

## **A Study On “Cadaver Donation Inclusive of Education from High School Level; New Education Policy 2020.**

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### **Abstract**

*The present study focuses on the level of knowledge on organ donation among the govt. school children at Hyderabad. The study population consisted of 75 participants from two selected Govt. High school children in Hyderabad. The government school children’s knowledge on cadaver organ donation data was collected by 8 items and presented as a 5-point scores. Chi-square test is conducted to understand the association between the awareness levels and demographic, socio-economic conditions of the children at government schools of Hyderabad. After giving the orientation on cadaver death and organ donation the data was collected from, the same set of respondents after the gap of 6 months to understand the level of awareness among the students. To check difference on awareness levels before and after the counselling sessions were measured by using inferential statistics. The result shows that there is significant difference between the same group of students before and after the counselling on cadaver death and organ donation at Government high schools of Hyderabad.*

**Keywords:** Cadaver, Organ, Donation, etc.

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Date of Submission: 15-02-2024

Date of Acceptance: 25-02-2024

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### **I. Introduction**

Donating an organ is providing one or more organs (or portions thereof) to another person for transplantation without receiving payment. The decision to donate one's organs is very personal and complicated, involving ethical, legal, medical, and cultural considerations. The modern definition of organ donation includes the donation and transplantation of the kidneys, liver, lungs, pancreas (including the islets of Langerhans), heart, and intestines. Given the enormous disparity between availability and demand, organ donation in India is beset with serious difficulties. Around 49,745 people are currently waiting for organ transplants, and every year more than 200,000 Indians need to have their organs replaced. Regrettably, only a small percentage of these people get the much-needed organs. Organ donation is governed in India under the Transplantation of Human Organs and Tissues Act, 1994, which permits contributions from both live and deceased donors. It is possible to donate tissues including bone, skin, cornea, heart valves, blood arteries, nerves, and tendons, as well as organs like the liver, kidney, pancreas, heart, lung, and intestine. There is still a shortage despite initiatives to increase awareness and expedite the procedure. Reforms in policy, education, and group efforts are necessary to close this divide and save the lives.

### **Legal, medical, and social issues**

Different legislative strategies are used when it comes to deceased donation, but they usually need resistance or some kind of consent—either expressed or implied. Deceased donation is still subject to consent under US law. Even if the potential donor expressly consented through a driver's license, living will, or other comparable document, surviving relatives usually have the right to object. However, in some places, the rules are evolving to make it more difficult for a family to override an individual's decision to donate their organs if that donation has been made clear in a legal document. Donations from the deceased are voluntary in the UK, and no consent is assumed. Furthermore, in the UK, a person's relatives cannot change the legal record of their decision to donate. The legal frameworks surrounding organ donation are changing in nations like China and India, whose religious and cultural traditions diverge greatly from those of the West. Carefully balancing the risks and advantages for both the receiver and the living donor is necessary. A healthy donor is constantly at risk of needless major surgery and possibly even death. Donating a kidney has a 1 in 8,000–10,000 risk of death; donating a small bit of the liver carries a 1 in 1,000 risk; and donating a large chunk of the liver carries a 1 in 100–500 risk. Furthermore, it is possible that living donors won't be allowed to continue receiving life, health, or disability insurance at the same rate or amount as before the donation. Some living donors have been subjected to financial and physical exploitation because of the illegal organ trade and trafficking, which may

have occasionally caused patients to lose faith in the medical establishment. Organ transplant recipients, despite the difficulties they face, are given a fresh start at leading normal, healthy lives and are reunited with their loved ones and communities.

### **Cadaver death in Telangana**

Telangana State launched the Jeevandan Programme under the Department of Health, Medical, and Family Welfare. The NIMS website was launched as part of the Jeevandan initiative, which aims to facilitate organ donation. The Jeevandan Scheme includes public awareness campaigns, a website with donors, guidelines for brain death, infrastructural upgrades, and a course for transplant coordinators. Phase one of the NIMS buildings included two computers and a room, as stated by Jeevandan's Nodal Centre and health officials. The government needs to be more involved in cadaver transplantation, even though it has already begun. Government hospitals should have a 24-hour transplantation cell as well as cadaver transplantation teams that work around the clock.

### **Role of Counselling in Organ donation**

Most people think of counselling as a one-on-one interaction between a therapist and a client during which the counsellor seeks to help the client make decisions that are personally meaningful and long-lasting. A significant part of organ donation will involve counselling. It raises awareness about cadaver transplantation and brain death. For the surviving family members of the dead to decide in support of organ donation, counselling is essential.

