

A Study to Assess the Misconceptions Regarding Organ Donation among Graduate Students at a Selected College, Tirupati

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ABSTRACT

Organ donation is one of the greatest achievements of modern medicine and provides the only effective treatment for many patients with end-stage organ failure. Although remarkable advances in transplantation techniques, immunosuppressive therapy, and organ preservation have improved transplant outcomes, the availability of donor organs remains far below the growing demand. In India, organ donation is regulated under the Transplantation of Human Organs and Tissues Act (THOTA), and national initiatives such as the National Organ and Tissue Transplant Organization (NOTTO) and the Jeevandan Programme in Andhra Pradesh have strengthened organ donation services and public awareness. However, misconceptions regarding brain death, religious beliefs, body disfigurement, legal issues, organ allocation, and commercial misuse continue to discourage individuals from donating organs. These misconceptions contribute to the persistent shortage of donor organs despite increasing awareness programmes. Graduate students, as future professionals and community influencers, have an important role in promoting organ donation awareness. Therefore, the present study was undertaken to assess the misconceptions regarding organ donation among graduate students in a selected college at Tirupati and to determine their association with selected socio-demographic variables.

PROBLEM STATEMENT

A study to assess the misconceptions regarding organ donation among graduate students at selected colleges in Tirupati.

OBJECTIVES OF THE STUDY

1. To assess the level of misconceptions regarding organ donation among graduate students in a selected college at Tirupati.
2. To identify the association between the level of misconceptions with their selected socio-demographic variables among graduate students.

HYPOTHESIS (H₀)

H₀₁: There is no significant association between the level of misconceptions regarding organ donation and the socio demographic variables.

METHODOLOGY

A quantitative research approach with a descriptive cross-sectional research design was adopted for the study. The study was conducted at SV Arts College, Tirupati, among first-year B.Com. (Honours) students. The accessible population consisted of 180 students and a sample of 100 students was selected by using the Simple Random Sampling Technique (Lottery Method). Data was collected by using a self-administered structured rating scale comprising two sections: socio-demographic variables and a 40-item rating scale to assess misconceptions regarding organ donation. The instrument was developed based on an extensive review of literature and guidelines from the National Organ and Tissue Transplant Organization (NOTTO, 2010) and the World Health Organization (WHO, 1948). Content validity was established through expert validation and the reliability of the tool was confirmed using Cronbach's Alpha method ($r = 0.886$). A pilot study was conducted among 10 students to assess the feasibility of the study. Ethical approval and informed consent were obtained before data collection. The collected data were analysed using descriptive statistics (frequency, percentage, mean and standard deviation) and inferential statistics (Chi-square test) with the level of significance set at $p < 0.05$.

RESULTS

The study findings revealed that the majority of the graduate students (53%) had a moderate level of misconceptions regarding organ donation, followed by 33% with a low level of misconceptions and 14% with a high level of misconceptions. The mean misconception score was 23.00 ± 5.78 , indicating that the graduate students had an overall moderate level of misconceptions regarding organ donation. The standard deviation of 5.78 reflects a moderate variation in misconception scores among the participants. The findings suggest that although some students possessed correct knowledge, misconceptions related to organ donation continue to exist among a considerable proportion of graduate students.

Chi-square analysis demonstrated a statistically significant association between the level of misconceptions and selected socio-demographic variables, including age, gender, residence, monthly family income, parents' educational status, previous awareness regarding organ donation, attendance at organ donation awareness programmes and organ donor registration status ($p < 0.05$). Students who had prior awareness of organ donation, had attended awareness programmes or had registered as organ donors exhibited lower levels of misconceptions than their counterparts. However, religion, type of family, source of information, family history of organ donation, family discussion regarding organ donation and opinion regarding the necessity of organ donation in India showed no statistically significant association with the level of misconceptions.

CONCLUSION

The findings of the present study suggested that misconceptions regarding organ donation were prevalent among graduate students. Therefore, continuous health education and awareness programmes should be conducted in colleges to reduce misconceptions, improve knowledge and promote positive perceptions towards organ donation. Such educational interventions may encourage organ donor registration and increase willingness to donate organs among young adults.

RECOMMENDATIONS

- A descriptive study can be conducted among a larger sample of graduate students to improve the generalizability of the findings.
- A comparative study can be conducted among Arts, Commerce, Science and Health Science students to compare misconceptions regarding organ donation.
- A structured teaching programme (STP) can be conducted to assess its effectiveness in reducing misconceptions regarding organ donation.
- A cross-sectional study can be conducted in different districts or states to compare misconceptions among various populations.
- Information booklets, pamphlets and awareness materials can be developed and distributed among college students to improve awareness regarding organ donation.
- Awareness programmes, seminars and workshops can be organized regularly in educational institutions to promote organ donation and reduce misconceptions.

Background of the study

CHAPTER -I INTRODUCTION

According to the National Institute of Health (2016) there are several diseases like CKD, terminal lung disease and heart failure that can only be treated through transplantation. The Transplantation of Human Organs Act 1994 of the Government of India makes organ donation lawful in India. Transplantation has become a preferred and final treatment for many end-stage diseases. The field of organ transplantation, including the transplantation of crucial organs, has undergone a significant transformation due to advances in modern medicine. A National Foundation for Transplants report (2016) stated that one organ donation can save eight lives. The World Organ Donation Day, celebrated on August 13th, raises awareness about the critical importance of organ donation in saving lives and improving the quality of life for those in need of transplants. Join this global initiative to make a difference and give the gift of life.

(Jose N et al, 2023)

Organ donation is one of the most noble and selfless acts that a human being can perform. It is the process of donating healthy organs or tissues from one person to another for transplantation, thereby restoring health and saving lives. Organ transplantation has become one of the greatest achievements of modern medicine, offering the only effective treatment for many patients suffering from end-stage organ failure. According to the World Health Organization (WHO,1948) organ transplantation significantly improves survival and quality of life for patients with irreversible failure of vital organs such as the kidneys, liver, heart, lungs and pancreas. However, the availability of donated organs remains far below the growing demand worldwide.

(Brunner,L.S and Suddarth,D.S, 2022)

Globally, the development of organ transplantation has began with the first successful human kidney transplant performed by Dr. Joseph E. Murray in Boston, Massachusetts at the Peter Bent Brigham Hospital on December 23rd,1954 between identical twins, marking the beginning of modern transplant medicine. Since then, remarkable scientific advances, including the development of immunosuppressive drugs, improved surgical techniques, organ preservation methods and better donor-recipient matching, have made transplantation a routine life-saving procedure. According to the Global Observatory on Donation and Transplantation (GODT, 2024), nearly 1,50,000 organ transplants are performed worldwide every year. Countries such as Spain and the United States have achieved deceased donor rates

of more than 30 donors per million population pmp through well-established organ donation systems and effective public awareness programs.

(GODT, 2024)

From a scientific perspective, organ donation is based on principles of compatibility, preservation and transplantation. Organs may be donated by either living donors or deceased donors. Living donation involves organs or tissues that can be safely donated without seriously affecting the donor's health, such as one kidney or part of the liver. Deceased donation occurs after brain-stem death or cardiac death under strict medical and legal protocols. Brain-stem death is the irreversible cessation of all brain functions while artificial ventilation temporarily maintains circulation, allowing organs to remain viable for transplantation. Medical advancements have considerably improved transplant success; however, organs must be retrieved within specific time limits after death to ensure successful transplantation.

(Lewis, S.L., 2023)

Table no: 01 The organs must be retrieved within specific time limits after death to ensure their viability and optimal function.

Organ/ Tissue	Function	Viability after Death
Heart	Pumps oxygenated blood	4–6 hours
Lungs	Oxygen-carbon dioxide exchange	4–8 hours
Liver	Detoxification, metabolism	6–12 hours
Kidneys	Waste filtration, fluid balance	24–36 hours
Pancreas	Insulin production	12–24 hours
Corneas (Eyes)	Vision (light refraction)	Up to 24 hours
Skin	Protection, wound healing	24 hours or longer If refrigerated
Bone / Tendons	Structure, support	Up to 5 years (if preserved)

(Lewis, S.L., 2023)

These time frames highlight the importance of prompt retrieval and transplantation procedures. Any delay reduces organ viability, leading to wastage and loss of life-saving potential.

Despite these scientific advancements, the global demand for transplantable organs continues to exceed their availability. Millions of patients worldwide remain on waiting lists, and many die before receiving a suitable donor organ. This shortage emphasizes the urgent need to increase public awareness, encourage voluntary organ donation and eliminate misconceptions that discourage people from donating organs.

(Lewis, S.L., 2023)

In India, organ donation has gained increasing importance due to the rising burden of chronic diseases leading to organ failure. Organ donation and transplantation are regulated by the Transplantation of Human Organs Act (THOA, 1994) which was later amended as the Transplantation of Human Organs and Tissues Act (THOTA, 2011). This landmark legislation legalized organ transplantation, recognized brain-stem death as a form of legal death, prohibited commercial trading of organs and established ethical guidelines for organ retrieval and transplantation. To coordinate organ donation activities across the country, the National Organ and Tissue Transplant Organization (NOTTO, 2010) was established under

the Ministry of Health and Family Welfare.

According to the NOTTO Annual Report (2023–2024), India has shown remarkable progress in organ transplantation. The total number of organ transplants increased from 4,990 in 2013 to 18,378 in 2023. During 2024–2025, approximately 18,911 organ transplants were performed, including 13,476 kidney, 4,901 liver, 342 heart and 192 lung transplants. Nevertheless, India's deceased organ donation rate remains only about 0.52 donors per million population, which is significantly lower than many developed countries. The estimated annual requirement in India is approximately 1,75,000 kidneys, 50,000 livers, 30,000 hearts and 100,000 corneas, whereas only a small proportion of these needs are met through organ donation.

Recognizing the need to improve organ donation, India has undertaken several initiatives to strengthen the awareness and transplantation services. NOTTO regularly conducts awareness campaigns, public education programmes, scientific workshops and training programmes for transplant coordinators and healthcare professionals. The Annual Scientific Workshop and Dialogue organized by NOTTO in February 2023 focused on improving communication strategies, transplant coordination and capacity building among healthcare institutions.

(NOTTO, 2025)

In Andhra Pradesh, organ donation activities are coordinated through the Jeevandan Programme (2015), which was launched to facilitate deceased organ donation and ensure transparent organ allocation. The programme operates under the provisions of the Andhra Pradesh Transplantation of Human Organs Act (1995) and has become one of the leading deceased donor programmes in India. Andhra Pradesh has consistently demonstrated remarkable progress in deceased organ donation, and recent reports indicate that the state crossed 200 cadaver organ donations in a single year for the first time. To strengthen transplantation services, Jeevandan regularly organizes Transplant Coordinator Training Programmes, ICU workshops and awareness programmes for healthcare professionals across the state.

(Jeevandan Andhra Pradesh, 2025) In Tirupati, the Sri Venkateswara Institute of Medical Sciences (SVIMS, 2012) plays a significant role in promoting organ donation through the Jeevandan programme. SVIMS is one of the recognized transplant centres in Andhra Pradesh and actively participates in organ retrieval, transplantation and public awareness activities. A major milestone was achieved in January 2024, when SVIMS successfully performed a tri-organ transplantation (heart, liver and kidney), becoming the first government institution in Andhra Pradesh to accomplish this achievement. The institute has also collaborated with organizations such as the MOHAN Foundation to conduct awareness programmes for nursing staff and the general public. Additionally, Sri Venkateswara Pranadanam Trust (TTD) provides financial assistance for organ transplantation to economically disadvantaged patients, while SVR Ruia Government General Hospital (1962) has reported increasing eye donations, reflecting improving community participation in organ donation activities.

(SVIMS, 2024)

Organ Donation in the Light of the Bhagavad Gita

The Bhagavad Gita, a sacred scripture of Hindu philosophy, provides moral and spiritual guidance on the nature of life, death and duty. It teaches the impermanence of the human body and the eternity of the soul (Atman). In Chapter 2, Verse 22, Lord Krishna says:

"Vasamsi jirnani yatha vihaya navani grhnati naro 'parani, tatha sarirani vihaya jirnany anyani samyati navandi dehi."

Translation: "As a person puts on new garments, giving up old ones, the soul similarly accepts new

material bodies, giving up the old and useless ones."

Donating one's organs after death does not affect the soul or its path; instead, it allows another person to continue their life journey. Hindu philosophy also emphasizes Dāna (charity) and Seva (service) as noble acts that accumulate good karma. Therefore, organ donation can be viewed as the ultimate form of Dāna — offering part of oneself for the well-being of others.

{Bhagavad Gita, Chapter 2, Verse 22} Despite continuous improvements in medical technology, legislation and awareness programmes, misconceptions regarding organ donation remain widespread. Many individuals believe that organ donation is prohibited by religion, causes body disfigurement, affects funeral rituals, results in inadequate medical treatment, or leads to commercial misuse of organs. Such misconceptions reduce willingness to donate organs and contribute to the persistent shortage of donor organs. Young adults, particularly college students, represent an important target group for educational interventions because they are future decision-makers who can influence families and communities. Therefore, assessing misconceptions regarding organ donation among graduate students is essential for planning appropriate educational strategies to improve awareness, promote positive attitudes and increase organ donation rates.

(MOHAN Foundation, 2025)

NEED FOR THE STUDY

Organ donation plays a critical role in saving lives and improving the quality of life of patients suffering from end-stage organ failure. In India, the demand for organs such as kidneys, livers, hearts and corneas far exceeds their availability. Although medical facilities and transplantation services have improved over the years, the organ donation rate in the country remains very low. This imbalance highlights the need to explore factors that hinder organ donation, among which misconceptions were the major barriers.

Misconceptions regarding organ donation continue to exist in various forms, including beliefs that organ donation is against religious or cultural practices, fear of bodily disfigurement after death, lack of understanding about brain death and mistrust toward the healthcare system. These misconceptions often result in fear, hesitation and refusal to donate organs, even when individuals are aware of the benefits of organ donation. Such false beliefs prevent people from making informed decisions and contribute to the low donation rates.

TABLE NO : 02 Recent statistics of organ donation

LEVEL	LATEST STATISTICS
Global	Around 150,000 organ transplants are performed worldwide annually. Spain continues to have the highest deceased donor rate (>40 donors per million population).
India	2024: Total donors – 16,636 (15,505 living, 1,128 deceased, 3 domino). Kidney transplants – 13,476 ; Liver – 4,901 ; Heart – 342 ; Lung – 192 . Registered organ donation pledges: 489,577
Andhra Pradesh	Total deceased donors since programme inception: 1,771 ; Kidneys – 2,637 ; Livers – 1,621 ; Hearts – 242 ; Lungs – 453 ; Corneas – 1,527 ; Total organs/tissues retrieved – 6,678 . Deceased donors: 2023 – 200, 2024 – 188, 2025 – 205

SVIMS, Tirupati	SVIMS successfully performed Andhra Pradesh's first tri-organ (heart, liver and kidney) transplant in a government hospital in January 2024 and continues to function as a registered Jeevandan transplant centre.
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(WHO,2025)

TABLE NO: 03 Andhra Pradesh – detailed organ donation statistics year-wise organ donation data

Year / Period	Cadaver Donors	Organs Retrieved	Transplants Performed	Remarks
2023	41	—	126	Steady improvement
2024	66	—	210	Significant increase
Jan–Sept 2025	93	300+	300+	Highest-ever performance

(Jeevandan Andhra Pradesh, 2023 – 2025)

TABLE NO: 04 Organ-wise cumulative data (Jeevandan programme)

Organ	Number Retrieved
Kidney	2,637
Liver	1,621
Heart	242
Lung	453
Cornea	1,527
Pancreas	14
Small Intestine	2

(Jeevandan Andhra Pradesh, 2023 – 2025)

TABLE NO : 05 ORGAN WAITING LIST IN ANDHRA PRADESH (2026)

Organ	Patients Waiting
Kidney	2,190
Liver	938
Heart	56
Lung	11
Other Key Indicators	Details
Registered pledges	88,000+ (some reports up to 1.5 lakh)
Female recipients	42%
Organs wasted	~36% due to delays/logistics
Financial support to donor family	₹10,000 (GO No.95)

(Jeevandan Andhra Pradesh, 2026)

There is also a lack of sufficient research focusing specifically on misconceptions regarding organ donation among graduate students in selected colleges, particularly in the Indian context. Conducting

this study will provide valuable data on prevailing myths and misunderstandings, which can be used to design targeted educational interventions. The findings will help healthcare professionals, nurse educators and policymakers develop effective awareness programs aimed at correcting misconceptions, improving acceptance and promoting positive attitudes toward organ donation.

