https://doi.org/10.33472/AFJBS.6.10.2024.3718-3728

African Journal of Biological Sciences

Knowledge and Trend in Attitudes Towards Skin and Eye Donation Among the Patients Attending Tertiary Teaching Hospital in Western India: Cross-Sectional Study

Dr. Kiran Jagannath Dange[1*], Dr. Kanchan Bala Rathore[2], Dr. Jyotsna Pravin Bhosale[3], Dr. Shekhar Nana Pradhan[4], Saanavi S. Pradhan[5]

[1*]Assistant Professor, Department of Dermatology, Venereology and Leprosy, B. J. Govt. Medical College and Sassoon General Hospital, Maharashtra University of Health Sciences, Pune, Maharashtra, India, Email: kirandange@hotmail.com, ORCID Id: 0000-0002-7553-3413.
[2]Associate Professor, Department of Ophthalmology, Symbiosis Medical College for Women, Symbiosis International (Deemed) University, Pune, Maharashtra, India, Email: kanchan04mbbs@gmail.com, ORCID Id: 0009-0005-2655-548X.
[3]Professor, Department of Anesthesiology, Symbiosis Medical College for Women, Symbiosis International (Deemed) University, Pune, Maharashtra, India, Email: drjyotsnabhosale20@gmail.com, ORCID Id: 0000-0001-7987-7398
[4]Professor & Head, Department of Dermatology, Venereology and Leprosy, B. J. Govt. Medical College and Sassoon General Hospital, Maharashtra University of Health Sciences, Pune, Maharashtra, India, Email: drsnpradhan@gmail.com, ORCID Id: 0009-0003-0496-9951.
[5]Medical Undergraduate, B. J. Govt. Medical College and Sassoon General Hospital, Maharashtra University of Health Sciences, Pune, Maharashtra, India, Email: psaanavi@gmail.com, ORCID Id: 0009-0007-9192-344X

***Corresponding Author Name**: Dr. Kiran Jagannath Dange
*Email address: kirandange@hotmail.com. ORCID Id: 0000-0002-7553-3413.

Article History
Volume 6,Issue 10, 2024
Received:20 Apr 2024
Accepted : 11 May 2024
doi: 10.33472/AFJBS.6.10.2024. 3718-3728

Abstract

Aim: This study aims to evaluate the level of knowledge, attitudes, and factors influencing skin and eye donation among patients in a tertiary care hospital.

Methodology: A cross-sectional study was conducted at the tertiary teaching hospital's outpatient dermatology and ophthalmology department. A total of 340 patients were included, and data were collected using structured questionnaires. Demographic characteristics, knowledge, attitudes, and factors influencing the eyes and skin donation were assessed.

Results: Out of 340 participants the eye donation, 58.82% exhibited good knowledge, while 38.82% showed excellent knowledge. In contrast, for skin donation, 47.94% demonstrated average knowledge, and 18.82% exhibited good knowledge. Attitudes toward donation were generally positive, with a significant proportion agreeing that donation positively impacts someone's life (67.18%) and reflects positively on character (64.12%). No significant relationship was found between most demographic variables and knowledge scores for eye donation, except for family status. For skin donation, significant associations were found only with gender and religion.

Conclusion: Targeted educational interventions are needed to enhance knowledge and attitudes towards eye and skin donation among patients in tertiary care hospitals. While positive attitudes towards donation were prevalent, tailored approaches are necessary to address knowledge gaps and demographic disparities.

Keywords: Knowledge, attitude, eye donation, skin donation, tertiary teaching hospital.

Introduction:

In the field of healthcare, organ and tissue donation stands as a beacon of hope, offering a lifeline to those in need of transplants and medical interventions. Eye and skin donation, in particular, hold profound significance, providing avenues for restoring sight, healing burns, and enhancing the quality of life for recipients. However, the success of donation programs hinges not only on medical advancements but also on the knowledge, attitudes, and influencing individuals to participate in the donation process **[1]**.

The level of knowledge about eye donation among patients serves as a cornerstone in the donation process. Adequate knowledge empowers individuals to make informed decisions regarding donation consent and dispels misconceptions that may deter donation [**2**]. By evaluating patients' understanding of the primary purposes of eye donation, the anatomical aspects involved, and the ideal time frames for donation, healthcare providers can gauge the effectiveness of existing educational initiatives and pinpoint areas for improvement [**3**].