### **New Education Policy and Organ Donation**

Significant progress has been achieved in India's new education policy, which should include raising awareness of organ donation. The strategy intends to improve access to life-saving organs by waiving registration costs, reducing domicile barriers, and easing age restrictions on organ transplant registration. Patients will also receive unique IDs. The number of organ transplants has surged dramatically despite social reluctance. Effective organ donation and transplantation require a single national policy. The availability of organs for transplantation in India may be positively impacted by the new education policy's inclusion of organ donation awareness.

## **II. Literature Review**

Only approximately 5% of Indian patients with end-stage renal disease (ESRD) receive kidney transplants, according to Madhusoodanan (2007). Even though kidney transplantation has been performed in India for over thirty years, the number of Indian patients who have received renal transplants has been insufficient because of a serious lack of resources and organs. The failure of our cadaveric transplant programme in India can be attributed to a multitude of intricate factors. The primary causes of this include societal and religious beliefs, a dearth of interconnected organ tracking and retrieval groups, and differences in transplant eligibility between ESRD patients and related donors who are willing to donate.

In Pondicherry, India, Flower and Balamurugan (2013) identified obstacles to and enablers of organ donation. Using an exploratory cross-sectional study, the barriers to organ donation were investigated. 400 people who were chosen at random from a primary health center's demographic registration provided data during in-person interviews using a standardised questionnaire. The survey's results showed that 51% of respondents said that television was their main information source. There is no significant correlation found between the propensity to contribute and demographic variables, except for educational status. The biggest perceived hurdles to organ donation were believed to be saving someone's life (95.9%) and advancing humanity (95.9%), while family reluctance to organ donation (82.8%) and fear (72.4%)

## **III. Methodology of Research**

### **Area of the Study**

The study was conducted at Hyderabad two government selected schools.

### **Sample Method**

The sample method was random sampling from two selected schools high school children.

### **Sample Size**

75 sample from both the schools. The researcher approached the schools and took 9<sup>th</sup> and 10<sup>th</sup> class students as their sample. The availability of the respondents is taken into consideration to choose them as sample.

**Analysis of the data**

The data entered into Statistical Package for social Sciences (SPSS 24v) and analyzed the data based on the requirements of the study.

**Limitations**

The study is limited to the selected government high school children.

**Data Analysis**

**Demographic Profile of the students**

**Table No.1**

Caste	OC	4
	BC	40.0
	SC	46.7
	ST	9.3
	Total	100.0
Level of Education	9th class	84.0
	10th Class	16.0
	Total	100.0
Religion	HINDU	81.3
	CHRISIAN	6.7
	MUSLIM	10.7
	SIKH	1.3
	Total	100.0
Gender	Male	72.0
	Female	28.0
	Total	100.0

Of the data 4% are form OC, 40% from BC, 46.7% are from SC and 9.3% from ST category. Level of Education of the students is 84% are form 9<sup>th</sup> class and 16 % are from 10<sup>th</sup> class. Out of 75 respondents, 81.3% are form Hindu religion, 6.7% are from Christianity and 10.7% are Muslims and 1.3% are Sikh. 72% are male respondents and 28% are female respondents from the data.

**Table 2**

**Pre and Post Counselling:**

**Awareness on Organ Donation**

Awareness on Cadaver donation	Pre Counselling			Post Counselling		
	Low	Moderate	High	Low	Moderate	High
Count	20	44	11	22	12	41
Percentage	26.7	58.6	14.7	29.3	16	54.7

The table shows that pre and post counselling on cadaver donation among the school going children from government high schools in Hyderabad. Out of 75 respondents, 11 (14.7%) are at high awareness before counselling and there is remarkable increase in the awareness levels among the high school children after the counselling sessions i.e. 41 (54.7%).

**IV. Results**

**To understand the difference statistically, the researcher has conducted t test for to understand the difference among the respondents on awareness levels on organ donation.**

Paired Samples Statistics		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Post Counselling awareness levels	33.8133	75	6.41934	.74124
	Pre Counselling Awareness levels	14.3733	75	3.38028	.39032

Following a counselling program, the researcher measured the means and standard deviations of awareness regarding cadaver organ donation in same group before and after counselling. The result shows that post and Pre counselling of the students at government schools are, 33.8 (6.41) and 14.3 (3.38), respectively. On the other hand, the t-test findings, with values of t (25.45), df=74, and significant value = 0.000, shows that there is a significant difference between before and after the counselling of the group. Thus, the hypothesis is approved.

## V. Conclusion

The study revealed differences in awareness among government school children, and counseling sessions by trained professionals improved awareness levels.

Promoting **cadaver organ donation** through education and counseling can lead to informed decisions and positively impact society.

Understanding the importance of organ donation and cadaver death at the high school level is crucial.

Inclusion of organ donation in the new education policy can drive societal change.

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