: [They are] okay for normal eye sight. For me, I am shortsighted. [I,] then, have to look closer. But, everything is okay. Overall, it is good and easy to understand. Also, I can obtain some information that [I] can understand.

S.: What about ...?

Mrs P._{12}: For me (*points pencil to her*), for my level of knowledge, [it is] okay and easy to understand. ... Sorry. In my opinion, I want the title to be bigger because, I do not know, the others may

look at the colours, but for me, once seeing the title, I will pick it up.

Mrs. P._{13}: I think the letters are big enough.

Mrs. P._{12}: I will pick it up because of the title. I want to know [about it], so I will pick it up. I, then, want the title to be bigger.

S.: **Do you think the title is too small?**

Mrs. P._{13}: It is not too small. I think it is big enough.

Mrs. P._{12}: It is not small. It is big, actually. If the letters of the title are big, I will pick it up. If it looks interesting, I will pick it up although I only catch a glance of it. But if the letters are too small, I will not pay attention to it.

What could explain this dissimilarity is the age factor. Youths and younger people were preferred not only greater enjoyment but also greater understandability and simplicity than the older people.

The BDs, furthermore, had no agreement with their non-donating counterparts concerning the font style in the brochure that would help to make the text clearer. Likewise and more exceptionally, the two conversations of the ST BD_{7,9} and the GO ND_{36} could, once more, point out the difference between the younger and the older in terms of the font they preferred to make the content more understandable for them. In other words, the ST BDs did not like ‘Angsana’, as it looked too serious and official, whereas the GO NDs felt that this font offered ease of reading and wide acceptance. The other two NDs_{24,35} further suggested changing from the current font type in the brochure to the one that contained ‘head’ which made the content easier to process.

The understandability of the message of the brochure meant avoidance of complicated sentences, as is argued in the next section.

7.2.7.2.2 Avoid complicated sentences

In the brochure, a complicated sentence should be avoided for the non-donating participants since, once more, they were limited in their knowledge of blood and blood donation. The kind of complicated sentence which they meant was the statement in the brochure, ‘You can help reduce the risk of infection in blood donated to patients’. Two reflections were offered by the NDs after reading this assertion. On the one hand, fear or anxiety was unavoidable. NDs tended to be fearful as they perceived the NBC as ‘an anonymous clinic’.^{34} Conversely, they made the point about incommunicability.^{21,33} The importance of excluding this complicated sentence was put as follows: ‘After reading it all, I want to come and donate blood. But having read the last page, [I] change my mind’.^{35} She reflected that a complicated sentence like this sentence could immediately keep her away from blood donation.

In the booklet the level of language was rather irritating and too academic, since both the BDs and the NDs complained that the messages were too long and contained technical terms. Their opinions on these points are illustrated in 7.2.7.2.3 Conciseness of the content and 7.2.7.2.4 Avoid jargon and technical terms. The audience would also find the messages clearer if they were grouped and arranged according to category and in sequence, as will be displayed in 7.2.7.2.5 Continuity of messages. The last two issues were heavily discussed by the NDs, whereas their counterparts did not consider them much.

7.2.7.2.3 Conciseness of the content

One could not argue that any difference between the groups arose from the fact that the BDs had knowledge of blood and blood donation while the NDs were lacking, since the majority of both groups were not pleased about too long, or detailed contents in the brochure or, especially, the booklet. The word ‘conciseness’ means condensing long and unnecessary verbiage into something intense, so that the contents are easier to read and understand and not perceived to be too academic and too formal. The transcripts of a donating participant and a non-donating counterpart during the booklet discussions will be taken as examples:

Mr W._{9}: ... I understand that the details are proposed to let [readers] know what are inside, but [the details] should be less than this. They are too many. I think it looks [too much of] a contrast. ...

Ms P._{22}: I think the content is too much. Thai people and Thai teenagers are lazy about reading. It is problematic. Once opening it, what should they read first? They have to scan [it] first. ... It makes me feel that I am [too] lazy to read, even the front page. I, then, do not want to continue reading. The contents are too much. Only important issues should be emphasised. ... I feel that [it is] too academic, as one participant said. For the font, it is like a textbook. I wonder why so much knowledge is being put to me like this. There is a little I want to

know [and already do] (*uncertain a bit*). It looks too academic.

And, [it is] too serious. Instead of imparting knowledge, it seems [as if] I have to study [and know all of this].

It is important to state that, given the nature of Thai people, it was laziness that prevented them from reading a (long) message.^{22,34,32,8,7} In other words, the longer the content was, the lazier Thais were, thus it would be better to make the content as short and concise as possible. And giving an excess of information might make both groups irritated and, sometimes, confused. It also made blood donation as a slow, inconvenient process (see p.262-263). It was mentioned that the longer the messages were, the fewer of them the NDs would consume and the more tired and puzzled they might feel.

There was another interesting issue emerging during the discussion of the excess of content in the booklet. A non-participant_{23} said that, because the booklet contained much more information than she needed, she did not dare [*graehng jai*] to pick it up, the brochure, instead. Her views also made plain that the ‘respect[s] for proper etiquette’ is the key influence of Theravada Buddhism (Cranley et al. 1999: 37). That is *graehng jai* or thoughtfulness regarding one’s feelings and respect of one’s privacy. As again Cranley et al. (1999: 37) noted, a variety of Thai traditional values of, for example, ‘non-aggression ...’ are predominantly shaped by Theravada Buddhism (p.37).

The 12-page booklet was much longer than the A-4, double-page, and three-folded brochure, and the discussions on it raised two interesting issues about the difference

between the viewpoints of HW/HH BDs and those of their HW/HH counterparts and the subjects the participants were studying or had studied.

Shown below will be different opinions voiced by the donating participants and their non-donating counterparts who were HWs/HHs:

Mr B._{14}: I would choose this [the brochure]. [I] feel that this [the booklet] is too academic.

Mrs P._{13}: [I] do not want to read [it].

Mrs B._{11}: [It is] too detailed.

Mrs P._{12}: For me, the brochure is much easier.

Mr B.: [er: Yes] it is a variety of ...

Mrs P._{12}: Once reading [it,] it gives me a headache.

Mr C._{15}: For the general public it may be easy to understand.

Mrs P._{13}: [And it is for] those who have no concentration in reading.

Mrs P._{12}: Yes, [for those have no concentration in reading]. As [I] told you, [I] have [personal, health problems]. I am one who really has no concentration. [I have been like this] since I was a child. ...

Mrs P._{13}: [er: Yes, it must be] concise and easy and easy to understand. [They] do not want details like this.

Mr S._{34}: Once seeing it, [it is] actually attractive.

Mrs M._{33}: The front page immediately looks okay.

Mr K._{31}: [It] looks enjoyable. ...

Mrs M.: Inside, because of the small budget, the colours are not emphasised.

S.: [There is] no emphasis.

Mrs K._{32}: But, in fact, it is better than this [the brochure]. Even inside, it is better.

Mrs M.: But, [it is] easier to read.

Mr S.: Hey! I think ...

Mrs. M.: There are cartoons (*laughs*).

Mr S.: [It is] good, in fact.

Mrs K.: This is quite...

Mrs M.: [It is] okay.

Mr S.: [It is] okay.

Mrs K.: [It makes] scholars feel relaxed.

Mr. S.: It can answer the questions [I] want to know at a certain level. ...

Mrs K.: We are bookworms. [So, that is why] we appreciate it.

Mrs M.: The composition looks relaxing at a certain level.

Although the HW/HH NDs asked for a shorter and briefer content, they appreciated reading the booklet over against the brochure. It was the other way round for their HW/HH counterparts, who preferred to read the brochure over the booklet. Conciseness, hence, impacts on understandability of the messages and also enjoyment.

There were three variables explaining this disparity, i.e. being BDs and NDs, level of education and previous occupational background, and personal health problems.²¹

The content in the booklet made the NDs whose knowledge of blood and blood donation was limited clearer about blood donation in respect of the amount of content provided and the ability to communicate, leading to a higher level in this regard. The BDs who already had higher knowledge of this information, by contrast and more surprisingly, gave their reason for preferring the brochure to the booklet, not that they already had knowledge about this, but because the booklet was difficult to understand because it was too long and they were not interested. This necessitated readers having a certain level of education and previous occupational background. Being more educated and academic was also generally recognised by the NDs than the BDs. In relation to this, as Mrs P._{12} reflected, her personal health problem could cause difficulty in processing a large number of very long messages, and that was why she preferred the brochure.

A further interesting issue was noticed that it seemed that the subject the participants studied or were studying could indicate their interest in reading the booklet. One_{26} who was studying Communication Arts emphasised: '[I] do like the contents because [I] obtain very full knowledge. [The booklet] can answer everything [I] want to know, ... [I] like [it] because [I] like something about medical sciences. ... [I] feel that I am reading a short note before an examination. [I] do like [it]' and the other_{25} who was an

²¹ I will just mention but not provide much discussion about this problem because of respect for an individual's privacy and avoiding embarrassment, as promised.

engineer stated: ‘I like this booklet. [It is] okay. The information is good at providing the details. It can provide knowledge. I am an engineer. When reading, I feel ... [If it is] like this, I will read. ...’ Unfortunately, no single answer could be given even though several NDs had the same educational background; only these two participants were happy reading the booklet.

Lower levels of message attention will occur if the language needs to be translated by one Thai for another and its meaning has to be uncovered. The conclusion reached from the discussion of the booklet was the need to avoid specialist terms which are used for a special group of people and will be revealed in 7.2.7.2.4 Avoid jargon and technical terms.

