

A Research Study to Evaluate the Effectiveness of a Video-Assisted Program on Organ Donation Among Both Urban and Rural Populations

Manju Kurian¹, Dr. Murari Lal Dhakar

¹Ph.D Scholar, DBU University, Mandi, Panjab India.

²Professor & Research Supervisor, Desh Bhagat University, Mandi, Gobindgarh, Punjab, India.

Abstract—Introduction

Non communicable diseases like hypertension, diabetes and heart disease are increasing in number and leading for organ failure. Though these problems are having solution that is replacing them by transplant. Currently transplantation of vital organ is possible which is having good survival rate but this only possible if people donate organ. Shortage of organ donation is worldwide problem. India also facing the shortage of organs current donation rate is 0.1 per million which is very low. There are many reasons for shortage among them one is poor knowledge about organ donation. Convincing people for organ donation is a challenge, but if we are preparing people in advance the knowledge and attitude may change.

Problem Statement

A research study to evaluate the effectiveness of a video-assisted program on organ donation among both urban and rural populations

Objective

1. To assess knowledge and attitude of urban people regarding organ donation.
2. To assess knowledge and attitude of rural people regarding organ donation.
3. To compare change in knowledge and attitude score of urban people regarding organ donation after video assisted teaching.
4. To compare change in knowledge and attitude score of rural people regarding organ donation after video assisted teaching.
5. To compare knowledge, practice and attitude score of urban people to rural people regarding organ donation after video assisted teaching.
6. To find out the association of knowledge and attitude of Urban and Rural people with selected demographic variables.

Methodology

A pretest posttest design was used for the study. The sample included were people from urban and rural people. One fifty samples were selected for each group that is urban and rural by using multistage random sampling technique. A self-administered questionnaire was used to collect demographic and knowledge information and for attitude the Likert scale was used. Content validity was established by experts in the field and reliability was tested using Split half method and test-retest method.

After pretest the intervention that is video assisted teaching was given. After seven days the posttest was conducted.

Results

The findings of the study showed that there was significance difference in pretest and posttest mean score of the urban group and rural group which revealed that the video assisted teaching regarding organ donation was effective. The “t” value calculated for comparison of pretest score of samples from urban area reveals there was significant difference in pretest a posttest means score which showed that the video teaching was effective to change knowledge and attitude. The “t” values were calculated for comparison of pretest score for rural group was significant different in pretest and posttest means score which showed that the video assisted teaching was effective to change knowledge and attitude of rural group. The “t” value was calculated for comparison of pretest score of urban group and rural group, there was significant different in mean pretest score that showed that samples from urban had better knowledge than rural group but regarding attitude rural group had better attitude than urban group before intervention. The “t” value calculated for finding the significant of the difference between the mean posttest score of urban and rural group revealed that the urban group still had best knowledge than rural group. In case of attitude score the rural group had better attitude than rural group.

Conclusion

Shortage of organ donation is current problem, to improve the knowledge and changing attitude of people towards it is today's need. The difference measures can be used to improve it.

I. INTRODUCTION

Video-assisted programs are effective for boosting organ donation awareness, knowledge, and intent in both urban and rural settings by clarifying myths, improving understanding, and positively shifting attitudes, with studies showing significant pre-to-post improvements, though cultural factors (like family influence, religious beliefs) and specific demographics (like race) require tailored approaches to truly increase actual donation rates

Key Findings from Research

- **Improved Knowledge & Attitude:** Studies consistently show video-assisted teaching significantly increases knowledge and improves positive attitudes towards organ donation in various populations (students, general public).
- **Reduced Barriers:** Videos can effectively address common myths, misconceptions, and negative prejudices, making people more open to donation.
- **Effectiveness across Settings:** While some studies focus on urban/college settings, findings suggest efficacy in rural areas too, with similar knowledge score increases seen in both groups after video intervention.
- **Intent vs. Action:** Videos boost intent and willingness (signing up), but actual donation rates remain low, highlighting complex barriers like family consent and cultural values.

Common Study Methods

- **Design:** Often uses a pre-test/post-test design with a single group (intervention) or randomized controlled trials (RCTs) comparing video vs. no video.
- **Tools:** Structured questionnaires and attitude scales measure knowledge and perception before and after the video.
- **Target Groups:** Students (nursing, engineering), general urban/rural populations.

Challenges & Nuances

- **Cultural Factors:** Family influence, religious beliefs, and traditional values significantly impact decisions, especially in some communities (e.g., African American communities, Chinese families).
- **Demographic Differences:** Racial and socio-economic backgrounds affect beliefs and mistrust in the system, requiring targeted messaging.
- **Beyond Knowledge:** Education alone isn't enough; addressing deep-seated fears, improving communication with medical communities, and understanding family dynamics are crucial for action.

