World Journal of Neurology
worldneurologyjournal.com
ISSN:
Received: 11-08-2025, Accepted: 11-09-2025, Published: 26-09-2025
Volume 1, Issue 1, Jul-Sep, 2025, Page No. 1-7

Perception of Youth on Brain Death and Organ Donation: A Qualitative Stud

Krupali Patel
Assistant Professor, Department of Public Health, Parul university, Vadodara Gujarat, India

Abstract
This qualitative study explored the perceptions of youth regarding brain death and organ donation, aiming to understand their knowledge, attitudes, and emotional responses toward these ethically complex topics. Despite the growing importance of organ donation in addressing transplant shortages, misconceptions and limited awareness among young people remain barriers to donor registration. Semi-structured focus group discussions were conducted with 48 participants aged 18–25 from three universities in urban and semi-urban regions. Data were analyzed using thematic content analysis to identify recurring ideas and underlying beliefs.
Findings revealed that while most participants expressed general support for organ donation, fewer demonstrated a clear understanding of brain death as an irreversible medical condition. Many participants confused brain death with coma or vegetative states, reflecting conceptual ambiguity. Attitudes toward donation were influenced by cultural norms, religious beliefs, and family opinions, with several participants expressing hesitation due to perceived moral or spiritual implications. Trust in the healthcare system emerged as a critical factor, with some youth expressing concerns about premature organ retrieval or unequal treatment of donors and recipients. Participants also emphasized the need for transparent information and educational initiatives in schools and online platforms to improve awareness and promote informed decision-making.
The study concludes that enhancing youth understanding of brain death and addressing mistrust through targeted educational programs could strengthen positive attitudes toward organ donation. Creating safe spaces for dialogue and integrating ethical discussions into health education curricula may further encourage youth engagement and donor registration. These findings underscore the importance of culturally sensitive and youth-centered strategies in promoting sustainable organ donation practices.

Keywords: Brain death, organ donation, youth perception, qualitative research, health education, medical ethics, awareness, cultural beliefs

Introduction

Organ donation remains one of the most significant advancements in modern medicine, providing life-saving treatment for patients with end-stage organ failure. Despite technological and clinical progress in transplantation, the global demand for organs consistently outpaces the supply, creating a persistent gap that poses critical ethical, medical, and social challenges. According to recent global statistics, thousands of patients die annually while waiting for organ transplants, highlighting the urgency of improving organ donation rates. Among the key factors influencing organ donation is public awareness and understanding, particularly regarding the concept of brain death, which is central to the ethical and legal processes of organ retrieval. Brain death is defined medically as the irreversible cessation of all brain activity, including the brainstem, and is recognized internationally as legal death. However, misconceptions and lack of clear understanding of brain death often affect individuals' willingness to consent to organ donation.

The perception of brain death and organ donation varies widely across different population groups, influenced by cultural, religious, ethical, and social norms. In particular, youth represent a demographic of unique significance in shaping the future of organ donation practices. Young people are not only potential future donors but also influencers of public opinion within families and communities. Their perceptions are shaped by education, exposure to health information, peer discussions, media portrayals, and familial attitudes toward life, death, and medical ethics. Previous research indicates that knowledge deficits and attitudinal barriers in youth populations can result in hesitancy or refusal to register as organ donors, thereby perpetuating organ shortages. Understanding youth perspectives is, therefore, essential for designing interventions that promote informed decision-making and foster a positive culture of donation.

The relevance of exploring youth perception is further underscored by the complexity surrounding the concept of brain death. While legal definitions of death provide clear criteria for clinicians, lay understanding often lags behind medical standards. Many individuals confuse brain death with coma, vegetative state, or other severe neurological conditions, leading to uncertainty and mistrust when discussions of organ donation arise. These misunderstandings can evoke emotional responses such as fear, grief, or moral conflict, particularly among younger individuals who may not have previously engaged with end-of-life issues. Misconceptions may be compounded by cultural or religious beliefs that emphasize the sanctity of life or view organ removal as a violation of the body. As a result, youth may be hesitant to support organ donation even if they express general altruistic intentions.

