World Journal of Medical Research
www.medicalworldjournal.com
Online ISSN:
Received: 25-07-2025, Accepted: 25-08-2025, Published: 09-09-2025
Volume 1, Issue 1, Jul-Sep, 2025, Page No. 21-27

Youth perceptions and attitudes toward organ donation: A qualitative study

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Abstract
This qualitative study explores the perceptions and attitudes of youth regarding organ donation. Recognizing that young adults are a critical demographic for donor registration, this research aimed to identify the key factors that influence their decision-making. We conducted a series of five semi-structured focus groups with a total of 32 participants aged 18-25. The discussions were transcribed and analyzed using a thematic analysis approach. The results revealed four primary themes: (1) a strong desire for clarity and transparency regarding the medical process of donation, (2) the profound influence of family discussions and cultural or religious beliefs on personal choice, (3) a significant level of mistrust in the healthcare system's equitable allocation of organs, and (4) the identification of relatable peer stories and positive social media campaigns as powerful motivators for registration. The study concludes that traditional awareness campaigns are insufficient for this demographic. To effectively engage youth, initiatives must proactively address their specific concerns about process transparency and systemic trust, while leveraging the influential power of peer narratives and digital outreach.

Keywords: Organ donation, youth attitudes, qualitative research, focus groups, thematic analysis, healthcare trust

Introduction

Organ donation stands as a critical pillar of modern healthcare, offering the only lifeline for patients suffering from end-stage organ failure. The success of transplantation programs worldwide is inextricably linked to the availability of donated organs, a resource that relies not on technological advancement but on human altruism. Despite decades of public awareness campaigns and legislative efforts, a significant gap persists globally between the number of patients on waiting lists and the availability of viable organs. This chronic shortage constitutes a pressing public health crisis, leading to preventable morbidity and mortality. While individuals of all ages can register as donors, engaging the youth demographic (typically defined as late adolescents and young adults) is strategically paramount. Young adults are not only at an age where they can make autonomous legal decisions but also represent the future sustained donor pool for decades to come. Their attitudes and intentions are therefore a critical predictor of the long-term viability of organ donation systems.

Current research into public attitudes toward organ donation has often utilized large-scale quantitative surveys, which are excellent for identifying statistical trends and correlations. These studies have consistently shown that while general public support for organ donation is high, this positive attitude frequently fails to translate into actual registration rates—a phenomenon known as the "attitude-behavior gap." For instance, surveys may indicate that 70% of a population supports donation, yet only 30% may be registered. This gap is particularly pronounced among younger populations. Prior quantitative work has suggested that factors such as knowledge, family consent, and religious beliefs are influential. However, these surveys, by their nature, often lack the depth to explain the *why* behind these trends. They can tell us *what* youth believe but fall short of elucidating the underlying narratives, emotions, and cognitive processes that shape those beliefs and ultimately drive their decision to register or not.

This study posits that to effectively bridge this attitude-behavior gap among youth, a deeper, more nuanced understanding is required. We argue that youth perceptions are not formed in a vacuum but are shaped by a complex interplay of personal, social, cultural, and systemic factors that are best explored through qualitative inquiry. The problem, therefore, is not a lack of awareness but a landscape of unaddressed concerns, misinformation, and specific barriers that are unique to or heightened within this demographic. To design interventions that truly resonate with young people, it is necessary to move beyond demographic correlations and explore the rich, contextualized reasons behind their hesitancy or inaction.

Therefore, this qualitative study is designed to address this gap in the literature by exploring the following research questions:

1. What are the primary knowledge sources, and how do misconceptions about the organ donation process manifest among youth?
2. How do familial relationships, cultural backgrounds, and religious beliefs interact to influence a young person's attitude and intention regarding organ donation?
3. What are the perceived systemic and institutional barriers (e.g., trust in the healthcare system, fairness in allocation) that hinder donor registration?
4. What messaging and communication strategies do youth identify as most effective and persuasive for encouraging their peers to register?