Furthermore, assessing patients' attitudes towards eye donation illuminates their perceptions, beliefs, and emotional responses regarding donation. Positive attitudes are conducive to fostering a supportive donation culture, whereas negative attitudes or misconceptions can act as barriers to donation [**4**]. Exploring patients' beliefs about the impact of donation, the selflessness of donors, and the importance of donation advocacy can unveil underlying factors shaping donation behaviors and inform targeted educational campaigns.

Moreover, understanding the association between demographic variables and factors influencing eye donation elucidates disparities and highlights vulnerable populations who may require tailored support or education [**5,6**].

In conclusion, this research aims to shed light on the knowledge, attitudes, and influencing factors regarding eye and skin donation among patients. Thus, this research seeks to bridge the gap between knowledge and action, fostering a community of informed donors who are empowered to make a positive impact through the gift of donation.

Methodology:

The study was conducted at a tertiary teaching hospital in Western India from January to April 2024. Ethical approval was obtained from the Institute Ethics Committee, and the research adhered to the principles outlined in the Helsinki Declaration.

A cross-sectional design was employed for this study, with data collected using a closed-ended questionnaire administered in the local language of the participants. Eligible patients from the hospital were enrolled in the study, and the questionnaire was administered to them to record their responses accurately.

The study population consisted of patients from the tertiary teaching hospital in Western India who met the eligibility criteria. Prior to the main data collection, pretesting and piloting among 10% of the total size and the questionnaire were conducted on a sample of 34 patients from the same hospital. This process ensured the clarity, relevance, and comprehensibility of the questionnaire items before the full-scale data collection commenced.

The sociodemographic characteristics, including age, gender, religion, education, occupation, type of family, and marital status, were documented. Verbal responses to questions pertaining to knowledge and attitudes regarding eye and skin donation were recorded in the questionnaire.

Ten questions were tailored to assess participants' (patients') knowledge about eye donation, while another ten questions focused on knowledge about skin donation. Additionally, eighteen questions were designed to measure participants' attitudes toward skin and eye donation. For the knowledge-based questions, a scoring system was implemented, assigning a score of '1' for each correct response and '0' for each incorrect response. The total score was then calculated and expressed as a percentage, categorizing participants into grades such as Poor $\leq$ 25%, Average 25-50%, Good 50-75%, and Excellent $>$ 75% based on their scores.

Attitudes towards eye and skin donation were evaluated using the Likert scale. Positive statements that were strongly agreed upon were assigned 5 marks, while positive statements that were strongly disagreed with were assigned 1 mark. Similarly, strongly agreed negative statements were scored 5 marks, while disagreed negative statements were scored 1 mark.

The scoring system allowed for a comprehensive assessment of participants' knowledge and attitudes toward eye and skin donation, enabling researchers to analyze and interpret the data effectively.

The final sample size for data analysis was 340 after incorporating a 10% contingency. The content validity of the study instrument was ensured through consultation with subject matter experts. All received data were checked for completeness, tabulated, and subjected to statistical analysis using SPSS software.

Descriptive statistics including frequency, percentage, standard deviation, and mean were utilized to describe demographic data and assess knowledge and attitude levels. Inferential statistics, specifically the chi-square test with a significance level set at $p<0.05$, were employed to determine associations between knowledge and demographic variables.

Results:

