



Blood Donations

Marialuisa Villani and Alessandro Martelli

Abstract The chapter examines blood donation as a distinctive form of altruism and civic engagement that sustains social bonds and signals bridging social capital. It reviews classic and contemporary debates on giving, prosocial and personal norms, and the organisational-policy architecture that governs donation, indicating how anonymity, regulation and indirect reciprocity differentiate blood from conventional gift exchange while connecting it to civicness and shared responsibility. Empirically, the chapter assembles and harmonises secondary evidence from national and regional transfusion authorities, integrating regional and provincial series to describe territorial patterns and long-term dynamics. The analysis points to persistent yet shifting geographies of participation, with consolidation in several centre-south areas alongside stability or mild decline in parts of the north, and it notes exemplary local ecosystems in which associations, institutions and educational networks appear to cultivate sustained engagement. The chapter's contribution is to connect theory, institutions and territory within a single framework, outlining how organisational infrastructures and civic norms

M. Villani (✉) · A. Martelli
University of Bologna, Bologna, Italy
e-mail: marialuisa.villani@unibo.it
e-mail: a.martelli@unibo.it

may translate individual altruism into collective capacity. It ends by identifying place-aware implications for practice and setting an agenda to examine how organisational arrangements interact with local contexts to sustain participation.

Keywords Social capital · Blood donation · Gift · Civicness · Blood donor association

6.1 INTRODUCTION

Giving as a form of exchange, relationship and participation has been studied by classical studies in the social sciences (Mauss, 1924). In terms of self-giving and voluntary solidarity, it has long become an integral part of social capital research (Cartocci, 2007; Cartocci & Vanelli, 2015). The act of giving is therefore an expression of solidarity, relationality and sense of community, a manifestation of the social bond. Although blood donation does not fit Mauss's reciprocity model precisely, being anonymous and without any direct exchange, it can be interpreted as reinforcing the social bond and community cohesion. Donors sustain a collective system of interdependence, fostering a form of indirect reciprocity: each individual act contributes to a network of shared solidarity, ensuring that anyone can access the donated good in case of necessity.

As a form of self-giving, blood donation is an altruistic and vital act that has aroused interest in researchers in different fields (Alfieri et al., 2016; Allain, 2019; Estrada et al., 2020; Ferguson et al., 2008; Guglielmetti Mugion et al., 2021; Pozzi et al., 2016). Studies on the topic are vast and variegated, ranging from sociological (Caillé, 1994; Titmuss, 1970) and anthropological analysis (Mauss, 1924) to psychological (Bani & Strepparava, 2011; Castelnuovo et al., 2013; Lee et al., 1999) and economic research (Alfieri et al., 2016; Otto & Bolle, 2011) and medical statistical studies (Estrada et al., 2020).

In the first phases, research concentrated largely on the motivations that prompt individuals to donate blood. The acclaimed welfare study by Titmuss (1970) was among the first to seek an understanding of the social relations and cultural norms that influence donation, analysed as a form of gift and reciprocity. The author examined the unconventional nature of blood donation, comparing it with traditional giving and highlighting its differences.

Unlike gifts based on social customs, blood donation is closely regulated: its acceptability is determined by medical specialists on the basis of scientific criteria to ensure the safety of donors and recipients. The driving force, however, is altruism, whereas social pressure and moral obligation are largely absent from most blood donation systems (Bassi et al., 2024). Titmuss tackled the practice of blood donations with an anthropological approach based on the exchange of gifts. In many societies, gifts foster social cohesion, strengthening bonds and promoting direct reciprocity. Blood donors, however, give disinterestedly or even blindly, without any guarantee of receiving blood themselves or of knowing who was helped by their donation. This anonymous context, free from reciprocal exchange, brings to light the link between giving and bridging social capital (Putnam, 2000; Putnam et al., 1993), emphasising their role in fostering the common good and reinforcing civic responsibility.

In the text *Don, intérêt et désintéressement* (1994), Alain Caillé describes the complex dynamics of giving, indicating blood donation as an emblematic example of this complexity. Although disinterested altruism is its predominant feature, this is not the only motivation involved. According to Caillé, despite the absence of a direct material reward,¹ blood donors obtain important social and personal recognition, besides receiving regular health check-ups. The gratitude of recipients, community approval and a deep sense of personal satisfaction and achievement are the immaterial rewards that press donors to give blood. The sociologist underlines that donating blood generates a form of delayed reciprocity. Although the donor does not immediately receive anything in exchange, he knows that the community will recognise and sustain him, should he require a transfusion. While this reciprocity is not immediate and direct, it creates a bond of mutual assistance, strengthening social cohesion. Caillé shows that donating blood has a significant ethical dimension, reflecting values of solidarity and collective responsibility through actions that reinforce the social fabric and promote the common good. Giving blood is therefore a concrete example of how individuals can transcend egoism and contribute the collective well-being.