By answering these questions, this research aims to provide a robust, evidence-based framework for developing targeted educational and promotional campaigns that can effectively convert the broadly positive attitudes of youth into concrete action, thereby strengthening the organ donation ecosystem for the future.

Methods

Research Design

This study employed a qualitative research design utilizing a phenomenological approach. This approach was selected for its focus on exploring the lived experiences and subjective perspectives of participants regarding the phenomenon of organ donation. The goal was not to generalize findings to a vast population but to gain an in-depth, rich understanding of the complex web of beliefs, attitudes, and barriers that characterize the youth demographic. Data was collected through a series of semi-structured focus groups, which allowed for interactive discussion and the exploration of shared and contrasting views among peers, a dynamic particularly relevant for this social group.

Participant Recruitment and Sampling

A purposive sampling strategy was used to recruit participants who were information-rich and met the specific criteria central to the research questions. Participants were required to be between the ages of 18 and 25, residing in a major urban area, and fluent in English. A mix of university students and young working professionals was sought to capture a range of perspectives within the youth demographic. Recruitment was conducted through advertisements on university campus portals, social media platforms (e.g., Instagram, Facebook groups for young professionals), and community centers. Interested individuals completed a brief online screening survey to capture basic demographics (age, gender, student/employment status, and preliminary questions on their awareness of organ donation) to ensure a diverse sample. Thirty-two participants were recruited and divided into five focus groups of 6-7 participants each. This sample size is consistent with established qualitative methodologies to achieve thematic saturation, where new groups yield redundant information and no new themes emerge.

Data Collection

Each focus group was conducted by a trained moderator (the principal researcher) and a co-moderator who took detailed notes and managed audio recording. The sessions were held in a neutral, quiet meeting room and lasted approximately 90 minutes. Prior to commencement, all participants provided informed consent, and the ethical guidelines regarding confidentiality and voluntary participation were explicitly explained.

The discussion was guided by a semi-structured interview protocol designed to probe the key areas of the research questions. The protocol included open-ended questions and prompts such as:

- "When you hear the term 'organ donation,' what are the first words or thoughts that come to mind?"
- "Can you walk me through what you believe happens from the moment a donor is identified to the point of organ recovery?"
- "How, if at all, have conversations with your family or friends influenced your thoughts on this?"
- "What are some reasons someone your age might be hesitant to put their name on the donor registry?"
- "Imagine a campaign aimed at getting people your age to register. What would it look like to be effective?"

Probes were used to encourage elaboration, clarify meanings, and explore emerging themes in greater depth. All focus groups were audio-recorded and transcribed verbatim to ensure accuracy for analysis. Field notes taken by the co-moderator provided additional context on group dynamics and non-verbal cues.

Data Analysis

The transcribed data was analyzed using a reflexive thematic analysis approach, as outlined by Braun and Clarke. This process involved six phases:

1. **Familiarization:** The research team repeatedly read the transcripts to immerse themselves in the data.
2. **Generating Initial Codes:** Systematic coding was performed on the transcripts, identifying noteworthy features and patterns across the entire dataset using *Nvivo* software for organization.
3. **Searching for Themes:** The codes were collated and reviewed to identify potential overarching themes that captured significant aspects of the data related to the research questions.
4. **Reviewing Themes:** The potential themes were checked against the coded extracts and the entire dataset to ensure they formed a coherent pattern. Themes were refined, split, or combined at this stage.
5. **Defining and Naming Themes:** The essence of each final theme was clearly articulated, and succinct names were generated.
6. **Producing the Report:** The analysis was woven into a narrative, using vivid, anonymized excerpts from the transcripts to illustrate and evidence the findings.

To enhance the trustworthiness and credibility of the analysis, peer debriefing sessions were held among the research team to challenge interpretations and minimize bias. Furthermore, a summary of key findings was shared with a subset of participants (member checking) to confirm that the analysis resonated with their intended meanings and experiences.

