

**DISSERTATION ON
A STUDY TO ASSESS THE EFFECTIVENESS OF
STRUCTURED TEACHING PROGRAMME ON
KNOWLEDGE ABOUT ORGAN DONATION AMONG
THE COLLEGE STUDENTS AT SELECTED ARTS
AND SCIENCE COLLEGE, IN CHENNAI DISTRICT.**

**M.SC (NURSING) DEGREE EXAMINATION
BRANCH IV- COMMUNITY HEALTH NURSING**

**COLLEGE OF NURSING
MADRAS MEDICAL COLLEGE, CHENNAI – 600 003**



A dissertation submitted to

**THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY,
CHENNAI- 600 032**

In partial fulfillment of the requirement for the award of the degree of

MASTER OF SCIENCE IN NURSING

OCTOBER- 2019

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CERTIFICATE

This is to certify that this dissertation Titled **“A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE ABOUT ORGAN DONATION AMONG THE COLLEGE STUDENTS AT SELECTED ARTS AND SCIENCE COLLEGE, IN CHENNAI”** is a bonafide work done by Mrs. N. CHARULATHA., M.Sc. (Nursing) II year Student, College of Nursing, Madras Medical College, Chennai -03, submitted to the Tamil Nadu Dr. M.G.R. Medical University, Chennai in partial fulfillment of the requirement for the award of the degree of Master of Science in Nursing Branch – IV, Community Health Nursing under our guidance and supervision during academic year 2017 – 2019.

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“A moment of gratitude makes a difference in your attitude”

– Jean Baptiste

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LIST OF ABBREVIATIONS

Short forms	Abbreviations
Dt	District
STP	Structured teaching programme
H1	Research Hypothesis
THOA	Transplantation of human organ transplant
NOTTO	National organ and tissue transplant organization
ROTTTO	Regional organ and tissue transplant organization
OTD	Organ and tissue donation
WHO	World health organization
No	Number
N	Number of samples
F	Frequency
%	Percentage
SD	Standard deviation
X ²	Chi-square
CI	Class interval
Annova	Analysis of variance
t	Student paired 't'= test

ABSTRACT

Organ donation is the process of giving an organ or a part of an organ for the purpose of transplantation into another person. Organ donation is legal by law because the Government of India has enacted "**The Transplantation of Human Organs Act 1994**" Act No.42, which has allowed organ donation and legalized brain death. Even 20 years after the Human Organ Transplantation Act majority of people are not aware of organ donation. There is a chronic shortage for organs and inadequate awareness about deceased organ donation. Approximately every 10 minutes; someone is added to the national waiting list for organ transplant. Lack of proper education to the attendants of a brain dead patient, lack of awareness among general public and college students about organ donation, organ donor cards, process of organ donation, add to the superstitions and misconceptions associated with organ donation in our country and make organ donation a tedious task. It is the lack of awareness only which keeps people away from the concept of organ donation.

TITLE

“A study to assess the effectiveness of structured teaching programme on knowledge about organ donation among college students at selected arts and science college in Chennai”

OBJECTIVES

This study was carried i) To assess the pre-test knowledge level regarding organ donation among arts and science college students in experimental group and control group. ii) To evaluate the effectiveness of structured teaching programme on organ donation among arts and science college students in experimental group. iii) To compare the post test level of knowledge score in experimental and control group iv) To find association between the post- test knowledge on college students

regarding organ donation and selected demographic variables among experimental group.

MATERIALS AND METHODS

The study was carried out using a quantitative, true experimental design. 50 arts and science college students were selected from Gurunanak arts and science college students as experimental group and 50 Patrician arts and science college students were selected for control group. Samples were selected using a multi stage sampling with simple randomization. Pre existing knowledge was assessed for college students in both groups using a structured questionnaire prepared by the investigator and validated by the nursing experts. Structured teaching programme on organ donation was given to the participants in experimental group using PPT. Control group was not provided with any intervention. Post test was conducted in both the group after a week of intervention. Control group was provided with the same education using the booklets after the conduction of post test.

RESULTS

The results shows that in experiment group, on an average, in post test after having structured teaching programme, the mean difference of knowledge gain score is experimental group students are having 15.64 knowledge score and control group students are having 7.24 knowledge score, so the difference is 8.40, this difference is large and it is significant. It was tested using Student independent t-test. The difference shows the effectiveness of structured teaching programme. There is a significant association between the knowledge gain score and the type of family, mother's education, mother's occupation, place living of status of the participants.

CONCLUSION

The study results showed that there is an effectiveness of structured teaching programme on organ donation. Effective modules on organ donation can help to educate and create awareness to organ donation among arts and science college students and it can be applied in all settings. The study was appropriate, effective, feasible and cost effectiveness.

CHAPTER-I INTRODUCTION

“Death is not the end, its beginning of another life”

Marianne Williamson

Life starts from birth and end with the death of the individual. In between the birth and death there are different stages of life, where a person faces different diseases and its problems. Organ donation is the gracious act. It firmly believes that the organ is use of others and death is not the end, and it is another beginning. Organ is a structural part of a system of the body that is composed of tissues and cells that enable it to perform a particular function. In case, any of the organs of the human body fails to carry out its normal function, it needs surgical replacement of the organ by organ transplantation. For some organs, the donation can be given while the healthy person is alive, in other cases, the donation is made after death.

Organ donation is done by both living and deceased donors. The living donors can donate one of the two kidneys, a lung or a part of a lung, one of the two lobes of their liver, a part of the intestines or a part of the pancreas. In case of the deceased donors, it is first verified that the donor is dead. The verification of death is usually done multiple times by a neurologist. After death, the body is kept on a mechanical ventilator to ensure the organs remain in good condition. Most organs work outside the body only for a couple of hours and thus it is ensured that they reach the recipient immediately after removal. While a deceased donor can donate liver, kidneys, lungs, intestines, pancreas, cornea tissue, skin tissue, tendons and heart valves.

The process of organ donation varies from country to country. The process has broadly been classified into two categories – Opt in and Opt

out. Under the opt-in system, in an opt-out system, a person is automatically presumed to have given their consent to be a donor before their death unless they had made a specific request not to donate their organs. So, organs may be taken unless people have registered an objection not to be donor, or their family members (next of kin) object. This is known as a “soft opt-out”. Anyone who wishes to donate organs needs to fill a prescribed form available on the Ministry of Health and Family Welfare Government of India’s website. In order to control organ commerce and encourage donation after brain death, the government of India came up with the law, The Transplantation of Human Organs Act in the year 1994. This brought about a considerable change in terms of organ donation in the country.

Historically, organ donation has been looked upon as a compassionate and charitable act. The most frequently transplanted parts are corneas, long bones (arms, legs), heart valves, and skin. The medical advancement and technology has begun to save lives and the most miraculous achievement of modern medicine is organ transplantation which has the power to save the lives of the clients. The most common reason for shortage of organs is that people hesitate to donate organs. The field of organ donation and transplantation has the power to save millions of lives if there is adequate availability of organs. Organ Donation is the only area in all of health care that cannot exist without the participation of the public. The demand for human organs is increasing day by day despite the supporting efforts of governments and health agencies.

Organ Donation from deceased persons has been performed since 1964. Since then, there is chronic shortage for organs and inadequate awareness about deceased organ donation. Approximately every 10 minutes; someone is added to the national waiting list for organ transplant. In 1994, **NOTTO** which allows organ donation, legalized the

concept of 'brain death' as a criteria for organ donation. According to the law, the privilege or right on the decision of organ donation rests with the next of kin of the deceased person. Organ donations are taken from two sources according to the act, deceased and living donors. Most organs used currently used from deceased donors, and the majority of the living donors are typically a family member of the recipient.

The shortage of organs for donation is a growing problem. The discrepancy between organ availability and clinical needs, results in an excess of deaths; it leads to long waiting-lists and increased morbidity and health-care costs. Opposition to organ donation is a significant problem. Everyone rather should come forward and realize how this conscientious effort can leave a great positive impact on our society. So is it not everyone's duty as a human being to allow their organs to be donated after their death. Different programmes have been developed to tackle the problem of this organ-donor shortage. Educational programmes, mass campaigns may play an important role in decreasing the opposition and can promote positive awareness about organ donation. College students are considered very important targets in educational campaigns, also because of indirect family involvement.

BACKGROUND OF THE STUDY

Organ donation is encouraged worldwide. The government of different countries have different systems to encourage organ donation. Organ donations are legal as per the Indian law. The **Transplantation of Human Organs Act (THOA)**, 1994 enacted by the government of India permits organ donation and legalizes the concept of brain death. However, the demand for organs is still quite high as compared to their supply. Effective steps must be taken to meet this ever-increasing demand. It is sad how several people in different parts of the world die each year waiting for organ transplant. The governments of different

countries are taking steps to raise the supply of organs and in certain parts the number of donors has increased.

India is the diabetes capital of the world. Diabetes is a big cause of kidney failure. Then, there is alcoholism and hepatitis, both of which often lead to liver failure. We are genetically predisposed to heart problems. These diseases have increased so much in the last 20 years that there is a huge demand for organs like kidney, liver and heart. On the supply side, the awareness as well as donation of organs is low. So, there is a massive shortage of organs.

Also, accident trauma is the third common cause of death. When I was working as a staff nurse, I used to handle accident cases almost every day. Organ donation from accident cases itself can increase the size of the supply of organs in a big way. With improved awareness, we can bridge the gap between demand and supply.

Organ donation is indeed one of the humane acts, but not many people know about it and in addition there are various taboos associated with it. People who are uneducated or partly educated may not consider to donate their organs. It therefore becomes the responsibility of those who are aware of such drives and can bring a positive change in our society by transforming people's mindsets.

A famous personality in France, announced that his 10,000 dollars' worth of car will be dig into the sand on a particular date and time, the venue was also mentioned on particular date, all the Franch people came, and they were discussing how stupid he was. No one can do such rubbish behavior. Meanwhile a big ditch was made and when the car to be placed buried in it, the activity was stopped. The famous person said that I wanted to burry afterall 10,000 dollars' worth of car, but you people are burrying valuable Organs. Thus the famous personality created awareness. Walkathon, Marathon, and also the

government initiate so many programs about organ donation. Please donate your organs and save another life.

Times of India reports that organ donation four folds upto India, but still there is a long way to go. So public awareness should be spread as to how people can come forward and contribute towards this cause. Any person who is above 18-years of age is entitled to become a donor no matter what his/her background is. In fact, children under 18 years of age are free to donate their organs after seeking permission from their parents/guardian. The body of a single donor can save the lives of about 50 people. There is no age bar, which implies that people between the age group of 70 to 80 can also successfully donate their organs.

This structured teaching programme is aimed to create aware the students about the need of organ donation, to remove the hesitations of the people about donating organs, to motivate and encourage more people towards organ donation in their life and to distribute the messages of organ donation all over the country.

1.1 NEED FOR THE STUDY

Don't take your organs to heaven because god know's they are needed here, you have the power to donate life.

Organ transplantation is one of the most spectacular endeavors till date. But there is a shortage for organs and low response to cadaver organ donation. Organ shortage is a universal problem. At least 10 patients die every day waiting for organs and every 10 minutes a new name is added to this waiting list.

A recent data cited that 1.25 lakhs Indians died in road accidents last year, and less than 20,000 of them donated their organs such as kidneys, liver, pancreas and heart for potential recipients. Thousands of patients die due to unavailability of organs. Awareness about organ

donation has improved among people compared to earlier times, more people are coming forward to donate organs, it seems it is impossible for the demand and supply of cadaver organs to meet the demand in near future. For that reason the health department also bring more public awareness about cadaver organs donation.

Main limit to organ transplantation is donor shortage. Seeing the number of driving license applicants every year, the procedure is a positive move in generating awareness among people and providing organ donor card. The pledge does not automatically authorize the government to harvest organs upon death of the donor, but also requires full consent of the family. Although the step is undoubtedly beneficial for the society, Organ donation can be improved by a well-organized and structured approach, Learning from best practices is important. As per statistics in 2018, 2 lakhs cornea donation are needed annually. However, only 50,000 cornea are donated. 3 out of 4 awaiting cornea donation remain visually impaired. 5, 00,000 people are awaiting organ transplantation in India. By the end of the year most of them will die due to lack of organ available for transplantation. 21,000 kidney required but 5,000 kidney available. 5,000 hearts required but, only 70 hearts are available. 2, 00,000 liver required but, 750 livers are available.

Naina Sam, R. Ganesh et.al., 2019 conducted a cross-sectional study among 486 undergraduate students belonging to Medical, Dental, Engineering, and Arts and Science from various colleges in Thiruvallur and Chennai. A total of 486 students participated in the study, out of which 183 (37.7%) were males and 303 (62.3%) were females. Among the study population, 455 (94%) were aware and 31 (6.4%) were not aware of the term OD. A total of 261 (54%) students were aware and 225 (46%) were not aware of the “organ transplantation act”. A total of 240 (49.4%) students had the knowledge about the risks involved in OD.

A total of 329 (68%) students felt the need for laws to govern the process of OD. Knowledge about the organ donor card was observed among 169 (35%) students among the study population. Three hundred and eight (63.4%) wanted to be a part of any OD group and also motivated others for OD. A well-organized approach is required to raise an awareness among the youth about various aspects of OD which is necessary to eliminate the setbacks that affect the rate of availability of donor organs. Motivational messages, creating awareness and facts about organ donation are some of the intervention to bring about changes regarding perceptions and intentions about OD among the students.

Young adults represents the future of the society and have a direct influence on family members and friends. A favourable positive attitude of the young adults in this matter is needed in this present scenario.

Most of the people think organ donation as a neglected issue. Lack of knowledge, awareness, and infrastructure are some of the reasons behind shortage of organ donation in India. Here are the top 5 reasons why organ donation lags in India

1. Lack of education and awareness

Lack of proper education to the family members of a brain dead patient, lack of awareness among general public about organ donation, organ donor cards, process of organ donation. In addition the superstitions and misconceptions associated with organ donation is high in our country and so making organ donation is a tedious task. Lack of awareness only keeps people away from the concept of organ donation.

2. Lack of brain death declaration

In many hospitals, doctors also lack knowledge about brain death and keep the patient on ventilator for as long as it is possible. Many of brain death cases occur in government hospitals where in brain death

declaration is low rather negligible. Also, not many government hospitals are involved in the process of organ transplantation and retrieval.

3. Superstitions And Misconceptions

Myths like “if I donate my organs I may be born without a kidney or liver in my next birth”, “Organ donation is expensive”, prevent people from pledging their organs. Most of the myths associated with organ donation are false.

4. Lack of family consent

When a person is declared brain dead it is difficult for the family to initially accept the death as the body is warm and they believe that heart is still beating. Brain death is often confused with coma and the family harbours hope of the patient reviving. But the fact is that brain death is irreversible even if the organs continue to function. This is what that drives doctors to urge the family of the deceased to donate the organs and save someone’s life

5. Lack of Organ Transplant And Retrieval Cen

In India, 301 hospitals are equipped to handle the process, but only 250 have registered with National Organ and Tissue Transplant Organisation (NOTTO). Which means it conduct an organ transplant, Currently, in India, there are only 5 Regional Organ and Tissue Transplant Organisation (ROTTO) and 6 State Organ and Tissue Transplant Organ.

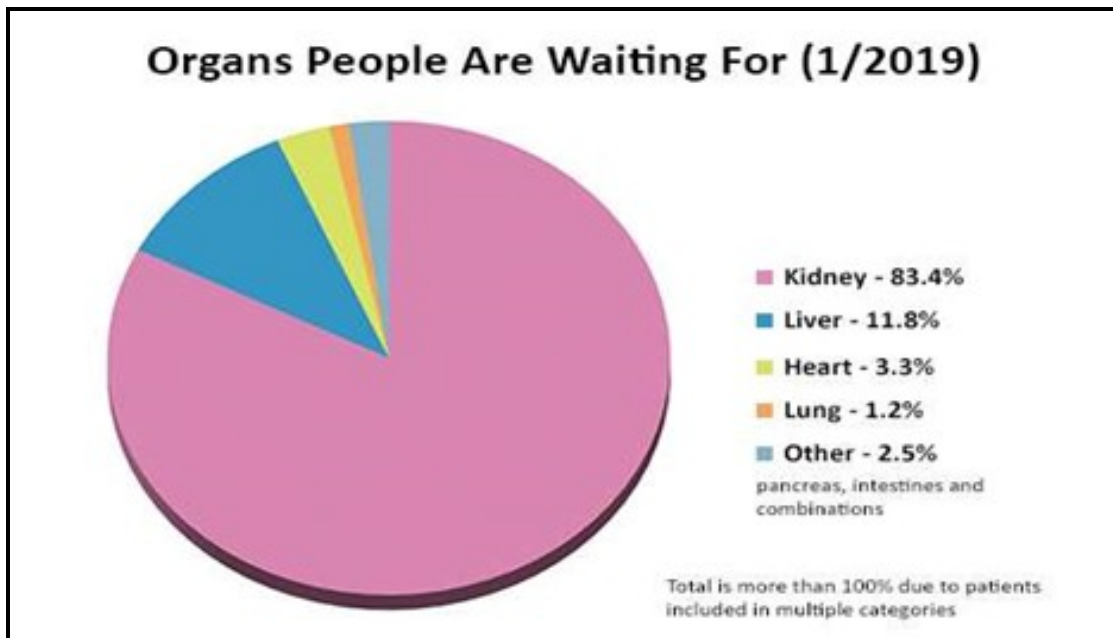
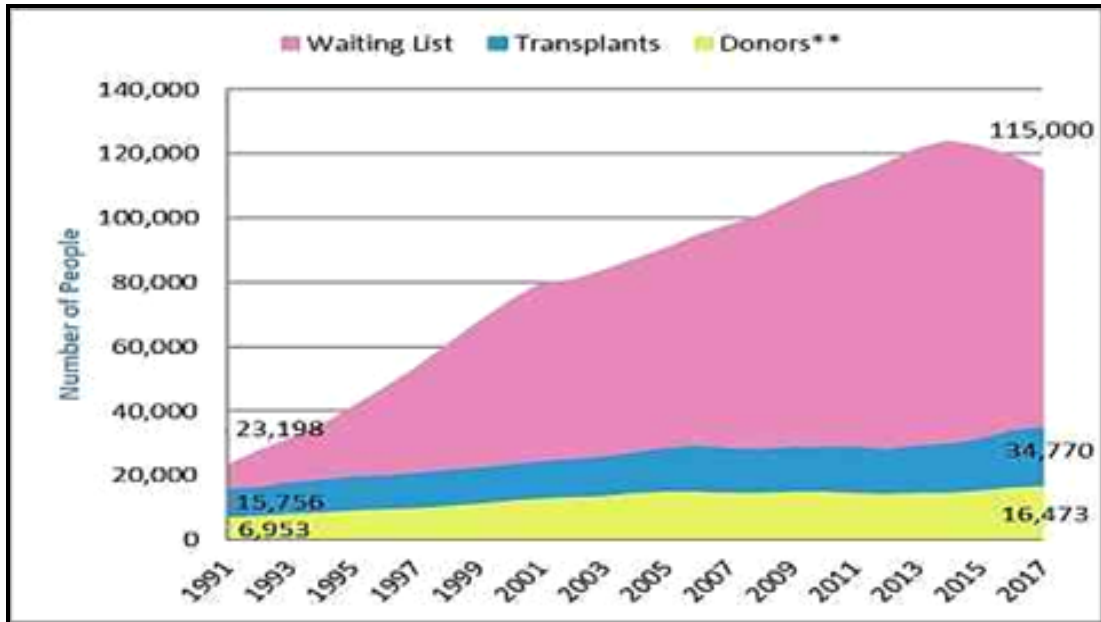


Fig 1.1 waiting list for (1/2019) organ donation

COMMUNITY ACTION MODEL

Community action model, which highlights the importance of a community context, six essential practices for success, and outlines a 3P Action cycle. Partner, Prepare and Progress. This model can be useful to create the community awareness.



Fig 1.2 community action model

COMMUNITY CONTEXT

Community context plays a vital role in healthier communities work. Community health nurse focussing to create the awareness to the students.

ESSENTIAL PRACTICES

Community action model believe six essential practices are critical for creating meaningful and sustained change in community.

They address how a community nurse in partnership of public can be most effective and sustain its impact and who it should involve and strive to serve.

3Ps ACTION CYCLE

A community change process that is intentional about partnership, preparation, and strategic progress to change the behaviour of public for improved community health. The partner (community health nurse) prepare action steps result in stronger relationship between partners and community members, motivating and mobilizing them to work for a healthier community. Community health nurse, to promote healthier behaviour and public demand for healthy living.

This model denotes a community health nurse play a vital role in to creating awareness about organ donation. By working collaboratively with public to engage the community activity, to improve the sustainable thinking, to reduce the culture beliefs and barriers about organ donation. Effective communication can change the behaviours of the public about organ donation.

1.2 STATEMENT OF THE PROBLEM

“A study to assess the effectiveness of structured teaching programme on knowledge about organ donation among college students at selected arts and science college in Chennai”.

1.3 OBJECTIVES OF THE STUDY

- ❖ To assess the pre-test knowledge level regarding organ donation among arts and science college students in experimental group and control group.
- ❖ To evaluate the effectiveness of structured teaching programme on organ donation among arts and science college students in experimental group.

- ❖ To compare the pre and post- test level of knowledge score in experimental and control group.
- ❖ To find association between the post- test knowledge on college students regarding organ donation and selected demographic variables among experimental group.

1.4 OPERATIONAL DEFINITIONS

Effectiveness:

It refers to the knowledge gained from the structured programme as measured by the investigator.

Structured teaching programme:

It refers to providing information regarding organ donation with the help of written factual material and related audio-visual aids among students.

Organ donation:

In this study, it refer to the donation of biological tissue or organs of the human body, from a living person or dead person to the recipient who is in need of transplantation.

Knowledge:

Knowledge refers to the written response of the college students and their level of understanding regarding organ donation which is measured by self-administered questionnaire and it scores.

College Students

It refers to those who are studying undergraduate first year arts and science college students at Chennai.

1.5 HYPOTHESES

- H₁ There will be a significant difference between the pre-test and post-test knowledge score on organ donation in experimental group.
- H₂ There will be a significant difference between the post-test knowledge score on organ donation in experimental group and control group.
- H₃ There will be a significant association between the pre-test knowledge score on organ donation and selected demographic variables
- H₄ There will be a significant association between post-test knowledge score of students on organ donation with their selected demographic variables.

1.6 ASSUMPTIONS

- ❖ Students may have some knowledge about organ donation
- ❖ Structured teaching programme will help to enhance the knowledge of students regarding organ donation.

1.7 DELIMITATIONS

- ❖ The period of the study is 4 weeks only
- ❖ The study delimited is 100 samples

1.8 CONCEPTUAL FRAMEWORK

Conceptual framework is a basic structure that consists of certain abstract block which represents the observational the experimental and analytical / synthetically aspects of a process (or) system being conceived. The interconnection of these blocks completes the framework for certain expected outcomes. A conceptual framework were used in research to present a preferred approach to an idea (or) thought. Nursing theory help to generate further nursing knowledge.

This study is based on Imogene king's goal attainment theory which would be relevant for STP regarding the organ donation. Imogene king's system is an open system. In this system human are in constant contact interaction with their environment.

PERCEPTION

In this study the researcher perceives that most of the Arts students lacks in knowledge and attitude regarding organ donation.

JUDGMENT

In this study the researcher judge that, the STP is effective in improving the knowledge regarding organ donation. It provides improve the awareness of organ donation as well as the prevent legal and ethical issues.

ACTION

In this study the researcher prepare the STP which is effective in improving the knowledge regarding organ donation.

MUTUAL GOAL SETTING

In this study it is an activity that includes the student when appropriate in prioritizing the goal and in developing the plan of action to achieve those goals. Here this study both the researcher and student accept to undergone with the research study.

REACTION

The researcher plans together and moves towards goal attainment. Here the researcher plan to teach the organ donation after conducting the pre-test to the experimental group.

INTERACTION

The act of two or more persons in mutual presence and sequence of verbal and non-verbal behaviours that are directed towards goal. In this study the interaction includes pre-test (for assessing the knowledge) than administration of STP and post-test to the samples of the experiment group and no intervention to the samples of the control group.

TRANSACTION

In this study the transaction includes post-test on the assessment of knowledge regarding organ donation among the student. In this study the researcher and the subject came together for an interaction, a different set of perception to exchange. The researcher perceives the subject need to teach the organ donation to rules and regulations among the Arts student. The researcher communicates the subjects by implementing the STP regarding the organ donation between the subjects takes place. The goal is said to be achieved is an increased level of knowledge in experimental and control group.

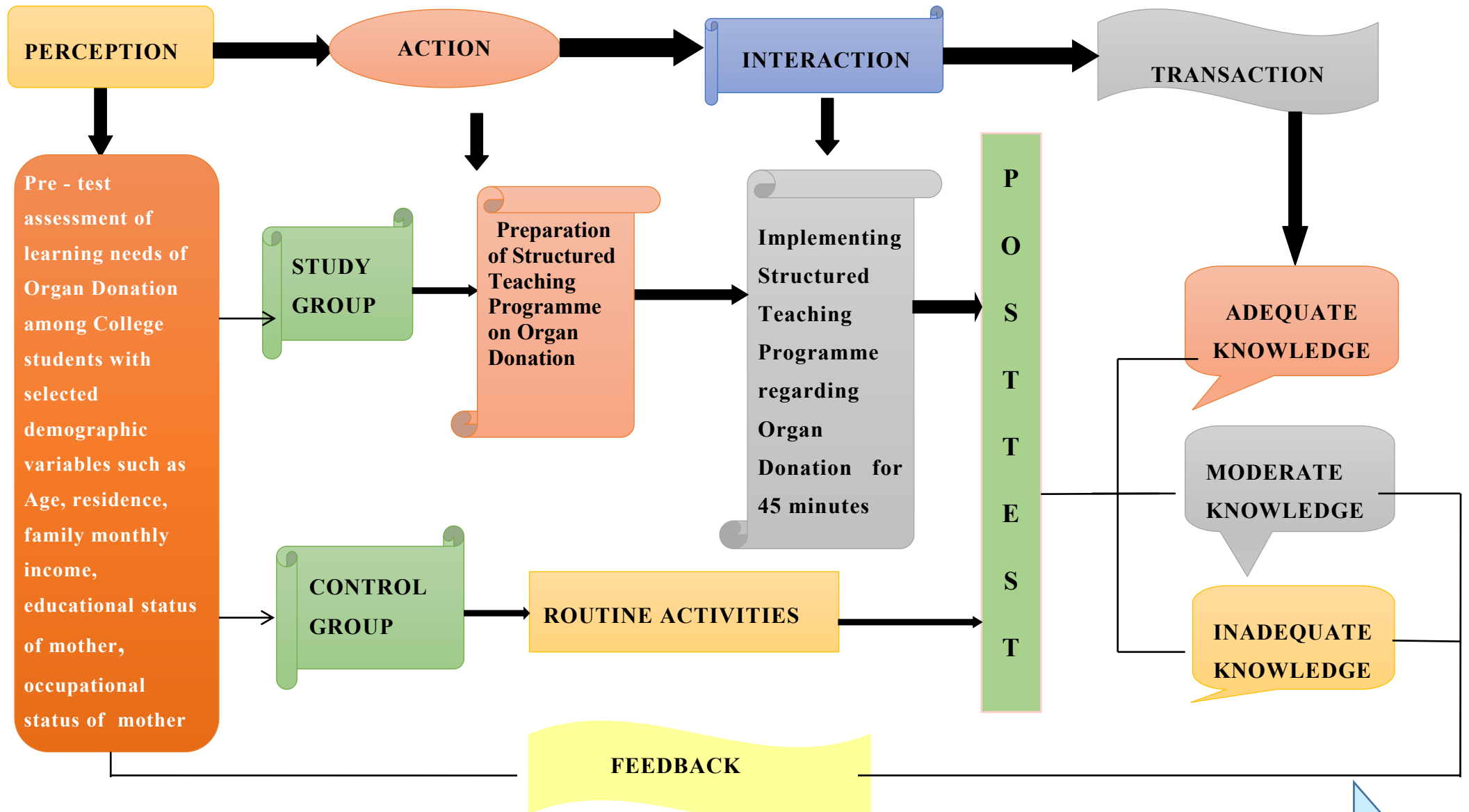


Fig. 1.8. CONCEPTUAL FRAMEWORK BASED ON MODIFIED IMOGENE KINGS GOAL

CHAPTER –II REVIEW OF LITERATURE

Review of literature is systemic identification, collection, critical analysis and reporting of existing information on the topic of material for the study.

An excessive review of literature relevant to the research was done to collect maximum information for laying foundation for this study. The purpose of the review of literature is to obtain in depth knowledge and information about the knowledge and attitude of adolescent regarding organ donation.

2.1: Review of literature

2.1 CONSISTS OF LITERATURES RELATED TO MAJOR AREAS OF THE STUDY TITLE. IT COMPRISES OF TWO SECTIONS. THEY ARE

SECTION A: 2.1.1. Studies related to knowledge regarding organ donation

SECTION B: 2.1.2. Studies related to effectiveness of structured teaching programme on change in the knowledge of adolescents regarding organ donation.

SECTION A

2.1.1. STUDIES RELATED KNOWLEDGE REGARDING ORGAN DONATION

Mahmoud Abbasi et al. (2019) conducted a cross-sectional study performed on 450 healthcare personnel, self-administered questionnaires were used to derive data from individuals. Most of the individuals were willing to donate (48.34%; n=175) and unwilling (51.66%; n=187) to donate their organs. There was a need for more educational programs

for the improvement of knowledge regard to organ transplantation and organ donation among healthcare personnel.

Kishore Y et al. (2018) conducted a cross-sectional study among 160 interns with a pre-tested, semi structured questionnaire in order to assess their knowledge, attitude and practice regarding organ donation. Data collected was analysed using SPSS software. The mean age of the interns was 23.03 ± 0.73 and majority were females (70%). 79.4% of were having adequate knowledge and majority (77.5%) were willing for organ donation. Only 5.6% had donor card. Though most of the interns had adequate knowledge, still gaps exist in their knowledge. To provide right knowledge and orientation will become future organ donors who can then easily motivate their patients.

Apoorva Sindhu et al. (2018) conducted a cross-sectional study performed on medical college of Western Maharashtra. 87% of the students were correct knowledge about brain death occurring after road traffic accident. Fifty-four percent (54.45%) of students had not aware about brain death, and cannot donate organs. 61% of the students was not aware that a National network for organ donation exists in their city. 48.5% of students were know how to register oneself as an organ donor. The results of the study was that there exists a knowledge gap among the medical students about organ donation and there was an urgent need for addressing this knowledge gap which will help in improving the organ donation in our country.

Dongmei Hu et al. (2018) carried out a cross sectional study were to assess the knowledge, attitudes, and willingness toward organ donation among the health professionals in China. Questionnaires were delivered to 400 health professionals from 7 hospitals. Over 90% of the participants known about organ donation, but only 17.4% had taken part in some training courses or lectures about organ donation. Health

professionals (64.9%) known the shortage status of organ, and doctors knew more than nurses and nonclinical staffs ($P < 0.01$). Doctors are higher knowledge level about brain death than nurses and nonclinical staffs ($P < 0.01$). Health professionals were lower favorable attitudes and willingness toward organ donation.

GS Adithyan et al. (2017) conducted a cross sectional study were to assess the knowledge of medical students regarding organ donation at Government Medical College, Trivandrum, Kerala, India. Self-administered questionnaire administered from 194 final-year MBBS students. The convenient sampling used in this study. The questionnaire had three sections to collect information of socio demographic details of the students, regarding knowledge on organ donation, The findings of the study was that a majority of the students were inadequate knowledge about organ donation, but it is not translated into their willingness for donation – both cadaveric and live. The study reiterates the need for educational interventions for medical students.

Prince Alex et al. (2017) conducted a cross-sectional study among 510 undergraduate medical students of K.S Hegde Medical Academy. A tool with 30 questions were administered to the students, in order to assess their knowledge about organ donation and transplantation.. The mean age of the students was (20.21 ± 1.32) . When compared to boys, girls reported higher mean scores in knowledge (9.22 ± 1.11) ; The first year students had higher scores for their knowledge (9.46 ± 1.28) compared to other years. ($p=0.02$). There were inadequate knowledge in students. The study shows their inadequacies of knowledge and attitude of medical students, necessitating the inclusion of the topic in their curriculum.

Balwani Manish et al. (2017) conducted a cross sectional study among 85 CKD patients to evaluate knowledge about and attitude towards organ donation at a tertiary hospital. The Age of respondents ranged from 15 to 75 years. Almost one third of patients were unaware about any knowledge regarding organ donation. All respondents were felt that organs must go to the needy irrespective of their religion. This study represents about 31.76% of participants believe that there is a danger that donated organs could be misused, abused or misappropriated. So Mass media, religious and political leaders may be involved to maximize awareness about organ donation.

Ghaffari Mohtasham et al. (2017) conducted a cross sectional study being performed among Shahid Beheshti University of Medical Science's students were selected using multi stage sampling method. Participants completed a questionnaire, that is validity and reliability were performed previously. Data were analyzed by SPSS version. Television was found to the main in this aspect to obtain information and then Internet was second one. According results, it was recommended appropriate interventions such as health education and advocacy, especially through national Television.

Ghaffari Mohtasham et al. (2017) this articles shows that shortage of organ donation is a global problem. Designing appropriate interventions to promote organ donation card has seriously felt in the world. Meanwhile, theory-based interventions have high priority. If practitioners have a good knowledge and skills for designing programs entitled the theory of planned behavior, undoubtedly will be made more effective interventions. This theory has focused on the triple structures of attitudes, subjective norms, and perceived behavioral control to promote behavioral intention and behavior of individuals to receive the organ donation card.

Poreddi et al. (2016) conducted a cross-sectional descriptive study carried out attitudes, knowledge, and willingness to donate organs among Indian nursing students. Using self-reported questionnaires. All the participants were aware of organ donation. The majority (n = 251, 94%) of them had unaware of organ donation law. The result of the study findings suggest the need for revising the nursing curricula to prepare the future nurses' competent in encountering the issues related to organ donation and fostering.