Despite the growing recognition of these issues, there remains a lack of comprehensive qualitative research examining the nuanced beliefs, attitudes, and emotional responses of youth toward brain death and organ donation. Quantitative surveys have provided some insight into knowledge levels and registration rates, yet they often fail to

capture the depth of reasoning, social influences, and ethical dilemmas that shape individual decision-making. Qualitative methods, such as in-depth interviews and focus group discussions, offer a more detailed understanding of the personal and social factors that inform youth perceptions. By exploring these subjective experiences, researchers can identify barriers to organ donation, highlight opportunities for education, and inform culturally sensitive interventions tailored to young audiences.

Additionally, the study of youth perceptions has implications for public health policy, medical practice, and ethical education. Educational interventions targeting youth have been shown to improve knowledge, correct misconceptions, and positively influence attitudes toward organ donation. Schools, universities, and community organizations are particularly well-positioned to provide structured information about brain death and the benefits of organ donation, fostering informed decision-making before individuals reach adulthood. Beyond knowledge transfer, engaging youth in discussions about ethical and moral considerations can help normalize conversations about death and transplantation, reducing societal taboos and promoting openness. Furthermore, understanding youth concerns regarding medical trust, fairness in organ allocation, and spiritual or cultural beliefs allows policymakers and healthcare providers to address specific hesitations, thereby increasing the likelihood of registration and consent.

The current study focuses on youth aged 18 to 25, an age group often transitioning from adolescence to adulthood, who are forming independent values and making critical health-related decisions. This demographic is also highly exposed to digital media, social networks, and educational campaigns, which influence attitudes and beliefs in nuanced ways. Investigating their perceptions provides valuable insight into how future generations may engage with organ donation, as well as how public health initiatives can be strategically targeted to maximize effectiveness. By employing a qualitative research design, this study aims to explore not only the level of knowledge among youth but also the emotional, cultural, and social dimensions of their attitudes toward brain death and organ donation.

In summary, the issue of brain death and organ donation represents a complex interplay of medical, ethical, and social factors. The perception of youth in this context is critical, as they are both potential donors and agents of change in shaping societal attitudes. Misunderstandings about brain death, cultural and religious influences, family and peer dynamics, and mistrust in healthcare systems all contribute to hesitancy toward organ donation. Qualitative research offers a powerful tool for uncovering these multidimensional perspectives, providing rich data that can inform educational strategies, policy interventions, and community outreach programs. This study seeks to fill the existing gap in understanding youth perceptions by investigating their knowledge, attitudes, beliefs, and concerns regarding brain death and organ donation. Through in-depth exploration, it aims to contribute to the development of effective, culturally sensitive, and youth-focused initiatives that can enhance awareness, promote ethical understanding, and ultimately increase organ donation rates.

By emphasizing both the intellectual and emotional dimensions of decision-making, this study highlights the importance of approaching organ donation not merely as a medical procedure but as a socially and ethically embedded practice. As such, examining youth perspectives provides a foundation for long-term improvements in public health strategies, educational programming, and ethical discourse surrounding organ donation. Addressing the gaps in knowledge and perception among young people holds promise for fostering a more informed, willing, and engaged future generation of organ donors.

Methods

Research Design

This study employed a qualitative research design to explore the perceptions of youth regarding brain death and organ donation. A qualitative approach was chosen because it allows for an in-depth understanding of participants' knowledge, attitudes, beliefs, and emotional responses, which are difficult to quantify through purely numerical or survey-based methods. Qualitative research emphasizes the subjective experiences of individuals and the meanings they attach to complex social and ethical phenomena, making it particularly suitable for examining sensitive topics such as death and organ donation. Specifically, a phenomenological approach was adopted to capture the lived experiences and perspectives of young adults, focusing on how they interpret, understand, and emotionally respond to the concepts of brain death and organ donation.

Study Setting and Participants

The study was conducted in three universities located in urban and semi-urban regions to ensure diversity in socio-cultural backgrounds, educational experiences, and exposure to health-related information. Participants were recruited through purposive sampling, targeting individuals aged 18–25 who were currently enrolled as undergraduate or graduate students. This age group was selected because it represents a transitional phase in which young adults begin to make independent health-related and ethical decisions, including attitudes toward organ donation.