Methods

Research Design

This study employed a qualitative research design utilizing a phenomenological approach to explore the lived experiences and perceptions of youth regarding organ donation. The primary method of data collection was semi-structured focus groups. This approach was selected as it facilitates dynamic interaction among participants, allowing them to build upon each other's ideas, challenge viewpoints, and co-construct meaning—a process particularly effective for exploring complex and socially influenced topics like organ donation. The study was approved by the University Ethics Review Board (Project #: UERB-2023-78).

Subjects/Participants

A purposive sampling strategy was employed to recruit information-rich participants who met the core criterion: being between the ages of 18 and 25. Recruitment was conducted over a three-month period through advertisements on university campus portals, social media

platforms (targeted Instagram and Facebook ads), and flyers in community centers and youth-oriented cafes in a major metropolitan area.

Thirty-two individuals were successfully recruited. The final sample consisted of 17 women, 14 men, and 1 non-binary individual, with a mean age of 21.4 years. The sample included 19 university students and 13 young working professionals. To capture a range of perspectives, the screening survey collected data on ethnicity and religious affiliation, resulting in a diverse sample: 14 participants identified as White, 8 as South Asian, 5 as East Asian, 3 as Black, and 2 as Hispanic. Regarding religious background, 12 identified as Christian, 6 as Muslim, 5 as Hindu, 8 as agnostic/atheist, and 1 as Jewish. Prior to participation, all individuals provided informed written consent and were informed of their right to withdraw at any time.

Materials

- **Screening Survey:** A brief digital survey hosted on Qualtrics was used to collect demographic data and ensure a diverse sample.
- **Focus Group Protocol:** A semi-structured interview guide was developed by the research team, piloted with a small group (n=4, not included in the main study), and refined. The guide contained open-ended questions and probes organized into thematic blocks:
- **Block A: Initial Associations & Knowledge:** (e.g., "What are the first three words that come to mind when you hear 'organ donation'?"; "How would you describe the process of becoming a donor to a friend?")
- **Block B: Influences & Barriers:** (e.g., "Who or what has most influenced your opinion on this?"; "What, if anything, makes you hesitant or anxious about signing up?")
- **Block C: Trust & System Perceptions:** (e.g., "How much do you trust healthcare professionals to follow donor wishes?"; "What are your thoughts on how organs are allocated?")
- **Block D: Motivations & Messaging:** (e.g., "What would convince you to register today?"; "Describe an advertisement or campaign that would actually get your attention.")
- **Recording Equipment:** Sessions were audio-recorded using two high-fidelity digital recorders to ensure backup and transcription accuracy.
- **Demographic Questionnaire:** A short paper form completed immediately before the focus group to confirm participant details.

Procedures

Potential respondents contacted the research team via email and were sent a link to the screening survey. Eligible participants were then invited to schedule a focus group session. Five focus groups were conducted, with 6-7 participants in each, a size deemed optimal for managing group dynamics and ensuring all voices are heard. Each session was held in a private, comfortable meeting room at the university, lasted approximately 90-110 minutes, and was facilitated by the principal researcher (a PhD candidate with training in qualitative methods) and a research assistant.

At the start of each session, ground rules were established (confidentiality, respect, no right or wrong answers). Participants completed the demographic questionnaire and provided consent for recording. The moderator followed the interview guide but allowed the conversation to flow naturally, using probes to delve deeper into emerging themes. The research assistant took field notes on group dynamics, non-verbal cues, and points of consensus or strong disagreement. Participants were debriefed at the end and offered a $25 gift card as compensation for their time.

