

Knowledge, Attitudes, and Practices toward Organ Donation after Brain Death among the Saudi Arabian General Population

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Abstract

Background: Organ donation is an important public health concern, as there is a consistent difference between people's awareness and positive feelings about it and their actual participation in the process. Gaining insight into knowledge, attitudes, and practices regarding organ donation can help develop strategies to enhance donation rates. **Objectives:** The objective of the study is to assess the knowledge, attitude, and practice (KAP) regarding organ donation among adults and examine associations with demographic factors such as age and gender. **Methods:** A cross-sectional survey was conducted among 409 participants using a structured questionnaire. Data were analyzed using Statistical Package for the Social Sciences version 26. Descriptive statistics summarized demographic characteristics and KAP responses, while Chi-square tests examined associations between categorical variables. Reliability of the questionnaire was confirmed with a Cronbach's alpha of 0.769. A $P < 0.05$ was considered statistically significant. **Results:** Most participants were familiar with the concept of organ donation (93.2%) and had encountered the term organ transplantation (97.3%). Awareness of legal and clinical aspects was lower; only 43% reported knowledge of the Human Organ Transplantation Act, and 48.9% understood the importance of human leukocyte antigen compatibility. Positive attitudes were prevalent, with 78.7% in favor of organ donation and 91.4% believing it adds meaning to life. However, only 57% were willing to donate their organs after death, and 22% had officially registered as donors. Religious beliefs (25.3%), fear of premature life-support termination (18.5%), and lack of knowledge (18.3%) were the main barriers. Gender and age influenced knowledge levels, with females and participants aged 35–44 years demonstrating higher awareness in technical aspects of organ donation and transplantation. **Conclusion:** The study showed a moderate level of knowledge about organ donation and a favorable attitude toward it among the general population in Saudi Arabia. Although many people are aware of and have a positive view of organ donation, the number of individuals who officially register and actively participate is still low. It is suggested to implement focused educational programs, culturally appropriate interventions, and support for registration processes to connect knowledge, attitudes, and practices.

Key words: Organ, donation, brain death, Saudi Arabia

INTRODUCTION

Brain death implies the irreversible absence of cerebral and brainstem function. In the majority of nations, brain death is regarded as a person's death. Patients who fit the criteria for neurologic brain death make up the majority of organ donors.^[1] Every year, organs donated by brain-dead donors rescue millions of patients from organ failure.

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Brain death is responsible for more than 10% of fatalities in those who have hypoxic-ischemic brain injury during CPR. More than 40% of people who are brain dead can donate organs. As a result, brain death is a valuable supply of organs for transplantation.^[2]

Organ donation is the transplantation of an organ from a live or brain-dead human individual to a living patient with end-stage organ failure.^[3] Because of the increasing prevalence of non-transmittable diseases, global interest in organ donation and transplantation has increased significantly in the last two decades. Because these metabolic issues have been connected with severe outcomes, including organ failure and death, organ transplantation is seen as a life-saving treatment for individuals with potentially fatal conditions.^[4]

In Saudi Arabia, 2,091 organ transplants were performed in 2023, using both live and deceased donors.^[5] Despite the vital function of organ donation, there is a considerable disparity between the number of accessible organs and the number required. While the need for organ transplants is expanding, the supply of organ donors is not keeping up. A dearth of adequate organs for transplantation causes unnecessary deaths, emphasizing the necessity for organ donation.^[5,6] The Kingdom of Saudi Arabia established the Saudi Center for Organ Transplantation to supervise organ donation and the transplantation program. There has been a subsequent annual increase in the number of transplanted organs.^[1]

Multiple complex variables significantly influence organ donation rates in Saudi Arabia.^[7] A prior study in Saudi Arabia discovered that psychological, cultural, religious, and structural variables impact organ donation intention.^[7] Similar trends have been documented in other contexts in the area, where misinformation about religion, worries about physical integrity, and doubt in the healthcare system combine with generally positive attitudes about the idea of assisting others through donation.^[8-10]

