THE DEVELOPMENT OF A SOCIAL WORK MODEL TO INCREASE THE AWARENESS OF ORGAN DONATION AMONGST BLACK SOUTH AFRICANS IN THE ZEBEDIELA VILLAGE IN LIMPOPO PROVINCE

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DECLARATION

I, Peter Masibinyane Dimo, declare that this scientific investigation titled the development of a social work model to increase the awareness of organ donation amongst black South Africans in the Zebediela village in Limpopo Province, is my own work. I have acknowledged all sources by means of a full bibliography.

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Peter Masibinyane Dimo

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Dr. E. I. Smit

DEDICATIONS

I am dedicating this study to Ms. Eva Ramaesela Dimo and Ms. Annah Sekeko Dimo for the enormous contribution they have made in my life, love and support. I am where I am today because of their sacrifices.

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General orientation of the study

1.1 Introduction

The medical transplantation of human body organs is a therapy for the treatment of patients suffering from end-stage diseases that affect the kidneys, lungs, heart, liver and the pancreas. The aim of organ transplantation therapy is to prolong life and to improve the quality of life for patients psychologically, socially, emotionally and physically from a health perspective. Transplantation of body organs is a therapy that involves the replacement of a malfunctioning organ with a healthy one from an organ donor who is either alive or deceased. It enables recipients of organs to improve their quality of life, limit disability and also gain additional years to life. Despite the importance of transplantation as a therapy that is recommended for patients with end-stage organ failures, its success is determined by the willingness of people to donate organs. In South Africa, organ donation is currently seen as an altruistic act. According to Paul, Avezaat, Ijzermans, Friele and Bal (2014:370) organ donation systems are under extreme pressure due to a rapidly increasing demand for replacement organs.

The essence of this study is to develop a social work model to increase the awareness of organ donation at Zebediela village, which is found in Limpopo Province in South Africa. This chapter presents the problem statement, significance of the study, aim and objectives of the study, brief literature review and theoretical frameworks, delimitation of the study, definition of core concepts and lastly the outline of research chapters.

1.2 Problem statement

Scientific investigations are conducted with the purpose of finding answers to existing social problems that confront humanity. Creswell (2014:108) defines a research problem as an issue that contributes to the need for a study. According to Brynard, Hanekom and Brynard (2014:18) a problem statement in scientific investigations guides and focuses the planning of the research and the research itself.

The researcher perceives a problem statement in research as the foundation upon which the research project is built. Several aspects contributed to the desire to explore the subject of organ donation, particularly in black communities of South Africa. Among the factors that contributed towards this study are lack of research on the subject of organ donation, lack of knowledge about organ donation, factors that impede black South Africans from donating organs, the availability of a social work model to raise the awareness about organ donation and the role that is played by social workers in raising awareness about organ donation.

- **Lack of scientific research in organ donation**

The extensive exploration of literature review on the subject of organ donation and transplantation has indicated lack of scientific investigation in this area. Many studies have been done at a global level in countries such as the United States of America, Korea, New Zealand and China. However, few studies have been done in South Africa by researchers such as Muller (2013), Turner and Kahn (2014), Etheredge, Turner and Kahn (2013), Venter and Slabbert (2013) and Slabbert and Venter who investigated organ procurement in Israel with the purpose of drawing lessons for South Africa. Scientific investigations on organ donation that have been conducted to date did not focus on the Limpopo Province. The researcher argues that, from a social work point of view, individuals and communities are unique and as a result they should be addressed differently because of their diversity. The researcher further argues that Demographical and socio-cultural factors of societies play a vital role in organ donation and transplantation and the research explores this facet on factors that impede organ donation among the black South Africans since there has not been a concerted study examining Zebediela.

- **Lack of a social work model to increase the awareness of organ donation**

Transplantation teams are composed of professionals from different disciplines such as social work, medicine and psychology. The medical model that is used by medical social workers who are involved in organ donation seems not to be effective in terms of raising the awareness of people about organ donation. The medical model within the medical context focuses on diagnosis, treatment and care (Casstevens, 2010:386). The researcher is not against the medical model but the practice orientation of the medical model focuses on a process of seeking to identify the root causes of a problem and the prescription of a solution to ameliorate the problem (Beecher, 2009:10). Its weakness is that it relies on professional expertise which sets the practitioner from their clients and its emphasis on a static-mechanistic behavior. Medical models also fail to take into account the cultural, religious lens trough which clients view their worlds. This view is supported by Furness (2003) and Gilligan (2003) as cited in Furness and Gilligan (2010:2185) who show that that social workers experience difficulties in terms of identifying and responding appropriately to the religious and spiritual needs of service users. The researcher argues that lack of a social work model that is appropriate for the socio-cultural context of black South Africans is a limiting factor in organ donation. The researcher further contends that social workers should approach and address the subject of organ donation from the perspective of prospective organ donor and also apply a model that is sensitive to the context in which black South Africans perform and function.

- **Lack of organs for transplantation**

The transplantation of organs is determined by the availability of organs and the willingness of individuals to be organ donors. The donation of organs in many countries is perceived as an altruistic act and people donate their organs voluntarily. Etheredge, Turner and Kahn (2014:133) observe that the main challenge in transplantation both internationally and locally is the chronic shortage of donor organs. In South Africa the seriousness of lack of organs has been reported by Organ Donor Foundation (2015) that four thousand and three hundred (4300) patients, including children and adults, are on the waiting list for lifesaving organs. According to Muller (2013:220) South Africa is estimated to have more than five thousand patients (5000) who are suffering from end-stage renal failure. The findings of Muller (2013:220) give an indication of huge numbers of patients are on dialysis due to shortage of body organs for transplantation.

Lack of organ donation does not only affect transplantation in South Africa, but is also a social and a medical problem that affects global communities. The statistics of patients who were waiting for lifesaving organs in the United States of America were one hundred and thirty one thousand six hundred and fifty four (131- 654) in 2014, (Kuddus, Mehrizy, Minaie, Saidi & Ezzy ,2014:2046). Research indicates that due to shortage of organs new names are added to the list on a frequent basis. In addition to these findings Reville, Zhao, Perez, Nowacki, Phillips, Bowen, Starling, Pflaum, Fung and Askar (2013:1288) discovered that in 2013 the United States of America had one hundred and sixteen thousand patients (11600-00) on the waiting list. Yoshida (1999) as cited in Starzomski and Curtis (2011:22) discovered many Chinese people are on dialysis due to the reluctance of Chinese people to donate organs. Sui, Zheng, Yang, and Dai (2014:375) agree with the findings of Starzomski and Curtis (2011:22) by reporting that in China three hundred thousand (300-000) patients need a lifesaving organ yet the donation rate of China is very low. It has been estimated that only one hundred thousand (100- 000) patients who suffer from renal failure could be fortunate to receive an organ. The research findings of Sui et.al (2011:22) indicate that China has a donation rate of 0.5 per million people. These findings give the researcher the idea that the size of the country plays a major role in organ donation and transplantation. The researcher hypothesizes that the organ donation banks of countries with large populations are under extreme pressure to address the disparity between the demand and the supply of organs.

According to Nagi, Srinivasan and Bramstedt (2015:160) one thousand adults in New Zealand have end-stage renal failure while it is reported that Australia and New Zealand have dismal rates of organ donation. Virginio, Escudeiro, Christovam, Silvino, Guimaraes, Oroski (2015:93) state that since the introduction of transplantation as a therapeutic option that is considered by many people, the number of patients on the waiting list has increased at a faster pace. The above findings are confirmed by Etheredge and Turner (2014:133) who declare that one of the major challenges surrounding transplantation internationally and locally is the shortage of donor organs. The researcher argues that the huge number of patients who are on the waiting lists in various countries comes with financial and psychological and emotional implications for patients and their families. It takes financial resources to take care of patients who are on dialysis and, as result, public and private hospitals should create accommodation for patients who are on dialysis. Lack of body organs has detrimental consequences which are accompanied by psychological torture because some of the patients who are on the waiting list die before they can receive an organ that could prolong and improve the quality of their lives. The death that occurs as a result of lack of organs affects the economies of countries because countries lose people who might be having expertise that is in high demand.

- **Lack of knowledge about organ donation**

From a historical point of view, organ donation and the transplantation of organs are not totally new concepts in South Africa, even at a global level. According to the history of organ donation, the first heart transplantation was performed in South Africa in 1967 (Brink & Hassoulas, and 2009:31) by Christiaan Barnard. Despite the history of organ donation, lack of knowledge has been identified by many researchers in the area of organ donation as an impediment that is responsible for the low donation of organ donation. Black South Africans have limited knowledge about organ donation therapy and little insight into the plight of patients with end-stage organ failures, (Paterson, 2013:35 & Stein, 2011:2). Their findings are confirmed by Perenc, Radochonski and Radochonski (2012:668) who also identified lack of knowledge about organ donation as a major barrier to registering, donating and discussing the intention to donate organs. The end results of not having information about organ donation are superstitious beliefs which generate fear in the minds of people, (Mithra, Ravindra, Unnikrishnan, Rekha, Kanchan, Kumar, Papanna, Kulkarni, Holla and Divyavaraprasad, 2013:84).

In addition to lack of knowledge about organ donation Mithra et.al (2013:84) and Philip-Truong, Pits and Nonu (2015:90) the age, sex, education, socio-economic status, knowledge and personal experience with organ donation have been cited as factors that inhibit individuals from donating organs. Lack of personal experience with organ donation is caused by a palpable absence of people who serve as role models in the society either as organ donors or recipients of organs.

The researcher contends that knowledge plays a vital role in organ donation and transplantation because the behaviour of people, attitudes, religious beliefs and their perceptions are hugely influenced by the knowledge that they have about organ donation and transplantation. The knowledge that people have about organ donation should be assessed because people can either have inaccurate, inadequate and also misleading information. Wrong information and myths regarding organ donation affect registration of organ donors and also the rate of organ donation.

One of the myths, according to Hyde, Kylie and White (2012:531) is that due to poor knowledge on organ donors, people think that when a person is registered as an organ donor, the doctors do not try as hard to save their life and may declare their death prematurely for purposes of procuring organs. These misconceptions make the public not to trust medical systems which in turn prevents people from donating organs. Tagny, Owusu-Ofori, Mbanya and Deneys (2010:3) report that poor standards of education and illiteracy are common in South Africa. The implication is that reading and comprehending educational material by potential donors is restricted and there is a need to explore new and effective strategies to raise the awareness of potential donors.

- **Attitudes of people towards organ donation**

According to Jondeby (2003) as cited in Muliira and Muliira (2013:69) social attitudes have an enormous impact on organ donation because attitudes are intertwined with tradition, teachings and heritage as well. This view is supported by Tam, Suen and Chan (2012:1196) who argue that a commitment towards organ donation is determined by attitudes. There is no dispute that positive attitudes towards organ donation are a pre-requisite for successful organ donation and the transplantation of body organs. Factors that are responsible for the development of positive or negative attitudes towards organ donation make up the bulk of the information that prospective organ donors need to be exposed to, in order to stem the influence of poor education and socio-cultural factors.However, other researchers in the subject of organ donation have established that positive attitudes are not always associated with the intentions to donate.

This assumption has been proven by Julka and Marsh (2005) as cited in Siegel, Navarro, Tan and Hyde (2015:1084) who reported that organ donation rates are not in accord with the attitudes that are held by some communities.

Mohs and Hubner (2013:64) share the same view by stating that despite the positive attitudes of the public toward organ donation only a few individuals sign organ donor cards. According to Julka and Marsh (2005) as cited in Siegel, Navarro, Tan and Hyde (2015:1084) organ donation rates are not in accord with the attitudes that are held by the public. Cort and Cort (2008:691) discovered that attitudes towards organ donation are determined by race and this view is also held by Eckhoff, McGuire, Young, Sharon, Hudson, Contreras and Bynon (1998:499) who state that low consent rates for organ donation are correlated with black people and with people from lower socio-economic class. Though organ donation should be given the highest priority among the black population because blacks are more likely than their white counterparts to suffer hypertension with end-stage renal failures but their willingness to register as organ donors and the actual process of donating organs are lower among blacks than among the whites. Morgan, Kenten and Deedat (2013:368) show that the shortage of body organs is particularly marked for minority ethnic groups but these groups are underrepresented in organ donation.

- **Culture and organ donation**

Shaw (2015:128) asserts that cultural diversity plays an important role in terms transmitting different cultural beliefs about organ donation and transplantation. Culture is responsible for the formation of identity and the prescription of behaviour and on the other hand, it also contributes towards the formation of attitudes towards organ donation. These cultural beliefs are transmitted through the process of social learning within the socio-cultural context of a particular community.

According to the theory of social learning, individuals learn specific cultural beliefs through observations and interactions. The knowledge and the perceptions of individuals about organ donation and transplantation are influenced by their cultural perspectives on organ donation. These affect the decisions that they take as individuals to donate organs. The views of the researcher are supported by Alden and Cheung (2000), Martinelli (1993) and Radecki and Jaccard, (1997) as mentioned by Bresnahan, Guan and Smith (2010:134) who indicate that there is a relationship between cultural values, spiritual beliefs and the manner in which these values are manifested in organ donation behaviours.

- **Religion and organ donation**

The donation of body organs is not forbidden by religions such as Christianity, Jewish Buddhist and Hindu because it is associated with charity but many studies have found religion as a hindrance to organ donation despite lack of specific religious prescriptions and policies for organ donation. Buthelezi and Ross (2011:722) argue that the subject of organ donation is a complex subject that is influenced by individuals"" religious beliefs and affiliation. Muslim religion forbids organ donation and transplantation. According to the teachings of Muslim, people have been entrusted with their physical bodies and they cannot give away what does not belong to them. Even though organ donation is congruent to the goals and premises of many world religions, religious beliefs are still commonly cited as a barrier to donation (Vincent, Anker & Feeley (2010:313). Golmakani et.al (2005) and Simpkin et.al (2009) as cited in Guden, Centinkaya and Nacar (2013:440) state that organ donation brings legal, religious, cultural and moral problems. The constitution of the Republic of South Africa (1996) gives citizens of South Africa the liberty to practice their religious and cultural convictions. In the area of organ donation, religion has been found as a factor that affects the willingness of individuals to sign organ donor cards (Bortz, Ashkenazi & Melnikov, 2015: 26). Uskun and Ozturk (2013:37) support this fact by stating that the decision to donate organs for transplantation is based on educational, socio-economic status, religion and cultural characteristics of an individual. The current study essentially argues that religion prescribes how people should behave, how they perceive the world in which they and the manner in which they should relate with one another. Research questions in scientific investigations are used for the purposes of providing direction to the study and setting boundaries. According to O"Leary to (2014:32) a well-articulated research acts as a blue-print for the research project as it points towards the theory to be explored. Research questions focus the attention of the researcher due to divergent views that might change the direction of the study. Based on the problem statement presented above, this study sought to answer the following research questions:

- Is there a social work model dealing with raising awareness on the shortage of organ donors?
- Are Black South Africans fully informed about organ donation?