Table 1 No: Demographic Characteristics of Respondents in a Study n=340

Characteristics	Category	Respondents	
		Frequency	Percentage (%)
Age Group (Years)	18-25 years	41	12.06
	26-35 years	45	13.24
	36-45 years	67	19.71
	46-55 years	89	26.18
	56 years and above	98	28.82
Gender	Male	228	67.06
	Female	112	32.94
Religion	Hinduism	158	46.47
	Islam	123	36.18
	Christianity	41	12.06
	Sikhism	18	5.29
	Other (please specify)	0	0.00
Education	No formal education	20	5.88
	Primary education (up to 8th grade)	31	9.12
	Secondary education (9th-12th grade)	56	16.47
	Graduate or equivalent	190	55.88
	Postgraduate or equivalent	43	12.65
Occupation	Employed (Full-time)	74	21.76
	Employed (Part-time)	5	1.47
	Self-employed	155	45.59
	Unemployed	2	0.59
	Student	3	0.88
	Homemaker	45	13.24
	Retired	56	16.47
Family	Nuclear family (Parents and Children)	210	61.76
	Joint family (extended relatives living together)	120	35.29
	Single-parent family	7	2.06
	Blended family (from remarriage)	3	0.88
	Other (please specify)	0	0.00
Marital Status	Single, never married	23	6.76
	Married	312	91.76
	Divorced	0	0.00
	Widowed	1	0.29
	Separated	4	1.18

Demographic Characteristics:

Table 1: The demographic profile of the respondents is presented in Table 1. The majority of respondents were aged 46 years and above (28.82%), with the 36-45 years age group being the second most represented (19.71%). Gender distribution showed a higher proportion of males (67.06%) compared to females (32.94%). Regarding religion, Hinduism was the most prevalent (46.47%), followed by Islam (36.18%). In terms of education, a significant proportion had graduate or equivalent education (55.88%), and the majority were employed, with full-time employment being the most common (21.76%). Nuclear families constituted the largest family type (61.76%), and married individuals comprised the majority (91.76%) of the sample.

Table No 2: Respondents Knowledge regarding Eye donation n=340

1. What is the primary purpose of eye donation?	Frequency	Percentage
A) Cosmetic enhancement	21	6.18
B) Vision correction	170	50.00
C) Scientific research	98	28.82
D) Restoring vision to the blind	51	15.00
2. Which part of the eye is typically donated for transplantation?		
A) Retina	56	16.47
B) Sclera	22	6.47

C) Cornea	187	55.00
D) Optic nerve	75	22.06
3. What is the ideal time frame for eye donation after death?		
A) Within 24 hours	98	28.82
B) Within 48 hours	178	52.35
C) Within 72 hours	20	5.88
D) Within 96 hours	44	12.94
4. Who can be an eye donor?		
A) Only individuals with perfect vision	130	38.24
B) Individuals with any eye color	53	15.59
C) Individuals with no history of eye surgery	77	22.65
D) Individuals of any age or gender	80	23.53
5. Which of the following conditions may disqualify someone from being an eye donor?		
A) Cataracts	80	23.53
B) Myopia	38	11.18
C) Diabetes	134	39.41
D) Hypertension	88	25.88
6. What is the process of eye donation typically called?		
A) Eye transplant	99	29.12
B) Corneal grafting	49	14.41
C) Eye harvesting	61	17.94
D) Eye retrieval	131	38.53
7. How does eye donation impact the recipient?		
A) It provides immediate vision restoration.	91	26.76
B) It prevents further vision loss.	79	23.24
C) It improves overall eye health.	111	32.65
D) It helps with cosmetic enhancement.	59	17.35
8. What steps should family members take if the deceased individual had expressed a desire to donate their eyes?		
A) Inform the hospital authorities immediately.	165	48.53
B) Preserve the body until a decision is made.	90	26.47
C) Consult with a healthcare professional for guidance.	50	14.71
D) Ignore the wish as it may conflict with religious beliefs.	35	10.29
9. Who coordinates the process of eye donation after the death of an individual?		
A) Funeral home staff	20	5.88
B) Religious leaders	44	12.94
C) Hospital	189	55.59
D) Local government officials	87	25.59
10. Who is the typical recipient of donated eyes?		
A) Individuals with perfect vision	89	26.18
B) Patients with severe glaucoma	12	3.53
C) People suffering from corneal blindness	139	40.88
D) Individuals with color blindness	100	29.41

Table 2 presents the respondents' knowledge and attitudes regarding eye donation. A considerable proportion of respondents exhibited good knowledge of eye donation (58.82%) and expressed positive attitudes towards it. Specifically, 50.00% recognized vision correction as the primary purpose of eye donation, and 55.00% correctly identified the cornea as the typical part of the eye donated for transplantation. Moreover, 52.35% were aware of the ideal time frame for eye donation after death (within 48 hours), and 55.59% knew that hospitals typically coordinate the donation process. However, there were misconceptions, as evidenced by 38.24% believing that only individuals with perfect vision can be eye donors and 39.41% associating diabetes as a disqualifying condition for donation