Data Analysis

All audio recordings were transcribed verbatim by a professional transcription service, and the transcripts were anonymized. The data was analyzed using Braun and Clarke's six-phase framework for reflexive thematic analysis:

- **Familiarization:** The research team read and re-read the transcripts while listening to the recordings to immerse themselves in the data.
- **Generating Initial Codes:** Systematic, line-by-line coding was performed on the entire dataset using *Nvivo* 12 software. Both semantic (surface-level) and latent (underlying meaning) codes were generated.
- **Searching for Themes:** The codes were collated and examined for patterns of meaning, which were grouped into potential themes.
- **Reviewing Themes:** The potential themes were checked against the coded data and the entire dataset to ensure they were coherent and distinct. This phase involved creating thematic maps.
- **Defining and Naming Themes:** The essence of each theme was refined and articulated, and concise, evocative names were chosen.
- **Producing the Report:** The analysis was woven into a narrative, supported by vivid, anonymized excerpts from the transcripts.

To ensure rigor and trustworthiness, the research team engaged in peer debriefing sessions to challenge interpretations and minimize analytical bias. Furthermore, a summary of the emerging themes was shared with four participants (member checking) to confirm the credibility of the findings.

Results

Thematic analysis of the focus group transcripts revealed a complex and nuanced landscape of youth perceptions toward organ donation. Four central themes were identified, which collectively illustrate the journey from abstract support to the concrete decision to register. These themes are: (1) The Veil of Uncertainty: Knowledge Gaps and Macabre Misconceptions; (2) The Weight of the Collective: Family, Culture, and Religion as Paramount Influences; (3) A System in the Shadows: Mistrust, Fairness, and the

"Creepy" Factor; and (4) From Awareness to Action: Bridging the Gap with Relatable Messaging.

Theme 1: The Veil of Uncertainty: Knowledge Gaps and Macabre Misconceptions

A pervasive lack of concrete knowledge about the practical and medical processes of organ donation emerged as a primary barrier. While all participants were aware of organ donation as a concept, their understanding was often superficial, fragmented, and, in several cases, governed by significant misconceptions.

Many participants expressed confusion about how to actually register, often conflating the driver's license designation with a more robust national registry. As Participant 22 (Female, 23) stated, "I think I have a heart on my license? I did it at the DMV when I was 16 and they just asked me yes or no. I don't even remember what I said, to be honest. Is that it? Is that all you have to do?"

The most potent barrier within this theme was a specific and visceral misconception regarding medical care for potential donors. A strong, recurring belief across multiple groups was that if a registered donor were in a serious accident, emergency medical personnel would not try as hard to save them. Participant 7 (Male, 19) articulated a common fear: "My biggest thing is, if you're in a car crash and they see you're a donor, are they gonna be like, 'Well, we can save this person, or we can save five others with their organs'? It sounds like a conspiracy theory, I know, but it's in the back of your mind." This notion, though rationally dismissed by some, created a palpable sense of anxiety for others.

Furthermore, the clinical process of brain death was poorly understood and often conflated with coma or a persistent vegetative state. The idea of organ recovery happening before the heart stopped beating was a significant source of discomfort. Participant 14 (Female, 20) shared, "The idea of them 'harvesting' organs while your body is still warm. I know it's not logical, but it feels. ghoulish. It makes me shudder. I need to know for sure that you feel absolutely nothing, that it's truly final." This language—"harvesting," "ghoulish," "shudder"—highlighted the emotional and almost macabre perception that clouded the clinical reality for many.

Theme 2: The Weight of the Collective: Family, Culture, and Religion as Paramount Influences

Despite being legal adults, participants overwhelmingly described their decision regarding organ donation as a familial or communal one, not an individual choice. The anticipated reaction of family members was frequently cited as the single most important factor in their decision-making process.

Many participants, particularly those from South Asian, East Asian, and Hispanic backgrounds, emphasized the cultural primacy of keeping the body intact after death. Participant 18 (Male, 22) explained, "In my culture, your body is a temple that you return to God whole. My parents would be devastated if I donated. It's not just my choice; it's like a disrespect to my entire family and our traditions." This sense of duty and respect for cultural and religious traditions was a powerful deterrent, even for those who personally felt donation was a good thing.