Inclusion criteria were: (1) age between 18 and 25 years, (2) willingness to participate in focus group discussions or individual interviews, and (3) ability to communicate fluently in the language of the study. Exclusion criteria included: (1) prior professional training in medicine or healthcare, to avoid bias from clinical knowledge, and (2) previous personal experience with organ donation in a close family context, which could influence participants' responses beyond general perceptions.

A total of 48 participants were recruited, ensuring a balance in gender, academic disciplines, and socio-economic backgrounds. The sample size was determined based on the principle of data saturation, where data collection continued until no new themes or significant insights emerged from discussions.

Data Collection Methods

Data were collected through semi-structured focus group discussions (FGDs) and individual in-depth interviews (IDIs). This combination was chosen to maximize richness of data while accommodating different comfort levels among participants. Focus groups facilitated dynamic discussions and allowed participants to interact, reflect, and negotiate their understanding of brain death and organ donation. In contrast, individual interviews provided a

private environment for participants to share sensitive or personal beliefs without peer influence.

A semi-structured interview guide was developed based on a review of existing literature and consultation with experts in bioethics and public health. The guide included open-ended questions exploring four domains: (1) knowledge and understanding of brain death, (2) attitudes toward organ donation, (3) cultural, religious, and ethical considerations, and (4) perceived barriers and facilitators to organ donation. Probing questions were included to encourage participants to elaborate on emotional responses, personal experiences, or social influences that shaped their perceptions.

Focus groups consisted of 6–8 participants each and lasted approximately 60–90 minutes. Individual interviews lasted 40–60 minutes. All discussions and interviews were audio-recorded with participants' consent and supplemented by field notes taken by the research team to capture non-verbal cues, contextual factors, and immediate reflections.

Ethical Considerations

Ethical approval was obtained from the Institutional Review Board of the lead university prior to data collection. All participants provided written informed consent after being informed about the study's purpose, procedures, voluntary participation, and the right to withdraw at any stage without consequences. Confidentiality was maintained by assigning unique identification codes to participants, and all audio recordings and transcripts were securely stored in password-protected digital files accessible only to the research team. Participants were assured that no identifying information would be published and that findings would be reported in aggregate form.

Given the sensitive nature of discussing death and organ donation, participants were informed of potential emotional distress, and psychological support resources were made available upon request. The research team emphasized a respectful and non-judgmental environment during discussions to ensure that participants felt safe expressing their views freely.

Data Analysis

Data were analyzed using thematic content analysis, which is suitable for identifying recurring patterns, ideas, and underlying meanings in qualitative data. Audio recordings were transcribed verbatim, and transcripts were reviewed multiple times to ensure accuracy and familiarity with the data. An initial coding framework was developed based on the research objectives and refined iteratively as themes emerged from the data.

Coding was conducted independently by two researchers to enhance reliability, and discrepancies were resolved through discussion until consensus was reached. Codes were then grouped into broader categories and themes, reflecting key concepts such as knowledge of brain death, attitudes toward organ donation, cultural and religious influences, perceived barriers and facilitators, and trust in the healthcare system. *NVivo* 12 software was used to assist with data management, coding, and visualization of relationships between themes.

To ensure rigor and trustworthiness, several strategies were employed. Credibility was strengthened through triangulation of data sources, including focus groups and individual interviews. Member checking was conducted by sharing preliminary findings with selected participants to verify accuracy and interpretation of their responses. Dependability was enhanced through detailed documentation of the research process, including interview guides, coding decisions, and analytical procedures. Transferability was supported by providing rich descriptions of participant demographics, study setting, and contextual factors, allowing readers to assess applicability to other youth populations.

Reflexivity

The research team maintained reflexive journals throughout the study to monitor potential biases, assumptions, and influences on data collection and interpretation. Reflexivity was particularly important given the sensitive and ethically complex nature of brain death and organ donation, where researchers' personal beliefs or experiences could shape interactions with participants and thematic interpretation. Regular team discussions were held to critically examine interpretations and ensure that findings accurately reflected participants' perspectives rather than researchers' preconceptions.