Conclusion of Study

A video program is a strong educational tool, but to be truly effective, especially across diverse urban/rural settings, it must be culturally sensitive, address specific local myths, and ideally be part of a broader strategy that involves family engagement and addresses systemic mistrust to translate knowledge into actual organ donation

World is becoming advance in technology. Even in medical field new technological methods are used for either diagnostic purpose or treatment purpose. New modalities and vaccines are helpful to improve health of people and even life expectancy rate has gone up by five years.¹ People are becoming aware about different diseases and its treatment. In other hand with this advancement life is becoming fast, stressful and unhealthy. People are suffering from chronic diseases like hypertension, diabetes, heart disease, liver diseases etc. some diseases are leading to organ failure like renal, liver, heart. Though problems are there human being are trying to solve those problems or to overcome them. One among all the treatment modalities available for nonfunctioning organ is replacing them by transplant. Currently transplantation of heart, liver and kidney is possible. This treatment is showing good survival rate in diseased but this is only possible if people donate organ.

In India people waiting for organ donation is very high, for kidney only people waiting are almost around, the people waiting for heart and liver are around 50,000. Most of the people are dying at early as they are not receiving the organ on time. Shortage of organ is the biggest problem which is faced by not

only in India but all over the world. If live organ is not possible the cadaver donation also is helpful. In India every three people die per minute due to road traffic accident among them are their number is high about young people. If one person's organ is donated within speculated time seven people's life will be survived. To improve this more efforts are needed not only from the government but from people as well this is not happening the way it should happen. The reasons are many which needs to tackle by everyone. Along with health team members the other people included should be teachers, religious leaders and human being certain things are inevitable that is life and death, the person who born will be going to die one day. Though everyone knew it when the death happens in our family or nearby, we behave differently sometimes even immortal not bothered about how the organ can be utilized for other. This type of behavior is not only found in common people but even the people who belong to the health team. Our busy schedule or negligence towards social or noble causes leads us to behave differently and instead of doing the things which will make their soul rest in peace we look only on practical issues and complete formalities. Later we do all the formal rituals needed. But forget to give the best farewell, which they actually deserve. We tend to forget that their closed eyes can see this beautiful world once again, their heart can beat once again, may not be with us but surely in this world, by donating their organs to most needy.

Currently, cadaver organ donation and organ donation from the people who had declared as brain dead also can donate organ which is again a very useful for survival after transplant. The survival rate among the brain dead is very low and if survived also they will be in vegetative form, as brain is dead and other organs are in good condition they can be make useful. In India the nod of people with increased hypertension and cerebra vascular accidents are increasing so should be done by the relative, as it is not happening as people are not aware about this also. Counseling of such patient's relative play important part. Availability of trained counselor is also today's need, as the family member is in grief if proper explanations are not given their reaction may be differ and the purpose may be failed. Currently human transplantation of cell tissues and organs is the best alternative treatment for human organ failure. The science is developed so much that all the vital organs can be transplanted like liver, heart,

kidney and pancreas. Most of the super specialty institutes are providing these facilities by maintaining needed care and better survival rate which gives hopes to not only to adult but also the young who are suffering with life threatening disease conditions. But sometimes the transplantation procedure and organ donation can lead to violation of human rights and ethical principles. Previously when organ donation was not common the death rate of people with organ failure was very high. Initially only eye donation and cornea transplantation and many people were available and many is to opt for same after death. But as the different diseases leading for failure of organ the treatment for it is becoming essential. And for smooth function as well to avoid the illegal things in its people should be come forward for same.

In India, many people are not even aware about donation that they can do while they are living or concept of live donation is not yet reached nor cleared in many sectors of the community due to which they couldn't step forward to help the needy.

Lack of awareness regarding organ donation and transplantation is one of the serious problems in India not only among the common people but for the people related to health care also. As most of the different faculty or types of people are working for the health of the people both in urban and rural area. The urban where most of the advanced health care is concentrated with different type of hospital and super specialty hospital providing tertiary level of care. Along with big hospital there are dispensaries and private medical fractioned also working from whom the people avail the medical care? The other people working for health care of the people are dentist, different streams are like Ayurveda, Unani, and Homeopathy etc. they also equally responsible for providing care to the people. Along with medical faculty there are nursing faculty are also working in such hospital. Many medical, dental as well as indigenous system and nursing are running colleges for future doctors and nurses. Actually, syllabus which is planned for them usually depend on the current problem and advanced development take place in this field. So many time the revision also takes place in curriculum. But to be true the most of these students as found out by many studies has revealed that these students weather form medical or nursing are not having adequate knowledge, awareness and attitude towards organ donation. The studies which were

carried to found their knowledge and attitude was found that the reason for these lacunas is because of most of these streams are not having a curriculum which will give the proper weight age to this topic. So, this also interprets that the medical and nursing education which is one important aspect of health care team also not giving the importance to this topic. The reason can be that those hospitals carrying this type of transplantation are very few and most of them are situated in the metropolitan city. There are few hospitals who provide facility for organ procurement and organ harvesting.