Table no 3: Respondents' Knowledge Regarding Skin Donation n=340

11. What is the primary purpose of skin donation?	**Frequency**	**Percentage**
A) Cosmetic surgery	185	54.41
B) Treatment of acne	32	9.41
C) Burns and wound repair	25	7.35
D) Hair restoration	98	28.82
12. Which layer of the skin is typically donated for grafting?		
A) Epidermis	45	13.24

B) Dermis	88	25.88
C) Hypodermis	134	39.41
D) Subcutaneous tissue	73	21.47
13. What is the ideal time frame for skin donation after death?		
A) Within 6 hours	23	6.76
B) Within 12 hours	76	22.35
C) Within 24 hours	198	58.24
D) Within 48 hours	43	12.65
14. True or False: Skin donation is suitable only for individuals with specific skin types.		
A) True	289	85.00
B) False	51	15.00
15. Which of the following conditions may disqualify someone from being a skin donor?		
A) Minor skin blemishes	56	16.47
B) Diabetes	188	55.29
C) Hypertension	50	14.71
D) Acne scars	46	13.53
16. What is the process of skin donation typically called?		
A) Skin grafting	121	35.59
B) Dermatological transplant	22	6.47
C) Skin harvesting	69	20.29
D) Skin retrieval	128	37.65
17. How does skin donation impact the recipient?		
A) It promotes hair growth.	121	35.59
B) It prevents aging.	111	32.65
C) It repairs burns and wounds.	66	19.41
D) It increases immunity.	42	12.35
18. What steps should family members take if the deceased individual had expressed a desire to donate their skin?		
A) Inform the hospital authorities immediately.	177	52.06
B) Preserve the body until a decision is made.	92	27.06
C) Consult with a healthcare professional for guidance.	40	11.76
D) Ignore the wish as it may conflict with religious beliefs.	31	9.12
19. Which part of the body is commonly used for skin donation?		
A) Arms	87	25.59
B) Face	45	13.24
C) Legs	117	34.41
D) Back	91	26.76
20. How does the process of skin donation differ from eye donation?		
A) Skin donation requires immediate extraction.	135	39.71
B) Skin donation does not require consent from the family.	49	14.41
C) Skin donation can be performed only on living donors.	77	22.65
D) Skin donation typically involves a larger area of the body.	79	23.24

Table 3 presents the findings related to skin donation. Knowledge levels regarding skin donation were relatively lower compared to eye donation, with only 18.82% exhibiting good knowledge. Respondents showed a varied understanding of skin donation, with 39.71% correctly identifying that skin donation requires immediate extraction and 37.65% recognizing the process as skin retrieval. However, misconceptions were evident, with 85.00% believing that skin donation is suitable only for individuals with specific skin types. Additionally, 58.24% were aware of the ideal time frame for skin donation after death (within 24 hours), and 52.06% knew that informing hospital authorities immediately is the appropriate step if the deceased had expressed a desire to donate their skin.

Table No 4: Respondents level of knowledge on Eye and Skin Donation n=340

Eye Donation			**Skin Donation**	
Knowledge Grade	**Frequency**	**Percentage**	**Frequency**	**Percentage**
Poor (0-5) ≤ 25%	7	23.8	105	31
Average (6-10) 25-50%	4	1.17	163	47.94
Good (11-15) 50-75%	197	58	64	18.82
Excellent (16-20) > 75%	132	38.82	8	2.35

Table 4 compares knowledge grades between eye and skin donation. It shows that a higher percentage of respondents exhibited good or excellent knowledge of eye donation (97.65%) compared to skin donation

(66.18%). Additionally, attitudes towards eye donation were generally more positive, with higher agreement rates across attitude statements compared to skin donation.

