Is the Blood Donation Deferral Policy a Reflection of Anti-LGBTQ Institutional Bias? Community Perceptions Amid the COVID-19 Pandemic

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ABSTRACT. As part of its responsibilities to protect the safety of the American public, the United States Food and Drug Administration (FDA) regulates activities associated with blood donation. One FDA policy concerns the deferral period of blood donation by men who have sex with men (MSM), and their sexual partners. The policy risks reinforcing stigma against people in the lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ) community. The 2019 novel coronavirus pandemic created an urgent need for blood products; hence, the FDA shortened the deferral period for MSM and their sexual partners. Yet, the public’s support of the deferral policy remained unclear. U.S. community adults (N = 829, M_age = 46.83, 50.3% women, 9.5% lesbian, gay, bisexual (LGB) individuals) rated their approval of the FDA’s deferral policy and attitudes toward blood donations from people across various sexual orientations and gender identities. Approximately 78% of participants reported positive attitudes toward receiving blood from heterosexual donors, whereas 54% reported positive attitudes toward receiving blood from LGBTQ donors. Participants were inclined to believe that the 2020 policy revision was motivated by an increased demand for blood donations amid the coronavirus pandemic rather than an intent to reduce discrimination. Relative to LGB participants, heterosexual participants were less willing to receive blood from LGBTQ donors, more likely to endorse the FDA’s deferral policy, and less likely to consider this policy to be discriminatory. Grounded in a minority stress framework, understanding public opinion can contextualize the possible negative impact on LGBTQ health and inform future FDA policies.

Keywords: blood donor, COVID-19, exclusion, prejudice, sexual behavior

According to the American Red Cross (n.d.), each blood donation can save the lives of up to three people who suffer from life threatening illnesses or injuries. The spread of the coronavirus disease in 2019 (COVID-19) evolved into a global pandemic by March 11, 2020 (Cucinotta & Vanelli, 2020). The large number of ill and injured individuals has resulted in an increased and urgent demand for blood and blood components in the United States (FDA, 2020a). Prior to the availability of vaccines, research showed that patients who recovered from COVID-19
might contain antibodies in their plasma. These antibodies were considered to be possibly effective in treating other patients who contracted the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2; CDC, 2020a; Chen et al., 2020; Shen et al., 2020). Given the importance of blood donation, assuring the safety of the blood supply is a public health priority (CDC, 2020b).

The United States Food and Drug Administration (FDA) is responsible for preventing the transmission of communicable diseases via blood transfusion and protecting the health of blood donors and the ultimate recipients (FDA, 2018a). With the primary goal of reducing the risk of human immunodeficiency virus (HIV) transmission via transfusion, the FDA previously enacted a deferral policy that affected some blood donors. This policy prohibited men who have sex with men (MSM) and women who have sex with MSM from donating blood. In 2015, the lifetime ban was changed to a 12-month deferral period since individuals’ last sexual activity. During the beginning phase of the COVID-19 pandemic, the FDA again revised this policy and shortened the deferral period from twelve months to three months. The revision was implemented immediately without input from the public (FDA, 2020b). Despite a shorter deferral period, the 2020 revision to the policy may perpetuate stigma and mischaracterizations about the sexual activities of not only MSM, but also other lesbian, gay, and bisexual (LGB) individuals (Bensing, 2011; Deacon, 2006; Herek & Capitanio, 1999; Herron, 2016). Yet, it is unclear whether people in the general public consider the FDA’s deferral policy to be discriminatory against LGB individuals. The present study was aimed to examine individuals’ knowledge and opinions about blood donation and the FDA’s deferral policy in a sample of United States community adults. Considering the continued demand for blood donation amid the ongoing COVID-19 pandemic, our study addressed a timely and important public health and social justice issue.