Graduate students are an important segment of society as they are educated young adults who are in a position to influence attitudes and decisions within their families, peer groups and communities. They are future professionals and potential advocates for social and health-related causes. However, studies have shown that even among college students, misconceptions and inadequate understanding about organ donation are common. Assessing these misconceptions at the graduate level is essential to identify gaps in knowledge and attitude that may persist into adulthood.

Therefore, this study is needed to assess misconceptions regarding organ donation among graduate students, with the ultimate goal of contributing to increased awareness, informed decision-making and improved organ donation rates in India.

STATEMENT OF PROBLEM

A study to assess the misconceptions regarding organ donation among graduate students at selected college in Tirupati.

OBJECTIVES OF THE STUDY

1. To assess the level of misconceptions regarding organ donation among graduate students in a selected college at Tirupati.
2. To identify the association between the level of misconceptions with their selected socio-demographic variables among graduates.

OPERATIONAL DEFINITIONS

Assess

In this study, assess refers to the systematic process of measuring and evaluating level of misconceptions regarding organ donation among graduate students using a 2-point Likert-type Rating Scale

Misconceptions

In this study, misconceptions refer to the incorrect beliefs, myths, misunderstandings, or false perceptions held by graduate students regarding organ donation, including aspects related to eligibility, religious beliefs, brain death, legal issues, organ allocation and the organ donation process, as measured by their responses to the 2-point Likert-type Rating Scale.

Organ Donation

In this study, organ donation refers to the voluntary act of donating one or more organs or tissues by a living or deceased person for transplantation to save or improve the life of another individual.

Graduate Students

In this study, graduate students refer to undergraduate degree students (B.A., B.Com., B.Sc., Honours and other bachelor's degree programmes) studying in Sri Venkateswara Arts College, Tirupati, Andhra Pradesh, the selected educational institution the study was conducted during the period of data collection.

HYPOTHESIS (H_0)

H01: There is no significant association between the level of misconceptions regarding organ donation and the socio demographic variables.

ASSUMPTIONS

1. Graduate students at SV Arts College, Tirupati possess varying levels of misconceptions regarding organ donation.
2. The participants will understand the questions in the rating scale and respond honestly and truthfully.
3. The structured rating scale is a valid and reliable instrument for assessing misconceptions regarding organ donation.
4. The selected sample is representative of the graduate students at SV Arts College, Tirupati.
5. The findings of the study will reflect the existing misconceptions regarding organ donation among the study participants.

LIMITATIONS

1. Graduate students studying at SV Arts College, Tirupati only.
2. Students who are available and willing to participate during the period of data collection.
3. A sample size of 100 graduate students, which may limit the generalizability of the findings.
4. Assessment of misconceptions only through a structured rating scale; other aspects such as knowledge, attitude and practice are not included.
5. Responses given by the participants, which may be influenced by personal beliefs, social desirability or recall bias.

OUTLINE OF RESEARCH REPORT:

Chapter – I Deals with the Introduction, Need for the study, Statement of the problem, Objectives, Operation definitions, Assumptions and limitations of the study.

Chapter – II Includes review of literature and conceptual framework of the study. **Chapter -III** Deals with research methodology and procedure for data collection. **Chapter – IV** Contains Analysis and interpretation of data collection.

Chapter – V Deals with discussion

Chapter - VI Consists of Summary, Conclusion, Limitations, implications and recommendations of the study. The study report ends with Bibliography and Appendices.

CHAPTER - II REVIEW OF LITERATURE

Review of literature refers to the process of extensive, exhaustive and systemic examination of publications relevant to a specific topic. It is a broad, comprehensive, in-depth, systematic and critical review of scholarly publications, unpublished scholarly print materials, etc.

Review of Literature refers to a written report of information gathered from various sources/literature related to a selected topic. This report should be of an evaluative and critical nature and not simply copying from the sources. Such a well-written analytical report forms the theoretical base for any research. The primary purpose of writing the report is to personally understand as well as to convey to the reader what is already established on a topic and what are its strengths and weaknesses. It gives an overview of the key findings and key authors, the prevailing theories and hypotheses and methods and methodologies used.

(Sudha R., 2019)

The present study focuses on assessing misconceptions regarding organ donation among B.Com (Honours) students. Therefore, an extensive review of literature was conducted to explore existing

evidence related to knowledge, awareness, attitudes, beliefs, misconceptions and factors influencing organ donation among students and the general population. The review also helped in understanding the effectiveness of educational interventions in improving awareness and correcting misconceptions regarding organ donation. The review of literature of the present study is organized under the following headings.

PART 1: REVIEW OF LITERATURE RELATED TO KNOWLEDGE, ATTITUDE, PRACTICES, AND MISCONCEPTIONS REGARDING ORGAN DONATION

PART 2: CONCEPTUAL FRAMEWORK OF THE STUDY

PART -1

Studies related to knowledge, attitude, practices and misconceptions regarding organ donation.

Amol Kinge et al. (2022) conducted a cross-sectional study on assess concerns and commitment for organ donation among students of Arts, Science and Commerce Streams in Degree Colleges in a Metropolitan City. Participants were selected using random sampling and data were collected by using a pre-test and post-test questionnaire. The findings revealed that willingness to donate organs after brain stem death increased significantly from 48.57% in the pre-test to 77.61% in the post-test. No significant difference was observed in knowledge improvement among students from the Arts, Science and Commerce streams ($P > 0.05$). Further study concluded that the educational intervention significantly improved students' willingness to donate organs, highlighting the effectiveness of awareness programmes in promoting organ donation.

Anitha Nagari et al. (2023) conducted a cross-sectional study on assessment of knowledge and attitudes towards organ donation among undergraduate medical students. Data were collected by using a structured questionnaire. The findings revealed that 96% of students were aware of organ donation, 80% understood its medical significance, but only 40% were familiar with its legal aspects. Although 85% had a positive attitude, only 60% were willing to become organ donors. Further study concluded that strengthening medical education, addressing ethical concerns and promoting advocacy activities are essential to improve awareness and willingness towards organ donation among future healthcare professionals.

Asha Kapoor and Mahak (2024) conducted a study on assessment of the effectiveness of structured teaching programme on knowledge and attitude regarding organ donation among students of B.sc.nursing at a selected college, Punjab, India. Participants were selected using a non-probability convenience sampling technique. Data were collected by using a self-structured knowledge questionnaire and a five-point Likert scale. The findings revealed that after the structured teaching programme, 98% of students achieved excellent knowledge and students with a positive attitude increased significantly. The improvement in knowledge and attitude scores was statistically significant ($t = 3.667$, $P < 0.05$). The study concluded that the structured teaching programme was effective in improving knowledge and fostering a positive attitude towards organ donation among nursing students.

Deepak Saxena et al. (2023) conducted a qualitative exploratory study on challenges and motivators to organ donation in Gujarat, India. The study included 10 relatives of deceased organ donors. Data were collected through in-depth interviews and analysed using thematic analysis. The findings revealed that the major motivators were the desire to save lives, moral responsibility and the belief that the body is of no use after death, while the main barriers included mistrust of the organ donation process, fear of adverse consequences and emotional shock. The study concluded that comprehensive awareness programmes and improvements in the organ donation process are essential to eliminate misconceptions and increase deceased organ donation in India.

Duygu Öztaş et al. (2025) conducted a cross-sectional correlational study on evaluation of organ donation attitudes in the context of health literacy and fatalism among 1,566 participants in Türkiye. Data were collected by using standardized scales through an online survey. The findings revealed that 72.8% of participants were knowledgeable about organ transplantation, while 40.4% had considered organ donation after death. Fatalistic beliefs were associated with more negative attitudes toward organ donation and health literacy partially mediated this relationship. Further study concluded that reducing fatalistic beliefs and improving health literacy may promote positive attitudes toward organ donation.

Ekka Krishna et al. (2024) conducted a study on Knowledge and Attitudes Toward Organ Donation Among Students and Professionals in Medical Colleges in the Eastern Part of India. The study included 666 participants comprising faculty, resident doctors, nursing staff, medical and nursing students and interns. Data were collected by using a pre-designed structured questionnaire. The findings revealed that faculty and resident doctors had higher knowledge levels (73.9%) and 92.2% of participants supported organ donation campaigns, although misconceptions regarding organ donation and its legal aspects persisted. Further study concluded that targeted educational interventions are essential to improve knowledge and reduce misconceptions about organ donation among medical students and healthcare professionals.

Govind Lamani and Dr. Meenaxi R. (2022) conducted a study to assess the effectiveness of structured teaching program on knowledge regarding organ donation among B.Sc. nursing students at Government College of Nursing, BIMS, Belagavi. Data were collected by using a self-administered questionnaire. The findings revealed that 65.5% of students were willing to donate organs, 9% were unwilling, and 25.5% were hesitant, while only 6% of willing students possessed a donor card. A significant association was found between willingness to donate and gender. Further study concluded that students had inadequate knowledge regarding organ donation, highlighting the need for educational interventions to improve awareness and promote organ donation.

Gowri G. et al. (2021) conducted a study to assess the effectiveness of structured teaching programme regarding organ donation among college students in a selected college at Chennai. The study included 50 college students aged 20–22 years selected through purposive sampling. Data were collected by using a self-structured questionnaire. The findings revealed that the mean knowledge score improved significantly from 7.08 in the pre-test to 12.05 in the post-test ($t = 7.63$, $p < 0.05$). Further study concluded that the structured teaching programme was effective in improving students' knowledge regarding organ donation.

Jadhav.R et al. (2022) conducted a study on knowledge, attitude and practice regarding organ donation among medical students: A Survey among Health Science Students at Topiwala National Medical College and B.Y.L. Nair Charitable Hospital, Mumbai. The study included 387 health science students selected through stratified random sampling. Data were collected by using a self-administered semi-structured questionnaire. The findings revealed that 98.7% of students were aware of organ donation, but only 68% knew about both live and cadaveric donation. Male students and those with increasing age and higher years of study had significantly better knowledge, attitude and practice scores. Further study concluded that incorporating organ donation into the health science curriculum can improve knowledge and foster positive attitudes towards organ donation.

Jafeya Rekanaah K. et al. (2025) conducted a cross-sectional study on knowledge and perceptions of organ donation among urban residents of Vijayapura, Karnataka. The study included 299 participants selected through random sampling. Data were collected by using a semi-structured questionnaire through

a house-to-house survey. The findings revealed that 72.2% of participants were aware of organ donation, but 65.2% lacked knowledge of its legal aspects. Only 34.8% were willing to pledge their organs, and 10% had registered as organ donors. Knowledge was significantly associated with education and socioeconomic status. Further study concluded that although awareness was moderate, inadequate legal knowledge and low commitment to organ donation highlight the need for targeted awareness and educational interventions.

Komal Sharma et al. (2025) conducted a study on effectiveness of a structured teaching programme on knowledge regarding organ donation among students of selected colleges in Mandi, Himachal Pradesh. The study included 120 college students selected through purposive sampling and divided equally into experimental and control groups. Data were collected by using a structured knowledge questionnaire. The findings showed that the post-test mean knowledge score was significantly higher in the experimental group (23.22 ± 3.765) than in the control group (12.10 ± 4.898) ($p < 0.05$). A significant association was found between knowledge and selected socio-demographic variables, including mother's education, mother's occupation and monthly income. The study concluded that the structured teaching programme was effective in improving knowledge regarding organ donation among college students.

Neethu Jose et al. (2023) conducted a study on knowledge, attitude and misconception regarding organ donation 100 participants among general population in Kerala. Data were collected by using a structured questionnaire. The findings revealed that 97% of participants were aware of and supported organ donation; however, misconceptions continued to influence their willingness to donate. The study concluded that knowledge and misconceptions are closely associated with attitudes towards organ donation and improving awareness about brain death and the organ transplantation process can enhance willingness to donate organs.

Neha Joe et al. (2024) conducted an observational study on awareness & perceptions about organ donation among patient attendants in a tertiary-care hospital in South India. The study included 110 patient attendants selected through simple random sampling. Data were collected by using a structured interview schedule. The findings revealed that 70% of participants had adequate awareness and 95% supported organ donation, but only 51% were willing to donate their organs. Awareness was significantly associated with male gender, higher education, higher income and urban residence ($P < 0.05$). Further study concluded that although awareness and positive perceptions were high, willingness to donate remained low, emphasizing the need for targeted educational interventions.

Niraj Bhagubhai Baldaniya et al. (2026) conducted a study on awareness and acceptance of organ donation among 420 undergraduate medical students in a tertiary care teaching hospital. Data were collected by using a validated self-administered 32-item structured questionnaire, and the findings were analysed using descriptive statistics, Chi-square test and binary logistic regression. The study found that 72.4% of students had adequate awareness, while 64.3% were willing to donate their organs. Clinical-year students demonstrated significantly higher awareness than preclinical students. Prior exposure to organ donation campaigns, clinical-year enrollment and family discussions were significant predictors of willingness to donate. Major barriers included religious concerns, fear of body mutilation and lack of trust in the organ allocation system. The study concluded that targeted educational interventions addressing ethical, legal and religious aspects are needed to improve awareness and acceptance of organ donation among medical students.

Nisha Lamoria and Nemi Chand Jat (2025) conducted a study to assess the awareness regarding organ donation among nursing students in selected nursing colleges of Jaipur. The study included 100 nursing

students selected through convenience sampling. Data were collected by using a structured questionnaire comprising 30 multiple-choice questions. The findings revealed that 45% of students had good knowledge, 30% had average knowledge, and 25% had poor knowledge. Knowledge was significantly associated with parental education, parental occupation, area of residence and previous knowledge. The study concluded that structured educational programmes and curriculum integration are essential to improve nursing students' awareness and promote organ donation.

Priyanka Gupta et al. (2021) conducted a study on Organ Donation Perception and Beliefs: A Cross-Sectional Study amongst Degree College Students and Teachers in Mumbai, Maharashtra, India. The study included 40-degree college teachers and 40 students selected through purposive sampling. Data were collected by using a self-administered structured questionnaire. The findings revealed that misconceptions regarding brainstem death, donor confidentiality, financial support to donor families and legal aspects of organ donation were common among both groups. However, 85% of teachers and 77.5% of students were willing to pledge their organs and most participants recommended including organ donation awareness in the educational curriculum. Further study concluded that strengthening awareness programmes and integrating organ donation into educational curricula are essential to improve knowledge and reduce misconceptions.

Somya Puri and Nazuk Razdan (2023) conducted a comparative study on knowledge and attitude regarding organ donation among medical and nonmedical students. Data were collected by using a prevalidated self-designed questionnaire. The findings revealed that 98.75% of students were aware that organ donation can save lives. Medical students had significantly better knowledge regarding brain death and organ donation ($P < 0.0001$), whereas non-medical students showed greater willingness to donate their own or their relatives' organs ($P < 0.001$) among medical students 70% cited saving lives as the main reason for organ donation. Further study concluded that medical students had better knowledge, while non-medical students demonstrated a more positive attitude towards organ donation.

