

RESEARCH ARTICLE

THE KNOWLEDGE. PERCEPTION AND ATTITUDES TOWARDS ORGAN DONATION AMONG **GENERAL POPULATION - JEDDAH, SAUDI ARABIA.**

Layan Khushaim¹, Roaa Al Ghamdi¹, Faisal Al-Husayni², Abdulaziz Al-Zahrani², Arshadullah Khan³ and Ahmed Al Zahrani³.

- 1. College of Medicine, Ibn Sina National College for Health Science, National Guard Hospital, Jeddah, Saudi Arabia.
- 2. College of Medicine, King Saud Bin Abdulaziz University for Health Sciences, National Guard Hospital, Jeddah, Saudi Arabia.
- 3. Department of Surgery, King Saud Bin Abdulaziz University for Health Sciences, National Guard Hospital, Jeddah, Saudi Arabia.

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Abstract

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Key words:-Perception; Attitude; Organ Donation; General Population; Survey.

Worldwide, organ donation (OD) represents the last resort for millions of patients with end stage organ failure. There is a global shortage of donor organs in comparison to patients awaiting transplantation. Evaluation of Public knowledge and attitude is crucial to develop educational programs to raise the public commitment to OD. Accordingly, the objective of this study was to assess the knowledge and attitude of the general population towards OD in Jeddah city, Saudi Arabia and to analyze various factors affecting them. Self-designed questionnaires were distributed on adult Saudi population of both sexes in four malls in Jeddah, Saudi Arabia and the collected data were statistically analyzed. There were a total of 375 respondents. The respondent's attitude toward organ donation revealed that 107 (28.5%) were not ready to donate while, 24.5% were willing for organ donation and 46.9% were ready to donate only after death. Those showed positive attitude towards organ donation were ready to donate to anyone (53.1%) but, only 16.5% preferred donation to one of their family members. Fear of surgeries (21.9%), family disapproval (12.3%) and religion (5.9%) were the common reasons for the refusal of organ donation. Most of the participants suggested media (38.4%), campaigns (36.0%), and clinics (17.6%) as methods to increase awareness of the public about organ donation. It could be concluded that well-directed educational programs to improve the public knowledge and attitude towards OD are very essential. Maximum use of all possible approaches including mass media, lectures, campaigns, advertisements exhibitions and medical curriculum should be done.

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Introduction:-

Better quality of life as well as medical, psychological, and economic benefits for organ donation have all been well documented (1-3). Although deceased donation rates are increasing and many organs (such as liver, kidney, and

Corresponding Author:-Lavan Khushaim.

Address:-College of Medicine, Ibn Sina National College for Health Science, National Guard Hospital, Jeddah, Saudi Arabia.

cornea) are commonly transplanted to recipients, the main obstacle to the transplantation programs is the scarcity of donated organs (4). According to the United Network for Organ Sharing (UNOS) in December 2017, over 114,000 people need a lifesaving organ transplant and are registered in the waiting list for organ donation, while only 34,000 transplants were performed during that year (January - December 2017) (5). In addition, over one million patients in China are diagnosed with end-stage organ disease, and they are waiting for transplantations, but only 10,000 surgeries are performed yearly (6).

There are many factors that affect the rates of organ donation. Knowledge, attitude, and behavior have been shown to have a high influence (7), and individuals with higher level of education revealed a higher motivation to organ donation (8).

A number of studies have been conducted to assess the knowledge and behavior regarding organ donation. In an Indian study, less than 50% of people showed willing to donate their organs (9). A more recent research work on medical students in one of the Mexican universities showed that 50% of students had received no information about organ donation(10). In Turkey, over 60% of medical students were not aware of the process of organ donation (11). Such studies have indicated the need to raise the level of knowledge about organ donation.

Therefore, the current study was carried out to assess the public knowledge, perception, and attitude towards organ donation in Jeddah's community, Kingdom of Saudi Arabia (KSA). Our objectives were to identify whether education level affects the attitude towards organ donation, and to discover the preferred methods of awareness from general population perception and the reasons that prevent them from donation.

Methods:-

Ethical considerations:-

The study participants were interviewed, and the study objectives and methodology were fully explained to them. Participants were considered to have consented if they agreed to complete the study questionnaire. The collected data were kept strictly confidential. Personal information were not reported or gathered. The data were coded and entered into a computer system and were accessed only by the principle investigator and co- investigators. The study researchers have no conflict of interest.

Study design:-

This is a cross-sectional study, based on a questionnaire survey.

Study subjects:-

Saudi adults (18 years-old and older), males and females, residents of Jeddah, Saudi arabia were included, but participants who were younger than 18 years-old and those with incomplete data were excluded from the study.