7.2.7.2.4 Avoid jargon and technical terms

Although it seems common sense to use terms that are as simple and general as possible, rather than specialist words such as systolic, diastolic, HB, Hct, screening, medical staff, and ferrous sulphate as proposed in the booklet. Both of the BDs and the NDs made the comments on this regard. There was a smaller number the donating participants who commented on this issue than their non-donating counterparts. This should be a matter of concern to the communication source in order that understanding of blood and blood donation messages can be increased both among the BDs and the NDs. This concern was, likewise, not only shown by the participants of my study, but also by those of Salvaterra et al.’s (2010: 314) study suggesting employing the terms

that are uncomplicated and easy to understand, i.e. replacing, for instance, “autologous” with “private” and “allogeneic” with “altruistic”.

There were three reasons why straightforward language should be used, especially for NDs. The first might be that NDs had less/no prior awareness of blood donation than their counterparts. Likewise, some of them did not study medical sciences, rather arts or languages. Furthermore, specialised words resulting in an inability to understand led to a sense of aversion and incommunicability among the NDs. At worst, a ND_{36}, felt in addition that the NBC employees wanted to show off and exhibit how well-educated they were and questioned why money had to be spent on this matter. Finally, this could cause them to pass over what they had been reading. He further made a very long comment (about seven-page A-4) about the use of technical terms. He used several metaphors in relating his personal experiences, so that it was very apparent how annoying and ridiculous he felt it was being caused such difficulty in understanding. Some of his similes were briefly shown:

You talk to your colleagues at the XXX [the name of the organisation Mr P._{37} is working] for the whole day. Suppose that I go [there] and have lunch with [you], I will be dead. I will ask you what [you] are talking about. ...

... I am the only one who did not [study] medical science. My wife is XXX [his wife’s career position], XXX [the name of the hospital his wife is working]. Another son-in-law is XXX [a medical career]. [And, my] sister is XXX [a medical career]. While they are talking to each

other, I [am like a deaf man]. While eating, I [am like a deaf man] (*all: laugh*) because they are talking and using language that you, Mr P._{37} are using. [Is that] correct?

... Or, like going to Pantip²², I would be dead. [I] do not know what they [the people at Pantip] are talking about (*all: laugh*).

Easily speaking, simplicity and brevity are the best.

The last issue which was addressed by a ND, in particular in the booklet, was the importance of continuity of messages, which will be portrayed in the next section.

7.2.7.2.5 Continuity of messages

Having the problem of knowledge about blood and blood donation, a ND expressed her confusion and uncertainty.

Ms K._{21}: ... Furthermore, the arrangement of the content is bad, for example, there is only one paragraph for the basic qualifications [i.e. criteria for BD selection]. Later [we] are told

²² Pantip is one the most popular places among the people who are interested in technology and computers. Here they can buy any technological and computer component and appliance.

that [people] should stop exercising and visiting the sauna on the day of blood donation. ... [er: No, there is] no consistency. [The content] should be grouped ...

According to Ms K., organising and ordering the blood and blood donation information in related sections helped her, especially as an individual who had less understanding of blood and blood donation resulting from less or no familiarity with blood donation and/or media exposure, in providing a set of knowledge and help her to think about blood and blood donation in ways which could avoid confusion.

7.2.8 Repetition of messages

Apart from the significance of personal experience of blood donation, the factor of fear, demographic status, and the social and cultural framework, as mentioned many times, the background of level of media exposure could also illustrate why a person had a different level of understanding of blood and blood donation and of persuasiveness to give blood, even in the same group of BDs and NDs. As Kitzinger (1998: 192) noted, even in a different communication campaign, how much individuals are exposed to diverse AIDS media messages indicates a variety of awareness of the disease. Exposure is also the indicating variable in encouraging people into actual behaviour (Blake et al. 2010: 195 referring to the notion of McGuire 1989; Rosen et al. 2010: 564 addressing the opinion of Snyder and Hamilton 2002).

However, BDs were more likely to be exposed to the subject of blood and blood donation than NDs, especially through television. For example, the two women BDs

were exposed to blood and blood donation messages through *30 Young Jaew* [Intelligence, Even Thirty Years] programme.^{8,13} Unlike BDs, a ND obviously said that he had hardly seen information relating to blood and blood donation. It was such a long time since he had seen or heard about it. Despite being either BDs or NDs, levels of media exposure might be varied.

Individuals were exposed to blood and blood donation messages through people rather than various communication channels. These include, for instance, the NBC staff (see the transcripts of Mr E. and Mr J. on pages 249-250 and 253), friends and teachers (see the transcript of Ms C. and Ms T. on pages 258 and 249), family members (see the transcripts of Mr S. and Mrs S. on pages 251 and 268), ‘the people’ (see the transcripts of Ms P. and Mrs S. on page 268), for instance.

I would like to end this chapter with the statement that was made by a HW ND since his reflection could absolutely underline what the communication source should concern in producing a promotional medium not only for non-donating people, but also for their donating counterparts. His important opinion was as follows:

Mr S.^{34}: To my mind, I want to conclude that whatever is given to the people, it should be short and eye-catching. [It] is unnecessary to explain something a lot. As [I] told [you], firstly, there should be accessibility and, secondly, [it] is the frequency of media. ...

According to Mr S., there were four important factors that could draw the audience's attention. These include brevity, attraction, accessibility, i.e. ease of understanding, and media frequency. His reflection was consistent with, once more, 'design' and 'distribution' as the most vital factors in producing specialised means (Hallahan 2000, in Wilcox et al. 2003: 165). In order to be sure, messages similarly need to be repeated 'an optimal number of times' to allow the audience, especially those who had little knowledge or relation with the subject-matter, to be able to process them (Hallahan 2000: 473). These variables are significant because, in the case of blood donation, the audiences vary in terms of their behaviour between blood donation and non-donation, indicating a dissimilarity in personal experience of blood and blood donation, degree of media exposure, psychological fear, demographic characteristics, and shared social and cultural perspectives.

7.3 Conclusion

There is both agreement and disagreement in their responses between BDs and NDs to blood and blood donation media messages. The main correlation is generally the inability of the messages in the brochure and the booklet to convince the donating participants and their non-donating counterparts to either repeat or commence their blood donations. Specifically, both groups were similar in rating the importance of providing knowledge of blood and blood donation, especially the criteria for BD selection, in both the media. In the brochure they both stressed the importance of giving (up-to-date) information on venues for blood donation and on the use of blood donated. NDs also in particular want information in the brochure about the process of blood donation, also on ABO and Rh blood group systems in the booklet. The message about

the iron tablets should remain in the booklet, which it is planned to distribute to BDs. No disparities existed in seeing blood donation as something excellent, in declining incentives, using emotional case studies, employing colours, using the monarchy but not celebrities, utilising cartoons, including pictures, making the message concise, and abandoning specialist or technical terms. Celebrities seem to be effective only among the younger BDs. Enjoyment likewise is the main reason for using colours and cartoons for BDs and NDs alike. And the other benefit of cartoons is to keep fear away from NDs. Preferences as to colours and to use of font are, furthermore, different between BDs and NDs. Also the NDs specifically mentioned several interesting points including how to reduce fear, presenting statistics, avoiding sophisticated sentences, and paying more attention to the organisation of the messages. Finally, NDs asked for message repetition to give them the opportunity to process blood and blood donation messages. Likewise, although they had previously been similar in their responses, differences were found among individuals in the same group or various demographics, whether they were BDs or NDs, in terms of, for instance, the excellence of blood donation, incentives, case studies, colours, the selection and the number of celebrities, cartoon characters, and the length of content.

What explained such shared similarities and differences was primarily the participants' level of personal experience of blood donation. Individual experience of other dimensions, demographic variables, psychological conditions (i.e. absence of fear versus fear or self-efficacy versus lack of self-efficacy), social and cultural environments, and level of message exposure also played important roles as necessary indicating factors.

CHAPTER 8

CONCLUSION

8.1 Introduction

This chapter offers important conclusions and analysis from the study through a careful overview of the seven chapters previously presented. The findings of this current study recommend several conclusive frameworks of action for the development of future PR strategies. Also some gaps which may occur in this study and recommendations for future research are addressed in the last part of the chapter.

8.2 Key research findings

The thesis examined the relationship between the PR strategies of the communication source (i.e. the NBC) regarding blood donation in Thailand and the responses of the audiences by taking BDs and NDs as a comparative case study. In other words, my study was based upon the two research questions put forward at the beginning of the study: RQ1, how are PR strategies formed and addressed to influence the target audiences, and RQ2, how do BDs and NDs assess blood donation, in terms of a) demographics, media exposure to blood and blood donation messages through the mass, specialised, and personal media, knowledge of blood and blood donation, attitudes towards blood donation, and practices of blood donation and non-donation (RQ2a) and

and b) blood and blood donation media messages (RQ2b). Knowledge about the facts and practices concerning PR strategies of the NBC was obtained by conducting the four semi-structured in-depth interviews with the key players, including a policy maker, two administrators, and a PR practitioner on behalf of the TRCS and the NBC, and by gathering some relevant documents. The comparative outcomes as to whether BDs and NDs display similarities and differences were ascertained as follows: how do BDs and NDs assess blood donation in terms of demographics, media exposure to blood and blood donation messages through the mass, specialised, and personal media, knowledge of blood and blood donation, attitudes towards blood donation, and practices of blood donation and non-donation was examined by asking 200 BDs and the other 200 NDs to answer a wide range of questions and rate their responses on the questionnaires. Along with this, how do BDs and NDs assess blood donation in terms of blood and blood donation media messages was addressed in the discussions of the 20 BD partakers and the 20 ND participants in small focus groups.

With the aim of exploring the relationship between the communication source and the audiences on the part of BDs and NDs as a comparative case study, the results of the study suggest that the NBC should develop its ongoing PR strategies at a certain level for the purpose of achieving a better and more effective communication approach. I arrived at this conclusion because there is incongruity between what the NBC plans in relation to its PR strategies and how their audiences respond when giving their feedback. The following parts will make clear the extent to which the two research questions were answered and demonstrate how disagreement between the NBC and its audiences emerged.