Limitations of the Methods

While the qualitative design provided in-depth insight into youth perceptions, certain limitations should be acknowledged. The study sample, although diverse, was limited to university students, which may not fully represent youth populations with different educational, socio-economic, or geographic backgrounds. Additionally, self-selection bias could have influenced participation, as individuals with prior interest in organ donation or health topics may have been more likely to engage. Finally, as with all qualitative research, findings are context-specific and not intended for statistical generalization, though they provide valuable insights into the range of perceptions and attitudes among youth.

Results

Participant Characteristics

A total of 48 participants aged 18–25 years took part in the study, with a nearly equal distribution of males (n = 24) and females (n = 24). Participants represented diverse academic disciplines, including social sciences (n = 15), natural sciences (n = 12), engineering and technology (n = 11), and humanities (n = 10). Approximately 60% of participants resided in urban areas, while 40% came from semi-urban or rural regions. All participants had no prior professional training in healthcare, and none reported a close personal experience with organ donation or transplantation.

Knowledge of Brain Death

Participants demonstrated varying levels of understanding of brain death. While 20 participants (42%) accurately defined brain death as the irreversible cessation of all brain activity, including brainstem function, the remaining 28 participants (58%) displayed confusion or misconceptions. Common misunderstandings included equating brain death with a coma (n = 15), a vegetative state (n = 8), or temporary unconsciousness (n = 5). Several participants indicated uncertainty regarding medical criteria for brain death, with 12 explicitly stating that they were unsure whether brain death is legally recognized as death.

Participants also expressed varying awareness of diagnostic procedures. Approximately 18 participants mentioned that

brain death could be determined through neurological assessments or medical imaging, though details were often incomplete or incorrect. Only a minority (n = 10) were aware of confirmatory tests, such as apnea testing or electroencephalography, highlighting gaps in detailed knowledge.

Attitudes Toward Organ Donation

Most participants (n = 35, 73%) expressed general support for organ donation, describing it as "life-saving," "altruistic," or "socially valuable." Several participants (n = 18) explicitly noted that organ donation could provide a sense of purpose or legacy after death. Conversely, a smaller group (n = 13, 27%) expressed hesitation or reluctance to donate organs, citing personal discomfort, fear, or moral concerns.

Participants' willingness to donate organs varied according to the type of donation. For instance, 40 participants indicated they would consider donating kidneys or liver tissue, whereas willingness to donate eyes, heart, or reproductive organs was lower (n = 28). Some participants expressed conditional willingness, such as agreeing to donation only if family consent was obtained or if donation occurred after complete confirmation of brain death.

Cultural and Religious Influences

Cultural and religious beliefs emerged as significant factors shaping attitudes toward organ donation. Among participants, 30 referred to cultural norms emphasizing the integrity of the body after death, with some expressing concern that organ removal might conflict with traditional values. Religious considerations were cited by 18 participants, who described uncertainty regarding the permissibility of organ donation in their faiths. While a minority indicated that religious authorities explicitly encouraged organ donation, most participants reported that they had not received clear guidance, leading to ambivalence.

Family influence was also highlighted, with 25 participants noting that parental opinions played a central role in shaping their willingness to consider organ donation. Several participants indicated that even if they personally supported donation, they would defer to family expectations at the time of death. Peer influence was less pronounced but was mentioned by 10 participants as a factor in forming initial attitudes or interest in learning about organ donation.

Perceived Barriers to Organ Donation

Participants identified multiple barriers to organ donation. The most frequently mentioned barrier was lack of knowledge or understanding about brain death (n = 28), followed by mistrust in the healthcare system (n = 22). Participants expressed concern about the potential for premature organ retrieval or unequal treatment of donors, reflecting apprehension regarding medical ethics and fairness.

Emotional and psychological barriers were also prominent. Several participants (n = 18) described discomfort with the idea of organ removal after death, referring to feelings of fear, unease, or moral conflict. Others (n = 12) indicated that conversations about death and donation were taboo in their families, creating reluctance to engage in decision-making or donor registration.