¹ In France, Caillé's country of reference, and also in Italy, it is forbidden by law to donate blood in return for payment. In countries such as Germany and the US, there is no such law. The World Health Organisation favours national blood donation systems based on regular voluntary unremunerated donors.

In recent years, the psychological and behavioural factors associated with giving blood have attracted the attention of researchers who have conducted studies to identify the personality traits, attitudes and beliefs predisposing individuals to donate; they also sought to understand the barriers against donation (Bani & Strepparava, 2011; Guglielmetti Mugion et al., 2021; Guididi et al., 2013; Pozzi et al., 2016). The macro-economic aspects of blood donation (Otto & Bolle, 2011) have revealed the role of health policy in promoting donations. The different styles of managing blood donation systems have been studied at national (Alfieri et al., 2016, 2020; Lacetera & Macis, 2013) and European levels (European Commission, 2011). European policy on blood donations ensures a system that combines safety, equity and efficacy by rigorous health controls and traceability, unremunerated voluntary donations available to all and standardised protocols that ensure a sufficient constant supply of blood for patients, respectively. Regular health check-ups of donors also help reduce the spread of certain diseases. These are aspects already considered by Titmuss (1970).

6.2 THE DONATION OF BLOOD AS A FORM OF SOCIAL CAPITAL

Giving blood is a voluntary altruistic action and a behavioural indicator of civiness. Robert Putnam discusses it in the chapter *Altruism, Volunteering and Philanthropy* of his book *Bowling Alone* (2000, pp. 116–133). The crucial element linking social capital and the giving of blood is the existence of prosocial norms encouraging behaviour that fosters community well-being. These norms are grounded in civic culture, where being a good citizen means helping one's neighbour, belonging to voluntary associations, voting, donating blood and funding good causes. Bassi et al. (2024) recently set blood donations at the intersection between civiness and solidarity.

Reference to prosocial norms also occurs in research on the relation between charitable donations and giving blood (Bekkers, 2006). In a study of intention to donate blood and money, Lee et al. (1999) showed that both were positively correlated with personal norms and perceived expectations. A personal norm is a behavioural standard grounded in interiorised values and individual expectations. This standard guides behaviour via a system of anticipation of self-punishment and self-reward, acting as an internal regulator that influences personal actions and decisions (Schwartz, 1977, p. 223). Some dimensions traditionally regarded as

prosocial norms can therefore become part of the individual behavioural standard in the form of personal norms.

Bekkers (2006) shed light on the way individuals who donate blood and money are more sensitive to the social expectations of their community regarding donations in general. They also tend to be more convinced of the need to sustain norms that promote actions of solidarity, distinguishing themselves sharply from those who do not take part in voluntary activities or make donations. In a later study (Bekkers & Veldhuizen, 2008) a strong correlation also emerged between political participation and donating blood. According to the researchers, higher voter turnout for general elections, an indicator of civic engagement, was significantly correlated with the proportion of blood donors and persons who donate to charities in the population.

The correlation between social action, civicness and donating blood is also pointed out in Pozzi et al. (2017) who used the definition conceived by Snyder and Omoto (2007) “Social action encompasses the behaviors that people engage in that benefit other individuals, movements, larger communities, and the societies in which they are embedded.” From this perspective, social action is evidently linked to bridging social capital.

In an attempt to unite the various studies and reflections (Bekkers, 2006; Ferguson et al., 2008; Lee et al., 1999; Pozzi et al., 2017; Titmuss, 1970) that link blood donations to altruistic voluntary work and broader prosocial behaviours, thus demonstrating their importance for the concept of social capital, Alfieri et al. (2020) defined donation of blood as a special form of voluntary work with four distinctive features: 1) donation of own biological material; 2) limited duration and engagement, based on medical criteria; 3) anonymity without direct recognition from the recipient, but only collective recognition; 4) no direct remuneration. These particular features led many scholars to consider donation of blood an especially significant and representative indicator of bridging social capital (Chap. 2).