Once again, the first research question was posed to investigate a variety of factors that influenced the framing of PR strategies and the PR strategies themselves as were practised by the NBC, a Bureau of the TRCS. Prior studies and literature had pointed out important issues such as institutional and cultural resources (Miller & Williams 1998: 145), financial factors (Cutlip et al. 2000: 520; Newsom et al. 2000: 334; Miller & Williams 1998: 124, 145), and the aims, 'the audience', 'the message', and 'the element of timeliness' (Newsom et al. 2000: 334). According to a UK study PR work can be successful, even in financially constrained circumstances, if the major PR matters of 'work space, basic communications equipment (telephone, fax, computers) and people' are all in place (Davis 2003: 36-37).

In my study, there was no evidence of such effective organisational components. To enlarge on this point, the PR strategies for both informational and motivational blood and blood donation messages, transmitting general information about the situation of blood and blood donation in Thailand, the criteria for BD selection, horoscope, platelets, stem cells, incentives and, the royal family and celebrities, were conveyed through concentrating on the multiple use of specialised media including leaflets, posters, brochures, BD postcards, and booklets rather than mass means, especially television, radio, and electronic media or personal channels like liaisons, friends, and NBC staff to the general public. The utmost purposes were to raise awareness and understanding of blood and blood donation and stimulate attitude and behaviour change. A limited and inconsistent flow of such blood and blood donation messages stemmed from the non-profit organisation's factors including the decision making of a particular individual, ineffectiveness of internal, vertical communication and of mutual relationships between employees in the organisation, the ineffective number and

quality of communicative devices, especially computers, the ineffective number and quality of PR professionals, no message pretesting, no media plan, inactive media relations, inadequate media distribution, insufficient broad and non-systematic evaluation, the culture of bidding, and the limited financial resources provided.

Although the policy requiring external collaboration was seriously disagreed with and commented upon by the Chief of the PR&BDRD on behalf of the organisation's PR practitioners and as a practitioner herself because it denied the opportunity to receive an adequate amount of money, these PR strategies were actually carried out by them, so that such internal weaknesses and threats leading to a restriction and irregularity in the flow of blood and blood donation messages decreased. Along with the CfRPVBD, in turn, an increased flow of PR strategies was greatly aided by such varied external collaborations. Various external organisations co-operated in two roles, i.e. partnership as a campaign leader and media sponsor, and partnership as a BD and BD recruiter. While the first role helped save money on the limited budget and produced better quality of media and also permitted a greater flow of blood and blood donation messages to a particular group, the second responsibility was able not only to raise the number of BDs and the amount of blood in the blood bank, but it could also produce increased understanding of blood and blood donation and increase the number of blood (PR&BDRD, NBC, TRCS 2005-2006: 3) and blood donation messages to the wider public in Bangkok and nationwide. The present anticipated goal of at least 1.6 million units of blood (NBC, TRCS 2007d; PR&BDRD, NBC, TRCS 2007a), or more than that can be achieved throughout the country.

Whether BDs and NDs assessed blood donation similarly and differently was the main focus of the second research question, and their comparative responses were sought from two supplementary perspectives.

RQ2a asked whether BDs and NDs have disparities in their demographics including gender, age, marital status, educational level, occupation, and income per month, media exposure to blood and blood donation messages through the uncontrolled, controlled, and one-on-one communication channels, had knowledge of blood and blood donation and similar attitudes towards blood donation. This question also paid attention to finding out the reasons why BDs had donated blood and why the NDs had not. Also BDs were asked about their frequency of blood donation and the influence of media upon it, and NDs were asked about their possible willingness to donate blood in the future.

As hypothesised in the study, H1 put a query as to whether there is a statistical difference in demographics including gender, age, marital status, level of education, occupation, and monthly income between BDs and NDs. The correlation between a variety of demographics and blood donation have been noted in various previous researches, for instance, gender (e.g. Chliaoutakis et al. 1994: 1464; Phetwong 2001: 201), age (Notari et al. 2009: 2231-2232; Veldhuizen et al. 2009: 129), marital status (Phetwong 200: 211), education (Gillum et al. 2008: 367), employment (Chliaoutakis et al. 1994: 1464), and socio-economic status (Veldhuizen et al. 2009: 129). Of all personal attributes in BDs and NDs, the result of the examination here was that sexual characteristics, age, marital standing, career, and earnings per month, had no bearing on blood donation, only level of education being an important indicator. It was explained

that the majority of BDs in my study were well-educated rather than low- and middle-educated. Knowledge and understanding of blood and blood donation were necessary for blood donation actually to take place. It was the reverse in the case of NDs. This finding of my current study was consistent with the study of Gillum et al. (2008: 367) where education correlated with blood donation.

In H2 it was questioned if there is a statistical difference between BDs and NDs in their media exposure to blood and blood donation messages during the year 2007 through the different kinds of media: mass (including television, radio, newspapers, magazines, and the internet), specialised (consisting of postcards, posters, leaflets, banners, brochures, and booklets), and personal (comprising father/mother/sibling, relative, friend, colleague, teacher, boss, doctor/nurse, other hospital staff, and NBC staff). The negative relationship between media exposure to one-on-one means and blood donation have been revealed in the study of Phetwong (2001: 234) and between uncontrolled and personal media and the willingness to make an initial decision on blood donation in that of Techaudomphokha (2001:128). By contrast, this was not the case between the mass and specialised channels and blood donation in the first research, nor was it the case between specialised means and a keenness to decide on first-time donation in the latter study.

In relation to overall reported exposure to blood and blood donation messages via the uncontrolled, controlled, and one-on-one channels of communication, my study has pinpointed evidence to show that there are no dissimilarities between the groups who had already donated blood and their counterparts in their accounts of the degree of opportunity they had had of seeing and hearing as well as having interpersonal

conversations, i.e. very least in general. A limited amount of, and no consistency, in the flow of blood and blood donation messages from the communication source to the diverse target audiences could be reasoned, therefore, messages should be repeated as often as could be. Referring to the view of McGuire (1989), Blake et al. (2010: 195), by contrast, highlighted the need for message repetition, because ‘Sustained media exposure is a condition usually necessary for media effects on individual judgements and behaviour’ (p.195).

Corresponding to McGuire’s (1989) idea that Blake et al. (2010: 195) also raised in their important research, more interestingly and significantly a personal medium, i.e. friends, and a mass medium, i.e. television, were good communication channels as information sources and as actual blood donation motivators. There are many studies showing the power of interpersonal communication (e.g. Mohammed 2001: 148; Moore et al. 2002: 46; Jones et al. 2006: 107) and mass media, especially television (Mai et al. 2008: 374; Lemal & Van den Bulck 2009: 191). Especially the NDs, it is also better to use television than print means like newspapers or magazines for drawing those whose interest in a particular subject is less (Austin & Pinkleton 2001: 322).

The one-on-one channels, nonetheless, took precedence over the broadcasting modality. My study confirmed the fact that ‘Public communication campaigns can be very effective at stimulating interpersonal communication’ (Valente, Poppe & Merritt 1996, in Valente 2001: 118), and friends are one of the channels of interpersonal communication in distributing the messages of a communication campaign to its audiences (Wicks 2001: 63). The desire to speak with friends about blood donation could be explained by the fact that it provides people with the opportunity to modify

their views and obtain correct understandings, because verbal and non-verbal communication and an interaction are provided (Austin & Pinkleton 2001: 323-324). Burgoon (1974: 69) additionally clarified why companions are more significant and people prefer to have a conversation with their friends rather than with any other personal channels, on the grounds that, presumably since acquaintances' viewpoints and characteristics do not differ from those people recognise in themselves.

The popularity and impact of the visual and audio was the expected consequence. Also whereas it was not the medium that was actually used by the NBC due to the financial resources available and since the established media policy spoke of the huge amount of expenditure of, for instance, time and production being television's natural limitation (Coleman 1992: 63; Quera 1973, in Newsom et al. 2000: 335; Stewart 1992: 160) as well as the late and ineffective time of airing, the health, non-profit organisation was aided by many external companies in arranging blood donation activities and distributing blood and blood donation information for the ultimate purpose of increasing the number of BDs. It is worth noting that part of the assistance came specifically from various programmes of various television stations. It is widely accepted that television naturally has the ability to get to large audiences (e.g. Chen 1992: 59; Field 1992: 77). According to the NSO (2004a), Thai people aged over 15 years of age spend their time watching mostly information and entertainment programmes on television. Such television programmes on various television stations included *30 Young Jaew* [Intelligence, Even Thirty Years] programme, Thai TV Color Channel 3 and *Rueng Den Yen Ni* [Outstanding News This Evening] programme on the same channel, for instance. These television programmes were likely to be extremely popular among people from many walks of life in Thailand. That is therefore why television was ranked as one of

the top two blood and blood donation information sources and one of the top three motivators in blood donation.

The exploration here has made plain the validity of several pieces of evidence. It is true to say that mass media have a small or limited effect (Klapper 1960: 8; Severin & Tankard 1992: 248, see also Lee 2010: 629). My present study also confirmed the statement raised by Agee et al. (1988: 44) that ‘the more personal a medium is, the more likely it is to be persuasive’. In other words, Agee et al. (1988: 44) said that ahead of television, film, radio, and print modalities, interpersonal means have the greatest effectiveness. It additionally underlines the claim that the great potential of interpersonal communication can only be challenged by the power of television (Bogart 1996: 108; Ellison et al. 2010). Such facts can be understood by noting the explanation of Baran and Davis (1995: 122) and McQuail and Windahl (1993: 63) that people are surrounded not only by the mass media, but also by their social, personal network of family members, acquaintances, colleagues, and other social clusters. This therefore lessens credibility of information received from such uncontrolled means, but it increases their trustworthiness for information from these other people (Baran & Davis 1995: 122). I also regard the blood donation situation as not an easy task for the reason that there are not as many BDs as expected or calculated (see chapter 4) and as a consequence there is inconsistency in blood donation, making it very necessary to strengthen the use of interpersonal communication (see Austin & Pinkleton 2001: 324).