Study area/setting:-

The study was conducted in four different malls in Jeddah (KSA), namely: (1) Red Sea Mall (North of Jeddah); (2) Alyasmin Mall (East of Jeddah); (3) Alsalam Mall (South of Jeddah); and (4) Stars Avenue Mall (West of Jeddah). Sample size:

It was determined based on a previous study (12). We had to recruit 364 participants to be 95% confident with 5% margin of error.

Sampling technique:-

The study employed convenience sampling technique to include the desired number of participants meeting the eligibility criteria from four different malls in Jeddah (KSA).

Data collection methods, instruments used, measurements:-

A self-designed questionnaire was used as the study tool. Face validity, content validity and pilot study were carried out. Data were collected in a primary manner where face to face interview was used. The questionnaire consisted of three sections: (1) socio-demographic characteristics and existing diagnosis of any chronic disease; (2) awareness and knowledge about organ donation; and (3) donation attitude.

Data management and analysis plan:-

Data were analyzed using statistical package for social sciences (SPSS) software version 20. Qualitative variables were presented as numbers and percentages in brackets, while quantitative variables were represented as median and interquartile range. Chi-square test was used to determine the association between two variables and Fisher's Exact test was used when >20% of cells had expected count less than 5. P value <0.05 was considered statistically significant.

Results:-

A total of 375 respondents were surveyed, their age ranged from 17 to 70 years with a median age of 30 years (IQR= 240-40). Females outnumbered males (54.7% versus 45.3% respectively). More than half of study population were married and employed (51.55% and 58.4% respectively) Majority (58.9%) of them were at university education and above while, elementary and middle school education represented only .8% and 2.4% respectively. The family income in most of them (38.4%) ranged from 3000 to10000 RS. Additionally, greatest numbers (78.7%) of the participants were healthy with no chronic diseases (table 1).

Out of the total respondents, 361 (96.3%) and 359 (95.7%) have heard of the terms organ donation and transplantation respectively whereas, the majority (83.5%) did not know where to get organ donation card. About two-thirds (66.9%) agree that brain dead persons are eligible to donate organs, and the majority (76.8%) of the participants stated that the family is the entitled to consent for this process. In cases of organ donation from living persons, the majority (91.7%) recognized that the subject himself is the authorized to give consent. Most of the participants believed that organ donation save someone's life while, only view it as a source of money or a social responsibility (86.4%, 7.5% and 6.2% respectively). Except for the significant association between the level of education and the number of participants have heard about organ donation (p=.001), there was no significant relation between each of educational level, gender, or the family income and perceptions towards organ donation as shown in tables (2,3 and 4).

Tables (5, 6 and 7) demonstrate the knowledge of the study participants about types of organs that could be donated. Before death, the majority answered kidney (78.4%), followed by liver (47.7%), blood (47.5%), bone marrow (32.5%), heart (25.6%) and cornea (21.3%). Alternatively, heart, kidney, liver and cornea were the most frequently reported organs to be donated after death (52.5%, 49.9%, 40.5% and 39.5% respectively). Significantly higher percentages of university education participants reported kidney as an organ that could be donated before death (p=.016). Furthermore, lack of knowledge about organs that could be donated before and after death was significantly higher among those at the level of elementary, middle, diploma and high school education compared to university education (p<.05). Table (6) shows that females reported donation of blood, skin and bone marrow before death, and lung and cornea after death significantly more than males. Additionally, there was significant lack of knowledge of the study population (Table 7).

The respondent's attitude toward organ donation revealed that 107 (28.5%) were not ready to donate while, 24.5% were willing for organ donation and 46.9% were ready to donate only after death. Those showed positive attitude towards organ donation were ready to donate to anyone (53.1%) but, only 16.5% preferred donation to one of their family members. Actually, most of them did not donate before or have an approval card for organ donation after death (98.1% and 97.3% respectively). Fear of surgeries (21.9%), family disapproval (12.3%) and religion (5.9%) were the common reasons for the refusal of organ donation. There was significant association between education level and the reasons that prevent organ donation (.012). Fear of surgeries increased with increase of level of education and it was the most frequent (26.2%) cause among university education and above. On the other hand, family disapproval was the most frequent (33.3%) cause among elementary and middle school education (Table 8). Additionally, fear of surgeries and family disapproval were significantly higher among females than males. While religion and medical condition of the recipient were significantly higher among males (p=.016) as shown in table (9). Alternatively, there was no significant association between the family income and attitude of the study population towards organ donation (Table 10).

Most of the participants suggested media (38.4%), campaigns (36.0%), and clinics (17.6%) as methods to increase awareness of the public about organ donation as shown in fig (1). Additionally, they suggested free medical insurance (65.6%), money (26.7%) or awards (7.7%) as a motivation of people towards organ donation (Fig 2).