The most popular sources of information on organ donation were social media, television, hospitals, curriculum, and awareness campaigns. Furthermore, 70% reported that community knowledge of organ donation was poor and undesirable.^[11] Assessments of knowledge, attitudes, and readiness to donate organs can help build strategies to expand educational initiatives and raise the community's level of understanding.^[12]

There are few recent comprehensive studies on the general Saudi population's knowledge, attitudes, beliefs, and intentions on organ donation and transplantation. Such up-to-date and nationally representative information is required for healthcare planners and policymakers to successfully address the current organ supply and demand mismatch. As a result, the current study seeks to evaluate the general Saudi population's knowledge, attitudes, and practices regarding brain-dead organ donation.

METHODS

Study design and setting

This is a cross-sectional descriptive study conducted to evaluate the general Saudi population's knowledge, attitude, and practice (KAP) regarding organ donation after brain death in Saudi Arabia. The data collection period extended from July 2025 to December 2025.

Subject: Participants, recruitment

The study targeted the general Saudi population across various regions in Saudi Arabia. Data were collected online and spread over social media platforms to ensure wide geographic coverage.

Study population and sampling

The study population included Saudi adults (aged 18 years and above) residing within Saudi Arabia. The required sample size was calculated using Raosoft software with a 95% confidence level, 5% margin of error, and an estimated population proportion of 50%, resulting in a target sample size of 384 participants.

Inclusion and exclusion criteria

All Saudis aged ≥ 18 years who showed willingness to participate and provide informed consent were included. Individuals under 18 years of age, non-Saudis, incomplete questionnaire responses, and those who did not provide consent were excluded.

Method for data collection, instrument

Data were collected via a structured, self-administered questionnaire. The questionnaire includes four sections:

1. Sociodemographic characteristics: Age, gender, education, occupation, region
2. Knowledge: Definitions, legal/religious perspectives, donation eligibility
3. Attitudes: Willingness to donate, beliefs about brain death, and religious/cultural influences
4. Practices: Registration status, prior discussions, and sources of information.

The survey was available in Arabic and English and distributed through WhatsApp, Twitter (X), Instagram, and Snapchat. Participation was voluntary and required electronic informed consent.

Scoring system

A total of thirty-six statements were used to evaluate the participants' level of knowledge, attitudes, and practices. Statements are categorized as follows: 8 statements for

demographics, 13 for knowledge, 11 for attitude, and 4 for practice. Demographics were not given any score.

Section I: Knowledge

A 13-item questionnaire with “Yes” (1 point) and “No/I don’t know” (0 points) was used to assess knowledge. The range of the total knowledge score was between 0 and 13. Bloom’s cut-off point was used to evaluate the general level of knowledge. According to this cut-off point, a score of 80–100% (11–13 points) indicated good knowledge, a score of 60–79% (8–10) indicated moderate knowledge, and a score of <60% (<8) indicated inadequate/poor knowledge.

Section II: Attitude

Attitude was also assessed by 11 questions. The total attitude score was assessed using the same Bloom’s cut-off point as positive attitude if the score was 80–100% (9–11 points), fair attitude if the score was 60–79% (7–9 points), and negative attitude if the score was <60% (<7).

Section III: Practice

Practice was assessed by 4 questions. The total score given was 4. Every yes was considered equal to 1, and every no or “I don’t know” was considered zero. 75% and above is high engagement (3–4 out of 4); 50–74% is moderate (2–3 out of 4); <50% is low (1–2 out of 4).

Pilot test

A pilot study was conducted by distributing the questionnaire to 20 participants to evaluate its clarity and the overall feasibility of the research. Data collected during this pilot phase were excluded from the final analysis.