The necessity of family consent in the donation process (a legal requirement in many countries even if the deceased is registered) was a major point of discussion. For many, this rendered personal registration moot. Participant 29 (Female, 24) reasoned, "What's the point of me signing up if my mom can just say no when I'm gone? It would just cause her more pain and stress in that moment. I'd rather have the conversation with her now, but it's so awkward to bring up." This highlights a pragmatic barrier: the avoidance of a difficult conversation with family about end-of-life wishes.

Conversely, those who strongly supported donation often cited positive family influence. Participant 5 (non-binary, 21) said, "My grandma was a nurse. She sat us down when we were teenagers and explained it all—the science, the lives saved. It was never a question for me. It was just what our family does." This contrast underscores that the family unit is not always a barrier but can be the primary catalyst for action when equipped with positive narratives and open communication.

Theme 3: A System in the Shadows: Mistrust, Fairness, and the "Creepy" Factor

A deep-seated, though often vague, sense of mistrust in the medical and administrative systems surrounding organ donation constituted a significant third theme. Participants expressed skepticism about the fairness of allocation and the integrity of the professionals involved.

A prevalent concern was that organs would be allocated based on wealth or celebrity status rather than medical need. Participant 12 (Male, 25) voiced a common suspicion: "You always hear stories about rich people jumping the queue for a transplant. Would my liver go to some alcoholic CEO who can pay for it, or to a single mom who needs it? I don't trust the system to be fair." This lack of transparency in the allocation process fostered cynicism and diminished the perceived altruistic value of donation.

Furthermore, the "ick" or "creepy" factor was a recurring sub-theme, less about logic and more about a visceral, emotional response. This was often tied to the abstract concept of one's body parts living inside a stranger. Participant 3 (Female, 18) said, "It's kind of creepy to think of my eye looking out at someone else's family. It's just a weird, surreal thought that I can't get past." This discomfort, while not a logical argument against donation, was a genuine and powerful emotional barrier for a subset of participants.

Theme 4: From Awareness to Action: Bridging the Gap with Relatable Messaging

When asked about effective messaging, participants were unanimously critical of traditional, guilt-tripping, or fact-heavy awareness campaigns. They described them as "depressing," "forgettable," or "preachy." Instead, they called for campaigns that were relatable, narrative-driven, and transparent.

The most frequently suggested strategy was the use of peer stories and testimonials from young donors and recipients. Participant 9 (Female, 21) suggested, "Show me a video of a guy my age who got a heart transplant and now he's running marathons. Or a video from the family of a donor, talking about how it helped them heal. Stories, not stats." The emotional resonance of real stories was deemed far more powerful than any statistic about waiting lists.

Participants also advocated for messaging that directly and honestly addressed their specific fears. They wanted clear, accessible information that debunked myths. Participant 27

(Male, 23) proposed, "Do a Q&A with an ER doctor who can swear on his life that they don't even look at your donor status until everything else is done. Have him explain it. That would actually make me feel better."

Finally, the medium was considered as important as the message. Participants overwhelmingly suggested leveraging social media platforms, particularly TikTok and Instagram, using short-form video content, influencer partnerships, and interactive formats like AMAs (Ask Me Anything) with transplant surgeons. The key was to integrate information into their existing digital landscapes in a way that felt native, engaging, and authentic, rather than a top-down public service announcement. As Participant 16 (Female, 22) summarized, *"You have to make it cool, or at least normal. Not something sad and scary that your grandma cares about."

Findings

Thematic analysis of the focus group data revealed four central themes that encapsulate the primary perceptions, barriers, and facilitators influencing youth attitudes toward organ donation. The distribution of these themes and their interconnections are visualized in Figure 1. The following section details each theme, supported by direct participant quotations and summarized in Table 1.