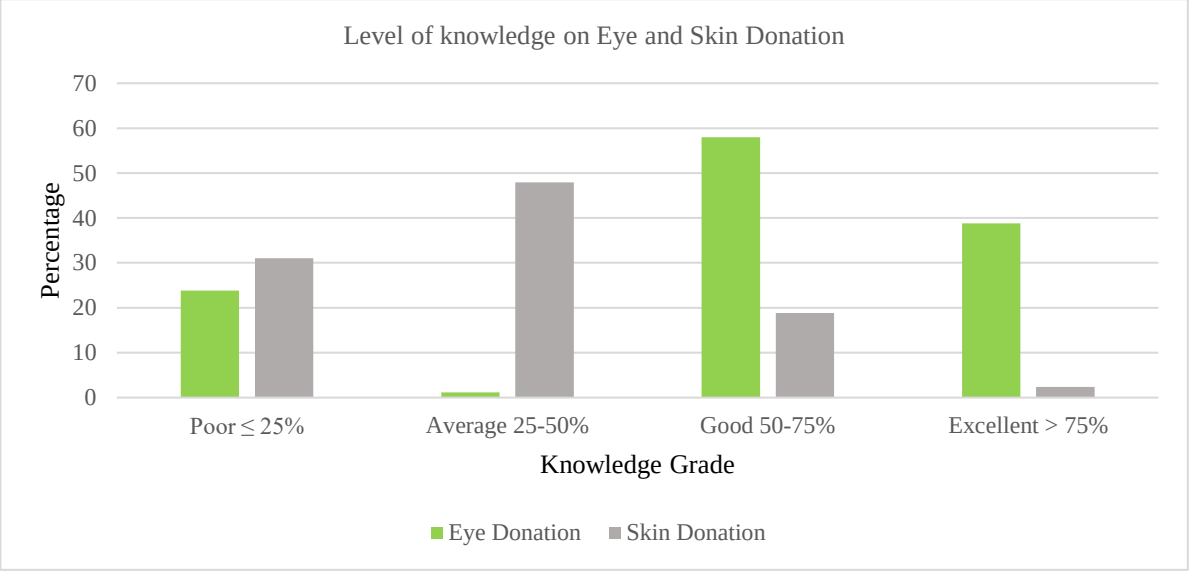

Figure no 1: Level of knowledge on Eye and Skin Donation

Table No 5: Attitude towards Eye and skin Donation n=340

SN	Attitude Statement	Strongly Disagree		Disagree		No idea		Agree		Strongly Agree	
		f	%	*f*	%	*f*	%	*f*	%	*f*	%
1	Do you feel eye and skin donation can positively impact someone's life?	0	0.0	6	1.76	5	1.47	197	57.94	132	38.82
2	Do you believe donating eyes and skin can help others even after death, which is a noble act?	1	0.3	5	1.47	4	1.17	198	58.23	132	38.82
3	Do you think eye and skin donation can contribute to medical research and advancements?	0	0.0	9	2.64	3	0.88	198	58.23	130	38.23
4	Do you consider yourself a potential eye and skin donor?	0	0.0	4	1.17	7	2.05	193	56.76	136	40
5	Do you believe promoting awareness about eye and skin donation is crucial for society?	0	0.0	6	1.76	5	1.47	197	57.94	132	38.82
6	Are you optimistic about the positive outcomes of eye and skin donation for recipients?	0	0.0	4	1.17	9	2.64	195	57.35	132	38.82
7	Do you believe that donating eyes and skin is a selfless act that reflects positively on character	1	0.3	3	0.88	8	2.35	188	55.29	141	41.47
8	Are you willing to advocate for eye and skin donation within your community?	0	0.0	7	2.05	7	2.05	192	56.47	134	39.41
9	Are you confident that your decision to donate eyes and skin will make a meaningful difference?	0	0.0	0	0	11	3.25	193	56.76	136	40
10	Do you believe eye and skin donation is not a significant contribution to society?	0	0.0	4	1.17	9	2.64	197	57.94	132	38.82
11	Are you uncertain about the benefits of eye and skin donation for recipients?	0	0.0	6	1.76	5	1.47	197	57.94	132	38.82
12	Do you have doubts about the effectiveness of eye and skin donation programs?	1	0.3	5	1.47	4	1.17	198	58.23	132	38.82