**Blood Donation Policies**

The mission of the FDA is to protect public health by ensuring the safety of biological and medical products, and food supply (FDA, 2015, 2018b). Consistent with this mission, the FDA provides a set of regulations on the collection, screening, and use of blood and blood components to assure the health and safety of donors and recipients. The FDA guides the development and use of donor educational materials and donor history questionnaires. Blood centers not only are required by the FDA to maintain a list of individuals who are unsuitable for donating blood, but also to test all donated blood for a host of infectious diseases including HIV, Hepatitis B and C, West Nile, and Zika viruses (FDA, 2018c, 2020a). Only blood products that test negative for communicable diseases can be used for transfusion. Additionally, the FDA maintains a set of recommendations in deferring blood donations by individuals who may be at increased risk for communicable diseases. These recommendations have prohibited or limited blood donations by individuals who have used nonprescription drugs via intravenous injections, engaged in sex in exchange for money or drugs, received a piercing or a tattoo from any nonregulated entities, MSM, and women who have had sex with MSM.

The blood donation deferral policy targeting gay or bisexual men, and other MSM was first introduced in response to the HIV epidemic (FDA, 2020a). In the early 1980s, compared to the rest of the U.S. population, people who injected nonprescription drugs, immigrants from Haiti, and MSM who had multiple sexual partners were considered at higher risk for HIV transmission (CDC, 1983). Given the limited understanding of HIV and AIDS at the time, in 1983, the FDA implemented a lifetime ban on blood donations by these groups.

Throughout the late 1980s and early 2000s, scientific advancement in the understanding of HIV enabled routine screening of donated blood via antibody and nucleic acid tests (Branson, 2003; Busch et al., 2005). As a result of improved blood screening and universal testing of all donated blood products, the risk of transfusion-related HIV infection became extremely low (Karamitros et al., 2017). Furthermore, with increased public education, prevention, and screening, incidence rates of HIV declined substantially (CDC, 2020c; Haire et al., 2018; Larkin, 2011). Between the years of 1997 and 2010, the FDA and the Department of Health and Human Services held public meetings and workshops to discuss the transmission risk of HIV and the lifetime ban on blood donations in place for MSM (FDA, 2020a). Representatives from several governmental health and safety agencies also formed a workgroup to review scientific evidence and re-evaluate the blood donation deferral policy (FDA, 2020a). In 2015, at the recommendation of the Interagency Blood, Organ, and Tissue Safety Working Group, the FDA’s lifetime ban was reduced to a 12-month deferral for blood donation by MSM.
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since their last sexual encounter with another man. This same revised deferral policy also applied to female donors who had sex with MSM (FDA, 2020a). Still, researchers criticized that the revision to a 12-month deferral period was not justified scientifically; rather, the FDA’s decision mirrored changes made in countries where deferral policies also had been shortened (e.g., United Kingdom and Australia; APHA, 2015). Some researchers suggested that an even shorter, three-month deferral period might appropriately balance the need to manage transfusion-related health risks, and to include suitable blood donors (e.g., Haire et al., 2018). Other researchers and public health professionals asserted that any blood donation deferral policy targeting MSM would be unnecessary. For example, it has been estimated that eliminating the deferral policy for MSM would result in a 2% to 4% increase in the U.S. annual blood supply—enhancing the potential to save over a million lives each year (APHA, 2015; Miyashita & Gates, 2014).

Amid the COVID-19 outbreak, the FDA issued a set of revised guidelines on blood donation prohibitions to address the urgent need for blood products in the United States. Without soliciting comments from the public for its immediate implementation in April 2020, the new policy specified that “high-risk” blood donors—MSM and women who had sex with MSM—should be deferred from donating blood for three months since their last sexual encounter (FDA, 2020a). Although these recent policy changes eased restrictions further for blood donors in the LGB community, gay and bisexual men, and other MSM nevertheless are treated differently than other donors—regardless of their HIV status.

