Chapter 10 Health Sustainability and Socialization Agents Roles in Organ Donation: A Malaysian Youth Case

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ABSTRACT

This article explores how sustainable health can be encouraged through the role of socialization amongst the youth in Malaysia in the context of the decision-making process towards becoming an organ donor. This is imperative for the nation especially the policymaker and health business sector in designing strategies pertaining to health issues. The concept of the 'duality of structure' is used as a starting point to link between health sustainability and health communication on organ donation in congregating intergenerational equity by uncovering the structural properties or conditions which either enable or constrain the future of health initiatives. Therefore, this article is aimed to focus on the values and norms commonly transferred by the socialization agents regarding the behavioral development of the potential donor. Data was gathered using self-administered questionnaires from 162 youth. The findings illustrate that the supportive influence from agents of socialization affected towards certain degree on the behavioral formation on becoming an organ donor.

DOI: 10.4018/978-1-7998-1566-2.ch010

INTRODUCTION

Organ donation is a medical procedure which involves a process of an individual freely giving consent to donate organs or tissue for the purpose of transplantation for the very ill or dying living recipients (Transplant Unit, 2015). In Malaysia, organ donation is facilitated by the Human Tissue Act (1974) and the National Transplantation Program (1975). It is propelled by the National Transplant Resource Centre with the support and cooperation of Ministry of Health and Medical Development. The objective is to enhance public awareness about organ donation in Malaysia. Hence, the relevant authorities have took many initiatives to keep the public aware and informed, subsequently register as an organ donor. However, the number of donors in Malaysia are amongst the lowest in the world (Foong, Sheng, Ong, Oo, Hossain, Baskaran, Haron, Valappil and Varadarajan, 2019). According to the statistics given by the National Transplant Resource Centre, from 1976 until July 2015, only 537 organ donors (deceased) have been registered in the country, and up to September 2019, only 481.833 Malaysians have pledged to donate their organs i.e. 1.3% of total population. The World Health Organization noted that among the 68 countries committed in organ donation, Malaysia has the lowest number of donors. Moreover, 21,018 individuals are still waiting for organ transplants (BH Online, 2019). For instance, in the year 2017, mere 86 cases of organ transplantation were carried out and only 35 deceased organ donations were recorded in Malaysia (Baskaran, Haron & Valappil, 2019).

Organ transplantation is the best form of treatment for patients whom is at the end stage of organ disease. Transplantation will improve the survival rates and quality of life of the patient. Despite organ transplantation being available in Malaysia since 1975, there were only 86 transplants carried out and a mere 35 deceased organ donations made in 2017. The number of patients requiring transplant keep on increasing with over 21,000 currently on the waiting list (Foong et al., 2019). Several factors contribute to the organ donation and transplantation rates in Malaysia that includes the misconceptions of the possible barriers to gain consent from potential organ donors, the surgical procedure and concerns about the mutilation of the body, lack of awareness and knowledge, public and spiritual belief and attitudes, cultural differences and myth, consent process and insufficient investment in the area of transplant infrastructure and workforce (Kopfman, Smith, Yun, & Hodges, 1998; Loch, Hilmi, Mazam, Pillay, & Choon, 2010; Wong, 2010; Mostafa, 2010). Other negative attitudes include fear of organs being used for research and fear of getting less active treatment if the patient known to be a donor (Edmund, Shazlyiana, Nursyahirah, Fam, & Chua, 2018). Also, the reluctance to pledge as an organ donor is also contributed by the organ donation programs itself that do not highlight on the tangible benefit (Lwin, Williams, & Lan, 2002), if the program can be associated with quality of life and spiritual positive outcome of death, the perception probably can e latered (Makmor, Abdillah, Raja Noriza, Nurulhuda, Soo-Kun, & Kok-Peng, 2014). Carducci (1984) have found that one of possible explanations for organ shortage is the perception of the non-donors who believe that the cost of donating organ is greater than its reward (including tangible and intangible rewards). Some other views also emphasize that characteristics of the collectivistic culture, emotional support, and family opinions works also as a strong contributor that can explained the rejecting act of donating organ (Irving, Jan, Tong, Wong, Craig, Chadban, Rose, Cass, Allen, & Howard, 2014). For example, BH Online (2019) reported that 80% potential individuals did not get consent from their family members. In a nutshell, the gesture of volunteering as an organ donor reflect the values, beliefs, attitude and factual knowledge of the person themselves.

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