- What is the level of their knowledge regarding organ donation?

- What are the attitudes and perceptions of Black South Africans about organ donation?
- What are the factors that hinder black people from donating organs?

1.3 Significance of the study

It is hoped that this study makes a contribution in social work practice, social work body of knowledge and policies relating to organ donation, management of the practice and the intervention protocols for social workers emergent from the model.

- **Social work practice**

This study is an applied study which intends to generating solutions to the shortage of human body organs. Therefore its findings and recommendations could be applied in practice. Medical social workers take part in the promotion of organ donation and transplantation, screening, assessment, counseling of prospective organ donors and organ recipients. This study assists social workers, medical doctors and nurses who are currently involved in the coordination of organ donation and transplantation programmes. According to Babara and Pockett (2015:122) research findings contribute towards significant improvements and changes in practice and the circumstances and situations in which individuals, different groups and communities find themselves.

- **Social work body of knowledge**

This study was in Limpopo Province where no such study on scientific investigation on organ donation in black communities had been done and this point was proved by inadequate literature on organ donation particularly within the socio-cultural context of black South Africans. This study adds value in the body of knowledge in social work through testing theories and closing existing gaps in organ donation literature.

- **Policies**

The success of organ donation and transplantation programmes in South Africa and globally are determined by good policies. This study therefore contributes to policy by objectively assessing National Health Act No. 61 of 2003 and its implications on organ donation and transplantation.

1.4 Research aim and objectives of the study

1.4.1 Research aim

The aim of the study gives an indication of why the researcher wants to do scientific investigation and what they want to achieve. The central aim of this study was to explore factors that impede black South Africans from donating organs and explore the current model that is used to raise the awareness about organ donation.

1.4.2 Research objectives

The aim of this study is driven and actualized through the following research objectives:

The objectives of the study

- To recommend the design of a social work model to raise the awareness of organ donation amongst the black population,
- To assess the role of social workers in organ donation and transplantation,
- To explore socio-cultural factors that impede black South Africans from donating organs,
- To explore and assess existing strategies of promoting organ donation

1.5 Research assumptions

The following research assumptions were made before the study:

- Black South Africans have limited knowledge about organ donation.
- Religious and cultural beliefs impede Black South Africans from donating organs for transplantation.
- There is a lack of a social work model to raise the awareness about organ donation within the cultural and religious context of Black South Africans.
- Black people have misconceptions about organ donation.

1.6 Literature review and theoretical frameworks

1.6.1 Literature review

Scientific investigations are based on what is already known in the research area. The review of literature provides the researcher with a holistic view of what is known about a subject and simultaneously assists in the identification of gaps in information. It is defined by Fink (2005:3) as a systematic and explicit method which is reproducible for the identification, evaluation and synthesizing of the body of completed and recorded work produced by researchers, scholars and practitioners.

The review of literature assists the researcher to obtain an overview of current and sufficiently relevant research that is appropriate to the topic and salient facets of the topic (Creswell, Eberson, Eloff, Ferreira, Ivankova, Jansen, Niewnhuis, Pieterson, Plano & Westhuizen, 2012: 26). Literature review on organ donation was conducted through books, newspapers, online documents, journals and the researcher was also privileged to watch this subject on television. Numerous data bases such as Sabinet, Google scholar, Science direct and Ebscohost played a significant role in the contribution of comprehensive literature for this study. The perusal of literature indicates that there is an acute shortage of organs for the medical transplantation of organs. The demand for organs exceeds the supply and this has detrimental consequences as it takes many years for patients to receive a lifesaving organ. Patients who are on the waiting list due to the unavailability of organs and their family members go through psychological and emotional stress. Patients who are not fortunate die without receiving an organ. The undersupply of organs is affirmed by Hyde, Suzanne and Chambers (2014:169) who have identified that low rates of organ donation continue to limit organ supply. Lack of knowledge on the subject of organ donation and transplantation and socio-cultural factors have been found to contribute towards low donation rates in South Africa. This aspect is discussed extensively in Chapter two of this study.

1.6.2 Theoretical frameworks

The knowledge, attitudes, perceptions and socio-cultural factors that impede donation of organs has been studied, understood and assessed through the theory of social constructivism, social learning and the theory of planned behaviour.

- **Theory of social constructivism**

The exploration of literature review from the problem statement indicates that low donation rates of organs are caused by lack of knowledge. This brings a question of how people learn about organ donation. The theory of social constructivism is based on the philosophy that knowledge is generated by the interactions between and amongst people. The conversations and interactions about organ donation take place within the social contexts of individuals such as the family, churches and the environment within which individuals live. These views are supported by Au (1998) and Vygotsky (1978) who perceive knowledge and learning as social in origin. The transmission of knowledge in societies about organ donation is invariably influenced by the socio-cultural factors which at the end contribute towards the development of attitudes on organ donation.

- **Social learning**

Social learning theory assumes that people learn by observing and it is centered on the principle of learned behaviour that occurs within a social context. It takes into account the social context within which learning takes place. In social work profession, practitioners are encouraged not to assess their service users in isolation of their environment. An individual is seen as part of the environment which has the ability to influence the manner in which an individual behaves. Organ donation and transplantation lack organ donors which in turn has an influence on the rate of donation because people might not have seen nor interacted with a person who benefited from organ donation and organ donors. If all behaviour is learnt, Chavis (2011:473) asserts that social learning and behavioural change interventions are powerful in changing the behaviour of human beings.

- **The theory of planned behavior**

The researcher has observed that few research studies have assessed the attitudes of people towards organ donation. The manner in which people behave is influenced by the attitudes that they have. In this study, the theory of planned behaviour was used to assess the attitudes of people towards organ donation. Finke, Hickerson and McLaughlin (2015:155) view planned behaviour as a psychological theory that is validated empirically to predict behaviours. According to Ajzen and Madden (1986) as cited in Rocheleau (2013:202) the theory of planned behaviour provides a conceptual framework in assessing the intentions of people to donate and the actual donation related behaviour. In the theory of planned behaviour the performance of behaviour is influenced by attitudes, subjective norms and the perceived behavioural control (Newton, Newton, Ewing, Burney & Hay 2013:495). The attitudes that are referred to also determine the intention of people to donate organs. Literature review on organ donation has demonstrated that attitudes impede people from donating organs.

1.7 Delimitation of the study

Scientific investigations have their own limitations which influence their findings.
This study has its limitations which are documented below.

- **Sampling procedure**

The researcher used purposive sampling to select research participants who took part in this study both in qualitative and quantitative approach. The key informants do not give all members of the population an equal chance of participating in the study.

- **Organ Donor Foundation representation**

Organ Donor Foundation is a South African non-profit organization that is responsible for raising awareness about organ donation. This organization was not well represented in the study because only one research participant was involved in the study. However explaining the low representation of this organization from an ethical point of view, the researcher asserts that research participants should engage in the study voluntarily. All prospective research participants were given the opportunity to participate but eventually one participant provided comprehensive information in this study.

An additional participant who was deemed to benefit the study as an organ donation coordinator was selected purposefully and the data that was collected from this participant enriched this study.

- **Approval of research project by the ethics committee.**

The approval of this study by the ethics committee was delayed and this affected the plan of this project but the researcher had to prioritize the collection of data in order to address the delay that was caused by the approval. However it was eventually granted.

- **Quality of data**

Some of the research participants attempted to pacify the researcher by being positive towards the study and this had an influence on the quality and objectivity of the data.

1.8 Definition of core concepts

The concepts that are defined below are essential for the purpose of this study.

- **Social work**

Social work is defined by the International Federation of Social Work as a practice-based profession and also an academic discipline that promotes social change and development focusing on social cohesion, the empowerment and liberation of people. Of great importance are the principles of social justice, the promotion of human rights, collective responsibility and respect for diversity that are fundamental to social work. Social work is underpinned by theories of social work, social sciences, humanities and indigenous knowledge. In social work people are engaged in structures that address life challenges and target the enhancement of wellbeing, (International Federation of social Work, 2014).

- **Organ**

Oxford medical Dictionary (2013:1278) defines an organ as a part of the body, composed of various tissues, that forms a structural unit that is responsible for a particular function. The researcher has identified human organs that can be donated such as the kidneys, lungs, heart, liver and the intestines and bone marrow.

- **Organ donation**

Wankhede (2011) as cited in Vijayalakshmi, Ramachandra and Math (2015:694) define organ donation as the process of surgically removing tissues and organs from a live or recently dead person to be used in another living person.

Organ donation may also be seen as a situation whereby a living person allows other people to use their tissues and organs for medical purposes after death (Cetin, Turgu & Kaçar, 2014: 2813).

- **Transplantation**

According to Medical Dictionary (2010: 1348) transplantation refers to the implantation of an organ or tissue from one part of the body or from one person who is called a donor to another.

1.9 Outline of the study

This study is divided into the chapters that are documented below.

- Chapter one : General orientation of the study
- Chapter two : Literature and theoretical framework
- Chapter three : Research methodologies
- Chapter four : Presentation, analysis and discussion of data

- Chapter five : Summary of findings, conclusions and recommendations

1.10 Conclusion

The purpose of this chapter was to present the general orientation and background of the study. Research aim, objectives and assumptions have been stated.

Chapter two

Literature review and theoretical framework

2.1 Introduction

The next chapter of this study focuses on literature review on organ donation and the theoretical frameworks. The intention of this chapter is to present a comprehensive literature review and the theoretical framework of the study. Various research data bases such as, Ebscohost, Google scholar, Sabinet, Science direct, newspapers, books and articles were used. The purpose of literature review in scientific research is to build and strengthen the body of knowledge because quality research normally builds on previous research and the benefits of using previous research is to ground current research and it also provides lenses for the interpretation of research results. Literature review is defined by different authors differently though there are common elements or similarities in their definitions. Lamb (2013) as cited in Jennex (2015: 9) defines the literature review as a review of secondary sources documented in text that considers the critical points of current knowledge, including substantive findings and theoretical and methodological contributions to a particular topic. Literature review in this study organ targeted organ donation, the historical background of organ donation and transplantation in donation globally and also in South Africa, religious, cultural, perceptions and the attitudes of Black South Africans towards organ donation, measures that could be taken to increase the rate of organ donation and the theoretical framework.

The hope of patients who suffer from end-stage diseases lies in organ donation. These views are held by Leon, Einav and Varom (2015: 1567) where organ donation has been proven to be the only available real care for various chronic diseases. Patel (2015:22) defines organ transplantation as the replacement of a failing organ with a healthy organ from a donor who is either living or deceased while organ donation, according to Wankhede (2011) as cited in Vijayalakshmi, Ramachandra and Math (2015:694), refers to a medical process of removing tissues and organ from a healthy living person and from a recently dead person to be used on another person.

According to Wakefield, Watts, Homewood, Meiser and Siminoff (2010:380) transplantation is essential to cure end-stage life threatening diseases such as those affecting the heart, kidneys, lungs, liver and the pancreas. According to World Health Organization (2009:14) the transplantation of organs refers to transfer (engraftment) of human cells, tissues or organs from a donor to a recipient with the aim of restoring function(s) in the body. It is a fact that organ transplantation prolongs and saves lives (Robinson, Klammer, Perryman, Thompson & Arriola, 2014:1857). Phillipson, Larsen-Truong, Pitts, and Nonu (2015:91) postulate that the transplantation of human organs has been accepted globally as a practice that has saved thousands of people"s lives and this view is also held by Perenc, Radochonski and Radochonski (2012: 675) who affirm that organ donation and transplantation presents an opportunity to improve and extend the quality of life for people with end-stage organ failure.

Organ transplantation is also defined by Ladipo (2006:626) as a medical procedure that involves the replacement of nonfunctional organs with healthy organs obtained from compatible donors and its benefits are huge because it improves the quality of life, limits disability and it prolongs life. Ore, Stronskag and Gjengedal (2015:164) regard organ donation and organ transplantation as the greatest achievements in modern medicine with the potential of saving lives and the improvement of the quality of life for patients with end-stage failures.

The organ donation could prevent mortality rate that is caused by malfunctioning of organs. The researcher further argues that it is financially costly to take care of patients who are suffering end-stage diseases because they need to be on dialysis, and patients who are not from an insecure financial background cannot afford the cost of dialysis. It is the axiom of life that things that are needed most are always in scarcity as it is in the transplantation of organs and tissues which cannot be done without adequate organs. These views are confirmed by Bortz, Ashkenazi and Melnikov (2015:25) and Pomfret, Sung, Allan, Kinkhabwala, Melancon, Roberts (2008:745) who report that there is an unhealthy gap globally between the need for and the availability of donor organs to save patients who are suffering from terminal illnesses.

This situation is also seen by Feiner, Hirose, Swain, Blasi, Roberts and Niemann (2015:351) who declare that there is a dearth of human organs for transplantation. The predicaments of patients who are suffering from end-stage diseases could only be addressed by the adequate availability of organs. Organ transplantation programmes continue to fail due to lack of committed organ donors and the potential of transplant coordinators to persuade potential organ donors to donate organs and also to obtain consent from the families of the deceased for the retrieval of body organs.

The researcher has discovered that the consequences of lack of human organs for transplantation are very tragic. This view is also held by Siegel, Navarro and Tan (2014:1084) who contend that in 2013, more than 120,000 people in the United States were on the waiting list for a life-enhancing transplant and it is heart breaking to note that 18 people die each day as a result of the lack of transplantable organs. According to Democratic Nursing Organization of South Africa (2012:1) multitudes of South African patients are hopeless and desperate for organs and tissues though the need outweighs the availability.