RESULTS

The collected data were entered and analyzed using the Statistical Package for the Social Sciences software version 26. Descriptive statistics were used to summarize the data, where categorical variables were presented as frequencies and percentages, while continuous variables were expressed as mean $\pm$ standard deviation. The Chi-square test was used to assess the association between categorical variables, such as gender and age groups with knowledge and attitude items related to organ donation. A $P < 0.05$ was considered statistically significant. The reliability of the questionnaire items was assessed using Cronbach’s alpha coefficient, which demonstrated a Cronbach’s alpha value of 0.769, indicating acceptable to good internal consistency.

The study included 409 participants, who were mostly young, with the largest group aged 17–24 years (31.1%). There were slightly more females than males, with females of 54%. The male is 46%. Married represented (47.4%), while

single (45.5%). Students represented the largest percentage of 34%, followed by government employees at 27.1% and unemployed individuals at 15.9%. Most participants lived in the Western region, accounting for 59.7%. The majority of participants had a bachelor’s degree (61.9%). Approximately half of the respondents, 50.9%, indicated that they had no family history of chronic illness, while 43.6% reported having such a history. Participants represented income levels, with the largest group earning between 11,000 and 20,000 SAR per month (28%) [Table 1].

Section B: Knowledge

Participants demonstrated high knowledge of the basic concepts of organ donation and transplantation. The majority of respondents were familiar with the concept of organ donation (93.2%) and had heard of organ transplantation (97.3%). About 61.1% reported knowing where to apply for organ donation, while 70.7% were aware that organs can be donated from patients declared brain-dead. Similarly, 70.2% correctly identified that the blood groups of the donor and recipient must match. However, knowledge regarding legal and medical aspects of transplantation was comparatively limited. Only 43% of participants reported being informed about the Human Organ Transplantation Act, and 48.9% were aware of the requirement for human leukocyte antigen compatibility. Furthermore, substantial proportions of participants reported uncertainty regarding several clinical aspects, including ventilator disconnection in brain-dead donors (45.2%), contraindications such as malignancy (45.2%), and the risk of opportunistic infections following transplantation (47.7%). Knowledge regarding organ donation eligibility among carriers of hepatitis B and C (15.6%) and the increased risk of post-transplant malignancy (11.2%) was particularly low, with the majority of respondents indicating that they did not know these facts [Table 2].

Section C: Attitude

The results show generally positive attitudes toward organ donation, with the majority of participants supporting it (78.7%), feeling comfortable discussing it (91%), and believing it adds meaning to others’ lives (91.4%). However, willingness to donate was moderate (57%), and even lower when it came to consenting for family members (39.4%), with many reporting a lack of family support. In addition, concerns such as premature termination of medical care, body integrity, and disfigurement were common, indicating that despite positive attitudes, notable barriers still exist [Table 3].

Section D: Practice

The results indicate that while over half of the participants (57%) expressed a willingness to donate their organs after death, only 22% had registered this intention. The primary obstacles were religious beliefs (25.3%), fear about the

Table 1: Demographic characteristics of the studied participants (n=409)

Variables	Classifications	n	Percentage
Age	From 17 to 24 years	127	31.1
	From 25 to 34 years	98	24
	From 35 to 44 years	93	22.7
	Above 45 years	91	22.2
Gender	Male	188	46
	Female	221	54
Marital status	Divorced	18	4.4
	Married	194	47.4
	Single	186	45.5
	Widow	11	2.7
Occupation	Governmental sector	111	27.1
	Housewife	2	0.5
	Private sector	48	11.7
	Retired	27	6.6
	Self employed	17	4.2
	Student	139	34
	Unemployed	65	15.9
Area of residency	Central region	59	14.4
	Eastern region	31	7.6
	Northern region	4	1
	Sothern region	71	17.4
	Western region	244	59.7
Education level	Bachelor	253	61.9
	Diploma	31	7.6
	Doctorate	30	7.3
	High school	65	15.9
	Mater degree	27	6.6
	Middle school	3	0.7
Do you have any family members with chronic illness	No	209	50.9
	Yes	179	43.6
	Missed	21	5.6
Economic status	Above 30000 SAR/month	38	9.2
	Between 11000 and 20000 SAR/month	115	28
	Between 21000 and 30000 SAR/month	64	15.6
	Between 5000 and 10000 SAR/month	86	20.9
	<5000 SAR/month	85	20.7