Steven Tsun-Wai Chu et al. (2023) conducted a cross-sectional study on knowledge and attitude regarding organ donation among medical students in Hong Kong. Data were collected by using an online structured questionnaire. The findings revealed that 99.5% of students had a positive attitude towards organ donation, but only 28.1% had registered as organ donors. Greater knowledge, perceived convenience of registration, commitment to organ donation and prior exposure to organ donation were significant predictors of donor registration. Further study concluded that improving organ donation education within the medical curriculum can enhance donor registration and promote organ donation practices.

Vijayalakshmi S. et al. (2025) conducted a Cross-Sectional Study assessing the knowledge, attitudes and practices (kap) regarding organ donation among the general population in perambalur, India. The study included 470 participants selected through convenience sampling. Data were collected by using a semi-structured pro forma and a structured questionnaire. The findings revealed that 84.7% had heard about organ donation and 83.6% supported it, but only 16.8% had pledged and 5% had registered as organ donors. Better knowledge, attitude and practice were significantly associated with younger age, urban residence, higher education and upper socioeconomic status ($p = 0.001$). Further study concluded that despite high awareness and positive attitudes, organ donor registration remained low due to misconceptions, cultural beliefs and religious concerns, highlighting the need for targeted awareness programmes.

Vinay G. et al. (2024) conducted a Cross-Sectional study on Assessing Medical Students' Perspectives

on Organ Donation among 300 medical students of a private medical college in the Telangana region, India. Data were collected by using a structured questionnaire. The findings revealed a mean knowledge score of 10.85 ± 1.79 , a mean attitude score of 45.5

± 4.47 , and that 87.1% of participants had a positive attitude towards organ donation. Further study concluded that interdisciplinary educational interventions are essential to improve medical students' knowledge and promote organ donation among the public.

PART II CONCEPTUAL FRAMEWORK

Research depends on the good existing knowledge of the researcher that can be developed properly through a deep review of the particular topic of previous research and with suitable theoretical framework. Concepts are the basic ingredients in the formulation of the theory. Theories comprise a set of statements or prepositions which indicate relationship among concepts.

(Suresh, 2014).

It presents logically constructed concepts to provide general explanation of the relationship among the concepts of the research study, without using a single existing theory. Conceptual frameworks are usually constructed by using researcher's own experiences, previous research findings or concepts of several theories or models. Conceptual framework

= concept + framework, meaning knitting the concepts in a frame to have meaningful information.

(Suresh K. Sharma, 2020)

A theory is a set of concepts, relationships and assumptions that projects a systematic view of phenomenon. A conceptual framework deals with the interrelated concepts or abstracts that are assembled together in some rational scheme by virtue of their relevance to a common theme.

(Polit, 2004). Conceptualization refers to the process of delivering and refining abstract ideas. The conceptual framework is to clarify the concepts used in the study to propose relationship between concepts. Research studies are based on theoretical or conceptual framework that facilitates visualizing the problem and places the variables in a logical context.

(Basavanthappa, 2007).

The conceptual framework for the present study was adopted from 'Rosen Stock and Becker's (1974) health belief model', there are 3 factors:

1. Individual perception: Individual perception refers to how a person thinks and feels about a health issue based on their own beliefs, experiences and understanding.
2. Modifying factors: Modifying factors are characteristics that influence an individual's perceptions and beliefs.
3. Likelihood of action: Likelihood of action refers to the behaviour or decision a person takes after considering their beliefs, perceived benefits and perceived barriers.

Related to study

Individual Perception: Graduate students may have different perceptions about organ donation. Some may believe that:

- Organ donation disfigures the body.
- Doctors may not try to save registered organ donors.
- Organ donation is against religion.
- Only young people can donate organs.

These incorrect perceptions lead to misconceptions regarding organ donation. Therefore, this factor

helps explain why students develop misconceptions.

Modifying Factors: The modifying factors are the sociology-demographic variables:

- Age
- Gender
- Religion
- Year of study
- Residence
- Monthly family income
- Parents' educational status
- Previous information about organ donation
- Source of information
- Attendance at awareness programmes

These factors influence whether students receive correct information or continue believing myths.

For example:

- Students who attended awareness programmes may have fewer misconceptions.
- Students with no previous information may have more misconceptions.
- Parents' educational status may influence students' beliefs about organ donation. Thus, these variables modify or influence the level of misconceptions.

The Health Belief Model is applicable because it explains that an individual's health-related behavior is influenced by personal beliefs, perceptions and perceived obstacles. Misconceptions regarding organ donation often develop from incorrect beliefs, myths, fear, inadequate knowledge, cultural influences and misinformation. The model helps explain why these misconceptions exist and how they influence acceptance or rejection of organ donation. Likelihood of Action: Study mainly assesses the level of misconceptions rather than behaviour, the findings indicate whether students are likely to:

- Accept organ donation.
- Reject myths and misconceptions.
- Support organ donation.
- Register or pledge their organs in the future.

Students with low misconceptions are more likely to have a positive attitude towards organ donation, whereas students with high misconceptions may be less willing to support or participate in organ donation.

Conceptual Framework (Based on Health Belief Model) Input (Independent Variables)

- Age
- Gender
- Year of study
- Religion
- Family income
- Parents' education
- Previous exposure to information on organ donation
- Source of information

Health Belief Model Components

- Perceived susceptibility (belief that anyone may need an organ transplant)

- Perceived severity (understanding the seriousness of organ failure)
- Perceived benefits (saving lives through organ donation)
- Perceived barriers (fear, religious beliefs, myths, misconceptions)
- Cues to action (media, health campaigns, healthcare professionals)
- Self-efficacy (confidence in making a decision about organ donation)

Assessment

- Self-administered rating scale to assess misconceptions regarding organ donation.

Outcome (Dependent Variable)

- Level of misconceptions regarding organ donation
- Low misconceptions
- Moderate misconceptions
- High misconceptions
- Information booklet was given to all participants

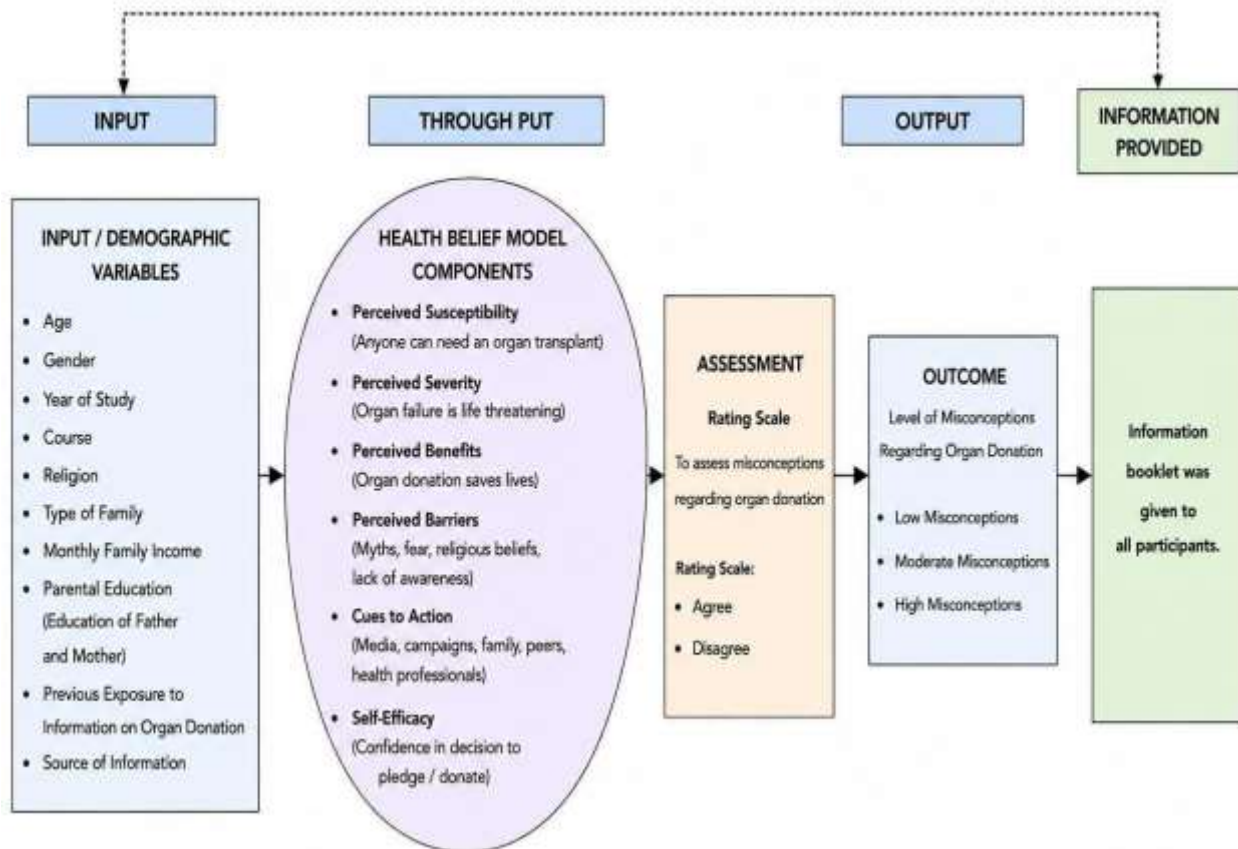


Fig no: 01 Modified conceptual framework of Rosen stock's and Becker's Health Belief Model (1974)

CHAPTER III METHODOLOGY

Methodology is the important part of any research study which enables the researcher to form the blue print for the study undertaken. Research methodology involves the systemic proceeding by which the researcher starts from the time of initial identification of the problem to its final confession.

Methodology is a systematic way of solving a research problem and provides a framework for

conducting a study scientifically. It describes the procedures and techniques used by the researcher to collect, organize, analyze and interpret data. A well-planned methodology ensures the validity, reliability and accuracy of the research findings.

(B.T. Basavanthappa, 2005)

This chapter presents the methodology adopted for the study titled, "A Study to Assess the Misconceptions Regarding Organ Donation Among Graduate Students at selected Colleges" It includes the research approach, research design, setting of the study, population, sample and sampling technique, criteria for sample selection, development and description of the tool, validity and reliability of the tool, pilot study, procedure for data collection, ethical considerations and plan for data analysis.

3.1 Research Approach

A quantitative research approach was adopted to assess the level of misconceptions regarding organ donation among students.

3.2 Research Design

A descriptive cross-sectional research design was used to assess misconceptions at a single point in time.

3.3 Research Variables

Dependent Variable

- Misconceptions regarding organ donation among graduates.
- It is assessed using a self-administered rating scale with Agree and Disagree responses.

Independent Variables

- In this descriptive study, the selected socio-demographic and related variables are considered independent variables for assessing their association with misconceptions:

- Age
- Gender
- Religion
- Residence
- Course of degree
- Year of study
- Monthly family income
- Parental education
- Heard about organ donation
- Source of information
- Knowing anyone who donated organs in the family
- Family members talking positively about organ donation
- Belief that organ donation is necessary in India
- Attended an organ donation awareness programme
- Pledged/registered organs online

3.4 Setting of the Study

The present study was conducted at SV Arts College, Tirupati, Andhra Pradesh. Information regarding degree colleges in Tirupati was obtained from the District Education Office (DEO), Tirupati. According to the DEO records (2025), there are 56-degree colleges in Tirupati, including 14 Government Degree Colleges, 2 Tirumala Tirupati Devasthanams (TTD) Degree Colleges and 40 Private Degree Colleges.

Students from Arts and Commerce streams were selected because they generally have limited exposure to

health-related education compared to students from health science courses. Therefore, assessing misconceptions regarding organ donation among these students provides a better understanding of the awareness and beliefs prevailing among the general youth population.

Among the two TTD Degree Colleges, SV Arts College was selected using the Simple Random Sampling Technique (Lottery Method). Each college was assigned a number and one college was selected randomly by drawing a lottery, ensuring equal opportunity for selection and minimizing selection bias.

SV Arts College offers approximately 22 undergraduate programmes in Arts, Commerce, and Science. Among these, B.Com (Honours) was selected because it had the highest student enrolment, with 180 students, providing an adequate accessible population for the study. The larger student strength facilitated the application of the Simple Random Sampling Technique (Lottery Method) and improved the representativeness of the sample.

The college was also selected because of its accessibility, administrative support and permission to conduct the study. From the total population of 180 B.Com (Honours) students, 100 students were selected by using the Simple Random Sampling Technique (Lottery Method) and included in the study.

3.5 Population

A population is the entire set of individuals or objects that have same characteristics.

Target Population

The target population comprised all graduate students studying in arts colleges.

Accessible Population

The accessible population consisted of all B. Com (Honours) students studying at SV Arts College, Tirupati. The total accessible population was 180 students.

3.6 Sample and Sampling Technique

3.6.1 Sample

Sample is a sub group of the target population that the researcher plans to study for generalizing about the target population

3.6.2 Sample Size

The sample size for the present study was 100 students out of the total 180 B. Com (Honours) students.

The sample size was considered adequate to obtain reliable information regarding misconceptions about organ donation and to ensure representativeness of the study population.

3.6.3 Sampling Technique

A Simple Random Sampling Technique Lottery Method was used to select 100 sample from the total population of 180 students.

3.7 Criteria for Sample Selection

Inclusion Criteria

- B.Com (Honours) 1st year students studying at SV Arts College, Tirupati.
- Students who were present during the period of data collection.
- Students who were willing to participate in the study.

Exclusion Criteria

- Students who has given informed consent.
- Students absent during data collection.
- Students unwilling to participate.
- Students who did not complete the questionnaire.

- Students who withdrew their consent during the study.

3.8 Development of the Tool

The structured questionnaire was developed after reviewing literature and referring to guidelines from:

- National Organ and Tissue Transplant Organization (2010)
- World Health Organization (1948)

Description of the Tool

The tool consisted of two sections:

Section A: Demographic Variables

- Age
- Gender
- Religion
- Type of family
- Previous awareness
- Source of information

Section B: Misconceptions Regarding Organ Donation

- 40 structured statements
- Response options: Agree / Disagree

Scoring Pattern

- Disagree = 1 (Correct Understanding)
- Agree = 0 (Misconceptions)
- Maximum score = 40
- Minimum score = 0

Table no: 06 Interpretation of Scores

Score Range	Level of Misconception
0–13	High
14–26	Moderate
27–40	Low

It indicates that high score denotes low misconceptions. Low score denotes high misconceptions.

3.9 Validity of the Tool

Content validity refers to the degree to which a research instrument adequately represents and measures all aspects of the concept under investigation. In the present study, content validity was established to ensure that the self-administered rating scale appropriately assessed misconceptions regarding organ donation among B.Com (Honours) students.

The initial draft of the tool was developed as a 3-point Likert self-administered rating scale with the response options Agree, Undecided and Disagree. The tool was submitted to experts in Community Health Nursing, Medical-Surgical Nursing and Research Methodology for content validation. The experts evaluated the tool for clarity, relevance, adequacy, wording, sequence and appropriateness of the items in relation to the study objectives.

"Undecided" option, which could reduce the accuracy of identifying the actual presence or absence of misconceptions. Therefore, the experts recommended removing the "Undecided" response category and modifying the tool to a 2-point self-administered rating scale consisting of Agree and Disagree only. This

modification encouraged participants to provide definite responses and improved the clarity and accuracy of data collection.

The experts agreed that the revised tool adequately covered all aspects of misconceptions regarding organ donation and was appropriate for achieving the objectives of the study. The suggested modifications were incorporated and the final version of the tool was used for data collection.

3.10 Reliability of the Tool

Reliability refers to the degree of consistency, stability and dependability of a research instrument in measuring the intended concept. A reliable tool produces consistent results when administered under similar conditions. Establishing the reliability of a research instrument is essential to ensure the accuracy and credibility of the study findings.