Moving on to H3, this asked whether knowledge of blood and blood donation was present either similarly or differently in BDs and NDs. This updated research presents the obvious, significant evidence to show that the more individuals have understanding

and knowledge of blood and blood donation, the more readily they decide to donate blood for the first time or on a regular or repeated basis. With no social and cultural differences being detected, my study displayed how knowledge of blood and blood donation impacts positively on blood donation, which is also consistent with the studies of Chliaoutakis et al. (1994: 1464) and Holdershaw et al. (2007: 3568). My study and such previous studies verified what was indicated by Bandura in SCT that knowledge 'is a necessary precondition for behavior change', as set out by Maibach and Cotton (1995: 44).

Applying the definition of knowledge adopted by Alba and Hutchinson (1987: 411), it is able to clearly explain why BDs in general had knowledge of blood and blood donation while this was not found in the case of NDs. BDs attach considerable value to '*familiarity*' and '*expertise*' (Alba & Hutchinson 1987: 411) in blood donation. In other words, they are exposed to advertisements (i.e. messages regarding blood and blood donation, especially on television as an important source of information and influence (see the point mentioned above), they seek out information, they interact with salespersons (i.e. one-on-one media, especially friends, co-ordinators, NBC employees, etc.), they make choices and decisions, they opt to donate blood in different situations, they accept the 'cognitive structure' and work through the 'cognitive process' (adapted from Alba & Hutchinson 1987: 411). By contrast, it is the other way round for NDs.

H4 sought to establish whether BDs and NDs had a disparity in attitudes towards blood donation. Similar to the incidence of knowledge, attitudes towards blood donation are also another important encouraging variable. The more optimistic feelings and beliefs there are, the more people will easily decide to donate blood. By contrast, the opposite

will be the case if negative thoughts about blood donation still exist. The influence upon blood donation of an individual's attitudes towards the subject is not only recognised in my study, but also in Holdershaw et al.'s (2007: 3567-3568). To be more specific, BDs demonstrate the truth of the axiom which the mainstream of researchers would recognise, namely that '*a learned predisposition to respond in a consistently favorable ... manner with respect to a [blood donation]*' (adapted from Fishbein & Ajzen 1975: 6), in this case. By contrast, NDs display '*a learned predisposition to respond in a consistently ... unfavorable manner with respect to a [blood donation]*' (adapted from Fishbein & Ajzen 1975: 6).

My study also gave attention to discover whether, in the year 2007, BDs and NDs whose demographics include, once more, gender, age, marital status, level of education, occupation, and income per month were as similar or different in their media exposure to blood and blood donation messages through the mass, specialised, and personal media as H5. I was also curious to know, in H6, whether there was any difference in knowledge of blood and blood donation between those, occupying different demographics, who had a history and experience of blood donation and those who had not. The purpose of H7 was further to test whether the donating and the non-donating respondents whose demographics were varied had any disparity in their attitudes towards blood donation. My study came up with three conditions (see 6.2.6.1 Media exposure, knowledge, and attitudes). Such findings were similarly evidenced by several studies showing the correlation between gender, age, marital, status, level of education, occupation, and economic status and media exposure and KAP (Phetwong 2001; Shahshahani et al. 2006; Techaudomphokha 2001).

The donating and the non-donating questionnaire respondents were finally asked about their behaviour regarding blood donation and non-donation. Basing both analyses upon the perceptions of the BDs and NDs in general and of those who had dissimilar individual backgrounds, my study revealed that altruism mainly drove people to donate blood. Discounting social and cultural disparities, a variety of studies in various countries have shown the importance of unselfishness, wanting to help other people and save human lives (Amiri 2003: 146, 188; Goncalez et al. 2008: s43; Harrington et al. 2007: 365; Phetwong 2003: 173; Shahshahani 2007: 453; Shahshahani et al. 2006: 407). In contrast to the donating respondents, those who had not undergone blood donation in this study confessed that fear of needles was the prime demotivator in their not giving blood.

Among the donating respondents fears were consequently overcome and replaced by the notion of 'giving one's resources to benefit others' (Mueller et al. 2008: 202) because they had knowledge of blood and blood donation and attitudes towards blood donation. Unlike the donating people, lack of understanding of blood and blood donation and an emergence of negative attitudes towards blood donation caused the non-donating counterparts to be fearful and decide not to donate blood. In relation to this, and considering only the BDs and the NDs in general, while the donating people were full of self-efficacy or 'are confident in their capability to overcome [fears] inherent in changing ...' (adapted from Maibach & Cotton 1995: 47) to be a BD, their non-donating counterparts had a loss of confidence in doing that.

It is, however, impossible to say that all the donating people have 100% self-efficacy, but rather than its level is different from one BD to another, since the statistical

outcomes clearly showed that the ability to convince people in Thailand to donate blood regularly has not still been attained. In other words, Thais lack ‘... [confidence] in their capability to overcome the difficulties inherent in ... maintaining [blood donation] behavior’ (adapted from Maibach & Cotton 1995: 47). This situation is happening not only in Thailand as this study shows, as Dr Phikulsod said (see 4.4 Current situation of blood donation in Thailand) and as PR&BDRD, NBC, TRCS (2007a) displayed, but also in other countries including Saudi Arabia (Alam & Masalmeh 2004: 319) and the United Arab Emirates (Amiri 2003: 146, 185). This quantitative study was unable to clarify why the habit of repetition had not been acquired. Future research will shed light on this mystery.

As long as individual self-efficacy is strengthened, there will be more chance of them donating blood in the future. More discussion is needed on how the BD and the ND contributors responded to the media messages relating to blood and blood donation, leading to suggestions concerning informational and motivational message design for the NBC. I was, aside from RQ2a, curious as to whether BDs and NDs held similar and dissimilar views, something which was addressed as RQ2b. It is noteworthy that, whether BDs’ performance is satisfactory or NDs’ action is unsatisfactory, it is apparent from this study that both informational messages to raise awareness and knowledge of blood and blood donation, and motivational content to build positive attitudes and encourage behaviour change, are absolute requirements so that regularity in blood donation can be ensured among BDs and that first-time blood donation can also be encouraged among NDs.

What differentiated the BDs from the NDs was the variable degree of personal experience of blood donation, individual personal experience to other factors, demographics, self-efficacy in blood donation, and media exposure to blood and blood donation messages. In other words, among the BDs there was greater likelihood of personal experience of blood donation, self-efficacy in blood donation, and media exposure to blood and blood donation messages, than in their non-donating counterparts. However, as far as the demographic factor was concerned, the participants of the focus groups had similar points of view. Agreement between donating and non-donating people was apparent because Thai people instinctively share their cultural and social characteristics, and this situation is best illustrated by Buddhism.

The results indicated that the sampled brochure and booklet were overall not persuasive. The group discussions also demonstrated that the NDs in general and specifically viewed blood donation in their responses as a 'more' difficult, time-consuming, frightening, intangible and remote issue. Accordingly there should be a concern for producing both informational and motivational messages which will increase in both BDs and NDs the knowledge of blood and blood donation and will generate more positive, cognitive and affective attitudes towards blood donation. What should be provided for both donating and non-donating individuals alike is information about the criteria for BD selection, where people can donate blood, and how donated blood is used. Questions about the nature of 'ferrous sulphate' or how beneficial the iron tablet could be obtained was asked by those who have a history and experience of blood donation, while those who have none were interested to know what happens when people decide to give blood, what the difference is between the ABO and Rh blood

group systems. My research could show consistency with the study of France et al. (2008a: 528-529), since theirs revealed that, after being exposed to the information explaining what qualifies for, and disqualifies from, blood donation, what will happen if BDs agree to blood donation, what will happen to the blood donated, and how BDs and recipients can stay safe, being more self-efficacious and the greater intention to donate blood are boosted.

What else could motivate people to commence and repeat blood donation? This current study set out its findings that partly went along with the recommendations proposed by Wilcox et al. (2003: 222), namely that for charitable organisations the messages which ought to be produced are those highlighting ‘(1) self-esteem, (2) the opportunity to make a contribution to society, (3) recognition from peers and the community, (4) a sense of belonging, (5) ego gratification, or even (6) a tax deduction’ (p.222), so that their volunteers or donors feel that they get “something in return” (p.222). Although both groups were convinced of the excellence of blood donation, both for the individual’s sake and the social benefits it brings, serious consideration should still be given to setting out how excellent it is to donate blood.

In the group of NDs, how fear can be reduced or how to strengthen their self-efficacy was called for for their psychological needs. My study went along well with the study of France et al. (2008a: 528-529) namely that, self-efficacy and intention to blood donation will develop in a positive direction when such medium spells out how to manage to defeat the difficulties hidden.

Incentives were an ineffective strategy in blood donation in the view of both BDs and NDs when they were replaced by the notion of altruism. The original source of altruism is the Buddhist doctrine. As Mueller et al. (2008: 202) showed, altruism cannot be significantly detached from religious belief. Almost all Thai population are Buddhists (TAT 2003-2010b). And the core concept of that religion is that, in response to recognising negative consequences, humans should withdraw bad kamma, performing 'more and more good' behaviour instead and minimise what is awful, including 'evil thought, selfishness, hatred, anger, jealousy, grudges, and ill-will', so that bad kamma providing bad results for people can be banished (Sri Dhammanada 1994: 8). The type of career an individual was following, however, led to different preferences in regard to incentives. Specifically, the majority of GOs of both BDs and NDs were in favour of premiums for the basic reason of showing off their 'long experience, dignity, power, and prestige'.