Ghaida Jabri et al. (2016) conducted a cross-sectional study, data were collected through a valid structured interview questionnaire from 290 participants during organ donation campaign. The questionnaire were included socio-demographic data and data about participants' awareness and knowledge on organ donation. The Results Of the interviewed 385 Saudis, 290 accept to participate in this study with a response rate of 76.3%. The study revealed that 74.1% of the participants had willing to donate their organs with no significant differences between males and females, although only 2.7% of them reported to have a donation card. However, lack of awareness (21.7%), family refusal (20.6%) and fear of unknown (19.7%) had the most important barriers of organ donation.

Oluyombo et al. (2016) conducted a questionnaire-based cross sectional study involving tertiary, secondary, and primary health institutions in South western Nigeria was conducted. Age range was 18 to 62 from primary, secondary, and tertiary health centres, respectively. At each level of care, permission by religion to donate organs influenced positive attitudes toward organ donation. At each level of health care, young health care workers and women would be willing to donate, and counselling of families of potential donors Knowledge and willingness to donate organs among health care levels were not different. Considering the potential advantage of community placement of other

tiers of health care (primary and secondary) in Nigeria, integrating them would be strategically beneficial to organ donation.

Hamed H et al. (2016) conducted a cross sectional descriptive study in which a specially designed self-administered questionnaire to assess knowledge regarding organ donation (OD) was used to perform a survey on a representative sample of pre-medical students. A total of 359 students completed the questionnaire. Among 36% of the students were good knowledge about OD; however, 11.7% of them were good knowledge about brainstem death. 66.3% of students found their information resources insufficient. 77.7% of participants did not know regarding the law regulating OD in Egypt. 37% of the students were positive attitude towards organ donation. The most frequent cause of organ donation refusal was lack of confidence in the health care system.

Abdulrahman Soubhanneyaz et al. (2016) conducted a cross-sectional study in western region of Saudi Arabia. 461 subjects recruited from the western region of Saudi Arabia to explore the current public awareness, attitudes and beliefs towards organ donation. The data were collected through a self-administered validated structured questionnaire. Religion, money, and age of the recipient appeared to have no role in their willing of organ donation. The majority of the participants knew well the organ which can be donated; although 64.5% of them have no knowledge about the regulations and legislation of organ donation. The observed low level of knowledge about regulations and legislations necessitates more efforts to spread awareness about such important issues.

International Journal of Recent Scientific Research, (2016) conducted a pre experimental design was adopted for this study. 60 samples were selected by purposive sampling technique. The findings showed that the pre-test knowledge had inadequate knowledge and

whereas in post-test, had adequate knowledge. The investigator feels that, organ donation was a social issue. So the organ donation regarding knowledge was inadequate.

Tobias Terbonssen et al. (2015) conducted an online survey based on recruitment via Facebook groups, advertisements using the snowball effect, and on mailing lists of medical faculties in Germany. Holding a donor card were associated with specific knowledge ($P < .001$), but not with the general education level ($P = .155$). Receiving information material was related to holding a donor card ($P < .001$), but not to a relevant increase in specific knowledge.

Febrero.B et al. Research gate (2015) reported that 3,547 adolescents surveyed, 38% ($n = 1,337$) of the respondents known the BD & OD concept. Remaining 54% ($n = 1,930$) had not known that concept and the remaining 8% ($n = 280$) thought did not mean a person's death. The respondents were more in known about deceased donation and better knowledge of the concept of BD than those who had doubts (40% vs 35%, respectively; $P = .007$). The knowledge about BD was correlates with variables directly and indirectly related with organ donation and transplantation ($P < .05$). Most adolescents in the southeast of Spain had not know the concept of BD, & OD.

Chung.J et al. Transplanting proceeding (2015) conducted a cross sectional study, , 161 (49.8%) were willing to be a deceased donor, and the other 162 (50.2%) were unwilling or unsure. Neither level of knowledge nor experience of recent public information on organ donation affected students' decisions. Instead, a cohesive family environment and family discussion were strong predictors of the willingness Korea middle and high school students to be an organ donor. A donation education program that promotes family communication and

discussion about organ donation could increase willingness to be an organ, donor among Korean adolescents.

Cornwall.J et al. (2015) The New Zealand medical journal reported that Young adults are 'tomorrow's donors'. 180 responses were gathered (mean age 20.1 years, 67% female, 68% New Zealand European); participants were generally not representative of the University of Otago student profile. Outcomes indicated limited OTD knowledge, positive support for Organ and Tissue Donation, and willingness to engage in donation the decision-making process for loved ones. Findings highlight areas for strategic OTD public engagement and provide details relevant to guiding appropriate clinical interaction in facilitating decisions about OTD.

Keten.HS et al. (2015) reported that a total of 322 participants, 253 (78.6%) stated that organ donation was allowed in Islam, while 5 (1.6%) expressed that it was religiously forbidden, and 64 (19.9%) stated that they had no idea regarding the issue. Only 2 (0.6%) participants had registered organ/tissue donors, while 320 (99.4%) were not. Out of all participants, 72 (22.4%) imams were willing to donate organs. Forty-six (14.3%) imams were previously received basic training about organ donation, and 166 (51.6%) were willing to participate a related training. Television programs and healthcare professionals had the most common means of learning regarding organ donation. Educational programs by healthcare professionals for imams and the public had proposed to be effective in increasing the number of organ donations.

KL Balajee et al. (2015) study shows that Organ transplantation is the most preferred treatment for many of the end-stage organ diseases as it offers a better quality of life and had a better long-term survival benefits. However, the primary hindrance to the organ. Because of that

low donation rate, patients need transplantation wait for more long time. The success of the organ donation program was adequate knowledge and awareness of the public regarding organ donation and the consent by relatives for the organ donation in the event of brain death are required. Due to the lack of knowledge regarding the legal and procedural details of organ donation, kidneys were sold in the black, and frequently, the police uncover those illegal ;kidney transplant rackets. Thus, there is a great need for increasing awareness regarding the importance of organ donation and the legal provisions related to it.

A Tong et al. (2015) conducted a systematic review and integrative Synthesis of published studies on public awareness and attitudes toward living organ donation. Forty-seven studies involving 34 610 respondents were included. The proportion of respondents reporting they were aware of living organ donation was 76.7% (4 studies, n = 3248; 95%CI:[46.2% to 97.0%], I = 99.7), the majority were in favour of living directed donation (85.5% (11 studies, n = 15,836; [CI: 81.6% to 89.6%]; I = 98%). Recipient and community benefit was the rationale provided but barriers included fear of surgical and health risks, lack of knowledge, respect for cultural norms, financial loss, distrust in hospitals, and avoiding recipient indebtedness. The public indicated willingness to solicit living donation for medical need but voiced concern about possible risks or an obligatory pressure exerted on the donor.. This supports increased public engagement and strengthening of a shared view among professionals and the public in the formation of living donation practice and policy.

SECTION B

2.1.2 Studies related to effectiveness of structured teaching programme on change in the knowledge and attitude of adolescents regarding organ donation.

J Devil et al. (2019) conducted a quasi experimental study, non equivalent pre and post-test control group research design was adopted for the study. Hundred subjects were selected by using purposive sampling technique who were grouped into experimental group (n=50) and control group (n=50). The level of knowledge was assessed by using semi structured questionnaire. The findings of the study had revealed that the majority of samples were in the age group of 17 years (58%) in experimental group and (42%) were in control group and (76%) of the respondents were belongs to nuclear family in both experimental and control groups. Almost (86%) of participants had heard about organ donation. The pre-test mean knowledge score was 22.82 ± 6.33 of experimental group and 21.7 ± 6.46 of control group whereas post-test mean knowledge score was 33.74 ± 3.84 of experimental group and 22.52 ± 6.36 of control group. A positive correlation existed between the post-test knowledge and attitude ($r=0.35$, $p>0.05$) in experimental group. The study had found that there was no significant association between knowledge with selected variables. It was apparent from the study that the respondents were reluctant to donate organs due to myths and religious beliefs. One of the best ways is to educate adolescents. Hence it was concluded that STP had a positive impact and was effective in improving the knowledge and attitudes of the subjects regarding organ donation.

S Pauline et al. (2019) conducted a quasi-experimental study (Non randomized pre-test post-test control group) design was selected for this study. Convenience sampling technique were used to select 100 young adults from DAV College and Lyallpur Khalsa College of

Jalandhar, Punjab. Self -structured knowledge questionnaire about organ donation were used. The pre-test mean knowledge score were 12.52 of experimental group and 12.60 of control group whereas post-test mean knowledge score were 19.14 of experimental group and 13.62 of control group. The study were found that there was significant increase in the mean knowledge score in experimental group than in control group. The study concluded that structured teaching programme was effective to providing knowledge about organ donation among young adults.

Samata Srinivasula et al. (2018) conducted a questionnaire-based interventional study carried out among 112 dental house surgeon students, Hyderabad. The self-administered questionnaire were distributed to students as a pre - test and collected back after completion. Responses on knowledge obtained from the subjects showed significant changes in several key areas from baseline to post intervention and at follow-up. The important educational intervention was significantly increased perceived knowledge about organ donation among dental students.

Elizabeth A. Austin (2018) this articles reports that Pediatric perioperative nurses are experiencing increased opportunity to participate in donations after cardiac death. An increased public awareness regarding donation and transplantation has inspired more people to donate than in previous years. The demand for that transplantable organs had led to opportunities that was increased donor candidates including living donors and cardiac death donors. Cardiac death in children was often sudden and unexpected, However, when perioperative nurses adhere to standards and guidelines, they could perform their responsibilities in an ethical and compassionate manner and assist their team in doing so. This article findings that the guiding principles of pediatric organ donation after cardiac death, the phases of the process, and the awareness of organ donation.

Jessica M. Ruck et al. (2018) conducted an explorative study at transplant centres starting to leverage Twitter for information dissemination and public engagement, it was important to understand current living solid organ donation-related Twitter use. Tweets had manually abstracted and properly analysed for common themes. Social media influence of these tweeting regarding living donation were evaluated. The study identified 93 donors, 61 professionals, 12 hospitals, and 19 organizations that met eligibility criteria. Social media influence was similar across those groups ($P = 0.4$). This exploratory study of living donors and transplant professionals, hospitals, colleges and organizations on Twitter provides insight into how the social media platform might be used to communicate about and disseminate information about living donation.

Jagadeesh, AT et al. (2018) conducted a multivariate analysis used to identify the potential areas for intervention to improve organ donation amongst professional drivers, a population most likely to suffer from road accidents. 300 participants had surveyed using a structured, orally-administered questionnaire to assess knowledge about organ donation. Multivariate analysis used to perform by identify key variables affecting intent to practice. Inadequate family support and lot of fear of donated organs going into medical research was the key barriers for the same [AOR: 0.43 (0.19–0.97), $p = .04$; AOR: 0.27 (0.09–0.85), $p = .02$ respectively]. The study revealed that Targeted health-education, behaviour change communication, and legal interventions, in conjunction, were key to improving organ donor registrations.

Purushottam A et al. (2017) carried out a cross-sectional study amongst 98 undergraduate students of IIMSR Medical College, Badnapur, Jalna. To assess the Knowledge and attitude regarding organ donation using a pre-designed, pre-tested and validated questionnaire. In present study, only 35.71% students knew the definition of organ

donation, whereas 46.94% and 51.02% students knew that what organs can be donated and who could be an organ donor respectively. Majority 71.43% students believed that who should make decision about organ donation in case of unclaimed dead body. Majority 82.65% students reported that live organ donation is better than cadaveric organ donation in solving shortage, 67.34% thought that donating one's organ adds meaning to one's life. Undergraduate students have inadequate knowledge, but have positive attitudes towards organ donation. There is a need to increase knowledge regarding organ donation among this essential group.

Sukawan et al. (2017) conducted a retrospective descriptive analysis of questionnaires conducted during 3-day-transplant coordination training courses was done. There were 794 nurses participated in this study. Nurses agreed with the idea of donating organs from deceased donor in 93.7 %, did not agree with organ donation only 1.0 %, and 5.3% had doubts. Most of them (72.7%) didn't register to be a donor yet but might be willing to do it in the future, only 25.7% had already registered, and 1.6% refused to apply for a donor card. A total of 75.7 % of nurses desired to donate their relatives' organs if their relatives were brain death, only 1.3 % did not, 23.0% had doubts. However, 96.5 % of nurses were willing to participate in organ donation process because they knew patients were able to survive. Reasons why the rest of them did not want to participate were the following: 1) lack of skills regarding family approach for organ donation 2) increased workload 3) did not receive enough cooperation from their colleagues. The role of the nurse in the donation process is relevant. Most of them have positive attitude and willing to participate in organ donation process.

D Arunachalam et al. (2017) conducted the cross sectional study was to measure nursing students' knowledge about organ donation. self-

administered Questionnaire were used. Scores was low, particularly regarding brain death and organ allocation. Preparedness for practice were related to knowledge of brain death ($z = 2.05$, $p = .04$); and knowledge ($t = 2.24$, $p = .03$) had related to signing a driver's license. The study revealed that support including health education programmes could increasing the awareness of organ donation.

Anjali Aryamvally et al. (2017) reported that organ donor intervention research to come forward that ensures dignity and respect for deceased organ donors and their families and is appropriate ethical, legal, and regulatory limits to save more lives, to improve the quality of lives, and to fully honor the gifts of organs for both current and future donor and transplant recipients.’’

Marion J et al. (2017) conducted a questionnaire was sent to all 7,542 primary schools in the Netherlands. The goal was to gather information on teachers' perspectives regarding organ and tissue donation, and also the best age to start giving. The another part of the study examined the effects of a newly developed lesson among 269 primary school pupils. The school response was 23%. Of these, 70% was positive towards a lesson; best age to start had 10–11 years. Pupils reported 20% many family discussion about after school education and enjoyed learning more regarding this topic. There was significant support in primary schools for a school lesson on organ and tissue donation. Educational programs in schools are support in family discussions.

Truong Thi Thu Ha1 et al. (2016) conducted a survey to assessed the effect of structured classroom education on the knowledge regarding organ and tissue donation among students in a Singapore secondary school. Totally 79 secondary school students were randomly assigned to a control group or an intervention group. The intervention group given a

30-minute lesson with an accompanying brochure regarding the benefits of organ and tissue donation. Post-intervention survey was administered to both groups of participants to assess the effectiveness of the intervention. To measure the difference of Standard statistical methods to use to measure knowledge and willingness to donate levels before and after intervention. The education intervention revealed that increased the knowledge of the students regarding organ donation. In the intervention group, more than 50% students were answered correctly and the Medical Act. This study reported that that a single education were to increase knowledge levels of organ and tissue donation among secondary school students.

Poreddi et al. (2016) conducted a cross sectional study, to assess the knowledge, willingness to donate organ among the general population among 193 randomly selected relatives of patients (not of those seeking organ donation Structured Questionnaire administered to collect data through face-to-face interviews. We found that 52.8% of the participants was adequate knowledge. While 181 (93.8%) participants were aware of and 147 (76.2%) supported organ donation, but only 120 (62.2%) had willing to donate organs after death. This study advocates for public education programmes to increase awareness among the general population regarding to organ donation.

Naveena J H et al. (2015) conducted an evaluative research with pre-experimental single group pre-test post-test design. The study population included IV Year B.Sc nursing students of N.D.R.K College of nursing Hassan, Karnataka. The simple random sampling technique were used. structured questionnaire was administered. The findings of the study shows that the mean post-test level of knowledge is significantly higher than the mean pre- test knowledge scores that is 48.2% pre - test and 88.7% post - test with paired “t”=35.72 at P=0.001 significance. The study concluded that the STP (structured teaching

programme) on organ donation was an effective method for providing moderate to adequate knowledge and unfavorable to favorable attitude and help final year B.Sc. nursing students to enhance their knowledge and promote the positive attitude for the noblest organ donation.

Terbonssen T et al. (2015) conducted an online survey. Specific knowledge regarding organ donation and transplantation was explored using five factual questions resulting in a specific knowledge score. We recruited a total of 2484 participants, of which 32.7% (300/917) had received information material. Mean age was 29.9 (SD 11.0, median 26.0). There was 65.81% (1594/2422) of the participants that were female. The mean knowledge score was 3.28 of a possible 5.00 (SD 1.1, median 3.0). Holding a donor card were associated with specific knowledge ($P < .001$), but not with the general education level ($P = .155$). Receiving information material was related to holding a donor card ($P < .001$), but not to a relevant increase in specific knowledge (difference in mean knowledge score 3.20 to 3.48, $P = .006$). The specific knowledge score and the percentage of organ donor card holders showed a linear association ($P < .001$). The information campaign was not associated with a relevant increase in specific knowledge, but with an increased rate in organ donor card holders. This effect is most likely related to the feeling of being informed, together with an easy access to the organ donor card.

Sevim Savaser et al. (2015) conducted a descriptive study. The data were obtained via a questionnaire that had been prepared by the researchers in reference to the literature and based on expert opinion. The study was determined that 82% of the students had willing to donate their organs. The students are not willing to donate organs included preference of maintain body integrity and the notion that the decision regarding their death will be rendered earlier for organ removal. The study was suggested that the knowledge and sources of information of

students about organ donation significantly increased in the course of nursing education ($p=0.000$). Nursing education positively affects the opinions of students about organ donation.

R Rasiah et al. (2015) conducted a survey in Malaysia people ($n = 10\ 412$) using a convenience sampling procedure. Who are willing to donate organs upon death. (1%) willingness to donate organs after death. While financial incentives was significant, cash rewards showed the least impact. Donation perception showed the highest impact, which shows that the development of effective pedagogic programs with simultaneous improvements to the quality of services provided by medical personnel engaged to can help raise organ donation rates

CHAPTER-III METHODOLOGY

This chapter explains the methodology in detail. It includes research design, setting of the study, sampling technique, tools, pilot study, data collection process and plan for the data analysis. The study was conducted to assess the effectiveness of structured teaching programme on knowledge about Organ donation among college students at selected arts and science colleges in Chennai.

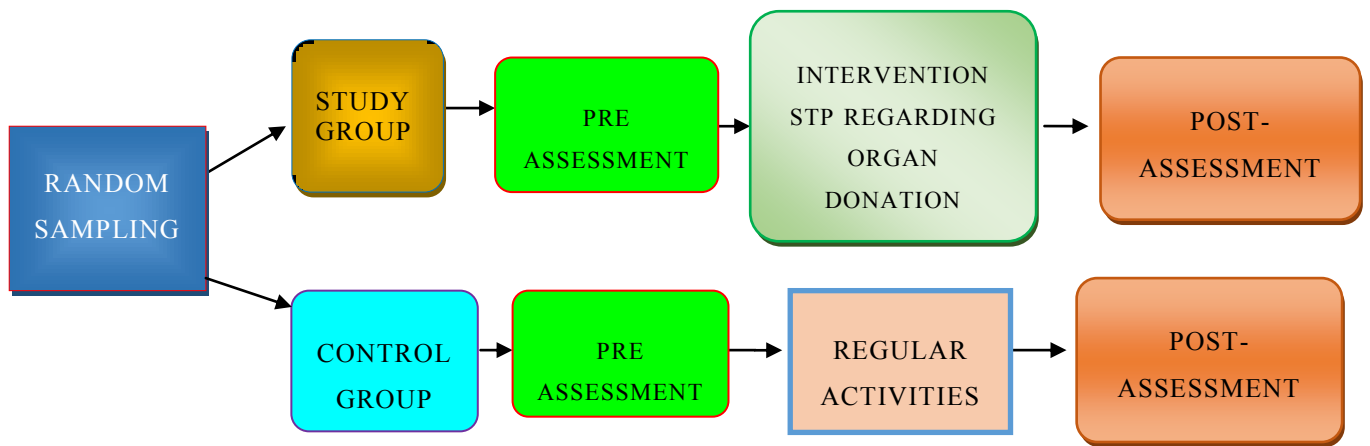
3.1. RESEARCH APPROACH

The research approach used for this study is a Quantitative research approach. The selection of research approach is the basic procedure for conducting a research enquiry. It tells the researcher what data to collect and how to analyze it and also suggests possible conclusions to be drawn from the data.

3.2. RESEARCH DESIGN

The Description of study design

Research design is referred to the researcher's overall plan for collecting and analyzing data, including specification for enhancing the internal and external validity of the study. The research design spells the strategies that the researcher adopted to develop accurate and objective information. The research design selected for present study was Randomized Controlled trial.



The research design selected for this study is true experimental design / Randomized control trail design.

Group	Pre - test	Intervention	Post - test
Experimental	01	X	02
Control	01	-	02

01: Assessment of Pre- test knowledge on organ donation among college students prior to structured teaching programme.

X: Administration of structured teaching programme regarding organ donation

02: Evaluate the Post - test knowledge on organ donation among college students in an experimental group and without structured teaching programme in control group

3.3 SETTING OF THE STUDY

The study was conducted in two private colleges at Chennai. Guru Nanak arts and Science College, Arts is located at Velachery, Chennai- 42 and Patrician Arts and Science College is located at Adyar, Chennai – 20. The colleges have good physical facilities like ventilated class rooms, drinking water supply and hostel facilities. Both the colleges have an annual intake of 100 students per year. The total number of B.A

(English) I year students in Guru Nanak Arts and Science College was 50 students and Patrician Arts and Science College was 50 students. The rationale for selecting these colleges is feasibility and availability of adequate samples.

3.4 DURATION OF THE STUDY

The duration of the data collection was four weeks from 02.02.19 to 04.03.19.

3.5 STUDY POPULATION

It includes selected arts and science college students in Chennai.

3.5.1 The target population

All arts and science college students at Chennai, District

3.5.2. Accessible population

College students studying in Guru Nanak Arts and Science College is located at Velachery, Chennai – 42 and Patrician Arts and Science College is located at Adyarar, Chennai – 20.

B.A.English first year College students male and female who are available during the period of data collection

3.6 SAMPLE

In this study, arts and science college students who met the inclusion criteria were selected as samples.

3.6.1. CRITERIA FOR SAMPLE SELECTION

3.6.1 (a) Inclusion criteria

- ❖ Students who are studying in the first year B.A (English)at selected Arts and Science colleges in Chennai District.
- ❖ Students who are willing to participate in the study.

3.6.2(b) Exclusion criteria

- ❖ Students who are studying in science group of courses excluded from the study.
- ❖ Students who are sick.
- ❖ Students who are exposed to any teaching programme related to organ donation in the past.

3.7 SAMPLE SIZE

The total sample size will comprised of 100 Arts students at selected Arts and Science colleges, Chennai.

- ❖ Experimental group: 50
- ❖ Control group: 50

3.8. SAMPLING TECHNIQUE

A multi stage sampling technique was adopted in this study. Initially two colleges were selected among ten colleges in and around Madavakkam, using simple randomization (lottery) method then those colleges were assigned for experimental group and control group using flip coin method. Students were selected from those colleges in studying B.A. English through simple randomization (lottery) method.

3.9 RESEARCH VARIABLES

3.9.1 Independent Variable

In this present study the independent variable is the individualized structured teaching programme on knowledge about Organ donation.

3.9.2 Dependent Variable

The dependent variables in the present study was Knowledge among Arts and Science College Students.

3.9.3 Demographic Variables

The demographic variables in the present study were sex, type of family, Resident of Student, Educational status of the mother, family monthly income, occupational status of the father, area of residence, source of information regarding organ donation.

3.10 DEVELOPMENT AND DESCRIPTION OF THE TOOL

3.10.1 Development of the tool

The investigator adopted the following steps that was carried out in preparing the questionnaires.

Literature review: Literature from books, journals and newspaper articles reviewed and used to develop the assessment tools.

Expert's opinion; the investigator discussed with the experts and incorporated their valuable suggestion in the format of the assessment tool.

3.10.2 Description of the tool

The tool used for the research purpose consists of a structured questionnaire with two parts:

Section A – Demographic details

Section B – Multiple choice questions on knowledge about organ donation among college student

Section A: This was developed by the investigator for the present study. It consists of demographic details of the college students participating in the study. It includes gender, marital status, education,

occupation, and income, source of information regarding organ donation, type of family, and living area .

Section B: This consists of a structured multiple choice questions with three options each regarding the knowledge about organ donation among college students. Totally 20 questions were framed by the investigator under separate headings.

Scoring Key:

Total number of items: 20

Total Score: 100

Structured teaching programme

Planned teaching programme regarding organ donation were given to the arts and science college students by the help of flash cards, ppt and pamphlet, booklets. It consists of the following contents such as organ donation definition, donor classification, types of donor, which organ can be donated, legal and ethical issues of organ donation, contraindication of donation.

SCORE INTERPRETATION OF THE STRUCTURED QUESTIONNAIRE

S. No	Question No	Items	No. Of. Questions
1	I. 1 – 5	Knowledge related organ donation	5
2	II. 6-9	Knowledge related to donor classification	4
3	III. 10- 15	Knowledge related to different organ donation	6
4	IV. 16-20	Knowledge related to legal issues	5

3.11 SCORE INTERPRETATION

Total number of items: 20, each correct answer was given 1 mark and the wrong answers were given 0 mark.

SCORE	LEVEL OF KNOWLEDGE
> 50 %	Inadequate
51 – 75%	Moderate
< 76%	Adequate

3.12 CONTENT VALIDITY

Validity of the tool was assessed using content validity. Content validity was determined by experts from Nursing and Medical. They suggested certain modifications in tool. After the modifications they agreed this tool for assessing effectiveness of structured teaching programme on knowledge about organ donation among college students at selected arts and Science College in Chennai.

Validity of the tool was assessed through the content validity by the two nursing experts in the field of community health nursing. Suggestions for the modifications in the tool is accepted and made by the investigator.

3.13 ETHICAL CONSIDERATION

;The investigator has considered the ethical principles during the course of research study.

Human rights

- ❖ The study was proposed among the experts of the Institutional Ethics Committee and got the permission to carry out the study.

- ❖ The study details was also explained to the Principal, Chennai, to carry out the study in the arts and science colleges and got the permission.
- ❖ The content validity was received from the various experts in the community health nursing.

Beneficence

- ❖ Potential benefits and risks were explained to the samples.

Dignity

- ❖ Participants were informed about the study in detail and ensured their participation.
- ❖ Informed consent was obtained from the participants.
- ❖ Freedom was given to the participants in opting to participate in the study or withdrawal from the study.

Confidentiality

- ❖ Confidentiality and anonymity pledge was ensured. The study participants were also ensured for maintaining the confidentiality of their details.

Justice

- ❖ The study participants in both the experimental and the control group were treated with justice.
- ❖ The content of the structured teaching programme was also taught to the participants of the control group through the booklets after the post - test.

3.14 RELIABILITY

Reliability of the tool was assessed by using Test retest method. Knowledge score reliability correlation coefficient value is 0.81. This correlation coefficient is very high and it is good tool for assessing effectiveness of structured teaching programme on knowledge regarding organ donation among college students at selected arts and science college students in Chennai.

3.15 PILOT STUDY

The pilot study was conducted among 10 participants 5 in each experimental and control group in Madras university arts and science college and Nandanam arts and science college for a period of 1 week. The reliability of the tool was tested using the test re test method. The knowledge score reliability correlation coefficient value is 0.81. the correlation coefficient is very high which showed that the tool for assessing the effectiveness of structured teaching programme on knowledge about organ donation among college students, is good.

3.16 DATA COLLECTION PROCEDURE

The formal written permission was obtained from the College Principal, to carry out the study in the College under the ambit of Chennai. A multi stage sampling technique was adopted in this study. Initially two colleges were selected among ten colleges in and around Madavakkam, using simple randomization (lottery) method then those colleges were assigned for experimental group and control group using flip coin method. Students were selected from the colleges in course of B.A.English using simple randomization (lottery) method.

After the selection of the students for the study, the investigator approached the established good rapport with the students and explained about the study. The students after understanding the importance of the study ensured full cooperation for the study and signed the informed

consent. The students in the colleges who met the inclusion criteria of the study were included in the study and were assured regarding confidentiality of their details. The data collection was done in the month of February.

Pre - test was conducted for the experimental group subjects. It took about 15 minutes to complete the questionnaire. Followed by the structured teaching programme for about 30-45 minutes by using the power point presentation conducted to study group. About 8 – 11 subjects were selected for pre - test on every day totally 55 subjectes selected as a sample. As planned earlier post - test was conducted at the experimental group using the same structured questionnaire. Pre - test for the experimental group followed by structured teaching was done in the 1st week of the data collection. 5 subjects were drop out, post - test for the experimental group(50subjects) was also done in the 2nd week. Pamphlets were issued to the subjects of the experimental group after the conduction of the post - test. The contents in the pamphlets were also explained to them.

Pre - test without structured teaching programme for the control group was done in the of 3rd week of the data collection period. About 8 – 11 subjects were selected for pre - test on every day totally 55 subjectes selected as a sample. As planned earlier post - test was conducted at the control group using the same structured questionnaire. 3 subjects were drop out. Post - test for the control group (subjects) was done in the 4th week of data collection. booklets were issued to the subjects of the control group after the conduction of the post - test. The contents in the booklets were also explained to them. The investigator is able to complete the data collection with in the period of 4 weeks. The data collection procedure was terminated by thanking the respondents.

Table 3.1 Intervention protocol for experimental group

S. No	Protocol	Experimental group	Control group
1	Place	Guru nanak arts and science college	Patrician arts and science college
2	Intervention	Structured Teaching Programme	No Intervention
3	Duration per sample	15 to 30 minutes for pre - test 30-45 minutes for structured teaching programme	15 to 30 minutes
4	Mode of teaching	Structured teaching programme using PPT	-
5	Post-test evaluation	After 1 week of the structured teaching programme using the same tool	After 1 week of the pre - test assessment

3.17 DATA ANALYSIS

Data Entry: Data collected was entered in to the excel sheet with appropriate coding

Analysis: The data was analysed using descriptive and inferential statistics.

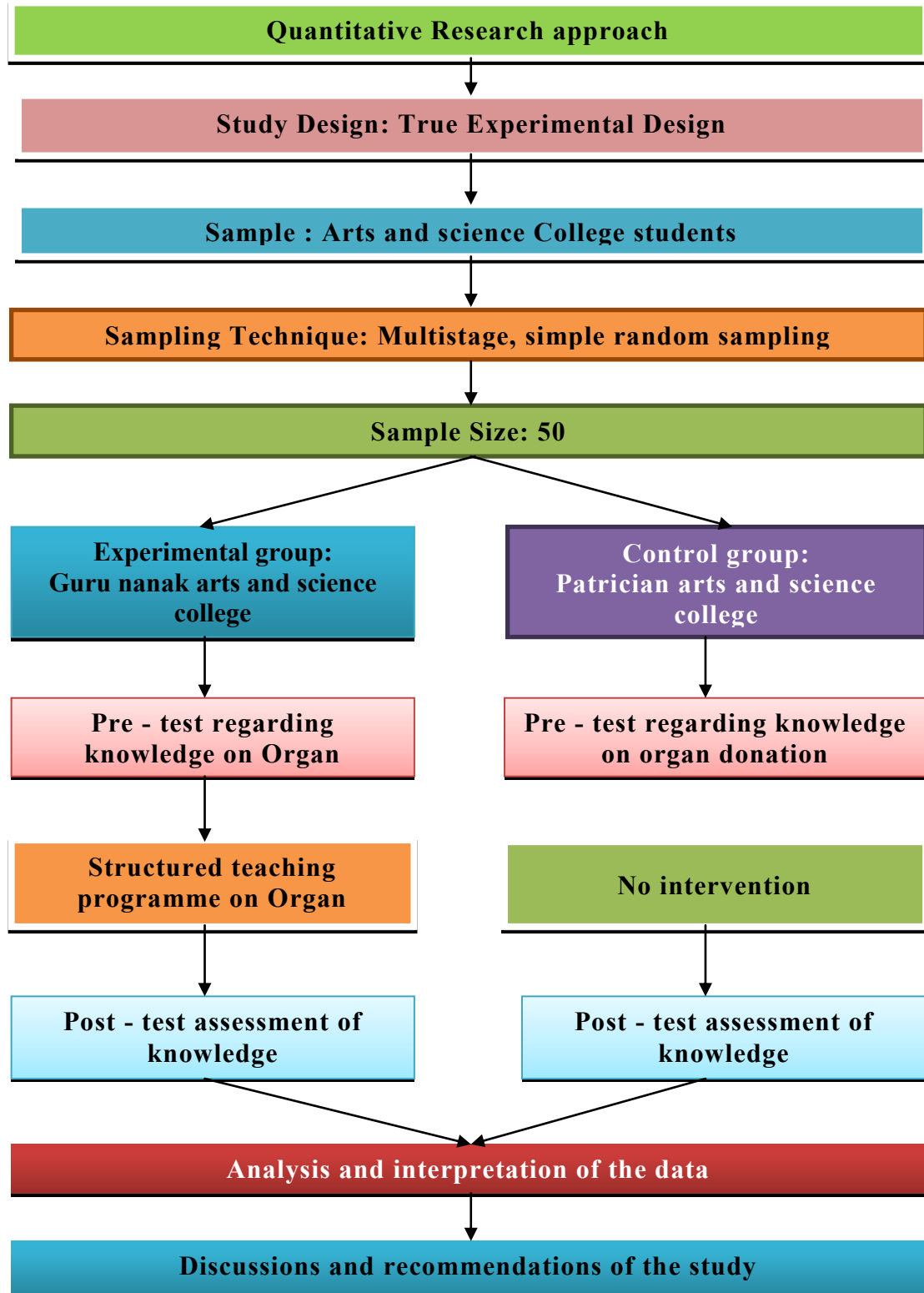
3.17.1. Descriptive Statistics

- ❖ Demographic variables in categories were given in frequencies with their percentages.
- ❖ Knowledge score were given in mean and standard deviation.

3.17.2. Inferential Statistics

- ❖ Association between demographic variables and knowledge score were analysed using Pearson chi-square test
- ❖ Quantitative knowledge score in pre - test and post - test were compared using student's paired t-test.
- ❖ Quantitative knowledge score in experiment and control were compared using student's independent t-test.
- ❖ Simple bar diagram, Multiple bar diagram, Pie diagram, Doughnut diagram and Simple bar diagram were used to represent the data.
- ❖ $P \leq 0.05$ was considered statistically significant. All statistical tests are two tailed test.