Policy, Systemic Discrimination, and Potential Impact on LGB Health
To the extent that blood donations are routinely screened for communicable diseases, scholars and U.S. senators have argued that the FDA’s blood donation deferral policy inadvertently perpetuates stigma and prejudice against MSM (Baldwin et al., 2020; Wainberg et al., 2010). Maintaining outdated recommendations can reinforce the harmful stereotypes that MSM are promiscuous and engage in risky sexual behaviors (Galarneau, 2010; Lake, 2010; Larkin, 2011). Thus, deferral periods of any length treat potential blood donors differentially on the basis of their sexual partners. Differential treatment at the policy level may reinforce public prejudice against people in the LGBTQ community. Bias persists in public perceptions of LGBTQ individuals. A 2021 Gallup poll showed that approximately 30% of Americans believed gay and lesbian relationships to be morally wrong, 29% believed that same-sex couples should not receive the same legal rights received by heterosexual couples, and 18% believed that gay or lesbian marriages should not be legalized (Gallup, 2021). A 2019 national survey from the Trevor Project showed that 71% of LGBTQ youth experienced discrimination based on their sexual orientation or gender identity (The Trevor Project, 2019). In 2020, 36% of LGBTQ Americans reported experience with discrimination in the past year (Center for American Progress, 2020).

Consistent with the minority stress framework (Meyer, 2003), policies that stigmatize LGB individuals’ sexual behaviors have been considered to marginalize this segment of the population, and in turn contribute to LGB health disparities (Hatzenbuehler, 2010). LGB individuals are disproportionately confronted with chronic social disadvantages, such as alienation from institutions and social heteronormativity. Structural forms of stigma can contribute to sexual minority stress (Hatzenbuehler, 2016; Meyer, 2003). Furthermore, direct or vicarious experiences with homophobia, stigma reinforced in society, and discriminatory policies have been linked to disproportionately higher rates of mood disorders, suicidality, and substance misuse, and poorer self-rated physical health among LGB individuals, relative to their heterosexual counterparts (Almeida et al., 2009; Bostwick et al., 2014; Brewster et al., 2013; Hatzenbuehler & Pachankis, 2016; Lee et al., 2016).

Some research has suggested that anti-LGBTQ policies can precipitate minority stress, whereas policies promoting sexual equality may be linked to better health in the LGBTQ community. Before the U.S. Supreme Court ruled in favor of same-sex marriages at the federal level in 2015, states differed in their legislations. Cross-sectional comparisons have shown higher levels of self-reported anxiety and lower levels of life satisfaction among LGB individuals who lived in states that denied same-sex marriages than their counterparts who lived in states that permitted same-sex marriages (Tatum, 2017). Longitudinal research has shown that, in states where a ban on same-sex marriage was implemented, LGB individuals showed increases in the rates of mood disorder symptoms (e.g., depression, dysthymia, mania), anxiety problems, and alcohol use disorders compared to before the bans were implemented (Hatzenbuehler et al., 2010).
The Present Study
The FDA’s current recommendations for a three-month deferral period for gay and bisexual men, and other MSM blood donors, may perpetuate anti-LGB stigma and exert harmful effects on LGB health. It is also possible that a shortened deferral period functions as a compromise between the FDA’s responsibility to assure public safety and unfair treatment of LGB blood donors. Whereas previous FDA workgroups engaged public feedback in changing the lifetime deferral to a 12-month deferral period, amid the current COVID-19 pandemic, the policy revision was implemented in April 2020 without public comment. Hence, it was unclear whether American people considered the current FDA blood donation deferral policy to be discriminatory against LGB donors. Understanding the public’s opinions about blood donation and the FDA’s policy is an important step in examining the possible impact of federal regulations on LGB health. In the present study, using a large convenience, community sample of U.S. adults, we sought to describe the public’s attitudes toward blood donation policies affecting heterosexual and LGBTQ individuals. Given that the blood donation deferral policy targets MSM (and women who have sex with MSM), there may be systematic differences in the beliefs between LGB and heterosexual individuals. Thus, we aimed to explore attitude differences between LGB and heterosexual participants. Preregistration for the present study was archived in the Open Science Framework online repository (https://osf.io/dhmjk). Study materials and deidentified data also were made publicly available in the repository (https://osf.io/73uwy/).