		N=375	%
Age	Range	17.00	-70.00
	Median	30).0
	IQR	24.00	-40.00
Gender	Male	170	45.3
	Female	205	54.7
Marital status	Single	182	48.5
	Married	193	51.5
Educational level	Elementary	3	0.8
	Middle school	9	2.4
	Diploma	55	14.7
	High school	87	23.2
	University and above	221	58.9
Occupation	Employed	219	58.4
	Not employed	140	37.3
	Retired	16	4.3
Family income (SAR)	<3000	129	34.4
	3000-10000	144	38.4
	>10000	102	27.2
Chronic disease	No	295	78.7
	DM	21	5.6
	HTN	23	6.1
	CKD	1	0.3
	Dyslipidemia	12	3.2
	Hypothyroidism	3	0.8
	Asthma	8	2.1
	Combination	12	3.2

Table 1:- Socio-demographic data of the study population.

Table 2. Association	hatwaan lava	1 of adjucation	and perceptions	towards organ donation
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organ	get			0		0	4	0	5	2	2	4	3	5	
	organ														

donation card?														
Is organ donation	Yes	0	0.0	6	66.7	3	69. 1	5	66. 7	14 9	67. 4	25 1	66. 9	.233
be done from brain dead person?	No	3	100. 0	3	33.3	1 7	30. 9	2 9	33. 3	72	32. 6	12 4	33. 1	
Who is entitled	Himself	2	66.7	8	88.9	5 2	94. 5	8 2	94. 3	20 0	90. 5	34 4	91. 7	.167
to	Family	1	33.3	0	0.0	3	5.5	4	4.6	19	8.6	27	7.2	
consent to donate organs from a living person?	Friends	0	0.0	1	11.1	0	0.0	1	1.1	2	0.9	4	1.1	
Who is entitled	Spouse	0	0.0	1	11.1	1 1	20. 0	23	26. 4	49	22. 2	84	22. 4	.710
to consent	Family	3	100. 0	8	88.9	4	78. 2	6 3	72. 4	17 1	77. 4	28 8	76. 8	
to donate organs from a dead person?	Friends	0	0.0	0	0.0	1	1.8	1	1.1	1	0.5	3	0.8	
What is	Save life	3	100.	9	100.	5	90.	7	90.	18	82.	32	86.	.126
your opinion of	Money	0	0.0	0	0.0	0	0.0	4	8 4.6	3 24	8 10. 9	4 28	4 7.5	
donating organs	Social responsibi lity	0	0.0	0	0.0	5	9.1	4	4.5	14	6.3	23	6.2	

Table 3:-Association between gender and perceptions towards organ donation.

		Gender							
		M	ale	fen	nale	To	otal		
		N	%	Ν	%	N	%	Р	
Have you ever heard of organ donation?	Yes	162	95.3	199	97.1	361	96.3	.366	
	No	8	4.7	6	2.9	14	3.7		
Have you ever heard of organ	Yes	162	95.3	197	96.1	359	95.7	.702	
transplant?	No	8	4.7	8	3.9	16	4.3		
Do you know where to get organ	Yes	29	17.1	34	16.6	62	16.5	.903	
donation card?	No	141	82.9	171	83.4	313	83.5		
Is organ donation be done from brain	Yes	111	65.3	140	68.3	251	66.9	.539	
dead person?	No	59	34.7	65	31.7	124	33.1		
Who is entitled to consent to donate	Himself	152	89.4	192	93.7	344	91.7	.301	
organs from a living person?	Family	16	9.4	11	5.4	27	7.2		
	Friends	2	1.2	2	1.0	4	1.1		
Who is entitled to consent to donate	Spouse	32	18.8	52	25.4	84	22.4	.255	
organs from a dead person?	Family	136	80.0	152	74.1	288	76.8		
	Friends	2	1.2	1	0.5	3	0.8		

What is your opinion of donating organs	save life	151	88.8	173	84.4	324	86.4	.179
	Money	8	4.7	20	9.8	28	7.5	
	Social	11	6.5	12	5.9	23	6.1	
	responsibility							