Several methods are commonly used to assess the reliability of research instruments. These include the test-retest method, which measures the stability of the instrument over time; the parallel (equivalent) forms method, which evaluates consistency between two equivalent versions of the same tool; the split-half method, which determines internal consistency by dividing the instrument into two equal halves; and Cronbach's Alpha, which assesses the internal consistency of items within the instrument.

In the present study, the reliability of the self-administered rating scale was established using Cronbach's Alpha method, as the tool consisted of multiple items measuring the same concept, namely misconceptions regarding organ donation. The tool was administered to the participants and the responses were analyzed to determine the internal consistency of the **Cronbach's Alpha Formula**

Cronbach's alpha (α) is used to measure the internal consistency/reliability of a questionnaire or rating scale.

$$\alpha = \frac{k}{k-1} \left(1 - \frac{\sum_{i=1}^k \sigma_i^2}{\sigma_T^2} \right)$$

Where:

α = Cronbach's alpha reliability coefficient

k = Number of items in the scale

σ_i^2 = Variance of each individual item

σ_T^2 = Variance of the total score of all items

$\Sigma \sigma_i^2$ = Sum of variances of all individual items

The reliability coefficient obtained was $r = 0.886$, indicating a high level of internal consistency among the items of the rating scale. Since the reliability coefficient was greater than 0.80, the tool was considered highly reliable. Therefore, the self-administered rating scale was found to be suitable for assessing misconceptions regarding organ donation among B.Com (Honours) students and was used for the final data collection

3.11 Pilot Study

A pilot study was conducted on 10-03-2026 among 10 students in SV arts college in Tirupati who were not included in the main study.

The objectives of the pilot study were:

- ❖ Assess the feasibility of the study.
- ❖ Evaluate the clarity of the questionnaire.
- ❖ Estimate the time required for data collection was 40 min.
- ❖ No difficulties were identified.

The findings of the pilot study indicated that the tool was feasible, understandable and suitable for conducting the main study.

3.12 Data Collection Procedure

1. Permission obtained from the Principal of SV Arts College.
2. Purpose of study explained to selected students.
3. Written informed consent obtained.
4. Confidentiality assured.
5. Questionnaire distributed and collected after 40 minutes.

Procedure for data collection

The following steps were followed:

1. A complete list of all 180 B.Com (Honours) students was obtained from the college attendance register.
2. Each student was assigned according to their attendance register number from 1 to 180.
3. 180 small slips of paper were prepared, each containing one number (1–180).
4. All slips were folded uniformly and placed in a box.
5. The slips were mixed thoroughly.
6. Without replacement, 100 slips were drawn randomly.
7. The students whose numbers were selected formed the sample for the study.

This method ensured:

- Equal chance of selection for all students
- Reduction of selection bias
- Better representativeness of the population

Why Simple Random Sampling Was Appropriate

- The total population (180) was manageable.
- A complete sampling frame (student list) was available.
- It ensures fairness and scientific accuracy.
- It improves validity of the study findings.

3.13 Plan for Data Analysis

The collected data were coded, tabulated and analyzed using descriptive and inferential statistics.

Descriptive Statistics

- Frequency
- Percentage
- Mean
- Standard Deviation

These statistics were used to describe demographic characteristics and levels of misconceptions regarding organ donation.

Inferential Statistics

- Chi-square test

The Chi-square test was used to determine the association between level of misconceptions regarding organ donation with the selected socio demographic variables.

The level of significance was set at $p < 0.05$.

3.14 Ethical Considerations

Prior to data collection, formal permission to conduct the study was obtained from the Principal of SV Arts College, Tirupati.

- Written informed consent was obtained.
- Participants had the right to withdraw at any time.
- Confidentiality and anonymity were maintained.
- No physical, psychological, or social harm was caused to participants.
- Data were used solely for academic and research purposes.

This methodology is now scientifically stronger because the researcher used probability sampling instead of convenience sampling.

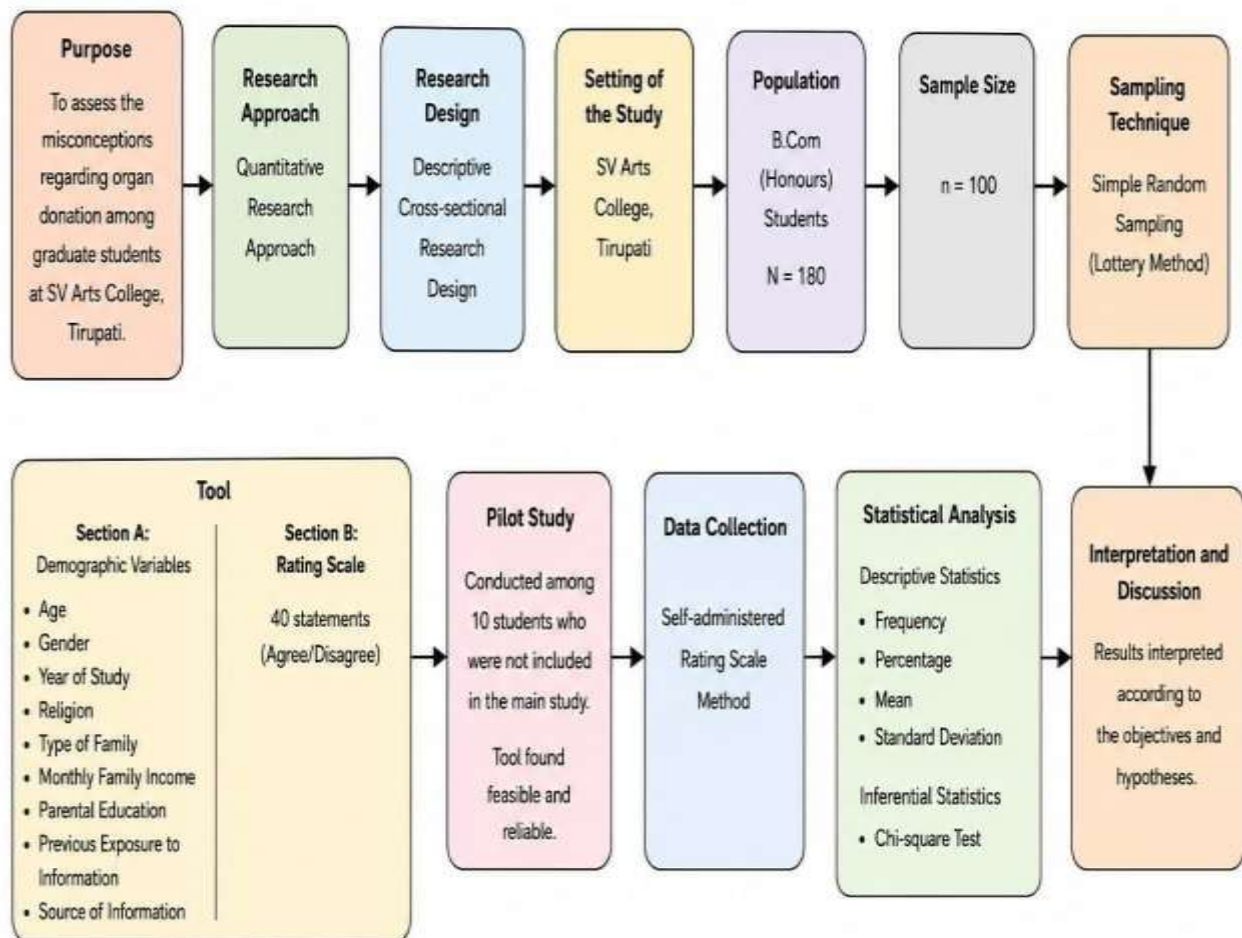


Fig. No. 2: Schematic Representation of Descriptive Research Design
(A Study to Assess the Misconceptions Regarding Organ Donation among Graduate Students of SV Arts College, Tirupati)

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

Data Analysis means categorizing, ordering, calculating, computing and summarizing data statistically to obtain an answer to research. Interpretation is the process of studying the result of analysis making

inferences about the occurrence or relation and drawing conclusion about the relation in terms of purposes of study being reported.

(Sudha R, 2019).

This chapter deals with statistical analysis. The data were obtained on level of misconceptions regarding organ donation among graduates who are studying in SV Arts college. The data was tabulated, analyzed and interpreted. The data obtained was mainly classified into 5 sections.

SECTION - I

It deals with frequency and percentage distribution of socio demographic variables of graduates at SV Arts college.

SECTION – II

It consists of level of misconceptions regarding organ donation among graduates students.

SECTION – III

It deals with mean and standard deviation of misconceptions regarding organ donation among graduates students.

SECTION – IV

It deals with association between level of misconceptions regarding the organ donation with socio – demographic variables.

SECTION – V

It deals with item analysis.

SECTION – I

FREQUENCY AND PERCENTAGE DISTRIBUTION OF SOCIO DEMOGRAPHIC VARIABLES AMONG GRADUATES REGARDING ORGAN DONATION.

Table no: 7 Frequency and percentage distribution of the respondents according to age

Sl.No	Age in years	Frequency (f)	Percent (%)
1	18 years	38	38
2	19 years	36	36
3	20 years	20	20
4	21 years	6	6

Interpretation:

The above table depicts that majority of subjects (38%) were aged about 18 years followed by 36 per cent were in the age group of 19 years, 20 per cent were in the age group of 20 years and very few (6%) were with aged about 21 years.

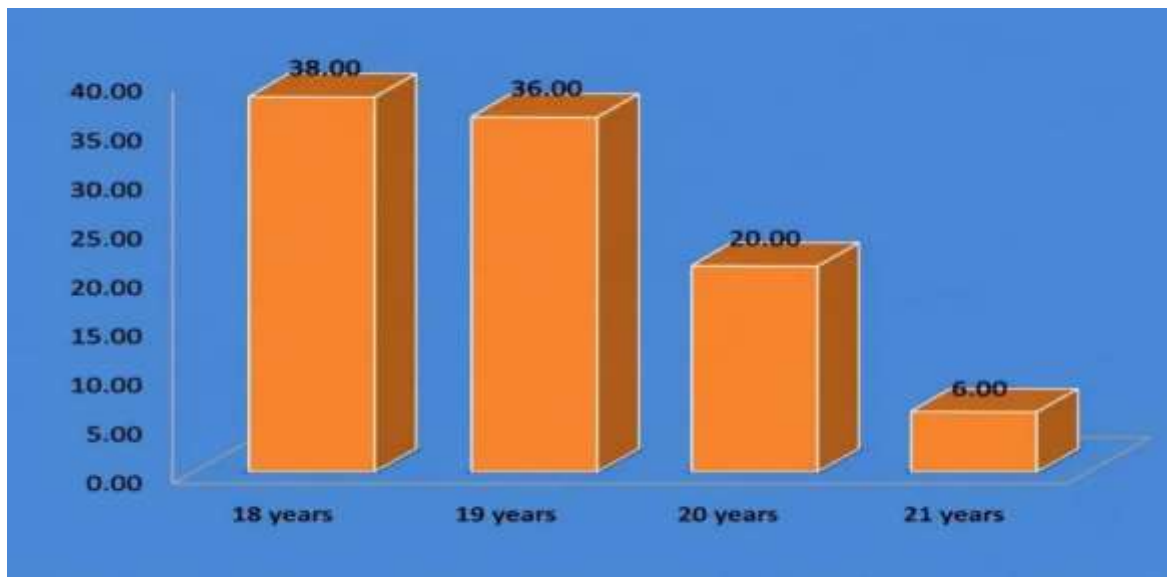


Fig.No.3: Percentage distribution of the respondents according to age

Table no: 8 Frequency and percentage distribution of the respondents according to gender

Sl.No	Gender	Frequency (f)	Percent (%)
1	Male	72	72
2	Female	28	28

Interpretation :

The above table describes that among 100 sample majority (72%) were males and remaining (28%) were females.

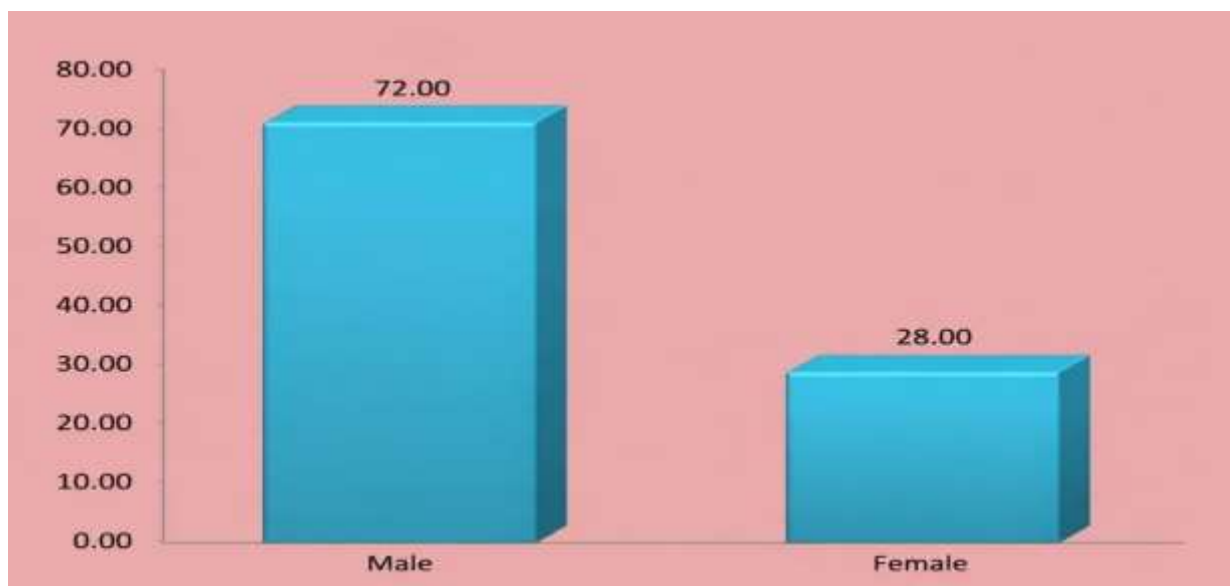


Fig.No.4: Percentage distribution of the respondents according to Gender

Table no: 9 Frequency and percentage distribution of the respondents according to course of degree

Sl.No	Course of degree	Frequency (f)	Percent (%)
1	B.Com Honours (Computer application)	100	100
2	B.Com Honours (General)	0	0
3	B.Sc Honours (Computer Science)	0	0
	Total	100	100

Interpretation:

The above table depicts that total 100 respondents were studying B.Com Honours(Computer application) and none of them respondents from B.Com Honours (General) and B.Sc Honours (Computer Science)

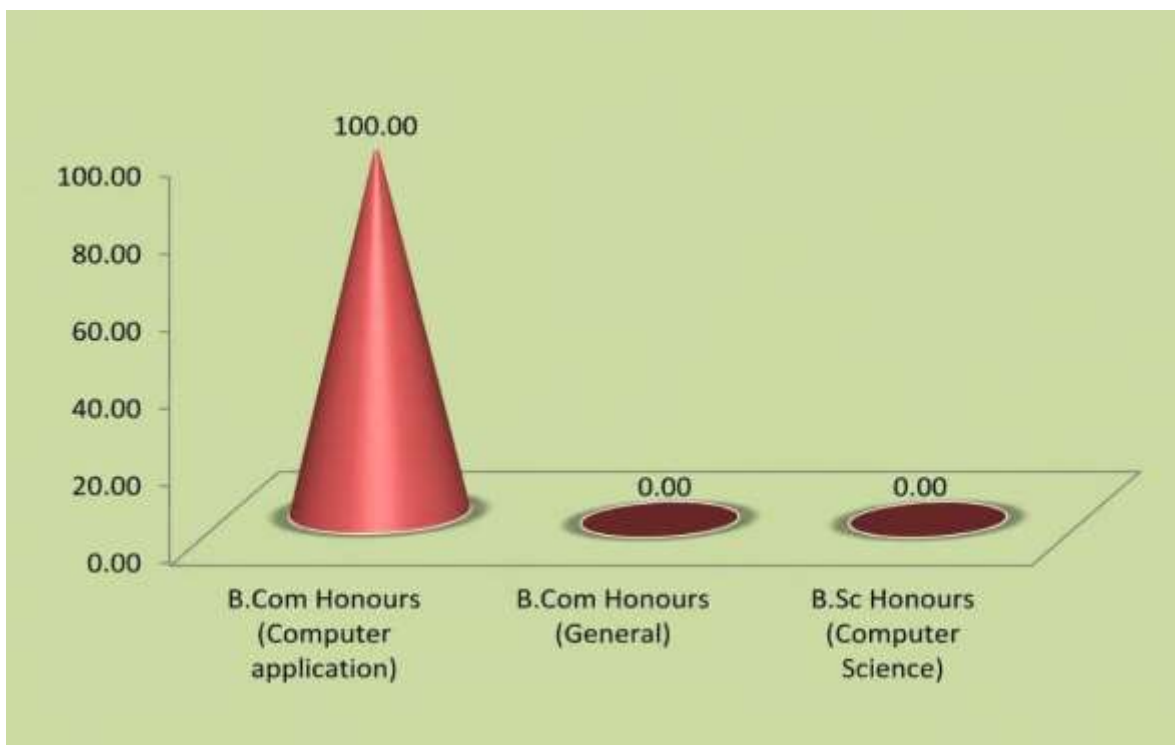


Fig no : 05 Percentage distribution of the respondents according to course of degree.