Method
Participants
Participants were recruited via Qualtrics Panel, an online crowdsourcing platform used to collect data for academic and commercial research purposes. This study consisted of 829 adult participants who resided in the District of Columbia and 42 states across the United States (age range = 18–85, \( M_{\text{age}} = 46.83, \text{SD}_{\text{age}} = 15.73, 50.3\% \text{ women} \)). Similar to the patterns in the general U.S. population (U.S. Census Bureau, 2019), most participants reported residence in California (24.5%), New York (9.7%), Texas (8.0%), and Florida (6.2%). The sample included 406 Asian American, 153 White/European American, 145 Hispanic/Latinx American, 133 Black/African American, 17 Native American/Native Alaskan/Indigenous, 2 Arab/Middle Eastern/North African individuals, and 24 individuals who identified with another ethnoroacial background. Most participants identified as completely heterosexual (\( n = 748 \)). Two individuals did not report their sexual orientation. Participants who identified as “mostly heterosexual,” “bisexual,” “mostly homosexual,” or “completely homosexual” (\( n = 79 \)) were coded as LGB in the present study. A large proportion of the sample attended some college or attained a bachelor’s degree (60.3%), and held an advanced degree (31.5%). There was a great deal of variability in participants’ annual household income, which ranged from < $20,000 to > $200,000 (Mode = $100,001–$200,000).

Measures
We developed 14 survey items to assess participants’ knowledge of and attitudes toward blood donation deferral policy in the United States (see Table 1, and Table S1 in online supplemental materials). In terms of knowledge, participants responded to three items on their belief of whether heterosexual, LGB, and transgender people were allowed to donate blood. Response options included accurate, inaccurate, and unknown. In terms of attitudes toward blood donation and deferral policies, items were constructed to assess participants’ approval of blood donation by individuals who identified as heterosexual and LGBTQ, willingness to receive blood from heterosexual, LGB, and transgender donors, and perception of the FDA regulations. Participants’ approval of blood donations (e.g., “People are allowed to donate blood if they are heterosexual;” 3 items) were rated on a scale from 1 (strongly disapprove) to 7 (strongly approve). Participants also indicated their willingness to receive blood from different donors (e.g., “I would receive blood from someone who identifies as heterosexual”) on two items rated on a scale from 1 (strongly disagree) to 7 (strongly agree).

Prior to responding to survey items regarding the FDA’s blood donation policies, participants read a passage summarizing the 2015 and 2020 deferral recommendations as they pertained to MSM and women who have sex with MSM. Participants indicated their endorsement and evaluation of FDA’s blood donation deferral policies in 2015 and 2020 (e.g., “I endorse the policy issued in 2015”) on four items that were rated on a scale from 1 (strongly disagree) to 7 (strongly agree). Finally, participants’ perception for why the deferral period was shortened amid the COVID-19 pandemic (e.g., “The revised policy in 2020 is implemented only because...
of an increased demand for blood donations”) was assessed on two items rated on a scale from 1 (strongly disagree) to 7 (strongly agree).

We conducted a series of principal component analyses (PCAs) using data from the 11 items assessing attitudes toward blood donation and FDA’s deferral policy. A parallel analysis indicated that a four-component solution would fit the data. Although four components achieved eigenvalues greater than 1.0, results from a PCA with varimax rotation showed that three components were interpretable. Items across these components indicated (a) willingness to receive blood from donors of various sexual/gender identities (5 items; \( \alpha = .78 \)), (b) beliefs about FDA’s deferral policy and reasons for the 2021 revision (4 items; \( \alpha = .67 \)), and (c) endorsement of the FDA’s policy (2 items; \( \alpha = .61 \)).

### Data Collection Procedures and Statistical Analyses

The study was approved by Southern Methodist University’s institutional review board (IRB). Data came from baseline survey responses collected as a part of a short-term longitudinal survey study examining people’s experiences with stress, discrimination, and health behaviors during the COVID-19 pandemic. Asian American participants were oversampled for the study design to address other research questions related to anti-Asian discrimination amid the COVID-19 pandemic (Lui et al., 2021a, 2021b). Thus, we specified quotas to recruit Asian Americans to make up 50% of the sample, and other major ethno-racial groups (i.e., Black/African American, Hispanic/Latinx, and White/European American) to make up 15% of the sample, respectively. Additional sampling quotas were used to ensure that our participants reflected the U.S. population in terms of age group and gender.