2.2 Brief history of organ donation and transplantation

The researcher has learned through literature review on organ donation that locally and internationally the donation and transplant of human organs are not totally new concepts. In support of this view Howard *et.al* (2012:6) state that the removal of tissues and organs from one person and using them to benefit another is not a foreign concept but ancient, full of legend and myths. It is also interesting to note that archeological records, religious and historic documents indicate that organ and tissue transplantation is several millennia old. History reveals that the first successful living donor transplant was performed in 1954 by Dr. Joseph E Murray and colleagues at Peter Bent Brigham Hospital. The transplant benefited 23 year old identical twins and it has been recorded that the recipients enjoyed eight years of life before dying from causes not related to the transplant (Robbins, 2014: 569). Browne and Desmond (2008:605) describe living donation as the surgical removal and the transplantation of body organs or segments that a volunteering living donor can live without.

Numerous experiments with transplantations were performed in 1950 in Paris, France and Boston in the United States of America though they failed due to lack of immunosuppressant. According to Venter and Slabbert (2013:186) Dr. Joseph Murray and Dr. John Merrill reported the first successful kidney transplant between identical twin brothers. Locally, Dr. Christian Barnard and his medical team performed the world"s first human to human orthotropic heart transplant in his patient on the 2/3 December 1967 at Groote Schuur Hospital.

Brink and Hassoulas (2009:32) report that on 2 December 1967 Denise Darvall sustained head injuries after being hit by a motor vehicle. It was unfortunate that the patient was certified as having fatal brain injury without chances of recovering. It is interesting to note that during that time, there were no laws pertaining to brain death and organ transplantation in the Republic of South Africa. The question of brain death within the South African context is extremely controversial because it is surrounded by myths due to lack of knowledge about the meaning of brain death. As a result, families are refusing to grant permission for the retrieval of organs from brain dead patients.

2.3 The current status of organ donation and transplantation

The Republic of South Africa has a chronic shortage of human organs for transplantation. This has been observed by Etheredge, Turner and Kahn (2013:684) who assert that that the supply of donor organs has not been able to match the ever-increasing demand for human body organs. The low rate of organ donation is caused by the deteriorating numbers of deceased donors. According to Facts and Figures about Organ donation (2010) as cited in Buthelezi and Ross (2011:720), multitudes of South Africans are hoping and patiently waiting for life saving organs and some have been on the waiting list for three years. Organ Donor Foundation report that more than four thousand and three hundred patients are on the waiting list for organs. According to Muller (2013:220) incidences of renal failure are extremely high in South Africa. There is an estimation of more than 5000-00 patents with end-stage renal failure and half of this number is awaiting transplantation.

The review of literature on organ donation and transplantation has revealed that the shortage of organs is also a global concern though statistics indicate that South Africa is lagging behind since the majority of Black South Africans in particular are not registered as organ donors. According to Hitt, Gidley, Smith and Liang (2014:197) the United States of America has a long waiting list for organ donation. It has been estimated that United States of America had 124 000 patients on the waiting list. It is also alleged that 7000 people died nationwide in 2011 while waiting for a life-saving organs. Phillipson, Larsen-Truong, Pitts and Nonu (2015:91) discovered that USA made 20000 organ transplants in 2013. However, it is breath taking to note that more than 75000 transplant candidates were on the active waiting list.

Japan and the USA are on the same page in terms of the level of development. It cannot be negated that the above mentioned factors play an essential role in increasing the rate of organ donation. What surprises the researcher about the Japanese situation is that even college students, people who are regarded as educated, are not organ donors. Sui, Zheng, Yang and Dai (2014:375) report that in China nearly 300-000 patients need organ transplants in a year; however only 10-000 patients get organ transplant. According to Sui (2014:375) et.al, China is ranked second in the world following the United States of America; nevertheless its organ donation rate is regarded as very low. Several factors might be responsible for the low rate of organs in China such as the size of the population, the rate of chronic diseases, level of education and access to information. Rocheleau (2013:201) investigated the rate of organ donation in United States of America in 2013 and discovered that it had 109 000 patients on the waiting list for an organ or tissue transplantation while it is alleged 19 of these patients die without receiving a lifesaving organ. According to Wu, Tang and Yogo (2013:115) Japan has a chronic shortage of organs. It has been reported 326 cases of posthumous organ donation were successfully conducted, while over 13 000 patients were on the transplant waiting list in 2011.

Literature review on organ donation has made the researcher is also aware that the rates of organ donation vary from country to country and it is also essential to consider the dynamics and the uniqueness of each country. Apart from the status of the USA as a developed country which cannot be used as a single factor to justify its current organ donation rate, it is important to note that the race factor has a huge contribution in Organ donation and transplantation.

O' Malley and Worrell (2014:99) contend that African Americans are not willing to register as organ donors though they are highly affected by chronic illnesses. The researcher has also noted with concern that factors such as race play an important role in organ donation. Blacks and whites are not in the race as far as organ donation is concerned. There is a colossal gap. This argument is supported Miller and Arasaratman (2003) as cited in O"Malley and Worrell (2014:99) who speculate that in the United States of America, African Americans are reluctant to donate. This situation continues despite the huge number of African Americans that are in need of organs. Randhawa, Brocklehurst, Pateman, Kinsella and Parry (2010:58) confirm these findings by reporting that white people account for more than 95% of the donor pool and it is emotionally and psychologically disturbing to discover that Blacks and other minority groups account for only less than 2 % of this donor pool.

2.4 Typologies of organ transplantation

Slabbert and Mnyongani (2011:264) identified four typologies of organ transplantation, namely, autografts, homografts xenografts and isografts. Slabert and Mnyogani (2011:264) describe an autograft as the transplantation of organs or tissue such as the skin or bone marrow of a particular person onto a different part of the body of the same person. The advantage of this method is that it is free from religious, legal and ethical dilemmas. It is the responsibility of the patient in question to take a decision that could save life but in case of minors it is ethical to involve their biological parents or guardians. Isografts keep transplants of organs or tissue between genetically identical individuals such as identical twins - the first ever kidney transplant was performed in this way- but because identical twins are not common, this type of transplant is more an exception than a rule. Homografts are transplants kept in the same biological realm, in other words an individual donates an organ to another individual of the same species (person to person). Xenografts are transplants between different species such as animals to human beings and this type of transplantation is not practiced in South Africa.

2.5 Typologies of organ donors

Two types of organ donors are distinguished and recognized, namely, deceased donor and living donor. Garcia, Harden and Chapman (2012:77) appreciate the recognition of living donation and deceased donor donation by World Health Organization as a panacea to the capacity of nations for organ transplantation. World Health Organization admits that there is no single nation in the world that has the capacity to generate adequate organs. At a global level Australia, United States of America, Croatia, Norway, Portugal and Spain have been praised for their efforts to generate a large percentage of organs from deceased donors.

- **Deceased donors**

A person becomes a deceased donor after being declared brain dead. Brain death is a subject that is highly misunderstood as the researcher has indicated. Zahmatkeshan, Fallahzadeh, Moghtaderi, Sadat-Najib and Farjadian (2014:91) describe brain death as the irreversible loss of all vital brain functions, apnea as well as the absence of brainstem reflexes. Despite clear definitions of brain death, Bernard (2014) and Bernart and Gert (1982) as cited in Clarke, Remtema and Swetz (2014:43) contend that this subject remains inadequately understood and lay-people have ambivalent feelings regarding this subject. In addition to these definitions, Iltis (2015:372) came with a detailed definition of brain death: brain death implies that a patient has been declared dead by neurological criteria. It refers to the complete and total stoppage of all brain functions including the brain stem. There should be an indication that the brain is no longer functioning and there is no flow of blood through the brain. The patient in question is no longer alive though the bodily functions are maintained by artificial means such as the respirator. Patients who are at this stage cannot respond to outside stimuli. Such patients are declared brain dead; they are dead and it means there is no life. A death certificate is completed for patients who are declared brain dead. Nevertheless, a distinction should be made between brain death and cardiac death because brain death is not coma.

It is important to note that coma patients still have brain functions and they also respond to outside stimuli. Important medical tests are performed to ensure the commencement of organ transplantation. Cochrane and Bianchi (2011:56) made a declaration that when it comes to cadaveric donors the dead donor rule should be applied. This rule prohibits organ donation of vital organs before the donor has been declared dead. In simple terms, the application of this rule means that the majority of dying patients are not provided with the opportunity to donate their organs

The misunderstanding of brain death is caused by lack of information and also misleading information regarding brain death. Clarke, Remtema and Swetz (2014:43) discovered that the misconceptions pertaining to brain death emanate from the falsehood that brain death is incompatible with the traditional description of death as cardiopulmonary event and that brain dead patients are less dead.

Tawil, Marinaro and Brown (2009:272) further articulate that for a layperson it is difficult to understand the concept of brain death hence Rich (2014:31) asserts that brain death should also be understood beyond medical explanation and the social dimension because the fear of death prevents people from donating organs and it also instills mistrust particularly for those who are registered organ donors. Lack of understanding the concept of brain death compounds the grieving stage and also complicates the decision to donate organs. It is also important to highlight that this aspect is also associated with socio-cultural aspects. Peterson, Naci, Owen and Weijer (2014:29) state that people are quite aware that there is death but the main question that torments them is the timing of death. In answering this question, brain death is defined as the irreversible loss of all brain functions, apnea, and the absence of brainstem reflexes. This notion is supported by Lee and Grisez (2012:275) who confirm that in its totality brain death is the total shut down and irreversible cessation of functioning of all parts of the brain. Thus understood, it has been widely accepted in ethics and law as a valid criterion for pronouncing the death of a human being.

Deceased donors are highly misunderstood and remain controversial particularly from a non-medical point. The researcher argues that the misunderstanding of deceased donors should be regarded as one of the impediments towards organ donation. These views are supported by Ralph, Chapman, Gillis, Craig, Butow, Howard, Irving, Sutanto and Tong (2014:923) who state that requesting grieving family to donate organs of their loved ones makes them uncomfortable and this is the most difficult decision to make under very distressing circumstances. Sque, Payne and Clark (2006:118) respond to this situation by stating that socio-demographic factors are linked with family"s positive and negative donation decision.

It is essential also to understand the role of the family regarding deceased donors. It should not be taken lightly that the family takes decisions for the deceased person. In social work intervention clients are not assessed in isolation and it should be accepted that individuals have the right to donate or not to donate their vital body organs.

The decisions that they take to donate organs have an impact on their families. According to Broderick (1993) as cited in Schaeperkoetter, Bass & Gordon (2015:268) system theory developed in the 1960s and 1970s. The philosophy behind ,system theory is to understand family dynamics, roles, familial structures, patterns of communication, boundaries within family members as well as boundaries between the family and the external entities. The involvement of the family in the decision is very vital because this decision affects the family as a system.

Park, Yun,Oh and Song (2015:1586) posit that it is an individual who takes an important decision to donate at the time of one"s death (cadaveric organ donation) but good the intentions ought to be communicated to the entire family and this also facilitates the consent process. The family as the system should be emotionally and psychologically ready to grant consent. The fact that one has enrolled as an organ donor does not really mean the family offers consent or agrees to the removal of body parts.

- **Living donors**

Veys and Bramstedt (2010:366) explored living donation extensively and discovered that there are two major forms of living donors. The most common form is direct donation between two parties who have a strong relationship. This living donation is further divided into two categories which are living related donations and it includes blood relatives and living unrelated donation and blood relatives is not a factor in this regard but it has an element of emotional attachment such as friends or mother in law. A new form of living donation has also been discovered and it is called donation to strangers. This kind of donation came as a result of advertisement, internet and websites.

Living donation is an attempt to address the paucity of body organs for transplantation. In support of this view Van Assche, Genicot, Sterckx (2015:101) assert that the world is confronted with the ever increasing demand for organ transplants as well as inadequate supply of cadaveric organs; as a result the panacea to this problem is living organs. It should also be highlighted that living organ donors should be legally competent adults. According to Rudow (2009:64) for a person to be accepted as a live donor, the prospective donor should be competent, willing to donate, free from any form of coercion, medically and psychologically fit, fully informed of the physical and psychological risks as a donor.

This form of organ donation seems good as it only involves the donor only in the process but it is not completely free from challenges such as medical costs and the involvement of family members as the researcher has emphasized that within the South African context the family should be seen as a system. According to Christian religion married couples are one flesh. Matthew 19:5 declares that a man shall leave his father and mother and hold fast to his wife, and the two shall become one flesh. Paul, the writer of 1 Corinthians 7:4 declares that the wife does not have authority over her own body but yields it to her husband and in the same way, the husband should also yield his body to his partner and this aspect also affect non-believers.

Hyde and White (2010) as cited in Sastre, de Sousa, Bodi, Sorum, Mullet (2012:323) indicate that there is huge difference between living and cadaveric organ donation. It is emphasized that living donation has direct and enduring results not for the recipient only but also for the donor and the whole family because living donation is also associated with the risk of short-term physical and psychological problems. In closing this argument Sui, Zheng, Yang and Dai (2014:376) contend that the quality of organs retrieved from live donors is superior to the quality of organs retrieved from cadaveric donors. It is also good to use organs from live donors in order to avoid compatibility challenges though it is financially costly to be a live donor because of high medical costs and lack of incentives for the donor.

2.6 The law of organ donation and transplantation in South Africa

The researcher is of the opinion that the success of organ donation and transplantation in any country are based on sound legislation. Contemporary medical development and scientific research of human subjects also takes place within the context of law. Strode (2012:741) concurs that moral, ethical and public policy matters should be taken into consideration when determining the boundaries between academic freedom, promoting health and protecting patients including research subjects. Living organ donations face ethical issues, mainly in two areas. First, procuring an organ from a live donor is controversial. The quality of organs from live donors is superior to the quality of organs from deceased donors. Use of organs from live donors may ease the mismatch between supply of and demand for organs, but living organ donation inevitably hurts the donor.

- **The system of organ donation in South Africa**

Organ donation and transplantation statutes are divided on the basis of the nature of donor consent and the means of exercising consent. The relationship between consent status and prioritization for transplant receipt are taken into consideration. The opt-in system requires an individual to express their consent to become a potential donor while opt-out system presumes consent unless an individual expresses their refusal to become a potential donor, (Zunoga- Fajuria, 2014:1999). According to Slabbert and Oosthuizen (2007:45) South Africa is using opting-in system on organ procurement.