II. BACKGROUND OF THE STUDY

Multiple organ failure is the failure of two or more systems, such as the cardiovascular and renal; it is common consequences of sepsis and of shock. The common organ failures are kidney, liver, heart and pancreas. Kidney failure is “medical condition of impaired kidney function in which the kidney fails to adequately filter metabolic waste from the blood”. Chronic kidney disease is irreversible condition in which the function of kidney will not regain. The causes for chronic renal failure are polycystic kidney disease, Diabetes mellitus and long-term uncontrolled hypertension and over use of common drugs can also leads to CKD. The treatment for CKD is the lifelong dialysis and transplant. The WHO stated that almost 30% of people suffering with DM and Hypertension are developing renal failure. Two lacks new patients need dialysis treatment, only 10 to 20% get proper treatment and only 0.4 dialysis Centre/ million is available. As kidney failure patient treatment is only lifelong dialysis but that too is not easy. This dialysis treatment is very hectic and expensive also. It affects patient’s psychology very badly. But in many individuals one kidney transplant can change the life of individual. Many organs can be transplanted, like lung, pancreas, skin, liver heart same organ can be removed from body. Though we can save life of many people not only that is also improves quality of life. people satisfaction happiness. Their family members also get relief from every day running around and wasting their energy. But all these factors are beyond understanding of many people. they don’t understand other benefits as involvement in our persons is very much. They can’t see beyond that anything.

Though the dialysis is treatment it also having many problems, the centers available are in cities not in villages. Even the centers are over burden with no of cases to combat this many time the technicians operating this are compromise with the standards required to be proper dialysis which will in return will give the adequate result. The dialysis patient required an AV. Fistula which is created by the surgical procedures and regularity of working is little difficult task. There are many possibilities that this fistula may fails and leads for problem. Longer canalization increase the chances of infection.as there is no alternates for the treatment patient need to be remain on dialysis for life long and create psychological disturbances in patients, especially the youth may lead to losing the hopes from the life and if the person suffering is an earning member of family, then full family get affected sometimes the leave the treatment in between because of lack of money for treatment can lead to early death of a person. As adequate number of organs not available the treatment is becoming costly so many people will not opt for it leads to premature death. As per statistics from India only 4000 kidney transplant is performed where as it is 16000 in United States. Whereas death rate is 0.39% which is increasing over period of time. Like other organ failure, the failure which required immediate attention and care due to the threat to the life is liver failure. Liver failure can be acute or chronic. The acute liver failure is rare condition which occurs rapidly and very difficult to detect initially whereas chronic failure occurs gradually over many years. In liver failure, liver is no longer functioning as large parts of it become damaged beyond repair. The common causes are Hepatitis B& C hemochromatosis, cirrhosis, long term alcohol consumption, malnutrition. Acetaminophen over dose and ingestion of poisons wild mushrooms. Acute liver failure can be treated by treating the cause but long-term deterioration will require a liver transplant. Liver transplant can be done by using both live and deceased donor. Live liver donor was not common for the adult initially it was only is too done for children as their parents is to donate organ. But now the transplant center carried out live liver transplant for adult, in this procedure the living person donates a part of his/ her liver to another. The advantage of live liver donation is mammal cold ischemia time for the donated liver. Live liver transplant poses the risks for donor.

III. NEED FOR THE STUDY

Unavailability of organs for donation is not a problem only in India but it is global problem. The different studies carried out in all over the world specified that the problem is needed to deal with. According to National Kidney Foundation (US) there are currently 12167819 people waiting for life saving organ transplant 100791 await for Kidney transplant. Each month around 3000 new patients are added to the kidney waiting list, around thirteen patients who are waiting for transplant die each day.

Historically, organ donation has been looked upon as a compassionate and Charitable act but in recent centuries views are changing and people are becoming adamant and not ready to change. For Examples brain death is most infrequent phenomena in India, there are different reasons for brain death but the common reason is injury to the brain or brain stem or intra cranial bleeding which can lead to the state of coma for patients. Brain being an important organ of body if any injury to the same leads to death of the brain which is irreversible most of the time, many times it happens as that the persons suffers with brain death but other vital organs will be functioning normally this helped the medical sciences for miraculous treatment option for organ failure patients and brought a ray of hope in their lives as these organs are in good condition for transplantation. But despite of giving enormous information through Medias, word of mouth, educational programs etc. People are not able to accept or understand the core depth or intensity of the condition and holds on with false hope of recovery by this ray of hope on the other side are washed out.

Legalization of concept of brain death by in 1994 by government of India helped organ transplantation to make it legalized to prevent it from any illegal exploitation of organ. This also facilitated organ procurement from heart beating brain death donors. After so many years of passing the law, the concept is not caught well in India.

However, even after 23 years of passing the law this concept has not caught on well in India. Due to many reasons like poor awareness among people due to lack of proper education leading to commercial sailing and buying of organs. Gap between demand and supply causing illegal practices. Many people who are suffering with heart and liver failure are losing their life in India because such vital organ cannot be

retrieved from live donors and the percentage of cadaver donor is comparing with demand is so low. Many times, the facilities are unavailable to transport these organ in speculated time frame.

Thousands of lives are lost in India annually from heart and liver failure since transplantation of unpaired organs like heart, liver and pancreas is either difficult or impossible from living donors this is only possible on a large scale if these organs are available from cadaver donors.

The need for organ donation in Canada specifies that over 4500 people are waiting for organ donation, 278 people died as not received the suitable kidney for transplant. The number of deceased organ donors has gone up by 44% Canadians waiting for a new kidney accounted for more than 3400 Or 77% over 4500 people. According to statistics of Australia on organ transplant reveals 1500 people waiting for organ transplant among them 703 for kidney and 264 liver and 95 for heart transplant. The current donation rate in Australia is 18.3 donors /million. Chris Johnston in his study specifies that according to NHS 450 patients died waiting for organ and currently 6414 patients added within a week for already existing list.