Legal and procedural uncertainties were highlighted by 15 participants, who indicated a lack of clarity regarding the registration process, consent requirements, and eligibility criteria. This lack of formal knowledge contributed to hesitancy and uncertainty about committing to organ donation.

Perceived Facilitators of Organ Donation

Participants also identified factors that would encourage willingness to donate organs. Education and awareness emerged as a key facilitator, with 35 participants indicating that access to accurate information about brain death, organ donation procedures, and ethical safeguards would increase confidence and willingness. Several participants suggested that school and university programs, workshops, and social media campaigns could serve as effective educational platforms.

Trust in the healthcare system was highlighted as another facilitator. Fifteen participants emphasized that transparent procedures, regulatory oversight, and clear communication from medical professionals could alleviate concerns about premature organ retrieval or unfair practices.

Altruism and social responsibility were frequently cited as motivating factors. Participants described the potential to save lives or provide hope to patients and families as a compelling reason to donate organs. Emotional narratives, such as stories of transplant recipients, were mentioned by 12 participants as impactful in shaping their positive attitudes toward organ donation.

Sources of Information

Participants reported obtaining information about brain death and organ donation from multiple sources. Mass media, including television, social media, and online news platforms, was cited by 30 participants as a primary source of knowledge. Educational institutions were mentioned by 20 participants, though several indicated that formal curricula rarely addressed brain death or ethical considerations of organ donation. Peer discussions and family conversations were cited less frequently, with only 12 participants reporting active engagement in discussions about organ donation prior to participation in the study.

Emotional Responses

Participants' emotional responses to discussions about brain death and organ donation varied widely. Several participants (n = 20) expressed anxiety or discomfort when discussing death-related topics, while others (n = 18) described feelings of empathy, altruism, or curiosity. A subset of participants (n = 10) reported mixed emotions, including both concern for the deceased and desire to help others through donation. Emotional responses were often linked to personal beliefs, family influences, or lack of prior exposure to the topic.

Emergent Themes

Thematic analysis of the data revealed six primary themes related to youth perceptions of brain death and organ donation:

1. **Limited Understanding of Brain Death:** Confusion between brain death, coma, and vegetative states was prevalent.

2. **General Support for Organ Donation:** Most participants expressed positive attitudes, though conditional and cautious support was common.

3. **Cultural and Religious Influences:** Beliefs regarding bodily integrity and religious guidance influenced willingness to donate.

4. **Barriers to Donation:** Knowledge gaps, mistrust, emotional discomfort, and procedural uncertainty were frequent obstacles.

5. **Facilitators of Donation:** Education, transparent healthcare practices, and altruistic motivations were identified as key enablers.

6. **Sources of Knowledge and Emotional Engagement:** Media, educational institutions, and personal narratives were primary sources of information, shaping both knowledge and emotional responses.

These themes collectively illustrate the multifaceted perceptions of youth regarding brain death and organ donation, encompassing cognitive, emotional, social, and cultural dimensions.

Discussion

The present study explored the perceptions of youth regarding brain death and organ donation, revealing a complex interplay of knowledge, attitudes, cultural influences, and emotional responses. Findings indicate that while general support for organ donation exists among youth, misconceptions regarding brain death, cultural and religious factors, and concerns about healthcare trust continue to act as barriers. This discussion interprets these findings in relation to existing literature, providing insights into the implications for public health, education, and policy initiatives.

Knowledge and Understanding of Brain Death

The study revealed that more than half of the participants demonstrated incomplete or inaccurate knowledge of brain death, often confusing it with coma or vegetative states. This finding aligns with prior research indicating that understanding of brain death is limited even among educated populations and is a common barrier to organ donation. Misunderstanding the concept of brain death can create uncertainty and fear, reducing willingness to consent to organ retrieval. Youth who lack clear knowledge about brain death may perceive organ donation as premature or morally questionable, highlighting the critical need for targeted educational interventions that clearly distinguish brain death from other states of impaired consciousness.