	ween ranny meene and perceptions to wards of gain donation.											
					Family i	ncome						
		<3	000	3000-	10000	>1	0000	To	otal			
		Ν	%	Ν	%	Ν	%	Ν	%	Р		
Have you ever heard of	Yes	122	94.6	141	97.9	98	96.1	361	96.3	.311		
organ donation?	No	7	5.4	3	2.1	4	3.9	14	3.7			
Have you ever heard of	Yes	123	95.3	139	96.5	97	95.1	359	95.7	.831		
organ transplant?	No	6	4.7	5	3.5	5	4.9	16	4.3			
Do you know where to	Yes	15	11.6	26	18.1	22	21.6	62	16.5	.117		
get organ donation	No	114	88.4	118	81.9	80	78.4	313	83.5			
card?												
Is organ donation be	Yes	90	69.8	95	66.0	66	64.7	251	66.9	.685		
done from brain dead	No	39	30.2	49	34.0	36	35.3	124	33.1			
person?												
Who is entitled to	Himself	120	93.0	134	93.1	90	88.2	344	91.7	.195		
consent to donate	Family	9	7.0	7	4.9	11	10.8	27	7.2			
organs from a living	Friends	0	0.0	3	2.1	1	1.0	4	1.1			
person?												
Who is entitled to	Spouse	26	20.2	40	27.8	18	17.6	84	22.4	.153		
consent to donate	Family	103	79.8	102	70.8	83	81.4	288	76.8			
organs from a dead	Friends	0	0.0	2	1.4	1	1.0	3	0.8			
person?												
What is your opinion	Save life	117	90.7	125	86.8	82	80.4	324	86.4	.143		
of donating organs	Money	6	4.7	9	6.2	13	12.7	28	7.5			
	Social	6	4.7	10	6.9	7	6.9	23	6.1			
	responsibility											

Table 5:-Association between level of education and knowledge about types of organs that could be donated before and after death.

							Educati	onal le	evel					
		Ele	mentar	M	iddle	Dip	oloma	H	ligh	Univ	ersity	To	otal	
			у	sc	hool			sc	hool	and a	above			
		Ν	%	Ν	%	Ν	%	Ν	%	Ν	%	Ν	%	Р
														valu
														e
			Before death											
Kidney	Ye	0	0.0	5	55.	4	78.	6	78.	17	80.	29	78.	.016
	S				6	3	2	8	2	8	5	4	4	*
Lung	Ye	0	0.0	2	22.	7	12.	1	16.	49	22.	72	19.	.438
	s				2		7	4	1		2		2	
Blood	Ye	0	0.0	5	55.	2	47.	4	47.	10	48.	17	47.	.650
	S				6	6	3	1	1	6	0	8	5	
Heart	Ye	0	0.0	3	33.	1	18.	2	25.	61	27.	96	25.	.552
	s				3	0	2	2	3		6		6	
Cornea	Ye	0	0.0	2	22.	1	20.	2	24.	46	20.	80	21.	.942
	s				2	1	0	1	1		8		3	
Liver	Ye	0	0.0	5	55.	3	54.	3	43.	10	48.	17	47.	.378
	S				6	0	5	8	7	6	0	9	7	
Intestine	Ye	0	0.0	1	11.	4	7.3	4	4.6	23	10.	32	8.5	.472
s	S				1						4			

Skin	Ye	0	0.0	2	22.	9	16.	1	16.	33	14.	58	15.	.927
	s				2		4	4	1		9		5	
Bone	Ye	0	0.0	2	22.	1	20.	3	39.	75	33.	12	32.	.106
marrow	s				2	1	0	4	1		9	2	5	
Pancrea	Ye	0	0.0	2	22.	6	10.	1	18.	31	14.	55	14.	.635
s	S				2		9	6	4		0		7	
Limbs	Ye	0	0.0	2	22.	3	5.5	1	11.	23	10.	38	10.	.440
	S				2			0	5		4		1	
Brain	Ye	0	0.0	2	22.	2	3.6	4	4.6	13	5.9	21	5.6	.297
	S				2									
Don't	Ye	3	100.	2	22.	7	12.	1	12.	28	12.	51	13.	.011
know	S		0		2		7	1	6		7		6	*
	•					After of	leath		•		•		•	
Kidney	Ye	0	0.0	3	33.	2	41.	4	52.	11	52.	18	49.	.209
-	S				3	3	8	6	9	5	0	7	9	
Lung	Ye	0	0.0	1	11.	1	34.	3	40.	82	37.	13	36.	.359
-	S				1	9	5	5	2		1	7	5	
Blood	Ye	0	0.0	1	11.	5	9.1	1	18.	28	12.	50	13.	.537
	s				1			6	4		7		3	
Heart	Ye	0	0.0	5	55.	2	41.	4	49.	12	57.	19	52.	.089
	S				6	3	8	3	4	6	0	7	5	
Cornea	Ye	0	0.0	3	33.	1	30.	3	35.	97	43.	14	39.	.212
	S				3	7	9	1	6		9	8	5	
Liver	Ye	0	0.0	3	33.	2	38.	3	41.	92	41.	15	40.	.755
	s				3	1	2	6	4		6	2	5	
Intestine	Ye	0	0.0	1	11.	9	16.	1	20.	32	14.	60	16.	.715
s	S				1		4	8	7		5		0	
Skin	Ye	0	0.0	2	22.	1	18.	1	20.	37	16.	67	17.	.875
	S				2	0	2	8	7		7		9	
Bone	Ye	0	0.0	2	22.	1	23.	2	24.	60	27.	96	25.	.947
marrow	S				2	3	6	1	1		1		6	
Pancrea	Ye	0	0.0	1	11.	1	25.	2	31.	59	26.	10	26.	.687
s	S				1	4	5	7	0		7	1	9	
Limbs	Ye	0	0.0	2	22.	1	29.	2	27.	56	25.	98	26.	.917
	S				2	6	1	4	6		3		1	
Brain	Ye	0	0.0	0	0.0	1	27.	1	20.	37	16.	70	18.	.227
	S					5	3	8	7		7		7	
Don't	Ye	3	100.	3	33.	1	34.	2	24.	51	23.	97	25.	.025
know	S		0		3	9	5	1	1		1		9	*