According to Department of Health and Human Services the nod of donors available nationwide has remain stagnant over last decade, in 2005 there were 14,497 donors and last that is 2016 the nod of donors was 14415. And the no. of organs received from live donors dropped by more than 16%. Nisreen Feroz Ali and Amal Qureshi said that Pakistan is also facing organ shortage, as a result 50000 die due to organ failure, 18000 due to renal failure only 4.5 have received transplant rate is 5 per million. Research published in BMC Med. Ethics on which was regarding the knowledge and perception gives the statistics of shortage about organ donation in Saudi Arabia. In the country 10000 people die due to liver failure, only handful carries out. An estimated 50000 die due to organ failure 18000 people suffers with renal failure among them 10% receive dialysis and only 4.5% have received transplant the rate is 5 per million population The different studies had carried out to find the reasons according to Organ Retrieval Banking Organization (ORBA) due to prevalence of myths and superstition regarding organ donation, lack of awareness among people with regards to diseased organ donation and the misconception about brain death leading a shortage of organ in India. As well as

it leading to wrong practices like kidney rackets and exploitation of needy and poor people. Other reasons for shortage are lack of knowledge about organ donation can lead to poor attitude towards it.

IV. OBJECTIVE

1. To assess knowledge and attitude of urban people regarding organ donation after video assisted teaching.
2. To assess knowledge and attitude of rural people regarding organ donation after video assisted teaching.
3. To compare change in knowledge and attitude score of urban people regarding organ donation after video assisted teaching.
4. To compare change in knowledge and attitude score of rural people regarding organ donation after video assisted teaching.
5. To compare knowledge and attitude score of urban people to Rural people regarding organ donation after video assisted teaching.
6. To find out the association of knowledge and attitude of Urban and Rural people with selected demographic variables.

V. HYPOTHESIS

Null Hypothesis

H0a- There will be no change in knowledge and attitude scores of urban people after receiving video assisted teaching regarding organ donation.

H0b- There will be no change in knowledge and attitude scores of rural people after receiving video assisted teaching regard

H0c- There will be no difference in knowledge and attitude scores between urban and rural people after receiving video assisted teaching regarding organ donation.

H0d – There will be no association of knowledge and attitude score with selected demographic variables.

Research Hypothesis-

H1a-There will be change in knowledge and attitude scores of urban people after receiving video assisted teaching on organ donation.

H1b-There will be change in knowledge and attitude scores of rural people after receiving video assisted teaching on organ donation.

H1c- There will be difference in knowledge and attitude score of urban people to the rural people after receiving video assisted teaching on organ donation.

H1d – There will be significant association of knowledge and attitude score with selected demographic variable.

VI. SCOPE OF THE STUDY

The study findings have several implications in nursing. They can be categorized under nursing services, nursing education and nursing research. Nursing Service.

Nursing is not limited to only hospital nurses are working in community, in school and in industry where they come across many people with different age group like women at home during home visiting school children and adult at work place. The care provided by nurses' also not only curative but also preventive and primitive. They are also in good position to do the counseling whenever possible as they are closer to families of patients than doctors nurse plays vital role in the process of organ transplantation as well as organ donation. To carry out this procedure the health teaching is needed.

To know the details which area is needed to be given important by health personnel the study will help to know the same. This will also help them to arrange the regular educational program for people to provide knowledge of organ donation and transplantation. The study findings of this which will highlight the areas of knowledge which need more attention from health personnel. A regular health teaching program can be implemented for the people regarding organ donation and transplantation.

Nursing Education –

Nursing education also becoming advanced as technology is becoming advanced, nurse's role is also expanded as nurse specialist, nurse fractioned nurse advisor even curriculum is changing according to need.

Findings of the study can be included in curriculum and will be utilized by students and Nurse Educator to illustrate the importance of health teaching to people regarding organ donation.

Nursing Research

This type of research will add on to the evidence-based literature of nursing in India. It will also help to understand appropriateness of tools and methods used in study. The findings will add up in the knowledge for

same. The study also helps as base for future studies. The study also will help for future researcher to explore the more in same area and will understand the shortcomings may face in studies. Apart from nursing the study will also help in general to promote the campaign of organ donation.

Assumptions

The people may have heard about organ donation and organ transplantation.

People may not have adequate knowledge about organ donation.

People may not have positive attitude towards organ donation.

Urban people may have better knowledge regarding organ donation than rural people.

Urban people have better attitudes towards organ donation than rural people rural people have better knowledge towards organ donation than urban people.

Rural people have better attitude towards organ donation than urban people.

Video assisted teaching may help to improve knowledge and attitude of both urban and rural people regarding organ donation.

VII. REVIEW OF LITERATURE

Insurant Faros Ali, (2020) in their study on Knowledge and ethical perception regarding organ donation among medical student in which they have discussed the knowledge about organ donation and people's perception regarding the same said that Pakistan is also facing organ shortage, as a result 50000 die due to organ failure, 18000 due to renal failure only 4.5 have received transplant rate is 5 per million.

According to R. (2020) in his article on Issues in Liver transplantation says that the process of liver transplantation is complex, as it depend on many things such as internal factors of patient's disease, the timing when organ transplantation is taking place, and quality of organ received as there is shortage of cadaveric organs for donation The study also suggested that its time now all the brain dead patients specially those are potential donors whose organs are acceptable and function adequately and will improves the likelihood of recipient.