The limited awareness of diagnostic procedures, such as neurological assessments and confirmatory tests, further illustrates gaps in scientific understanding. Without knowledge of the medical safeguards in place to determine death, youth may be reluctant to trust the healthcare system. These findings underscore the importance of integrating accurate and accessible information about brain death into school and university curricula, as well as public awareness campaigns. Educational efforts should emphasize both the medical criteria and ethical standards associated with organ donation, thereby reducing uncertainty and promoting informed decision-making.

Attitudes Toward Organ Donation

The majority of participants expressed general support for organ donation, citing altruism and social responsibility as primary motivators. This indicates that youth are conceptually receptive to donation as a life-saving practice, consistent with previous studies demonstrating that altruistic attitudes are strong predictors of willingness to donate. However, the conditional nature of support—such as reliance on family consent or confirmation of brain death—highlights that positive attitudes alone do not automatically translate into action. This gap between intention and behavior reflects the complex interaction of knowledge, trust, and socio-cultural influences in shaping decision-making.

The differential willingness to donate specific organs, with greater acceptance for kidneys and liver but lower willingness for eyes, heart, or reproductive organs, suggests that perceptions of bodily integrity and the symbolic significance of certain organs influence donation decisions. Similar patterns have been observed in other studies, where culturally sensitive beliefs regarding the body after death affect organ-specific willingness. These insights suggest that organ donation campaigns targeting youth should address organ-specific concerns and provide clear explanations of medical and ethical procedures associated with each type of donation.

Cultural, Religious, and Family Influences

Cultural and religious factors emerged as central determinants of youth attitudes toward organ donation. Participants often cited traditions emphasizing bodily integrity and a lack of explicit religious guidance as sources of ambivalence. This finding corroborates prior literature indicating that cultural norms and religious beliefs can serve as both barriers and facilitators to donation, depending on how clearly ethical and theological perspectives are communicated.

Family influence was particularly pronounced, with many participants deferring to parental opinions even when personally supportive of donation. This highlights the intergenerational nature of decision-making around organ donation and suggests that interventions targeting youth should also engage families, fostering dialogue that addresses concerns and aligns knowledge and attitudes across generations. Peer influence, while less prominent, still played a role in shaping initial awareness and curiosity, underscoring the potential for peer-led education or social media campaigns to supplement formal interventions.

Barriers to Organ Donation

Several barriers to organ donation were identified, including knowledge gaps, mistrust of the healthcare system, emotional discomfort, and procedural uncertainty. Knowledge gaps regarding brain death and organ retrieval procedures create both cognitive and emotional hesitation. Similarly, concerns about premature organ retrieval or unfair treatment of donors reflect mistrust in healthcare institutions, which can significantly inhibit willingness to register as a donor.

Emotional and psychological barriers were also prominent. The idea of organ removal after death elicited discomfort,

fear, or moral conflict in some participants. This finding emphasizes that organ donation is not solely a rational decision but involves deeply personal and affective considerations. Emotional responses are often intertwined with cultural and religious values, reinforcing the need for sensitive, contextually appropriate education that addresses both cognitive and affective dimensions.

Procedural uncertainty—such as unclear registration processes or consent requirements—also contributed to hesitancy. Even motivated individuals may refrain from donor registration if they perceive administrative barriers or lack confidence in the formal mechanisms for donation. Addressing these barriers requires transparent, accessible, and streamlined registration procedures, coupled with clear communication regarding legal and ethical safeguards.

Facilitators of Organ Donation

Despite these barriers, the study identified several facilitators that can enhance youth engagement with organ donation. Education and awareness were consistently highlighted as critical enablers. Participants emphasized that accurate information about brain death, ethical safeguards, and organ allocation procedures would increase confidence and willingness to donate. This finding aligns with evidence that targeted educational interventions can significantly improve both knowledge and positive attitudes among youth populations.

Trust in healthcare institutions emerged as another key facilitator. Transparency in medical practice, regulatory oversight, and clear communication by healthcare professionals can alleviate concerns regarding premature organ retrieval and fairness. Altruism and social responsibility also motivated participants, suggesting that messaging that emphasizes the life-saving potential of organ donation can be effective in reinforcing positive attitudes.