In 2007, in the Italian panorama of social capital research, Roberto Cartocci introduced donation of blood as a key variable for building an index of bridging social capital. As illustrated in Chap. 2, an indicator of a property is a specific concept that makes it possible to observe and measure an aspect of the property that cannot be observed directly, and to establish a semantic relation defined as “indicative relationship” (Marradi et al., 2012). The indicator may only partially represent the property, in which case it is called the “indicating portion”, whereas aspects not directly linked to the property are known as the “extraneous portion”.

According to Cartocci, the donation of blood is an indicator of social capital that minimises external distortions (extraneous portion), while emphasising the importance of offering and disinterested giving from a perspective of promoting the common good.

6.3 BLOOD DONATIONS IN ITALY

In Italy, persons between 18 and 65 years of age, weighing over 50 kg and in good health, can donate blood. Men and women not of fertile age can donate whole blood every 3 months, whereas women of fertile age can do so twice a year. The outcome of the blood donor system in Italy depends on the contribution of public and private stakeholders (regions, hospitals and non-profit associations) and citizens (Guglielmetti Mugion et al., 2021). Creation of the National Blood Centre² (CNS) and the National Blood Registry in 2007 transformed how the donation of blood was organised. The NBC was instituted by Ministerial decree on 26 April 2007 and began operation on 1 August of the same year. It coordinates and controls the national transfusion system as set out in Law no. 219 of 21 October 2005 “New law on transfusions and national production of blood products” and by the laws transposing the relevant European directives. The system includes regional coordination structures for transfusions, managed by the Regions and Autonomous provinces. They ensure support for national programming with regard to blood transfusions and coordination and technical-scientific control of the regional transfusion network, in synergy with the NBC. These regional structures, also known as Regional Blood Centres, are responsible for the collection and management of donated blood at regional level.

Over the years, the Ministry for Health has had significant support from donor associations, such as AVIS (Associazioni Volontari Italiani Sangue), FRATRES (Consociazione Nazionale dei Gruppi Donatori di Sangue Fratres delle Misericordie d’Italia), FIDAS (Federazione Italiana Associazioni Donatori di Sangue) and the Italian Red Cross. Although the decision to donate is an individual choice, these organisation play a crucial role in actively promoting the donation of blood (including in schools) and mediate between institutions and citizens.

²The name in Italian is “Centro Nazionale Sangue (CNS)”.

The practice of donating blood not only produces social capital by the act of donation but also due to social engagement in the organisations³ that promote it.

The literature on blood donations in Italy has concentrated mainly on the donors and their motivations. Many studies have been conducted in collaboration with AVIS, presumably because the systematic collection of information on the units of blood donated at the national level only began in 2007 with the institution of the NBC and the National Blood Register. Research has often used data collected through interviews with donors by standardised methods and also qualitatively. In the following sections, we analyse data on blood donations at the territorial level, but before describing the geographical differences found, we summarise the main aspects emerging from these studies in the Italian context.

In depth analysis of AVIS data from 1983 to 2006 by Lacetera and Macis (2013) focused on a city in the centre-north of Italy and quantified the impact of Law no. 584 of 1967 on the practice of donating blood. This law recognises the right to a fully-paid day of rest from work for blood donors. The study found that the law induced donors to make an average of one extra donation per year. By comparing the frequencies of donations associated with different occupational states of the same individual, the researchers found a significant correlation between employment and propensity to donate. The results showed that on average, when a person is employed and therefore has a right to a fully-paid day of rest, the annual frequency of donations increased by about one with respect to periods of unemployment.

The decision to donate blood is strongly influenced by personal and social factors. A study conducted in Bergamo in 2006 (Bani & Strepparava, 2011) showed that 50% of donors were motivated to emulate donor friends and relatives, but having needed a transfusion or knowing someone who was transfused also had a significant impact, increasing the frequency of donations and the propensity to persuade others to donate.

³ In addition to the quantitative analysis, a number of interviews were conducted with key informants—including officials from the National Blood Centre and representatives of the main donor associations—to gather information on how the blood donation and collection system operates. These interviews revealed that, in contexts where institutional blood collection centres are unable to ensure full service provision, the role of associations becomes crucial in maintaining continuity in blood collection. According to the most recent national data from the National Blood Centre, blood units collected through External Collection Units (UDR) account for approximately 40% of the national total.

These results show the importance of personal relations and direct experience in the promotion of blood donations, confirming the strong emotional and social bond that leads people to donate.

As we mentioned, the work of donor associations is also fundamental. They contribute to the increase in social capital by building relations with local institutions and by engaging and activating the population through initiatives aimed at developing a sense of community and belonging (Saturni, 2013).