Dr. Vivek Vij (2016) in his article death due to liver failure said, liver failure is one the measure problem along with kidney failure which are leading to the

death getting liver transplant is one of the expensive and tedious procedure. People are still not familiar with concept of liver donation as part of organ donation. So, neither anyone from patients own relative nor the people come forward for organ donation which leading for two lack people losing their life, around 20000 people require liver transplantation only 2000 are being done.

The problem is not only in the developing countries like India, Pakistan or some of the East countries, but the problem is also equal in developed countries like USA and UK, France.

The US department of Health and Human Services in their report says the developed countries like united State of America also facing the shortage of organ donation though their educational level is good as well as economically they are good the percentage of organ failure is high that is 119000 requires organ transplantation. On their waiting list of organ donation 81.8 % are require kidney transplant and 11.4 % liver transplant. Organ donated by living are 5990 and by deceased donor it is 24,980, 95% of US adult supports organ donation still they are facing the shortage of organ.

Research published in BMC Med. Ethics about current scenario of organ donation in Saudi Arabia and knowledge and perception of people of Saudi Arabia about organ donation said as organ failure many times will not have specific reasons if especially occurs in younger age people who are not suffering with any measure chronic illness. So, as they do not receive any specific treatment due to poor overall condition faced by every country in respect to the shortage of organ. A in the country the death because of liver failure is around 10,000, only handful carries out. An estimated 50000 die due to organ failure 18000 people suffers with renal failure among them 10% receive dialysis and only 4.5% have received transplant the rate is 5 per million population.

A European Consensus department the condition in Europe countries also not differ from other world currently 40000 are waiting for kidney transplantation, mortality rate among people waiting for organ transplantation like liver, lung and heart is between fifteen percentage and thirty percentage almost four hundred death occurs due to organ failure as they are waiting for transplants.

An article by Canadian on Blood, tissue and organ donation, (2021) specifies the need for donation of

organ in Canada. The article says over 4500 people are waiting as organ recipient, 278 people died waiting for an organ transplantation, the number of deceased organ donors has gone up by 44% Canadians waiting for a new kidney accounted for more than 3400 or 77% over 4500 people.

According to National Kidney Foundation (US-2021) there are currently 121678 patients are waiting for organ transplantation among these 100791 wait for kidney transplant Each month the waiting list is added with 3000 new patients and the death of such patients waiting for life saving renal transplant is almost 13 people each day.

According to statistics of Australia on organ transplant reveals 1500 people waiting for organ transplant among them 703 for kidney and 264 liver and 95 for heart transplant. The current donation rate in Australia is 18.3 donors /million.

Chris Johnston in his study on Reluctance to talk about transplants leaves families unsure of potential donor wishes and a reluctance to donate specifies that according to NHS 450 patients died waiting for organ and currently 6414 patients added within a week for already existing list.

According to statistics Department of Health and Human Services in UK the no of donors available nationwide has remain stagnant over last decade, in 2005 there were 14,497 donors and last that is 2016 the no of donors was 14415. And the no. of organs received from live donors dropped by more than 16%. According to statistic about organ donation in UK says though the Northern Ireland and Scotland are the part of UK still there is difference in rate of organ donation as the people's attitude and opinion and knowledge is different. That Northern Ireland is having highest organ donation rate that is 25.5% per million populations where it was low in Scotland.

Gulf news and health has published a survey on organ transplant showed that in UAE the patients receiving dialysis is around 2000 and all are waiting for transplant of kidney.

Studies related to reasons for shortage of organ there are many reasons. Some of them are myths regarding organ donation, poor knowledge about organ donation, unavailability of resources for donation and limited support for money incentives, poor campaigning by the related organization, improper legal aspects, trafficking of organs, and exploitation of poor for same, misunderstanding of people regarding

organ retrieval system, improper propaganda about organ donation.

According to Organ Retrieval Banking Organization (2022) India is facing an acute shortage of organ donors due to prevalence of myths and superstition regarding organ donation. Statistics shows in India 200000 people need kidney 100000 need liver and 50000 needs hearts to be transplanted, but only Organ donation rates are low as compare to western countries i.e. one present where other especially western countries are having seventy to eighty percent. The situation is because of lack of awareness among people with regards to diseased organ donation, the concept of brain death which is leading to wrong practices like kidney rackets and exploitation of needy and poor people.

A Questionnaire survey in Saudi Arabia (2022) found whether the attitude of doctors towards the follow up patients affect the outcome said that the rate of organ transplant depends upon many things which are required to followed by the receivers. The proper medical care within the reach is one aspect for the same as receiver will be on immunosuppressive drugs taking for acceptance of organ transplanted is one among them. So well designated clinic is needed as many time the receiver will be not in position to go to the main hospital specially those people staying in the rural areas. The statistics specifies 31.3 had well designated transplant clinic for transplant recipients and regarding proper laboratory set up to monitor the immune suppressive drugs levels only 6.2 % had proper setting for same There was also problem with availability of expertise and proper protocol for treatment and follow up patients.