The opting-in system gives prospective organ donors the freedom to indicate that they want to donate organs for transplantation on a voluntary basis. Saunders (2012:376) agrees by emphasizing that donating organs should be perceived as an altruistic act and no one should be compelled to donate organs. This implies that citizens are protected against policies that might seek to increase the donation rates where they threaten altruism such as proposals to compensate donors. The researcher argues that the opting-in system does not yield fruits because South Africa has the lowest rate of organ donors. Organ Donation Foundation (2015) reported that in 2015 more than 4-300 patients were on the waiting list, including children and adults.

The disadvantage of opting-in system, according to Hyde and White (2009:882), is ultimately family members, children and the partner who give consent. It is important to note that this is influenced by several factors such as level of education, exposure to organ donation as well as socio-cultural aspects.

- **National Health Act No. 61 of 2003**

Human and Tissue Act No 65 of 1983 was repealed and as result the provision of chapter 8 in National Health Act 61 of 2003 came into effect. The researcher argues that the past is very essential in order to address current challenges. History reveals that National Health Act.61 of 2003 was enacted for the provision of a structured uniform heath system within the Republic of South Africa considering the constitutional obligations and laws on the national, provincial and local government with regard to health services and the provision for matters connected therein.

On the other hand, Human Tissue Act No. 65 of 1983 concentrated on the provision for the donation or the making available of human bodies and tissues for medical training as well as dental training, scientific research or therapy or the advancement of medicine or dentistry in general. Its focus was also on the postmortem examination of certain bodies, for the removal of tissues, blood and gametes from the bodies of living persons and the use of those gametes for medical and dental purposes, for the artificial fertilization of persons and for the regulation of the import and export of human tissues, blood gametes and for the provision for matter connected therewith.

The National Health Act 61 of 2003 has twelve chapters. Chapter eight of this policy strictly deals with the control of blood, blood products, tissues, gametes, postmortem examinations and transplantation. The provisions of chapter eight are largely based on Health Tissue Act of 1983 and it is important to indicate that there are differences and additions that have been made. The question that is born out of the argument is that, why Human Tissue Act No 65 of 1983 was repealed and the second question will be, did it achieve its policy.

In responding to these questions, the researcher believes that all policies have been designed to enhance the welfare of the population and it is essential to analyze these policies regularly due to the changing nature of the society we are living in. For the purpose of this research, the researcher will not dwell much on Human Tissue Act 61 of 1983 but on chapter eight of National Health Act. 61 of 2003. The main focus in this chapter is on the control of blood, blood products, tissue and gametes in human beings (Mcquoid-Mason & Dada, 2006:128).

- **Section 3. 1 (c) of National Health Act 61 of 2003**

Section 3. 1 (c) of National Health Act 61 of 2003 stipulates that it is the responsibility of Department of Health to determine the policies and measures necessary to protect, promote, improve and maintain the health and well-being of the population. The opt-in system of organ procurement is not effective in terms of recruiting and the retention of organ donors. Slabbert and Venter (2015:44) state that organ donation is mainly altruistic and there are no financial incentives for people who are willing to have their organs or the organs of their deceased family member used for transplants. Nevertheless the altruistic supply of organs has been less than adequate and the gap between supply and demand has worsened over time. Labuschagne and Carstens (2014:210) suggest that the best remedy to solve the present paucity of human organs for transplantation is to review various organ procurement methods particularly in the light of their constitutional acceptability.

- **Section 60. 4 (a) of National Health Act 61 of 2003**

Section 60 of National Health Act 61 of 2003 deals with the payment in connection with the importation, acquisition or supply of tissue, blood, blood products or gametes. Section 60 4 (a) and (b) state that it is an offence for a person who has donated tissue, a gamete, blood or a blood product to receive any form of financial or other reward for such donation. Slabbert and Oosthuizen (2007:309) are against lack of financial incentives for living donors or deceased organ donors. National Health Act 61 of 2003 seems to be not fair because patients, doctors and the hospital benefit in the process. The researcher is also of the view that the physical risks involved should be taken into consideration. It takes money to take care of patient after the surgery.

- **Donation of human bodies and tissue of deceased persons**

Section 62 .1 (a) of National Health Act 61 of 2003 states that only a person who is legally competent to make a will may, in a legal document signed by him or her together with two legally competent witnesses or in an oral statement made in the presence of two competent adults donate his or her body or any specified tissue thereof to be used after his or her death, or give consent to the post mortem examination of his or her body, for any purpose provided for in National Health Act 61 of 2003.The current researcher has identified controversial and serious loopholes in this clause.

Firstly, communication of intentions to donate organs is problematic. Jeffres, Carroll, Rubenking and Amschlinger (2008:257) declare that in life the decision to donate body organs is an important and personal decision and it is also speculated that people who are more willing to talk about organ donation are more willing to become organ donors. Burkell, Chandler and Shemie (2013:958) further report that close family members including significant others are reluctant and often refuse to donate. It is surprising because in cases where the deceased has registered intention to donate family consent is not necessary but practically the final decision on procurement rests with immediate family members and significant others.

According to Rowel, Frutos,Bianca & Ruiz, (1999) as cited in Morse, Afifi, Morgan, Stephenson, Reichert, Harrison and Long (2009:157) research has proved that families are not aware of an individual"s intentions and positive attitudes concerning organ donation. The end result of this situation is families that are not certain and they choose to refuse to donate.

The culture of Black South Africans should also be taken into consideration. Satyapal (2012:55) state that societies are measured in terms of how they treat their dead. This aspect has cultural implications debated at a later stage in this document. It emphasized that a deceased donor or a cadaver has intrinsic and instrumental values. Intrinsic value means that the person and their body are inseparable and the intrinsic value is something that is bestowed at death. It should also be highlighted that the availability of cadaveric donors is determined by social, religious as well as cultural factors. Hafzalah, Azzamb, Testa and Hoehn (2014:192) indicate that the low rate of cadaveric donors is also attributed to religious reasons, particularly amongst the Islam.

2.7 Allocation and use of human organs

In terms of Section 61 (3) of National Health Act 61 of 2003 it is stated that an organ may not be transplanted into a person who is not a South African citizen or a permanent resident of the Republic without the Minister"s authorization in writing. The constitution, of South Africa, Act 108 of 1996 section 27 (1) (a) (b) and (c) state that everyone should have access to health care services, including reproductive health care, sufficient food and water; and (c) social security, including, if they are unable to support themselves and their dependants, appropriate social assistance. The researcher found this to be segregating foreign nationals and the contradiction between the two legislation should be addressed with a sense of urgency because the center of focus in this matter is to save and prolong life. It is also important also to distinguish between foreign national who are in South Africa legally and making a contribution economically for the country.

2. 8 FACTORS THAT IMPEDE ORGAN DONATION

Several attempts have been made by scientists, academics and researchers in various fields to explore why there is a shortage of human organs for transplantation and with the primary purpose of seeking a permanent solution to this problem. The current researcher has also discovered that through literature review the acute shortage of organs is now a global concern. Therefore when seeking solution each country should be individualized since countries are not at the same pace in terms of development. Poor participation in organ donation programmes by Black South Africans is of great concern both locally and internationally.

Scientific investigations have revealed that organ donation and the transplantation of human organs are highly sensitive and misunderstood subjects particularly amongst Black South Africans. The views of the researcher are consistent with the findings of the study that was done by Cort (2008:69). Cort discovered that transplantation and thedonation of human body organs amongst black communities is very low though Blacks are more likely to suffer from hypertension with end-stage diseases.

According to Democratic Nursing Organization of South Africa Report (2012:38) misconceptions about organ donation and transplantation, cultural beliefs and lack of education and information about organ donation have a huge impact regarding organ donation. Phillipson *et.al* (2015:92) agrees by pointing strong religious beliefs, and concern about disfigurement of the body as factors that inhibit organ donation. However, for the purpose of this research the study dwells more on the following aspects:

- Cultural aspects that affect organ donation;
- Religious aspects that affect organ donation;
- The knowledge of Black South Africans about organ donation;
- The perceptions of Black South Africans towards organ donation and transplantation.

➢ Cultural aspects that affect organ donation

According to Simmers (2004:216) the concept of culture refers to the values, beliefs, attitudes, languages, symbols, rituals, behaviours and customs that are specifically unique to a particular group of people and transmitted from one generation to the next generation. This definition is comprehensive and acknowledges that culture is learned and learning within the context of culture takes place through the process of socialization.

Culture is herein defined as the cumulative deposition of knowledge, experiences, values, beliefs, attitudes, meanings, religion, notions, and roles, concepts of the universe and the material objects and possessions acquired by a group of people. It can further be explained as what characterizes a particular group of people. The question that emerges out of this debate is how culture contributes towards the scarcity of organ donors and the acute shortage of organs for transplantation. The researcher has acknowledged that culture is dynamic, it differs from country to country and it dynamically courses through the minds and hearts of people during the process of socialization. This brings the question of social learning on the table.

Chavis (2011:472) shows human beings possess cultural experiences that affect how they behave. Having said that, the researcher amplifies that culture should not be undermined because it has the power to shape the perceptions and attitudes of human beings. The socio-cultural aspects of a particular group of people or a community also influence the decisions that they take regarding organ donation. This view is supported by Tarus and Gavrilovici (2015:72) who also point out that culture is a strong barrier to organ donation. It is important to recognize and accept that culture also play on the cognitive functioning of individual. Organ donation in South Africa is purely an altruistic act; nevertheless the mentalities and the traditions an individual have about organ donating organs determines the acceptance of organ donation. Culture influences the decision of a person to donate, and this is visible even among individuals belonging to the same country.

Culture influences cadaveric donation and an important factor in this argument is that being registered as an organ donor does not necessarily mean body parts could be retrieved because after the death of the donor the decisions to remove organs is taken by the family. Kececioglu et al (2000) and Exley et al (2002) and Pham and Spigner (2004) as cited in Goz and Goz (2006:1372) articulate that the reluctance of family members to give consent emanates from lack of information about the deceased person before death but to add salt to the wound religious beliefs, occupational differences and misinformation are cited as factors that prohibit the decision of the deceased person"s family members. Lack of information alone or inadequate knowledge is not the only obstacle towards organ donation.

There are of misconceptions hovering over the subject of organ donation amongst blacks. People have diverse and also misleading opinions about organ donation. Black South Africans have a strong belief that their deceased family members should rest in peace and the incisions in their bodies are regarded as disrespectful. During life, the body, soul and spirit are experienced as inseparable, and treating the dead body respectfully takes on the symbolic meaning of showing respect for the individual who once was (Sanner, 2006:146). According to Hessing and Effers including Morgan *et al* (2005) as cited in Wu and Tang (2009:1640) the misconceptions about organ donation and transplantation and culture contribute towards low organ donation rates. It cannot be argued that perceptions, whether positive or negative, and culture, have a strong link with the process of socialization. The researcher also argues that socialization and culture should be viewed as confined to a particular geographical area because culture is a dynamic phenomenon. Different ethnic groups have diverse cultural practices and beliefs. Socialization stresses the importance of the interactions and the transmission of knowledge from generation to generation. Sui, *et.al* (2015:376) state that the challenge regarding deceased donation in China is that the Chinese people believe that it is vital to keep the body of the deceased intact after death. It becomes clear that this cultural belief nullifies the legal processes.

Cadaveric donation or donation after death is closely linked with the fear of being declared dead while they are still alive. In concluding this argument on culture as a barrier to organ donation, Satyapal (2012:57) declares that globally and locally sacred rituals dealing with the dead is important because these rituals introduce the spirit of human beings to the living. The dead brings some form of consolation and renders memories of how the loved one may have been treated before death. Therefore the availability of cadavers for transplantation is dependent upon social, religious and cultural attitudes.

- **RELIGION**

Another barrier to organ donation is religion. It is closely linked with culture but it is addressed independently in this document. According to Egbet Mickley and Coeling (2004) as cited in Morse, Afifi, Morgan, Stephenson, Reichert, Harrison and Long (2009:158) religion is described associate based beliefs and practices relating to God or a higher power commonly associated with a church or organized group. Bringing organ donation into the context of organ donation and transplantation is essential because religion plays a strategic role in people"s decisions regarding donation. Potter, Perry,Stockert and Hall (2011:542) articulate that religious and spiritual beliefs are determinants in the patients" worldview about health, illnesses, pain, suffering including life and death. The researcher is of the opinion that attitudes against organ donation affect cadaveric donation. Rodrigue, Cornell and Howard (2009:177) postulate that positive attitudes towards organ donation are strong predictors of family consent to organ donation while it is also indicated that there is a relationship between the exposure to organ donation information and family consent rate. Within the South African context, the role of culture cannot be ignored though education can be used as a tool to expel myths and negative attitudes that prevail against organ donation. According to Lam and McCullough (2000) as cited in Bresnahan (2010:135) *et al* valid reasons exist to believe that spirituality has an inhibitory impact on organ donation. There is a belief that removal of organs shows disrespect for parents, ancestors including descendants who bless and protect the family.

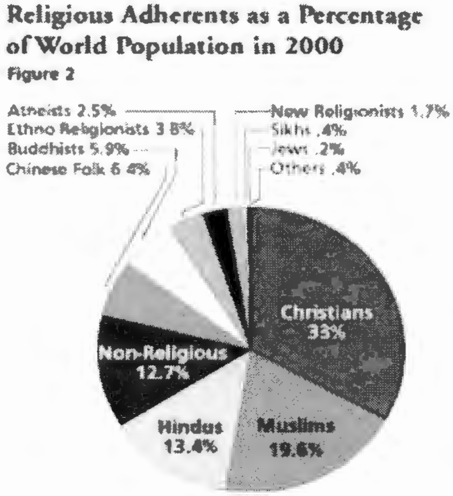
Therefore it is vital to elicit and understand the emic perspective of patients and organ donors. The spiritual beliefs shape the meaning of life, the time of death and the care that must be taken to deliver the body of the loved ones spiritually. There is an alignment between cultural values, spiritual beliefs and how the identified values are manifested in organ donation and transplantation behaviours (Alden & Cheung, 2000; Martinelli, 1993; Radecki & Jaccard, 1997; Stephenson et al., 2008; Wu, 2008; Yong, Cheng, & Ho,. South Africa is a democratic country which is home to a population that is rich in cultural and ethnic diversity. Section 15 of the constitution of the country affirms that all people in South Africa have the right to freedom of conscience, religion, thought, belief and opinion. It is interesting to note that people are born with this right of freedom of religion. Religion may be defined as a set of beliefs, feeling, dogmas and practices that describes the relationship between people and divinity.