Table no: 10 Frequency and percentage distribution of the respondents according to year of study

Sl.No	Year of study	Frequency (f)	Percent (%)
1	1st year	100	100
2	2nd year	0	0
3	3rd year	0	0
	Total	100	100

Interpretation:

The above table depicts that total 100 respondents were studying in the 1st year and there were no respondents from 2nd year and 3rd year.

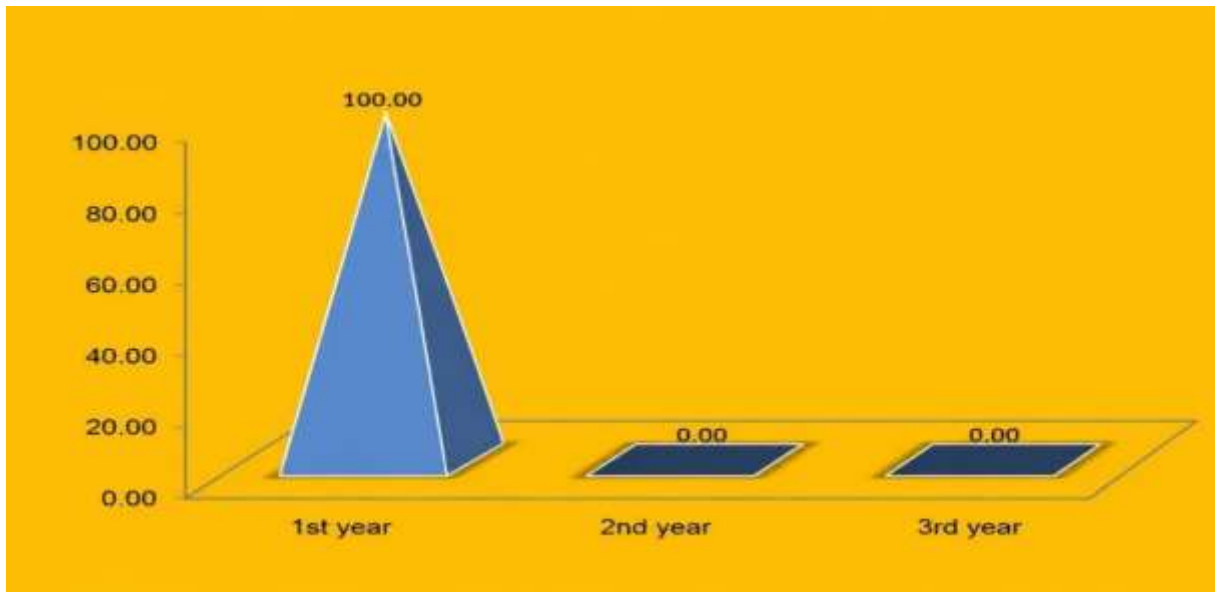


Fig no : 06 Percentage distribution of the respondents according to year of study

Table no: 11 Frequency and percentage distribution of the respondents according religion

Sl.No	Religion	Frequency (f)	Percent (%)
1	Hindu	82	82
2	Muslim	14	14
3	Christian	4	4
4	Others (Specify)	0	0

Interpretation:

The above table depicts that majority (82%) were Hindus, 14 per cent Muslims and very few (4%) were Christians.

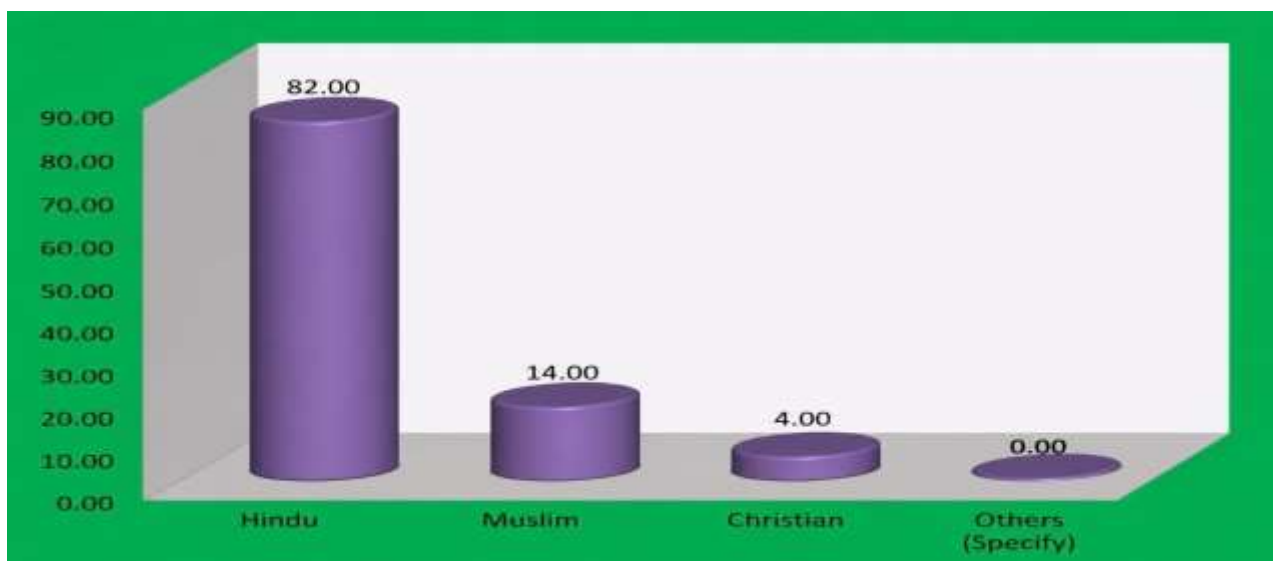


Fig.No.7: Percentage distribution of the respondents according to religion

Table no :12 Frequency and percentage distribution of the respondents according to residence

Sl.No	Residence	Frequency (f)	Percent (%)
1	Urban	19	19
2	Rural	81	81

Interpretation:

The above table depicts that majority (81%) were residing in rural area and remaining (19%) were residing in urban area.



Fig.No.8 : Percentage distribution of the respondents according to residence

Table no : 13 Frequency and percentage distribution of the respondents according to type of family

Sl.No	TYPE OF FAMILY	Frequency (f)	Percent (%)
1	Nuclear	73	73
2	Joint	26	26
3	Extended	01	01

Interpretation:

The above table describes that majority (73%) were adopted nuclear family, remaining (26%) per cent were living in joint family and very few (1%) were living as extended family.

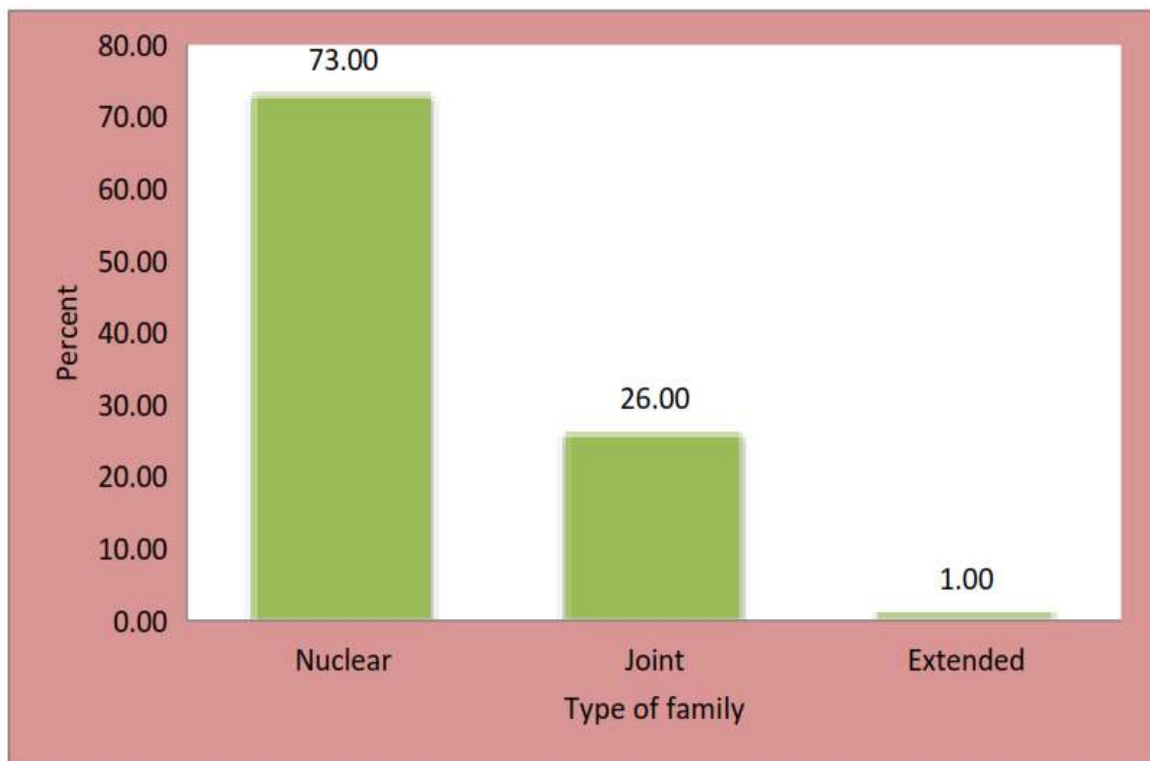


Fig.No.9: Percentage distribution of the respondents according to type of family.

Table no : 14 Frequency and percentage distribution of the respondents according to family monthly income in rupees

Sl.No	Monthly family income	Frequency (f)	Percent (%)
1	Below ₹ 10000/-	38	38
2	₹ 10001-15000/-	35	35
3	₹15001-20000/-	21	21
4	More than ₹ 20001/-	6	6

Interpretation:

The above table depicts that majority (38%) of the respondents were in the family income group of earning below ₹ 10,000, 35 per cent were in the monthly family income getting ₹ 10,001 – 15,000, 21 per cent were in the monthly family income earning ₹ 15,001 – 20,000 and least (6%) monthly family income getting more than ₹ 20,001.

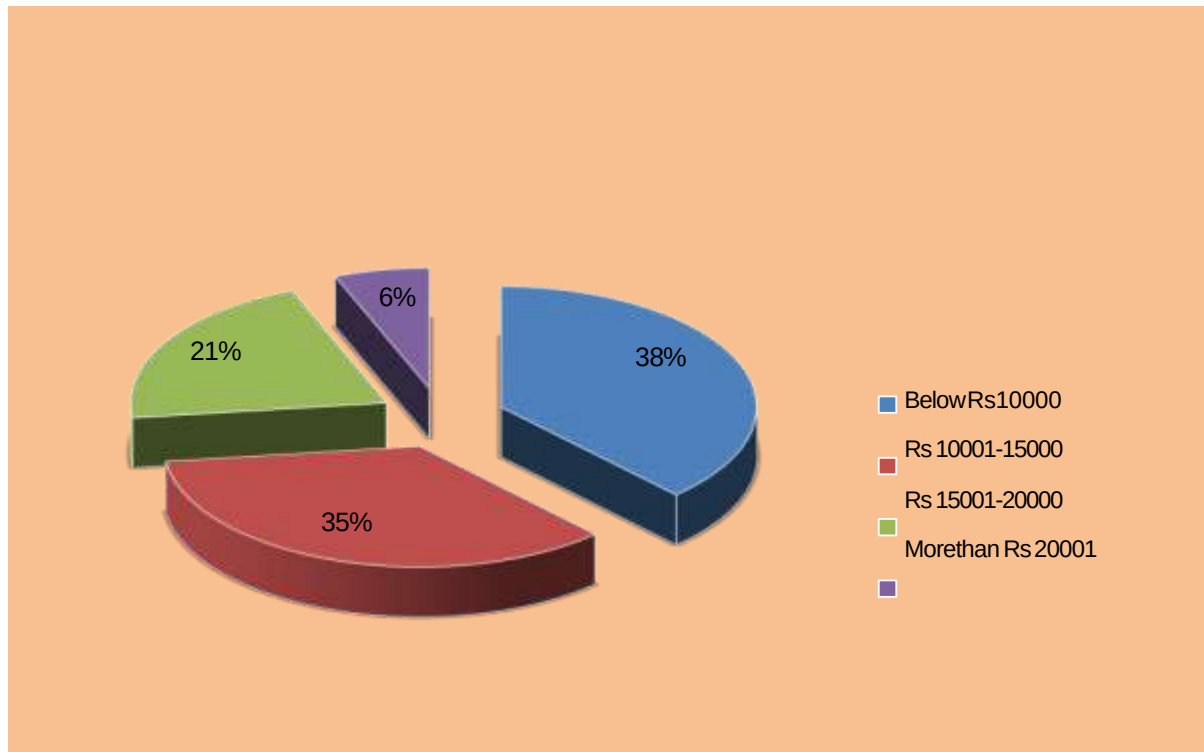


Fig.No.10: Percentage distribution of the respondents according to family monthly income in rupees

Table no: 15 Frequency and percentage distribution of the respondents according to parents educational status

Sl.No	Parents educational status	Frequency (f)	Percent (%)
1	No formal education	41	41
2	Primary education	39	39
3	Secondary education	10	10
4	Higher secondary education	6	6
5	Graduate and Above	4	4

Interpretation:

The above table depicts that majority (41%) were never attended any formal education, 39 per cent had completed the primary level of education, (10%) studied upto secondary level of education, (6%) of higher secondary education and very few (4%) were persued graduation and above.