FIG.3.1 SCHEMATIC REPRESENTATION OF THE METHODOLOGY



CHAPTER – IV DATA ANALYSIS

This chapter deals with the description of sample characteristics, analysis and interpretation of data collected from the Arts students regarding organ donation. This chapter represents the organization of data and interpretation of data by using the descriptive and inferential statistical methods. The data was collected and analysed as per the objectives of the study. The analysis and interpretation is derived under 8 sections as given below:

The analysis and interpretation is derived under 8 sections as given below:

- Section-I : Description of demographic variables of the study population in experimental and control group
- Section-II : Description of pre -test knowledge level of the study population in experimental and control group
- Section-III : Description of post- test knowledge level of the study population in experimental and control group.
- Section-IV : Effectiveness of structured teaching programme and generalization of knowledge gain score
- Section-V : Comparison of pre- test and post -test knowledge level in both experiment and control group.
- Section VI : Comparison of domain wise post -test knowledge level in both experimental and control group.
- Section VII : Comparison of pre -test and post- test level mean knowledge score (experimental group and control group)
- Section VIII : Association between post - test level of knowledge score and demographic variables in experimental group.

SECTION : I DESCRIPTION OF DEMOGRAPHIC VARIABLES OF THE STUDY POPULATION IN EXPERIMENTAL AND CONTROL GROUP

Table-4.1: Demographic Profile

Demographic variables		Group			
		Experiment(n=50)		Control(n=50)	
		n	%	n	%
Gender	Male	42	84.00	41	82.00
	Female	8	16.00	9	18.00
Religion	Hindu	45	90.00	44	88.00
	Muslim	3	6.00	2	4.00
	Christian	2	4.00	4	8.00
Marital Status	Married	2	4.00	3	6.00
	Unmarried	48	96.00	47	94.00
Family size	Nuclear family	26	52.00	27	54.00
	Joint family	19	38.00	20	40.00
	Extended family	5	10.00	3	6.00
Education status of the father	Illiterate	5	10.00	7	14.00
	Primary education	11	22.00	8	16.00
	Secondary education	4	8.00	15	30.00
	High school	16	32.00	10	20.00
	High school certificate	7	14.00	5	10.00
	Graduate	7	14.00	5	10.00
Occupation status of the father	Unemployed	2	4.00	1	2.00
	Unskilled worker	13	26.00	8	16.00
	Semiskilled worker	6	12.00	10	20.00
	Clerk, Shop owner, Farmer	14	28.00	18	36.00
	Semi profession	8	16.00	8	16.00
	Profession	7	14.00	5	10.00
Education status of the mother	Illiterate	7	14.00	9	18.00
	Primary education	13	26.00	7	14.00
	Secondary education	9	18.00	12	24.00
	High school	12	24.00	7	14.00
	High school certificate	4	8.00	6	12.00
	Graduate	5	10.00	9	18.00

Demographic variables		Group			
		Experiment(n=50)		Control(n=50)	
		n	%	n	%
Occupation status of the mother	Unemployed	35	70.00%	40	80.00
	Unskilled worker	4	8.00%	1	2.00
	Semiskilled worker	3	6.00%	2	4.00
	Clerk, Shop owner, Farmer	3	6.00%	3	6.00
	Semi profession	3	6.00%	1	2.00
	Profession	2	4.00%	3	6.00
Monthly Income of the family	Below Rs. 2091	0	0.00%	0	0.00
	Rs. 2092-6,213	0	0.00%	0	0.00
	Rs. 6,214-10,356	7	14.00%	10	20.00
	Rs. 10,357-15,535	17	34.00%	19	38.00
	Rs. 15,536-20,714	16	32.00%	10	20.00
	Rs. 20,715-41,429	7	14.00%	9	18.00
	Above Rs. 41,430	3	6.00%	2	4.00
Place of Living status	Rural	20	40.00%	25	50.00
	Urban	28	56.00%	22	44.00
	Semi urban	2	4.00%	3	6.00
Source of information regarding organ donation	Media	28	56.00%	29	58.00
	Health personnel	13	26.00%	16	32.00
	Peer groups	2	4.00%	2	4.00
	Others	7	14.00%	3	6.00

P>0.05 not significant

This section describes the description of demographic variables of the study population in both experimental and control group. Table 4.1 shows the demographic information of college students those who are participated for the following study on “A study to assess the Effectiveness of structured teaching programme on knowledge about organ donation among college student at selected arts and science college in Chennai.” Similarity of demographic variables distribution was assessed using chi square test.

This table revealed that Regarding the gender the maximum 42(84%) students were male and 8(16%) students were female in experimental group. Where as in control group the maximum 41(92%) students male and 9(18%) students were female.

Regarding the religion the maximum 45(90%) students were Hindu, 2(4%) students were Christian and 3(6%) students were Muslim in experimental group. Where as in control group the maximum 44(88%) students were Hindu, 4(8%) students were Christian and 2(4%) students were Muslim.

Regarding the family size 26(52%) students were nuclear family and 19(38%) were joint family and 5(10%) were extended family in experimental group. Where as in control group 27(54%) students were nuclear family and 20(40%) were joint family and 3(6%) were extended family.

According to the educational status the father of student participated in the study were distributed as follows.7(14%) in experimental group and 5(10%) in control group are graduates, 7(14%) in experimental and 5(10%) in control group are high school certificate holders, 16(32%) in experimental and 10(20%) in control group have completed high school education, 4(8%) in experimental and 15(30%) in control group have completed secondary education, 11(22%) in experimental and 8(16%) in control group have completed primary school education, 5(10%) in experimental and 7(14%) in control group have completed in control group are illiterates.

According to the occupation of the fathers of student, they are distributed as 7(14%) in experimental and 5(10%) in control group are professionals 8(16%) in experimental and 8(16%) in control group belongs to semi-professional category. 14(28%) in experimental and 18(36%) in control group are working in the category of clerical

workers. 6(12%) in experimental and 10(20%) in control group are semi-skilled worker. About 13(26%) in experimental and 8(16%) in control group are unskilled worker. Out of the total participants 2(4%) in experimental and 1(2%) in control group are unemployed.

According to the educational status the mother of student participated in the study were distributed as follows.5(10%) in experimental group and 5(9%) in control group are graduates, 4(8%) in experimental and 6(12%) in control group are high school certificate holders, 12(24%) in experimental and 7(14%) in control group have completed high school education, 9(18%) in experimental and 12(24%) in control group have completed secondary education, 13(26%) in experimental and 7(14%) in control group have completed primary school education, 7(14%) in experimental and 9(18%) in control group have completed in control group are illiterates.

According to the occupation of the mother's of student, they are distributed as 2(4%) in experimental and 3(6%) in control group are professionals 3(6%) in experimental and 1(2%) in control group belongs to semi professional category. 3(6%) in experimental and 3(6%) in control group are working in the category of clerical workers. 3(6%) in experimental and 2(4%) in control group are semi skilled worker. About 3(6%) in experimental and 1(2%) in control group are unskilled worker. Out of the total participants 35(70%) in experimental and 40(90%) in control group are unemployed.

Monthly incomes of the family of the participants were enquired according to the Kuppuswamy socio economic scale of 2018 which has categorized under the following range of income. 7(14%) in experimental and 10(20%) in control group are earning Rs.6214 to Rs.10, 356 per month and about 17(34%) in experimental and 19(38%) in control group are having Rs.10, 357 to Rs. 15,535 per month 16(32%)

in experimental group and 10(20%) in control group are having their income scale between Rs.15,536 to Rs 20,714 per month. 7(14%) in experimental group and 9(18%) in control group are having their income scale between Rs.20,715to Rs 41,429 per month. 3(6%) in experimental group and 2(4%) in control group are having their income scale above 41,430 per month as their total monthly income of the family.

Regarding the domiciliary area the maximum 28(56%) students were Urban, 20(40%) students were Rural and 2(4%) students were Semi Urban in experimental group. Where is in control group 22(44%) students were Urban 25(50%) students were Rural and 3(6%) students were Semi Urban.

Regarding the source of information 13(26%) students were gaining information from health personnel, maximum 28(56%) students mass media and 2(4%) students were gaining information from peer groups, and 7(14) in were gaining information from others (relatives)experimental group. Where as in control group 16(32%) students were gaining information from health personnel, maximum 29(58%) students were gaining information from mass media and 2(4%) students were gaining information from peer groups 3(6) were gaining information from others (relatives).

SECTION-II : DESCRIPTION OF PRE - TEST KNOWLEDGE LEVEL OF THE STUDY POPULATION IN EXPERIMENTAL AND CONTROL GROUP

Table-4.2: Pre - test knowledge level in experiment and control group

Knowledge of the participants	Experiment group		Control group	
	n	%	N	%
Inadequate	48	96.00	47	94.00
Moderate	2	4.00	3	6.00
Adequate	0	0.00	0	0.00
Total	50	100.00	50	100.00

P>0.05 not significant NS= not significant

Table II assess the level of knowledge score in experiment and control group. In experiment group, 96.00% of them are having inadequate level of score, 4.00% of them are having moderate level and none of them are having adequate level of score.

In control group, 94.00% of them are having inadequate level of score, 6.00% of them are having moderate level and none of them are having adequate level of score. Statistical significance was calculated using chi square test.

SECTION-III: DESCRIPTION OF POST- TEST KNOWLEDGE LEVEL OF THE STUDY POPULATION IN EXPERIMENTAL AND CONTROL GROUP.

Table-4.3 : Post - test knowledge level in experiment and control group.

	Experiment group		Control group		Chi square test
	n	%	n	%	
Inadequate	0	0.00	44	88.00	$\chi^2=73.03$ P=0.001***(S)
Moderate	12	24.00	6	12.00	
Adequate	38	76.00	0	0.00	
Total	50	100.00	0	100.00	

***P<0.001 very high significant S= significant

The table describes the post level of knowledge score in experiment and control group. In experiment group, none of them are having inadequate level of score, 24.00% of them are having moderate level and 76.00% are having adequate level of score.

In control group, 88.00% of them are having inadequate level of score, 12.00% of them are having moderate level and 0.00% are having adequate level of score.

Statistical significance was calculated using chi square test.

SECTION-IV : EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME AND GENERALIZATION OF KNOWLEDGE GAIN SCORE

Table 4.4: Effectiveness of structured teaching programme and generalization of knowledge gain score

		Max score	Mean score	Mean Difference of knowledge gain score with 95% Confidence interval	Percentage of knowledge gain score with 95% Confidence interval
Experiment	Pre-test	20	6.26	9.38 (8.66–10.07)	46.90%(43.30%–50.35%)
	Post-test	20	15.64		
Control	Pre-test	20	6.48	0.76 (-0.03– 1.51)	3.80% (0.15%–7.55%)
	Post-test	20	7.24		

Table shows the effectiveness of structured teaching programme on on knowledge about organ donation among college student at selected arts and science college in Chennai

In experiment group, On an average, in post-test after having STP, students are gained 46.90% more knowledge score than pre-test score. In control group, On average, in post-test without STP, students are gained 3.80% more knowledge score than pre-test score. This difference shows the effectiveness of structured teaching programme. Differences and generalization of knowledge gain score between pre-test and post-test score was calculated using and mean difference with 95% CI and proportion with 95% CI.

SECTION-V: COMPARISON OF PRE - TEST AND POST - TEST KNOWLEDGE LEVEL IN BOTH EXPERIMENTAL AND CONTROL GROUP

Table-4.5: Comparison of pre - test and post - test level of knowledge score

		pre - test		Post - test		Student paired t test
		n	%	N	%	
Experimet	Inadequate	48	96.60%	0	0.00%	$\chi^2=48.36$ P=0.001*** (S)
	Moderate	2	4.00%	12	24.00%	
	Adequate	0	0.00%	38	76.00%	
	Total	50	100.0%	50	100.0%	
Control	Inadequate	47	94.00%	44	88.00%	$\chi^2=1.00$ P=0.37(NS)
	Moderate	3	6.00%	6	12.00%	
	Adequate	0	0.00%	0	0.00%	
	Inadequate	50	100.0%	50	100.0%	

The table describes to assess the level of knowledge in pre-test and post-test. Considering Experiment group, in pre-test, 96.00% of them are having inadequate knowledge score , 4.00% of them are having moderate level of knowledge score and none of them are having adequate level of knowledge score. in post-test, none of them are having inadequate knowledge score , 24.00% of them are having moderate level of knowledge score and 76.00% of them are having adequate level of knowledge score. There is a significant difference between Pre-test and post-test knowledge score. and hence the hypothesis (H_1) is accepted.

Considering Control group, in pre-test, 94% of them are having inadequate knowledge score , 6.0% of them are having moderate level of knowledge score and none of them are having adequate level of knowledge score. in post-test, 88.00% of them are having inadequate knowledge score , 12.00% of them are having moderate level of knowledge score and none of them are having adequate level of knowledge score. There is no significant difference between Pre-test and post-test knowledge score. Pre-test and post-test difference was calculated using student paired t test.

SECTION-VI: COMPARISON OF DOMAIN WISE POST - TEST KNOWLEDGE LEVEL IN BOTH EXPERIMENTAL AND CONTROL GROUP

Table-4.6 Compare the domain wise post -test knowledge level in experiment and control group

Knowledge on	Experiment		Control		Mean difference	Student independent t-test
	Mean score	SD	Mean score	SD		
Knowledge related to organ donation	4.00	1.20	1.90	.93	2.10	t=9.80 P=0.001***(S)
Knowledge related to donor classification	3.12	.80	1.38	1.18	1.74	t=8.65 P=0.001***(S)
Knowledge related to different organ donation	4.70	1.53	1.98	.87	2.72	t=10.92 P=0.001***(S)
Knowledge related to legal issues	3.82	1.24	1.98	.98	1.84	t=8.23 P=0.001***(S)
Total	15.64	1.80	7.24	2.12	8.40	t=21.31 P=0.001***(S)

***P<0.001 very high significant S= significant

Table VI to compare the post - test knowledge score in experiment and control group.

Considering **Knowledge related to organ donation**, Experiment group students are having 4.00 knowledge score and control group students are having 1.90 knowledge score, so the difference is 2.10, this

difference is large and it is significant. It was tested using Student independent t-test.

Considering **Knowledge related to donor classification**, Experiment group students are having 3.12 knowledge score and control group students are having 1.38 knowledge score, so the difference is 1.74, this difference is large and it is significant. It was tested using Student independent t-test.

Considering **Knowledge related to different organ donation**, Experiment group students are having 4.70 knowledge score and control group students are having 1.98 knowledge score, so the difference is 2.72, this difference is large and it is significant. It was tested using Student independent t-test.

Considering **Knowledge related to legal issues**, Experiment group students are having 3.82 knowledge score and control group students are having 1.98 knowledge score, so the difference is 1.84, this difference is large and it is significant. It was tested using Student independent t-test.

Considering **Overall knowledge score**, Experiment group students are having 15.64 knowledge score and control group students are having 7.24 knowledge score, so the difference is 8.40, this difference is large and it is significant. It was tested using Student independent t-test.

SECTION-VII : COMPARISON OF PRE -TEST AND POST-TEST LEVEL MEAN KNOWLEDGE SCORE (EXPERIMENTAL GROUP)

Table-4.7 Compare the pre - test and post - test mean knowledge score in experiment and control group

Knowledge on	Pre - test		Post - test		Mean difference	Student paired t-test
	Mean score	SD	Mean score	SD		
Knowledge related to organ donation	1.64	.94	4.00	1.20	2.36	t=10.51 P=0.001*** (S)
Knowledge related to donor classification	1.12	.98	3.12	.80	2.00	t=11.83 P=0.001*** (S)
Knowledge related to different organ donation	1.76	1.08	4.70	1.53	2.94	t=13.96 P=0.001*** (S)
Knowledge related to legal issues	1.74	1.03	3.82	1.24	2.08	t=9.74 P=0.001*** (S)
Total	6.26	2.43	15.64	1.80	9.38	t=27.18 P=0.001*** (S)

The table compare the domain wise pre-test and post-test knowledge score.

Considering overall Knowledge score, in pre-test Experiment group students are having 6.26 knowledge score and in post-test they are having 15.64 knowledge score, so the difference is 9.38, this difference is large and it is significant. It was tested using Student paired t-test.

**COMPARISON OF PRE -TEST AND POST -TEST LEVEL
MEAN KNOWLEDGE SCORE (CONTROL GROUP)**

Knowledge on	Pre-test		Post-test		Mean difference	Student paired t-test
	Mean score	SD	Mean score	SD		
Knowledge related to organ donation	1.72	.95	1.90	.93	0.18	t=1.56P=0.08 (NS)
Knowledge related to donor classification	1.20	1.14	1.38	1.18	0.18	t=0.58P=0.08 (NS)
Knowledge related to different organ donation	1.78	.97	1.98	.87	0.20	t=1.71P=0.07 (NS)
Knowledge related to legal issues	1.78	1.04	1.98	.98	0.20	t=1.73P=0.07 (NS)
Total	6.48	2.46	7.24	2.12	0.76	t=1.93P=0.06 (NS)

Table-VI compare the domain wise pre-test and post-test knowledge score

Considering overall Knowledge score , in pre-test control group mothers are having 6.48 knowledge score and in post-test they are having 7.24 knowledge score, so the difference is 0.76, this difference is small and it is not significant. It was tested using Student paired t-test.

SECTION-VIII

Table 4.8: Association Between Post - test Level Of Knowledge Score And Demographic Variables (Experiment)

Demographic variables		Post - test level of knowledge score						N	Chi square test
		Inadequate		Moderate		Adequate			
		n	%	n	%	n	%		
Family size	Nuclear family	0	0.00%	3	11.53%	23	88.47%	26	$\chi^2=6.36$ P=0.04*(S)
	Joint family	0	0.00%	6	31.57%	13	68.43%	19	
	Extended family	0	0.00%	3	60.00%	2	40.00%	5	
Education status of the mother	Illiterate	0	0.00%	5	71.42%	2	28.58%	7	$\chi^2=13.03$ P=0.02*(S)
	Primary education	0	0.00%	4	30.76%	9	69.24%	13	
	Secondary education	0	0.00%	3	33.33%	6	66.67%	9	
	High school	0	0.00%	1	8.33%	11	91.67%	12	
	High school certificate	0	0.00%	0	0.00%	4	100.00%	4	
	Graduate	0	0.00%	0	0.00%	5	100.00%	5	
Occupation status of the mother	Unemployed	0	0.00%	6	17.14%	29	82.86%	35	$\chi^2=11.32$ P=0.05*(S)
	Unskilled worker	0	0.00%	3	75.00%	1	25.00%	4	
	Semiskilled worker	0	0.00%	2	66.67%	1	33.33%	3	
	Clerk, Shop owner, Farmer	0	0.00%	1	33.33%	2	66.67%	3	
	Semi profession	0	0.00%	0	0.00%	3	100.00%	3	
	Profession	0	0.00%	0	0.00%	2	100.00%	2	

Demographic variables		Post - test level of knowledge score						N	Chi square test
		Inadequate		Moderate		Adequate			
		n	%	n	%	n	%		
Place of Living status	Rural	0	0.00%	9	45.00%	11	55.00%	20	$\chi^2=8.17$ P=0.02*(S)
	Urban	0	0.00%	3	10.71%	25	89.29%	28	
	Semi urban	0	0.00%	0	0.00%	2	100.00%	2	
	Health personnel	0	0.00%	2	15.38%	11	84.62%	13	
	Peer groups	0	0.00%	0	0.00%	2	100.00%	2	
	Others	0	0.00%	0	0.00%	7	100.00%	7	

NS=not significant S= Significant $P > 0.05$ not significant $*P \leq 0.05$ significant $**P \leq 0.01$ highly significant

Table no 4.8 shows the association between post-test level of knowledge and students demographic variables.

Nuclear family students, more educated mothers students, professional occupation mothers students and semi urban students having more knowledge than others. Hence the hypothesis (H_4) is accepted. Statistical significance was calculated using chi square test.