Table 2: Distribution of the participants' responses regarding knowledge

Question	Response	n	Percentage
I am familiar with the concept of organ donation	Yes	381	93.2
	No	11	2.7
	I do not know	17	4.2
Have come across the term organ transplantation	Yes	398	97.3
	No	8	2
	I do not know	3	0.7
I am informed about the Human Organ Transplantation Act	Yes	176	43
	No	188	46
	I do not know	45	11
I know where to apply for organ donation	Yes	250	61.1
	No	123	30.1
	I do not know	36	8.8
It is possible to donate organs from a patient declared brain-dead	Yes	289	70.7
	No	43	10.5
	I do not know	77	18.8
A certified brain-dead organ donor can be promptly disconnected from ventilator support	Yes	87	21.3
	No	137	33.5
	I do not know	185	45.2
Parents or guardians can make decisions on behalf of mentally disabled individuals regarding organ donation	Yes	192	46.9
	No	55	13.4
	I do not know	162	39.6
The blood groups of the donor and recipient must match	Yes	287	70.2
	No	33	8.1
	I do not know	89	21.8
The human leukocyte antigen of the donor must be identical to that of the recipient for any organ transplantation	Yes	200	48.9
	No	13	3.2
	I do not know	196	47.9
Carriers of Hepatitis B and C can donate all solid organs except the liver	Yes	64	15.6
	No	124	30.3
	I do not know	221	54
Malignancy is a contraindication of cadaveric organ donation	Yes	177	43.3
	No	47	11.5
	I do not know	185	45.2
All transplant recipients face an increased risk of opportunistic infections as a common complication	Yes	192	46.9
	No	22	5.4
	I do not know	195	47.7
Organ transplant recipients are more susceptible to developing cancer after the transplantation	Yes	46	11.2
	No	85	20.8
	I do not know	278	68

Table 3: Distribution of the participants' responses regarding attitude

Question	Response	n	Percentage
I am in favor of organ donation	Yes	322	78.7
	No	87	21.3
I am comfortable contemplating or discussing organ donation	Yes	372	91
	No	37	9
I am willing to donate my organs upon death	Yes	233	57
	No	176	43
I would consent to the donation of my family member's organs	Yes	161	39.4
	No	248	60.6
Organ donation is supported by my family	Yes	144	35.2
	No	265	64.8
I believe donating my organs adds meaning to someone's life	Yes	374	91.4
	No	35	8.6
My religion permits or endorses organ donation/transplantation	Yes	326	79.7
	No	83	20.3
I hold the belief that my body should remain intact after death	Yes	196	47.9
	No	213	52.1
I am afraid of disfigurement after I donate my organs	Yes	146	35.7
	No	263	64.3
I am worried about the premature termination of medical treatment for registered organ donors	Yes	213	52.1
	No	196	47.9
Live organ donation is a more effective solution to the shortage than cadaveric organ donation	Yes	199	48.7
	No	210	51.3

early removal of life support (18.5%), and insufficient knowledge (18.3%). The rate of actual donations was quite low at 6.4%, and only 1.7% of individuals had undergone a transplantation procedure. Although almost half of the people are familiar with someone involved in organ donation, this did not lead to an increase in practice level. This indicates that misunderstandings and a lack of awareness continue to be significant barriers [Table 4].

The analysis of knowledge levels indicates that the majority of participants possess a basic understanding of organ donation, with almost half (47.9%) categorized as having moderate knowledge (50–75%). Approximately 24.9% of participants showed good or high knowledge ($\geq 75\%$), indicating a strong understanding of important concepts. A significant percentage of participants (27.2%) had limited knowledge ($<50\%$) [Table 5].