13	Are you hesitant to consider eye and skin donation due to personal reservations?	0	0.0	9	2.64	3	0.88	198	58.23	130	38.23
14	Do you feel uncomfortable discussing the topic of eye and skin donation with others?	0	0.0	4	1.17	7	2.05	193	56.76	136	40
15	Are you sceptical about the impact of eye and skin donation on medical research?	0	0.0	6	1.76	5	1.47	197	57.94	132	38.82
16	Do you believe promoting awareness about eye and skin donation is unnecessary?	0	0.0	6	1.76	5	1.47	197	57.94	132	38.82
17	Do you think eye and skin donation should not be encouraged among the public?	1	0.3	5	1.47	4	1.17	198	58.23	132	38.82
18	Do you have reservations about the ethical implications of eye and skin donation?	0	0.0	9	2.64	3	0.88	198	58.23	130	38.23

Table 6 presents respondents' attitudes towards eye and skin donation. Overall, attitudes towards donation were positive, with a majority agreeing that donation positively impacts someone's life and reflects positively on character. However, there were variations in attitudes across demographic groups, with differences observed based on age, gender, education, and occupation.

Table No. 6: Association between knowledge score and Demographic variable regarding Eye Donation n=340

Characteristics	**Category**	**Level of Knowledge**				**Df**	**p-value**	**χ^2 values**	**Result**
		Poor (0-5) ≤ 25%	Average (6-10) 25-50%	Good (11-15) 50-75%	Excellent (16-20) > 75%				
Age Group (Years)	18-25 years	2	1	22	16	12	0.65	9.569	NS
	26-35 years	3	2	23	17				
	36-45 years	3	5	37	22				
	46-55 years	2	7	49	31				
	56 years and above	1	11	58	28				
Gender	Male	15	7	115	91	3	0.93	0.425	NS
	Female	7	4	60	41				
Religion	Hinduism	15	11	78	54	9	0.40	9.332	NS
	Islam	6	8	61	48				
	Christianity	2	4	26	9				
	Sikhism	0	1	12	5				
	Other (please specify)	0	0	0	0				
Education	No formal education	1	2	11	6	12	0.91	5.976	NS
	Primary education (up to 8th grade)	2	3	16	10				
	Secondary education (9th-12th grade)	1	5	31	20				
	Graduate or equivalent	11	31	92	55				
	Postgraduate or equivalent	3	4	22	14				
Occupation	Employed (Full-time)	5	12	45	12	18	0.97	8.304	NS
	Employed (Part-time)	0	0	4	1				
	Self-employed	16	20	88	31				
	Unemployed	0	0	1	1				
	Student	0	0	3	0				
	Homemaker	3	7	24	11				
	Retired	5	9	30	12				
Family	Nuclear family (Parents and Children)	11	39	98	62	9	0.0041	24.088	**S**
	Joint family (extended relatives living together)	9	11	83	17				
	Single-parent family	0	0	5	2				

	Blended family (from remarriage)	0	0	3	0				
	Other (please specify)	0	0	0	0				
Marital Status	Single, never married	2	5	9	7	12	0.95	5.21	NS
	Married	22	36	150	104				
	Divorced	0	0	0	0				
	Widowed	0	0	0	1				
	Separated	0	1	2	1				

Table 6 shows there was no statistically significant relationship between age, gender, religion, education, occupation, and marital status with the knowledge score of the respondents regarding eye donation. However, a statistically significant relationship was found with family status. Thus, the study's hypothesis regarding the variable of family status is accepted for the variables under consideration.

Table No. 7: Association between knowledge score and Demographic variable regarding Skin Donation n=340