Fig. 4.1 Gender Distribution

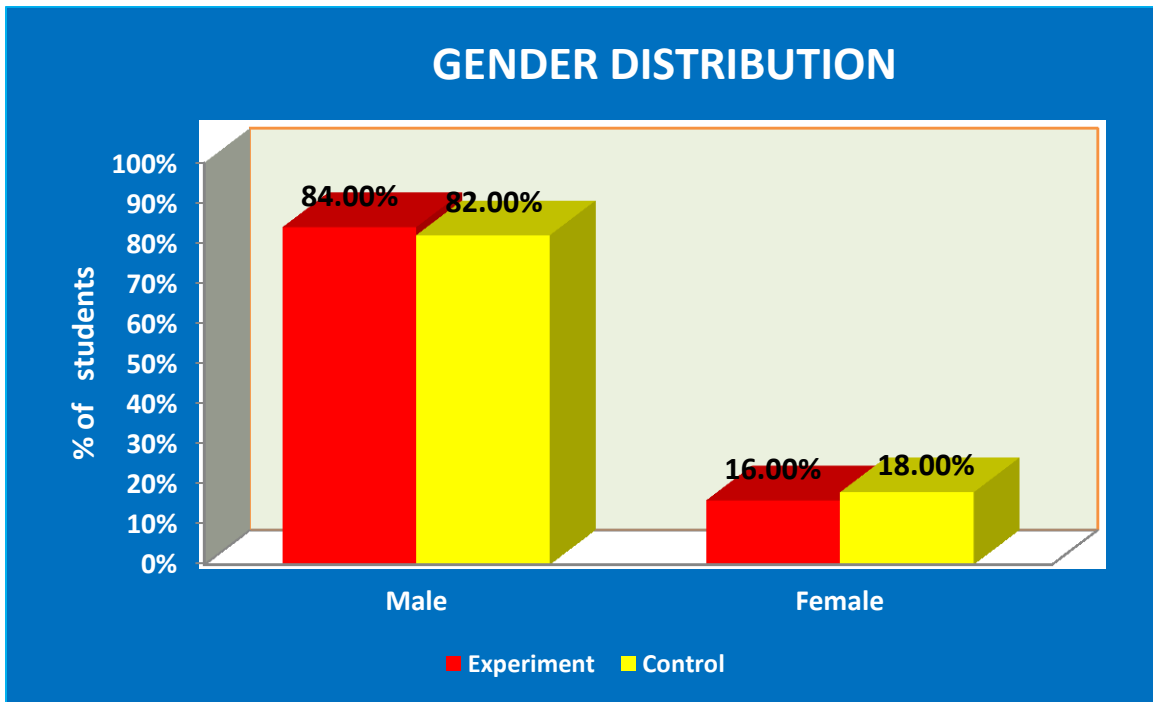


Fig. 4.2 Religion distribution

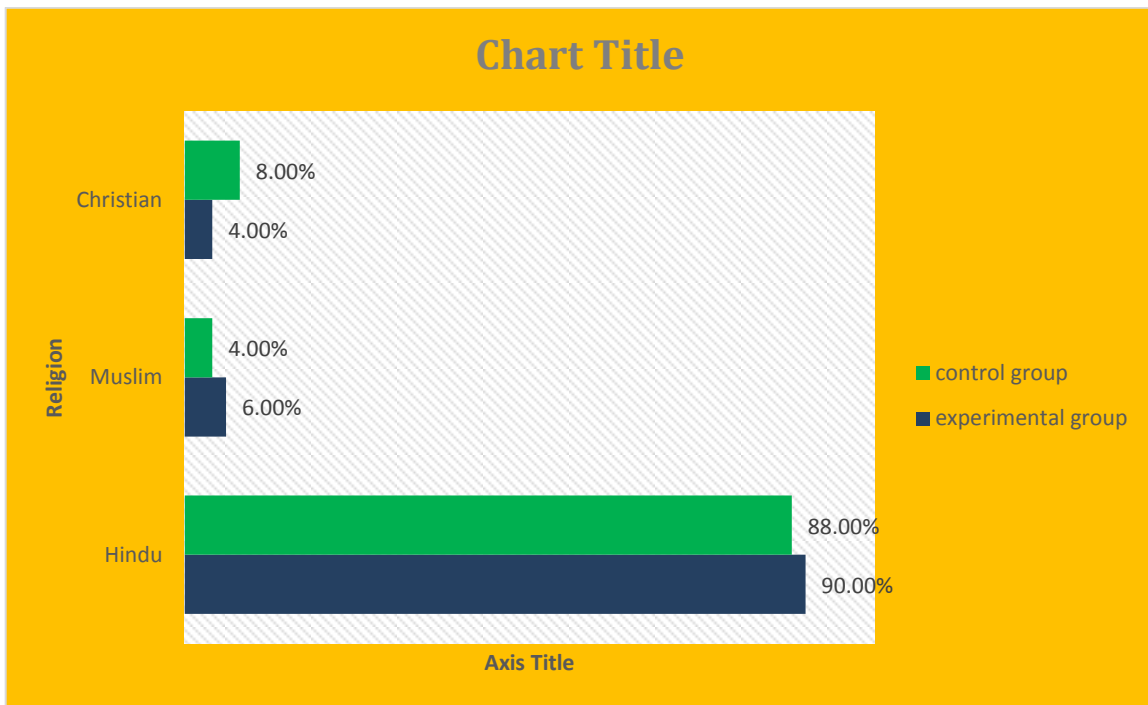


Fig. 4.3 Marital status of the distribution

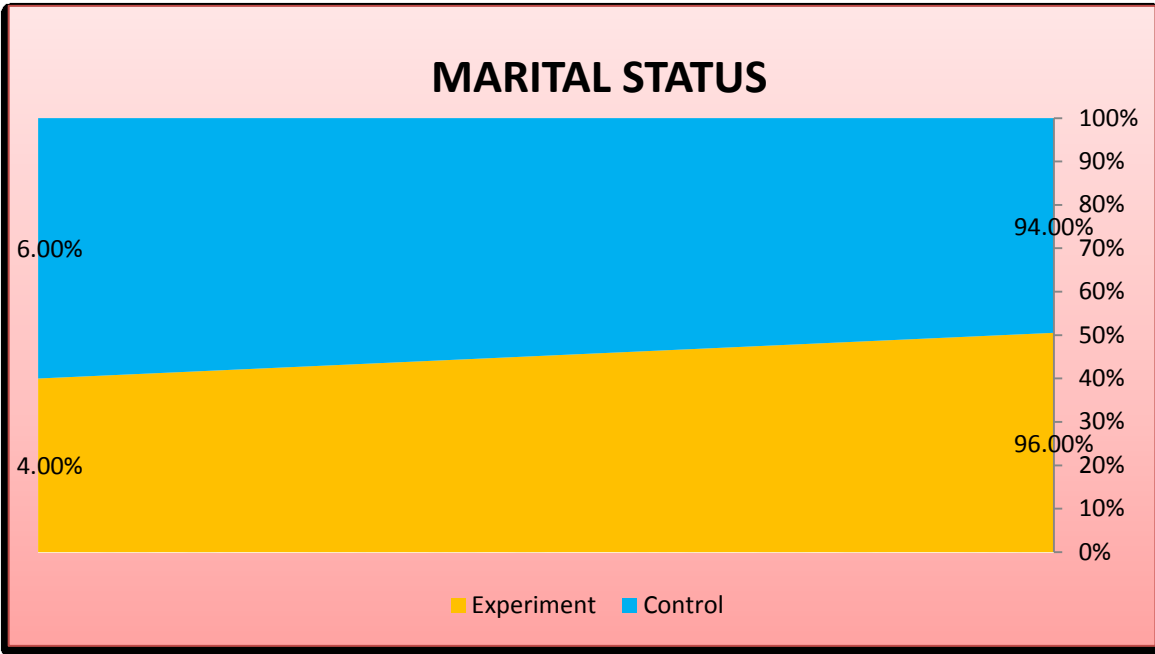


Fig. 4.4 Family type distribution

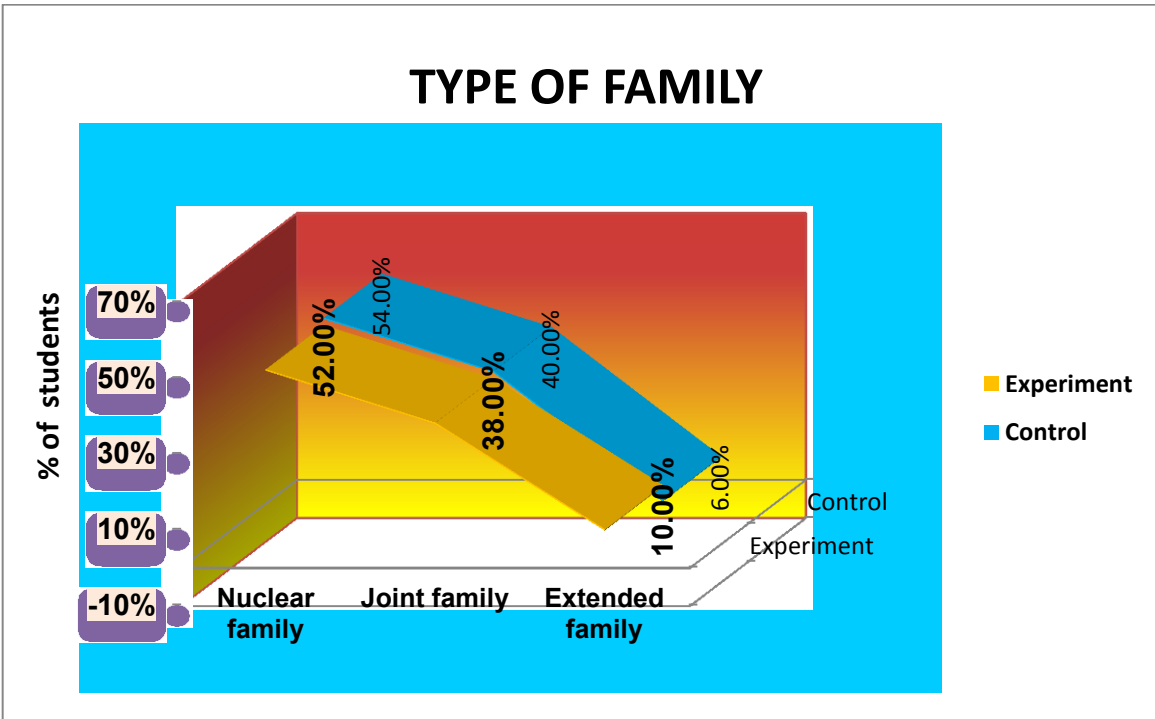


Fig.4.5 Educational status of the Father

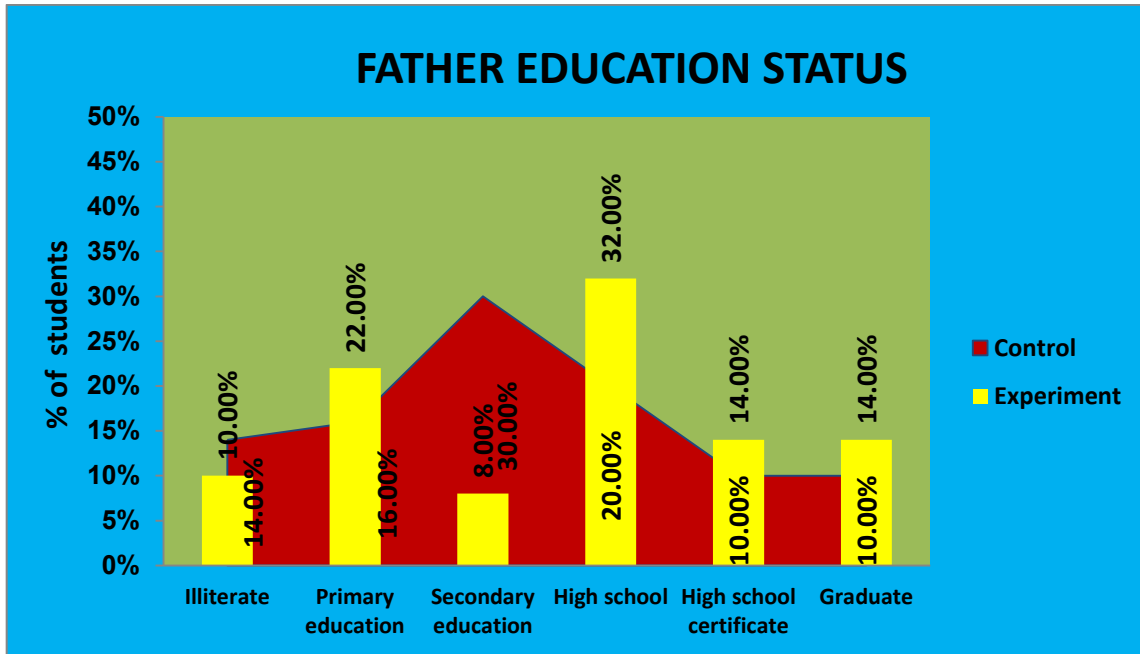


Fig.4.6 Occupation status of the Father

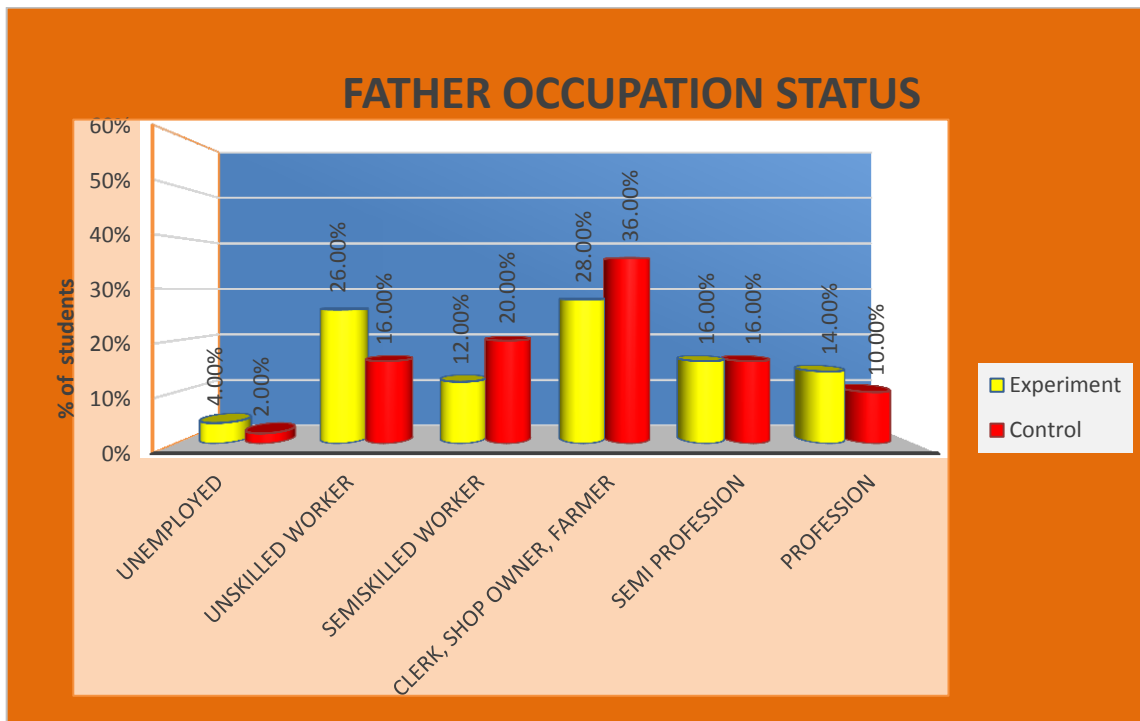


Fig.4.7 Educational status of the Mother

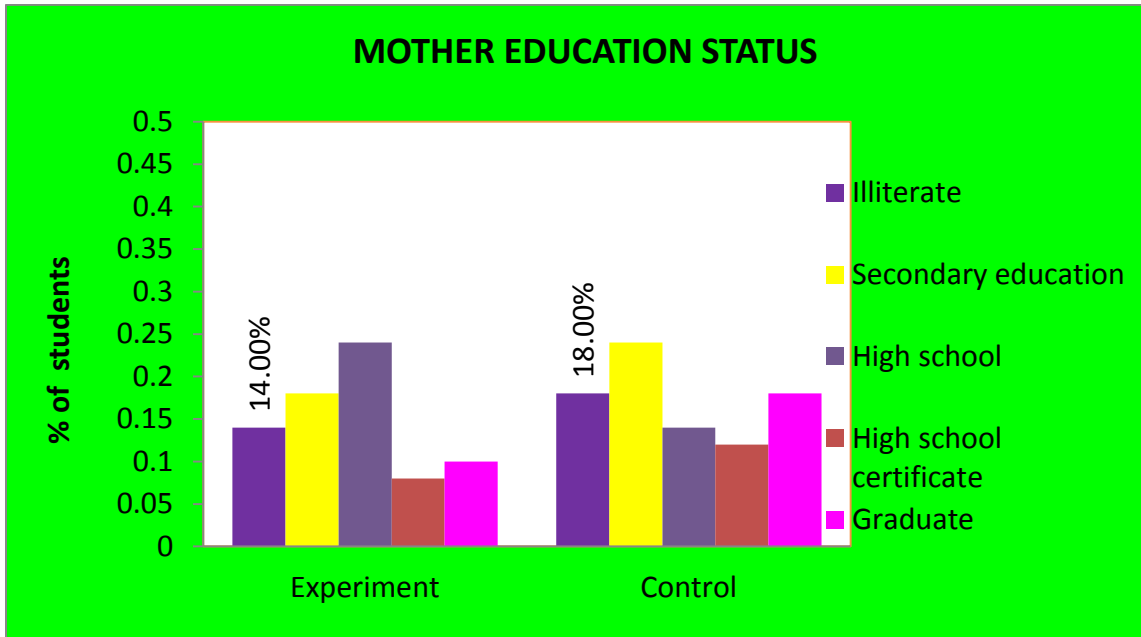


Fig.4.8 Occupation status of the Father

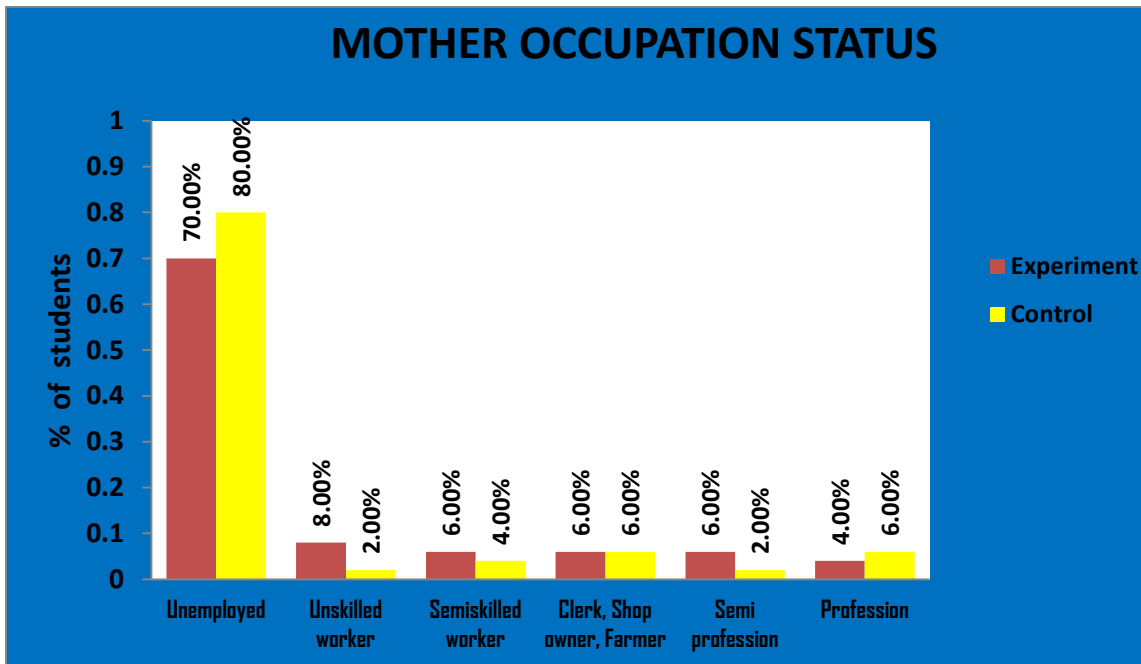


Fig.4.9 Family monthly income of the participant

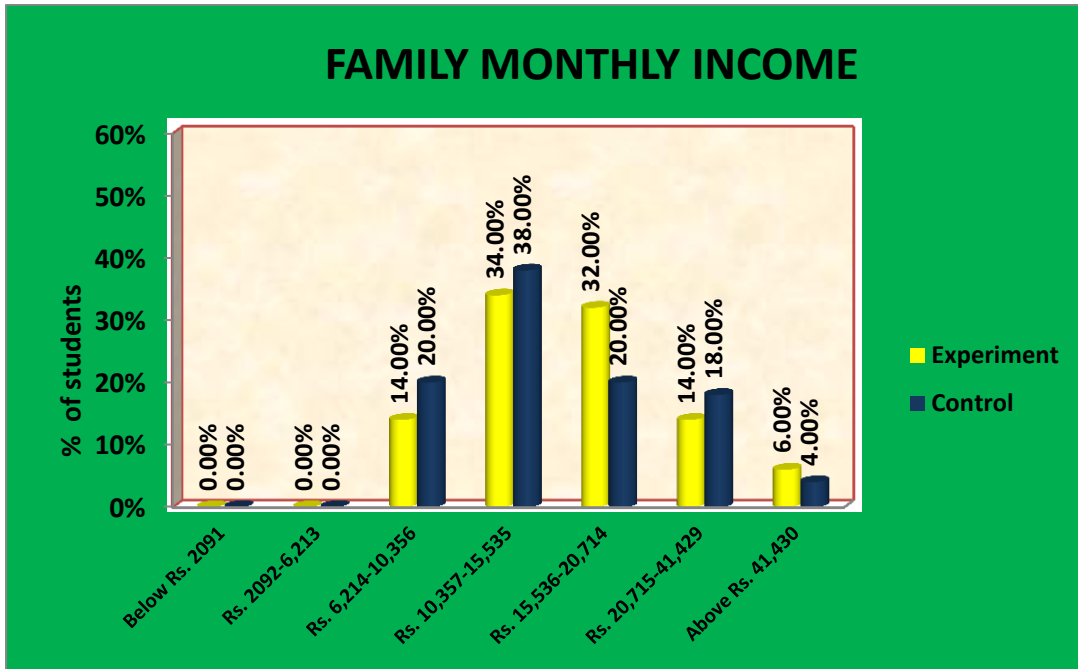


Fig.4.10 Living status of the participant

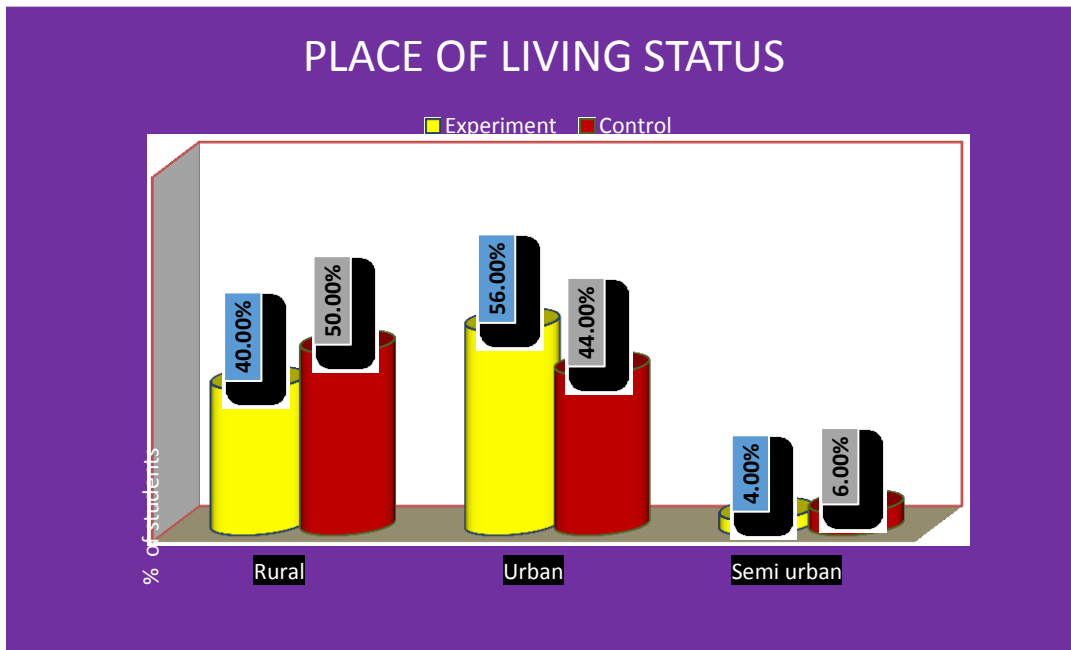


Fig.4.11 Source of information regarding organ donation

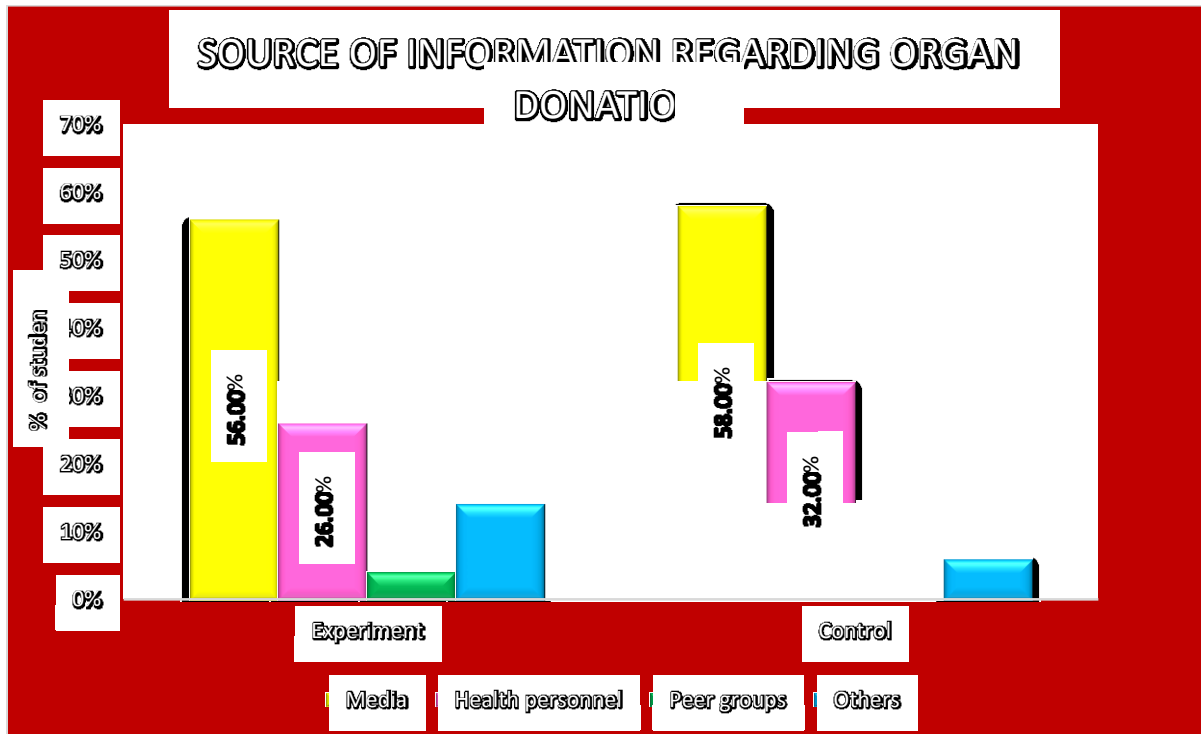


Fig. 4.12 Pre test Knowledge Score of the participants

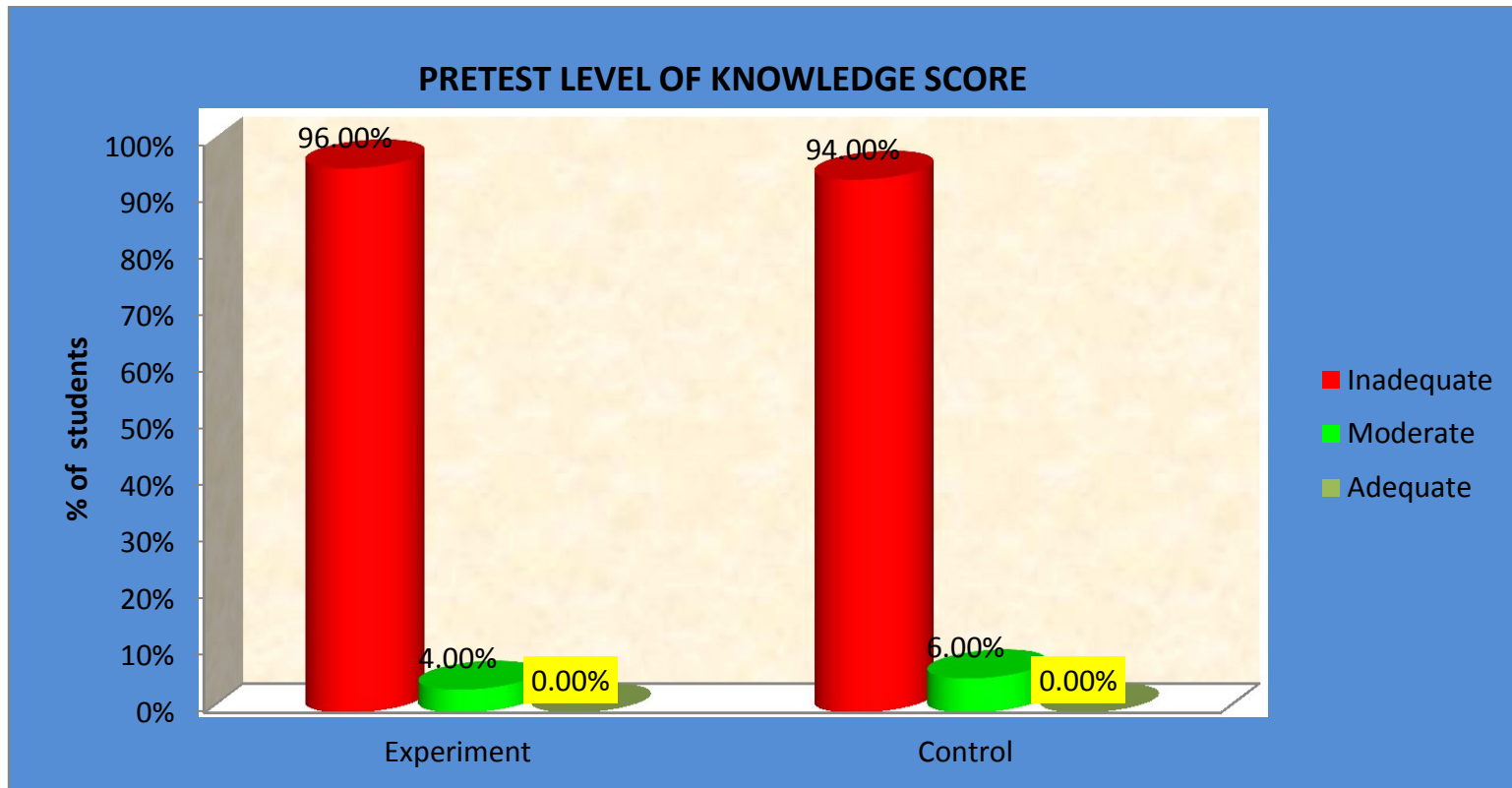


Fig. 4.13 Post test Knowledge Score of the participants

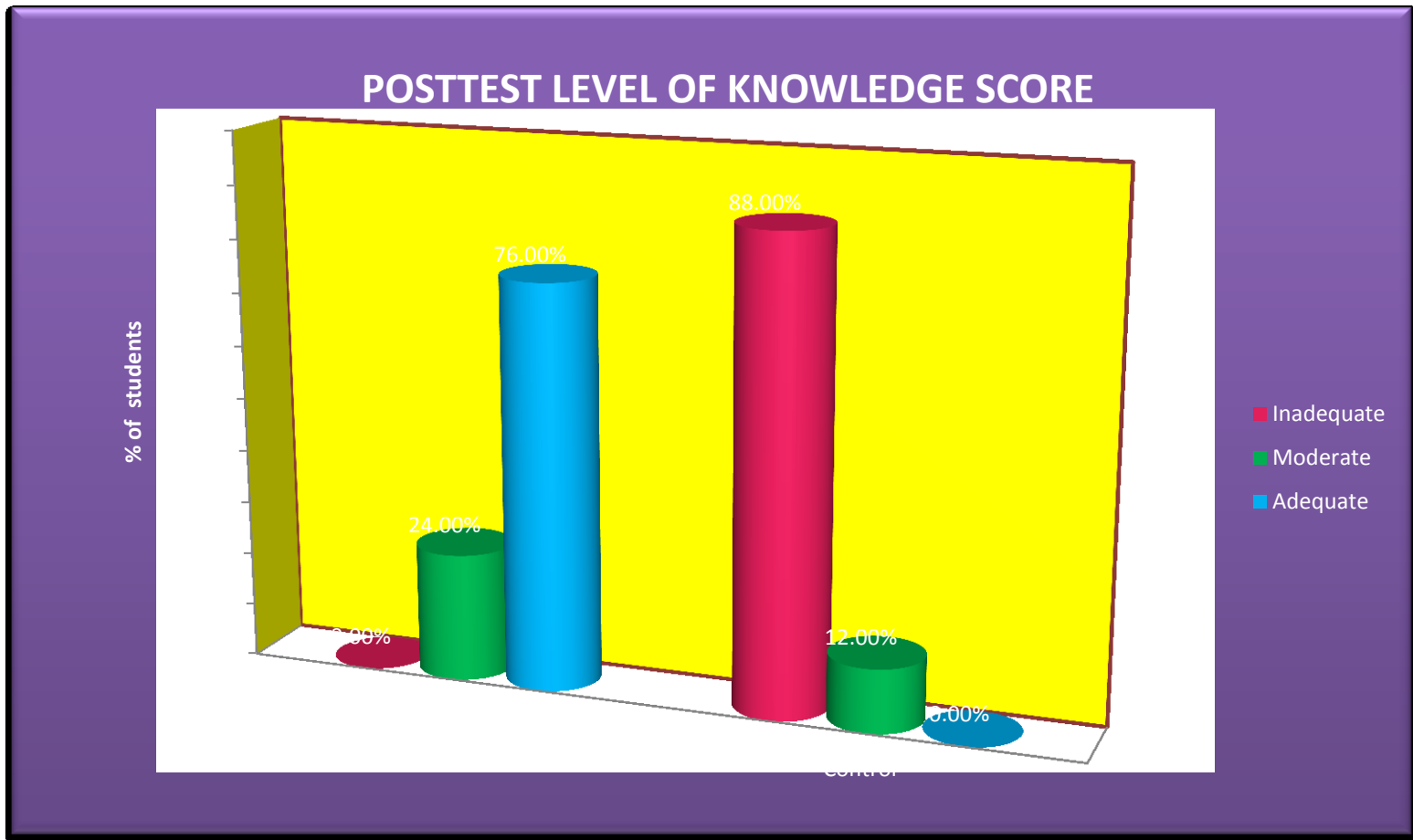


Fig 4.14: Simple bar diagram with 2 Standard error compares the college student pre test and post test knowledge score

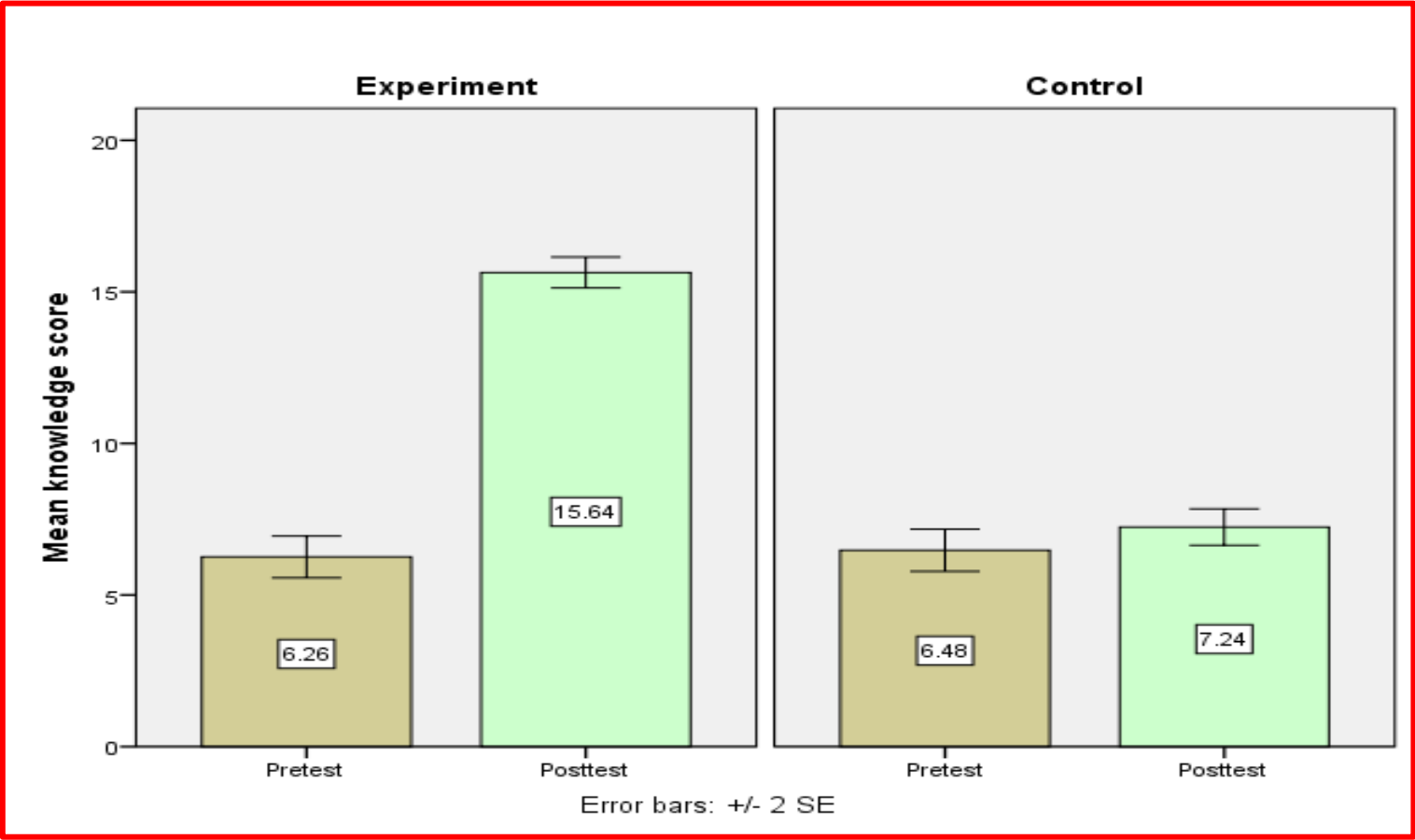
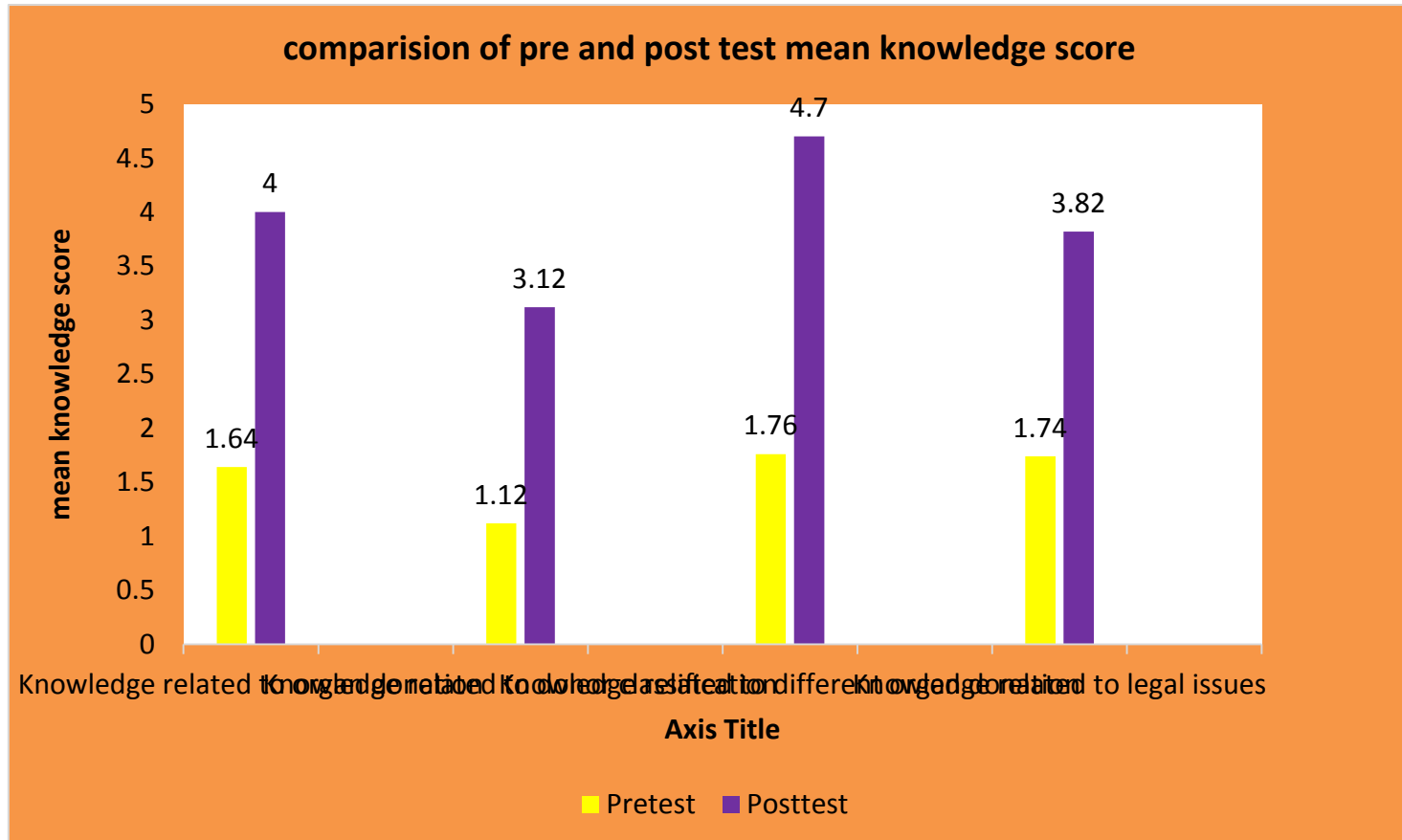


Fig. 4.15. Comparison of post -test knowledge level in experimental and control group



4.16 comparison of domain wise pre-test and post-test knowledge score

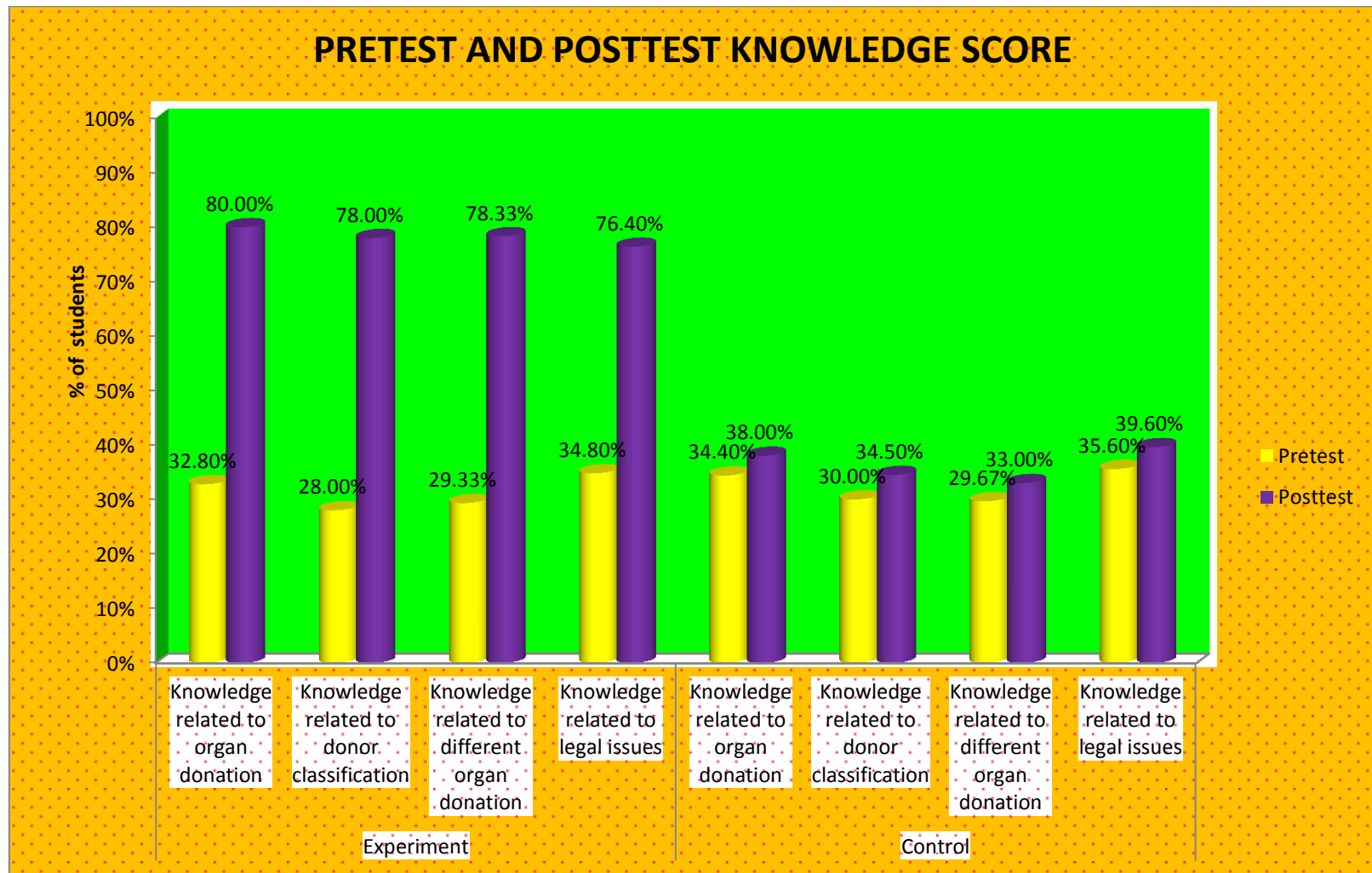


Fig. 4.17 COMPARISION OF PRE TEST AND POST TEST MEAN KNOWLEDGE SCORE IN EXPERIMENT GROUP.