Religion shapes the perceptions of people towards organ donation and also inflicts a strong feeling upon them about organ donation. Religion also taps into the political world. It is politically correct to acknowledge South Africa has major religions such as Christianity, Muslim, Judaism, Islam and Buddhism.

Figure 2 below indicates the number of people affiliated to different religions. Figure 2 also reveals that in the world as of 2000, 33 % of the world's population affiliated to Christianity. Within the South African context, people use religion as a source of spiritual strength and for emotional support purposes.

FIGURE 1

Religious adherents in the world in the year 2000



Phillips (2014:65) draws a line between spirituality and religion. Religion is associated with organized belief systems and observances while spirituality is connected to a broader sense of interconnectedness and self-fulfillment. The question is how religion influences the rate of organ donation and transplantation. Secondly it is a question of why social workers operating in organ donation and transplantation should take care of religious and spiritual aspects of their clients into consideration. Furness and Gilligan (2010:2186) assert that reasons exist as to why it is important for practicing social workers to develop a deep understanding and awareness of religious beliefs. From this point of view social workers are urged to explore models that provide them with a professional base from which they could build and develop a sound framework for culturally competent social work practice.

❖ CHRISTIAN RELIGION

There is a close link between culture and religion though the two aspects are addressed separately. In support of this view Tarus and Gavrilovici (2015:73) culture has elements of spirituality and has also been discovered that cultural traits overlap with religious traits. The majority of Black South Africans are Christians. Christianity does not oppose organ donation and the transplantation of organs. Amongst the Christians organ donation is considered as an act of love (Johnson, 2015: 30). Though Christianity is not anti-organ donation this fact should not be hidden that Christianity has various confessions therefore it is totally wrong to arrive at unanimous opinion. Uskun and Ozturk (2013:40) assert that there is no religion that is against organ donation because saving life is the primary aim though this assertion is controversial in the Islamic religion which is against organ donation.

According to Salim, Berry, Ley, Schulman, Navarro, Zheng and Chan (2012:636) people hide behind their religions to avoid being organ donors. The researcher argues that there is no religion that formally forbids organ donation because all major religions encourage giving and self-sacrifice. Religious barriers to organ donation that are cited include organ donation precludes an open casket funeral, fears that organ donation may delay the funeral particularly amongst the Muslim. Christians also have perceptions that they should remain whole for the transition to heaven and also the firm belief that missing body organs have negative effects in the afterlife.

The pillar of Christianity is life after death and death is perceived as a passport to another life (Tarus & Gavrilovici, 2015:73). The researcher has an argument to make in this regard because the question of life after death is highly misunderstood by the Christian community. Christian religion claim that a human being is divided into the spirit, soul and the body and the researcher believes that the part which will live after life is the spiritual, not the body. Paul, the writer of 2 Corinthians 4: 16) declares that “that *is why we never give up. Though our bodies are dying, our spirits are renewed day by day”.*

❖ MUSLIM ISLAMIC RELIGION

Through research Hafzalah, Azzam, Testa, Hoehn (2014:192) found that amongst the Muslim in the United States of America, the rate of organ donation is lower than other religious and ethnic groups. The barrier is religion. Tarus (2015:135) is of the view that the church is one of the influential institutions where Muslim adherents turn to spiritual support, advice, reference and direction. According to Davis et al (2005) as cited Kimberly, Arriola, Perryman, Doldren, Warren & Robinson (2007:467) religious leaders have achieved positions of power in communities and they are able provide guidance in times of tragedy.

Therefore the researcher argues that the position of religious leaders regarding organ donation has a huge impact on organ donation and transplantation. According to Oliver, Woywodt and Ahmed (2011) and Rady and Verheijde (2009) as cited in Muliira and Muliira (2014:60) question the understanding and the interpretation of the Quran. In Islamic religion the body of the deceased is respected and its violation is strongly forbidden.

❖ JUDAISM

The position of Judaism regarding organ donation and transplantation is neutral and ambivalent. Johnson (2015:31) states that the danger with this principle is that it overrides Jewish objections to any unnecessary interference with the body after death, and the requirement for immediate burial, although some more Orthodox followers, notably in the Hasidic community, insist that the body should be buried whole.

➢ KNOWLEDGE ABOUT ORGAN DONATION

Lack of knowledge about organ donation and transplantation is often reported as a strong barrier to registering and discussing the donation decision. Therefore the researcher is convinced that the prerequisite for the successful resolution of any problem in life is to identify the source of that problem. Researchers in the field of organ donation and transplantation associate culture, religion and attitudes of people with low or high donation rates but the main foundation is the information that people have about organ donation. The quality and the integrity of the information that people possess should also be brought closer for scrutiny.

In support of this view Mithra, Ravindra, Unnikrishnan, Rekha, Kanchan, Kumar, Papanna, Kulkarni, Holla, and Divyavaraprasad (2013:84) state that transplantation programmes cannot be successful without awareness and the nurturing of positive attitudes towards organ donation. Lack of and inadequate knowledge about organ donation, religious and superstitious beliefs about organ donation inject fear in the minds of people.

The researcher further contends that knowledge affect the cognitive functioning of human minds. The end result is that the information that is deposited in the minds of human beings produces negative and positive attitudes towards a phenomenon. It is also asserted that knowledge about organ donation and transplantation affects both living and cadaveric donations. This declaration is also supported by Perenc, Radochonski and Radochonski (2012:668) who state that lack of cadaveric organ donors is perpetuated by misinformation made by the deceased person and lack of awareness among the population on organ donation and also the identification of prospective organ donors.

The researcher strongly argues that lack of knowledge about organ donation and transplantation should also be linked with illiteracy level and intelligence levels as well. The argument in this case is that the understanding and interpretation of information is essential. Kim, Yoon, Kim and Kim (2013:911) discovered that illiterate people represent a high proportion of the world's population. Some of the reasons that contribute to this state are lack of opportunity to attend school and learning disabilities. Tarus and Gavrilovici (2015:70) agree with the current researcher by stating that education is strong factor associate with the intention to donate body organs. It is assumed that people who are highly qualified have favourable attitudes towards organ donation. Another burning issue regarding lack of knowledge about organ donation and transplantation is the quality of information and the source of information. The low rate of donation is also caused by the information the public receives.

Hyde and Chambers (2014:169) point out that common sources of information about organ donation include television, newspapers or magazines and radio. The question is how many people have access to television and newspapers. Another difficulty that arises is the ability of people to read and understand what they are reading. Lack of information alone or inadequate knowledge is not the only obstacle towards organ donation. The other dimension of lack of knowledge and awareness about organ donation it is awareness about organ donation policies and procedures. These factors contribute towards the positive and negative beliefs about organ donation furthermore it also make a contribution in terms of building associations with the act of donation (Phillipson *et al.*, 2015:94).

➢ ATTITUDES

The researcher articulates that knowledge has the power to shape attitudes and perceptions of people to donate or not to donate. People's actions are largely influenced by the information that they have. According to McDonnall and O"Mally (2015:43) theories on attitude formation argue that there is a link between knowledge and attitudes. De Pretto, Acreman, Ashfold, Mohankumar, Campos-Arceiz (2015:2) strengthen this view by arguing that bridge between attitudes and practices is closed and it is explained through the Theory of Planned Behaviour. It is further argued that attitudes are based on affect, behaviour and knowledge. Uskun and Ozturk (2013:37) are of the idea that taking a decision to donate organs is a giant step notwithstanding that the entire process depends on personal and familial opinions that are hugely influenced by level of education, socio-economic aspects and cultural aspects as well.

Randhawa, Brocklehurst, Pateman, Kinsella, Parry (2010:58) report that white people are responsible for more than 95 % of the donor pool while only 2 % is from black and other ethnics groups. Research statistics also indicate the huge demand for kidneys is very high among the minority groups. This view is also held by Robinson et al (2014:1858) who state that the consequences of organ donation deficits is felt by African Americans because they are impacted with chronic illnesses such as diabetes, heart disease, and hypertension, which necessitates a need for life-saving transplant.

Despite being prone to chronic diseases, the participation of these ethnic groups in organ donation is very poor. South Africa is also in a similar situation regarding the rate of organ donation and also in terms of organ donation.

Callendar and Miles (2010) as cited in Robinson (2014:1858) identified barriers that contributes towards poor organ donation rate among African Americans such as lack of organ transplantation awareness, lack of trust in the medical community, fear of premature declaration of death, racism, religious beliefs and misconceptions. However, attitudinal barriers are also identified as preventing people from donating body organs. It is assumed that attitudinal barriers have received little attention in research.

The donations and transplantation of human organs involves numerous role players such as the donor, done, hospital where transplantations are done. The success and the failure of the hospital depend upon them. Therefore it should be brought to light that medical staff as human beings have attitudes against organ donation, whether positive or negative. According to Weiland, Marck, Jelinek, Neate and Hickey (2013) the rate of organ donation is not affected by the cultural and religious beliefs of organ donors alone.

It is also affected by the attitudes of medical clinicians as well. It is further argued that positive attitudes of clinicians will compel to request family consent while they will serve as motivation to explore for the availability of organs. According to Oliver, Woywodt, Ahmed and Saif (2011) as cited in Perenc et al (2012:668) research as proved religious beliefs, personal attitudes and the knowledge about transplantation affect the decision of the family members to consent.

- **Failure to obtain family consent**

In South Africa, Etheredge, Turner and Kahn (2013:684) observed that the chronic shortage of organs and low rate of organ donors is caused by difficulty in obtaining consent form families to use the organs of the deceased for transplantation, spiritual several factors are known to account for this shortage in South Africa.

These factors include difficulty in obtaining consent from families to use the organs of potential donors, as well as the influence of other factors such as spiritual, religious, and cultural beliefs. The involvement of the family is very crucial. One may contend that the donation of body parts is an altruistic act and it only involves the person who is willing and communicating openly their desire to donate. Social work literature emphasizes the importance of a family as a system. Park *et.al* (2015:1586) states that the process of retrieving organs cannot be done without the involvement of the family. The researcher asserts that poor organ donation and lack of organs for transplantation are caused by poor communication in families.

Reid and Homewood (2011:162) point out that the numbers of individuals who indicate their willingness, register as organ donors but fail to communicate their intentions in their families affect the availability of organs because family members decline to give consent for the removal organs. Satyapal (2012:56) made an analysis of National Health Act and policy gaps in section 62-68. These sections deal with the donations of organs by cadavers and human tissues. Deficiencies have been identified as far as family consent is concerned. National Health Act makes no provision for the statutory such as Heath and Tissue Act to oversee licensing of removal, storage or human tissues.

2.9 SOCIAL WORK INTERVENTION IN ORGAN DONATION

The primary purpose of doing scientific investigations it is to eatablish solutions in order to alleviate social problems. Sarantakos (2013:344) state that the intention of applied research is to address real life situations that require urgent attention. This section evaluates social work intervention including roles of social workers in organ donation and transplantation, strategies that could be used to alleviate shortages of human organs and lastly models used to increase the rate of organ donation. Social work intervention in organ donation and transplantation should not be separated from the core business of social profession.

The International Federation of Social Work (IFSW) as cited in Nicholus, Rautenbach and Maistry (2011:3) describe social work as a profession concerned with the promotion of social change, problem solving in human relationships and empowerment of people in order to enhance their social functioning. To achieve this, theories of human behaviour are used. The emphasis is on the promotion of human rights and social justice. However due to developments in the field of social practice this definition has been modified. Presently the International Federation of Social Work defines social work as "a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people." Principles of social justice, human rights, collective action and respect for diversities are central to social work. It is underpinned by social work theories, social sciences, humanities and indigenous knowledge where social work engages people and structures to address life challenges and enhance wellbeing.

- **Indigenous knowledge**

It is extremely vital to dissect the definition of social work from International Federation of Social Work perspective and explain it within the context of organ donation and transplantation. For the purpose of this research the focus is on indigenous knowledge, respect for diversity, social justice and human rights. Organ donation and the transplantation of human organs are highly misunderstood and culturally sensitive subjects. Practicing social workers and related professionals such as psychologist, nurses and medical clinicians find it difficult to respond appropriately in their intervention to the spiritual and religious needs of their service users, (Furness, 2003: Gilligan, 2003, 2009; Furman et al., 2004; Gilligan & Furness, 2006; Crisp, 2008; Gray, 2008; Stirling et al., 2009) as cited in (Furness & Gilligan, 2010:2186). Intervention strategies should not be purely Eurocentric but they should be informed by Indigenous knowledge. Briggs (2013:231) assert that Indigenous knowledge systems value the importance of working together with local people and their knowledge and the benefits of this transaction is the generation of radical alternatives.

Munford and Sanders (2011:64) argue that the significance of Indigenous social work is about building frameworks that have meaning for indigenous peoples and requires social work practitioners to begin in a different place, to be open to seeing the world differently and to think thoughtfully about solutions that may have previously been ignored or misinterpreted. Though this research is not on Indigenous knowledge systems it is further contended that social work should be aware of the interrelatedness of spiritual, natural and human dimension.

- **Collaboration with clients**

Another significant element in this definition is the engagement of people in seeking solutions to their predicament. The father of strengths-based perspective argues that clients are best served through collaboration. Numerous stakeholders such as social workers, medical doctors, nurses, psychologists, donors and organ donor recipients are involved in organ donation and transplantation. Collaborations between these stake holders are of great importance to conquer organ donation challenges. It is also advisable to bring the community on board and come to a point where traditional healers and religious leaders. Levin (2012:181) argue that the promotion of collaboration in social work intervention is rooted in the belief that social workers are not the exclusive owners of all knowledge that is needed to reach effective decisions regarding the challenges of clients. It is further perceived that the worth of client"s knowledge and their r ability to play active role in the process of making decisions lie at the heart of collaborative practices.

- **Diversity in social work practice**

Diversity in social work practice in social work is an issue of great importance. Organ donation and transplantation are greatly affected by cultural diversity. Prospective organ donors and recipients are social beings, living and interacting within their social environments. According to Donahue and McDonald (2005) and Floyd and Gruber (2011) Meyette (2014:21) the danger of not understanding diversity can lead to negative attitudes toward people. Starzomski and Curtis (2011:22) discovered that in China many people are on dialysis due to inadequate human organs. It is further revealed that the unhealthy gap between the demand and the supply of human organs is exacerbated within diverse ethno-cultural communities and this is caused by lack of understanding ethno-cultural perspectives about donation.