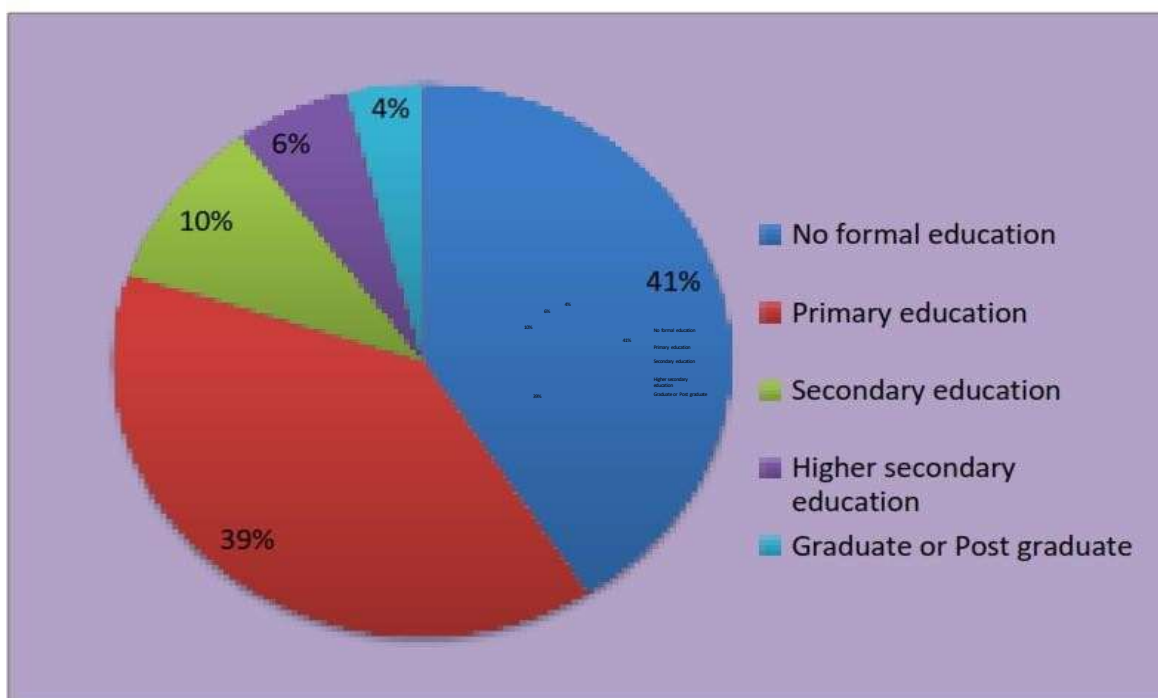


Fig.No.11: Percentage distribution of the respondents according to parents educational status.

Table no: 16 Frequency and percentage distribution of the respondents according to heard about organ donation

Sl.No	Have you heard about organ donation before	Frequency (f)	Percent (%)
1	Yes	45	45
2	No	55	55

Interpretation:

The above table describes that majority (55%) have not heard about organ donation and only (45%) have heard about organ donation before.

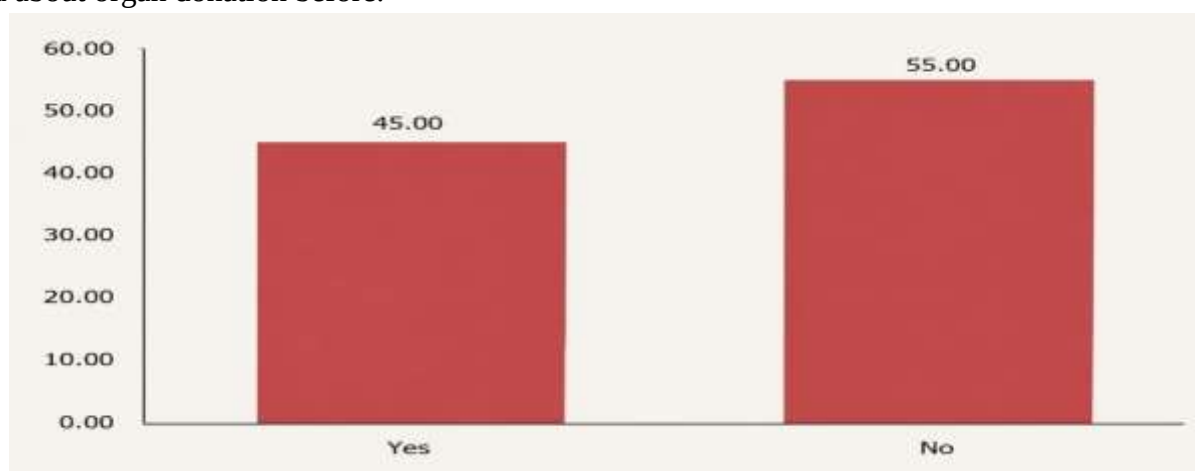


Fig.No.12: Percentage distribution of the respondents according to heard about organ donation

Table no: 17 Frequency and percentage distribution of the respondents according to source of information

Sl.No	If yes specify the source of information	Frequency (f)	Percent (%)
1	Friends / Family	27	27
2	College / Teachers	50	50
3	Health Professional	11	11
4	Social media	12	12
5	If any other source	0	0

Interpretation:

The above table depicts that majority (50%) gained the information about the organ donation from the college / teachers, (27%) got information from the friends / family, 12 per cent were received the information from the social media and very few (11%) heard the information from health professional.

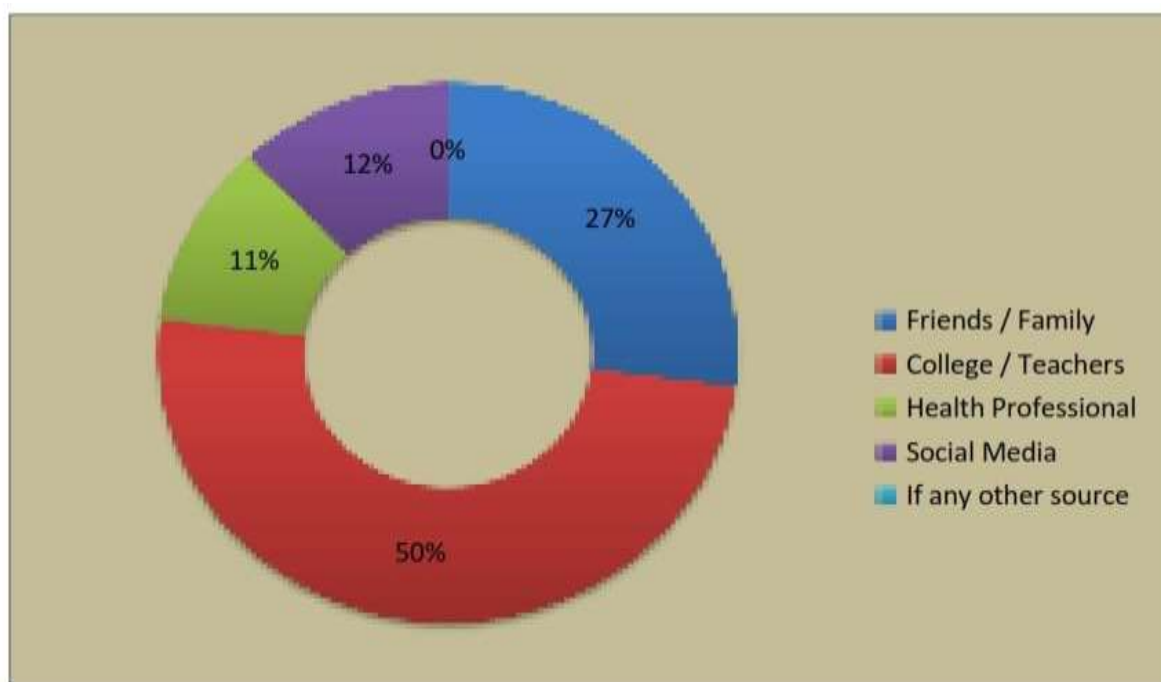


Fig.No.13: Percentage distribution of the respondents according to source of information

Table no: 18 Frequency and percentage distribution of the respondents according to family history of organ donation

Sl.No	Is there any family history of organ donation	Frequency (f)	Percent (%)
1	Yes	10	10
2	No	90	90

Interpretation:

The above table depicts that majority (90%) reported that there was no family history of organ donation

and remaining (10%) stated that someone in their family had previously been involved in organ donation.

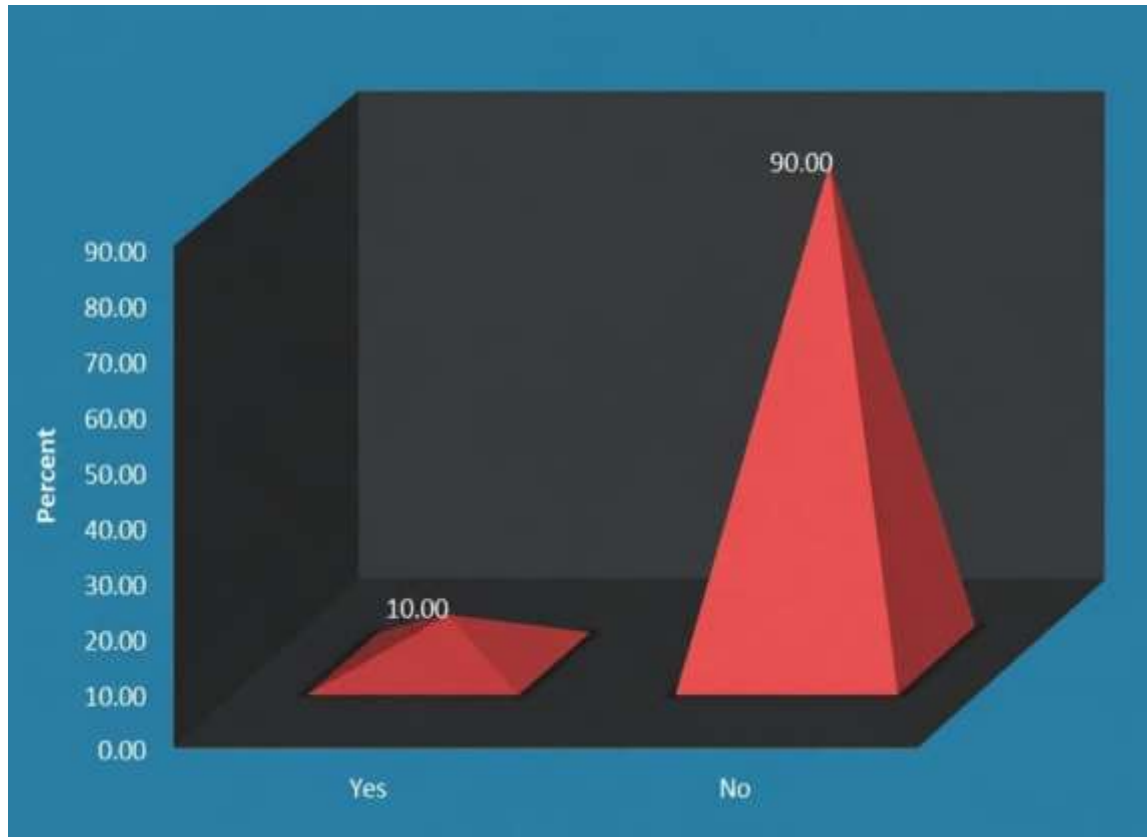


Fig.No.14 : Percentage distribution of the respondents according to family history of organ donation

Table no: 19 Frequency and percentage distribution of the respondents according to organ donation awareness program attendance

Sl.No	Have you ever attended an organ donation awareness program	Frequency (f)	Percent (%)
1	Yes	22	22
2	No	78	78

Interpretation:

The above table depicts that majority (78%) have not attended any organ donation awareness program and 22 per cent attended an organ donation awareness program.

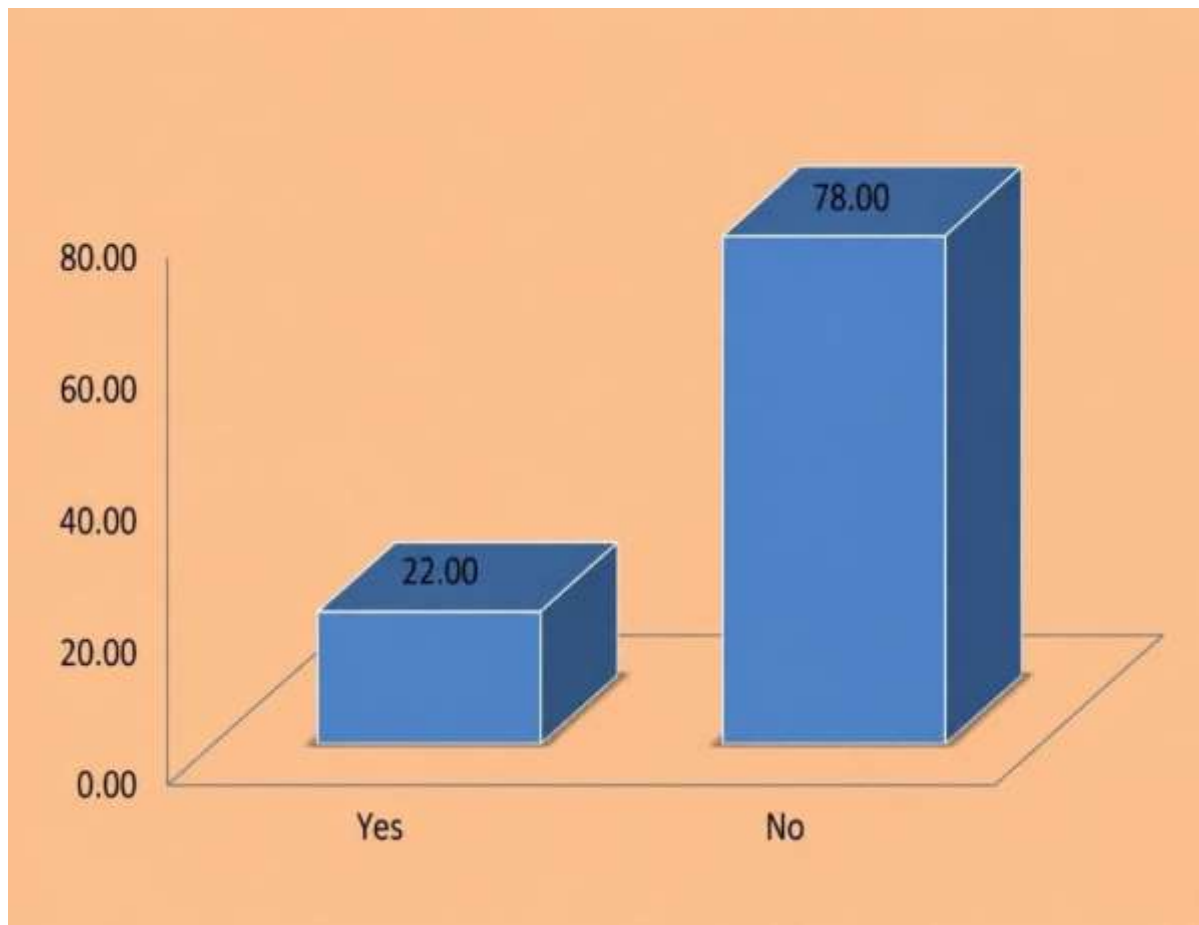


Fig.No.15: Percentage distribution of the respondents according to organ donation awareness program attendance

Table no: 20 Frequency and percentage distribution of the respondents according to pledged / registered organs online

Sl.No	Have you ever pledged / registered your organs online	Frequency (f)	Percent (%)
1	Yes	15	15
2	No	58	58
3	I do not know how to register	27	27

Interpretation:

The above table describes that majority (58%) of respondents had not registered organs online, followed by 27 per cent who didn't know how to register for organ donation and very few (15%) have pledged / registered their organs online.



Fig.No.16: Percentage distribution of the respondents according to pledged / registered organs online.

Table no :21 Frequency and percentage distribution of the respondents according to family member who talks positively about organ donation

Sl.No	Do you have any family member who talks positively about organ donation	Frequency (f)	Percent (%)
1	Yes	40	40
2	No	60	60

Interpretation:

The above table describes that majority (60%) of respondents didn't have positive talk by a family member regarding organ donation and remaining (40%) reported that their family talks positively about organ donation.