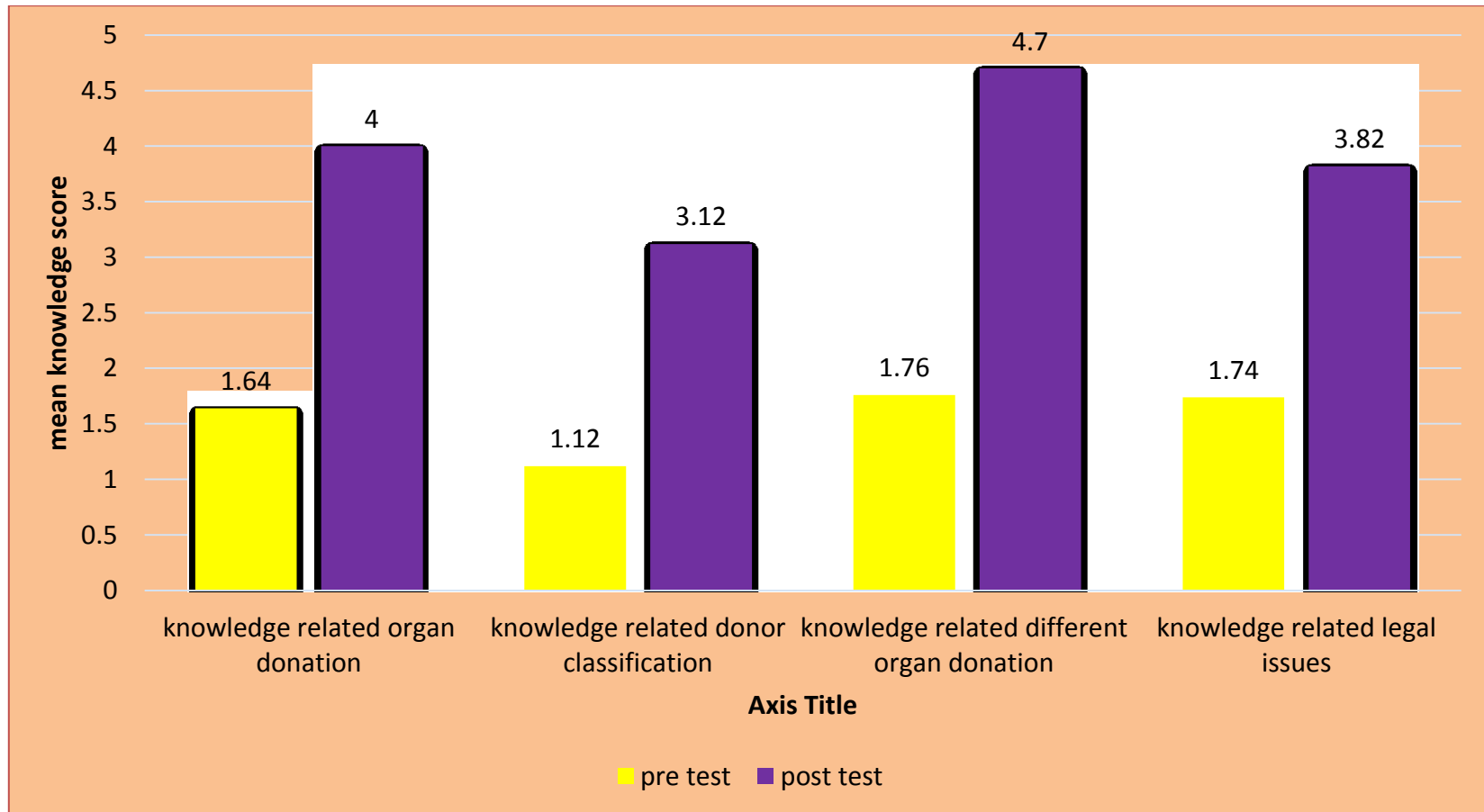
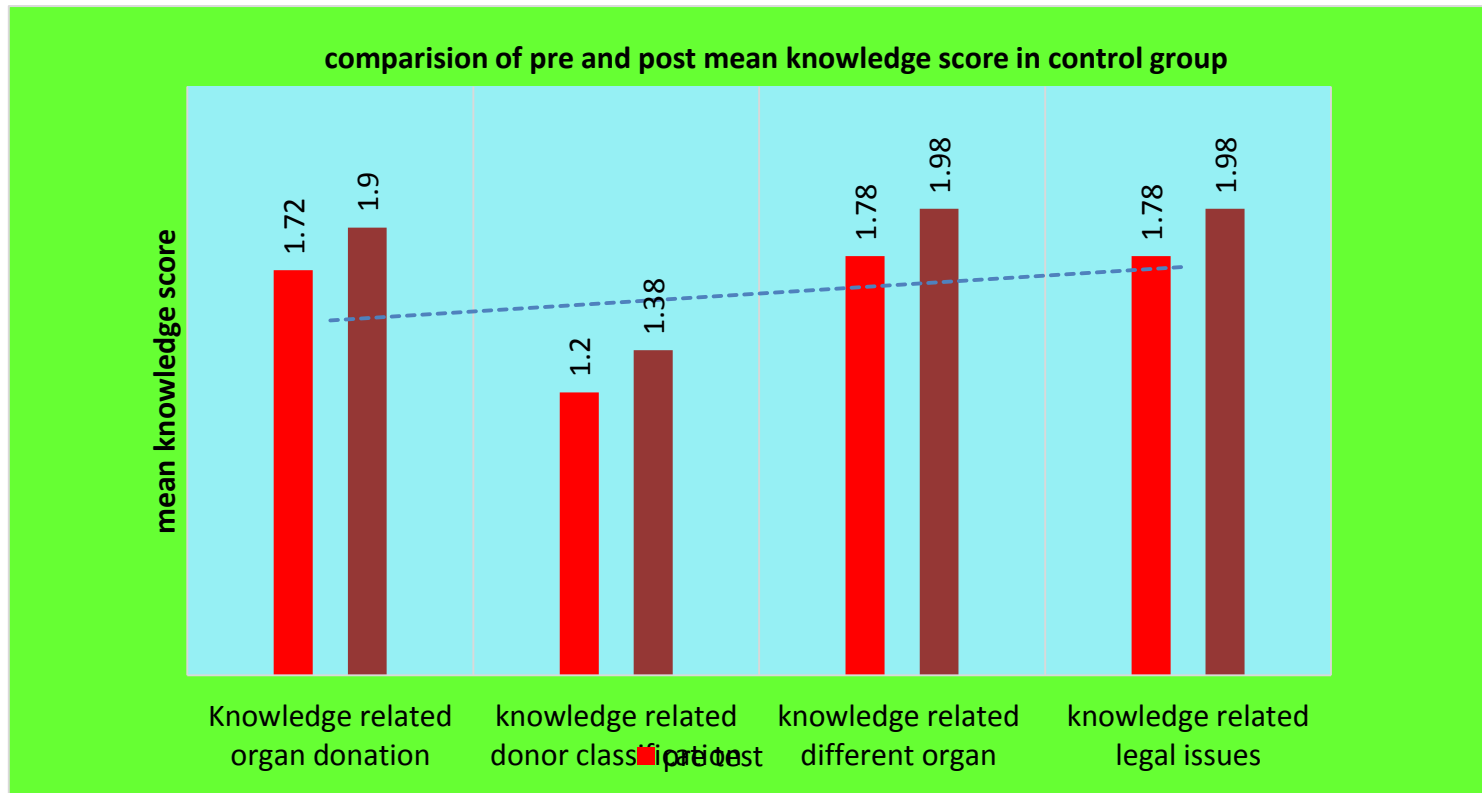


Fig. 4.18 COMPARISION OF PRE -TEST AND POST - TEST MEAN KNOWLEDGE SCORE IN CONTROL GROUP.



4.19 Association between post- test level of knowledge score and type of the family

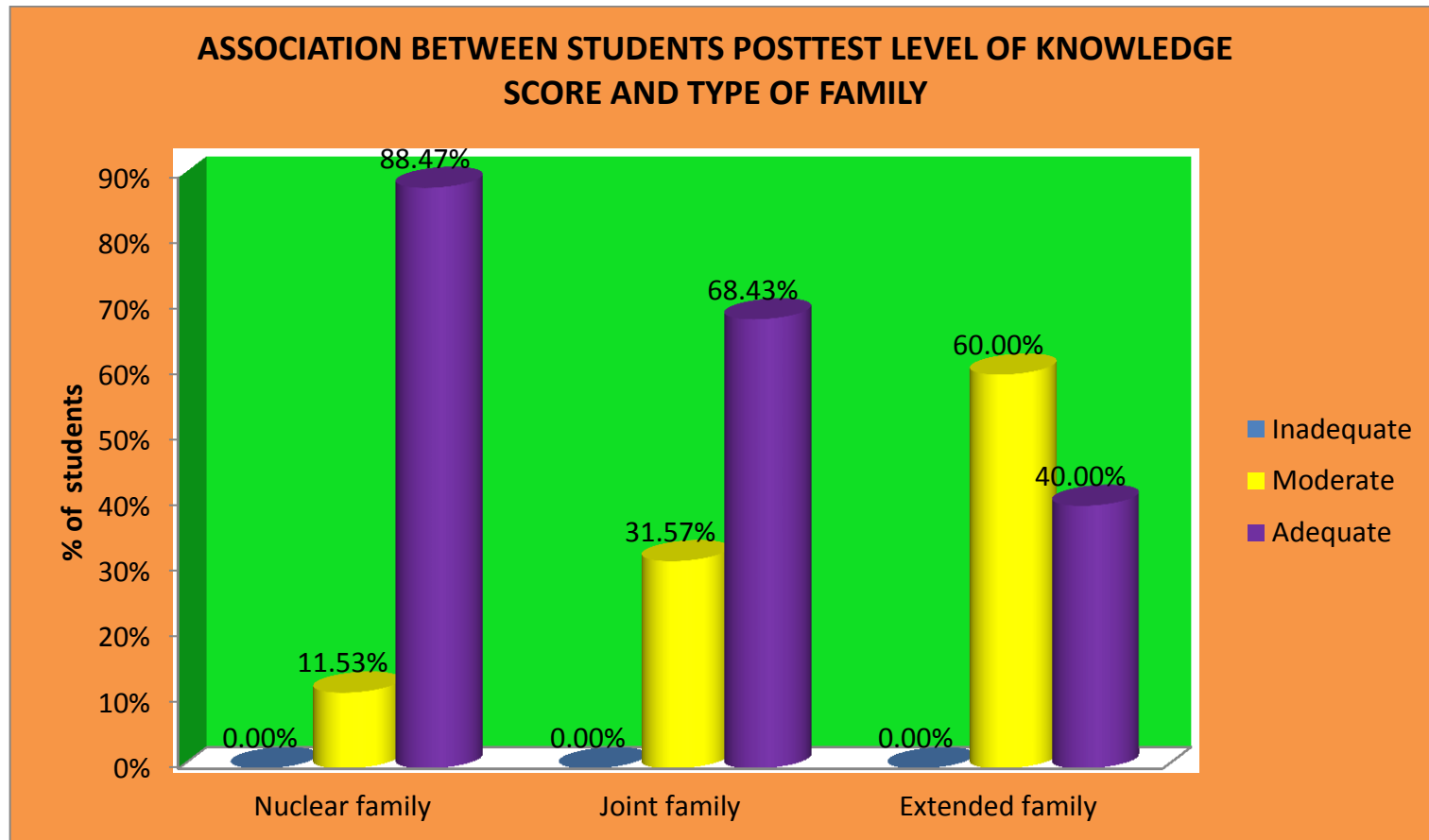


Fig. 4.20 Association between post- test level of knowledge score and mother education status

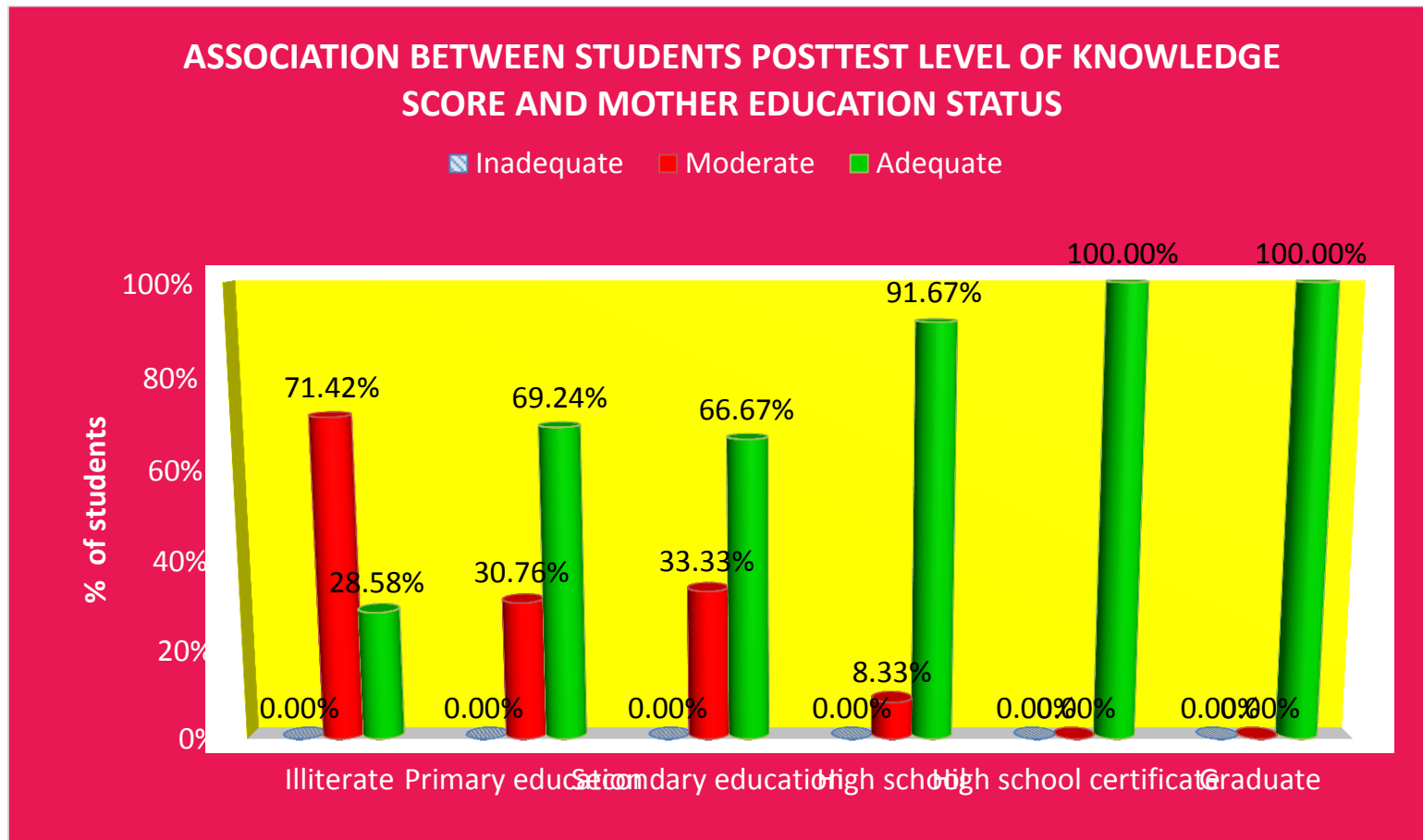


Fig. 4.21 Association between post- test level of knowledge score and mother occupation stat

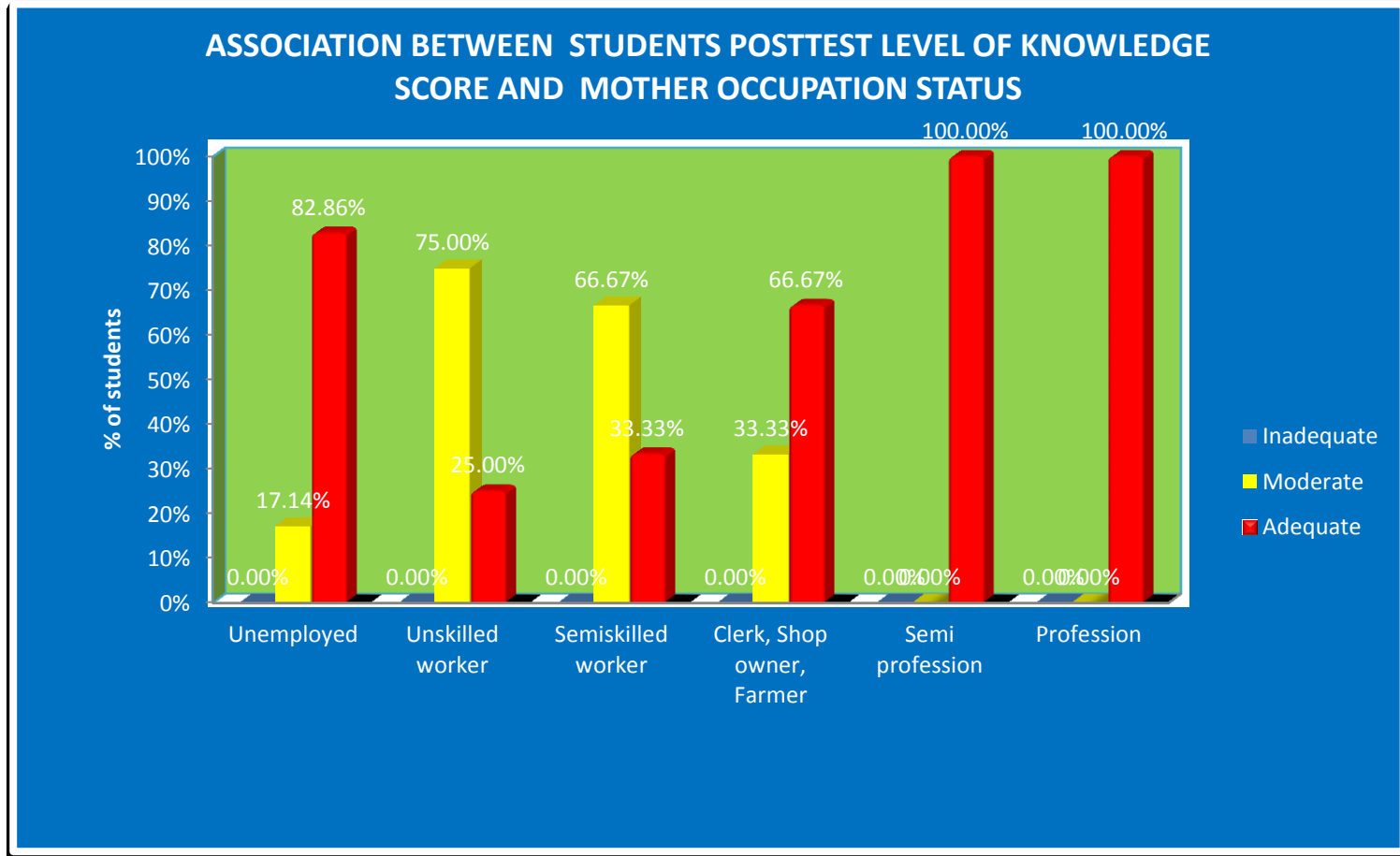
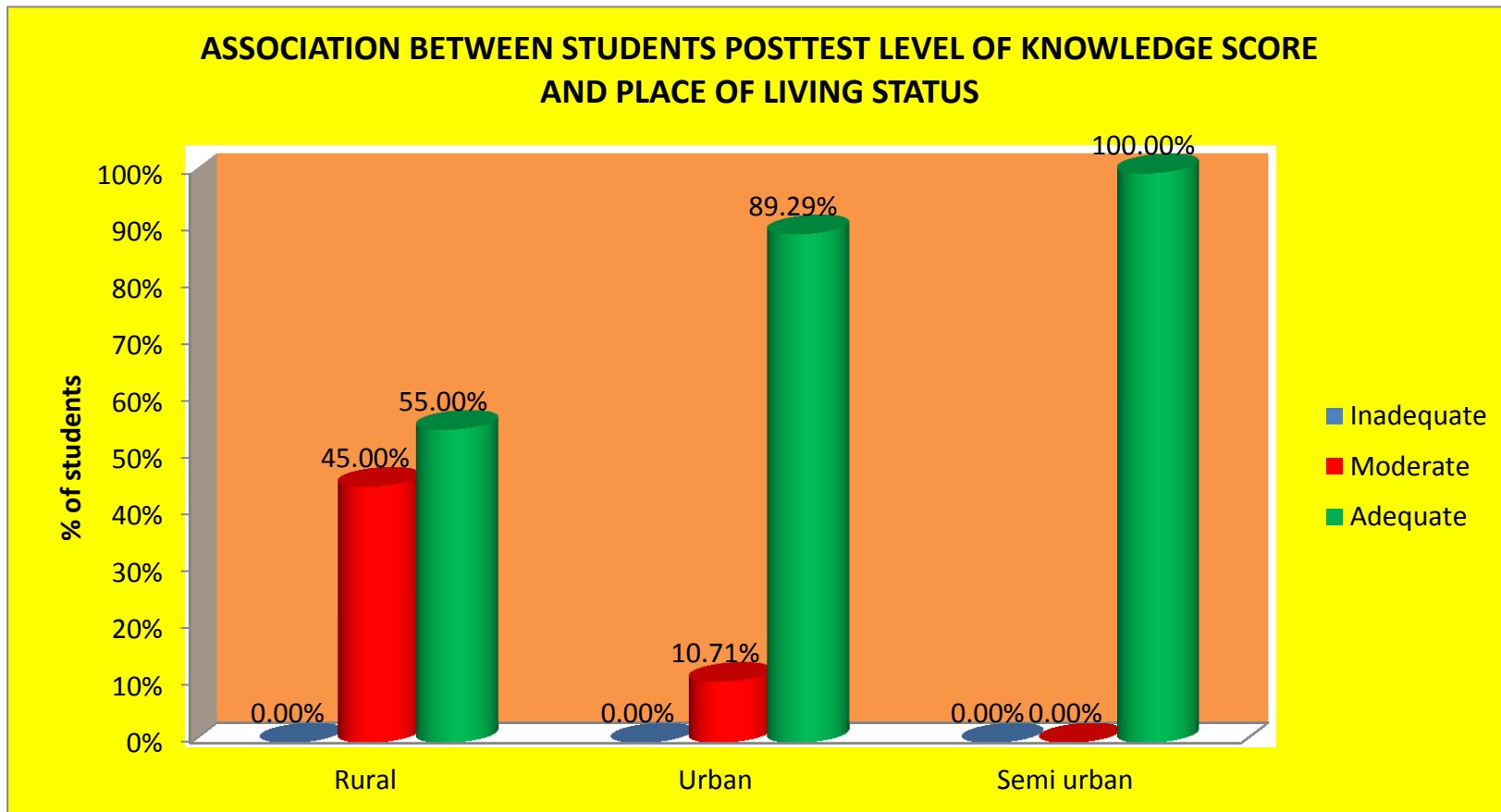


Fig. 4.22. Association between post- test level of knowledge score and place of living status of the participant



CHAPTER-V DISCUSSION

This chapter deals about the discussion of the study based on the objectives and the hypothesis of the study with the appropriate statistical analysis and the findings of the study. The purpose of the study was to assess the effectiveness of structured teaching programme on knowledge about organ donation among college students at selected Arts and Science College in Chennai.

The study was conducted for 110 students, 10 students were drop out in which 50 students are assigned to experimental group and 50 students are assigned to control group. Arts and Science Colleges are selected by randomized sampling technique. The study was conducted among the first year B.A student.

FINDINGS BASED ON SOCIO DEMOGRAPHIC VARIABLES

- ❖ 84% in study group and 82% in control group participants were male gender.
- ❖ 90% in study group and 88% in control group participants belongs to Hindu religion
- ❖ 96% in study group and 94% in control group participants were unmarried.
- ❖ 52% in study group and 54% in control group were nuclear family.
- ❖ 32% in study group and 10(20%) in control group students father educational status were high school.
- ❖ 28% in study group and 18(36%) in control group students father occupation status were clerk and shop owner.

- ❖ 26% in study group and 14% in control group students mother educational status were primary education
- ❖ 70% in study group and 80% in control group student's mother occupational status were unemployed.
- ❖ 56% in study group *and* 44% in control group students were living in urban.
- ❖ 56% participants in study group and 58% in control group students getting information regarding organ donation through the media.

FINDINGS BASED ON THE OBJECTIVES

Objective-1: To assess the pre-test knowledge level regarding organ donation among arts and science college students in experimental group and control group.

The study findings revealed the pre -test level of knowledge in experimental group and control group. In experiment group, 96.00% of them are having inadequate level of score, 4.00% of them are having moderate level and none of them are having adequate knowledge level of score. In control group, 94.00% of them are having inadequate level of score, 6.00% of them are having moderate level and none of them are having adequate level of knowledge on organ donation before the interventions. **The above results were supported by T. Balaguru et al. (2017)** who conducted .a quasi experimental one group pre - test and post - test design in study Government arts and science college, Thanjavur. 50 under graduate students in Kundhavai arts college the study were selected for revealed that the level of knowledge is 3 members (6%) having adequate knowledge , 47 members (94%) having moderate knowledge in pre-test . 48 members (96%) having adequate knowledge , 2 members (4%) having moderate knowledge in post-test. Another study supported by **Blessy Anderson et al. (2018)** in this study,

found that 14.4% of the study participants had adequate knowledge on organ donation, 75.6% had moderate knowledge and 10% had inadequate knowledge about organ donation.

Similar study was done by Mahmoud Abbasi et al. (2019). This study supported to assess the knowledge about organ donation and structured teaching programme was to be effective to improve the awareness about organ donation. Most of the individuals were (48.34%; $n=175$) inadequate knowledge on organ donation and unwilling (51.66%; $n=187$) to donate their organs. There was a need for more educational programs for the improvement of knowledge regard to organ transplantation and organ donation among healthcare personnel.

Similar study was supported by **Kishore Y et al.(2018).** The study supported to assess the knowledge about organ donation. Conducted a cross-sectional study. The mean age of the interns was 23.03 ± 0.73 and majority were females (70%). 79.4% of were having inadequate knowledge and majority (77.5%) of these were not willing for organ donation. This present study shows that female participants are not willing as participants, because of fear and inadequate knowledge about organ donation. In this study female participants are only 8 in experimental group, 9 in control group. Though most of the interns had inadequate knowledge, still gaps exist in their knowledge. To provide right knowledge and orientation will become future organ donors who can then easily motivate their patients.

From the above studies it was found that the pre-test knowledge level regarding organ donation among arts and science college students in experimental group and control group had inadequate.

Objective-2: To evaluate the effectiveness of structured teaching programme on organ donation among the Arts and Science College Student in experimental group.

In experimental group 96.00% of them are having inadequate knowledge score, 4.00% of them are having moderate level of knowledge score and none of them are having adequate level of knowledge score obtained in pre -test. In post -test, none of them are having inadequate knowledge score , 24.00% of them are having moderate level of knowledge score and 76.00% of them are having adequate level of knowledge score in experimental group. There is a significant difference between Pre-test and post-test knowledge score.

Thus the Research Hypothesis (H₁), there is a significant difference between pre-test and post-test knowledge score on organ donation in experimental group is accepted.

Considering Control group, in pre-test, 94% of them are having inadequate knowledge score, 6.0% of them are having moderate level of knowledge score and none of them are having adequate level of knowledge score. in post-test, 88.00% of them are having inadequate knowledge score , 12.00% of them are having moderate level of knowledge score and none of them are having adequate level of knowledge score.

In the present study, experimental group on an average in post-test after having STP, students gained 46.90% more knowledge score than pre-test score. In control group, On an average, in post-test without STP, students gained 3.80% more knowledge score than pre-test score. This difference shows the effectiveness of structured teaching programme. It proves that there is a significant difference between the pre and post- test level of knowledge about organ donation in experimental group. Hence the given structured teaching programme was effective.

The present study was also supported by *S Pauline et al. (2017)* which was carried out in Lyallpur Khalsa College of Jalandhar, Punjab regarding the knowledge about organ donation among young adults, The results showed that only pre-test mean knowledge score were 12.52 of experimental group and 12.60 of control group whereas post-test mean knowledge score were 19.14 of experimental group and 13.62 of control group. The study found that inadequate knowledge is found in pre-test assessment and after the education there was a significantly increase in the mean knowledge score in experimental group than in control group. The study concluded that structured teaching programme was effective to providing knowledge about organ donation among young adults.

Shantha Seelan G et al.(2018) This study was to assess the effect of structured teaching programme regarding organ donation on knowledge among 1st year B.Sc ENN College of Nursing, Jammu. The findings showed that the pre-test knowledge 31(51.76%) had inadequate knowledge and 29 (48.3%) had moderately adequate knowledge whereas in post-test, 51(85%) had adequate knowledge and 9 (15%) had moderately adequate knowledge. The obtained 't' value was found to be highly significant at the level of $p < 0.05$. **In this study very closer** to this present study in experiment group, 48(96%) of them are having inadequate level of knowledge score. Effective measures should be taken to educate people with relevant information with the involvement of media, doctors and religious scholars.

Devi et al. (2019). This study was supported to assess the knowledge regarding organ donation among adolescents. The study was conducted among adolescents at selected junior colleges, Guntur District, Andhra Pradesh. The pre-test mean knowledge score was 22.82 ± 6.33 of experimental group and 21.7 ± 6.46 of control group whereas post-test mean knowledge score was 33.74 ± 3.84 of

experimental group and 22.52 ± 6.36 of control group. A positive correlation existed in the post-test knowledge ($p > 0.05$) in experimental group. One of the best ways is to educate adolescents.

From the above studies it was found that structured teaching programme about organ donation was effective among arts and science college students.

Objective-3: To compare the pre- test and post- test level of knowledge score in experimental and control group.

The study findings on comparing domain wise pre-test and post-test on organ donation among arts and science college students in study group and control group were depicted as follows.

Considering **knowledge related to organ donation**, experimental group students having 4.00 knowledge score and control group students are having 1.90 knowledge score, so the **difference is 2.10**, This difference is large and it is significant. It was tested using Student independent t-test.

Considering knowledge related to donor classification, experimental group students are having 3.12 knowledge score and control group students are having 1.38 knowledge score, so the difference is 1.74, This difference is large and it is significant. It was tested using student independent t-test.

Considering knowledge related to different organ donation, experimental group students are having 4.70 knowledge score and control group students are having 1.98 knowledge score, so the difference is 2.72, This difference is large and it is significant. It was tested using Student independent t-test. **Tonguç Utku Yilmaz** in their study indicated that the general knowledge about organ donation was increased from 34,8% to 93,7% (< 0.001) is significant.

Considering knowledge related to legal issues, experimental group students are having 3.82 knowledge score and control group students are having 1.98 knowledge score, so the difference is 1.84, This difference is large and it is significant. It was tested using Student independent t-test.

Considering overall knowledge score, experimental group students are having 15.64 knowledge score and control group students are having 7.24 knowledge score, so the difference is 8.40, This difference is large and it is significant. It was tested using student independent t-test.

The present study revealed Pre- test and the post -test knowledge score of the participants. In experimental group 96.00% of them are having inadequate knowledge score, 4.00% of them are having moderate level of knowledge score and none of them are having adequate level of knowledge score obtained in pre - test. In post - test, none of them are having inadequate knowledge score, 24.00% of them are having moderate level of knowledge score and 76.00% of them are having adequate level of knowledge score in experimental group.

Considering control group, in pre-test, 94% of them are having inadequate knowledge score, 6.0% of them are having moderate level of knowledge score and none of them are having adequate level of knowledge score. in post-test, 88.00% of them are having inadequate knowledge score, 12.00% of them are having moderate level of knowledge score and none of them are having adequate level of knowledge score. There is no significant difference between pre-test and post-test knowledge score. Pre-test and post-test difference was calculated using student paired t test.

Similar study was supported by *S. Pauline Sheela Priya et al. (2016)* who conducted experimental research design to evaluate the

effectiveness of structured teaching programme regarding organ donation among adolescent boys. In pre- test majority of 18(60%) had inadequate knowledge, 12(40%) had moderately adequate knowledge, and 0(0%) had adequate knowledge. In post - test none of them had inadequate knowledge, 15(50%) had moderately adequate knowledge, and 15(50%) had adequate knowledge.

Ramadurg.UY., et al.(2018) this study supported to assess the effectiveness of structured teaching programme on knowledge about organ donation reported that the difference which was observed in their knowledge before and after providing the educational intervention was found to be statistically significant ($t= 39.315$, $p< 0.0000$). The awareness of the legislation regarding organ donation was poor. (444.3%) subjects were unaware about the existence of laws which were related to organ donation and its process.

The similar study was done by *Lekshmi Vijayan et al. (2018)* in her study reported that, a quantitative research approach and a descriptive cross-sectional design were used in In phase I, and Phase II a quasi-experimental one group pre-test post-test designs were used. The findings of the Phase I revealed that 23.5% had poor knowledge In phase II (n=148) the mean knowledge score of 14.11 in the pre-test increased to 21.43 in the post-test. This increase was statistically significant. The mean attitude score of 50.59 in the pre-test increased to 56.02 in the post-test, which was significant at $p=.001$ levels.

Similar study was supported by *Shantha Seelan G et al. (2017)* The findings showed that the pre-test knowledge 31(51.76%) had inadequate knowledge and 29 (48.3%) had moderately adequate knowledge whereas in post-test, 51(85%) had adequate knowledge and 9 (15%) had moderately adequate knowledge. The obtained 't' value was found to be highly significant at the level of $p < 0.05$

From the above findings it is revealed that the comparison of pre-test and post-test knowledge gain score proves that the teaching programme will be effective.

Objective-4: To find association between the post-test knowledge on Organ Donation and selected demographic variables among experimental and control group.

The findings of the present study showed as association between post-test level of knowledge score and demographic variables (experiment). In study group the association between post-test level of knowledge and students demographic variables, such as, nuclear family students, more educated mothers of students, professional occupation mothers of students and semi urban students have more knowledge than the others. **Thus the research hypothesis H₄, There will be a significant association between post-test knowledge score of students on organ donation with their selected demographic variables were accepted.**

None of the demographic variables are in control group are significantly associated with post-test level of knowledge on organ donation. Statistical significance was calculated using pearson chi square test.

Considering **the type of family**, students living in nuclear family are significantly associated. This is statistically significant with $\chi^2=6.36P=0.04*(S)$

The educated mothers of students have more knowledge than others. This is statistically significant with $\chi^2=13.03P=0.02*(S)$

Considering **the professional occupation of mothers of students**, they have more knowledge than the others. This is statistically significant with $\chi^2=11.32P=0.05*(S)$

The semi urban students have more knowledge than the others. This is statistically significant with $\chi^2=8.17P=0.02*(S)$.

The result of the present study were supported by following the studies.

Similar study supported by Sourabh Paul et al. (2017). A cross-sectional study was conducted among the adult participants of an urban area. Majority of the participants were unaware about the existing law in India about organ donation. Participants those who have educational status above high school had better knowledge compared to those who have lesser educational qualification ($P = 0.001$). Similarly, participants with monthly family income $\geq 10,000$ also had better knowledge compared to other groups ($P = 0.029$), and this relation was statistically significant.