Young people who belong to AVIS (Bassi et al., 2024) not only see the association as an opportunity to donate blood, but also as a fundamental community reference point. Those interviewed by Bassi and colleagues underline the role of AVIS as a social infrastructure that promotes cohesion and inclusion. They see voluntary work as an occasion for building relationships and networks and contributing actively to community life, thus confirming the importance of donor associations as local bases and promoters of social capital.

6.4 THE GEOGRAPHY OF BLOOD DONATIONS

The data presented here derive from secondary sources collected and integrated over more than a year. We analysed regional (2008, 2009, 2013, 2018, 2021, 2022) and provincial (2009, 2010, 2013, 2018, 2021, 2022) data on the number of blood units collected, provided by the National Blood Centre (NBC) and the Regional Blood Centres. Using both regional and provincial data made it possible to produce a detailed overview of blood donations across Italy. The collection of data took place in different phases. First we contacted the CNS about access and the manner of acquisition. Regarding blood data at regional level, we surveyed annual reports, extracting the tables on units of blood and number of donors. For the years 2008–2017, the data were available in reports published on the site of the *Istituto Superiore di Sanità*; from 2018 onward, the data was obtained from reports on the CNS website.

The provincial data was initially collected and managed by the Regional Blood Centres. In a second phase, we contacted each centre, including those of the autonomous provinces of Bolzano and Trento, to negotiate access to the information.⁴ We obtained data from 16 regional centres and

⁴The regional centres that provided data were: Abruzzo, Calabria, Campania, Emilia-Romagna, Friuli-Venezia Giulia, Lazio, Liguria, Marche, Molise, Apulia, Sardinia, Sicily,

from the two autonomous provinces. For the other provinces, in the absence of direct data, we estimated the units of blood collected from the regional values.

The ratio between donors and donations remained largely stable; however, the fluctuation in the number of donations appears more significant when considered in relation to the actual availability of blood (Cartocci, 2007, p. 81). A donor is allowed to donate more than once a year and each donation is treated as a single event, distorting the data. According to Cartocci (2007), the aim of organisations engaged in the collection of blood is understandably to increase the pool of donors. The number of donors can be considered a stock variable, a relatively stable pool of volunteers (to maintain), whereas units of blood donated is a flow variable that more reliably indicates the availability of blood (p. 81).

The data of 2002 in Cartocci (2007) ranked the region Emilia-Romagna in first place for units of blood donated, followed by Friuli-Venezia Giulia and Piemonte. The regions with the lowest number of donations were Basilicata, Calabria and Campania.

National donation values showed an increase in the period 2009–2013, followed by a slight slackening until 2018 and a stabilisation between 2018 and 2022, reflecting the COVID-19 emergency (Table 6.1). In 2002, Cartocci reported 384 donations per 10,000 of population;⁵ our data showed significant increases to 438 in 2009 and 454 in 2022.

Comparative analysis of provinces with the highest rates of donations showed a further increase. In 2002, the province of Ravenna ranked in first place in Italy for number of donations, whereas in 2022, the province of Ragusa was in first place. Some regions (e.g. Sardinia) showed a remarkable transformation. The significant increase in blood donations recorded in these regions suggests evolving patterns of social engagement, measured on the basis of donations of blood.

Sardinia stood out as the leading region in terms of mean units of blood donated and donation index in 2013, 2019 and 2022. In Cartocci's data for 2002, Sardinia was already the top-ranking region in the centre-south of Italy in terms of donations, and its generosity increased greatly in the subsequent 20 years. Among regions standing out for generosity in 2002,

Tuscany, Aosta Valley, Veneto, and those of the autonomous provinces of Bolzano and Trento for Trentino Alto Adige.

⁵ Cartocci does not mention the national mean, but we were able to calculate it from provincial data in the appendix of *Mappe del tesoro* (2007).