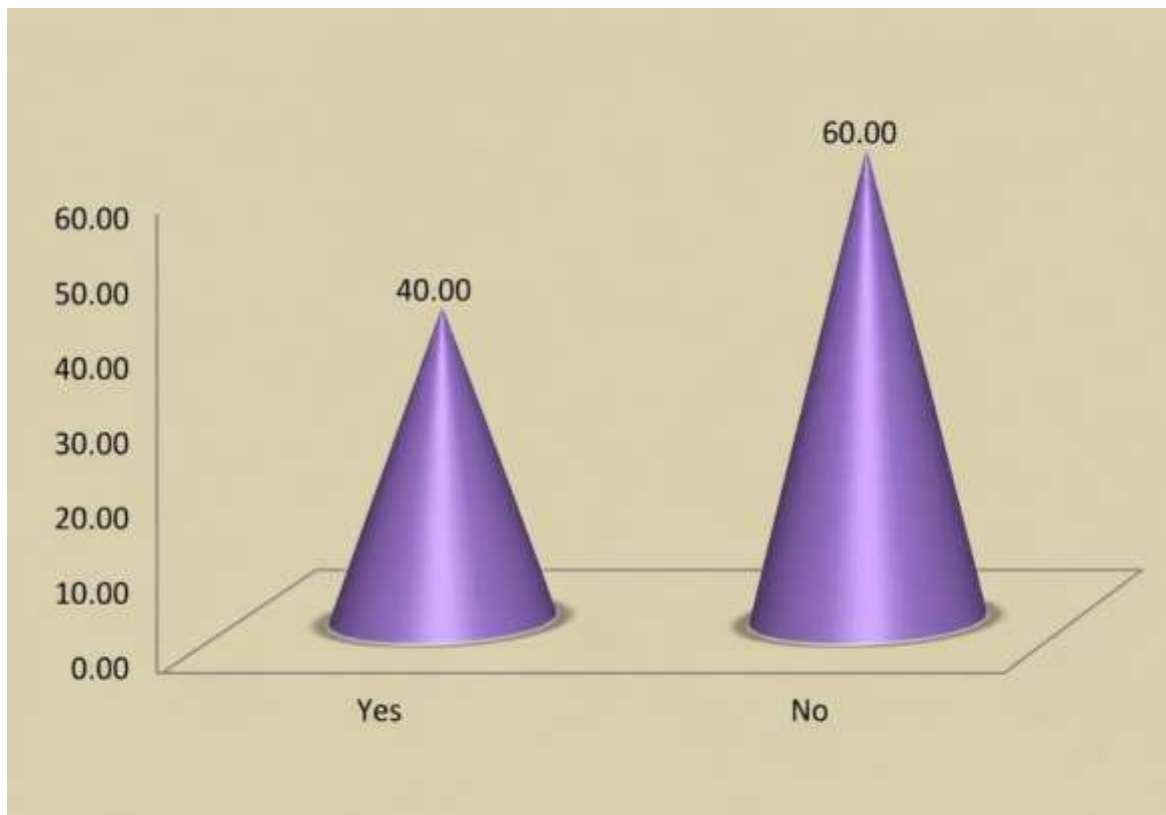


Fig.No.17: Percentage distribution of the respondents according to family member who talks positively about organ donation.

Table no : 22 Frequency and percentage distribution of the necessity of organ donation in India

Sl.No	Do you think organ donation is necessary in India	Frequency (f)	Percent (%)
1	Yes	42	42
2	No	31	31
3	Not sure	27	27

Interpretation:

The above table depicts that majority (42%) of respondents thought organ donation was necessary in India, 31 per cent thought organ donation is not necessary in India and very few (27%) were not sure about organ donation is necessary in India.

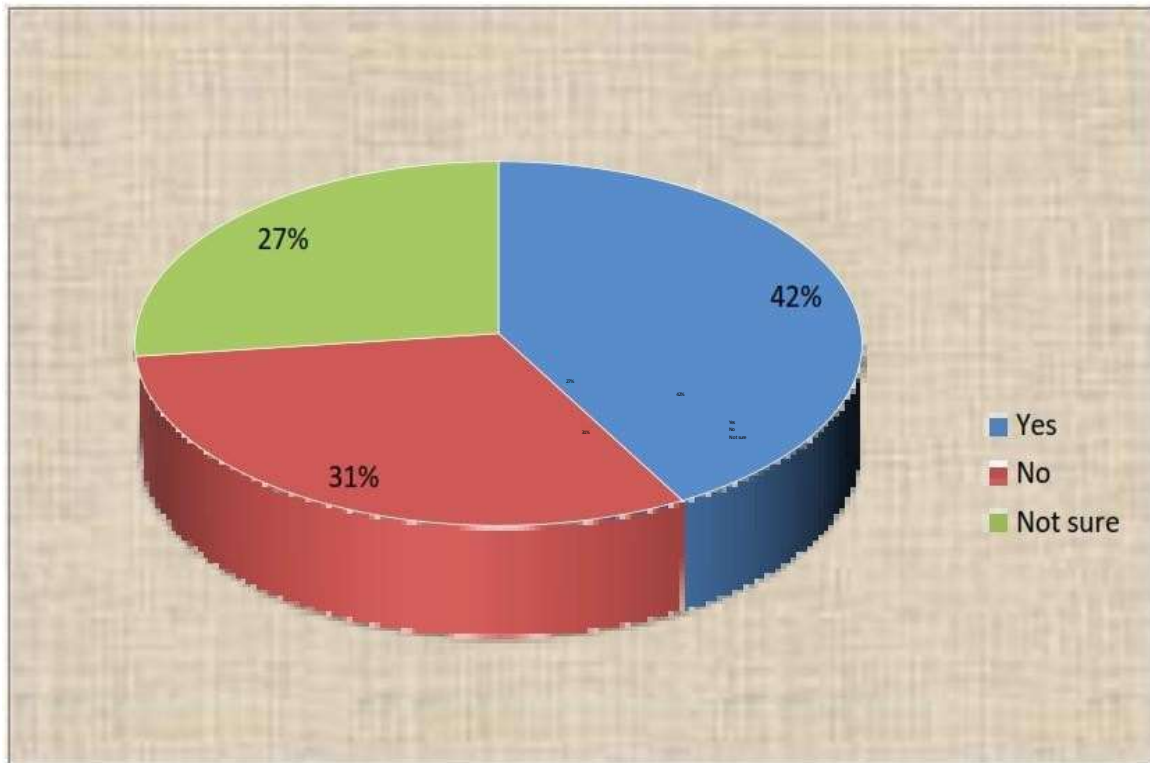


Fig.No.18: Percentage distribution of the respondents according to necessity of organ donation in India.

SECTION – II

IT CONSISTS OF LEVEL OF MISCONCEPTIONS REGARDING ORGAN DONATION AMONG GRADUATES STUDENTS.

Table no: 23 Frequency and percent distribution of the respondents according to the level of misconceptions regarding organ donation among graduates.

Sl.No	Level of Misconceptions	Frequency (f)	Percent (%)
1	Low Misconceptions	33	33
2	Moderate Misconceptions	53	53
3	High Misconceptions	14	14

Interpretation:

The above table describes that majority (53%) were having moderate misconceptions regarding organ donation, 33 per cent having low misconceptions and least (14%) were with high misconceptions regarding organ donation.

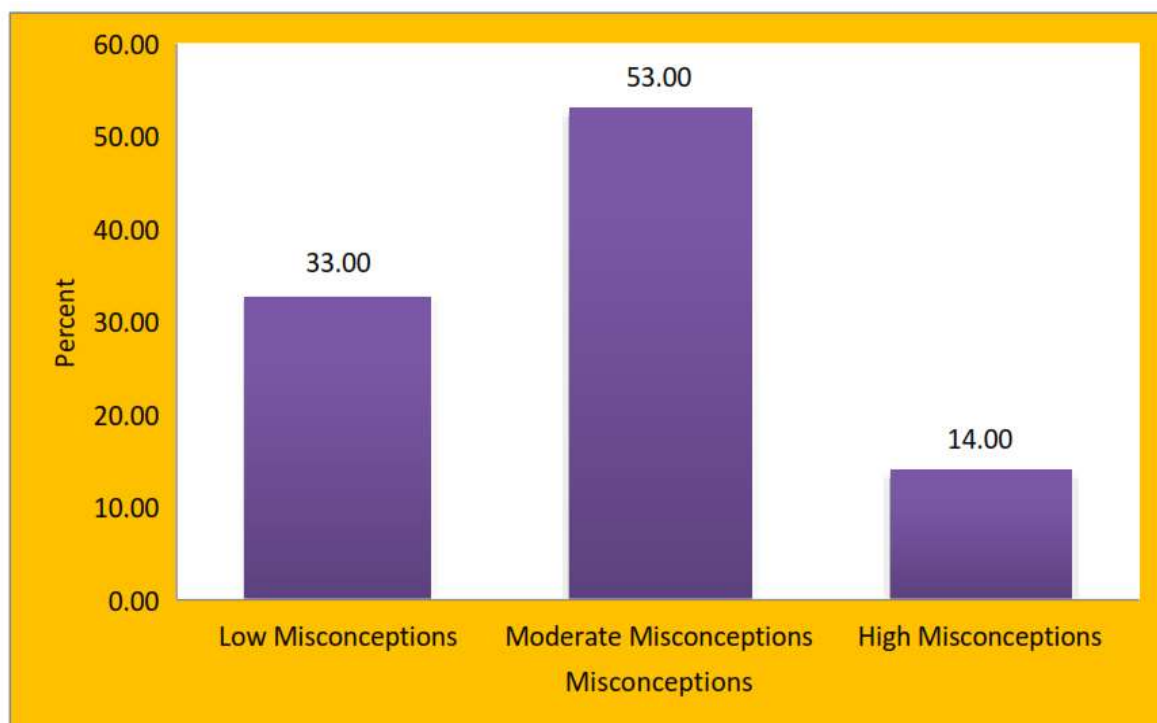


Fig.No.19: Percentage distribution of the respondents according to level of misconceptions.

SECTION – III

IT DEALS WITH MEAN AND STANDARD DEVIATION OF MISCONCEPTIONS REGARDING ORGAN DONATION AMONG GRADUATES.

Table no : 24 Mean and standard deviation of misconceptions regarding organ donation among graduates.

Sl.No	Misconceptions Mean, S.D	N	Mean	Std. Deviation
1	Misconceptions	100	23.00	5.78

Interpretation:

The above table describes that the mean misconception score regarding organ donation among 100 graduate students was 23.00, with a standard deviation of 5.78. This indicates that the students had a moderate level of misconceptions regarding organ donation, with moderate variation in their scores.

SECTION – IV

IT DEALS WITH ASSOCIATION BETWEEN LEVEL OF MISCONCEPTIONS REGARDING THE ORGAN DONATION WITH SOCIO – DEMOGRAPHIC VARIABLES.

Table no : 25 Association between level of misconceptions regarding the organ donation with socio

– demographic variables.

Socio Demographic Variables	Category	Level of Misconceptions			Total	Chi square	p value	sig
		Low Misconceptions	Moderate Misconceptions	High Misconceptions				
Age in years	18 years	16	20	2	38	36.9436	0.000	*
	19 years	13	23	0	36			
	20 years	2	10	8	20			
	21 years	2	0	4	6			
Gender	Male	22	36	14	72	6.347	0.042	*
	Female	11	17	0	28			
Course of degree	B.Com Honours (Computer application)	33	53	14	100	0.000	1.000	N S
Year of study	1st year	33	53	14	100	0.000	1.000	N S
Religion	Hindu	25	44	13	82	4.005	0.405	N S
	Muslim	7	7	0	14			
	Christian	1	2	1	4			
	Others (Specify)	0	0	0	0			
Residence	Urban	4	7	8	19	15.405	0.000	*
	Rural	29	46	6	81			
Type of family	Nuclear	27	35	11	73	5.692	0.223	N S
	Joint	5	18	3	26			
	Extended	1	0	0	1			
Monthly family income in rupees	Below Rs 10000	17	21	0	38	30.605	0.000	*
	Rs 10001-15000	12	21	2	35			
	Rs 15001-20000	3	9	9	21			
	More than Rs 20001	1	2	3	6			
	No formal education	17	23	1	41			
	Primary							

Parents educational status	education	12	24	3	39	43.78	0.00	*
	Secondary education	3	5	2	10			
	Higher secondary education	0	1	5	6			
	Graduate or Post graduate	1	0	3	4			
	Yes	16	17	12	45	2		

Have you heard about organ donation before	No	17	36	2	55	13.16	0.01	*
If yes specify the source of information	Friends / Family	10	13	4	27	2.168	0.96	N S
	College / Teachers	14	30	6	50			
	Health Professional	4	5	2	11			
	Social Media	5	5	2	12			
Do you know any one who has donated an organ in your family	Yes	3	7	0	10	2.192	0.34	N S
	No	30	46	14	90			
Have you ever	Yes	2	14	6	22			

attended an organ donation awareness program	No	31	39	8	78	9.037	2	0.011	*
Have you ever pledged / registered your organs online	Yes	1	9	5	15	17.143	4	0.002	**
	No	16	34	8	58				
	I do not know how to register	16	10	1	27				

Do you have any family member who talks positively about organ donation	Yes	12	23	5	40	0.544	2	0.762	N S
	No	21	30	9	60				
Do you think organ donation is necessary in India	Yes	12	22	8	42	2.404	4	0.662	N S
	No	10	17	4	31				
	Not sure	11	14	2	27				

Note : ** = Significant at 0.01 level

* = Significant at 0.05 level NS = Not Significant

Interpretation :

The table describes that the age, residence, monthly family income in rupees, parents educational status, heard about organ donation, pledged / registered organs online shows significant association with level of misconceptions regarding organ donation at $p < 0.01$ level. Variables like gender, attended an organ donation awareness program were significant at $p <$

0.05 level. The other variables course of degree, year of study, religion, if yes specify the source of information, do you know anyone who has donated an organ in your family, do you have any family member who talks positively about organ donation, do you think organ donation is necessary in India have not shows any significant association with the level of misconceptions regarding organ donation.

Hence H01 - There was no significant association between the level of misconceptions regarding organ donation and the socio demographic variables was rejected.

SECTION – V

IT DEALS WITH ITEM ANALYSIS.

Table no: 26 Item analysis.