People, especially NDs, would be more familiar with blood donation and pay more attention to donating blood if they were exposed to emotional arousal, particularly to emotional, vivid case studies. This finding of my study was no different from that of the previous study of Mathew et al. (2007: 732-733), which said that people will become aware of how important blood and blood donation are, if case studies are presented on blood donation advertisements. This also confirms the literature stating that acquainting people with a particular issue when their previous awareness of it is low can be enhanced by the use of emotional cues (Austin & Pinkleton 2001: 320-321), also that individuals' attention can be drawn to crucial social matters by making effective use of emotional appeals (Ferguson 1999: 165).

Some non-donating participants quite specifically appealed for statistics, so that they could be informed about the current situation of blood donation in Thailand and speedy behaviour in terms of going to donate blood would be boosted. The benefit of figures as presented by the NDs in this present study showed that they contain ‘credibility and validity’ (Mathew et al. 2007: 733) and consistently provide a greater perception of reality than interactive presentations (Ancker et al. 2009: 461).

Both BDs and NDs recommended the inclusion of a colour (picture) for the purpose of attractiveness, followed by communicability and understandability. As Hill et al.’s (2010: 1) study also found that, in order to make the audience understand and clear about what is being exposed, diverse colours are useful. Despite being quite controversial, one should not underestimate the adverse effects of colours, because they could highlight the fears of NDs. Because the latter perceived any colour picture as scary, such pictures should be avoided, so that NDs would maintain their exposure to the message through staying calm.

As with altruism, Thais’ great reverence for the royal family also exhibits Thailand’s shared social and cultural dimensions. Consequently, the majority of both BDs and NDs recommend that this importance should be recognised, no matter how it is presented, i.e. written and/or pictorial. Although other countries have a democratic system with the King as head of state, the level of respect might not be as high as in Thailand. What I found about this matter in my current study confirmed the fact that the royal family, and HM the King in particular, is ‘the centre of Thai people’s hearts and lives’. The Foreign Office, Government PR Department (2007) explained that he ‘seeks full knowledge and accurate information about everything he pays attention to, ...

leads a virtuous life in accordance with high moral standards and principles, both as a monarch and as an individual, and with the unequivocal, kind concern he has shown towards his subjects throughout the more than six decades that have passed. ... [Thai audiences] all accept royal addresses, speeches and projects without any doubt, knowing in their hearts that those words and deeds come from their King's deep concern and immeasurable kindness towards his subjects, because he gives without expecting anything in return'.

As with incentives both the donating participants and their non-donating counterparts felt that the use of celebrities was ineffective. Young BDs, conversely, was an exception. It was questioned why young BDs and young NDs possessed different opinions towards the effectiveness of celebrities. This therefore raises a matter for future research in order to find out the answer in this regard. As to why PEE and some HW/HH NDs fell into being exposed to celebrities is also of future interest.

There was agreement between BDs and NDs on the use of comic strips, however, differences were apparent in the reasons given, even within the same group. Enjoyment was the first rationale for favouring cartoons. Building understanding was also reasoned. Especially in promoting understanding among the uneducated, presenting information in a textual format is not as good as showing moving cartoons which are prepared in a good format (Leiner et al. 2004: 591). A benefit of cartoons could also be to keep NDs' fears to a minimum. As Pringle (2004: 262) said, the nature of cartoons is that they try to be like a real person or subject, but they are not exactly like the real person or subject.

As mentioned above, the statistical results clearly and generally showed that whereas the donating people had knowledge of blood and blood donation, there was a lack of it among their non-donating counterparts. Also, even if this was not sufficiently apparent from the qualitative findings, they in fact revealed the same assumptions as the quantitative ones. And this once again emerged from examining the effects of different levels of personal experience of blood donation and the impact of media exposure. Booth-Butterfield and Welbourne (2002: 159) stated that allowance should be made for different degrees of knowledge when people come to process the messages. BDs, then, seem to have no difficulty in understanding blood and blood donation messages, although their responses still suggested the need for giving understandable images, producing a good, attractive and well laid-out letter, condensing some content, and avoiding some jargon and technical terms. By contrast, NDs could not pay attention to the messages unless comprehensible pictures were employed, formal and easily understood lettering was used, complicated sentences, jargon, technical terms, and content was concise and well-organised.

The other necessary issue that was unequivocally requested by NDs was message repetition, because they were seldom exposed to blood and blood donation messages. Hallahan (2000: 473) mentioned that ‘an optimal number of times’ is important particularly for audiences with low understanding or attention in regard to a particular issue. The repetition of diverse messages and media delivery can have an impact on diverse levels of knowledge of a disease, i.e. AIDs (Kitzinger 1998: 192) and also on actual performance (Blake et al. 2010: 195 referring to the notion of McGuire 1989; Rosen et al. 2010: 564 referring the opinion of Snyder and Hamilton 2002).

I would like to recall at this point that one of the main reasons I conducted this research because the findings of PR strategies regarding blood donation in Thailand have shown that evaluations that are presented by the NBC are broadly and non-systematically conducted. And those are presented in the form of customer satisfaction. My current study could fulfil this practical gap and tell the NBC and TRCS in Thailand and else where around the world what should be changed or maintained. It is important to bear in mind that although neither the effectiveness of each communication strategy nor what communication strategies are the most valuable, this current study gives suggestions and directions what issues should be communicated and how to speak to people and persuade them to regular, repeat and first time blood donation. What kind of informational and motivational are appropriate for BDs and NDs was previously available.

My study also underlined the issue of segmenting the audience. It is impossible to divide people up based solely upon their demographic profiles, as the NBC did, separate them into STs, soldiers, employees, and workers. However, this needs to be linked in with their psychological and behavioural factors, i.e. health status, self-efficacy in blood donation, personal experience of blood donation, and level of media exposure. A mixed use of demographics and other characteristics is encouraged (Boslaugh et al. 2005: 430; Maibach et al. 2006: 732; Paek et al. 2010: 429; Slater 1995: 188-189; Wolff et al. 2010: 167).

This thesis, in conclusion, has made suggestions along the lines of what Wilcox et al. (2003: 6) concluded, namely that PR has to comprise '*deliberate ... planned ... performance ... public interest ... two-way communication ... management function*'

(p.6). To produce an effective PR (strategies) operation, the basic need is to have ‘Available data’, ‘Communication and public relations principles’, and ‘Communication and persuasion theories’ (Austin & Pinkleton 2001: 37). In line with those PR scholars and in application of the conclusion drawn by Vijaykumar (2008: 193), it is important for the communication source to have thorough oversight of all the primary stages in the communication process, amounting to ‘An in-depth insight of the situation/issue, an understanding of the target audience, audience segmentation, theory-based approaches to message construction, pretesting messages, decentralized implementation, consistent process evaluation, and impact evaluations ...’ (p.193).

The value of the study in exploring the relationship between the communication source and the audiences will be addressed in 8.3 Research contribution.

8.3 Research contribution

The significance of my study is that it contributes to a wide range of involved organisations.

The most necessary and substantial benefit nationally is derived by the NBC, where PR strategies are implemented for informational and motivational purposes, which can then lead to an increased number of BDs and, possibly, regular, repeat BDs. In respect of the NBC’s hierarchical organisation, my study can also be of use to the TRCS, where the main policies are established and distributed to the various Bureaus underneath. This could lead at the very least to a lessening, if not an eradication, of the problem of an inadequacy of blood throughout the country, which has threatened from time to time.

This would then lead to the prosperity of the country, since valuable human resources, important for social, political, and economic development, will not be lost before the appropriate time. This is because my study again studied both the communication source and the audience.

Internationally, the findings of my study can also form an integral framework for examining the effectiveness of a non-profit, health organisation concerned with blood donation and applying the lessons learned to other areas and grafting the study's conclusions onto plans for a distinctive communication policy.

Other (health-) related communication programmes involved with donations such as organ donations, body donations, money donations, donations of objects including books, clothes and the like, or other health intervention campaigns, for instance stopping smoking, drunk driving, drug abuse, HIV/AIDS infection, cancer prevention and so forth, can also make use of what has been found in this study and take the results in an appropriate form to adapt to those various areas, even though there are differences in types of donation, behaviour, and other internal and external factors.

Last but not least, my study contributes to future research into blood donation and other health issues.

Although this study satisfactorily achieves what I set out at the beginning of the study, there is evidence of some gaps, which will be discussed in the next section. Some recommendations for future study will also be included.

8.4 Limitations of the present study and recommendations for future research

During the development of this study some gaps have emerged in the literature review, methodology, and findings. These will be presented in order.

The study referred to a variety of frameworks that could help to explain how attitudes and behaviour could change, and those were mainly based upon the KAP, ELM, SCT, and EODWM. There are other alternative behaviour change theories, for example, Transtheoretical Model, Behavioral Inoculation, and so forth.

The participants were recruited for a specific purpose, therefore this is likely to limit the ability to generalise my findings to other health-related areas. Since this study particularly also aims at people in Bangkok, what is at present needed is a cross-national study concerning the responses of Thai people in other provinces to blood donation in terms of a) demographics, media exposure to blood and blood donation messages, knowledge of blood and blood donation, attitudes towards blood donation, and practices of blood donation and non-donation, and b) blood and blood donation media messages. This could lead to making comparisons, i.e. finding out similarities and differences between the people in one province and in others, which could contribute to developing future PR strategies for a specific area. The results of conducting the study nationwide could also ensure representativeness and broaden the outcomes to help understand the population throughout the country. The result could, additionally, increase awareness of Thai people's blood donation behaviour across the country, allowing them to be segmented into various groups, which in turn could enable the production of targeted

and more effective PR strategies. It is important to say that responses from Bangkokians can be used as the practical platform for gaining and evaluating those from Thai people in other areas.

Despite the imperfections, I was heartened by the research methods employed in my study since they were indeed able, once more, to provide me with valuable and usable information on the two main research questions as discussed and posed at the beginning of the thesis. Particularly in conducting the focus groups, although all the participants were highly impressed with what I had done so far (Mean = 4.75 of 5), I myself nonetheless experienced some obstacles that I had not expected and that caused me to reflect further on conducting further studies. There are three important issues which raised my interest as well as affect the dynamic of the focus groups, i.e. the nature of personal and social and cultural reflections, the perception of 'otherness' and 'closeness', and the nature of gender differences.