Individuals aged 18 years or older received brief information about the study (i.e., longitudinal psychology survey, time involvement, and total compensation in the amount that they agreed with their panel vendors). Individuals who opted in were provided with additional information about the study and an electronic informed consent. Responses were anonymous and were linked only to participants’ Panel identification number. Each survey took 10 to 20 minutes to complete. Consistent with other Qualtrics Panel studies, participants received point-based incentives for the present study. Descriptive analyses were conducted to examine participants’ beliefs about the blood donation practices and FDA

### TABLE 1

<table>
<thead>
<tr>
<th>Item</th>
<th>M (SD)</th>
<th>t</th>
<th>df</th>
<th>p</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Sample</td>
<td>LGB</td>
<td>Heterosexual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. People are allowed to donate blood if they are heterosexual.</td>
<td>5.59 (1.50)</td>
<td>5.46 (1.84)</td>
<td>5.61 (1.46)</td>
<td>0.78</td>
<td>748</td>
</tr>
<tr>
<td>2. People are allowed to donate blood if they are gay, lesbian, bisexual, or of other sexual minority backgrounds.</td>
<td>4.50 (1.87)</td>
<td>4.31 (2.18)</td>
<td>4.52 (1.84)</td>
<td>0.87</td>
<td>760</td>
</tr>
<tr>
<td>3. People are allowed to donate blood if they identify as transgender or transsexual (i.e., completed gender reassignment surgery).</td>
<td>4.47 (1.85)</td>
<td>4.53 (2.07)</td>
<td>4.47 (1.83)</td>
<td>-0.26</td>
<td>757</td>
</tr>
<tr>
<td>4. I would receive blood from someone who identifies as heterosexual.</td>
<td>5.76 (1.52)</td>
<td>5.82 (1.53)</td>
<td>5.76 (1.51)</td>
<td>-0.34</td>
<td>825</td>
</tr>
<tr>
<td>5. I would receive blood from someone who identifies as lesbian, gay, bisexual, transgender, or queer (LGBTQ).</td>
<td>4.80 (1.88)</td>
<td>5.47 (1.59)</td>
<td>4.73 (1.90)</td>
<td>-3.3</td>
<td>825</td>
</tr>
<tr>
<td>6. I endorse the policy issued in 2015.</td>
<td>4.28 (1.83)</td>
<td>3.24 (2.00)</td>
<td>4.38 (1.78)</td>
<td>5.37</td>
<td>825</td>
</tr>
<tr>
<td>7. I endorse the policy issued in 2020.</td>
<td>4.40 (1.73)</td>
<td>3.94 (1.96)</td>
<td>4.45 (1.69)</td>
<td>2.52</td>
<td>825</td>
</tr>
<tr>
<td>8. The 2015 policy is discriminatory toward men who have had sex with a man.</td>
<td>4.32 (1.87)</td>
<td>5.37 (1.68)</td>
<td>4.21 (1.85)</td>
<td>-5.34</td>
<td>825</td>
</tr>
<tr>
<td>9. The 2020 policy is discriminatory toward men who have had sex with a man.</td>
<td>4.08 (1.81)</td>
<td>4.87 (1.81)</td>
<td>4.00 (1.79)</td>
<td>-4.13</td>
<td>825</td>
</tr>
<tr>
<td>10. The revised policy in 2020 is implemented to reduce discrimination toward men who have had sex with a man.</td>
<td>3.79 (1.61)</td>
<td>3.87 (1.78)</td>
<td>3.78 (1.59)</td>
<td>-0.48</td>
<td>825</td>
</tr>
<tr>
<td>11. The revised policy in 2020 is implemented only because of an increased demand of blood donations.</td>
<td>4.91 (1.53)</td>
<td>5.23 (1.54)</td>
<td>4.87 (1.53)</td>
<td>-1.95</td>
<td>825</td>
</tr>
</tbody>
</table>