Characteristics	**Category**	**Level of Knowledge**				**Df**	**p-value**	**χ^2 value**	**Result**
		Poor (0-5) ≤ 25%	Average (6-10) 25-50%	Good (11-15) 50-75%	Excellent (16-20) > 75%				
Age Group (Years)	18-25 years	13	19	7	2	12	0.82	6.866	NS
	26-35 years	14	26	4	1				
	36-45 years	21	39	5	2				
	46-55 years	31	48	7	3				
	56 years and above	24	61	9	4				
Gender	Male	91	115	17	5	3	0.0009	24.419	**S**
	Female	41	60	9	2				
Religion	Hinduism	41	66	36	15	12	0.011	25.806	**S**
	Islam	48	61	10	4				
	Christianity	9	26	5	1				
	Sikhism	5	11	1	1				
	Other (please specify)	0	0	0	0				
Education	No formal education	6	11	2	1	9	0.62	7.13	NS
	Primary education (up to 8th grade)	10	16	4	1				
	Secondary education (9th-12th grade)	20	31	3	2				
	Graduate or equivalent	55	92	36	7				
	Postgraduate or equivalent	14	22	5	2				
Occupation	Employed (Full-time)	12	45	11	6	18	0.98	10.093	NS
	Employed (Part-time)	1	4	0	0				
	Self-employed	31	88	30	6				
	Unemployed	1	1	0	0				
	Student	0	3	0	0				
	Homemaker	11	24	9	1				
	Retired	12	30	11	3				
Family	Nuclear family (Parents and Children)	62	98	31	19	12	0.0537	20.774	NS
	Joint family (extended relatives living together)	17	83	13	7				
	Single-parent family	2	5	0	0				
	Blended family (from remarriage)	0	3	0	0				

	Other (please specify)	0	0	0	0				
Marital Status	Single, never married	7	9	3	4	12	0.17	16.331	NS
	Married	104	150	50	8				
	Divorced	0	0	0	0				
	Widowed	1	0	0	0				
	Separated	1	2	1	0				

Table 7 shows there was no statistically significant relationship between age, education, occupation, marital status and family status with the knowledge score of the respondents regarding skin donation. However, a statistically significant relationship was found with gender, religion. Thus, the study's hypothesis regarding the variable of gender, religion is accepted for the variables under consideration.

Discussion:

The findings of this study shed light on the knowledge, attitudes, and factors influencing eye and skin donation among patients attending a tertiary teaching hospital in Western India. The demographic profile revealed that the majority of respondents were older adults, with a higher representation of males, Hinduism as the predominant religion, and a significant proportion having attained graduate or equivalent education. These demographics mirror the population attending the hospital, providing insight into the characteristics of the study sample (Table 1). The demographic characteristics observed in this study align with previous research indicating similar trends in patient populations attending tertiary care hospitals in India (7).

In terms of knowledge and attitudes towards eye donation (Table 2), a noteworthy proportion of respondents exhibited good knowledge levels, with the majority recognizing vision correction as the primary purpose of eye donation and identifying the cornea as the typical part donated for transplantation. However, misconceptions persisted, such as the belief that only individuals with perfect vision can be eye donors. These findings underscore the importance of targeted educational interventions to dispel myths and enhance accurate understanding of eye donation processes.

The findings from this study corroborate with previous research indicating a gap in understanding regarding eye donation eligibility criteria among the general population (8). Addressing these misconceptions through educational campaigns tailored to specific demographic groups could facilitate increased awareness and participation in eye donation programs.

Contrastingly, knowledge levels regarding skin donation (Table 3) were relatively lower compared to eye donation, with fewer respondents exhibiting good knowledge. Misconceptions regarding skin donation were prevalent, including the belief that it is suitable only for individuals with specific skin types. These findings highlight the need for comprehensive educational campaigns to address misconceptions and increase awareness about the importance of skin donation.

These findings align with previous studies indicating a lack of awareness and understanding regarding skin donation processes among the general population (9). The misconception that skin donation is restricted to individuals with specific skin types may stem from inadequate public education about the versatility and utility of donated skin in various medical procedures. Addressing these misconceptions through targeted educational initiatives could play a crucial role in enhancing acceptance and participation in skin donation programs (10).

Comparing knowledge grades between eye and skin donation (Table 4) revealed a significant disparity, with a higher percentage of respondents exhibiting good or excellent knowledge of eye donation compared to skin donation. This suggests that while awareness about eye donation is relatively higher, there is a considerable gap in knowledge concerning skin donation, necessitating targeted educational efforts to bridge this gap and promote understanding of both donation processes.

The study's comparison between knowledge levels for eye and skin donation (Table 4) revealed a significant gap, with more respondents exhibiting good or excellent knowledge about eye donation compared to skin donation. This highlights a need for targeted educational efforts to improve understanding of skin donation, as awareness appears to be comparatively lower. Addressing this gap is crucial to ensure equitable promotion and participation in both forms of donation.