- **Social justice**

The current low rate of donation and a huge number of patients on the waiting list requires the application of social justice. Organ donation is influenced by ethics and legislations. In South Africa, National Health Act of 2003 controls the donation and the transplantation of human organs and tissues. According to Sandage and Morgan (2014:557) social justice may be seen as "scholarship and professional action designed to change societal values, structures, policies, and practices, such that disadvantaged or marginalized groups gain access to these tools of self-determination". Lee and Barrett (2007) as cited in Maschi, Baer and Turner (2011:241) define social justice as an ideal condition in which all members of a society have the same basic rights, protections, opportunities, obligations, and social benefits. In organ donation and transplantation the bone of contention is the allocation of human organs to patients who are on the waiting list. The question that normally floods the minds of people is the criteria used to allocate organs. This situation challenges practicing social workers to review and challenge social policies that do not promote the welfare of their clients. The importance of this debate was to contextualize questions of organ donation and transplantation within the core business of social work profession as stated by the International Federation of Social Work. In closing the debate on social justice, Donaldson and Mayer (2014:219) conclude by stating that social justice entails advocacy to confront discrimination on the basis race, colour, language ethnicity, oppression, and institutional inequities

The intention of this research is to explore roles activities that are played by social workers in organ donation and transplantation. Kumar (2013:101) identified various roles that are played by social workers such as, the identification of organ donors, grief counseling and motivation for organ donation, obtain family consent, screening of organ donors, maintenance of donors, coordination of organ donor transplantation family support, maintenance of records, psycho-social support for patients on the waiting list and generating awareness and public education. The researcher agrees with Kumar (2013:101) because organ donors, patients who are on the waiting list also need psych-social support. Thorough counseling before and after transplantation should be done.

- **The roles of social workers in organ donation and transplantation**

Social workers play a vital role prior to organ transplantation and after transplantation. The question that emerge at this stage is who are these potential organ donors and how are they identified. It is also important to note that various health professionals form a multi-disciplinary team that is involved in the assessment and screening of organ donors and recipients of organs. Bowen (2014:142) describes a multidisciplinary team as a group of health care professionals such as doctors, nurses, physiotherapist, occupational therapist and social workers collaborating their efforts in an attempt to provide optimal care for the patient. Social work practitioners bring unique skills and competencies in a multi-disciplinary team. According to Dhooper (2012:150) the unique contribution that comes with social work in this team is a holistic approach to problems of both the body, mind, socio-psychological and the environmental needs of the patients. O"Connor, Hughes, Turney, Wilson and Setterlund (2006:1) assert that the primary aim of social work intervention is to promote well-being and to redress human suffering and injustice.

- **Assessment and screening of organ donors**

The researcher view assessment as the solid foundation upon which effective and efficient social work intervention is built. The assessment of organ donors and recipients is important in social work practice. Assessment helps the social worker to understand the problem under investigation and also to individualize the problems. According to Watson and West (2006:30) assessment in social work enhances understanding of the client"s situation, helping the social worker to pinpoint areas for potential change that contribute towards the development of motivation for future intervention.

This definition indicates that assessment precedes the actual intervention. Previously it was called diagnosis because of its concerns with pathologies. Therefore correct diagnosis was necessary in order to address problems. Milner and O"Byrne (2009) as cited in Parker and Bradley (2014:5) describe the process of assessment as an objective analysis of making sense of events and statements, arriving at an overall picture and an understanding of what is happening and giving thought to how the situation has become.

The researcher supports this view by contending that assessment provides the social work practitioner with the micro-scope to bring the situation of the client closer and closer to designing appropriate intervention and individualizing the problematic situation. Through observations the researcher elicits hidden or non-verbal messages. Mantell (2013:187) defines assessment as a purposeful activity: professional art of managing competing demands and negotiating the best possible outcome for the best interests and the welfare of the client.

It should not be forgotten that medical professionals involved in organ donation and transplantation also depend on a social worker's assessment report because medical facts alone cannot be taken as conclusive evidence in favour of or against donation. Psycho-social, cultural and life style aspects are very crucial. According to O"Connor, Hughes, Danielle, Turney, Wilson and Setterlund (2006:81) social work assessment takes place within the context of a helping relationship.

Identification of potential organ donors involves the screening of potential organ donors and recipients. According to Kumar (2013:102) the primary purpose of screening the potential donor is to rule out malignancy or infections that could be transmitted to the recipients. Social workers do document analysis by deeply scrutinizing the medical record of the potential donor. Fischer and Lu (2013:9) argue that the prerequisite of successful transplant is pre-transplant screening. The motive behind the screening is to pinpoint medical factors which may disqualify either donor or recipient. Significant factors that should be taken into consideration during the screening process are;

- The medical history of the donor
- Residential information and places of travel
- Vulnerability to animal and environmental pathogens

Medical recommendations suggest that the examination of living donors should include medical and social history. The researcher agree with Fischer and Lu (2013:10) that medical and social aspects should be taken into consideration due to high rate life style diseases, Human deficiency Human Immunodeficiency Syndrome (HIV) and acquired immune deficiency syndrome. The researcher also contend that important aspects such as the history of chronic illnesses particularly in the family should be highly considered such as cancer and sugar diabetes because some of the diseases are from genetics. Baleriola, Tu, Johal, Gillis, Ison, Law, Coghlan & Rawlinson (2012:278) support this view by contending that prospective organ donors should be screened through review of medical and behavioral histories, physical examination, and laboratory screening tests. However Kwan, Al-Samarrai, Smith, Sabharwal, Valente, Torian, McMurdo, Shepard, Brooks & Kuehnert (2012:990) disaffirm this view by declaring that research in organ donation has proved that transfer of HIV from a living organ donor through solid organ transplantation is very rare but has been recognized. Fishman, Greenwald and Grossi (2012:720) confirm this notion by reporting that more than 70 000 organs and 100 000 corneas including 2 000000-00 human tissues are transplanted annually in the world but the rate of transmission of infection from organ donors and recipients of allografts is currently unknown. The researcher does not refute this claim but precautionary measures should take preeminence position. Since social workers are involved in the identification of organ donors, they also have a tremendous task of negotiating family consent particularly with deceased organ donors.

- **Family consent**

Organ donation involves surrogate decision making at the end of life. It is the responsibility of surrogates who are appointed on the basis of biological relationship with the deceased to take decisions on behalf of incapacitated patients. In organ donation the next-of-kin will include a spouse, parent and siblings (Anker, Akey & Feeley, 2013:836) however Shaw and Elger (2014:96) discovered that family refuses to give consent as a result of false belief, cognitive bias and misunderstanding. In situations like these social workers, doctors, nurses and transplant coordinators should do their best to facilitate informed or authorization. It is the responsibility of organ donation team that should approach the grieving family to request their consent. Body organs of the deceased cannot be retrieved without consulting the family. Informed consent means clients should be involved in the decision making and nothing should be done without them. Educating families about organ donation can be useful in expelling mistaken beliefs. The researcher contends that the retrieval of organs should not take the preeminence position at the expense of the grieving family. Their emotional and psychological scars should be taken care of.

Organ donation coordinators and social workers involved in the process should have a better understanding of a family within the South African context is essential. According to Corey (2013:397) a family is seen as, a unified unit and the implication of this perspective is that the actions and the behaviours of family members have a huge impact on other family members. Contextualizing this argument in organ donation, it is important for family members to communicate their intentions to donate organs with their immediate family members. Scientific investigations have found that 30 % of immediate family members are not aware of the desires of their family members to be organ donors, ((Gallup Organization, 2005 as cited in Anker et al, 2013:836).

The subject of death within the South African cultural context is complicated. It is surrounded with cultural, religious and emotional aspects. According to Ergin (2012:22) people depend on spirituality and religion to withstand the pressure and the trauma that is brought by death. In support of this Nelson-Becker, Ai, Hopp, McCormick, Schlueter and Camp (2015:16) report that spiritually is an anchor that is sustaining people. Therefore it should be seen as an essential dimension among biological, psychological as well social consideration in the maintenance of quality of life and quality of dying. Research has revealed that societies develop diverse ways of handling death and this reflects its value, customs, attitudes and rituals, (Wilson, 2015:5).

Despite these aspects social workers are shouldering the responsibility of seeking family consent. Section 15 (1) of the constitution of South Africa state that all people in the country have the right to freedom of conscience, religion, thought, belief and opinion because South Africa is a diverse country. This requires social workers operating in organ donation and transplantation world to be culturally competent. National Association of Social Workers as cited in DuBois and Miley describe cultural competence as a process that call all individuals and systems to respond appropriately and respectfully to people of all cultures, languages, races, various ethnic groups, religion and diversity to affirm and value the worth of all individuals. Poor understanding and wrong interpretation of religious principles also has major implications in prohibiting people not to donate organs.

Obtaining family consent from family members of the deceased is also influenced by poor knowledge regarding brain death. The perspective of families regarding deceased organ donation is determined by the medical meaning of brain death, (Ralph, Chapman, Gillis, Craig, Butow, Howard, Irving, Sutanto & Tong, 2014:923). This aspect put an addition burden on social workers who face real fact of seeing patient dying while on the waiting list due shortage of organ donation. Impartation of knowledge at this stage is very essential because grieving families should take a decision based on the information that they have. The researcher argues that organ donation and transplantation should go hand in glove with information sharing, counseling and also a huge consideration of the practical needs of the grieving family.

This role of requesting family consent cannot be done without sharpened communication and negotiations skills. It is also imperative in social work practice to view a family within the South African context particularly among the black population as a system. Cadaveric donations are also impeded by family conflicts hence it is important to have good communication and negotiation skills. This notion is supported by Mantell (2013:108) by asserting that the outcome of social work intervention is determined by the quality of communication. Communication should be taken and be treated with respect because it is a medium of interactions. Apart from asking proper questions communication from social work perspective should rest upon respect for clients, cultural and sensitivity.

Informed consent in social work practice is both an ethical and a legal requirement. It is a solid foundation that creates a working a working alliance and a collaborative partnership. Corey (2013:40) asserts that informed consent in a therapeutic relationship gives social work clients rights to be informed about their therapy and opportunities to make their autonomous decision. Informed consent also brings the principle of self-determination on board.

According to National Association of Social work (2009) as cited in McCormick (2011:121) clients are entitled to the constitutional rights of making their own decisions and to determine the type of social work treatment they want. The principle of self-determination provides social work clients and patients within organ and donation with the legal power to either decline or agree with the decision to retrieve organs however this goes further than this because it involves switching off mechanical ventilation equipment.

According Lustbader (2014:83) the retrieval of body organs should be considered in any critically ill patient requiring mechanical ventilation for which a decision has to be made to withdraw life sustaining treatment and where death is imminent. Arguing from a legal point of view, patients in the intensive care unit are not legally competent to take decisions. In support of this view Shelton, Freeman, Fish, Bachman, and Richardson (2015:149) state that intensive care unit patients are often not in a medically and legally position to give informed consent due to cognitive and physical impairments caused by trauma, illness or sedation. In situations such as a patient"s family member or a proxy is requested to serve as surrogate and provide informed consent on behalf of the patient.

The researcher contends that organ donation is an altruistic act and no one should be compelled to donate his or her organ and on the other hand the withdrawal mechanical ventilation seems to be against the constitution of South Africa, the right to life. Iltis (2015:370) argue that informed consent is the prerequisite for organ donation. It will be unethical for organs to be retrieved from individuals declared dead using the neurological criteria and ignoring the discussion of donation after cardiac death and living organ donation. The current researcher contend that informed consent is not only essential in social work practice only but it also one of the legal requirements. Clients should have a deeper understanding of the risks involved in social work therapy and the legal implications of the decision to donate organs. Social workers should maintain a balance in terms of taking care of both the organ donor and the recipients of organs. Clients on the waiting list, the family of the organ donor in case deceased donation and living donor should receive adequate emotional support and counseling before and after the donation process.

- **Crisis intervention**

According to Cacciatore, Carlson, Michaelis, Klimek and Steffan (2011:81) qualified social work professionals have a long history of people and communities deal with problematic situations and catastrophic events such natural disasters. Their training put them in a position to work with clients suffering from acute and acute stress and also to intervene during crisis and implement post intervention services. The concern of crisis theory is on how individuals cope with major life crises and life transitions. According to Myer and James (2005) as cited in Myer, Lewis and James (2013: 96) crisis theory address the immediate pressing concerns of the clients to assist them to reclaim senses of equilibrium. It is effective in assisting people experiencing psychological emergencies that makes them defenseless.

The unavailability of human organs affects families and patients on the waiting list psychologically and emotionally. According to Kumar (2013:103) patients are overpowered by various mixed feelings, shock, and disbelief. Within the context of organ donation and transplantation a crisis may be seen as, a precipitating event and the perception of an event that causes distress and the inability of an individual"s coping methods and it eventually causes a person experiencing the precipitating event to function at very lower than before the event. Patients on the waiting list for organs are facing death as a result of shortage of organs and some depart from this world while still waiting for lifesaving organs.

This situation affects their normal social functioning and their interpretation of the predicament they are in also has a profound negative impact, (Kanel, 2012:2).Denny, Kienhuis and Gavidia-Payne (2015:324) view the malfunctioning of body organs (End-stage organ failure) and the process of organ transplantation as a life crisis that is characterized by long waiting periods for suitable lifesaving organs before undergoing transplant surgery. The period of waiting for transplant is life threatening and it depletes the coping mechanisms of individuals. The philosophy underpinning crisis theory is that individuals need a steady psychological equilibrium that is equivalent to physiological homeostasis. Crisis theory also contends that crisis or the problematic situation has the power to disrupt psychological homeostasis with an imbalance between problem severity and the available resources to manage the situation.

Patients waiting for organs and those who are on transplant employ cognitive appraisal to evaluate the importance of the crisis and in turn this applications are employed to contend with stressors. It has also emerged that the evaluation of these stressors and the selection of coping mechanisms are largely influenced by the demographic, personal characteristics and the social environment in which the illness occurs, (Kienhuis, *et al,* 2015: 325). The researcher fully agrees with Kienhuis *et al.* (2015:325) on the notion of social environment because if social environment is not conducive and supporting the normal social functioning of individuals will be retarded. The social environment should also be able provide individuals with the necessary resources to contend with their illness.

