

Summary of Results for Research Participants

Australian Community Attitudes Towards Stool Donation

Thank you very much for participating in our research. In this research, we were interested in finding out the bowel habits of Australians and examining what people think about stool (i.e., poo) donation. We were also interested in whether participants would consider donating to a stool bank for the purposes of Faecal Microbiota Transplantation (FMT) to help treat someone who is sick with recurring *C. difficile* infection (bacterium that causes diarrhoea and inflammation of the colon [colitis]). This information is important for stool banks to understand whether people are willing to donate stool and what these people may need when considering donation.

Below is a summary of the characteristics of people who completed a survey and a summary of the results.

Survey Participant Characteristics

The survey was conducted from February to March 2020. 397 Australian residents provided complete data for the survey. Australian residents were aged 18 years or older, believed they were in good health, were not taking medications for a current health condition, did not have a condition affecting their bowel movements, and believed they were eligible to donate blood.

Approximately half of participants were male (52%), and aged between 21 and 30 years (47%). 63% of participants were university educated.

Summary of Results

Bowel habits

- Ninety percent of participants reported doing a daily bowel movement, although this percentage varied depending on how the question was asked.
- 63% reported their bowel movements occurred in the morning.
- Two-thirds of participants took 5 minutes or less to do a bowel movement.
- 69% reported some discomfort doing a bowel movement in a public restroom.

Awareness of *C. difficile* and FMT

- Most participants were not aware of *C. difficile* or FMT. 85% had never heard of *C. difficile* and 52% had not heard of FMT.

Willingness to donate stool

- Under half of participants were willing to donate stool to a stool bank (in-centre) (45%) or at home and deliver it to a centre (48%).

- When the purpose of donating stool was specified, participants were more willing to donate: 89% were willing to donate to a loved one, 55% were willing to donate for research, and 60% were willing to donate to develop new treatments.

Communicating about stool donation

- If participants were to talk about this type of donate with friends or family, most preferred to call it either stool donation (49%) or poo donation (35.5%), and less so microbiota donation (13%).
- Participants reported that poo (69%) rather than stool (14.5%) was the word most familiar to them, with bowel movement (8.5%) and faeces (8%) being least familiar.
- Participants considered that the word poo (69%) was easiest for most people to understand compared to stool (16%), bowel movement (8%), or faeces (7%).
- If participants were to donate to a stool bank, they would prefer to be called stool donors (51%) or microbiota donors (38%), rather than poo donors (11%).

Information needs

- Information about stool donation that was most important to participants related to the convenience of donating (81%) and whether they needed to travel to donate (80%).

Attitude towards donating stool

- In general, most participants had a positive attitude towards donating stool to a stool bank, with 30% feeling very positive, and 53% feeling positive with some reservations.
- Half of participants reported a neutral attitude towards personally donating stool, and would consider it depending on the situation (52%). Approximately one-third felt positively and would generally like to donate (38%).

Barriers to stool donation


- The main barriers to stool donation were logistics such as having to travel, whether participants felt capable to donate, disgust related to donation or the donation process, and discomfort such as concerns about privacy and embarrassment.

Motives for donating stool

- The main reason participants would donate was altruism such as saving someone's life and feeling good about making a difference. A second reason, some participants would donate stool was to receive financial compensation.

Key factors contributing to willingness to donation stool to a stool bank

- The most important factors contributing to a participant's willingness to donate stool to a stool bank were: feeling comfortable doing a bowel movement in a public restroom,



understanding the benefits of stool donation for patients, being less concerned about the donation process, and having a positive attitude towards donation.

Take Home Message

Most Australians are uncertain about donating stool and are unaware of *C. difficile* and FMT. Stool banks should consider potential donors' bowel habits, their level of comfort donating in-centre, and information needs early on in recruitment and screening as these aspects impact people's willingness to donate. Logistics also impact donation willingness and having a donation process that is flexible, convenient, and provides options for donors who have time constraints and limited access to nearby centres may increase willingness to donate.

If you would like to read more about the study, the results have been published in the following article which is free to access:

Hyde MK, Masser BM. [Determinants of community members' willingness to donate stool for faecal microbiota transplantation](https://doi.org/10.1371/journal.pone.0243751). PLoS One. 2020;15(12):e0243751. doi:10.1371/journal.pone.0243751

Ethical approval

This study received Human Research Ethics Approval from The University of Queensland (Approval number 2020000029).

Citation

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