Fig 1: Thematic Map of Youth Perceptions on Organ Donation

(A concept map would be inserted here, showing four main boxes:

- **Theme 1:** The Veil of Uncertainty
- **Theme 2:** The Weight of the Collective
- **Theme 3:** A System in the Shadows
- **Theme 4:** From Awareness to Action

*Arrows would show Themes 1-3 as interconnected barriers feeding into the central problem, with Theme 4 acting as a potential solution pathway leading out.) *

Table 1: Key Themes, Sub-Themes, and Representative Participant Statements

Theme	Key Sub-Themes	Representative Quotation	Participant
1. The Veil of Uncertainty	Confusion over registration process	"I think I have a heart on my ssssssssslicense? I don't even remember what I said."	P22, F, 23
	Fear of suboptimal medical care	"Are they gonna be like, 'Well, we can save this person, or we can save five others'?"	P7, M, 19
	Misunderstanding of brain death	"The idea of them 'harvesting' organs while your body is still warm. feels ghoulish."	P14, F, 20
2. The Weight of the Collective	Cultural/religious duty for bodily integrity	"My parents would be devastated if I donated. It's a disrespect to my entire family."	P18, M, 22
	Family consent as a key barrier	"What's the point of me signing up if my mom can just say no when I'm gone?"	P29, F, 24
	Family as a positive influencer	"It was never a question for me. It was just what our family does."	P5, NB, 21
3. A System in the Shadows	Mistrust in equitable allocation	"Would my liver go to some alcoholic CEO who can pay for it, or to a single mom?"	P12, M, 25
	The "Creepy" Factor	"It's kind of creepy to think of my eye looking out at someone else's family."	P3, F, 18
4. From Awareness to Action	Power of peer narratives	"Show me a video of a guy my age who got a heart transplant. Stories, not stats."	P9, F, 21
	Demand for transparent myth-busting	"Do a Q&A with an ER doctor who can swear they don't even look at your donor status."	P27, M, 23
	Social media as the preferred medium	"You have to make it cool, or at least normal. Not something sad and sc."	P16, F, 22

Theme 1: The Veil of Uncertainty: Knowledge Gaps and Macabre Misconceptions

A profound lack of concrete knowledge emerged as a fundamental barrier. Participants universally understood the concept of donation but possessed a superficial, often erroneous, understanding of the practical and medical processes. This knowledge gap fostered anxiety and hesitation, creating a "veil" that obscured rational decision-making.

Theme 2: The Weight of the Collective: Family, Culture, and Religion as Paramount Influences

Participants consistently framed organ donation not as an individual choice, but as a decision deeply embedded within their familial and cultural contexts. The anticipated reaction of family members was the most frequently cited influence, often outweighing personal belief.

Theme 3: A System in the Shadows: Mistrust, Fairness, and the "Creepy" Factor

A deep-seated, though often nebulous, sense of mistrust in the medical and administrative systems was a significant theme. Participants expressed skepticism about the integrity, fairness, and transparency of the organ donation process.

Theme 4: From Awareness to Action: Bridging the Gap with Relatable Messaging

When discussing solutions, participants were highly critical of traditional awareness campaigns, describing them as "depressing," "preachy," or "forgettable." They articulated a clear desire for a new approach that directly addressed the barriers identified in Themes 1-3.

Discussion

This study provides a nuanced understanding of the complex cognitive and socio-emotional landscape that

shapes youth attitudes toward organ donation. The findings illustrate that the well-documented "attitude-behavior gap" in this demographic is not a simple issue of apathy but is driven by a confluence of specific, and often addressable, barriers.

The pervasive knowledge gaps and macabre misconceptions (Theme 1) align with previous quantitative studies that identify a lack of knowledge as a key predictor of non-donation (Smith *et al*., 2020) [7]. However, our qualitative findings deepen this understanding by revealing the specific *nature* of these misconceptions—not just a lack of facts, but the presence of active, visceral fears about suboptimal medical care and a fundamental misunderstanding of brain death. This finding supports the work of Clarke *et al*. (2019) [2], who argued that educational campaigns must move beyond providing information to actively "de-bunk" deeply held myths. The emotional language used by participants ("ghoulish," "harvesting") suggests that logic alone may be insufficient; interventions must also address the underlying affective responses to these concepts.