Crisis theory suggests that the quality of life of transplant candidates (who are in crisis) will be impaired, as they possess insufficient coping skills to manage the crisis of awaiting an organ transplant. Candidates experience various stressors, including but not limited to the fatal prospect of not receiving a transplant. In addition to what has been identified, Meixner, O"Donoghue and Witt (2013:378) identified Geographical and systemic factors that affect patients and reduces their coping mechanisms. It is contended that the physical geographical or position is viewed as an impediment to health services within rural communities because specialized services such as neurological, psychological and social workers might be underrepresented. Systems that are characterized by limitations and red tapes include factors such as eligibility barriers and financial aspects. It should also be noted that organ donation and transplantation are financially costly both for the donor and the recipients of organs. Grief counseling is essential because many patients die while waiting for life saving organs.

- **Grief counseling in organ donation**

Social workers should offer grief counseling to address the emotional and psychological scars caused by death. Social workers are able to perform this function because they have a deeper understanding of the welfare needs of clients, behaviour and also knowledge of social problems. When these emotional and psychological scars are left unattended they have the potential to affect physical health of patients. Therefore social workers should invest time to offer grief counseling.

The views of the researcher are supported by Pomeroy (2011:103) who assert that professional social workers are members of palliative and the end-of-life multidisciplinary teams and due to their unique set of expertise to assist the person in environment they are always positioned at forefront of bereavement care for children, adults, families, and communities.

The advice that can be taken from Pomeroy (2011:103) is that grief counseling can be done at a family level and also at a community level unlike concentrating on one person. This view calls for the employment of all methods of social work which are case work, group work and community work. Group counseling is an effective strategy of doing grief counseling. The researcher is of the view that group counseling has an element of social support. According to Beals, Peplau and Gable (2009) as cited in Harel, Shechtman and Cutrona (2011:297) there is relationship between social support, emotional, social and the physical well-being.

According to Pomeroy (2011:101) grief may be defined as, a multidimensional experience as a result of a loss of a person including an object. Within the context of organ donation emphasis will be placed on the loss of a person though loss of an object is also important. Grief is viewed as a multidimensional phenomenon because it touches several aspects such as cognitive, physical, social, behavioral, and spiritual components. Research has also demonstrated that grieving is not a once off event, it is long process that is divided into phases. According to Kubler-Ross (1969) as cited in Baier and Buechsel (2012:28) the phases of grieving are shock and denial, anger, bargaining, depression and, finally, acceptance. In support of this view the current researcher agree that grief counseling is a process not an event. Social workers should devote a huge amount of time doing grief counseling. Nevertheless it must also come to the attention of therapist that counseling in real life situations should not be confined to stages or phases.

The current researcher is of the view that the question of death within the South African context is also surrounded by socio-cultural aspects due to diversity. Social workers providing grief counseling should pay attention to the socio-cultural context in which they operate.

According to Drenth, Herbst and Strydom (2013:359) grief counselors should be aware of how the society defines the concept of death. Kanel (2012:97) explains the important of cultural sensitivity by stating that, counselors should be vigilant and watch cultural, ethnic, and religious and gender issues that may affect intervention. This goal can only be achieved when clients are given leadership positions in therapy because they will be understood and validated.

- **Public education**

Another strategic position that is played by social workers in organ donation and transplantation is public education. Organ donation is a remedy for end-stage organ failures. Presently they are surrounded with misunderstanding, negative attitudes, socio-cultural factors and lack of information. All these aspects have been identified as barriers to organ donation. The researcher holds the opinion that social workers are transmitters of knowledge and skills. Through knowledge the minds of people will be enlightened. According to Zastrow (2010:70) social workers dealing with individuals, groups and communities are expected to play and be skilled in numerous roles which are enabler, broker, advocate, activist, mediator, negotiator and educator but for the purpose of this research the focus will be education.

Mithra, Ravindra, Unnikrishnan, Rekha, Kanchan, Kumar, Papanna, Kulkarni, Holla and Divyavaraprasad (2013:84) discovered that insufficient and lack of knowledge regarding organ donation have injected mistrust and fear. Lack of information about transplantation is also closely linked with religious and superstitious beliefs. It is essential to acknowledge the fact that knowledge shapes the attitudes, beliefs and also has a great influence on how people behave. The role of education entails the provision of information to clients and also equipping them with adaptive skills. Kumar (2013:103) suggest that in order to attract people to donate organs, people should be orientated and be conversant with the importance and process of transplantation. Lack of awareness about organ donation and transplantation contribute towards low rate of organ donation.

2.10 STRATEGIES OF IMPROVING ORGAN DONATION

The primary aim of all scientific investigations is to generate knowledge but of great importance is to explore solutions to social problems. In order to design, confirm and implement effective and efficient strategies of increasing the rate of organ donation it is important to identify the root causes of the problem. Callendar and Miles (2010) as cited in Robinson, Susan, Klammer, Perryman, Thompson, Kimberly and Arriola (2014:1858) identified lack of knowledge regarding transplantation, fear of death after signing the consent card, religious beliefs and misconceptions and attitudinal aspects as barriers to organ donation and transplantation. For the purpose of this study, strategies for improving organ donation will include public education, organ donation and high school learners, organ donation and social work students, promotion of family communication about organ donation.

- **Public education**

Public education is a powerful weapon that can be used to expel the misunderstanding, misconceptions, negative attitudes and perceptions about organ donation and transplantation. According to Rodrigue, Cornell and Howard (2009:173) public education are used to raise the awareness about the need for organ donation. This process involves numerous stakeholders such as social workers, organ procurement organizations and public organizations. In South Africa raising awareness about organ donation and transplantation is done by Organ Donation Foundation through public awareness campaign but the donation rate is still very low.

This is an effective strategy but the researcher is of the idea that a different approach should be adopted. Waterman and Rodrigue (2009:7) suggest that education should target patients and the general public but focus should also be on medical doctors and professional nurses because their decisions to refer patients for transplantation is also influenced by their exposure to organ donation, and not neglecting the attitudes and perceptions that they might have about the subject.

In support of this opinion Kurz (2014:211) assert that professional nurses have a huge role to play in organ donation decision. Their personal attitudes towards organ donation have an influence on the interactions with donor families as nurses respond to questions, present information and interact with organ procurement organizations.

- **Organ donation and high school learners**

The subject of organ donation and the transplantation of body organs should take place as early as possible and organ donation and transplantation should be infused in school curriculum particularly life orientation. The motive behind this according to Cantarovich, Birk, Ekbeg, Delmonico, Schoenberg, Garcia, Manyalich, Wall, Arbogast, Sherry, Young-

Kipp and Cantarovich (2012:13) is that children in general and young adults are assumed to be free of prejudice and it is easy to teach them new concepts. This could promote organ donation as these learners will discuss organ donation and transplantation with their parents, peers and as a result, it will create informed population and communities about organ donation.

Febrezo, Rios, Martinez-Alarcon, Lopez-Navas, Almela, Sanchez, Ramis, Ramirez and Parilla (2013:3589) declare that knowledge about the subject of organ donation and transplantation creates a solid foundation upon which positive or negative attitudes about organ donation are shaped. The information that is provided by teachers contributes towards the cultivation of favorable attitudes towards organ donation and transplantation. The current researcher contend that, this is a good model and it has the ability to yield positive fruits but that will also be determined by the position of the teacher in question regarding organ donation. It should also be brought to light that children are not able assess or evaluate the information that they receive. At their age they act on the basis of the information that they receive. Waterman and Rodrigue (2009:7) suggest that education at this level should incorporate diversity aspects and be tailor made to reach different groups of learners.

- **Television**

People learn about organ donation and transplantation through various channels such as the mass media and television being one of them. New research from Dataxis indicates that the total number of South African TV households will grow by ten percent from end 2015 to end 2018 when they will number almost 13.3 million, (Editorial news television, 2016 October). Television is used for entertainment purposes but it is also a powerful tool of disseminating information that can result in behavior change.

This assertion is maintained by Bandura (1971) as cited in Morgan, Movius, Cody (2009:136) who state people observe and model the attitudes and behavior of others under particular conditions. In one of the studies Morgan, King, Smith, Ivic (2010:780) discovered that viewing organ donation on television directly affect beliefs about organ donation. These views are held by Felley and Vincent (2007) as cited in Yoo and Tian

(2011:157) who report that media sources have positive and negative effects on organ donation. Among the different types of media, the news-papers have been found to present organ donation positively which could contribute member"s positive attitudes towards organ donation. Though the researcher concur with the above findings, the researcher is of the view that this will be determined by the frequency of messages about organ donation and also the times in which messages about organ donation appear on the television because in South Africa, it is very to see the promotion of organ donation and transplantation on the television.

- **Social networks (Facebook)**

Technology and the use of social network are making it easy for people to share information globally. Social network sites such as Facebook are powerful tool for increasing the rate of donation. Facebook is the greatest online network in the world, (Cameron, Massie, Alexander, Stewart, Montgomery, Benavides, Fleming, Segev, 2013:2060). Cameron (2015:41) add by describing social media as internet-based communication that is directed to an audience that is chose to receive the message and of great importance about social media is the virility because its content is user generated or user-perpetuated.

The recent South African Media Landscape 2016 that was conducted by World Wide Worx and Fuseware revealed that thirteen million of South Africans are Facebook users. They have the potential to allow the greater dissemination of information and discussion. It is also assumed that they lessen the level of anxiety that is associated with face-to-face request for donation, (Chang, Anderson, Turner, Shoham, Hou & Grams, 2013:320). It is a method that is convenient because it is phone-based and networked however few disadvantages are attached to this method. Firstly people might provide wrong information and there are also possibilities of online bulling but all these can be controlled by the individual user while its disadvantage is that, it is an interactive method, people can exchange information and get feedback immediately.

- **Worksite Campaigns**

Morgan, Harrison, Chewing, Dicorcia and Davis (2010:341-342) have discovered that researchers such as (Linnan *et al.,* 2008;Sorensen *et al.,* 1999 and Sorensen et al., 1999) recommend the effectiveness of worksite campaigns as important and useful venue for campaigns due to the access they provide to a large captive audience who might be difficult to reach through other channels. Targeting worksite is important because employees spent most of their time with a given organization for a sustained period of time and report to work on a regular basis. However Morgan, Stephenson, Afifi, Harrison, Long, Chewning (2011:600) report that despite the viability of worksite campaigns few campaigns about organ donation have been conducted in the work places. The researcher concurs by asserting that Employee and Wellness programs could be used as strategic tools to promote organ donation and transplantation in the work places. This goal could be achieved by including organ donation and transplantation as one of the programs within the work places. This logic behind this thought is that places of employment are hugely affected by the ill health of employees which affect the performance of their employees.

- **Challenge campaigns**

The other strategy that can be used to improve the rate of organ donation and registration is challenge campaigns. Challenge campaigns are used in Michigan and they have been proved as effective strategies of solving organ donation problems, (Hitt, Gidley, Smith, Liang, 2014:107). Challenge campaigns work like individual campaigns which are targeting specific groups within the population but challenge campaign use incentives to motivate organ donation coordinators to recruit and register potential organ donors. Challenge campaigns recruit campaign teams to compete with each other to register people to the state registry.

The use of monetary rewards is the best method to encourage teams to maximize their team recruitment efforts. The more incentivized and result based structure would motivate teams to promote the cause of organ donation both in their social networks and y environments, (Rodrigue, Fleishman, Fitzpatrick & Boger 2015:177).The incentivized and result based structure would motivate teams to promote the cause both in their social networks and donation friendly environments. The researcher view challenge campaigns positively however they are costly financially to maintain. It is also important to guard against unethical practices when countries are using this method of recruiting potential organ donors. Though this method has yielded positive results at Michigan the researcher is of the idea that, this is an effective strategy however it should be evaluated because the focus is on registering organ donors and the end result should be the actual donation of organs.

2.11 THEORETICAL FRAMEWORKS

The primary aim of this section is to present the theoretical frameworks that guide social science research. Barker as cited in De Vos (2013:37) views theory in research as a set of interrelated hypothesis, notions, constructs, definitions and propositions that presents a systematic view of a phenomena based on facts, observations with the primary purpose of explaining and forecasting the phenomena. In support of this view, Imenda (2014:186) defines a theory as a group of interrelated concepts; provide a structure for a systematic view of a research phenomenon.

Thomas (1997) as cited in Creswell (2014:53) concur with the above authors but, the emphasis is on the prediction and the explanation of what the researcher hopes to discover in the investigations. The subject of organ donation is viewed from various angles. For the purpose of this study the theory of social constructivism and the theory of planned behaviour were employed.

- **Social constructivism**

The theory of social constructivism is a theory of knowledge of sociology and communication that assesses the development jointly constructed understanding of the world. It is defined as a perspective which believes that a great deal of human life exist as it does as a result of social and interpersonal influences, (Galbin, 2014:82). It is explained by Paris (2011:104) as a theory that concerns itself with the creation of knowledge and it is further argued that knowledge and learning are social in nature.

The theory of social constructivism is viewed as a manner in which people or various groups in societies social construct the world of experience and make meaning of it. However the social constructivism only believes in the creation of knowledge and the truth and this is in conflict with realism. The researcher maintains that though knowledge is socially constructed, it must also be based upon something that is real in this world, (Walker, 2015:37).

Looking back, its historical roots of social constructivism can be traced back to philosophical developments that thrived one hundred years ago (Teater, 2010:71). Great philosophers such as Giambattista Vico, Immanuel Kant, Friedrich Nietzsche, Karl Marx and psychologists such as Lev Vygotsky, Jean Piaget and George Kely had a great impact on the construction of thought around knowledge development. Social constructivism points out that knowledge is socially developed and also mediated by socio-cultural, historical as well as institutional contexts (Makhubele, 2008:33).This view is also maintained by Hausfather (1996) as mentioned in Deulen (2013:91) who declare that theory of Social constructivism is both a social and cultural model of learning.

Payne (1997) as cited in Makhubele (2008:32) brings the idea that various meanings are attached to social constructivism or social contructionism. It should be highlighted that social constructivism is a sociological theory of knowledge and attention is given to how social phenomena develop within a particular social context.