Table 4: Distribution of the participants' responses regarding practice

Question	Response	n	Percentage
I have committed or officially declared my intention to donate an organ	Yes	90	22
	No	319	78
If the answer is NO, please specify the reason	Doubts and lack of belief in the effectiveness of organ donation	15	3.6
	Fear of hastiness in disconnecting life support if the person is known to be a donor	76	18.5
	Lack of knowledge about the process and how it is carried out	63	18.3
	Legal reasons	3	0.7
	Religious reasons	104	25.3
	Social reasons	55	13.4
	Missing	93	22.7
I have participated in the act of donating an organ	Yes	26	6.4
	No	383	93.6
Have you ever experienced a critical medical condition or received an organ transplant	Yes	7	1.7
	No	402	98.3
Do you know personally someone who has donated or received an organ	Yes	200	48.7
	No	188	45.7
	Missing	21	5.6

Table 5: Levels of knowledge of the participants

Knowledge level	Cut-off	Frequency	Percentage
Poor	<0.50	111	27.2
Moderate	0.50–0.75	196	47.9
Good	≥ 0.75	102	24.9

Knowledge levels differed among various demographic factors. The age of the participants affected their level of knowledge, with individuals aged 25–34 exhibiting the highest percentage of inadequate knowledge. In addition, education played a significant role, as those holding Doctorate degrees had the highest percentage of good knowledge. Knowledge was linked to occupation and economic status. Participants who

were retired or self-employed, as well as those from higher-income groups, demonstrated better knowledge. In contrast, unemployed participants and those with lower incomes showed less knowledge. There was no significant relationship between gender or marital status and knowledge. In general, higher education, specific jobs, and increased economic status were associated with improved knowledge results [Table 6].

DISCUSSION

Organ donation has a significant influence on patient treatment and survival, and the global gap between organ

demand and supply is now one of the most difficult concerns. Brain-dead individuals are the major source of organs that may be donated, but donation needs the approval of family members, a choice that is sometimes hard and unpleasant, resulting in the denial of consent.^[13] This is a cross-sectional descriptive study designed to evaluate the general Saudi population's KAP regarding organ donation after brain death in Saudi Arabia.

The majority of respondents were young adults aged 17–24 years (31.1%), with a predominance of females (54%). According to Kolagari *et al.*,^[14] sex has a substantial relationship with knowledge level and attitudes. The

Table 6: Association between demographic characteristics and knowledge score toward organ donation