Table 6.1 Units of blood donated at national and regional level

	2009	2013	2019	2022	
Total units of blood donated	2,551,734	2,638,332	2,564,843	2,571,997	
Units of blood donated per 10,000 of population 18–65 years of age	438	459	454	454	
Highest provincial value per 10,000 of population 18–65 years of age	780	841	941	963	
Lowest provincial value per per 10,000 of population 18–65 years of age	143	210	0	0	
<i>Area</i>	<i>Region</i>	<i>Mean per 10,000 of population 18–65 years of age</i>			
North West	Aosta Valley	490	484	463	444
	Piedmont	506	502	476	458
	Lombardy	477	481	462	457
North East (former white area)	Liguria	393	415	446	522
	Trentino-South Tyrol	460	445	454	448
	Friuli-Venezia Giulia	553	509	503	475
Centre-North (former red area)	Veneto	538	559	558	536
	Emilia- Romagna	580	525	488	492
	Tuscany	457	475	447	434
Centre-South	Marche	406	466	519	512
	Umbria	458	492	447	432
	Lazio	311	343	315	309
	Molise	446	478	508	405
South	Abruzzo	362	404	413	446
	Sardinia	431	633	629	666
	Campania	277	286	302	306
	Apulia	355	381	399	406
	Basilicata	372	472	415	429
	Calabria	330	371	367	374
	Sicily	371	424	441	471

Data for the years 2009, 2013, 2019 and 2022. The authors' analysis. *Sources* CNS and CRS

Emilia-Romagna ranked first and subsequently remained in the top bracket, despite a decline in mean units of blood donated. A similar trend, then a smaller decline, was shown by Friuli-Venezia Giulia and Piemonte, whereas Veneto and Lombardy showed higher mean values at the end of the historical series than in 2002. Liguria showed a strong increase.

The significant increase in donations in the centre-south of Italy, which in some regions approached +50% with respect to 2002 (e.g. Molise, Abruzzo, Basilicata, Campania and Calabria, the latter three showing growth > 50%), contrasted with the lowest mean numbers of donations in Campania, Lazio and Calabria in 2021–2022.⁶

Analysis of the geographical distribution of blood donations at the level of province (Fig. 6.1) showed a pattern that changes the regional picture. As already reported by Cartocci (2007, pp. 83–84), the provinces with the highest number of donations were: Ravenna, Bologna and Parma in Emilia-Romagna; Mantova, Cremona and Lodi in Lombardy; as well as Rovigo, Udine, Siena and Ragusa.

The data collected confirms Ragusa (Cartocci, 2007; Nicodemi, 2019) among the top five provinces for mean number of donations per 10,000 of population. Ragusa was the leading province in 2009 and 2022. The province of Ragusa stands out as one of the most virtuous in Italy for high and constant donation of blood, as shown by previous studies (Cartocci, 2007; Nicodemi, 2019). This result reflects a set of social, cultural and organisational conditions that foster the spread of giving. An example is the strongly grounded local branch of AVIS that promotes trust, engagement and a sense of belonging (Nicodemi, 2019). Giving blood is socially recognised as a civic practice and a symbol of active citizenship, to the extent that joining the association at 18 years of age has the connotations of a community rite. The high participation among young adults is sustained by educational and relational networks that involve families, schools and health institutions. Stable cooperation between public bodies and associations, together with the efficacy of awareness-raising campaigns, have consolidated a territorial model that fosters bridging social capital and translates individual altruism into shared responsibility (Nicodemi, 2019).

Cagliari also showed a strong increase, appearing among the top five provinces for mean number of donations in the period 2013–2022. Two provinces of Sardinia were also among the top five for mean number of donations: Sassari and Cagliari in 2013; Cagliari and Oristano in 2022. Rovigo was again among the top five provinces for mean number of donations in 2009, 2013 and 2018.

⁶ Several blood collection centres in Calabria and Campania have closed in since 2018.