ITEM ANALYSIS							
S.NO	STATEMENT	Disagree		Agree		TOTAL	
		N	%	N	%	N	%
1	Organ donation disfigures the donor's body.	76	76.00	24	24.00	100	100.00
2	A person must be young and only healthy people can donate organs.	50	50.00	50	50.00	100	100.00
3	Organ donation always causes disability to the donor.	52	52.00	48	48.00	100	100.00
4	Organs become unusable immediately after death.	46	46.00	54	54.00	100	100.00
5	Organ donation only possible after death.	51	51.00	49	49.00	100	100.00
6	Organ transplant procedures are always unsuccessful.	65	65.00	35	35.00	100	100.00
7	Organ donation involves long and complicated legal procedures.	56	56.00	44	44.00	100	100.00
8	Organ donation requires police verification for all cases.	50	50.00	50	50.00	100	100.00
9	Organs can removed without family consent.	66	66.00	34	34.00	100	100.00
10	Organ donation laws favor only private hospitals.	60	60.00	40	40.00	100	100.00
11	Doctors may declare a patient dead early to obtain organs.	57	57.00	43	43.00	100	100.00
12	Organ donation benefits doctors more than patients.	46	46.00	54	54.00	100	100.00
13	Critical patients receive less care if they are donors.	58	58.00	42	42.00	100	100.00
14	Organ donation delay funeral procedures.	58	58.00	42	42.00	100	100.00
15	Organ donation encourages unethical medical practices.	68	68.00	32	32.00	100	100.00
16	Organ donation brings bad luck and sin.	62	62.00	38	38.00	100	100.00

17	Organ donation affects one's spiritual identity and transfer the donor's soul.	76	76.00	24	24.00	100	100.00
18	Organ donation is only acceptable in certain communities.	49	49.00	51	51.00	100	100.00
19	Some religion prohibits and religious leaders discourage organ donation.	56	56.00	44	44.00	100	100.00
20	Women and older can't donate organs.	57	57.00	43	43.00	100	100.00
21	Religious rituals do not allow organ retrieval.	57	57.00	43	43.00	100	100.00
22	Hospitals misuse organs for illegal purposes.	57	57.00	43	43.00	100	100.00
23	Only rich people receive donated organs.	59	59.00	41	41.00	100	100.00
24	Organ donor cards are often misused.	50	50.00	50	50.00	100	100.00
25	Hospital staff manipulate organ recipient lists.	57	57.00	43	43.00	100	100.00
26	Organ donation decreases marriage prospects.	69	69.00	31	31.00	100	100.00
27	Families are judged for donating organs.	58	58.00	42	42.00	100	100.00

28	Organ donors experience emotional trauma, reduces mental stability, develop long – term stress.	54	54.00	46	46.00	100	100.00
29	Family members develop guilt after donation.	46	46.00	54	54.00	100	100.00
30	Organ donation causes emotional imbalance.	48	48.00	52	52.00	100	100.00
31	Organ donors regret their decision always sometimes.	53	53.00	47	47.00	100	100.00
32	Organ donation requires long-term hospitalization.	56	56.00	44	44.00	100	100.00
33	Organ donation reduces life expectancy in living donors.	65	65.00	35	35.00	100	100.00
34	One person can't save multiple lives through organ donation.	54	54.00	46	46.00	100	100.00
35	Registration for donation risks	52	52.00	48	48.00	100	100.00

	personal data.						
36	Organ donation involves many hidden procedures.	61	61.00	39	39.00	100	100.00
37	Organ donation leads to high medical expenses.	58	58.00	42	42.00	100	100.00
38	Organ donation reduces the donor's insurance benefits.	52	52.00	48	48.00	100	100.00
39	Organ donation increases future health expenses.	67	67.00	33	33.00	100	100.00
40	Organ donation registration requires fees.	73	73.00	27	27.00	100	100.00

Interpretation:

The table depicts that among 100 sample 76(76%) have disagreed to the statement of organ donation disfigures the donor's body, 50(50%) have disagreed and agreed to the statement of a person must be young and only healthy people can donate organs, 52 (52%) have disagreed to the statement of organ donation always causes disability to the donor, 54(54%) have agreed to the statement of organs become unusable immediately after death, 51(51%) have disagreed to the statement of organ donation is only possible after death, 65(65%) have disagreed to the statement of organ transplant procedures are always unsuccessful, 56(56%) have disagreed to the statement of organ donation involves long and complicated legal procedures, 50(50%) have disagreed and agreed to the statement of organ donation requires police verification for all cases, 66(66%) have disagreed to the statement of organs can be removed without family consent, 60(60%) have disagreed to the statement of organ donation laws favor only private hospitals, 57(57%) have disagreed to the statement of doctors may declare a patient dead early to obtain organs, 54(54%) have agreed to the statement of organ donation benefits doctors more than patients, 58(58%) have disagreed to the statement of critical patients receive less care if they are organ donors, 58(58%) have disagreed to the statement of organ donation delays funeral procedures, 68(68%) have disagreed to the statement of organ donation encourages unethical medical practices, 62(62%) have disagreed to the statement of organ donation brings bad luck and sin, 76(76%) have disagreed to the statement of organ donation affects one's spiritual identity and transfers the donor's soul, 51(51%) have agreed to the statement of organ donation is only acceptable in certain communities, 56(56%) have disagreed to the statement of some religions prohibit organ donation, and religious leaders discourage it, 57(57%) have disagreed to the statement of women and older adults cannot donate organs, 57(57%) have disagreed to the statement of religious rituals do not allow organ retrieval, 57(57%) have disagreed to the statement of Hospitals misuse organs for illegal purposes, 59(59%) have disagreed to the statement of Only rich people receive donated organs, 50(50%) have disagreed and agreed to the statement of Organ donor cards are often misused, 57(57%) have disagreed to the statement of Hospital staff manipulate organ recipient lists, 69(69%) have disagreed to the statement of Organ donation decreases marriage prospects. 58(58%) have disagreed to the statement of Families are judged for donating organs, 54(54%) have disagreed to the statement of Organ donors experience emotional trauma, reduced mental stability, and long-term stress, 54(54%) have agreed to the statement of Family members develop guilt after organ donation, 52(52%) have agreed to the statement of Organ donation causes emotional imbalance, 53(53%) have disagreed to the statement of Organ donors always or sometimes regret their decision, 56(56%) have disagreed to the statement of Organ donation requires long-term

hospitalization,65(65%) have disagreed to the statement of Organ donation reduces life expectancy in living donors, 54(54%) have disagreed to the statement of One person cannot save multiple lives through organ donation,52(52%) have disagreed to the statement of Registration for organ donation risks personal data security,61(61%) have disagreed to the statement of Organ donation involves many hidden procedures,58(58%) have disagreed to the statement of Organ donation leads to high medical expenses,52(52%) have disagreed to the statement of Organ donation reduces the donor's insurance benefits, 67(67%) have disagreed to the statement of Organ donation increases future health expenses,73(73%) have disagreed to the statement of Organ donation registration requires fees.

CHAPTER – V DISCUSSION

The discussion should present a critical analysis of the research findings in relation to the objectives of the study and the available literature. It should explain how the findings support or contradict previous studies and indicate their usefulness in improving nursing education, nursing practice, administration and future research.

(Basavanthappa, 2014) This chapter deals with discussion part according to the results obtained from statistical analysis based on the data of the study, the reviewed literature, hypothesis which was selected for the study is to reveal the facts about misconceptions regarding organ donation among graduates' students. The problem statement selected for the study to assess the misconceptions regarding organ donation among graduate students in selected colleges at Tirupati. The discussion of the present study was based on the finding obtained from descriptive and inferential statistics of collected data. It was presented in the view of the objectives of the study.

The objectives of the study:

1. To assess the level of misconceptions regarding organ donation among graduate students in a selected college at Tirupati.
2. To identify the association between the level of misconceptions and selected demographic variables among graduates.

Objective 1: To assess the level of misconceptions regarding organ donation among graduate students in a selected college.

The first objective of the study findings revealed that among 100 samples majority (53%) were having moderate misconceptions regarding organ donation,33 per cent were low misconceptions and least (14%) were with high misconceptions regarding organ donation.

The present study results were supported by Bhuyan A (2021) conducted a descriptive study to assess the attitude and knowledge regarding organ donation among the students of selected university in Guwahati Assam. The findings revealed that 35% of the participants had adequate knowledge, 39% had moderate knowledge and 26% had inadequate knowledge regarding organ donation. Regarding attitude, 52% of the participants had strong willingness to donate organs, 36% were willing to consider organ donation, and 12% were undecided. The study concluded that although the students had moderate knowledge and a positive attitude towards organ donation, educational programmes are needed to improve awareness and promote organ donation.

Objective:2 It deals with association between level of misconceptions regarding the organ donation with socio – demographic variables.

The second objective of the study findings revealed that the age, residence, monthly family income in

rupees, parents' educational status, heard about organ donation, pledged / registered organs online shows significant association with level of misconceptions regarding organ donation at 0.01 level. The gender, attended an organ donation awareness program significant at 0.05 level there was no significant association between course of degree, year of study, religion, if yes specify the source of information, do you know anyone who has donated an organ in your family, do you have any family member who talks positively about organ donation, do you think organ donation is necessary in India with the level of misconceptions regarding organ donation.

The present study results were supported by Umit Apak, U.et al.(2025) descriptive analytical cross-sectional "assessment of the relationship between organ donation attitudes and religious beliefs among postgraduate students" among 324 postgraduate students using a demographic information form, an organ donation knowledge form and the Organ Donation Attitude Scale (ODAS). The study found that 96.5% of participants recognized the necessity of organ donation, but only 16.9% had registered as organ donors. There was no significant association between organ donation attitudes and gender, marital status, education programme, or religious beliefs. However, students who had not registered as organ donors were significantly more likely to have misconceptions regarding brain death and the religious permissibility of organ donation ($p < 0.001$). The authors concluded that targeted educational programmes are needed to reduce misconceptions and improve organ donation awareness.

The present study results were supported by Shrivastav, V.et al.(2024) mixed-method cross-sectional study titled "Knowledge, Attitudes, and Practices Regarding Organ Donation Among Medical Students in India among 400 undergraduate medical students using a structured questionnaire and in-depth interviews. The study found that although 90% of the students had heard about organ donation, only 27.5% correctly understood brain death and 11% were registered organ donors. Students who had attended organ donation awareness programmes and those with prior exposure to organ donation information demonstrated significantly better knowledge and attitudes ($p < 0.05$). The authors concluded that regular awareness programmes and educational interventions are essential to improve knowledge and reduce misconceptions regarding organ donation.

CHAPTER VI

SUMMARY, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

Organ donation is a life-saving intervention that offers the only effective treatment for many patients suffering from end-stage organ failure. Although advances in transplantation medicine, legal regulations and awareness programmes have improved transplantation services, misconceptions regarding organ donation continue to hinder organ donation rates. Misunderstandings related to brain death, religious beliefs, body disfigurement, organ misuse and legal issues often discourage individuals from donating organs. Since graduate students are future decision-makers and can influence their families and society, assessing their misconceptions regarding organ donation is essential.

The present study entitled "A Study to Assess the Misconceptions Regarding Organ Donation among Graduate Students at Selected College in Tirupati"

The objective of the study:

1. To assess the level of misconceptions regarding organ donation among graduate students.
2. To identify the association between the level of misconceptions and selected socio-demographic variables among graduate students.

The Review of literature:

Studies related to knowledge, attitude, practices and misconceptions regarding organ donation.

Methodology:

A quantitative research approach with a descriptive cross-sectional research design was adopted for the study. The study was conducted at SV Arts College, Tirupati. The accessible population consisted of 180 B.Com. (Honours) students, from which 100 students were selected using the Simple Random Sampling (Lottery Method).

The tool used for the study consist of 2 sections.

Section -I: Socio-demographic variables.

Section-II: 2 point likert scale to assess the level of misconceptions regarding the organ donation among graduate students.

Data were collected using a self-administered structured 2-point rating scale consisting of socio-demographic variables and 40 statements assessing misconceptions regarding organ donation. The tool demonstrated good reliability with a Cronbach's alpha coefficient of 0.886.

Data were analysed using descriptive statistics (frequency, percentage, mean and standard deviation) and inferential statistics (Chi-square test).

Major findings of the study:

The socio-demographic findings revealed that the majority of participants were 18 years of age (38%), male (72%), Hindu (82%), from rural areas (81%), and belonged to nuclear families (73%). Most participants had a monthly family income below ₹10,000 (38%), and 41% of parents had no formal education. More than half of the students (55%) had never heard about organ donation before, 78% had never attended an organ donation awareness programme, 90% had no family history of organ donation, 58% had not registered for organ donation, and 27% did not know how to register.

Regarding misconceptions, the findings showed that 53% of the students had moderate misconceptions, 33% had low misconceptions, and 14% had high misconceptions regarding organ donation. The overall mean misconception score was 23.00, with a standard deviation of 5.78, indicating that misconceptions were present among the majority of participants.

The Chi-square analysis revealed a statistically significant association between the level of misconceptions and age, gender, residence, monthly family income, parents' educational status, previous awareness regarding organ donation, attendance at organ donation awareness programmes and organ donor registration status. No significant association was observed with religion, type of family, source of information, family history of organ donation, positive family discussion regarding organ donation, or perception that organ donation is necessary in India. The findings of the study indicate that misconceptions regarding organ donation are still prevalent among graduate students. These misconceptions may reduce willingness to donate organs and highlight the need for continuous educational interventions. Organ donation awareness programmes, health education, and community-based initiatives led by healthcare professionals, especially nurses, can play a significant role in correcting misconceptions and promoting positive attitudes toward organ donation.

The study concludes that improving awareness through structured educational strategies is essential to reduce misconceptions, encourage informed decision-making, and ultimately contribute to increasing organ donation rates in India.

CONCLUSION

The present study concluded that the majority of graduate students 53% had moderate misconceptions regarding organ donation, while 33% had low misconceptions and 14% had high misconceptions. The mean misconception score was 23.00 ± 5.78 , indicating the presence of considerable misconceptions among the participants. Significant associations were found between the level of misconceptions and selected socio-demographic variables such as age, gender, residence, monthly family income, parents' educational status, previous awareness of organ donation, attendance at awareness programmes and organ donor registration status. The findings highlight the need for continuous educational and awareness programmes to reduce misconceptions and promote positive perceptions toward organ donation among graduate students.

Hence there is no significant association between the level of misconceptions regarding organ donation and the socio demographic variables H01 hypotheses was rejected.

NURSING IMPLICATIONS

Nursing Practice

- Registered nurses should educate the public and patients to correct misconceptions regarding organ donation.
- Nursing students should actively participate in organ donation awareness programmes.
- Nurses should involve the community through awareness campaigns and health education.
- Nurses should provide accurate information about brain death, organ donation procedures, legal aspects and religious beliefs during health education sessions.
- Nurses should motivate eligible individuals to pledge for organ donation and guide them through the registration process
- Awareness activities should be conducted in collaboration with hospitals, educational institutions and organizations such as NOTTO and Jeevandan.

Nursing Education

- Organ donation and transplantation should be included as an important topic in nursing curricula.
- Nursing students should receive training to identify and address misconceptions related to organ donation.
- Workshops, seminars, role plays and awareness campaigns should be organized regularly to strengthen students' knowledge and communication skills.
- Nursing educators should encourage students to participate in organ donation awareness programmes and community outreach activities.

Nursing Administration

- Nurse administrators should plan and implement regular organ donation awareness programmes in hospitals and educational institutions.
- Policies should be developed to promote organ donation education as part of community health services.
- Administrative support should be provided for continuing education programmes on organ donation for nursing personnel.
- Collaboration with transplant coordinators and government organizations should be strengthened to improve public awareness.

Nursing Research

- Similar studies should be conducted among different population groups, including school students, healthcare professionals and the general public.
- Experimental studies can be undertaken to evaluate the effectiveness of structured teaching programmes on reducing misconceptions regarding organ donation.
- Comparative studies may be conducted between rural and urban populations or among different educational groups.
- Further research with larger sample sizes and different geographical areas is recommended to improve the generalizability of the findings.

LIMITATIONS OF THE STUDY

- The study was limited to one selected college (SV Arts College), Tirupati.
- The sample consisted of only 100 graduate students, limiting the generalization of the findings.
- Only B.Com. (Honours) students were included in the study.
- The study assessed only misconceptions using a structured rating scale and did not evaluate knowledge, attitude, or practice.
- The findings depended on self-reported responses, which may have been influenced by personal beliefs or social desirability.

Recommendations:

- A descriptive study may be conducted a larger sample of graduate students from different colleges to improve the generalizability of the findings.
- A cross-sectional study may be undertaken in different districts or states to assess and compare misconceptions regarding organ donation among various populations.
- A comparative study may be conducted to compare misconceptions regarding organ donation among students of Arts, Commerce, Science and Health Science streams.
- An experimental study may be carried out to evaluate the effectiveness of a Structured Teaching Programme (STP) in reducing misconceptions regarding organ donation among college students.
- A pre-experimental study may be conducted to assess the effectiveness of an information booklet or awareness programme on misconceptions regarding organ donation.
- A quasi-experimental study may be undertaken to compare the effectiveness of different educational interventions, such as Structured Teaching Programme (STP), video-assisted teaching, and information booklets, in reducing misconceptions.
- A comparative study may be conducted between rural and urban populations to identify differences in misconceptions regarding organ donation.
- A longitudinal follow-up study may be conducted to determine the long-term effectiveness of a Structured Teaching Programme (STP) on reducing misconceptions and improving awareness regarding organ donation.

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