Recipient selection and organ donor sources an article by Mani (2023) says that there are many factors which affects the selection of appropriate recipient, to get the normal healthy donor is one among it as currently the change in life style as well as diet are harming the health of individual in very young stage of age. Suffering with chronic diseases are no longer will be only by old age people. The other factors are such as HTP matching tissue typing etc. The selection is important for successful outcome. Candidacy is determined by a variety of medical and psychosocial factors. Those patients with diabetes and hypertension should be considered high risk. Improper selection or compromising the selection criteria may lead to failure.

VIII. METHODOLOGY

1. Research Approach – Descriptive Evaluatory Approach
 2. Research Design - Two group pretest posttest design.
 3. Sampling Technique – Multistage random sampling.
 4. Population – People staying in urban and rural area.
 5. Samples - People available at the time of research from rural area and urban area.
 6. Sample size: - Urban People – 150
Rural people -150
- Technique and Tools: -
Structured questionnaire Knowledge will be assisted by questionnaire.
Attitude will be assisted by attitude scale.
Inclusion criteria-
People from age group 21 to 45 years age
Not having any serious illness
Mentally stable.
Peoples who are able to read English and Hindi.
Exclusion criteria
People who already undergone teaching for organ donation.
People who are suffering with organ failure.

Conceptual framework

Peplau theory is depending on interpersonal relations. It says that nursing is an art and science which help the sick and needy of health care. It is also an interpersonal process as it is having common goal which involved both the nurse and patients and family.

Major Concepts.

Peplau has given the four major paradigm human being is an organism which adjust to surrounding by his own way and thus adjust with tension generated needs. The theory consider client who is person having a different need. In this study the man or human being will be people staying in urban and rural area who is not having adequate knowledge about organ donation which will be noticed by researcher, though the booklets or pamphlets are available people are not able to follow them either because of the language used in it or the illiteracy among them while researcher is the person who after understanding the problem will be in good position to provide knowledge about According to theory health is ongoing process which moves forward as per your personality towards creative,

constructive and productive directions for proper personal and community living In this study health is considered as people knowledge regarding prevention of organ failure and measures to recover when organ failure occur like organ transplantation and organ donation. Society or environment is the patient's culture and mores when the patients adjust to hospital routine.

IX. ANALYSIS OF DATA

The assessment of data was done by using frequency and percentage. The student's "t" test was used to assess the significant change in knowledge and attitude.

To find the association with demographic variables ANOVA was used

Section A

This section deals with the demographic data of samples from both Urban and Rural area.

The selected demographic variables like the common age group, which was distributed in four categories but most of the samples for both groups were falling in age category from twenty to thirty which suggested that maximum samples were young.

The distribution of samples as per their gender, majority were female as compare male. As data collection was carried out in day time.

The majority samples in both group that is rural and urban were Hindu very few were Muslim and Christian. Some of the samples were even Buddhist.

The average educational level for both, in urban and rural group where the samples have completed secondary and higher secondary level.

The common profession was sedentary work for both groups

The monthly income was falling between 20000-30000 Rs suggestive that most of the samples were from middle class level.

For the demographic data regarding future plan of organ donation very few gave positive response, many had negative attitude and some of them were not able to decide and few of them were even not decided. The problem was same in both group urban or rural.

Section B

This section deals with knowledge and attitude of the samples before and after video assisted teaching.

a) The “t” value was calculated for comparison of pretest –posttest score of videos assisted teaching for urban group.

Mean pretest score for knowledge was 13.37 and mean posttest score was 16.90 the value calculated for t’ was for pretest 71.32 and for post it was 136.32 There was significant difference in pretest and posttest mean and t value in knowledge, which showed that the video assisted teaching was effective.

Same matching had been found out by the study carried out by Manar Abu Abed and Wolfgang to find out whether the video assisted teaching is effective or not to modify behavior found that successful behavior modification in the treatment groups’ shows behavioral change.

The study also can be correlated with other study conducted by Priya, KT Molly where they conducted study for patients undergoing mammography as this procedure having fear about procedure and as pressure is given on the breast, they may feel suffocated. This all can lead to anxiety before procedure and that can lead to faulty results. So, when video assisted teaching was given before procedure through mass media helped to reduce anxiety showed that video assisted teaching was effective.

This study also related to the study carried out by Hemavathy and her team carried out structured teaching program for improving knowledge of adolescent regarding organ donation found that the knowledge was improved after teaching.

The findings of this study that the video assisted teaching is helpful to change knowledge of people having similarity with other study which was carried out by Pitcher David where she specified how the direct information given to family member and how discussion among the family members regarding organ donation will improve and will show the willingness.

b) The “t” value was calculated for comparison of pretest –posttest score for attitude of video assisted teaching for urban group.

Mean pretest score for knowledge was 59.59 and mean posttest score was 67.85 The value calculated for t’ was for pretest 109.58 and for post it was 157.70

There was significant difference in pretest and posttest mean and t value in Attitude, which showed that the video assisted teaching was effective.

The teaching not only affect knowledge but also the attitude of the people there are few studies which also there to support the findings. The study carried out by Shantha and her team for the nursing students to improve knowledge and attitude of them. The total samples were sixty, by using questionnaire for knowledge and Likert scale for attitude. The result showed improvement in attitude the other study which is supporting this study findings are the study carried out by Sreerekha Ramesh who carried out the study for non - pharmacological pain management in children, the present study was carried out for staff nurses but the result showed the effectiveness of video assisted teaching.

c). The “t” value was calculated for comparison of pretest –posttest score of videos assisted teaching for rural group.