Note. N = 829 in the overall sample. n = 79 for lesbian, gay, and bisexual (LGB) participants. n = 748 for heterosexual participants. Two participants did not identify their sexual orientation. Item responses ranged from 1 (strongly disagree/strongly disagree) to 7 (strongly agree/strongly agree). An independent samples t test was performed to compare group mean differences on each item between LGB and heterosexual participants. On Item 1, there were n = 65 and n = 12 missing responses from heterosexual and LGB respondents, respectively. On Item 2, there were n = 56 and n = 9 missing responses from heterosexual and LGB respondents, respectively. On Item 3 there were n = 57 and n = 11 missing responses from heterosexual and LGB respondents, respectively. There were no missing responses on the remaining items.
policies. Independent-samples’ t tests were used to examine differences between LGB and heterosexual participants on attitude ratings.

Results
Attitudes Toward Blood Donation and Deferral Policies
Participants were first asked to rate their knowledge about the blood donation deferral policies, and the patterns are summarized in Table S1 (see online supplemental materials). Table 1 summarizes participants’ self-reported attitudes toward blood donations and the FDA’s 2015 and 2020 deferral policies. Table S2 provides additional, detailed distributions of responses to all survey items across the full sample, and the LGB and heterosexual subsamples (see online supplemental materials). In the full sample, participants reported moderate levels of approval for blood donations from heterosexual individuals (M = 5.59, SD = 1.50) and moderate levels of willingness to receive blood from heterosexual donors (M = 5.76, SD = 1.52). By contrast, participants on average reported that they were “neutral” about to “somewhat approving” of blood donations by LGB individuals (M = 4.50, SD = 1.87) and transgender individuals (M = 4.47, SD = 1.85). Participants also were “neutral” to “somewhat approving” of receiving blood from donors who identified as LGBTQ (M = 4.89, SD = 1.88).

Upon reading the FDA’s recommendations for a 12-month deferral period, sample mean ratings fell between “neutral” and “somewhat agree” response categories regarding participants’ endorsement of the policy implemented in 2015 (M = 4.28, SD = 1.83). Similarly, in response to the FDA’s recommendations for a three-month deferral period, participants’ endorsement of the policy implemented in 2020 fell between “neutral” and “somewhat agree” categories (M = 4.40, SD = 1.73). Regarding whether they considered the blood donation deferral policies to be discriminatory against MSM, sample mean ratings were close to the “neutral” response option for both the 2015 (M = 4.32, SD = 1.87) and the 2020 policy revisions (M = 4.08, SD = 1.81). On average, participants’ ratings were close to the “neutral” response option in their belief that the 2020 revision to the deferral policy was implemented to reduce discrimination toward MSM (M = 3.79, SD = 1.61). Participants tended to “somewhat agree” that the 2020 revision was motivated by an increased demand for blood supply amid the COVID-19 pandemic (M = 4.91, SD = 1.53).

LGB and Heterosexual Group Differences
We first explored demographic differences between LGB and heterosexually identifying participants in our sample. LGB participants in our sample were younger (M = 38.30, SD = 15.79) than heterosexual individuals (M = 47.70, SD = 12.38), t(825) = −5.13, p < .001, d = 0.66. A chi-square test of independence revealed that, among the LGB sample, there was a higher proportion of men (62.0%) and a lower proportion of women (38.0%) compared to the heterosexual sample (48.3% men, 51.7% women), χ²(1, N = 827) = 5.42, p = .020. The distribution of participants across ethnic groups did not differ by sexual orientation, χ²(5, N = 827) = 10.57, p = .061.

Table 1 summarizes the ratings by LGB and heterosexually identifying subgroups. We observed no differences in the degree to which participants approved of heterosexual, LGB, and transgender individuals being permitted to donate blood. LGB and heterosexual participants did not vary in their willingness to receive blood from heterosexual donors. Relative to LGB participants (M = 5.47, SD = 1.59), heterosexual participants were less willing to receive blood from sexual and gender minority donors (M = 4.73, SD = 1.90), t(825) = −3.33, p < .001, d = 0.42. LGB participants were less likely to endorse the FDA’s 2015 deferral policy, t(825) = −5.37, p < .001, d = 0.60, and 2020 deferral policy, t(825) = 2.52, p = .012, d = 0.28, relative to their heterosexual counterparts. Although there were no group differences in individuals’ perceptions for why the FDA shortened the blood donation deferral period amid the COVID-19 pandemic, LGB participants indicated stronger beliefs than heterosexual participants that the 2015 policy, t(825) = −5.34, p < .001, d = 0.66, and the 2020 policy, t(825) = −4.13, p < .001, d = 0.48, respectively, were discriminatory against MSM.