Furthermore, respondents' attitudes towards eye and skin donation (Table 6) were generally positive, with a majority expressing agreement that donation positively impacts someone's life and reflects positively on character. However, variations in attitudes across demographic groups were observed, indicating the importance of considering demographic factors in designing targeted interventions to promote donation.

No significant associations were found between demographic factors (age, gender, religion, education, occupation, marital status, family status) and knowledge scores for both eye and skin donation. However, significant associations were observed with family status for eye donation and with gender and religion for skin donation.

The study revealed generally positive attitudes towards both eye and skin donation among respondents, with a consensus that donation positively impacts recipients' lives and reflects positively on character. However, variations in attitudes across demographic groups suggest the need for tailored interventions to address specific concerns and preferences within different segments of the population. This underscores the importance of considering demographic factors in designing effective strategies to promote donation awareness and participation.

Conclusion:

In conclusion, this study underscores the need for targeted educational interventions to improve knowledge and attitudes towards eye and skin donation among patients attending tertiary care hospitals in Western India. By addressing misconceptions and increasing awareness about donation processes, healthcare providers can play a pivotal role in promoting donation and addressing barriers to participation. Collaborative efforts between healthcare professionals, community organizations, and policymakers are essential to enhance donation rates and ultimately improve access to life-saving treatments for those in need.

Funding: None.

Conflict of interest: No conflict of interest.

References:

1. Timar J, Bleil M, Daly T, Koomar S, Hasz R, Nathan H. Successful strategies to increase organ donation: The Gift of Life Donor Program Philadelphia model. Indian Journal of Thoracic and Cardiovascular Surgery. 2021 Sep;37(Suppl 3):380-94.
2. Joshi RS, Goel P, Adatiya VH, Seth AS, Rasal AV. Eye Donation: Knowledge, Beliefs, Awareness, and Willingness Among Ambulance Drivers in Central India. Clinical Ophthalmology. 2023 Dec 31:1263-9.
3. Kacheri A, Mudhol R, Chougule S, Reny R, Kamath S, Kamath R. Eye donation: Awareness, knowledge, willingness, and barriers among paramedical and allied health science students at a tertiary care teaching hospital in South India. The Scientific World Journal. 2022 Feb 23;2022.
4. Noopur G, Praveen V, Radhika T, Sanjeev K G, Mani K, Deepak K. Attitudes and perception towards eye donation in patients with corneal disease: A case-controlled population-based study. Current Eye Research. 2018 Jun 3;43(6):734-9.
5. Patil R, Boratne A, Gupta SK, Datta SS. Status of eye donation awareness and its associated factors among adults in rural Pondicherry. Journal of clinical and diagnostic research: JCDR. 2015 Feb;9(2):LC01.
6. Rathore, K. B., K. J. Dange, and G. A. Patil. "A Retrospective Study to assess the prevalence of dry eyes and dry skin among the rural population attending outpatient department at tertiary care teaching hospital in Western India". International Journal of Pharmacy and Pharmaceutical Sciences, vol. 15, no. 12, ssDec. 2023, pp. 23-26,
7. Sarveswaran G, Sakthivel MN, Krishnamoorthy Y, Arivarasan Y, Ramakrishnan J. Knowledge, attitude, and practice regarding organ donation among adult population of urban Puducherry, South India. Journal of education and health promotion. 2018;7.
8. Hussen MS, Belete GT. Knowledge and attitude toward eye donation among adults, Northwest Ethiopia: A community-based, cross-sectional study. Middle East African journal of ophthalmology. 2018 Jul 1;25(3-4):126-30.

9. AlShammrie FF, Aloufi LH, Aldharman SS, Almutairi MS, Al Mansour MH, Alyahiwi LS, Alhati MM, Aldawish RA, Al Shammrie Sr FF, Aloufi L, Almutairi M. Assessment of public perception and attitude toward skin donation in Saudi Arabia. Cureus. 2022 Sep 18;14(9).
10. Fan X, Li M, Rolker H, Li Y, Du J, Wang D, Li E. Knowledge, attitudes and willingness to organ donation among the general public: a cross-sectional survey in China. BMC Public Health. 2022 May 9;22(1):918.