Table 6:-Association between gender and knowledge about types of organ the could be donated before and after death.

	Gender											
		М	lale	Fen	nale	Tota	ıl					
		Ν	%	Ν	%	N	%	Р				
]	Before death								
Kidney	Yes	129	75.9	165	80.5	294	78.4	. 286				
Lung	Yes	31	18.2	41	20.0	72	19.2	.666				
Blood	Yes	67	39.4	111	54.1	178	47.5	.004*				
Heart	Yes	38	22.4	58	28.3	96	25.6	.190				
Cornea	Yes	34	20.0	46	22.4	80	21.3	.566				
Liver	Yes	90	52.9	89	43.4	179	47.7	.066				
Intestines	Yes	13	7.6	19	9.3	32	8.5	.576				
Skin	Yes	14	8.2	44	21.5	58	15.5	<.001*				

Bone marrow	Yes	43	25.3	79	38.5	122	32.5	.006*
Pancreas	Yes	25	14.7	30	14.6	55	14.7	.984
Limbs	Yes	16	9.4	22	10.7	38	10.1	.673
Brain	Yes	8	4.7	13	6.3	21	5.6	.493
Don't know	Yes	29	17.1	22	10.7	51	13.6	.075
			After	death				
Kidney	Yes	80	47.1	107	52.2	187	49.9	.322
Lung	Yes	53	31.2	84	41.0	137	36.5	.050*
Blood	Yes	15	8.8	35	17.1	50	13.3	.019*
Heart	Yes	80	47.1	117	57.1	197	52.5	.053
Cornea	Yes	45	26.5	103	50.2	148	39.5	<.001*
Liver	Yes	68	40.0	84	41.0	152	40.5	.866
Intestines	Yes	23	13.5	37	18.0	60	16.0	.232
Skin	Yes	23	13.5	44	21.5	67	17.9	.046*
Bone marrow	Yes	39	22.9	57	27.8	96	25.6	.283
Pancreas	Yes	36	21.2	65	31.7	101	26.9	.022*
Limbs	Yes	34	20.0	64	31.2	98	26.1	.014*
Brain	Yes	25	14.7	45	22.0	70	18.7	.073
Don't know	Yes	55	32.4	42	20.5	97	25.9	.009*

Table 7:- Association between family income and knowledge about types of organ that could be donated befo	re and
after death.	

Family income											
		<	<3000	3000)-10000	>	10000	Г	otal		
		Ν	%	N	%	N	%	N	%	P value	
Before death											
Kidney	yes	97	75.2	119	82.6	78	76.5	294	78.4	.287	
Lung	yes	24	18.6	25	17.4	23	22.5	72	19.2	.581	
Blood	yes	65	50.4	71	49.3	42	41.2	178	47.5	.231	
Heart	yes	30	23.3	32	22.2	34	33.3	96	25.6	.109	
Cornea	yes	28	21.7	27	18.8	25	24.5	80	21.3	.550	
Liver	yes	62	48.1	68	47.2	49	48.0	179	47.7	.988	
Intestines	yes	13	10.1	8	5.6	11	10.8	32	8.5	.260	
Skin	yes	25	19.4	18	12.5	15	14.7	58	15.5	.283	
Bone marrow	yes	48	37.2	40	27.8	34	33.3	122	32.5	.243	
Pancreas	yes	19	14.7	23	16.0	13	12.7	55	14.7	.786	
Limbs	yes	14	10.9	11	7.6	13	12.7	38	10.1	.402	
Brain	yes	8	6.2	7	4.9	6	5.9	21	5.6	.881	
Don't know	yes	20	15.5	16	11.1	15	14.7	51	13.6	.532	
					After deat	h					
Kidney	yes	68	52.7	72	50.0	47	46.1	187	49.9	.605	
Lung	yes	59	45.7	51	35.4	27	26.5	137	36.5	.010*	
Blood	yes	26	20.2	17	11.8	7	6.9	50	13.3	.010*	
Heart	yes	69	53.5	81	56.2	47	46.1	197	52.5	.280	
Cornea	yes	46	35.7	62	43.1	40	39.2	148	39.5	.458	
Liver	yes	57	44.2	58	40.3	37	36.3	152	40.5	.476	
Intestines	yes	26	20.2	23	16.0	11	10.8	60	16.0	.156	
Skin	yes	29	22.5	25	17.4	13	12.7	67	17.9	.156	
Bone marrow	yes	31	24.0	40	27.8	25	24.5	96	25.6	.745	
Pancreas	yes	40	31.0	38	26.4	23	22.5	101	26.9	.342	
Limbs	yes	43	33.3	31	21.5	24	23.5	98	26.1	.067	
Brain	yes	32	24.8	23	16.0	15	14.7	70	18.7	.084	
Don't know	yes	32	24.8	32	22.2	33	32.4	97	25.9	.191	