Another study supported by Gokul Sarveswaran et al.(2017) Community-based cross-sectional study was conducted in selected wards of urban Puducherry. Knowledge regarding organ donation was more among joint family ($P = 0.02$) and middle socioeconomic status ($P = 0.01$). Adequate knowledge regarding organ donation was observed to be more among those who belonged to the age group of ≤ 30 years, male gender, educated up to higher secondary and above, Hindu religion, joint family type, and middle socioeconomic status. However, only education, and socioeconomic status were found to have statistically significant association.

Meghana Goswami et al. (2018) conducted true experimental pre-test post-test control group design. The findings depicted that there was a significant difference between the pre-test and post-test level of the knowledge score of experimental group than the control group.. The calculated paired 't' test value of knowledge score was 18.04, the knowledge calculated unpaired 't' test value of knowledge score was 12.89, which was greater than tabulated value. So the given STP was

effective It also depicted that there was a significant association between pre-test knowledge score with their selected socio-demographic variables like parents education, habitant and knowledge about organ donation.

Similar study supported by Abnet Nigatuet et.al.(2016) which showed that most of the students having good knowledge on organ donation, it is also found that there is significant association between knowledge score of organ donation and educational stream, availability of information regarding organ donation. This finding is supported by the study conducted by **Taimur Saleemet et al.** which showed that knowledge is significantly associated with education of mothers students.

Similar study supported by Mahboob Pouraghaei et al.(2017) this study result found to association between the post - test knowledge score with their selected demographic variables. The socio-economic level are one of the most important barriers for organ donation. 57 (73.1%) of subjects agreed with organ transplant. male gender (95%CI: 3.32-8.42; p=0.001) and self-employed job (95%CI: 4.64-10.92; p=0.001) are independent factors associated with poor knowledge about organ donation. The most important causative factors for poor knowledge in this context were male gender and self-employed occupation.

This review of quantitative studies highlights that seemingly intractable factors, such as religion and culture, are often tied in with more complex issues such as a distrust of the medical system, misunderstandings about religious stances and ignorance about the donation process. Intervention that could be considered includes culturally appropriate strategies to engage minority groups, especially through religious or cultural leaders, and more comprehensively

available information about the donation process and its positive outcomes. Hence in experimental group there was a significant association between the knowledge with medium of education, residential area and source of information

Based on the study findings, it was presumed that structured enlightenment program was effective in improving the knowledge and imbining more favourable attitude on organ donation among college students. Nurses should take initiative in educating young adolescents about the importance of organ donation and make necessary arrangements for interested people to pledge their organs. Nurse educator should recommend for including organ donation in the nursing syllabus for educating undergraduate and postgraduate nurses, so that they can act as propagators of organ donation.

CHAPTER-VI

SUMMARY AND CONCLUSION

This chapter deals with summary, findings, discussion, implications, limitations, recommendations and conclusion. The essence of any research project is based on study findings, limitations, interpretation, of the research results and recommendations to incorporate the study implications. It also gives meaning to the results obtained in the study.

6.1. SUMMARY

Organ donation has proved to be a miracle for the society. Organs such as kidneys, heart, eyes, liver, small intestine, bone tissues, skin tissues and veins are donated for the purpose of transplantation. The donor gives a new life to the recipient by the way of this noble act.

Organ donation is encouraged worldwide. The government of different countries have put up different systems in place to encourage organ donation. However, the demand for organs is still quite high as compared to their supply. Effective steps must be taken to meet this ever-increasing demand. The demand for organs is considerably higher than the number of donors around the world. Each year several patients die waiting for donors. Statistics reveal that in India against an average annual demand for 200,000 kidneys, only 6,000 are received. Similarly, the average annual demand for hearts is 50,000 while as low as 15 of them are available.

These are defined by a person's ethical duty to take action. Almost all the societies in the world believe that donating organs voluntarily is ethically permissible. Many scholars believe that everyone should donate their organs after death. Different religious groups have different viewpoints regarding organ donation. The Hindu religion does

not prohibit people from donating organs. The advocates of the Hindu religion state that it is an individual choice. Buddhists share the same view point. The Catholics consider it as an act of love and charity. It is morally and ethically acceptable as per them. The Christian Church, Islam, United Methodists and Judaism encourage organ donation. Apart from this, the political system of a country also impacts organ donation. The organ donation rate can increase if the government extends proper support. There needs to be a strong political will to ensure rise in the transplant rate. Specialized training, creating awareness, care, facilities and adequate funding must be provided to ensure a rise.

Organ Donation Day in India is celebrated on 13th of August every year by the people, government organizations and other related professions in order to motivate normal human beings to donate the organs as well as to understand the value of organ donation in the life of an individual. The need for organ donation needs to be sensitized among the public to increase the number of donors. The government has taken certain steps such as spreading awareness about the same by way of TV and internet. However, we still have a long way to go.

The investigator undertook the present study, “To assess the effectiveness of structured teaching programme on organ donation among arts and science college students”. The conceptual framework of the study was based on the Kings goal attainment model. The study was carried out using randomized controlled trial design in two colleges among 100 samples selected randomly for both study and control group. Both the study and the control group were assessed with the pre - test knowledge. Post - test was conducted 1 week after the structured teaching programme given to the students in study group, whereas in control group post - test was conducted without any intervention. The data was collected for the period of one month from 02.02.19 to 04.03.19. The reliability of the tool was assessed using test – re test

method and the validity was obtained from the experts of the community health nursing department and Nursing Research department. The data was entered into the excel sheet and analysed using descriptive and inferential statistics. Student paired t test, and chi square test were used to find the association and correlation. The data analyses were discussed below:

6.1.1 Findings on Socio Demographic Data

- ❖ Majority of the students 42(84%) in study group and 41(82%) in control group are male gender.
- ❖ Greater number of the student 45(90%) in study group and 44(88%) in control group are Hindu religion
- ❖ Highest number of the students 48(96%) in study group and 47(94%) in control group are unmarried.
- ❖ Large proportion of the student 26(52%) in study group and 27(54%) in control group are nuclear family.
- ❖ Constituting more than half of the students 16(32%) in study group and 10(20%) in control group students father educational status are high school.
- ❖ Significant numbers of the student 14(28%) in study group and 18(36%) in control group students father occupation status are clerk, shop owner.
- ❖ Substantial number of the student 13(26%) in study group and 7(14%) in control group students mother educational status are primary education

- ❖ Ample number of the student 35(70%) in study group and 40(80%) in control group students mother occupational status are unemployed.
- ❖ Vast quantities of the student 17(34%) in study group and 19(38%) in control group monthly income of the family is Rs. 10,357 – Rs. 15,535.
- ❖ Mast influx of the student 28(56%) in study group and 22(44%) in control group students living area is urban.
- ❖ Substantial number of the student 28(56%) in study group and 29(58%) in control group students getting information regarding organ donation through the media.

6.1.2 Findings regarding level of knowledge prior to structured teaching programme

In the pre -test the experiment group knowledge level was 48 (96%) of the Student had inadequate knowledge and 2(4%) of the students had moderately adequate knowledge. Where as in the control group knowledge level was 47 (94%) of the student had inadequate knowledge and 3(6%) of the students had moderately knowledge and none of them had adequate knowledge regarding organ donation in both the groups.

6.1.3 Findings regarding level of knowledge after structured teaching programme

In the post - test the experiment group knowledge level was 12 (24%) of the of the students had moderately adequate knowledge and 38(76%) had the adequate knowledge and none of them had not inadequate in experimental group. Where as in the control group knowledge level was 44(88%) of the student had inadequate knowledge and 6(12%) of the students had moderately adequate knowledge.

6.1.4 Findings related to effectiveness of structured teaching programme

In experiment group, On an average, in post - test after having STP, students are gained 46.90% more knowledge score than pre - test score.

In control group, On an average, in post - test without STP, students are gained 3.80% more knowledge score than pre - test score. This difference shows the effectiveness of structured teaching programme.

Differences and generalization of knowledge gain score between pre - test and post - test score was calculated using and mean difference with 95% CI and proportion with 95% CI.

6.1.5 Findings regarding association of post- test knowledge score and the selected demographic variables

The association between post-test level of knowledge and students demographic variables.

Nuclear family students, more educated mothers students, professional occupation mothers students and semi urban students having more knowledge than others.

Statistical significance was calculated using chi square test.

6.2 NURSING IMPLICATIONS

IMPLICATIONS

The present study had certain nursing implication towards the nursing education, nursing practice, nursing administration and nursing research as follows.

6.2.1 NURSING EDUCATION

- ❖ The nursing education is framed such a way that it equip the nurses with the essential knowledge, attitude and skills for meeting the needs of the society at primary, secondary and tertiary levels.
- ❖ The nursing curriculum also include the awareness of organ donation. It helps to increase the donor rate, needs to be take action to avoid legal and ethical issues.
- ❖ Student nurses can be motivated to organize teaching programme to enhance the knowledge regarding organ donation and practice of non-health professionals to donate their organs.
- ❖ Encourage the student nurse to participate actively in awareness of community in awareness campaign and it should be conducted on regular basis with emphasis on organ donation.
- ❖ Organ donation should be included in the curriculum of Basic Nursing courses.

6.2.2 NURSING PRACTICE

- ❖ The nurses working in different health care setting play a vital role in enhancing the quality of life of individual and family members especially in community health Unit.
- ❖ This study will help the community health unit nurses develop their knowledge & skill in awareness or organ donation. It also help the nurses to create awareness among the home visit at their door steps and his\her relatives.
- ❖ The community health nurse involve the home visit to give health education to the family members and adolescents regarding the organ donation.

- ❖ In-service education can be planned for the nurse to keep them updated with latest guidelines on organ donation, process of brain death, convincing the family members to donate the organs of brain dead, preserving the organs after donation, guidelines to transport the organs, etc.

6.2.3 NURSING ADMINISTRATION

The nursing administration should make necessary initiatives of:

- ❖ Collaborate with governing bodies to formulate standard policies and to emphasize the policies to the society.
- ❖ Organize the seminars, workshop, conferences regarding organ donation among the nursing staffs and as well as in student nurses.
- ❖ Nurse administrator has to plan and organize training program for the students nurses and the nurses regarding organ donation and counselling of relatives to donate organ.
- ❖ Nurse administrator has to organize educational programs in the schools, colleges, community health centres, primary health centres and the other community settings.
- ❖ Necessary administrative support has to be provided to conduct health educational workshops in schools, colleges and other community area with appropriate A.V. aids, mass media, posters and role plays, drama and puppet show
- ❖ Nurses should be motivated to take keen interest in preparing different teaching strategies suitable for the schools, colleges as well as other community settings on organ donation.

- ❖ Nurse educator has to pay more attention of training of non health professional regarding organ donation. So that they can impart appropriate knowledge to them and thusby motivate them to donate their organs

6.2.4 NURSING RESEARCH

- ❖ Promote more research on organ donation among the various settings.
- ❖ Disseminates the findings of the research through conferences, seminars and publishing in the journals.

6.3 RECOMMENDATIONS FOR FUTURE STUDY

- ❖ The comparative study can also be done to assess the effectiveness of STP among para medical and non-medical students
- ❖ The study can be replicated on large sample size and also at different setting and different population as longitudinal study.
- ❖ A similar study can also be done by qualitative approach.

6.4 MERITS OF THE STUDY

- ❖ The samples were selected using randomization therefore the sampling bias is alleviated.
- ❖ The effectiveness of the structured teaching programme is shown much better using the control group.

6.5 LIMITATIONS

- ❖ No standardized tools were available therefore the investigator prepared a tool for the purpose of the study.

- ❖ The study was confined to a small number of subjects which limits the generalization that can be made.
- ❖ The study was not conducted with a control group.
- ❖ Data collection is limited to four weeks

CONCLUSION

College students will take up the role of promoting organ donation. Hence there is a need to increase the knowledge gap regarding organ donation among undergraduate students. However, more comprehensive awareness programs are required to increase awareness about organ donation and brain death. Media, religious leaders and medical fraternity should be involved.

The main objective of the study was to determine the effectiveness structured teaching programme on knowledge regarding organ donation among the Arts student at selected Arts and Science Colleges, Chennai, Dt. The statistical analysis revealed that there was a significant difference between the pre- test and post- test level of the knowledge and attitude of experiment group, thus indicated the given Structured Teaching Programme was effective.

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**STRUCTURED QUESTIONNAIRE FOR DATA COLECTION
TICK THE CORRECT ANSWER**

SECTION – A (DEMOGRAPHIC VARIABLES)

Sample no:

1. Gender

- a. Male
- b. Female
- c. Transgender

2. Religion

- a. Hindu
- b. Muslim
- c. Christian
- d. Others

3. Married status

- a. Married
- b. Unmarried

4. Family size

- a. Nuclear family
- b. Joint family
- c. Extended family
- d. Other

5. Kuppuswamy socio economic status

i). Education status of the father

- a) Illiterate
- b) Primary education
- c) Secondary education
- d) High school
- e) High school certificate
- f) graduate

ii). Occupation status of the father

- a) Unemployed
- b) Unskilled worker
- c) Semiskilled worker
- d) Clerk, Shop owner, Farmer
- e) Semi profession
- f) Profession

iii). Education status of the mother

- a) Illiterate
- b) Primary education
- c) Secondary education
- d) High school
- e) High school certificate
- f) Graduate

iv). Occupation status of the mother

- a) Unemployed
- b) Unskilled worker
- c) Semiskilled worker
- d) Clerk, Shop owner, Farmer
- e) Semi profession
- f) Profession

v). Monthly Income of the family

- a) Below Rs. 2091
- b) Rs. 2092-6,213
- c) Rs. 6,214-10,356
- d) Rs. 10,357-15,535
- e) Rs. 15,536-20,714
- f) Rs. 20,715-41,429
- g) Above Rs. 41,430

6. Living status

- a. Rural
- b. Urban
- c. Semi urban

7. Source of information regarding organ donation

- a. Media
- b. Health personnel
- c. Peer groups
- d. Others

KNOWLEDGE ASPECTS

SECTION B

Knowledge related to organ donation

1. The meaning of the term Organ Donation

- a) Transfer of kidney only
- b) Transfer of organ from a dead body to a patient in need
- c) Transfer of organ from living or dead person to a patient in need

2. The Organ that can be donated while alive

- a) kidney, part of pancreas, part of lung
- b) heart, heart valves
- c) liver, cornea

3. The number of lives can be saved up to a Single deceased donor

- a) One
- b) Two
- c) Nine

4. The Donor should be in the age group

- a) >18 years
- b) <18 years
- c) No age limit

5. The meaning of the term Brain death

- a) Permanent cessation of all brain function
- b) Temporary cessation of brain function
- c) Intermittent cessation of brain function

Knowledge related to donor classification

6. The meaning of the term living donor

- a) The donor have been declared brain dead
- b) The donor remain alive & donate a renewable tissues, cell, fluids, skin
- c) After death donate organ

7. The meaning of the term Auto graft

- a) Transplant of tissue to the same person
- b) Transplant from a donor genetically identical recipients
- c) Transplant from a donor genetically non identical recipients

- 8. The meaning of paired exchange of transplantation**
- a) Donate to family members or friends
 - b) Is a technique of matching willing donor to compatible recipients
 - c) Is donating an organ to someone not well
- 9. The meaning of compensation donation**
- a) Whom they have an emotional investment
 - b) Compatible recipients
 - c) Donors get money or other compensation in exchange for their organs

Knowledge related to different organ donation

- 10. The condition in which Eyes cannot be donated**
- a) Corneal diseases
 - b) Redness of the eye
 - c) Watery discharge
- 11. The right time for eye donation**
- a) within 1hours
 - b) after 24hours
 - c) within 6hours
- 12. The part of the eye that can be donated**
- a) Lens
 - b) Cornea
 - c) Retina
- 13. The main cause of liver failure**
- a) Alcoholism
 - b) Genetic disorder
 - c) Viral infection and alcoholism
- 14. The condition in which the Lung transplantation is performed**
- a) Heart failure
 - b) Liver failure
 - c) Lung failure
- 15. The meaning of the term cord blood donation**
- a) Tissue donation
 - b) Newborn cord blood donation, it will be used in future
 - c) Eye donation

Knowledge related to legal issues

16. The absolute contraindications of Organ Donation

- a) Active HIV infection and cancer
- b) Fever, and cold
- c) Arthritis

17. The important tissue test of Organ Donation

- a) HLA antigen
- b) ECG
- c) Sputum test

18. The important factor of Legal and ethical issues in Organ Donation

- a) Forced donation and organ theft
- b) With consent of relatives
- c) With consent of client

19. The purpose of Organ donation

- a) To save someone life
- b) Out of compassion/sympathy
- c) For money

20. The numbers of members certify the brain death

- a. One surgeon
- b. One physician
- c. Two Neuro surgeon & Two Physician

சமூக தகவல்கள்

பிரிவு அ

1. பாலினம்

அ. ஆண்

ஆ. பெண்

இ. திருநங்கை

2. மதம்

அ. இந்து

ஆ. முஸ்லீம்

இ. கிறிஸ்துவர்

ஈ. மற்றவை

3. திருமண நிலை

அ. திருமணமானவர்

ஆ. திருமணமாகாதவர்

4. குடும்ப அளவு

அ. தனி குடும்பம்

ஆ. கூட்டு குடும்பம்

இ. நீட்டிக்கப்பட்ட குடும்பம்

ஈ. மற்றவை

5. குப்புசாமி பொருளாதர நிலை

i) தந்தையின் கல்வி தகதி

அ. படிப்பறிவின்மை

ஆ. ஆரம்ப கல்வி

இ. உயர்நிலைக் கல்வி

ஈ. மேல் நிலைக் கல்வி

உ. பட்டயப்படிப்பு

ஊ. பட்டதாரி

எ. தொழில் சார்ந்த படிப்பு

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- ஆ. அடிப்படை தொழிலாளர்
- இ. சந்தை விற்பனை தொழிலாளர்
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- உ. சொந்த தொழில் மற்ற ம் விவசாயம்
- ஊ. தொழில் நுட்பவியலாளர்
- எ. உயர் அதிகாரி மேலாளர்

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- அ. படிப்பறிவின்மை
- ஆ. ஆரம்பப் பள்ளிபடிப்பு
- இ. இடை நிலை கல்வி
- ஈ. உயர்நிலை பள்ளிபடிப்பு
- உ. உயர்நிலை பள்ளிசான்றிதழ்
- ஊ. பட்டதாரி

iv). தாயின் தொழில்

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- அ. ரூ. 2091க்கு கீழ்
- ஆ. ரூ. 2092-ரூ6213
- இ. ரூ. 6214- ரூ10,356
- ஈ. ரூ. 10,357-ரூ.15,535
- உ. ரூ. 15,536 -ரூ.20,714
- ஊ. ரூ. 20,715- ரூ.41,429
- எ. ரூ. 41,430க்கு மேல்

6. இருப்பிட நிலை

அ. கிராமம்

ஆ. நகரம்

இ. நகர்புறப் பகுதி

7. தகவல் கிடைக்கும் இடம்

அ. ஊடகம் வழியாக

ஆ. சுகாதார உழியர்கள் மூலமாக

இ. நட்பு வட்டம் வழியாக

ஈ. மற்றவை

பொது அறிவு வினாக்கள்

பிரிவு ஆ

உடல் உறுப்பு தானம் பற்றிய அறிவு வினாக்கள்

1. உடல் உறுப்பு தானம் என்பதன் பொருள்.

அ. சிறுநீரகம் மாற்றம்

ஆ. இறந்த நபரிடம் மட்டும் இருந்து நோயாளிக்கு உடல் உறுப்பு தானம் மாற்றம்

இ. உயிருடன் அல்லது இறந்த நபரிடம் இருந்து நோயாளிக்கு உடல் உறுப்பு தானம் மாற்றம்

2. உயிருடன் இருக்கும் பொழுது எந்த உறுப்பினை தானம் செய்யலாம்.

அ. ஒரு சிறுநீரகம், பகுதி நுரையீரல் , பகுதி கணையம்

ஆ. கணையம் நுரையீரல்

இ. கல்லீரல் , கருவிழி

3. இறந்தவரின் உடல் உறுப்பு தானம் மூலம் எத்தனை உயிர்களை காப்பற்ற முடியும்.

அ. ஒன்று

ஆ. இரண்டு

இ. ஒன்பது

4 . உடல் உறுப்பு தானம் கொடுப்பவரின் வயது என்ன இருக்க வேண்டும்.

அ. >18 வயது

ஆ. <18 வயது

இ. வயது வரம்பு இல்லை

5. மூளை மரணம் என்பதன் பொருள்.

அ. நிரந்திரமாக மூளை செயல்பாடு நின்று விடுதல்

ஆ. தற்காலிகமாக மூளை செயல்பாடு நின்று விடுதல்

இ. மூளை செயல்பாடு இடைவேளை விட்டு விட்டு நின்று விடுதல்

உறுப்பு தானம் கொடுப்பவரின் வகைகள் சார்ந்த அறிவு வினாக்கள்

6. உயிருடன் இருக்கும்பொழுது கொடுக்கக்கூடிய உறுப்பு தானம் என்பதன் பொருள்.

அ. மூளை செயல்பாடு நின்றவுடன் கொடுக்கக்கூடிய உறுப்பு தானம்

ஆ. மீண்டும் புதுப்பிக்கக்கூடிய திசுக்கள், இரத்தம் தானம், தோல் ஆகியவற்றை உயிருடனிருக்கும்போது கொடுப்பது.

இ. இறந்தபின் கொடுக்கக்கூடிய உடல் உறுப்பு தானம்

7. ஆட்டோக்ராப்ட் என்ற சொல்லின் பொருள்

அ. தன்னிடமிருந்து தோலினை எடுத்து தனக்கே வைப்பது.

ஆ. வேறொருவரிடமிருந்து உறுப்பினை எடுத்து நோயுற்றவர்களுக்கு வைப்பது.

இ. இரட்டை பிறவி நபரிடம் இருந்து உறுப்பினை எடுத்து நோயுற்றவர்களுக்கு வைப்பது

8. உறுப்பு தானம் இடபரிமாற்றம் (paired exchange) என்பதன் பொருள்.

அ. குடும்ப உறுப்பினர் மற்றும் நண்பர்கள் செய்யும் தானம்.

ஆ. உறவினர் அல்லாத ஒருவரிடம் இருந்து நோயுற்றவர்களுக்கு வைப்பது.

இ. கட்டாயப்படுத்தி உடல் உறுப்பு தானம் செய்ய வைப்பது.

9. உறுப்பு தானம் இழப்பீடு என்ற சொல்லின் பொருள்.

அ.பரிதாபப்பட்டு உறுப்பு தானம் செய்வது.

ஆ. உடல் உறுப்பு, இரத்தவகை ஒன்றாக பொருந்துவதினால் உடல் உறுப்பு தானம் செய்வது.

இ.பணம் பெற்று கொண்டு உடல் தானம் செய்வது.

மற்றவகையான உடல் உறுப்பு தானம் பற்றிய அறிவு வினாக்கள்

10. கீழ்க்கண்டவற்றுள் யார் கண் தானம் செய்யக் கூடாது.

அ. கருவிழியில் குறைபாடு உள்ளவர்கள்.

ஆ. கண்கள் சிவப்பாக இருத்தல்.

இ. கண்களில் நீர் வடிதல்.

11. இறந்த உடன் எவ்வளவு மணி நேரத்தில் கண் தானம் செய்யலாம்.

அ. 1 மணி நேரத்திற்குள்

ஆ. 24 மணி நேரத்திற்கு மேல்

இ. 6 மணி நேரத்திற்குள்

12. கண்ணில் எந்த உறுப்பினை தானம் செய்வார்கள்.

அ. லென்ஸ்

ஆ. விழித்திரை

இ. கருவிழி

13. கல்லிரல் பாதிப்பிற்கு என்ன காரணம்.

அ. மது அருந்துதல்

ஆ. மரபு குறைபாடு

இ. வைரஸ் பாதிப்பு மற்றும் மது குடித்தல்

14. எந்தக்காரணத்திற்காக நுரையீரல் தானம் செய்வார்கள்.

அ. இருதய பாதிப்பு

ஆ. கல்லிரல் பாதிப்பு

இ. நுரையீரல் பாதிப்பு

15. தொப்புள் தண்டு இரத்த தானம்

அ. தோல் தானம் செய்வது.

ஆ. குழந்தைகளுக்கு நோய் வாய்படும் போது பிற்காலத்தில் மருந்தாக பயன்படுத்துவது.

இ. கண் தானம் செய்வது.

16. உடல் உறுப்பு தானம் யார் செய்யக்கூடாது.

அ. HIV பாதிப்பு மற்றும் புற்றுநோய் உள்ளவர்கள்

ஆ. காச்சல் & சளி உள்ளவர்கள்

இ. மூட்டு வலி உள்ளவர்கள்

17. உடல் உறுப்பு தானம் செய்வதற்கு முக்கிய திசு பரிசோதனை.

அ. ஆன்டிசென்

ஆ. சுருள் படம்

ஆ. சளி பரிசோதனை.

18. சட்டம் மற்றும் நெறிமுறை அல்லாத உறுப்பு தானம் என்பதன் பொருள்.

- அ.கட்டாயப்பத்தி உடல் உறுப்பு தானம்செய்ய வைப்பது
- ஆ.உறவினரின் அனுமதியில்லாமல் செய்வது
- இ.உறவினரின் அனுமதியுடன் உறுப்பு தானம் செய்வது

19.உடல் உறுப்பு தானம்செய்யவதன் காரணம்.

- ஆ.பிற உயிர்களை பாதுகாக்க
- ஆ. கருனைக்காக
- இ. பணத்திற்காக

20. மூளை செயல்பாடு நின்றுவிட்டதை எத்தனை மருத்துவர்கள் உறுதி செய்ய வேண்டும்.

- அ. ஒரு அறுவை சிகிச்சை நிபுனர்
- ஆ. ஒரு மருத்துவர்
- இ. இரண்டு அறுவை சிகிச்சை நிபுனர் மற்றும் இரண்டு மருத்துவர்

**STRUCTUTRED TEACHING
PROGRAMME
ON
ORGAN DONATION**

College of nursing, madras medical college, Chennai -03.

STRUCTURE TEACHING PROGRAMME ABOUT ORGAN DONATION

Name of the teacher	: N. charulatha
Topic	: ORGAN DONATION
Group	: ARTS AND SCIENCE COLLEGE STUDENTS
Number of students	: 50
Duration	: 1 hour
Venue	:
Medium of instruction	: English
Method of teaching	: lecture cum discussion
Audio visual aids	: power point, chart, flash cards

CENTRAL OBJECTIVES

At the end of the class, the students will gain adequate knowledge on Organ donation and develop adequate skills and attitude towards organ donation.

SPECIFIC OBJECTIVES

At the end of the class, the students will be able to



- ✓ define organ donation
- ✓ list out the types of organ donor
- ✓ enlist the other types donation
- ✓ describe the brain death
- ✓ enumerate the parts of the organ donated
- ✓ explain the organ donor criteria
- ✓ mention the contraindications of organ donation
- ✓ identify the legal aspects of organ donation
- ✓ explain the reason for shortage of organ donation


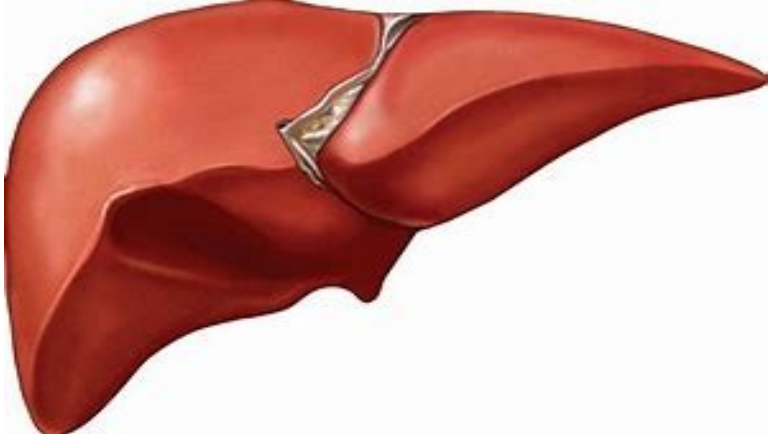
Sl. No	Time	Contributory Objectives	Content	Student Teacher Activity	Student Activity	AV Aids	Evaluation
1.	2mts	define organ donation	<p>ORGAN DONATION</p> <p>Organ donation is the donation of biological tissue or an organ of the human body, from a living or dead person to a living recipient in need of a transplantation.</p>	Explaining	Listening	Roller board	What is organ donation?
2.	3mts	list out the types of donor	<p>TYPES OF DONOR</p> <ol style="list-style-type: none"> 1. Living donor 2. Deceased donor <p>Living donor</p> <p>The donors remains alive and donate a renewable tissues, or donate an organ or part of an organ in which the remain in organ can regenerate.</p> <p>Example</p> <p>Single kidney donation</p> <p>Partial donation of liver</p> <p>Deceased donor</p> <p>The donor have been declared brain dead and their organs are viable b ventilators until they can be excised for transplantation</p>	Explaining	Listening	Chart	What are all the types of organ donor?

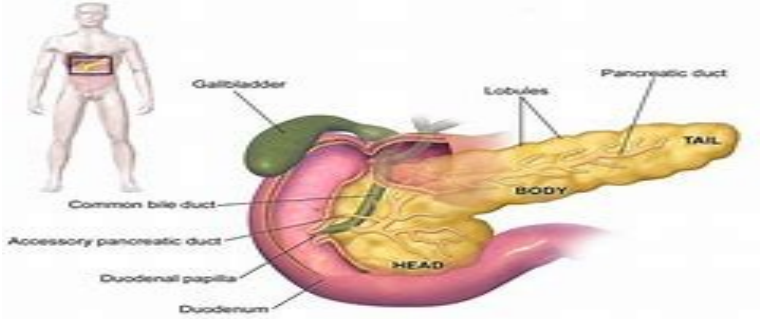

Sl. No	Time	Contributory Objectives	Content	Student Teacher Activity	Student Activity	AV Aids	Evaluation
3.	5mts	enlist the other types of donation	<p>OTHER TYPES OF DONATION</p> <ol style="list-style-type: none"> 1. Paired exchange 2. Compensation donation 3. Altruistic donation 4. Forced donation <ol style="list-style-type: none"> 1. Paired exchange Is a technique of matching willing donor to compatible recipients e.g.: spouse 2. Compensation donation Donors get money or other compensation in exchange for their organs. 3. Altruistic donation Is donating an organ to someone not well known to the donor. 4. Forced donation There have been various accusations that certain authorities are harvesting organs from undesirable people such as prison population. 	Explaining	Listening	Black Board	Any two types of donation?
4.	5mts	describe the brain death	<p>BRAIN DEATH:</p> <p>It is the irreversible and permanent cessation of all brain function. Brain can no longer send messages to the body to perform vital function like breathing, sensation, obeying command etc. such person are kept on artificial support (ventilation) to maintain oxygenation of organs so that the organs are in healthy condition until they are removed.</p>	Explaining	Listening	Video	What is the brain death?

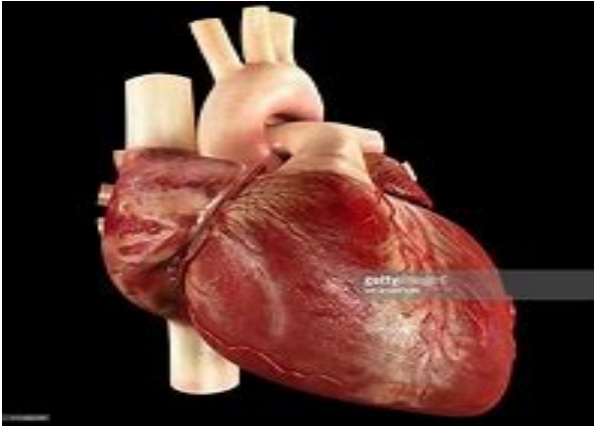
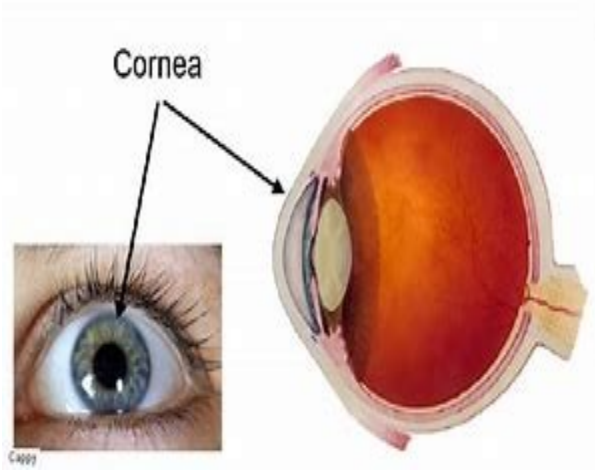
Sl. No	Time	Contributory Objectives	Content	Student Teacher Activity	Student Activity	AV Aids	Evaluation
5.	10mts	enumerate the parts of the organ donated	<p>MAJOR ORGANS AND TISSUES DONATED:</p> <p>Thoracic organs</p> <ol style="list-style-type: none"> 1.Heart (Deceased-donors only) 2. Lung (Deceased and Living donors) 3. Heart/Lung (Deceased-donor and Domino transplant) ; <p>Abdominal organs</p> <ol style="list-style-type: none"> 1.Kidney (Deceased and Living donors) 2.Liver (Deceased and Living donors) 3.Pancreas(Deceased-donors only) 4.Intestine(Deceased and Living donors) 5.Stomach (Deceased-donors only) 6. Testis <p>Tissues, cell, fluids</p> <ol style="list-style-type: none"> 1.Hand (Deceased-donors only) 2.Cornea (Deceased-donors only) 3.Skin (Autograft) 4.Islets of Langerhans (Deceased-donors only) 5.Bone marrow/Adult stem cell (Living donor and Autograft) 6.Blood transfusion/Blood parts transfusion (Living donor and Autograft. 	Explaining	Listening	PPT	What are all the organs and tissues donated?