Characteristic	Poor (%)	Moderate (%)	Good (%)	Total (%)	X ²	df	P
Age group							
17–24 years	54 (42.5)	63 (49.6)	10 (7.9)	127 (100)	14.198	6	0.028
25–34 years	62 (63.3)	31 (31.6)	5 (5.1)	98 (100)			
35–44 years	36 (38.7)	49 (52.7)	8 (8.6)	93 (100)			
Above 45	44 (48.4)	39 (42.9)	8 (8.8)	91 (100)			
Gender							
Female	110 (49.8)	95 (43.0)	16 (7.2)	221 (100)	0.664	2	0.717
Male	86 (45.7)	87 (46.3)	15 (8.0)	188 (100)			
Marital status							
Divorced	7 (38.9)	11 (61.1)	0 (0.0)	18 (100)			
Married	97 (50.0)	79 (40.7)	18 (9.3)	194 (100)			
Single	88 (47.3)	85 (45.7)	13 (7.0)	186 (100)			
Widow	4 (36.4)	7 (63.6)	0 (0.0)	11 (100)			
Level of education							
Bachelor	130 (51.4)	105 (41.5)	18 (7.1)	253 (100)	6.529	6	0.367
Diploma	17 (54.8)	14 (45.2)	0 (0.0)	31 (100)			
Doctorate	8 (26.7)	13 (43.3)	9 (30.0)	30 (100)			
High school	23 (35.4)	38 (58.5)	4 (6.2)	65 (100)			
Master degree	15 (55.6)	12 (44.4)	0 (0.0)	27 (100)			
Middle school	3 (100)	0 (0.0)	0 (0.0)	3 (100)			
Occupation							
Private sector	28 (58.3)	19 (39.6)	1 (2.1)	48 (100)	38.390	12	<0.001
Self-employed	8 (47.1)	5 (29.4)	4 (23.5)	17 (100)			
Governmental sector	51 (45.9)	49 (44.1)	11 (9.9)	111 (100)			
Housewife	2 (100)	0 (0.0)	0 (0.0)	2 (100)			
Retired	5 (18.5)	18 (66.7)	4 (14.8)	27 (100)			
Student	57 (41.0)	72 (51.8)	10 (7.2)	139 (100)			
Unemployed	45 (69.2)	19 (29.2)	1 (1.5)	65 (100)			
Economic status							
<5000 SAR/month	39 (45.9)	43 (50.6)	3 (3.5)	85 (100)	38.505	10	<0.001
5000–10000 SAR	56 (65.1)	25 (29.1)	5 (5.8)	86 (100)			
11000–20000 SAR	61 (53.0)	50 (43.5)	4 (3.5)	115 (100)			
21000–30000 SAR	21 (32.8)	31 (48.4)	12 (18.8)	64 (100)			
Above 30000 SAR	13 (34.2)	22 (57.9)	3 (7.9)	38 (100)			

authors discovered that women had higher knowledge and positive views concerning ODT than men. Their findings are congruent with those published by Almutairi^[15] but contradict those obtained by Wolide *et al.*^[16] This might be because women are often more empathic, sensitive, and compassionate. Thus, the emotional quotient may have a larger influence on women's responses, particularly in the face of adversity or a crisis. It is often assumed that women are more prepared to make sacrifices and will likely respond more positively to organ donation, particularly if there is a need in their family. It is often assumed in society that males, who are the "breadwinners," are more hesitant to give their organs than women, whose decision is heavily affected by their parents, husbands, or both.^[17] However, there are studies that do not corroborate the presence of a link between sex and the awareness of organ donation.^[18-21]

Most of the participants were married (47.4%), students (34%), and living in the Western region (17.4%). It is to be noticed that a Bachelor's degree is the most common educational level regarding the participants (61.9 %). About (50.9%) of participants reported no family member with a chronic illness. The most common monthly income was from 11,000 to 20,000 SAR (28%), which indicated that most of the respondents belonged to middle-income categories.

Participants demonstrated high knowledge of the basic concepts of organ donation and transplantation. The majorities of respondents were familiar with the concept of organ donation (93.2%) and had heard of organ transplantation (97.3%). About 61.1% reported knowing where to apply for organ donation, while 70.7% were aware that organs can be donated from patients declared brain-dead. However, knowledge regarding legal and medical aspects of transplantation was comparatively limited. The findings are consistent with a study conducted in the central region of Saudi Arabia by Almutairi, which revealed that the majority of the participants were aware of the concept of organ donation.^[15] Similarly, Agrawal *et al.* found that the majority of the adult population in Al-Kharj, Saudi Arabia, had heard of organ donation and were familiar with the idea of organ transplantation.^[22]

The findings revealed that while a majority of the participants were aware of organ donation, only less than half of the participants were informed about the Human Transplantation Act (43%). A comparable research done by AlHarthi and Alzahrany in Taif, Saudi Arabia, indicated that more than half of the participants were aware of the organ donation medical centers but were unaware of their restrictions.^[23] These findings highlight the necessity for a coordinated effort to enlighten the public on the policies and processes for organ donation.^[24] The current study observed that most of the participants know the importance of the donor's and recipient's blood groups matching before the transplant procedure and that the donor's human leukocyte antigen must be identical to that of the recipient for any organ

transplantation. This result was in consistence with Almutairi *et al.*, study in Saudi Arabia.^[25]