		Educational level												
		Elei	nenta	M	iddle	Dip	oloma	I	ligh	Uni	versit	To	otal	
			ry	sc	chool			sc	chool	уа	and			
										ab	ove			
		N	%	N	%	N	%	N	%	N	%	N	%	Р
Are you	Yes	0	0.0	2	22.2	1	29.	2	25.3	52	23.	92	24.	.298
ready to						6	1	2			5		5	
donate	Only	1	33.	4	44.4	3	54.	4	50.6	97	43.	17	46.	
your	after		3			0	5	4			9	6	9	
organs?	death			-			1.6					10	•	
	No	2	66.	3	33.3	9	16.	2	24.1	72	32.	10	28.	
W/le e	Escuito	1	/	0	0.0	1	4	1	20.7	21	0	/	5	105
who	Family	1	33. 2	0	0.0	1	21. o	1	20.7	31	14.	62	16.	.105
donata?	Emiand	0	3	1	11.1	2 1	8	8	2.4	2	0	0	21	
uonate?	Anuono	0	0.0	1 5	55.6	2	1.8	3	52.0	5 11	1.4	0	2.1 52	
	Anyone	0	0.0	3	33.0	3	00.	4	52.9	5	52.	19	35. 1	
	Not	2	66	3	33.3	0	16	2	23.0	72	32	9 10	28	
	ready to	2	7	5	55.5	7	10. 4	$\begin{bmatrix} 2\\ 0 \end{bmatrix}$	23.0	12	52.	6	20. 3	
	donate		/				-	Ŭ			0	0	5	
Have	Yes	0	0.0	0	0.0	2	3.6	0	0.0	5	2.3	7	1.9	.386
vou	No	3	10	9	100.	5	96.	8	100.	21	97.	36	98.	
ever	110	U	0	-	0	3	4	7	0	6	7	8	1	
donated			-		-	_			_	_		_		
to any														
of your														
member														
s?														
Do you	Yes	0	0.0	0	0.0	4	7.3	1	1.1	5	2.3	10	2.7	.423
have the	No	3	10	9	100.	5	92.	8	98.9	21	97.	36	97.	
approva			0		0	1	7	6		6	7	5	3	
I card to														
donate														
organs														
dooth?														
What	Δαρ	0	0.0	1	111	1	1.8	3	3.4	2	0.9	7	19	012
are the	Religion	0	0.0	0	0.0	2	3.6	6	6.9	14	63	22	5.9	.012
reasons	Medical	1	33	0	0.0	2	3.6	6	6.9	11	5.0	20	53	
that	condition	1	3	U	0.0	2	5.0	0	0.7	11	5.0	20	5.5	
prevent	of the		5											
you	recipient													
from	Personal	0	0.0	0	0.0	0	0.0	2	2.3	12	5.4	14	3.7	
donatin	relations			-				_						
g to a	hip													
specific	Family	1	33.	3	33.3	2	3.6	1	17.2	25	11.	46	12.	1
person?	disappro		3					5			3		3	
	val													
	Fear of	0	0.0	2	22.2	7	12.	1	17.2	58	26.	82	21.	
	surgeries						7	5			2		9	
	No	1	33.	3	33.3	4	74.	4	46.0	99	44.	18	49.	
			3			1	5	0			8	4	1	

Table 8:-Association between level of education and attitude towards organ donation.