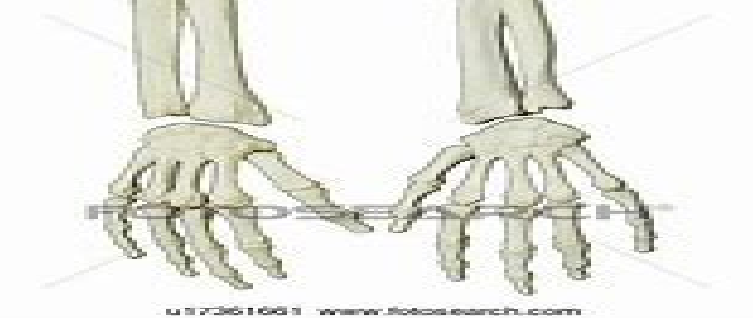
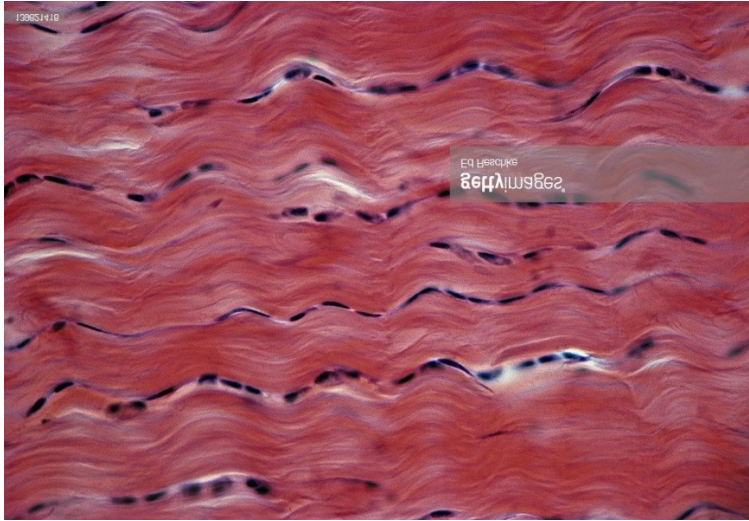
Sl.no	Time	Contributory Objectives	Content	Student Teacher Activity	Student Activity	AV AIDS	Evaluation
6.	5mts	explain the organ donor criteria	<p>ORGAN DONATION CRITERIA</p> <ol style="list-style-type: none"> 1. There is no age limit, but is based on the current medical history of patients. 2. Dead by neurologic criteria 3. Free of HIV 4. Medical history is examined at the time of death. 5. All serological test are examined at the time of death. 6. HLA (Human leucocyte antigen) is tissue matching test. It is important in organ donation. <p>Eye donor criteria</p> <ol style="list-style-type: none"> i. No upper age limit ii. 1 year to greater than 65 yrs. iii. Deceased donor only donate the eyes iv. In eyes, particularly cornea only transplanted <p>Within 4 to 6 hrs. Eyes are donated</p>	Explaining	Listening	PPT	What is the organ donor criteria?

Sl. no	Time	Contributory Objectives	Content	Student Teacher Activity	Student Activity	AV Aids	Evaluation
		Cont..	<p data-bbox="562 280 1272 360">Living donor can donate these part of organ KIDNEY</p>  <p data-bbox="562 791 763 871">LIVER Part of liver</p> 	Explaining	Listening	Ppt	

Sl. no	Time	Contributory Objectives	Content	Student Teacher Activity	Student Activity	AV Aids	Evaluation
		Cont..	<p data-bbox="564 309 1267 384">Living donor can donate these part of organ KIDNEY</p>  <p data-bbox="564 815 763 895">LIVER Part of liver</p> 	Explaining	Listening	Ppt	

Sl. no	Time	Contributory Objectives	Content	Student Teacher Activity	Student Activity	AV Aids	Evaluation
		Contd..	<p data-bbox="566 320 943 352">PART OF PANCREAS</p>  <p data-bbox="566 762 846 794">PART OF LUNG</p> 	Explaining	Listening	PPT	

Sl. no	Time	Contributory Objectives	Content	Student Teacher Activity	Student Activity	AV Aids	Evaluation
		Contd..	<p data-bbox="651 309 1308 384" style="text-align: center;">After death only can donate these organs Heart</p>  	Explaining	Listening	Ppt	

Sl. no	Time	Contributory Objectives	Content	Student Teacher Activity	Student Activity	AV Aids	Evaluation
		Contd..	<p data-bbox="564 279 696 316">HANDS</p>  <p data-bbox="564 683 712 719">TISSUES</p> 	Explaining	Listening	Ppt	

Sl. no	Time	Contributory Objectives	Content	Student Teacher Activity	Student Activity	AV Aids	Evaluation
7	3mts	mention the contraindications of organ donation	CONTRAINDICATION OF ORGAN DONATION 1. Any history of metastatic malignancy 2. Any history of malignant melanoma 3. HIV infection	Explaining	Listening	PPT	Any two contraindications of organ donation?
8.	3mts	identify the legal aspect of organ donation	LEGAL ASPECT OF ORGAN DONATION Transplantation of human organ transplantation act 1994 AIMS <input type="checkbox"/> Regulate, removal, storage and transplantation of human organ for therapeutic purposes <input type="checkbox"/> To prevent commercial dealing of an organ <input type="checkbox"/> Recognise the brain death.	Explaining	Listening	PPT	What are all the legal aspects of organ donation?
9.	2mts	explain the reason for shortage of organ	REASON FOR SHORTAGE OF ORGAN DONATION i. MISPERCEPTION ii. Superstitious iii. Fear, misunderstanding, and ignorance iv. Legal aspects	Explaining	Listening	PPT	What are all the reasons for shortage of organ donation?

Sl. no	Time	Contributory Objectives	Content	Student Teacher Activity	Student Activity	AV Aids	Evaluation
			<p>CONCLUSION Now we have discussed about definition, types of donors, meaning of brain death, screening test of organ donation, contraindication of organ donation and legal aspect of organ donation</p> <p>Pledge your organs- donor card The donor card enables people to express their wish to become an organ donor. It is like making a will. Inform your relatives about your wish to be an organ donor.</p>	Explaining	Listening		

உடல் உறுப்பு தானம்

மத்திய நோக்கம்:

இந்த கட்டமைக்கப்பட்ட கற்பித்தல் திட்டத்தின் முடிவில் உடல் உறுப்பு தானத்தினால் பிற உயிர்களுக்கு மறு வாழ்வு கொடுப்பதையும், குறைவான உறுப்பு தானத்திற்கான காரணிகளை பற்றிய போதிய அறிவு மற்றும் அனுகுமுறைகளை கற்பார். மேலும் அவ்வகையான உறுப்பு தானத்தை மேம்படுத்த போதிய திரளை வளர்த்துக் கொள்வர்.

குறிப்பிட்ட நோக்கங்கள்:

இந்த கட்டமைக்கப்பட்ட கற்பித்தல் திட்டத்தின் முடிவில், மாணவர்கள்

1. உறுப்பு தானம் வரையறைவர்
2. உறுப்பு தானத்தின் வகைகளின் பட்டியலிடுவர்
3. பிற உறுப்பு தானத்தின் வகைகளை விளக்குக..
4. மூளை மரணம் என்பதன் பொருள் குறிப்பிடுவர்
5. முக்கிய உறுப்பு தானம் மற்றும் திசுக்கள் தானம் பட்டியலிடுக
6. உறுப்பு தானம் செய்ய, செய்யவேண்டியவை விளக்குக
7. எந்த சூழ்நிலையில் உறுப்பு தானம் செய்யக்கூடாது - விவரிக்க
8. உறுப்பு தானம் பற்றிய சட்ட அம்சத்தின் குறிக்கோளை பட்டியலிடுக
9. உறுப்பு தானம் தட்டுப்பாடு ஏற்பட காரணமான காரணங்களை குறிப்பிடுக

வ.எண்	நேரம்	குறிக்கோள்	பொருளடக்கம்	ஆய்வாளர் செயல்பாடு	ஒலி, ஒளி காட்சி சாதனங்கள்	கற்றன் செயல்பாடு	மதிப்பீடு
1.		உறுப்பு தானம் வரையறைவர்	<p>உறுப்பு தானம்</p> <p>உறுப்பு தானம் என்பது உயிருள்ள அல்லது இறந்த நபரிடமிருந்து மனித உடலின் உயிரியல் திசு அல்லது உறுப்புகளை தானம் செய்வது எனப்படும்.</p>	விளக்குதல்	கவனித்தல்		உறுப்பு தானம் என்றால் என்ன
2.		உறுப்பு தானத்தின் வகைகளை பட்டியலிடுக	<p>உறுப்பு தானத்தின் வகைகள்:</p> <ol style="list-style-type: none"> 1. உயிருடன் இருக்கும் பொழுது கொடுக்கும் உருப்பு தானம். 2. இறந்த பின்பு கொடுக்கும் உறுப்பு தானம் <p>1) உயிருடன் இருக்கும் பொழுது கொடுக்கும் உறுப்பு தானம்.</p> <p>புதுப்பிக்கதக்க திசுக்கள் தானம் செய்வது. ஒரு பகுதி அல்லது பகுதி உறுப்பினை தானம் செய்வது</p>	விளக்குதல்	கவனித்தல்		உறுப்பு தானத்தின் வகைகள் யாவை ?

வ.எ ண்	நேரம்	குறிக்கோள்	பொருளடக்கம்	ஆய்வாளர் செயல்பாடு	ஒலி,ஒளி காட்சி சாதனங்கள்	கற்றன் செயல்பாடு	மதிப்பீடு
3	5 நிமி	Cont d.....2 பிற உறுப்பு தானத்தின் வகைகளை விளக்குக	<p>எ. கா: சிறுநீரகம், பகுதி கணையம் பகுதி ஈரல்</p> <p>2 இறந்த பின் கொடுக்கும் உறுப்பு தானம் - மூளை மரணம் உறுதி செய்யப்பட்டவுடன் அல்லது இறந்த பிரகு கொடுக்கும் உறுப்பு தானம்</p> <p>மற்ற வகையான உறுப்பு தானம்: 1 இணையில்லா உறுப்பு தானம் - Paired exchange) 2 இழப்பீட்டு உறுப்பு தானம் (compensation) 3 அல்ட்ரூயிஸ்டிக் (Altruistic) 4 நிர்பந்த உறுப்பு தானம் (Forced Donation)</p> <p>1 இணையில்லா உருப்பு தானம்: பிறர் நலம் கருதி கொடுக்கும் உறுப்பு தானம்</p>	விளக்குதல்	கவனித்தல்		ஏதேனும் இரு வகையின் உறுப்பு தானத்தை விளக்குக

வ.எ ண்	நேரம்	குறிக்கோள்	பொருளடக்கம்	ஆய்வாளர் செயல்பாடு	ஒலி,ஒளி காட்சி சாதனங்கள்	கற்றன் செயல்பாடு	மதிப்பீடு
		2	<p>இழப்பீட்டு உறுப்பு தானம்:</p> <p>பணத்திற்காக கொடுக்கும் உறுப்பு தானம். தன் வறுமைக்காக உறுப்பினை கொடுத்து பணம் பெறுதல். இதனை தடை செய்யவே 1994-ம் ஆண்டு சட்ட அம்சங்கள் திருத்தப்பட்டது.</p>				
		3	<p>Altruistic உறுப்பு தானம்:</p> <p>தன் சொந்த விருப்பத்தின் பெயரில் முழு மனதுடன் பிறருக்கு கொடுக்கும் உறுப்பு தானம்</p>				
		4	<p>நிர்பந்த உறுப்பு தானம்:</p> <p>கட்டாயப்படுத்தி உறுப்பு தானம் செய்தல்</p>				

வ.எண்	நேரம்	குறிக்கோள்	பொருளடக்கம்	ஆய்வாளர் செயல்பாடு	ஒலி,ஒளி காட்சி சாதனங்கள்	கற்றன் செயல்பாடு	மதிப்பீடு
4		மூளை மரணம் என்பதன் பொருள் குறிப்பிடுக	<p>மூளை மரணம்:</p> <p>மூளை மரணம் என்பது மூளையின் அனைத்து செயல்பாடுகளும் முற்றிலுமாக நின்று விடுதல். இதனால் மற்ற உடல் உறுப்புகளை ஆக்ஸிஜனேற்றம் செய்து பராமரிக்க செயற்கை சுவாச கருவியின் மூலம் பாதுகாக்கலாம்</p>				
5.		முக்கிய உறுப்பு தானம் மற்றும் திசுக்கள் தானம் பட்டியலிடுக	<p>முக்கிய உறுப்பு மற்றும் திசுக்கள் தானம்</p> <ol style="list-style-type: none"> 1 இதயம் 2 நுரையீரல் <p>வயிற்று உறுப்புகள்</p> <ol style="list-style-type: none"> 1 இறுநீரகம் 2 கல்லீரல் 3 கணையம் 4 குடல் 5 இரைப்பை 6 டெஸ்டிஸ் 7 கார்னியா 8 தோல் 9 லாங்கர்ஹான்ஸ் எலும்பு மஜ்ஜை 10 இரத்தம் 				

வ.எண்	நேரம்	குறிக்கோள்	பொருளடக்கம்	ஆய்வாளர் செயல்பாடு	ஒலி, ஒளி காட்சி சாதனங்கள்	கற்றன் செயல்பாடு	மதிப்பீடு
6 5.	5 Mnts	உறுப்பு தானம் செய்ய, செய்ய வேண்டியவை விவரிக்க	<p><u>உறுப்பு தானம் செய்ய அளவுகோல்:</u></p> <p>1 வயது வரம்பு இல்லை. அனால் தற்போதைய மருத்துவ வரலாற்றை அடிப்படையாக கொண்டது.</p> <p>2 மூளை மறனம் உருதி செய்யப்பட வேண்டும்</p> <p>3 HV பரிசோதனை செய்திருக்க வேண்டும்</p> <p>4 எல்லா இரத்த பரிசோதனகளையும் செய்திருக்க வேண்டும்.</p> <p>5 HA அண்டிஜென் - திசு பரிசோதனை செய்ய வேண்டும். இது பொருந்தினால் மட்டுமே உருப்பு தானம் செய்ய முடியும்</p> <p><u>கண் தானம் செய்ய:</u></p> <p>1 வயது வரம்பு இல்லை</p> <p>2 1 வருடம் முதல் 65 வரைக்கும் மேலாக கூட கண் தானம் செய்யலாம்</p> <p>3 இறந்த பிரகு மட்டுமே கண் தானம் செய்யலாம்</p> <p>4 கண்ணில் முக்கியமாக விழித்திரையை மட்டுமே தானம் செய்ய முடியும்.</p> <p>5 இறந்த பிறகு 4 மணி நேரம் முதல் 6 மணி நேரம் வரைக்குள் கண் தானம் செய்ய முடியும்</p>	விளக்குதல்	கவனித்தல்		உறுப்பு தானம் செய்ய அளவுகோல் என்ன?

வ.எண்	நேரம்	குறிக்கோள்	பொருளடக்கம்	ஆய்வாளர் செயல்பாடு	ஒலி, ஒளி காட்சி சாதனங்கள்	கற்றன் செயல்பாடு	மதிப்பீடு
6	Cont d.		<p>உயிருடன் இருக்கும் பொழுது தானம் செய்யக் கூடிய உறுப்புகள்</p> <ol style="list-style-type: none"> 1 ஒரு சிறுநீரகம் 2 பகுதி கணையம் 3 பகுதி நுரையீரல் 4 பகுதி கல்லீரம் 				
5			<p>இறந்த பிறகு மட்டுமே சில உறுப்புகள் தானம் செய்ய முடியும்:</p> <ol style="list-style-type: none"> 1 இருதயம் 2 கண் 3 கை 4 எலும்பு 5 திசு 6 லாங்ஹார்கன் திசுக்கள் 7 எலும்பு மஜ்ஜை 8 நரம்பு 				
7.	3 மீ நிமி		<p>உறுப்பு தானம் செய்ய முடியாத சூழ்நிலை</p> <ol style="list-style-type: none"> 1 தோல் புற்றுநோய் 2 உற்றுநோய் 3 HV 	விளக்குதல்	கவனித்தல்		என்ன காரணங்களால் உறுப்பு தானம் செய்யக் கூடாது

வ.எண்	நேரம்	குறிக்கோள்	பொருளடக்கம்	ஆய்வாளர் செயல்பாடு	ஒலி,ஒளி காட்சி சாதனங்கள்	கற்றன் செயல்பாடு	மதிப்பீடு
8	3 நிமி	உறுப்பு தானம் பற்றிய சட்ட அம்சத்தை குறிக்கோளை படியலிடுக	உறுப்பு தானம் பற்றிய சட்ட அம்சம் (1974) குறிக்கோள்: 1 மனித உருப்பு மற்று அறுவை சிகிச்சை சீரான முறையில் நடப்பதற்கு 2 உடல் உறுப்பை கையாள்வதில் ஏற்படும் முறைகேட்டைத் தடுப்பதற்கு 3 மூளை சாவு அடைந்ததை அறிந்து கொள்வதற்கு	விளக்குதல்	கவனித்தல்		உடல் உறுப்பு தானத்தின் குறிக்கோள் என்ன ?
9	3 நிமி	உறுப்பு தானம் தட்டுப்பாடு ஏற்பட காரணிகள் குறிப்பிடுக	உறுப்புதானம் தட்டுப்பாடு ஏற்பட காரணங்கள்: 1 தவறான கண்ணோட்டம் 2 மூடநம்பிக்கை 3 பயம், தவறான புரிதல், அறியாமை 4 சட்ட அம்சங்கள்	விளக்குதல்	கவனித்தல்		உறுப்பு தானம் தட்டுப்பாடு ஏற்பட காரணம் என்ன ?

முடிவுரை:

உறுப்பு தானம் பற்றிய கற்பித்தல் திட்டத்தின் மூலம் உடல் உறுப்பு தானம் என்றால் என்ன, மற்றும் அதன் வகைகள், உறுப்பு தானம் செய்ய அளவுகோல், என்னென்ன உறுப்புகள் மற்றும் திசுக்கள் தானம் பற்றியும், யார் உறுப்பு தானம் செய்யக் கூடாது, உறுப்பு தானம் தட்டுப்பாடு வரக் காரணங்களையும் அறிந்தோம்.

உறுப்பு தான உறுப்பினர் அட்டையை ஒவ்வொருவரும் பதிவு செய்வோம்.

மண்ணுக்கு போகும் உறுப்புகளை பிற மனிதர்மளை வாழ வைக்க கொடுப்போம்.

INFORMED CONSENT

TITLE: "Assess the effectiveness of structured teaching programme on knowledge about organ donation among college students at selected arts and science college in chennai"

Sample no:

Name of participant:

Name of the principal investigator: N.CHARULATHA

Name of the Institution :

Whether the participants consent was asked : Yes/No

[If the answer to the above question is yes, write the following phrase: you agree with the manner in which consent was asked from you and given by you. You agree to take part in this study].

If answer to the above question is no, give reason(s):

Name and signature or thumb impression of the participant legal representative.

Name ----- Signature-----

Date-----

Name and signature of the investigator or his representative obtaining consent:

Name ----- Signature-----

Date-----

INFORMATION TO PARTICIPANTS

Title : " ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE ABOUT ORGAN DONATION AMONG COLLEGE STUDENTS AT SELECTED ARTS AND SCIENCE COLLEGE STUDENTS IN CHENNAI.

Investigator : N. Charulatha

Name of the Participant :

Date :

Age/sex

You are invited to take part in this study. The information in this document is meant to help you decide whether or not to take part. Please feel free to ask if you have any queries or concerns.

You are being asked to Cooperate in this study being conducted in selected arts science college students in Chennai.

What is the Purpose of the Research (explain briefly)

This research is conducted to **assess the effectiveness of structured teaching programme on knowledge about organ donation among college students at selected arts and science college students in Chennai.**

We have obtained permission from the Institutional Ethics Committee.

Study Procedures

- Study will be conducted after approval of ethics committee
- A written formal permission will be obtained from authorities of school at Chennai to conduct study.
- The purpose of study will be explained to the participants.
- The investigator will obtain informed consent.

Possible benefits to other people

The result of the research may provide benefits and also empathetic care to them by investigator.

Confidentiality of the information obtained from you

You have the right to confidentiality regarding the privacy of your personal details. The information from this study, if published in scientific journals or presented at scientific meetings, will not reveal your identity.

How will your decision not to participate in the study affect you?

Your decisions not to participate in this research study will not affect your daily class hours, and your relationship with investigator or the institution.

Can you decide to stop participating in the study once you start?

The participation in this research is purely voluntary and you have the right to withdraw from this study at any time during course of the study without giving any reasons.

Your Privacy in the research will be maintained throughout study. In the event of any publications or presentation resulting from the research, no personally identifiable information will be shared.

Signature of Investigator

Date

Signature of Participants

Date

சுயஒப்புதல் படிவம்

முறையான கற்பித்தல் திட்டமுறை மூலமாக உடல் உறுப்பு தானம் பற்றி கல்லூரி மாணவர்களின் அறிவுத்திறன் குறித்த ஆய்வு.

ஆய்வாளர் பெயர் : நா.சாருலதா

பங்கேற்பாளர் :

தேதி :

வயது/பால் :

- ஆய்வாளர் மேற்கொள்ளும் ஆராய்ச்சியில் பங்கேற்க யாருடையகட்டாயமுமின்றி முழு மனதுடனும் சுய நினைவுடனும் சம்மதிக்கிறேன்
- ஆய்வாளர் மேற்கொள்ள போகும் பரிசோதனைகளை மிக தெளிவாக விளக்கி கூறினார்
- எனக்கு விருப்பமில்லாத பட்சத்தில் ஆராய்ச்சியிலிருந்து எந்நேரமும் விலகலாம் என்பதை ஆய்வாளர் மூலம் தெரிந்து கொண்டேன்
- இந்த ஆராய்ச்சி ஒப்புதல் கடிதத்தில் உள்ள விவரங்களை நன்கு புரிந்து கொண்டேன்.எனது உரிமைகள் மற்றும் கடமைகள் ஆராய்ச்சியாளர்கள் மூலம் விளக்கப்பட்டது.
- நான் ஆராய்ச்சியாளருடன் ஒத்துழைக்க சம்மதிக்கிறேன்.எனக்கு ஏதேனும் உடல் நலக்குறைவு ஏற்பட்டால் ஆராய்ச்சியாளரிடம் தெரிவிப்பேன்
- நான் வேறு எந்த ஆராய்ச்சியிலும் தற்சமயம் இடம் பெறவில்லை என்பதை தெரிவித்து கொள்கிறேன்
- இந்த ஆராய்ச்சியின் தகவல்களை வெளியிட சம்மதிக்கிறேன்.அப்படி வெளியிடும் போது என் அடையாளம் வெளிவராது என்பதை அறிவேன்
- எனக்கு இந்த ஒப்புதல் கடிதத்தின் நகல் கொடுக்கப்பட்டது.

ஆய்வாளர் கையொப்பம்
தேதி

பங்கேற்பவர் கையொப்பம்
தேதி

ஆராய்ச்சி தகவல்கள்

முறையான கற்பித்தல் திட்டமுறை மூலமாக உடல் உறுப்பு தானம் பற்றி கல்லூரி மாணவர்களின் அறிவுத்திறன் குறித்த ஆய்வு.

ஆய்வாளர் பெயர் : நா.சாருலதா
பங்கேற்பாளர் :
தேதி :
வயது/பால் :

- ஆய்வாளர் மேற்கொள்ளும் ஆராய்ச்சியில் பங்கேற்க யாருடைய கட்டயாமுமின்றி முழு மனதுடன் சம்மதிக்கலாம்
- இதில் பங்கேற்பதன் நோக்கம் இந்த ஆராய்ச்சியின் தகவல்களை தெரிந்து கொள்வதற்காகவும் அதனை பயன் படுத்துவதற்காகவும் மட்டும்தான்.
- இந்த ஆராய்ச்சியின் நோக்கம் முறையான கற்பித்தல் திட்டமுறை மூலமாக உடல் உறுப்பு தானம் பற்றி கல்லூரி மாணவர்களின் அறிவுத்திறன் குறித்து அறியலாம்.

ஆராய்ச்சி மேற்கொள்ளும் முறை

இந்த ஆராய்ச்சியில் முறையான கற்பித்தல் திட்டமுறை மூலமாக உடல் உறுப்பு தானம் பற்றி கல்லூரி மாணவர்களின் அறிவுத்திறன் குறித்த ஆய்வு.

ஆய்வாளருக்கான பயன்

இந்த ஆய்விற்கு பின் முறையான கற்பித்தல் திட்டமுறை மூலமாக உடல் உறுப்பு தானம் பற்றி கல்லூரி மாணவர்களின் அறிவுத்திறன் குறித்து அறியலாம்.

பங்கேற்பாளருக்கான பயன்

- இந்த ஆய்வு முறையான கற்பித்தல் திட்டமுறை மூலமாக உடல் உறுப்பு தானம் பற்றி கல்லூரி மாணவர்களின் அறிவுத்திறன் குறித்து அறியலாம்.
- இந்த ஆராய்ச்சியில் பங்கேற்கவில்லை என்றாலும் உங்களின் சராசரிமுறையில் எந்த வித மாற்றமும் ஏற்படாது என்பதை தெரிவிக்கிறேன்
- இந்த ஆராய்ச்சியில் பங்கேற்க விருப்பம் இல்லை என்றால் உங்களின் முழு மனதுடன் நீங்கள் இந்த ஆராய்ச்சியில் இருந்து விலகி கொள்ளலாம் என்பதை தெரிவிக்கிறேன்
- இந்த ஆராய்ச்சியில் உள்ள தகவல்களை பாதுகாப்பாக வைத்துக் கொள்கிறேன் என்பதை தெரிவித்துக் கொள்கிறேன்
- இந்த ஆராய்ச்சியின் தகவல்களை வெளியிடும் போது உங்களை பற்றிய அடையாளங்கள் வெளி வராது என்பதை உறுதி கூறுகிறேன்

ஆய்வாளர் கையொப்பம்
தேதி

பங்கேற்பவர் கையொப்பம்
தேதி

CERTIFICATE OF PLAGIARISM

This is to certify that the dissertation work titled, “**A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE ABOUT ORGAN DONATION AMONG THE COLLEGE STUDENTS AT SELECTED ARTS AND SCIENCE COLLEGE, IN CHENNAI**” of the candidate **Mrs.N.CHARULATHA** for the partial fulfillment of M.Sc. Nursing Programme in the branch of COMMUNITY HEALTH NURSING has been verified for plagiarism through relevant plagiarism checker. We found that the uploaded thesis file from introduction to conclusion pages and rewrite shows _____% of Plagiarism (_____ % uniqueness) in this dissertation.

CLINICAL SPECIALITY GUIDE / SUPERVISOR

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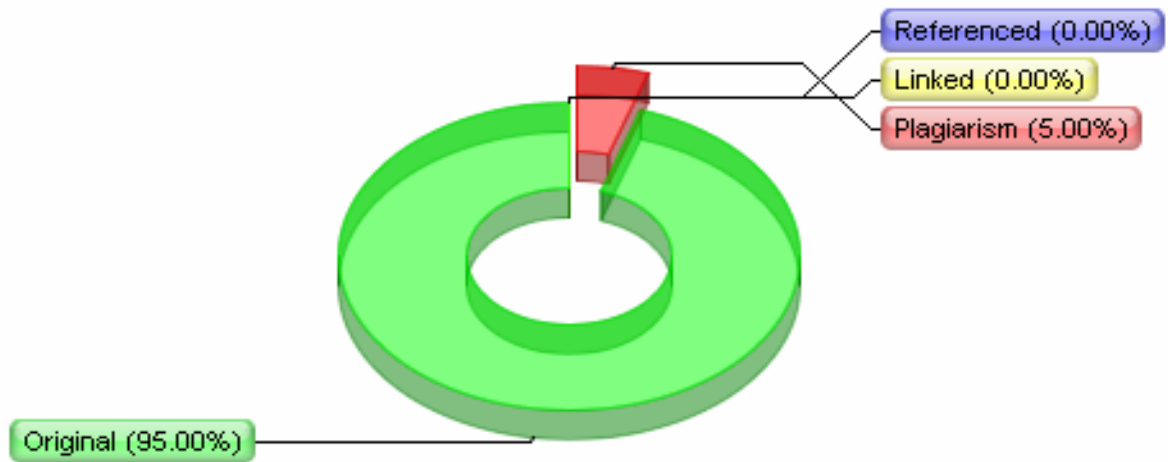
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உறுப்பு தானம்

உறுப்பு தானம் என்பது உயிருள்ள அல்லது இறந்த நபரிடமிருந்து மனித உடலின் உயிரியல் திசு அல்லது உறுப்புகளை தானம் செய்வது எனப்படும்.



உறுப்பு தானத்தின் வகைகள்:

1. உயிருடன் இருக்கும் பொழுது கொடுக்கும் உறுப்பு தானம்.
2. இறந்த பின்பு கொடுக்கும் உறுப்பு தானம்

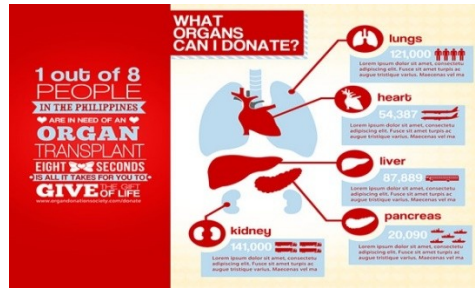


மற்ற வகையான உறுப்பு தானம்:

- 1 இணையில்லா உறுப்பு தானம் – (Paired exchange)
- 2 இழப்பீட்டு உறுப்பு தானம் (compensation)
- 3 அல்ட்ரூயிஸ்டிக் (Altruistic)
- 4 நிர்பந்த உறுப்பு தானம்

மூளை மரணம்:

மூளை மரணம் என்பது மூளையின் அனைத்து செயல்பாடுகளும் முற்றிலுமாக நின்று விடுதல். இதனால் மற்ற உடல் உறுப்புகளை ஆக்ஸிஜனேற்றம் செய்து பராமரிக்க செயற்கை சுவாச கருவியின் மூலம் பாதுகாக்கலாம்



முக்கிய உறுப்பு மற்றும் திசுக்கள் தானம்

1 இதயம்

2 நுரையீரல்

வயிற்று உறுப்புகள்

1 இறுநீரகம்

2 கல்லீரல்

3 கணையம்

4 குடல்

5 இரைப்பை

6 டெஸ்டிஸ்

7 கார்னியா

8 தோல்

9 லாங்கர்ஹான்ஸ் எலும்பு மஜ்ஜை

10 இரத்தம்

உறுப்பு தானம் செய்ய அளவுகோல்:

1 வயது வரம்பு இல்லை. அனால் தற்போதைய

மருத்துவ வரலாற்றை அடிப்படையாக கொண்டது.

2 மூளை மறனம் உருதி செய்யப்பட வேண்டும்

3 HV பரிசோதனை செய்திருக்க வேண்டும்

4 எல்லா இரத்த பரிசோதனகளையும் செய்திருக்க

வேண்டும்.

5 HLA அண்டிஜென் - திசு

இறந்த பிறகு மட்டுமே சில உறுப்புகள் தானம் செய்ய முடியும்:

1 இருதயம்

2 கண்

3 கை

4 எலும்பு

5 திசு

6 லாங்ஹார்கன் திசுக்கள்

7 எலும்பு மஜ்ஜை

8 நரம்பு

உறுப்பு தானம் பற்றிய சட்ட அம்சம் (1974)

குறிக்கோள்:

1 மனித உருப்பு மற்று அறுவை சிகிச்சை சீரான

முறையில் நடப்பதற்கு

2 உடல் உறுப்பை கையாள்வதில் ஏற்படும்

முறைகேட்டைத் தடுப்பதற்கு

3 மூளை சாவு அடைந்ததை அறிந்து கொள்வதற்கு

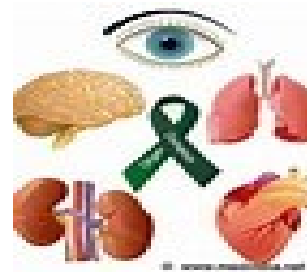
உறுப்புதானம் தட்டுப்பாடு ஏற்பட காரணங்கள்:

1 தவறான கண்ணோட்டம்

2 மூடநம்பிக்கை

3 பயம், தவறான புரிதல், அறியாமை

4 சட்ட அம்சங்கள்



AWARENESS ON ORGAN DONATION

BE A THINKER.
BE A DO-ER.
BE A DONOR.


YOU COULD CHANGE 9 LIVES

நா. சாருலதா

இரண்டாம் ஆண்டு,
முதுகலை பட்டப் படிப்பு

செவலியர் கல்லூரி,
சென்னை மருத்துவ கல்லூரி,
சென்னை-03

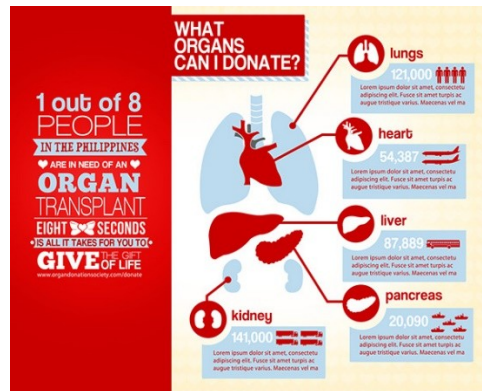
ORGAN DONATION

Organ donation is the donation of biological tissue or an organ of the human body, from a living or dead person to a living recipient in need of a transplantation.



TYPES OF DONATION

1. Paired exchange
2. Compensation donation
3. Altruistic donation
4. Forced donation



BRAIN DEATH

It is the irreversible and permanent cessation of all brain function. Brain can no longer send messages to the body to perform vital function like breathing, sensation, obeying command et.



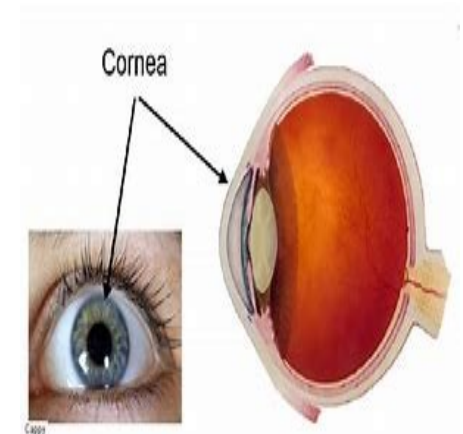
ORGAN DONATION CRITERIA

1. There is no age limit, but is based on the current medical history of patients.
2. Dead by neurologic criteria
3. Free of HIV
4. Medical history is examined at the time of death.
5. All serological test are examined at the time of death.