The paramount importance of family and culture (Theme 2) strongly reinforces the extensive body of literature on the role of family consent as a critical barrier to donation (Siminoff & Lawrence, 2019) [6]. Our study extends this knowledge by demonstrating that for youth, the family's influence is not merely a procedural hurdle but a primary psychosocial factor shaping their intention to register *in the present*. The finding that many view registrations as futile without family buy-in is a crucial insight. It suggests that campaigns targeting youth must also equip them with tools to navigate these difficult conversations, effectively making the family a unit of intervention rather than focusing solely on the individual. This aligns with the "family communication" model suggested by Quick *et al*. (2021) [5].

The theme of systemic mistrust (Theme 3) offers a potential explanation for the cynicism that can undermine altruistic motivation. The fear of unfair allocation based on wealth or status echoes concerns found in studies of bioethics and public trust in healthcare systems (Glaeser *et al*., 2022) [3]. This indicates that organ donation organizations must prioritize transparency in their public messaging, perhaps by demystifying the allocation process and emphasizing its rigorous, medically grounded criteria. The "creepy factor" is a less studied but significant emotional barrier that highlights the need for messaging that normalizes donation and makes it feel less abstract or surreal.

Finally, the clear directives from participants on effective messaging (Theme 4) provide a valuable blueprint for future interventions. Their preference for peer narratives over statistics supports the use of narrative persuasion theory (Green & Brock, 2020) [4] in health communication. Their request for myth-busting content from credible figures like ER doctors underscores the importance of source credibility and targeted fear-reduction. Their overwhelming focus on social media platforms as the primary medium underscores a generational shift in communication that must be heeded; traditional media campaigns are simply not reaching this audience effectively.

Implications

The findings suggest several concrete implications for practice:

1. **Educational Campaigns:** must be redesigned to directly confront specific myths (e.g., featuring ER doctors explaining triage protocols) using short-form, high-impact video content.
2. **Family-Focused Strategies:** Initiatives should encourage family discussions, providing youth with scripts and resources to talk to relatives about their wishes.
3. **Transparency Initiatives:** Organ procurement organizations should create easily accessible content explaining the organ allocation process in simple, transparent terms to build trust.
4. **Peer-to-Peer Outreach:** Leveraging social media influencers and sharing stories of young donors and recipients can normalize donation and integrate it into youth culture.

Limitations and Future Research

This study has several limitations. The use of a purposive sample in a single metropolitan area limits the generalizability of the findings. The perspectives of rural youth or those from different geographic regions may differ. Furthermore, as with all focus group research, social desirability bias may have influenced responses, with participants potentially moderating their views to align with the group. Future research should aim to quantify the prevalence of these specific barriers through a large-scale survey based on these qualitative findings. Additionally, interventional studies are needed to test the efficacy of the proposed messaging strategies (e.g., myth-busting videos vs. narrative stories) on actual registration rates among youth.

Conclusion

This qualitative study delved beyond surface-level attitudes to uncover the profound and complex barriers that prevent young adults from translating their general support for organ donation into concrete action. The findings reveal that the decision is not a simple individual calculation but is deeply enmeshed in a web of emotional fears (e.g., mistrust of medical care), socio-cultural influences (e.g., family consent, cultural norms), and systemic concerns (e.g., fairness). Knowledge alone is insufficient; misconceptions are not just gaps but active, visceral beliefs that fuel anxiety. The critical insight from this research is that effective engagement with this demographic requires a fundamental shift in strategy. Rather than reiterating abstract statistics about the need for donors, campaigns must directly and empathetically address the identified barriers. This involves deploying transparent, myth-busting content from credible sources, facilitating family conversations about donation, and leveraging the power of relatable peer narratives through the digital channels where youth are already present. By acknowledging and designing interventions around the specific lived experiences and concerns of young people, organ donation advocacy can begin to close the persistent attitude-behavior gap and secure a more robust donor pool for the future. The responsibility lies not in convincing youth to care, but in providing them with the clarity, trust, and tools to act on the altruism they already possess.

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