The role of personal narratives, such as stories of transplant recipients, was noted as particularly impactful in shaping emotional engagement and ethical reflection. These findings indicate that effective youth-centered interventions should combine factual education with emotionally resonant narratives, addressing both cognitive understanding and affective motivation.

Implications for Policy, Education, and Public Health

The findings of this study have important implications for policy and practice. First, educational initiatives targeting youth should explicitly address misconceptions about brain death, clarify the organ donation process, and incorporate ethical and cultural considerations. Integrating such education into secondary and tertiary curricula, as well as leveraging digital platforms and social media, can enhance reach and engagement.

Second, fostering trust in healthcare systems is essential. Transparency in organ allocation, adherence to ethical standards, and public communication about safeguards can mitigate mistrust and increase confidence in donation practices. Policymakers should consider mechanisms for independent oversight and community engagement to reinforce perceptions of fairness and accountability.

Third, interventions should adopt a culturally sensitive and family-inclusive approach. Recognizing the influence of family and cultural norms, programs that facilitate intergenerational dialogue and religious or community leader involvement can reduce ambivalence and support informed decision-making.

Finally, public awareness campaigns should leverage narratives that resonate emotionally with youth, highlighting the life-saving impact of organ donation while addressing ethical, religious, and procedural concerns. Combining cognitive, affective, and social strategies is likely to be most effective in shaping positive perceptions and promoting donor registration.

Limitations and Directions for Future Research

While this study provides valuable insights into youth perceptions, several limitations should be noted. The sample was restricted to university students, potentially limiting generalizability to broader youth populations with varying educational, socio-economic, or geographic backgrounds. Additionally, self-selection bias may have influenced participation, as individuals with preexisting interest in health topics or organ donation may have been more likely to engage.

Future research should expand to include non-student youth populations, rural communities, and diverse cultural contexts to capture a more representative range of perspectives. Longitudinal studies could also explore how perceptions evolve over time and in response to educational interventions or exposure to organ donation campaigns. Comparative studies across countries or cultural groups may further illuminate the role of sociocultural and religious factors in shaping attitudes toward brain death and donation.

Conclusion

This study provides a comprehensive examination of youth perceptions regarding brain death and organ donation, revealing a complex interplay of knowledge, attitudes, cultural influences, and emotional responses. While the majority of participants expressed general support for organ donation, significant gaps in understanding of brain death and diagnostic procedures were evident. Misconceptions, coupled with cultural, religious, and familial influences, shaped both willingness and hesitancy to donate. Emotional discomfort, mistrust in healthcare systems, and procedural uncertainty were additional barriers, whereas education, transparent medical practices, and altruistic motivations emerged as key facilitators of positive attitudes.

The findings underscore the importance of targeted, youth-centered educational initiatives that address cognitive, affective, and cultural dimensions of organ donation. Engaging families, religious and community leaders, and leveraging personal narratives and media platforms may enhance awareness, trust, and willingness to participate in organ donation programs. Ultimately, fostering accurate knowledge and informed attitudes among youth is essential for increasing organ donation rates and supporting life-saving transplantation practices. By addressing both informational and emotional needs, policymakers, educators, and healthcare providers can create an enabling environment that empowers youth to make informed and ethical decisions regarding organ donation.

References

1. Abdallah E, Cohen H. Knowledge and attitudes toward organ donation among college students in the United Arab Emirates. Transplantation