6. HLA (Human leucocyte antigen) is tissue matching test. It is important in organ donation.

EYE DONOR CRITERIA

- No upper age limit
- 1 year to greater than 65 yrs.
- Deceased donor only donate the eyes
- In eyes, particularly cornea only transplanted
- Within 4 to 6 hrs. Eyes are donated





AIMS

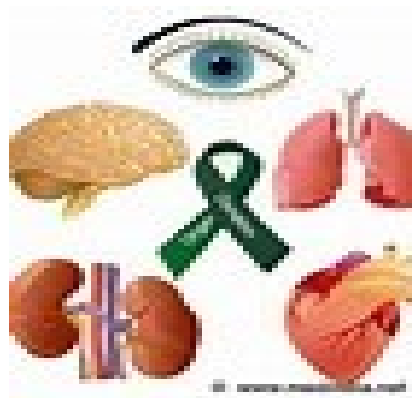
- Regulate, removal, storage and transplantation of human organ for therapeutic purposes
- To prevent commercial dealing of an organ
- Recognise the brain death.

REASON FOR SHORTAGE OF ORGAN DONATION

- ✓ Misperception
- ✓ Superstitious
- ✓ Fear, misunderstanding, and ignorance

CONTRAINDICATION OF ORGAN DONATION

1. Any history of metastatic malignancy
2. Any history of malignant melanoma
3. HIV infection



LEGAL ASPECT OF ORGAN DONATION

Transplantation of human organ transplantation act 1994



AWARENESS ON ORGAN DONATION

BE A THINKER.
BE A DO-ER.
BE A DONOR.



YOU COULD CHANGE 9 LIVES

N. CHARULATHA,

MSC NURSING II YEAR,

COMMUNITY HEALTH NURSING
DEPARTMENT,

CON, MMC, CHENNAI -03

Organ Donation and Challenges

1



*N. CHARULATHA
M.SC. (NURSING) II YEAR,
COLLEGE OF NURSING,
MADRAS MEDICAL COLLEGE,
CHENNAI-03*

Organ Donation



What is Organ donation

Organ donation is the process of removing tissues or organs from a live, or recently dead, person to be used in another.

The former is the donor and the latter is the recipient.

People of all ages can become donors.



Organ Need and Transplant

3



Kidney – 2,00,000 v/s 5000

Heart – 50,000 v/s 100.

Liver – 50,000 v/s 750.

Eyes – 50,000 per year.

Skin – no count

Organ Donation



Type of donors

Some organs can be donated by a living person

Almost all organs can be donated by someone dead but this has to reach the recipient within a few hours after the donor's death.

In case of live donation the donor should give his consent .

In case of cadaver donation, relatives need to provide consent.

Organ Donation



Type of donors

Some organs can be donated by a living person

Almost all organs can be donated by someone dead but this has to reach the recipient within a few hours after the donor's death.

In case of live donation the donor should give his consent .

In case of cadaver donation, relatives need to provide consent.



Organ Donation



Voluntary Donation

Almost everywhere organ donation is voluntary

Two voluntary systems include –

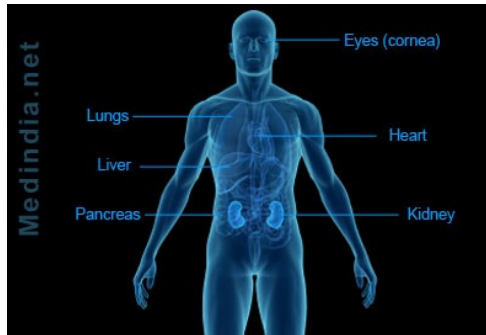
1. Opt In - Where the donor gives consent

2. Opt Out - Where anyone who has not refused is considered as a donor

In India we have the Opt in system, while many western countries practice the opt out system



Organ Donation



Organs for Donation

Some of the organs that are commonly donated -

- Kidneys
- Eyes (cornea)
- Heart
- Lungs
- Liver
- Pancreas
- Skin



Organ Donation

Brain Death

Brain death is the irreversible and permanent end of all brain functions.

Such persons are kept on artificial support (ventilators) to maintain oxygenation of organs so that the organs are in healthy condition until they are removed. Most cases of brain death are the end result of head injuries or brain tumor patients from Intensive care units.



It is possible to donate all organs in the case of Brain death.

Organ Donation



Organ shortage - reasons

Family consent, and negative attitude contribute towards organ shortage.

This could be due to the following reasons -

- Religion
- Fear, ignorance and misunderstanding
- Legal aspects
- Media reports on scandals involving organ rackets



Organ Donation



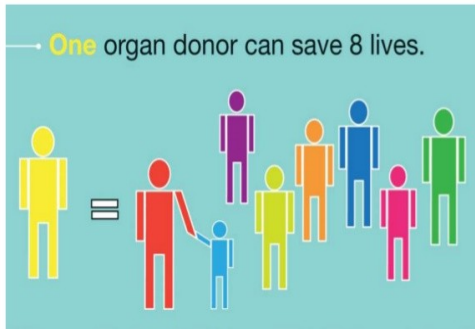
Improving Organ Donation

Currently organ donation can be termed as a "crisis with a cure." The following are some ways to improve organ donation-

- Improved patient care to facilitate easier approach for organ donation, in case of patient death
- Trained transplant co-ordinators and grief counsellors
- Improved hospital infrastructure
- Qualified Intensivists and Surgeons



Organ donation



Improving Organ Donation

Currently organ donation can be termed as a "crisis with a cure." The following are some ways to improve organ donation-

- Increased HLA typing and cross matching facilities
- Improved facilities in packing, transport and retrieval of organs
- Supporting organization for networking and registry maintenance
- Effective use of technology to facilitate organ donation

Organ Donation



Role of society

Society plays a crucial role in transplant programme especially in case of cadaver transplants.

There is a urgent need for increased public awareness regarding organ donation and greater effort must be taken to dispel public concerns regarding the same.

Organ donation can give a new twist to tragedy. Remember "organs wasted are lives lost".

Who can become an organ and tissue donor?

- Almost anyone can donate
- Don't assume you are too old, too young or not healthy enough
- People who cannot donate organs may still be able to donate tissue
- Most religions support organ and tissue donation
- Living donors can donate a kidney or partial liver

**INSTITUTIONAL ETHICS COMMITTEE
MADRAS MEDICAL COLLEGE, CHENNAI 600 003**

EC Reg.No.ECR/270/Inst./TN/2013
Telephone No.044 25305301
Fax: 011 25363970

CERTIFICATE OF APPROVAL

To
N. Charulatha,
M.Sc. Nursing I Year
College of Nursing
Madras Medical College
Chennai 600 003

Dear N. Charulatha,

The Institutional Ethics Committee has considered your request and approved your study titled **"A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE ABOUT ORGAN DONATION AMONG COLLEGE STUDENTS AT SELECTED ARTS AND SCIENCE COLLEGE IN CHENNAI" - NO.10072018**

The following members of Ethics Committee were present in the meeting hold on **24.07.2018** conducted at Madras Medical College, Chennai 3

- | | |
|--|----------------------|
| 1. Prof.P.V.Jayashankar | :Chairperson |
| 2. Prof.R.Jayanthi,MD.,FRCP(Glasg) Dean,MMC,Ch-3 | : Deputy Chairperson |
| 3. Prof.Sudha Seshayyan,MD., Vice Principal,MMC,Ch-3 | : Member Secretary |
| 4. Prof.N.Gopalakrishnan,MD,Director,Inst.of Nephrology,MMC,Ch | : Member |
| 5. Prof.S.Mayilvahanan,MD,Director,Inst. of Int.Med,MMC, Ch-3 | : Member |
| 6. Prof.A.Pandiya Raj,Director, Inst. of Gen.Surgery,MMC | : Member |
| 7. Prof.Shanthy Gunasingh, Director, Inst.of Social Obstetrics,KGH | : Member |
| 8. Prof.Remma Chandramohan,Prof.of Paediatrics,ICH,Chennai | : Member |
| 9. Prof. Susila, Director, Inst. of Pharmacology,MMC,Ch-3 | : Member |
| 10.Prof.K.Ramadevi,MD., Director, Inst. of Bio-Chemistry,MMC,Ch-3 | : Member |
| 11.Prof.Bharathi Vidya Jayanthi,Director, Inst. of Pathology,MMC,Ch-3: | Member |
| 12.Thiru S.Govindasamy, BA.,BL,High Court,Chennai | : Lawyer |
| 13.Tmt.Arnold Saulina, MA.,MSW., | :Social Scientist |
| 14.Thiru K.Ranjith, Ch- 91 | : Lay Person |

We approve the proposal to be conducted in its presented form.

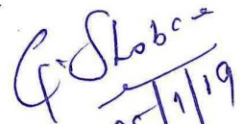
The Institutional Ethics Committee expects to be informed about the progress of the study and SAE occurring in the course of the study, any changes in the protocol and patients information/informed consent and asks to be provided a copy of the final report.


Member Secretary - Ethics Committee

CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool constructed by **N.Charulatha**, M.Sc., (Nursing) II year, College of Nursing, Madras Medical College which is to be used in this study titled, "A study to assess the effectiveness of structured teaching programme on knowledge about organ donation among college students at selected arts and science college in Chennai." has been validated. The suggestions and modifications given by me shall be incorporated by the investigator.

Signature with seal


25/1/19
SHOBANA GANGADHARAN M.Sc.(N)
Professor
APOLLO COLLEGE OF NURSING
VANAGARAM, CHENNAI-600 095.

Name:

SHOBANA GANGADHARAN

Designation:

Professor

College:

Apollo College of Nursing, Chennai

Place:

Date:

CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool constructed by N. Charulatha, M.Sc., (Nursing) II year, College of Nursing, Madras Medical College which is to be used in this study titled, "A study to assess the effectiveness of structured teaching programme on knowledge about organ donation among college students at selected arts and science college in Chennai." has been validated. The suggestions and modifications given by me shall be incorporated by the investigator.



Signature with seal

S. KANCHANA M.Sc.(N)
Associate Professor
MADHA COLLEGE OF NURSING
KUNDRATHU, CHENNAI-600 069.

Name: S. Kanchana, M.Sc(N),

Designation: Associate professor

College: Madha College of Nursing.

Place:Kundrathur

Date:28.01.2019

PERMISSION LETTER

From

N. Charulatha,
M.Sc. (N) II year Student,
College of Nursing,
Madras Medical College,
Chennai-600 003

24.01.19

To

The Principal,
Guru Nanak Arts and Science College,
Velachery,
Chennai -600 042.

Through

The Principal,
College Of Nursing,
Madras Medical College,
Chennai-03.

Respected Sir/ Madam,

Sub: Requesting permission to conduct Dissertation study in Guru Nanak Arts and Science College, Velachery, Chennai- Regarding


----- X -----

I am undergoing M.Sc. Nursing-II year at College of Nursing, Madras Medical College, Chennai-03 and has to conduct a study for the partial fulfillment of M.Sc. (N) programme. My topic is "A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE ABOUT ORGAN DONATION AMONG COLLEGE STUDENTS AT SELECTED ARTS AND SCIENCE COLLEGE IN CHENNAI". The data will be collected at Guru Nanak arts and Science College Velachery from 02.02.2019 to 04 .03.2019 at 8 am – 4 pm. I assure that I will not disturb the routine activities of the college students and there is no extra expenditure to the Organization.

With due respect, I request your good self to kindly permit me to conduct this study.

Thanking You,

Yours faithfully,


(N. CHARULATHA)


Signature of HOD

Forwarded
Abhinav
24/01/19
PRINCIPAL
COLLEGE OF NURSING
MADRAS MEDICAL COLLEGE
CHENNAI - 600 003.


1.2.19
Principal
Guru Nanak College
Chennai-42.


REQUISITION FORM

From

N. Charulatha,
M.Sc. (N) II year Student,
College of Nursing,
Madras Medical College,
Chennai-600 003

To

The Principal,
Patrician Arts and Science College,
Adyar,
Chennai – 600 020

Through

The Principal,
College Of Nursing,
Madras Medical College,
Chennai-03.

Respected Sir/ Madam,

Sub: Requesting permission to conduct Dissertation study in Patrician Arts and Science College, Adyar, Chennai - Regarding

I am undergoing M.Sc. Nursing II year at College of Nursing, Madras Medical College, Chennai-03 and has to conduct a study for the partial fulfillment of M.Sc. (N) programme. My topic is " **A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE ABOUT ORGAN DONATION AMONG COLLEGE STUDENTS AT SELECTED ARTS AND SCIENCE COLLEGE STUDENTS IN CHENNAI**". The data will be collected at **Patrician Arts and Science College, Adyar, Chennai** , from 02.02.2019 to 04.03.2019 at 8 am – 4 pm. I assure that I will not disturb the routine activities of the college students and there is no extra expenditure to the Government.

With due respect, I request your good self to kindly permit me to conduct this study.

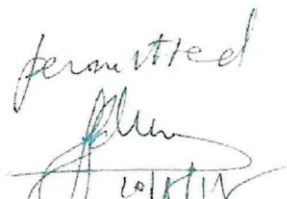
Thanking You,

Yours faithfully,


Signature of HOD

(N. CHARULATHA)

Forwarded
Shelvin Selva
01/02/19
PRINCIPAL
COLLEGE OF NURSING
MADRAS MEDICAL COLLEGE.
CHENNAI - 600 003.

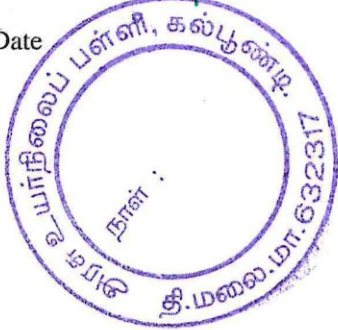
permitted

JOSEPH DURAI, M.A., M.Phil., Ph.D.,
Principal
Patrician College of Arts and Sci
Canal Bank Road, Gandhi Nagar, A
Chennai-600 020 Ph: 044 24402000

CERTIFICATE FOR ENGLISH EDITING

This is to certify that the dissertation work topic titled "A study to assess the effectiveness of structured teaching programme on knowledge about organ donation among college students at selected arts and science college in Chennai". Done by N. Charulatha, M.Sc. (N) II year student, College Of Nursing, Madras Medical College, Chennai-03 was edited for the English language appropriateness.

Place *Kalpoondi*

Date



Signature

Umesh Kumar

Name

UMESH KUMAR .K

Designation

B.T. Asst (English)

Place

Kalpoondi

K.UMESH KUMAR, M.A(E),M.A(T).

B.T. Asst. (English)

Govt. High School,

Kalpoondi, Arni Tk, T.V.M. Dt

CERTIFICATE FOR TAMIL EDITING

This is to certify that the dissertation work topic titled "A study to assess the effectiveness of structured teaching programme on knowledge about organ donation among college students at selected arts and science college in Chennai". Done by N. Charulatha, M.Sc. (N) II year student, College Of Nursing, Madras Medical College, Chennai-03 was edited for the Tamil language appropriateness.

Place

Date



Signature கி. உமா/10/6/19

Name K. உமா.

Designation பட்டதாரி ஆசிரியர் (தமிழ்)

Place கல்புண்டி.

அரசு உயர்நிலைப் பள்ளி,
கல்புண்டி - 632317.
ஆய்வி வகுப்பு, தி.மலை மா.



**COLLEGE OF NURSING
MADRAS MEDICAL
COLLEGE
CHENNAI-03**



BOOKLET ON KNOWLEDGE ABOUT ORGAN DONATION

Recycle Life



Be An Organ Donor

**PREPARED BY
N. CHARULATHA,
M.SC (NURSING) II YEAR,
COLLEGE OF NURSING,
MADRAS MEDICAL COLLEGE,
CHENNAI-03.**

CONTENT

- 1. DEFINE ORGAN DONATION**
- 2. IMPORTANCE OF ORGAN DONATION**
- 3. SOURCES OF DONORS**
- 4. TYPES OF DONATION**
- 5. DEFINE BRAIN DEATH**
- 6. CRITERIA FOR ORGAN DONATION**
- 7. SPECIFIC INDICATION FOR ORGAN DONATION**
- 8. CONTRINDICATIONS OF ORGAN DONATION**
- 9. LEGAL ASPECTS OF ORGAN DONATION**
- 10. REASON FOR SHORTAGE OF ORGAN DONATION**
- 11. PLEDGE YOUR ORGANS**

INTRODUCTION

“Death is not the end, its beginning of another life”

Marianne Williamson

Life starts from birth and end with the death of the individual. In between the birth and death there are different stages of life, where a person faces different diseases and its problems. Organ donation is the gracious act. It firmly believes that the organ is for use of others and death is not the end, and it is another beginning. Organ is a structural part of a system of the body that is composed of tissues and cells that enable it to perform a particular function. In case, any of the organs of the human body fails to carry out its normal function, it needs surgical replacement of the organ by organ transplantation. For some organs, the donation can be given while the healthy person is alive, in other cases, the donation is made after death.

ORGAN DONATION

Organ donation is the donation of biological tissue or an organ of the human body, from a living or dead person to a living recipient in need of a transplantation.



IMPORTANCE OF ORGAN DONATION

In India every year nearly 5 lakh of people die due to unavailability of organs. 1, 50,000 people waiting for kidney transplant. Of which only 5,000 get transplanted.



2lakh of people waiting for live
diseases 50,000 from diseases
10,00,000 of people suffer
from corneal blindness
Tamil Nadu is the most
active state for organ
donation in India



SOURCES OF ORGAN DON

- Living donor
- Deceased donor

LIVING DONOR

The donors remains
alive and donate a renewable
tissues, or donate an organ or
part of an organ in which the
remain in organ can



regenerate.

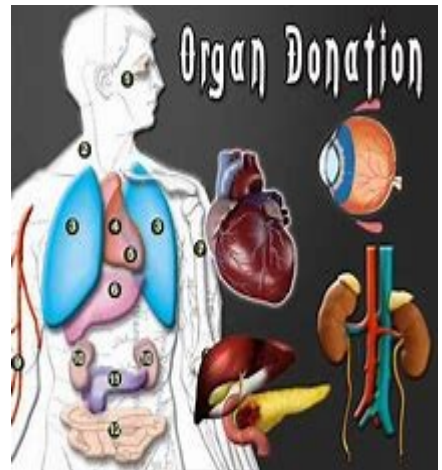
Example

- Single kidney donation
- Partial donation of liver



DECEASED DONOR

The donor have been declared brain dead and their organs are viable b ventilators until they can be excised for transplantation.

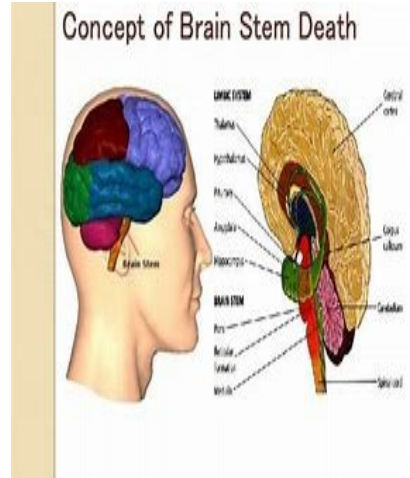


TYPES OF DONATION

- Paired exchange
- Compensation donation
- Altruistic donation
- Forced donation

BRAIN DEATH

It is the irreversible and permanent cessation of all brain function. Brain can no longer send messages to the body to perform vital function like breathing, sensation, obeying command et.



ORGANS AND TISSUES CAN BE DONATED :

1. 9 Vital Organs like heart, liver, kidneys, intestines, lungs, and pancreas can be donated only in case of Brain death.(Total and irreversible loss of brain



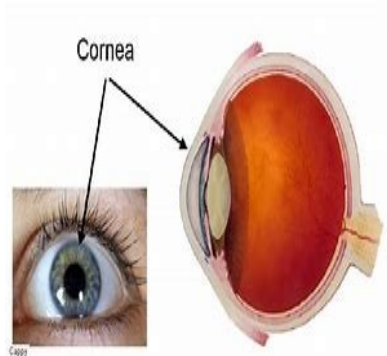
function)

2. Other tissues like corneas, heart valves, skin, bones, bone marrow, connective tissue middle ear, veins, cartilage, tendons, ligaments, etc can be donated only in case of natural death.



CRITERIA FOR ORGAN DONATION

- There is no age limit, but is based on the current medical history of patients.
- Dead by neurologic



criteria

- **Free of HIV**
- **Medical history is examined at the time of death.**
- **All serological test are examined at the time of death.**
- **HLA (Human leucocyte antigen) is tissue matching test**



meical suitability of the donar is determined by assessment of the following donor parameters

- **Detailed medical and**



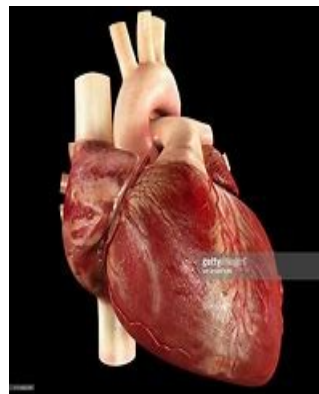
social history

- Completed physical examination
- Review of current hospital course
- Organ specific function
- Age
- Infectious disease status
- Screen for malignancy

functions is called brain death

SPECIFIC INDICATIONS FOR ORGAN DONATION HEART

- end stage of heart failure
- ischemic heart



diseases

- cardiomyopathy

LIVER

acute liver failure

Cirrhosis of liver

Hepatocellular

carcinoma

HepatitisC Infection



PANCREAS

Pancreatic cancer

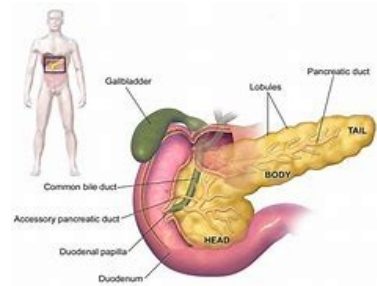
insulin dependent diabetes

CHRONIC

OBSTRUCTIVE

PULMONARY DISEASE

A general term that refers to a number of diseases



that damage the lungs,
most commonly as a result of
smoking.

CYSTIC FIBROSIS

A genetic condition that
causes the lungs and digestive
system to become clogged up
with a thick sticky mucus



CONTRAINDICATION OF ORGAN DONATION

1. Any history of metastatic malignancy.
2. Any history of malignant melanoma.

LEGAL ASPECT OF ORGAN DONATION



- Transplantation of human organ transplantation act 1994 therapeutic purposes

- To prevent commercial dealing of an organ .

REASON FOR SHORTAGE OF ORGAN DONATION

- Misperception
- Superstitious
- Fear,
- Misunderstanding, and ignorance

**LEAVE A
LEGACY
OF LIFE**
BE AN ORGAN DONOR



AIMS

- Regulate, removal and transplantation of the human organ
- Recognise the brain death.



PLEDGE YOUR ORGANS - DONOR CARD

The **Donor Card** enables people to express their wish to become an organ donor. It is like making a will. By signing the 'Donor Card', you have agreed to organ



donation. Keep the Donor Card with you always in your purse or wallet. Inform your close relatives about your wish to be an organ donor. The Donor Card also substitutes as an emergency card as it has the contact number in case of any emergency



THANK YOU

GUIDED BY:

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Associate professor of community medicine,
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Chennai-03.

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செவலியர் கல்லூரி,
சென்னை மருத்துவ
கல்லூரி,
சென்னை-03



உடல் உறுப்பு

தானம்



நா. சாருலதா

இரண்டாம் ஆண்டு, முதுகலை பட்டப் படிப்பு

செவலியர் கல்லூரி,
சென்னை மருத்துவ கல்லூரி,
சென்னை-03.

முடிவுரை

1. உறுப்பு தானம்
2. உறுப்பு தானத்தின் வகைகள்
3. மற்ற வகையான உறுப்பு தானம்:
4. மூளை மரணம்
5. முக்கிய உறுப்பு மற்றும் திசுக்கள் தானம்
6. உறுப்பு தானம் செய்ய
அளவுகோல்:
7. உயிருடன் இருக்கும் பொழுது தானம் செய்ய கூடிய உறுப்புகள்
8. உறுப்பு தானம் பற்றிய சட்ட அம்சம்
9. உறுப்புதானம் தட்டுப்பாடு ஏற்பட
காரணங்கள்
10. முடிவுரை:

உறுப்பு தானம்

உறுப்பு தானம் என்பது உயிருள்ள அல்லது இறந்த நபரிடமிருந்து மனித உடலின் உயிரியல் திசு அல்லது உறுப்புகளை தானம் செய்வது எனப்படும்.



உறுப்பு தானத்தின்

வகைகள்:

1. உயிருடன் இருக்கும் பொழுது கொடுக்கும் உறுப்பு தானம்.
2. இறந்த பின்பு கொடுக்கும் உறுப்பு தானம்

1) உயிருடன் இருக்கும் பொழுது கொடுக்கும் உறுப்பு தானம்.



புதுப்பிக்கதக்க திசுக்கள் தானம் செய்வது.

ஒரு பகுதி அல்லது பகுதி

உறுப்பினை

தானம் செய்வது

எ. கா: சிறுநீரகம்,

பகுதி கணையம்

பகுதி ஈரல்

2 இறந்த பின்

கொடுக்கும் உறுப்பு

தானம்

- மூளை மரணம் உறுதி செய்யப்பட்டவுடன் அல்லது இறந்த பிரகு கொடுக்கும் உறுப்பு தானம்

மற்ற வகையான

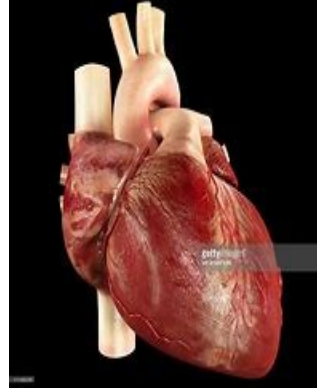
உறுப்பு தானம்:

1 இணையில்லா உறுப்பு தானம் - (ஊக்கம் ஊக்கம்)

2 இழப்பீட்டு உறுப்பு தானம் (ஊக்கம்ஊக்கம்)

3 அல்ட்ரூயிஸ்டிக் (ஊக்கம்ஊக்கம்)

4 நிர்பந்த உறுப்பு தானம் (ஊக்கம் ஊக்கம்)



1 இணையில்லா உறுப்பு தானம்:

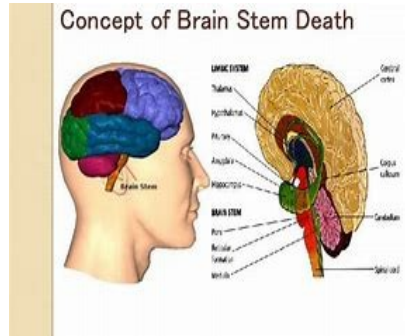
பிறர் நலம் கருதி கொடுக்கும் உறுப்பு தானம்

இழப்பீட்டு உறுப்பு தானம்: பணத்திற்காக கொடுக்கும் உறுப்பு தானம். தன் வறுமைக்காக உறுப்பினை கொடுத்து பணம் பெறுதல். இதனை தடை செய்யவே 1994-ம் ஆண்டு சட்ட அம்சங்கள் திருத்தப்பட்டது.

உறுப்பு தானம்:

தன் சொந்த விருப்பத்தின் பெயரில் முழு மனதுடன் பிறருக்கு கொடுக்கும் உறுப்பு தானம்

நிர்பந்த உறுப்பு தானம்:



கட்டாயப்படுத்தி உறுப்பு
தானம் செய்தல்

மூளை மரணம்:

மூளை மரணம் என்பது
மூளையின் அனைத்து
செயல்பாடுகளும்
முற்றிலுமாக நின்று
விடுதல். இதனால் மற்ற
உடல் உறுப்புகளை
ஆக்ஸிஜனேற்றம் செய்து
பராமரிக்க செயற்கை சுவாச
கருவியின் மூலம்
பாதுகாக்கலாம்



முக்கிய உறுப்பு மற்றும் திசுக்கள் தானம்

- 1 இதயம்
- 2 நுரையீரல்

வயிற்று உறுப்புகள்

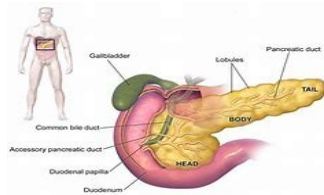
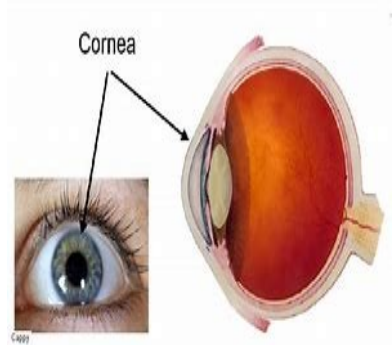
- 1 இறுநீரகம்
- 2 கல்லீரல்
- 3 கணையம்



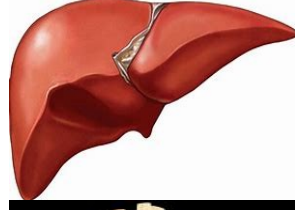
- 4 குடல்
- 5 இரைப்பை
- 6 டெஸ்டிஸ்
- 7 கார்னியா
- 8 தோல்
- 9 லாங்கர்ஹான்ஸ் எலும்பு மஜ்ஜை
- 10 இரத்தம்

உறுப்பு தானம் செய்ய அளவுகோல்:

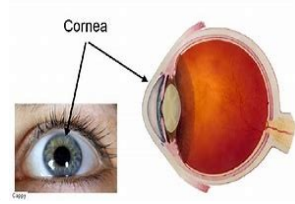
- 1 வயது வரம்பு இல்லை. அனால் தற்போதைய மருத்துவ வரலாற்றை அடிப்படையாக கொண்டது.
- 2 மூளை மறனம் உருதி செய்யப்பட வேண்டும்
- 3 பரிசோதனை செய்திருக்க வேண்டும்
- 4 எல்லா இரத்த பரிசோதனகளையும் செய்திருக்க வேண்டும்.
- 5 அண்டிஜென் - திசு



பரிசோதனை செய்ய
வேண்டும். இது
பொருந்தினால் மட்டுமே
உருப்பு
தானம் செய்ய முடியும்



கண் தானம் செய்ய:
1 வயது வரம்பு இல்லை
2 1 வருடம் முதல் 65
வரைக்கும் மேலாக கூட
கண் தானம் செய்யலாம்
3 இறந்த பிரகு மட்டுமே
கண் தானம் செய்யலாம்
4 கண்ணில் முக்கியமாக
விழித்திரையை மட்டுமே
தானம் செய்ய முடியும்.
5 இறந்த பிறகு 4 மணி
நேரம் முதல் 6 மணி
நேரம் வரைக்குள் கண்
தானம் செய்ய முடியும்



**உயிருடன் இருக்கும்
பொழுது தானம் செய்ய
கூடிய உறுப்புகள்**



- 1 ஒரு சிறுநீரகம்
- 2 பகுதி கணையம்
- 3 பகுதி நுரையீரல்
- 4 பகுதி கல்லீரம்

இறந்த பிறகு மட்டுமே சில
உறுப்புகள் தானம் செய்ய
முடியும்:

- 1 இருதயம்
- 2 கண்
- 3 கை
- 4 எலும்பு
- 5 திசு
- 6 லாங்ஹார்கள் திசுக்கள்
- 7 எலும்பு மஜ்ஜை
- 8 நரம்பு

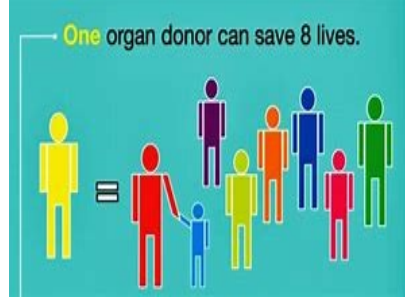
உறுப்பு தானம் செய்ய

முடியாத சூழ்நிலை

- 1 தோல் புற்றுநோய்
- 2 உற்றுநோய்
- 3 □□□

உறுப்பு தானம் பற்றிய

சட்ட அம்சம் (1974)



குறிக்கோள்:

- 1 மனித உருப்பு மற்று
அறுவை சிகிச்சை சீரான
முறையில் நடப்பதற்கு
- 2 உடல் உறுப்பை
கையாள்வதில் ஏற்படும்
முறைகேட்டைத்
தடுப்பதற்கு
- 3 மூளை சாவு அடைந்ததை
அறிந்து கொள்வதற்கு

உறுப்புதானம் தட்டுப்பாடு ஏற்பட காரணங்கள்:

- 1 தவறான கண்ணோட்டம்
- 2 மூடநம்பிக்கை
- 3 பயம், தவறான புரிதல்,
அறியாமை
- 4 சட்ட அம்சங்கள்

முடிவுரை:

உறுப்பு தானம் பற்றிய
கற்பித்தல் திட்டத்தின் மூலம்
உடல் உறுப்பு தானம் என்றால்
என்ன, மற்றும் அதன்

வகைகள், உறுப்பு தானம்
செய்ய அளவுகோல்,
என்னென்ன உறுப்புகள் மற்றும்
திசுக்கள் தானம் பற்றியும், யார்
உறுப்பு தானம் செய்யக்
கூடாது, உறுப்பு தானம்
தட்டுப்பாடு வரக்
காரணங்களையும் அறிந்தோம்.

உறுப்பு தான உறுப்பினர்
அட்டையை ஒவ்வொருவரும்
பதிவு செய்வோம்.
மண்ணுக்கு போகும்
உறுப்புகளை பிற
மனிதர்மனை வாழ வைக்க
கொடுப்போம்

பொருள் தொகுப்பு ஆலோசகர்கள்
அரசு செவிலியக்கல்லூரி
சென்னை மருத்துவக் கல்லூரி
சென்னை - 03

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விரிவுரையாளர்

திருமதி. N. சத்யநாராயணி,
விரிவுரையாளர்

DR. G. மாலா, செவிலிய போதகர்
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செவிலியக்கல்லூரி
சென்னை மருத்துவக் கல்லூரி
சென்னை - 03