It is the nature of both personality and society in Thailand to avoid giving opinions or provoking confrontation. There was an apparent reaction expressed by a participant over my role as the focus group moderator and as the researcher who needs to gain as much both related and/or unrelated and conscious and/or unconscious information as possible. Unfortunately the participant said: 'I think you are really good at asking questions [You are such a good questioner.] I am scared'. This reveals something about the contributor's individual personality in not liking to give a further opinion. By the same token agreement is something natural in Thailand, revealing the country as a society of compromise and social acceptance. Although they were writing over a decade ago, Thanasankit and Corbitt (2000: 13) still truly reflect the current state of

Thai culture and values when they took a quote of a CEO cited by Corbitt (1999) to the effect that “Thais have to belong to a group” (p.13).

This section examines ‘otherness’ and ‘closeness’, i.e. between the moderator and the participants and between the participants and the other participants. It was not only my intention to provide a comfortable and relaxed environment for the focus group participants through the location of the venue and my own personality, but the language of communication I used in the focus groups was also important. In other words, the personal pronoun with which I referred to myself in the focus groups are really important, which, to be honest, I had not considered beforehand and which came from experience in my daily life. In spite of their being comfortable, an impression reported especially among ST BDs and NDs, I personally felt that the dynamic of their focus groups and the flow of information was lower than in other groups, and unrelaxing environment was admitted until I said to the group of ST BDs: ‘Please feel relaxed. I feel that you all feel stressful. You can laugh. It is okay’. This was also briefly confirmed by a period of time spent showing how relaxed and comfortable the participants were (see appendix 6). The most enjoyment was noticed in the groups of PEE BDs, since almost all the limited period of time was taken up, and of NDs whereas the least was in the groups consisting of participants who were studying at university, since about one hour less than the other clusters was allowed.

Indeed, ‘closeness’ and ‘otherness’ was the necessary determinant explaining why there was disparity in enjoyment. While almost all the participants in the group of PEE NDs in particular had a ‘direct’ relationship to myself (what kind of relationship is not disclosed in order to respect their anonymity and privacy, only general relationships

were revealed as seen in 3.4.4.2.2 Participant recruitment), all the contributors in the group of ST BDs and NDs had an ‘intermediate’ relationship to myself. However, in my opinion this is likely to be controversial in my study, because correlation appeared in other BD groups resulting from asking the NBC member of staff to recruit the BD contributors. Specifically, a better flow of discussion was seen in the PEE BD group, both among the participants and between myself and them. In the group of NDs, such intermediating situation, i.e. asking my personal network to recruit them also occurred.

Given the various conditions relating to ‘otherness’ and ‘closeness’, I think that I made the right decision to use the personal pronoun, otherwise it would not have been as relaxed as it was. The ‘distance’ gap was bridged by me referring to myself as *phee*, meaning an older brother or sister, instead of *kru* or *ajarn*, denoting a teacher and/or lecturer in a teacher-student relationship. In consideration of my career position and the fact that two participants in the group of ST NDs were students of my colleague and friend, I could readily call myself *kru* or *ajarn*, but a greater formality might have emerged. In Thai society it is not unusual for people to call themselves and those with whom they are having a conversation like *phee* even though they have no genetic relationship or are in the same family, because Thai society is regarded as a web of kinship. It was, therefore, a correct decision on my part, because the personal pronoun could at least enable STs to become familiar with myself as the moderator and make them feel that there was no age difference. For other groups, if they were my friends, *chan* or ‘I’ or sometimes my nickname was used. The latter was also used when talking with other participants. Again it is a common feature of a friend-friend relationship to use the word *chan-thuuh* or ‘I-You’ and of a young-adult relationship to employ the

word *nickname-khoon phee, khoon loong*,²³ or *khoon bpaa*.²⁴ It is usually felt that communicating with friends involves less effort than with unfamiliar persons, possibly because people become aware of no dissimilarities between acquaintances' viewpoints and characteristics and those they recognise in themselves (Burgoon 1974: 69).

Although less obvious than the first two issues, sexual disparity seemed to cause some trouble in the dynamics of group discussion. In other words, some male participants were likely to 'ask with one word, respond with one word'; therefore, asking such male participants by various strategies to enlarge on what they had said was the best solution. It is concluded that friendliness is found less among men than women (Caldwell & Peplau 1982; Wright & Scanlon 1991, in Newton et al. 2010: 481). 'Women are also more likely to utilise so-called "rapport talk" in that they focus on establishing relationships with others, whereas men tend to employ an assertive and competitive style of discourse that has been termed "report talk"' (Tannen 1999, in Newton et al. 2010: 481-482).

Although relatively small, there were in addition other points which prompted reflection on my part. As well as being valuable in research method, for example, what the two NDs said could also underline the point about venue selection for the focus group arrangement. In prior consideration of the venue that the thesis would be involved with and with which the participants would be familiar the conclusion was reached that the image of a hospital would be seen as implying some risk. A ND noted: '... But, once I see gowns, I start wanting to faint. ...' and the other male ND added: 'If I smell

²³ An older brother of father or mother.

²⁴ An older sister of father or mother.

something like a hospital smell, [I] cannot [tolerate on it] (*laughs*). ... Once inside, [I] feel dizzy. [I] have no energy to clench my fist (*laughs*). [I] am scared. ...’

Given the aim of finding similarities and differences between BDs and NDs, it was not possible to present intercorrelation tests between the different variables, i.e. between media exposure to blood and blood donation messages and knowledge of blood and blood donation, media exposure to blood and blood donation messages and attitudes towards blood donation, and knowledge of blood and blood donation and attitudes towards blood donation. Likewise it was not possible to determine whether the effect was small, moderate or large.

As stated previously, this study could in general provide the reasons why the donating people have decided to give blood. Further understanding of their reasons in not continuing to give blood regularly would be of future interest. This would enable a greater closeness to such individuals and to discovering ways of maintaining their record of blood donation.

With the main purpose of finding out how the BDs and the NDs responded to blood and blood donation media messages in order to develop future and non-pretested messages, my study did not examine the cause-and-effect relationship between each of the message strategies and/or their effectiveness and dependent variables, for example between emotional, vivid case studies and their success, and so forth. Nor did my study establish any attitude change or behavioural change if information boosting self-efficacy and information giving general perspectives on blood donation was used. Nor did I propose any solution as to which message strategy is the most influential in blood

donation. In other words, this study fails to offer such clarification. These questions could be clarified in designing and testing a new-style medium, based upon this current study's findings, however. Nor did the study determine how many blood and blood donation messages through the uncontrolled, controlled, and interpersonal communication channels, and especially through the specialised media as the main means of distributing informational and motivational messages, would be adequate for encouraging knowledge, attitudes, and actual blood donation.

APPENDIX 1

DETAILS OF CONDUCTING THE INTERVIEWS

Date	Time	Venue	Questions
Krongthong Phetwong Chief, PR&BDRD, NBC			
Tuesday 11 December 2007	10:10- 12:30	The PR&BDRD meeting room, seventh floor,	1) What are blood donation campaigns' history, target audiences, purposes (campaigns and media uses), and goals? 2) Is there any specific emphasis upon and encouragement for the year 2007? 3) Do you have a media plan for the year 2007? 4) How do you prepare for the delivery of media plans and strategies? 5) What kinds of media are used to deliver blood and blood donation messages? 6) How do you deal with a list of the media selected? For instance, how often is each medium used? How much is it used? In which period of the year is it used? Where is it used? Why do you decide to use those media? Why do you decide to highlight that kind of media? 7) Do you consider who is appropriate for each medium? Please clarify one by one and give reasons to support your answers. 8) Has media selection been changed from the previous years? 9) In managing the media, do you need to employ either an advertising and/or PR agency? 10) Is it easier to deliver your information regarding blood and blood donation because the organisation is a non-profit organisation? 11) How do you build relations with the press? Is it advantageous and helpful to your practice?
Friday 12 December 2008 (Re- interviewed)	10:00- 11:32	CPBRB, NBC	1) What kinds of message strategies are used to influence the target audiences, specifically for the year 2007? Please indicate the reasons. 2) What ideas do you use in designing blood and blood donation messages to influence the target audiences? 3) Do you conduct research and/or analysis before planning and designing blood and blood donation messages? 4) How often do you disseminate blood and blood donation messages? 5) When are such blood and blood donation messages changed?

Emeritus Professor Dr Chaivej Nuchprayoon, MD Chairman, the NBC's Executive Board; Former Director, NBC			
Thursday 10 January 2008	12:30- 12:45	A catering room, ninth floor, CPBRB, NBC	1) What are the main policies of blood collection and BD recruitment? 2) What is the history of blood services? 3) What is the NBC structure and responsibilities? 4) What is the necessity of blood services and blood donation campaigns? 5) What are the goals of blood donation campaigns? 6) How is the current amount of blood and the recent situation of blood donation? Compared to the past, is there any difference?
Dr Soisaang Phikulsod, MD Current Director, NBC			
Thursday 17 January 2008	13:30- 14:12	The Director's drawing room, eighth floor, CPBRB, NBC	1) What are the main policies of blood collection and BD recruitment? 2) How is the current amount of blood and the recent situation of blood donation? Compared to the past, is there any difference? 3) What is the history of blood services 4) What is the necessity of blood services and blood donation campaigns 5) What are the goals of blood donation campaigns? 6) What is the NBC structure and responsibilities?
Assistant Professor Dr Werasit Sittitrai Director, S&PO, TRCS			
Thursday 14 February 2008	13:30- 14:15	S&PO, Terdprakiat Building, TRCS	1) What are the TRCS's objectives and goals? 2) What are the TRCS's main policies? 3) What are the policies in regard to blood services? 4) What are the policies in regard to PR and blood donation campaigns?