Exploratory Analyses on Other Demographic Differences
Additional t tests and correlation analyses were performed to explore possible differences in participants’ attitudes toward blood donation and deferral policies across gender, ethnoracial backgrounds, and age (see Table S3 in online supplemental materials). Because multiple exploratory analyses can increase the likelihood of type I error, we used Bonferroni corrections to compensate for these additional comparisons across 11 items with a new significance level set to p < .005. One-way ANOVAs revealed no differences in attitudes across ethnoracial groups or education attainment levels. Relative to women,
men reported lower levels of approval of blood donations by transgender, $t(759) = -3.56, p < .001, d = 0.26,$ and LGB individuals, $t(762) = -3.02, p = .003, d = 0.22.$ We observed a positive correlation between age and endorsement of the 2015 policy $(r = .14, p < .001).$ Younger age was linked to greater willingness to receive blood donations from LGBTQ donors $(r = -.11, p = .002),$ and greater inclination to believe that the 2015 $(r = -.17, p < .001)$ and 2020 $(r = -.14, p < .001)$ blood donation deferral policies were discriminatory toward MSM.

**Discussion**

This study was designed to examine participants’ awareness of the U.S. FDA’s blood donation deferral policy targeting MSM, and attitudes toward blood donation from people of heterosexual and LGBTQ backgrounds. Since the FDA revised its recommendations for immediate implementation in April 2020, this is one of the first published empirical examinations of public opinions about blood donation and its prohibition for MSM and women who have sex with MSM. Findings from the present study can provide a foundational understanding of how individuals in the United States react to government regulations on blood giving from heterosexual, LGB, and transgender donors. Our results may be helpful in informing future FDA blood donation policies that are nondiscriminatory toward members of the LGBTQ community.

Participants tended to report favorable attitudes about blood donation by heterosexual individuals. By contrast, participants reported relatively less favorable views about blood donations from LGB and transgender donors. Participants’ differential attitudes toward heterosexual and LGBTQ blood donors may reflect American adults’ concerns about the safety of blood donations from LGBTQ individuals. Given the close-ended nature of the questions, it is unclear the exact reason behind our participants’ attitudes toward blood donation by LGBTQ individuals. These attitudes may reflect harmful cultural stereotypes ascribed to MSM, such as promiscuity and risky sexual behavior (Galarneau, 2010; Lake, 2010; Larkin, 2011). The general public also may be undereducated about the improvements in blood screening and the low risk of transfusion-related disease transmission. Current screening procedures at blood centers are closely regulated and are effective in reducing the risk for transmitting HIV as well as other communicable diseases through transfusions (CDC, 1996; Karamitros et al., 2017). In fact, since blood donation prohibitions changed from a lifetime ban to a 12-month deferral period for MSM donors and female donors who have sex with MSM, research showed no change in the risk for HIV infections (Grebe et al., 2020). Given the recency of changes to the deferral policy, there are no data on whether the shift to a 3-month deferral period would yield differences in the risk for HIV transmission via blood transfusion. Scientific advancements have made it possible to detect HIV infection through nucleic acid testing in a window period as short as 10 to 33 days after a potential exposure (CDC, 2021). Although deferral policies are intended to protect the public by reducing the risk of infection during the window periods between exposure and testing, the current implementation of a deferral period differentially targets MSM donors and does not apply to heterosexual donors who may be at risk for HIV infection. Thus, any blood donation deferral policies that treat donors differently because of their sexual behaviors and partners may be unnecessary and may perpetuate institutional bias against individuals in the LGBTQ community.