Mean pretest score for knowledge was 12.68 and mean posttest score was 16.48 the value calculated for t’ was for pretest 55.32 and for post it was 113.32

There was significant difference in pretest and posttest mean and t value in knowledge, which showed that the video assisted teaching was effective

There are few studies which are same like this study where the effectiveness of video assisted teaching is found effective like Snamayee Kumari Devi carried out study for the female health team workers to teach them about the care of new born receiving phototherapy with help of video assisted teaching total thirty samples were there at the end the researcher found that there is improvement of knowledge which signifies the video assisted teaching was effective.

The findings of the study also matched with the study carried out by Manjusha Dash where she carried out the study for the couples by using control and experiment group and assessed their knowledge, attitude and practice towards the contraceptive methods which suggested that the video assisted teaching was effective.

There is study which is slightly different than this study where result can be correlated with this study which was carried out for student where computer assisted teaching was used to teach Arithmetic by Pramila Ramani and her team found that computer assisted teaching along with discussion is helpful to understand the concept.

d) The “t” value was calculated for comparison of pretest –posttest score attitude of video assisted teaching for rural group. Mean pretest score for attitude was 59.59 and mean posttest score was 68.85. The value calculated for ‘t’ was for pretest 116.58 and for post it was 159.70 there was significant difference in pretest and posttest mean and t value in Attitude, which showed that the video assisted teaching was effective.

Similar studies also are there which supports the fact found in this study where it is support that the video assisted teaching is effective like the study carried out by Pushpaveni and Joselin Almeida who carried out the video assisted teaching labor process to the primigravida mother, there were almost forty primi gravida mother were in the study. The result shows that the knowledge level was improved in them after video assisted teaching.

X. RECOMMENDATION OF STUDY

1. Similar study can be done on large sample size.
2. Same study can be done on the relative of patients suffering with organ failure.
3. A study can be conducted to compare and correlate the learning needs and self-care practices with personal factors.
4. A same study can be done by using different teaching methods.
5. A same study can be conducted to compare knowledge and attitude between male and female.
6. A retrospective study can be done to find out correlation between the organ failure and donation of organ by relative.
7. A prospective study for same samples that was willing for donation.
8. A study can be done to find out the difficulties faced by relatives of organ donors after his death.
9. A descriptive study can be carried out to find out the exploitation of poor for organ donation.
10. A study can be done to find out the behavior of medical team for brain death patients who are a registered donor.
11. A study on relative’s expectation after donation of organ by their near one.
12. The same study can be carried out for the patients relative who are on regular dialysis.
13. A descriptive study also carried out for doctors to know the problem faced by them while carrying out the legal procedure.

14. The study can be carried out for hospitals to find out the problems faced by them while dealing the problem of shortage of organs.

XI. LIMITATION OF RESEARCH WORK

- 1) The study was confined to a small number of samples which limits the generalizations that can be made.
- 2) No attempt is made to compare and correlate the learning needs and self-care practices with personal factors.
- 3) Getting random sample was difficult as people were scared to fill questionnaire.
- 4) Changing the attitude towards organ donation needs a long time period.
- 5) Convincing or improving willingness for registering for organ donation was difficult.
- 6) The researcher had collected data during day time, so samples which had access to those who were house wives and nonworking people.

REFERENCES:

- [1] Aarti Vij (2014) Why India still faces extreme shortage of organ donation. World donation Day.
- [2] . A Rios Lopen, Navas Ana, Laura Martinz. (2011) knowledge of the concept of brain death in the British and Irish population resident in South east Spain. Transproceed 2011.
- [3] Abedulaziz Aldhafar, Samen Arafa. (2014) knowledge and awareness of organ donation and brain death among the population in Ali-Ahsa. Journal of Advanced in Medicine and Medical Research. Vol 23(2) ISSN No 2456-8899.
- [4] Abouna GM. (2008) Organ shortage crisis – problems and possible solutions. Transplant Proc.; 40(1) 34-8.
- [5] Alghanian Sad (2010) Knowledge and Attitudes toward organ donation community-based study comparing rural and urban populations. Saudi journal of kidney diseases and transplantation. Vol.21 (1).23-30. ISSN No.2320-3838.
- [6] Alexander Y Zubkov, Eelev Wijdicks (2010) Brain death and organ donation. Handbook of neurocritical care. *Andre Picard. (2017) It