The study results showed a moderate level of knowledge of organ donation in almost half of the participants (47.9%). In agreement with us, two different studies in Saudi Arabia, one in the Qassim region and the other in Al-Majma'ah Region, where both studies showed a moderate level of knowledge about organ donation (48.3 and 49.7%), respectively.^[5,25] This result can be explained by the fact that young adults made up the majority of survey respondents and that the majority had attended higher education institutions where information is easily accessible.^[26]

Participants generally demonstrated a positive attitude toward organ donation. The majority of respondents reported being in favor of organ donation (78.7%) and comfortable discussing the topic (91%). More than half of the participants (57%) expressed willingness to donate their organs after death. Our findings align with the study by Alharbi and Alenzi, which reported a positive attitude toward organ donation among most adults in Hafar Al-Batin City, Saudi Arabia.^[27] A comparable research conducted by Ibrahim and Randhawa in Nigeria revealed that the majority of the participants stated a preference for organ donation after their death.^[28]

A large proportion (91.4%) believed that donating organs adds meaning to another person's life, and 79.7% indicated that their religion permits or supports organ donation. In terms of religious support, the vast majority of respondents stated that their faith allows for or supports organ donation/transplantation. Furthermore, more than half of them did not believe that their bodies would remain intact after death. Although the majority of Saudis are Muslims, the present survey found that just a few respondents saw religion as a barrier to organ donation and stated a refusal to give on that basis. This is consistent with the findings of Islam, which indicated that the Islamic faith urges individuals to preserve lives and help one another, as mentioned in the Sunna and the Holy Quran.^[29]

The practice survey on organ donation showed that the majority of respondents (57%) are willing to donate their organs after death, but only a small proportion (22%) has formally declared their intention to do that. When comparing these findings with those of previous studies, according to a study in the United States, while the majority of Americans supported organ donation (95%), only 58% were registered donors,^[30] and another Indian study in Guwahati reported that 3.33% of participants signed up for organ donation.^[31]

Limitations of this study

1. The study depended on data provided by participants themselves, which could lead to biases related to social desirability or memory

2. The sample did not represent the entire country, as most participants were from the Western region and included a significant number of students and educated individuals
3. The sample did not represent the entire country, as most participants were from the Western region, and there was a significant number of students and educated individuals
4. Some questions had missing responses, which may affect the accuracy of certain analyses.

CONCLUSION

The study showed a moderate level of knowledge on organ donation and a favorable attitude toward organ donation among the general population in Saudi Arabia. There was a good understanding of basic concepts, but knowledge of legal and clinical details was lacking. Although people generally have positive views about organ donation, actual involvement and commitment are low. Key obstacles include religious beliefs, concerns about the possibility of early termination of treatment, and insufficient knowledge on the topic. Women and adults in the age group of 35–44 years had higher levels of knowledge compared to others. The results indicate that having a favorable view does not automatically lead to formal registration or active involvement in organ donation.

RECOMMENDATIONS

1. Conduct focused educational programs that highlight the legal processes of organ donation
2. Work together with religious and community leaders to clarify misunderstandings and encourage awareness that respects cultural differences
3. Encourage discussions about organ donation among family members to increase consent rates and foster support within families
4. Implement organ donation awareness in schools and universities to enhance knowledge.

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ETHICAL APPROVAL

The study was fully explained to all participants, and it was emphasized that participation was voluntary. Written informed consent was obtained from each participant before enrollment. All collected information was securely stored and used exclusively for research purposes.

FUNDING

This study did not receive any funding from public, commercial, or non-profit funding agencies.

INFORMED CONSENT

Written informed consent was obtained from all study participants.

DATA AND MATERIALS AVAILABILITY

All data generated or analyzed during this study are included in this published article.

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