APPENDIX 2

QUESTIONNAIRES²⁵

Please ✓ the boxes where appropriate:

Part 1 Demographics

1. Gender _____ (1) Male _____ (2) Female

2. Age²⁶

_____ (1) 18-20

_____ (2) 21-30

_____ (3) 31-40

_____ (4) 41-50

_____ (5) 51-60

_____ (6) More than 60

3. Marital status

_____ (1) Single

_____ (2) Married

_____ (3) Divorced

_____ (4) Widowed

_____ (5) Separated

_____ (6) Other, please specify _____

4. Level of education

_____ (1) PM

_____ (2) LS

_____ (3) US/VEC

_____ (4) AVEC

_____ (5) UG

_____ (6) PG

_____ (7) Other, please specify _____

²⁵ All questions for BDs and NDs were similar, except the last part, i.e. Part 6

Behaviour and rationale of blood donation or non-donation.

²⁶ Years.

5. Occupation

- _____ (1) PEE _____ (2) GO
 _____ (3) BM/BW _____ (4) ST
 _____ (5) SEE _____ (6) HW/HH
 _____ (7) UE _____ (8) Other, please specify _____

6. Monthly income²⁷

- _____ (1) Lower than 5,000 _____ (2) 5,000-15,000
 _____ (3) 15,001-25,000 _____ (4) 25,001-35,000
 _____ (5) 35,001-45,000 _____ (6) 45,001-55,000
 _____ (7) More than 55,000

Part 2 General media exposure to general information from mass media in the past 1 year²⁸

7. How often were you exposed to **general information from the mass media** in the past 1 year?

Medium	(5)	(4)	(3)	(2)	(1)
Television					
Radio					
Newspaper					
Magazine					
Internet					

²⁷ Baht.

²⁸ (5) is Most often (7 days a week).

(4) is Often (5-6 days a week).

(3) is Moderate (3-4 days a week).

(2) is Not often (1-2 days a week).

(1) is Least often (Less than 1-2 days a week)/Never.

Part 3 Media exposure to blood and blood donation messages in the past 1 year²⁹

8. How often were you exposed to **blood and blood donation messages from the mass media** in the past 1 year?

Medium	(5)	(4)	(3)	(2)	(1)
Television					
Radio					
Newspaper					
Magazine					
Internet					

9. How often were you exposed to **blood and blood donation messages from the specialised media** in the past 1 year?

Medium	(5)	(4)	(3)	(2)	(1)
Postcard					
Poster					
Leaflet					
Banner					
Brochure					
Booklet					

10. How often were you exposed to **blood and blood donation messages from the individuals** in the past 1 year?

²⁹ (5) is Most often (More than 3 times a month).

(4) is Often (3 times a month).

(3) is Moderate (2 times a month).

(2) is Not often (1 time a month).

(1) Least often (Less than 1 time a month)/Never.

Medium	(5)	(4)	(3)	(2)	(1)
Father/mother/sibling					
Relative					
Friend					
Colleague					
Teacher					
Boss					
Doctor/nurse					
Other hospital staff					
NBC staff					
Other, please specify					

Part 4 Knowledge of blood and blood donation

11. What is the age of eligibility for blood donation?³⁰

- ☐ (1) 17-60
 ☐ (2) 18-60
☐ (3) 18-65
 ☐ (4) 19-65
☐ (5) Don't know

12. How many kilograms of body weight are necessary for a person to be eligible for blood donation?³¹

- ☐ (1) 45
 ☐ (2) 50
☐ (3) 55
 ☐ (4) 60
☐ (5) Don't know

13. How many CC of blood does a person donate each time?³²

- ☐ (1) 350-450
 ☐ (2) 500-600
☐ (3) 650-750
 ☐ (4) 800-900
☐ (5) Don't know

³⁰ Years.

³¹ Kilograms.

³² CC.

14. How often can people donate blood?³³

_____ (1) 1

_____ (2) 2

_____ (3) 3

_____ (4) 4

_____ (5) Don't know

15. Which factor excludes a person from giving blood?

_____ (1) Having an injection of Japanese encephalitis vaccination 20 days before
blood donation

_____ (2) Suffering from diarrhoea 3 days before blood donation

_____ (3) Receiving blood transfusion for an operation 3 years before the day of
blood donation

_____ (4) Having teeth removed 2 months before the day of blood donation

_____ (5) Don't know

16. In the ordinary laboratory in blood testing, which is not tested?

_____ (1) HIV/AIDS

_____ (2) Syphilis

_____ (3) Viral hepatitis B

_____ (4) Rabies

_____ (5) Don't know

17. What kind of blood can be separated and plays a vital role in stopping bleeding?

_____ (1) Plasma

_____ (2) Platelets

_____ (3) Red blood cells

_____ (4) White blood cells

_____ (5) Don't know

³³ Every ... month(s).

18. In the following cases, who can donate blood?

_____ (1) Somsri gave birth to her son 3 months before blood donation.

_____ (2) Somchai takes aspirin on the day of blood donation.

_____ (3) Somying has slept for 8 hours the night before giving blood.

_____ (4) Sommai just came back from Kanchanaburi (in which a malaria epidemic is spreading) on the day of blood donation.

_____ (5) Don't know

19. In the ABO blood group system, how many groups are there?³⁴

_____ (1) 4

_____ (2) 5

_____ (3) 6

_____ (4) 7

_____ (5) Don't know

20. In which situation is blood not used?

_____ (1) Accident

_____ (2) Diabetes

_____ (3) Haemophilia

_____ (4) Thalassemia

_____ (5) Don't know

³⁴ Blood groups.

Part 5 Attitudes towards blood donation

Attitude	Strongly agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly disagree (1)
1. You are proud of your blood donation because you can save other people's lives.					
2. Everybody should help to donate blood because it is a good deed.					
3. Blood donation is a means of giving surplus blood to help other people in society.					
4. Blood donation is not harmful to BDs' health or bodies.					
5. Blood donation is advantageous to BDs themselves and society.					
6. You wish to donate blood.					
7. You wish to persuade other people, for example, father/mother/sibling, relative, friend, etc. to give blood.					
8. You feel happy when donating blood.					
9. Blood donation is beneficial to BDs' health.					
10. Blood can save other people's lives, thus we should support blood donation.					

Part 6 Blood donation behaviour and rationales

22. You have donated blood for a total of _____ times.

23. From 1 January 2007 to 31 December 2007 only, you donated blood _____ times.

24. Why do you decide to donate blood? (Can select more than 1 choice and please put your 3 reasons in order by number 1: "the most important")

_____ (1) Helping save other people's lives

_____ (2) Performing a meritorious deed

_____ (3) Gaining money

_____ (4) Donating for own operation

- _____ (5) Father/ mother/sibling³⁵
- _____ (6) Relative
- _____ (7) Friend
- _____ (8) Colleague
- _____ (9) Father/mother/sibling
- _____ (10) Relative
- _____ (11) Friend
- _____ (12) Colleague
- _____ (13) Donating voluntarily, non-remunerated
- _____ (14) Donating for a special occasion, please specify _____
- _____ (15) Checking blood and health status (for instance, the level of glucose and fat,
the condition of liver and kidney, etc.)
- _____ (16) Needing tangible reward such as commemorative pin, TRCS medal, etc.
- _____ (17) Gaining privilege, please specify _____
- _____ (18) Being enlisted and requested
- _____ (19) Other, please specify _____

25. Which factors influence you to donate blood? (Can select more than 1 choice and please put your 3 answers of such influential factors in order by number 1: “the most important”)

- | | |
|------------------------|----------------------|
| _____ (1) Own decision | _____ (2) Television |
| _____ (3) Radio | _____ (4) Newspaper |
| _____ (5) Magazine | _____ (6) Internet |
| _____ (7) Postcard | _____ (8) Poster |

³⁵ To respect the limited length of the thesis, the following words: ‘donating by following’ from (5) to (8) and ‘being convinced by’ from (9) to (12) are deleted.

- | | |
|----------------------------------|--|
| _____ (9) Leaflet | _____ (10) Banner |
| _____ (11) Brochure | _____ (12) Booklet |
| _____ (13) Father/mother/sibling | _____ (14) Relative |
| _____ (15) Friend | _____ (16) Colleague |
| _____ (17) Teacher | _____ (18) Boss |
| _____ (19) Doctor/nurse | _____ (20) Other hospital staff |
| _____ (21) NBC staff | _____ (22) Other, please specify _____ |

Part 6 Non-donation behaviour and rationales

22. Why do you decide not to donate blood? (Can select more than 1 choice and please put your 3 reasons in order by number 1: “the most important”)

- _____ (1) Taking medicines such as taking aspirin and/or muscle relaxant regularly
- _____ (2) Asthma³⁶
- _____ (3) Epilepsy
- _____ (4) Chronic skin disease
- _____ (5) Chronic tuberculosis
- _____ (6) Chronic allergy
- _____ (7) Hypertension
- _____ (8) Hypotention
- _____ (9) Diabetes
- _____ (10) Heart disease
- _____ (11) Kidney disease
- _____ (12) Thyroid
- _____ (13) Cancer
- _____ (14) Haemophilia
- _____ (15) Viral hepatitis B
- _____ (16) Viral hepatitis C
- _____ (17) Fear of needles
- _____ (18) Fear of blood
- _____ (19) Fear of losing blood

³⁶ From (2) to (16), the word ‘suffering from’ is deleted to respect the limited length of the thesis.

- _____ (20) Fear of fainting
- _____ (21) Fear of infectious diseases, for instance, HIV/AIDS infection
- _____ (22) Lack of blood and blood donation knowledge
- _____ (23) Busy schedule
- _____ (24) Inconvenience
- _____ (25) Indifference, unconcern
- _____ (26) Being overage
- _____ (27) Other, please specify _____

23. Would you like to donate blood in the future?

- _____ (1) Yes _____ (2) Not sure _____ (3) No

Thank you very much.