- takes more than laws to boost organ donation BMO –wealth management Apollo 2017.
- [7] Andre Picard. (2017) it takes more than laws to boost organ donation BMO –wealth management Apollo 2017.
- [8] Andreas Zachary, Mary S. Leffell. (2016) HLA mismatching strategies for solid organ transplantation- A Balancing Act- *Frontiers in Immunology*.7; ISSN No 1664-3224.
- [9] Annadurai K, Manik, Ramasmy J. (2013). A study on knowledge, attitude and practices about organ donation in Kuwait. *IMC journal of Medical Science*10.1 1- 09. Among college students in Chennai, Tamilnadu.*Progress in health sciences*.Vol.3 (2).59-65.
- [10] Barbara j Daly. *Critical care nurse: The journal for high acuity progressive and critical care nursing*.
- [11] Basavraj Pathi, Swati Jain, Ashish Singh, Shilpi Singh, Hansa Kunder, Khushroo Singh.(2015) Beliefs and barriers for organ donation and influence of educational intervention of dental students - A Questionnaire study. *Journal of Indian Association of Public Health Dentistry* 13(1) 58-62. ISSN No2319-5932.
- [12] Batool Y Bosankar, Zainab A. Ali, Mesailekh Shareefah (2016) Predictors of knowledge and attitude regarding organ
- [13] B.Unnikrishanan,T Rekha, Tanuj Kanchan, Nutunkumar, Mohan Pappanna.(2013) Perception and attitudes towards organ donation among people seeking health care in tertiary care centers of coastal south India . *Indian journal of palliative care*. May – August 19(2) 83 – 87.
- [14] Beatriz Febreo, Lio A (2013) Knowledge of the brain death among Adolescents in South east Spain.vol 45. 3586.
- [15] Belgel H. Sadikoglic G.Belgel N. (2006) Knowledge and attitude about organ donation among medical students. *Transplantation medizine*.18 S-92.
- [16] Benny Jacob, Virojwiwanetkit (2015) Remarks about the study on predictors of public attitudes toward living organ donation. *Saudi journal of kidney disease and transplantation*.20 (5). 1091-1092.ISSN No 1319-2442.
- [17] Bhengu BR, Uys HM, (2004) Organ donation and transplantation within the Zulu culture.*Curationis*. 27(3) 24-33 ISSN No-0379-8577.
- [18] Bonnie Venter (2017) Routine referrals’: A possible solution for transplantation shortages South Africa *Journal of Bioethics and Law*: 10(1) 15-19. ISSN No 1999- 7639.
- [19] Bridie Kent, R.Glynn Owens. (1995). Conflicting attitudes towards corneal and cadaveric organ donation A study of nurse’s attitude to organ donation. *International journal of Nursing studies*.Vol.32 (5) 484- 492.
- [20] C.Pallis (2016) ABC of brain stem death. From brain death to brain stem death. *Br Med. Journal*.
- [21] C, Rudge.R Matesang.FL.Delmonico, J.Chapman.*International policies of organ donation*. Volume 108.issue1.Jan 1.2012. pg.48-55.
- [22] Cameron EJ.Bellini A. Damian MS. Breen DP. (2016) Confirmation of brain stem death. *Pract.Neuro* 16(2) 29-35
- [23] Chintamani, Mrunalini Mani. (2011) Recipient selection and organ donors’ sources. *Lewis Medical and surgical nursing. Assessment and management of clinical problems*.1223-1224 and 1226. IBBN No 978-0-323-03690-0
- [24] Chva HC, Kwek TK, Moriharan H, Gao D (2015) Brain Death: the Asian perspective. *Semin Neurol*.
- [25] David Wain, Wright Evans (2007) Seeking an ethical and legal way of procuring transplantable organs from the dying without further attempts to redefine human death.*Philosophy, ethics and Humanities in Medicine* 2007.
- [26] Dantas (2017). Time for determining the diagnosis of brain death and its relation to organ donation. *International Archives of Medicine*; 10. ISSN No 1755-7682.
- [27] Daniel Titley.What is the reason for the huge organ shortage in the World. *Saudi Journal of kidney diseases and transplantation*.2015:26(5) 1070-1075.
- [28] David Wain, Wright Evans. Seeking an ethical and legal way of procuring transplantable organs from the dying without further attempts to redefine human death. *Philosophy, Ethics*

- and Humanities in medicine. June 29.2007
Deepthy Karini, Sunitha S. Devi Mahdevi.
(2015) perceptions of medical students in a
government medical college towards organ
donation. Journal of evidenced base medicine
and health care. 2(44) 7998-8005 ISSN No
2349-2570
- [29] Dogan, Pinar & Toprak, Dilek & Sunal, Nihal
& Doğan, İsmet., Knowledge, attitude and
behaviors of university students on organ
transplantation, in Turkey. Smyrna Tıp
Dergisi.2012, vol 2. 16-25.
- [30] Donal McGlade, Barbara Pierscionck. Can
education altar attitude, behavior and
knowledge about organ donation a pretest –
posttest study. BM Journals.
- [31] Donal McGlade, Carrol McClenahan, Barbara
Piersciouk (2014). Pro donation behavior of
nursing students from the four countries of the
UK. Journal.Pone.91405
- [32] Donate the Gift of Life. Public Education
Efforts to increase Organ donation. Health
Resources Services Administration.
- [33] E. Guadagnoli.CI Christiansaen.The Public's
willingness to discuss their preference for
organ donation with family members.
- [34] Elizabeth A Hennemann, George E.Karras
(2012) Determining Brain Death in Adults – A
guidelines for use in critical care. Journal of
critical care.
- [35] Edvaldoleal de Moraces, Marcelo Jose, Dos
Santos. (2014). experience of nurse' in the
process of organ donation and tissues for
transplantation. Journal of Revista Latino –
Americana 22(2) 226-233. ISSN No 1518-
8345.