P .703

.326

.369

.731

.016*

Table 9:-Association between genue	and attitude towards	organ u	onation.					
		Gender						
		М	ale	Fer	nale	Total		
		Ν	%	Ν	%	Ν	%	
Are you ready to donate your	Yes	42	24.7	50	24.4	92	24.5	
organs?	Only after death	83	48.8	93	45.4	176	46.9	
	No	45	26.5	62	30.2	107	28.5	
Who will you donate?	Family member	30	17.6	32	15.6	62	16.5	
	Friend	6	3.5	2	1.0	8	2.1	
	Anyone	89	52.4	110	53.	199	53.1	
	Not ready to	45	26.5	61	29.8	106	28.3	
	donate							
Have you ever donated to any of	Yes	2	1.2	5	2.4	7	1.9	
your members?	No	168	98.8	200	97.6	368	98.1	
Do you have the approval card to	Yes	4	2.4	6	2.9	10	2.7	
donate organs after death?	No	166	97.6	199	97.1	365	97.3	
What are the reasons that prevent	Age	1	0.6	6	2.9	7	1.9	
you from donating to a specific	Religion	11	6.5	11	5.4	22	5.9	
person?	Medical	11	6.5	9	4.4	20	5.3	
	condition of the recipient							
	Personal relationship	4	2.4	10	4.9	14	3.7	

 Table 9:-Association between gender and attitude towards organ donation.

Table	10:-Association	between fai	mily income	and attitude	towards organ	donation.
I unic	10. 1100001001011	between in	miny meonie	und uttitude	to wards of San	donation.

Family

disapproval Fear of surgeries

No reasons

prevent me

	•	Family income								
		<3	000	3000-	3000-10000		>10000		Total	
		Ν	%	Ν	%	Ν	%	Ν	%	Р
Are you ready to donate	Yes	34	26.4	30	20.8	28	27.5	92	24.5	.135
your organs?	Only after death	65	50.4	73	50.7	38	37.3	176	46.9	
	No	30	23.3	41	28.5	36	35.3	107	28.5	
Who will you donate?	family member	29	22.5	18	12.5	15	14.7	62	16.5	.075
	Friend	4	3.1	1	0.7	3	2.9	8	2.1	
	Anyone	67	51.9	84	58.3	48	47.1	199	53.1	
	Not ready to donate	29	22.5	41	28.5	36	35.3	106	28.3	
Have you ever donated to	Yes	1	0.8	3	2.1	3	2.9	7	1.9	.468
any of your members?	No	128	99.2	141	97.9	99	97.1	368	98.1	
Do you have the approval	Yes	2	1.6	4	2.8	4	3.9	10	2.7	.537
card to donate organs after death?	No	127	98.4	140	97.2	98	96.1	365	97.3	
What are the reasons that prevent you from donating to a specific person?	Age	4	3.1	1	0.7	2	2.0	7	1.9	.252
	Religion	9	7.0	6	4.2	7	6.9	22	5.9	
	Medical condition of the recipient	9	7.0	6	4.2	5	4.9	20	5.3	

13

33

97

7.6

19.4

57.1

33

49

87

16.1

23.9

42.4

46

82

184

12.3

21.9

49.1

Personal	4	3.1	6	4.2	4	3.9	14	3.7	
relationship									
Family	24	18.6	13	9.0	9	8.8	46	12.3	
disapproval									
Fear of	28	21.7	32	22.2	22	21.6	82	21.9	
surgeries									
No reasons	51	39.5	80	55.6	53	52.0	184	49.1	
prevent me									



Figure 1:- participant's suggestions to increase a awareness of people about organ donation.



Figure 2:-participant's suggestions to motivate people towards organ donation.

Discussion:-

Worldwide, organ donation (OD) represents the last resort for millions of patients with end stage organ failure (13). There is a global shortage of donor organs in comparison to patients awaiting transplantation (14).Public knowledge and attitude is crucial to overcome the shortage of donor organs (15). So, their evaluation is essential to develop educational programs to raise the public commitment to OD. Accordingly, this study assessed various factors affecting the knowledge and attitude of the general population towards OD in Jeddah city, Saudi Arabia.

In this study, most of the study populations have heard about OD, transplantation and they believed that it saves someone's life. However, the majority did not know where to get organ donation card. This observed lack of knowledge about SCOT and how to get the donation card was also seen among the medical staff in Saudi Arabia as less than one-third of intensivists in a study knew the role of SCOT in organ donation (16). Moreover, this study showed considerable lack of knowledge about organ donation from brain dead persons where only two-thirds stated that brain dead persons are eligible to donate organs. Similar poor knowledge was reported in Pakistan where only 23% of participants knew that organs can come from both living and cadaver bodies (17). Actually, inadequate knowledge and vague conception of brainstem death always had a negative effect on OD (15). A survey on Sweden ICU nurses highlighted that they didn't trust brain death diagnosis (18). The current study also revealed that the overall perceptions about OD did not differ significantly by educational level, gender, or the family income. In contrast, a study in Korea has shown a high level of knowledge among health-care professionals which is influenced significantly by educational level of the respondents (19).