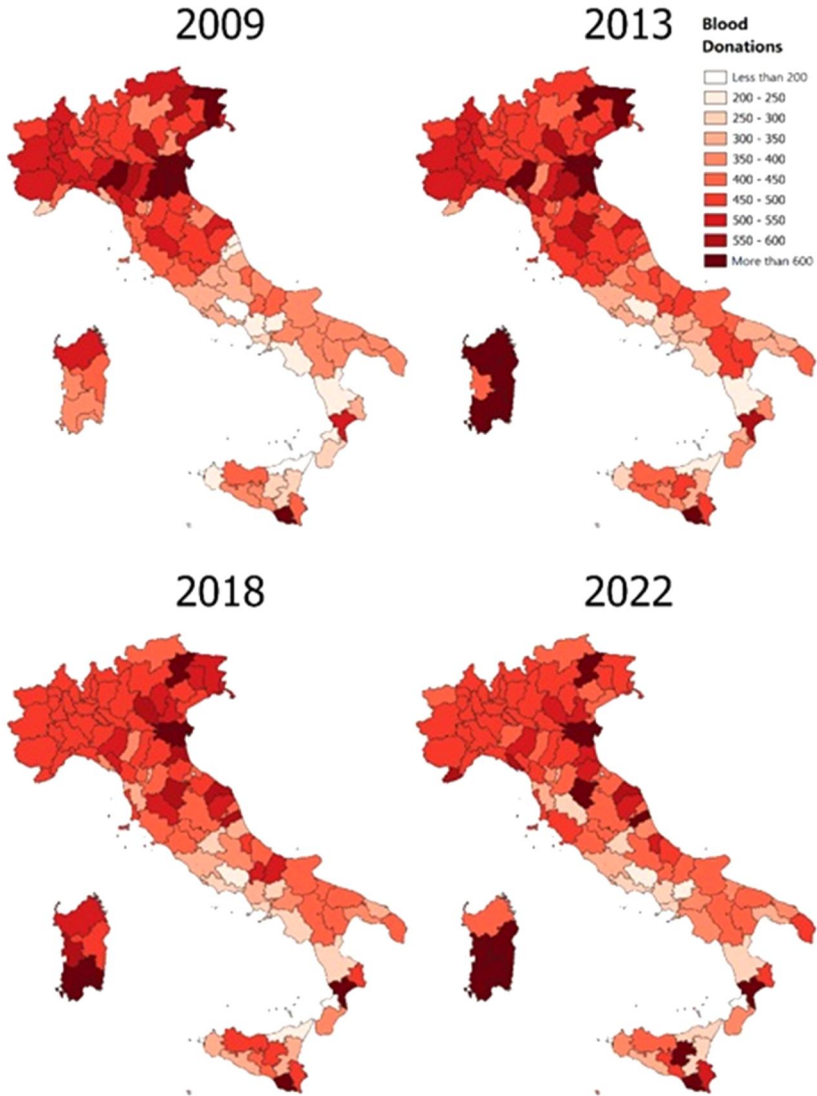


Fig. 6.1 Units of blood donated. Mean values per 10,000 of population aged 18–65 years, by province. Data from the years 2009, 2013, 2019 and 2022. The authors’ analysis. *Sources* CNS and CRS. Map of provinces with names: see Appendix, Sect. A

Regarding the lower end of the scale, Cosenza and Messina, as well as Frosinone,⁷ were constantly among the bottom five provinces for mean number of donations per 10,000 of population in all the years studied.

This detailed analysis of the dynamics of blood donations at regional and provincial level offers a detailed panorama of blood donation and social capital, suggesting the existence of territorial and organisational factors that influence these behaviours.

6.5 CONCLUSIONS

The donation of blood is a significant form of altruism and civic engagement, constituting a key indicator of social capital. The work of Titmuss (1970) and other scholars has demonstrated that the act of donating blood is distinguished from other forms of giving, due to its rigorous regulation and lack of immediate reciprocity.

Communities with high rates of blood donors tend to have better social cohesion and stronger civic engagement. The donation of blood is therefore not only an act of individual altruism, but also reflects the level of civicness and solidarity of a community.

Policies and organisational structure play a crucial role in promoting the donation of blood. In Italy, donors have legally recognised rights (like entitlement to a fully paid day of absence from work) and the work of AVIS, FRATRES, FIDAS and CRI has helped spread a donor culture. These policies not only facilitate donor participation but also help build a sense of community and social responsibility. The interaction between public institutions and private organisations is fundamental for maintaining and improving the blood donation system. Regional and provincial data reveal notable differences in the mean number of blood units donated across Italy. Regions like Sardinia and Veneto show high levels of donation while Campania and Calabria are among the lowest. Importantly, however, in the last 20 years the divergence between generous and less generous regions has become much less extreme, above all due to the increase in donors in centre-south regions and the islands and a simultaneous decrease in certain northern areas. Although the divide between “a centre-north rich in social

⁷ During data collection, the manager of the regional blood centre of Lazio specified that many blood donations in the provinces of Frosinone and Rieti are collected by AVIS Rome and not by the provincial centres, with the result that the data is recorded for Rome, creating a distortion that it has not yet been possible to correct.

capital and a centre-south with less of this precious resource” has not disappeared, it seems to have narrowed, at least with regard to the donation of blood, “that special expression of sense of obligation towards others” (Cartocci, 2007, p. 95).

The geographic variability of blood donations, which we observed in greater detail by analysing at provincial level, invites us to continue to reflect on the differences in social capital and cohesion between areas. It also underlines the importance of local strategies for increasing participation in the donation of blood, with its associated positive effect on solidarity.

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