Considering persistent LGBTQ health disparities, we expected to observe attitudinal differences across LGB and heterosexual participants. Compared to LGB participants, our exploratory analyses revealed that heterosexual participants were less willing to receive blood from LGBTQ donors. Similarly, heterosexual participants were less prone to consider the FDA blood donation deferral policy to be discriminatory against the LGBTQ community, relative to their LGB counterparts. Because heterosexual individuals are not impacted by the blood donation deferral policy, they may be unaware of its negative impact.

As shown in a qualitative study with Canadian gay and bisexual men, respondents believed that a shortened—but not an abolishment of—deferral period for blood donation was inadequate, and these respondents did not believe that deferral policies reflected the state of the science on HIV risk assessment and prevention (Grace et al., 2019). These Canadian gay and bisexual male respondents preferred an approach that treated all donors fairly and equitably, regardless of donors’ sexual orientations and behaviors (Grace et al., 2019). Even though the FDA had announced that its recommendation for a shortened, three-month deferral period would stay after the COVID-19 pandemic, any prohibitions that explicitly target gay, bisexual, and other MSM donors nevertheless reinforce anti-LGBTQ stigma. Ratings from our study suggested that participants were more inclined to believe
that the FDA’s policy revision was motivated by a practical need for urgent and immediate blood supply amid the COVID-19 pandemic, rather than a moral need for eliminating unfair policies. Given the link between structural stigma and LGBTQ health (Hatzenbuehler, 2010), our results highlight the need to examine how the FDA’s blood donation policy may perpetuate systemic bias and maintain LGBTQ health disparities.

Limitations

The present results should be interpreted with the following limitations in mind. First, our data included self-reported attitudes from a convenience sample of U.S. adults in the general community, who were recruited via a crowdsource online survey platform. Responses might have been influenced by social desirability. Additionally, current assessments of beliefs likely do not generalize to all U.S. individuals. On average, our participants were high-achieving and reported above-average annual household income. Additional systematic examinations of the public opinions should capture broader segments of the population. Second, we did not examine the relations between LGB individuals’ attitudes about the blood donation deferral policy, their self-esteem, and mental health outcomes. Future research should build on the present findings to examine how anti-LGBTQ stigma implicated in the blood donation deferral policy may be linked to LGBTQ health. Third, in asking participants to rate their awareness of the FDA deferral policies, the current survey items only asked if LGBTQ individuals were permitted to donate blood. We did not specify in the items the length of time MSM and women who have sex with MSM have to wait to be able to donate blood following their last sexual encounter. Future research could incorporate more precise language about the specific sexual behaviors and the length of deferral periods in assessing the public’s knowledge of these policies. Finally, we used participants’ self-reported sexual orientation to categorize LGB and heterosexually identified individuals in our exploratory group comparisons; we did not assess participants’ sexual behavior and partners in the last three- or twelve-month periods, as specified in the FDA deferral policy. Our present approach did not allow us to investigate refined within-group differences in the attitudes toward the FDA blood donation policies. To adequately represent the beliefs of those who are directly impacted by the policies, future studies will benefit from oversampling individuals from the LGBTQ community and disaggregate data from people of diverse sexual behaviors/partners (e.g., women who have sex with women versus MSM). Qualitative methods can be helpful in understanding how different segments of the LGBTQ community view FDA and other relevant federal policies.

In conclusion, individuals in the United States may benefit from enhanced awareness of existing blood donation regulations—particularly the deferrals for donors in the LGBTQ community. Blood donation may be one area in which homophobic stigma and structural anti-LGBTQ biases are perpetuated. Given the implications for minority stress and LGBTQ health disparities, it would be important to continue assessing public opinions about the current blood donation deferral policy, and continue evaluating its utility and potential negative consequences on LGBTQ health during, and beyond the COVID-19 pandemic.

References


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Gobrial led data analysis, manuscript writing, and revision. Gobrial and Lui contributed to conceptualization of research aims. Lui led data curation, provided funding and supervision, and contributed to manuscript writing and revision.

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Preregistrations for the present study protocol were archived in the Open Science Framework online repository (https://osf.io/dhmjk). Materials and data used in the present study are archived at https://doi.org/7Suyw/.

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