APPENDIX 3



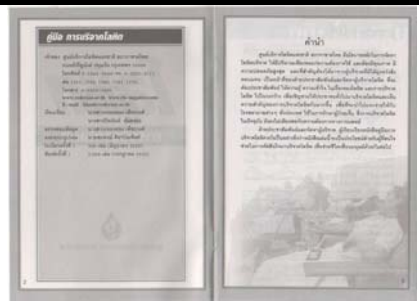





THE SAMPLED BROCHURE³⁷

Cover page



APPENDIX 4

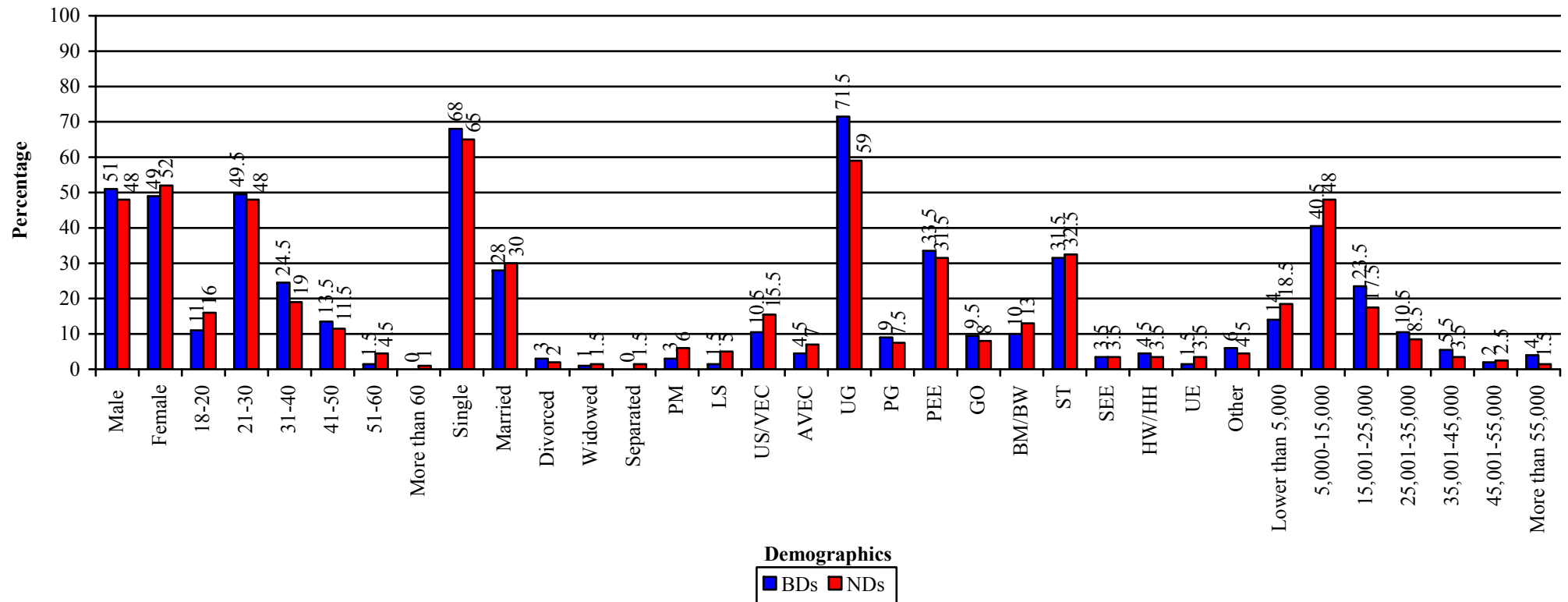
THE SAMPLED BOOKLET³⁸

Cover page	Page 1	Page 2-3
		
Page 4-5	Page 6-7	Page 8-9
		
Page 10-11	Page 12	
		

³⁸ The consent to use this booklet in my study has been given by Phetwong, on behalf of the NBC and the TRCS.

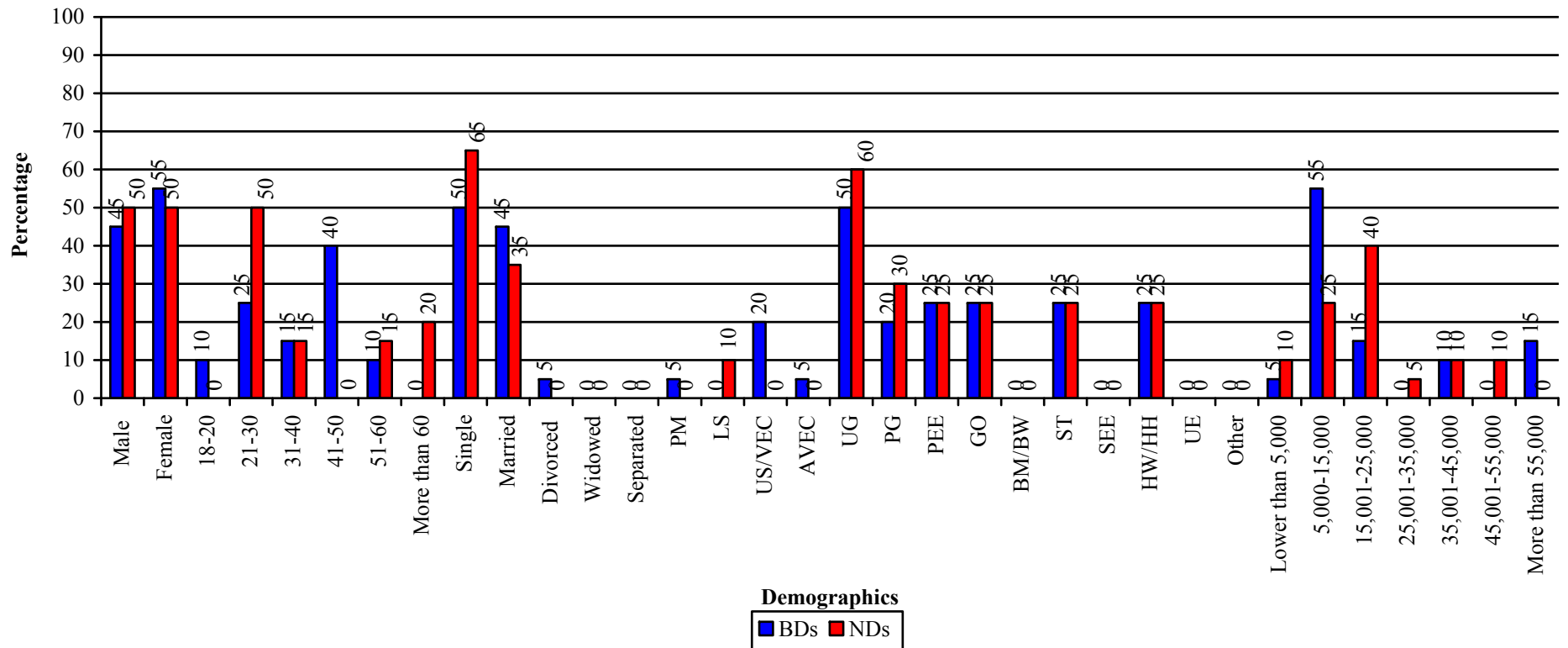
APPENDIX 5

DEMOGRAPHICS OF THE QUESTIONNAIRES' RESPONDENTS



APPENDIX 6

DEMOGRAPHICS OF THE FOCUS GROUPS' PARTICIPANTS



Group	No. of group	No of participants	Date	Expected time	Actual time spent (hours)	Participants (in code)	
BDs							
PEE	1	5	Saturday 19 January 2008	09:00-12:00	02:13:19	{1} Ms Y., F, 46, {2} Mrs S., F, 48, {3} Mr P., M, 45, {4} Mr D., M, 49, {5} Mr C., M, 53,	PEE, BDs
ST	1	5		13:00-16:00	01:10:46	{6} Ms T., F, 22, {7} Ms C., F, 21, {8} Ms P., F, 18, {9} Mr W., M, 20, {10} Mr P., M, 21,	ST, BDs
HW/ HH	1	5	Sunday 20 January 2008	09:00-12:00	01:48:34	{11} Mrs B., F, 26, {12} Mrs P., F, 32, {13} Mrs P., F, 42, {14} Mr B., M, 46, {15} Mr C., M, 45,	HW/HH, BDs
GO	1	5		13:00-16:00	01:17:18	{16} Ms K., F, 33, {17} Ms J., F, 26, {18} Ms M., F, 42, {19} Mr T., M, 50, {20} Mr P., M, 38,	GO, BDs
Total	4	20					
NDs							
PEE	1	5	Saturday 26 January 2008	09:00-12:00	02:24:00	{21} Ms K., F, 26, {22} Ms P., F, 26, {23} Ms V., F, 26, {24} Mr R., M, 33, {25} Mr J., M, 25,	PEE, NDs
ST	1	5		13:00-16:00	01:08:29	{26} Ms L., F, 21, {27} Mr E., M, 21, {28} Ms K., F, 22, {29} Mr S., M, 22, {30} Mr M., M, 21,	ST, NDs
HW/ HH	1	5	Sunday 27 January 2008	09:00-12:00	01:43:52	{31} Mr K., M, 66, {32} Mrs K., F, 63, {33} Mrs M., F, 61, {34} Mr S., M, 62, {35} Mrs B., F, 36,	HW/HH, NDs
GO	1	5		13:00-16:00	01:31:41	{36} Mr P., M, 60, {37} Mr P., M, 40, {38} Ms P., F, 26, {39} Mr J., M, 57, {40} Ms I., F, 51,	GO, NDs
Total	4	20					

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