Knowledge about types of organs that could be donated before and after death was assessed in this study. Before death, the majority answered kidney (78.4%), followed by liver (47.7%), blood (47.5%), bone marrow (32.5%), heart (25.6%) and cornea (21.3%). Alternatively, heart, kidney, liver and cornea were the most frequently reported organs to be donated after death (52.5%, 49.9%, 40.5% and 39.5% respectively). It also explored considerable lack of this knowledge among participants with low education and among males. This should be considered and well-directed interventions are needed to educate them about the topic of organ donation.

In this study, about seventy percent showed positive attitude towards organ donation and they were willing to donate either before or after death. On the other hand, 28.5% showed negative attitude and refused organ donation. More negative attitude and refusal of organ donation was reported among Saudi population in Taif (59.3%) and Al-Kharg (75%) by Al-Harthi and Alzahrany (20) and Agrawal et al. (21). In west countries, a public survey in the United States revealed that 75% are more likely to donate their organs, and similarly, in the United Kingdom, a cross-sectional study included 119 respondents has shown two-thirds of them were in favor of donating their organs and participants who knew someone who had donated or received an organ are having a more positive attitude (22, 23). Furthermore, many studies evaluated knowledge and attitude of medical students in different countries such as Saudi Arabia, Ireland, India, and Nigeria revealed adequate level of knowledge, and the majority are willing to donate with a positive correlation between the level of knowledge and the willing toward donation (24-26).Positive attitude of our study participants was also detected in their preference of who to donate where more than half of them were ready to donate to anyone. This agrees with Majeed (26), and it shows their optimistic attitude toward other human being.

In this survey, there was no significant association between the participant's attitudes towards OD and their education, gender or income. In agreement with this Hamed et al. (15) reported absence of association between gender and attitude of medical students toward OD. In contrast, many reports concluded that female gender was significantly associated with positive attitude towards OD (27-29). Another study by Boulware et al. (30) reported that young males with higher education showed better attitude towards OD.

Despite our study participants' positive attitude toward organ donation, only 2.7% of them are holders of donor card. This contribution is much lower than reported among Saudi nursing (28.3%) and medical students (17.5%) at University of Dammam by Majeed (26). Other Asian studies like Korean, Chinese and Japanese, and other American and European studies reported much higher rate of card holders (31-35). This is attributed to the observed lack of knowledge among our study participants about how to get the donor card. This needs to be addressed and it necessitates more efforts by SCOT in order to compensate organ shortage in Saudi Arabia.

Fear of surgeries, family disapproval, and religion were the common reasons for the refusal of organ donation in our study. Additionally, religious causes were more reported by males. In agreement with this, fear of body mutilation,

health complications, lack of proper information, and religious reasons were the most common reasons for a significant proportion of unwillingness for organ donation among Saudi population in Al-Kharj (21). In different studies, health concerns were the main causes to oppose donation including fear of living with one kidney, fear of operation, and other medical reasons, in addition to inadequate information on organ donation (36, 37).Despite many Islamic scholars and organizations had issued Fatwas in favor of organ donation (38, 39). Additionally, Deceased and living donor organ donation is allowed and practiced in many Islamic countries as Saudi Arabia and Pakistan (38).One of the reported issues behind refusal of OD among the study participants are religious causes. Other Saudi studies reported a similar result (37, 40). In Malaysia, an overwhelming majority of the respondents (98.5%) are against donating their organs, despite receiving information on organ donation (41).

Most of the studied participants suggested media, campaigns, and clinics as methods to increase awareness of the public about organ donation. Additionally, they suggested free medical insurance, money or awards as a motivation of people towards organ donation. This shows that the media plays a key role in raising awareness of organ donation. Moreover, more awareness campaigns sponsored by SCOT are to be held throughout the kingdom to improve the population knowledge. Such awareness programs will definitely promote the Public attitude toward organ donation.

Conclusion:-

These results suggest considerable lack in information regarding OD among general population in Jeddah, especially the concept of brain death and types of organs eligible for donation before and after death. Likewise, they showed positive attitude and willingness towards organ donation to anyone, but actually they did not have the knowledge about the responsible governmental institution and how to get the donation card. Moreover, health concerns and religious reasons were reported as important barriers against OD. All these issues should be highlighted and focused on while preparing educational programs to improve the public knowledge and attitude towards OD. Maximum use of all possible approaches including mass media, lectures, campaigns, advertisements exhibitions and medical curriculum should be done. Also, motivation of the public can be increased by some legislation like free medical insurance or awards.

Study limitations:-

Limitation of this study is partly due to the small sample size and being confined to only one city.

Potential conflicts of interest:-

The authors declare that there are no conflicts of interest.

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