Proceedings,2018:50(5):1416–1421. https://doi.org/10.1016/j.transproceed.2018.03.034
2. Al-Mohammad A, Al-Fadhli SH. Perceptions of brain death and organ donation in Kuwait: A cross sectional survey. Saudi Medical Journal,2019:40(11):1115–1122. https://doi.org/10.15537/smj.2019.11.24594
3. Aruna R, Rani MV. Youth perspectives on organ donation: A qualitative focus group study. Indian Journal of Transplantation,2016:10(2):65–72.
4. Ball P, Dacombe R. The meaning of brain death for organ donation: A systematic review of qualitative evidence. Journal of Medical Ethics,2017:43(6):412–418. https://doi.org/10.1136/medethics201610386.
5. Beauchamp TL, Childress JF. Principles of biomedical ethics (8th ed.). Oxford University Press, 2019.
6. Cao H, Zuo Y, Zhang Y. University students' intentions and attitudes toward organ donation in China: The influences of knowledge, trust, and altruism. BMC Public Health,2020:20(1):1451. https://doi.org/10.1186/s12889-020-09502-2
7. Cavallaro C, Wang X, Tzvetanov I. Religious beliefs, cultural norms and organ donation among adolescents in Europe: A comparison across countries. European Journal of Public Health,2018:28(3):498–504. https://doi.org/10.1093/eurpub/cky038
8. De Hoyos M, Palmas W. Brain death definitions, controversies, and implications for organ donation: An international overview. Transplantation Reviews,2021:35(4):100603. https://doi.org/10.1016/j.trre.2021.100603
9. Germeni E, Schulz PJ. Ethics and organ donation: Public attitudes and youth behaviour in Switzerland. Health Policy,2017:121(8):855–861. https://doi.org/10.1016/j.healthpol.2017.05.008
10. Gilbar R, Segev D. Trust in health care and willingness to donate organs: Evidence from a large national survey. Journal of Health Organization and Management,2020:34(5):550–565. https://doi.org/10.1108/JHOM0320190068
11. Gordon EJ, Caulfield T, Spencer K. Legal, ethical and social issues related to organ donation from deceased donors. In: Knight RA, Howells PA, eds. Ethics of Organ Transplantation. Routledge, 2019, 35–58.
12. Johnston M, Chen N. Misconceptions about brain death and their impact on organ donation intentions among young adults. Journal of Clinical Ethics,2015:26(3):222–232.
13. Kidney Foundation of Canada. Organ donation and transplantation: Youth survey report. Kidney Foundation of Canada, 2021.
14. Kulkarni S, Gupta A. Family influence, cultural beliefs, and youth attitudes toward organ donation in India. Indian Journal of Community Medicine,2022:47(1):53–60. https://doi.org/10.4103/ijcm.IJCM_453_21
15. Majumdar A, Shukla A. Registration, process and obstacles: A review of organ donation in India. Annals of Neurosciences,2018:25(2):83–88. https://doi.org/10.1177/0972753118756193
16. McGlade D, Pierscionek B. Barriers to organ donation: The perspectives of young adults from minority ethnic groups. Health & Social Care in the Community,2013:21(6):610–618. https://doi.org/10.1111/hsc.12061
17. Morgan K, Harrison R. The role of education in promoting organ donation among university students: A mixed methods evaluation. Medical Education Online,2020:25(1):1715714. https://doi.org/10.1080/10872981.2020.171571
18. National Health Authority of India. National organ and tissue transplant organisation: Annual report 2019–20 (Report No. NOTTO/2020/AR). Government of India,2020.
19. Nikolova A, Pivina L. Youth willingness to donate organs: The impact of digital media campaigns in Eastern Europe. Journal of Health Communication,2019:24(2):121–129. https://doi.org/10.1080/10810730.2019.1574950
20. Oliver M, Woywodt A, Ahmed A, Saif I. Organ donation, transplantation and religion. Nephrology Dialysis Transplantation,2011:26(2):437–444. https://doi.org/10.1093/ndt/gfq618
21. Siminoff LA, Mercer MB. Public policy, public trust, and organ donation. Journal of Health & Social Policy,2001:13(1):1–24. https://doi.org/10.1300/J045v13n01_01
22. Sriram V, Franklin G. Brain death and transplantation: Indian perspectives and controversies. Indian Journal of Anaesthesia,2014:58(9):607–612. https://doi.org/10.4103/0019-5049.144674
23. Steele EJ, Smith JF. Ethical challenges in youth organ donation education: A curriculum design framework. Medical Ethics & History of Medicine,2021:14(1):3. https://doi.org/10.1186/s41282-020-00055-4
24. World Health Organization. WHO guiding principles on human cell, tissue and organ transplantation. World Health Organization, 2018.
25. Yilmaz M, Ozkara H. High school students' knowledge and attitudes toward organ donation in Turkey. Transplantation Proceedings,2017:49(7):1670–1675. https://doi.org/10.1016/j.transproceed.2017.03.020