The important argument in this regard is the social context within which knowledge is constructed. Gergen and Gergen (2012) as cited (Galbin, 2014:89) social constructivism is an approach that brings philosophical assumptions regarding reality construction and knowledge creation. Its primary focus is on the ways in which knowledge is historically placed and embedded in cultural values and practices. This perspective postulates that meanings are socially constructed through the coordination of people in their various encounters. It is also believed that individuals have the capacity to create their knowledge and great emphasis is placed on the notion that the manner in which individuals understands the world result from the historical processes of interaction and negotiations between various groups. In support of this argument Blaik-Hourani (2011:232) assert that social constructivism refines knowledge and since it is a learning theory it also develops

inquiry skills through critical thinking and this helps individuals to develop opinions about the world around them.
The researcher argues that the theory of social constructivism is relevant in this study because literature review on organ donation and transplantation revealed that the rate of organ donation and transplantation are hugely determined by the knowledge or information regarding the subject. The researcher also maintains that according to this theory knowledge is socially constructed and transmitted through interactions. Nevertheless the researcher is aware that people possess both objective and subjective realities about different subjects that are confronting them. It is also important that expert knowledge does not have in the theory of social constructivism.

Knowledge which comes through education should be seen as an access point to changing the negative attitudes and perceptions. The main argument is the creation and transmit ion of knowledge and attention should also be placed on how this information is transmitted from one generation to the other generation. The respond to this question is that the socially constructed knowledge is transferred through language and the social processes are seen as sustaining this knowledge. Through literature review the current researcher has discovered that majority of researcher point socio-cultural and religious factors as impediments to organ donation and transplantation.

The social context is of great importance in social work intervention. Healy (2005:2) state that social workers should be aware of the context in which they operate and their interventions should respond to the person in environment. Social constructivism is based on the notion that knowledge is created. This view is strongly supported by Castello (2016:2) by arguing that reality is not revealed to human beings however it is reached through a process of construction. This argument entails that, what happens to human beings should not be seen or interpreted as passive, neutral, objective but it should be seen as the result of an active, passionate, subjective, engaged as well as a personal process of ongoing inquiry.

The current researcher has noted that individuals act and behave on the basis of the information that they have. Arguing within the context of organ donation and the transplantation of human organs it can be argued that the knowledge that people have

shapes their attitudes and perceptions towards the subject of organ donation.
This knowledge is generated through a process of social learning and the interactions that takes place in families and communities. Bandura (1977) as cited in Lee and Han (2012:66) is of the opinion that human behaviour is learned through modeling or imitating certain behaviour especially when the behaviour is seen as successful. The current researcher can boldly declare that lack of visible and accessible organ donors deprive prospective organ donors of learning and understanding the concept of organdonation. The importance of sharing knowledge that has been created is emphasized by Kim and Moon (2013:424) and the main argument is knowledge is generated, shared and consumed through collaborations. It is also imperative to be able to understand and interpret the information the information that you are provided with and be able to make your personal judgment. The theory of social constructivism was used together with the cognitive theory.

- **The theory of planned behaviour**

The decision to donate organs for transplantation is largely influenced by the knowledge that people have towards the subject of organ donation and transplantation. However, the knowledge also has the power to influence negatively or positively the perceptions and attitudes of people. Rodrigue, Cornell and Howard (2009:174) discovered that exposure to organ donation through public education has impact on the attitudes and behaviour.

A lesson has been learnt from social constructivism that knowledge is constructed and shared. It should also be noted that the behaviour of people is also influenced by knowledge and attitudes since all behaviour is learnt. Bringing the theory of planned behaviour within the context of organ donation and transplantation, the current researcher declares that people are in a position to explain their behaviour.

According to Finke, Hickerson and McLaughlin (2015:156) the theory of planned is a psychological theory that is validated to predict human behaviour especially in the areas of study, eating, health and recreation and eventually linking them beliefs and behaviour. This view is also held by Davis, Stappenbeck, Jacques-Tiura and Danube (2016:178) who asset that the theory of planned behaviour is useful in elucidating mechanisms that underlines behaviour.

The main argument in this theory is that there is a strong relationship between behaviour and attitudes. It should also be brought to light that people can either have positive or negative attitudes towards a phenomenon. It hasemerged that negative attitudes are also regarded as one of the barriers to organ donation and transplantation.

Uskun and Ozturk (2013:37) discovered that taking a decision to donate organs is an essential step towards transplantation; however this decision is always clouded with factors such education, socio-economic aspects, cultural characteristics. Religion is also an important aspect that shapes the attitudes of people towards organ donation. Mithra, Ravindra, Unnikrishnan, Rekha, Kanchan, Kumar, Papanna, Kulkarni, Holla and Divyavaraprasad (2013:84) are of the idea that public awareness and positive attitudes are the major prerequisites for the success of transplantation.

2.12 Conclusion

The focus of this chapter was to present a literature review on organ donation and the theoretical frameworks that were used in this study. It also identified impediments that hinder black people from participating in organ donation, roles of social workers in organ donation, the promotion of organ donation and new strategies that could be used to promote organ donation.

Research methodology

Chapter three

3.1 Introduction

The next chapter deals with the research methodology adopted to interrogate the key research questions and therefore meet the objectives set out at the onset of the study. The primary aim of this chapter is to present the scientific research methodology that was used to achieve the aim of the study. Research methodology in this study included type of research, research approach, research design, population, sampling, demarcation of the study, data collection methods, validity, reliability and data analysis. Research methodology is the heart beat and the engine of any scientific social science investigation and a concept that has attracted multitudes of definitions. Research methodology refers to a body of methods employed for the collection data that entails the planning, structuring and the implementation of research in order to investigate a phenomenon objectively and in the process ensuring adequate reliability (Brynard, Hanekom & Brynard, 2014:38 & Maripe, 2014:62). This definition suggests that it is critical in structuring the research project and ordering the research activities that are undertaken. This opinion finds support in Bellamy (2012:9) who defined methodology as the set of techniques which are appropriate for the creation, collection, coding, organization as well as the analysis of data. The research methodology should be aligned with the aim of the study and be assessed carefully to ensure it relevance for the subject under scientific investigation because the outcomes of research are contingent on the methods that have been used in a particular study.

3.2 Type of research

Basic and applied researches are the two types of research that exist in research and their applications are greatly determined by the nature of the research problem under investigation and the aim of the research. The primary goal of all scientific investigations is to generate knowledge and to discover solutions to specific and identifiable problems. According to Bless, Higson-Smith and Sithole (2013:59) basic research is necessary when the purpose of the study is to make a contribution to human knowledge and understanding a specific phenomenon.

Basic research is used to advance the body of social work knowledge while it also pacifies the curiosity of the researcher. Brynard et.al (2014:7) describes basic research as aimed at developing theories by testing hypotheses. However basic research should not be considered when the aim of the study is to solve a particular social problem. The primary motivation of applied research, according to Bless et.al (2013:59), is to solve a specific problem facing a particular community. A community is only used as an example within this context but is it important to acknowledge that there are specific and unique social problems that face individuals, groups (elderly citizens, women, and children) and people who are differently able and communities. The presence and manifestation of these problems calls for applied research. Based on the above mentioned argument applied research was appropriate for this study and the researcher argue that though its primary aim is to address specific social problems, it also has an element of generating new information, updating existing information, filling gaps in literature and making a contribution in the design of intervention strategies.

The social problem that called for applied research is the shortage of human body organs for transplantation. This is a huge problem in South Africa, the continent and the global family with regards the availability of body organs for transplantation.. According to Dubay, Ivankova, Herby, Wynn, Kohler, Berry, Foushee, Carso, Redden, Holt, Siminoff, Fouad and Martin (2014:273) the United States of America has more than hundred and five thousand (105-000) patients who are waiting for organ transplants. Guden, Cetinkaya and Nacar (2013:440) articulate the shortage of organs for transplantation has tragic and detrimental consequences on human beings. Therefore the researcher chose applied research to assess the factors that impede black South Africans from donating organs.

3.3 Research approach

Research approaches have been classified into two; qualitative and quantitative. The two approaches can be mixed, depending on the aim of the study and the social problem under investigation. In this study, a mixed-method approach was eventually decided upon as appropriate for this study.

- **Qualitative approach**

Sarantakos (2013:36) explains qualitative research as a procedure that operates within a naturalistic world, interpretative and is guided by the principles of a relativist orientation which is seen by Broomfield (2014:35) as suitable to examine subjective human experiences by employing non-statistical methods of data analysis. Qualitative research is also associated with naturalistic inquiry which explores the subjective complexity of human experience. The researcher concurs with the above authors in how they explain qualitative approach, observing too that this approach is relevant when it is used to explore subjects where little is known. Qualitative research is also perceived as an approach that is used to make observations that are summarized and interpreted narratively (Gravetter & Forzano, 2012:158). It is an approach of great help in social work profession where the interactions, emotions and feelings of people are seminal and its advantage is that it is conducted in the natural world. Gray (2014:160) describes qualitative approach as a naturalistic approach that intends to understand phenomenon within their own natural context while capturing rich data on the perceptions of actors in the field of study. McCusker and Gunaydin (2015:537) and Holloway and Wheeler (2010:3) conclude this argument by stating that qualitative approach is characterized by its aim to understand the aspect of social life and its methods which generate words rather than numbers as data for analysis purposes.

- **Quantitative approach**

Quantitative research approach according Creswell, Ebersohn, Eloff, Ferreira, Ivankova, Jansen, Nieuwenhuis, Pietersen, Clark and van der Westhuizen (2012:145) refers to a process that is systematic and objective in its ways of numerical data from only a selected subgroup of a universe to generalize the findings to the universe that is being studied. This view is held by Bless *et.al* (2013:56) who describes quantitative approach as one that depends on measurements to make comparisons and analyze variables. Researchers using this approach present data in numbers and rely on computerized techniques to analyze data though it can also be done manually. Landrum and Garza (2015:199) argue that quantitative and qualitative research approaches have two diverse interpretative frameworks but they are not opposed to each other.

Organ donation and the transplantation of organs are highly sensitive and emotional subjects that are also surrounded by socio-cultural factors. A mixed-method study was eventually decided upon as the appropriate approach for this study.

- **Mixed-method approach**

The aim of the study and the problem under investigation required a mixed-methods study. A mixed-method study refers to the application of qualitative and quantitative approaches in one research study. According to Venkatesh, Brown and Sullivan (2016:436) mixed method research refers to a combination of qualitative and quantitative elements. Johnson (2015:334) defines mixed methods research as an approach whereby the researcher collects and analyses data, integrates the findings and draws inferences using both qualitative and quantitative approaches and methods in a single study. This definition brings the idea that the researcher should analyze qualitative and quantitative data but both sets of data should be integrated. The purpose is to confirm and complement data and the findings. Barbara and Pocket (2015:81) articulate that researchers who combine the two approaches integrate the collection of quantitative factual research data with a qualitatively oriented interrogation to explore meanings, perceptions and understandings which enable researchers to explore the research questions from a variety of angles. Research literature teaches that qualitative approach is appropriate for ground breaking researches where little is known about a subject.

This study was one of its kind because it was the first study on organ donation in Limpopo Province at Zebediela. The subject of organ donation invited the application of ethnography because it is a subject surrounded with cultural, religious and misunderstandings. The perceptions and attitudes of people regarding organ donation cannot be studied within the quantitative approach because these are variables that cannot be quantified. Mithra, Ravindra, Unnikrishnan, Rekha, Kanchan, Kumar, Papanna, Kulkarni, Holla and Divyavaraprasad (2013:84) discovered that lack of understanding about organ donation, religious attitudes and superstitions generated fear and mistrust in the minds people and the result is poor organ donation and these are aspects that cannot be quantified and the qualitative approach was deemed necessary.

- **Justification of mixed-methods**

The researcher contends that the choice of research methods, research design and approaches is determined by the problem that is under investigation and the purpose of the study. The aspects identified also determine the type and the volume of data which in turn has an impact on the findings of the study. The researcher adopted a mixed methods approach because no approach is perfect on its own and qualitative and quantitative approach complements each other. These contributed towards a wealth of data that was collected. The researcher affirms the views of Tashakkori and Teddlie (2008:103) as cited in Venkatesh, Brown and Bala (2013:26) who provide convincing reasons behind the application of a mixed-methods study. Among the reasons are that mixed methods complement each other due to the weakness immanent in each discrete method. Richard, Grinnell and Unrau (2014:106) concur that a mixed methods study provides strengths that offset the weaknesses of both the qualitative and quantitative approaches. This study aimed at exploring factors that impede black South Africans from donating organs using exploratory mixed methods design and ethnographic design which focuses on the culture of a people which according to Winship (2013:375) provides multiple sources of research data in order to facilitate contextual understanding of respondents" experiences and cultures. The use of a mixed method study contributed towards the validation of qualitative data because it provided the researcher with an opportunity to infer from data extracted from the quantitative phase of the study. Koopman-Boyden and Richardson (2013:390) state that the application of mixed methods is justified on the basis of corroboration of results from diverse methods of the same phenomenon, complementarity and also for purposes of discovering paradoxes and contradictions that lead to a reframing of the research questions. In this study, a quantitative approach provided broad account on the topic while the qualitative approach provided the socio-cultural factors on the subject of organ donation and attitudes and the perceptions of black South Africans towards organ donation and the transplantation of body organs.

3.4 Research design

Research designs in scientific investigations are determined by the social problem under investigation, type of a research and research approaches. Gray (2014:128) defines research design as an overarching plan for the gathering, measurement and analysis of data. In support of this view, Eller *et.al* (2013:72) concur that research design actually defines what is to be investigated, how it should be investigated, variables to be included in the study, research measurements and the gathering of data. Research design is also viewed as a road map chart that researchers decide to follow in order to discover answers to research questions as validly, objectively, accurately and economically as possible, (Kumar, 2014:122 & De Vos, et. al 2013:434). Creswell (2014:13) identified four qualitative research designs, which are grounded theory, ethnography, narrative research and phenomenology while convergent parallel mixed methods, explanatory sequential mixed methods and exploratory sequential mixed methods are research designs that are found in mixed methods studies. Ethnography and exploratory mixed methods design were used in this study.

- **Ethnography**

The use of ethnography in the field of organ donation facilitated the identification of socio-cultural factors are responsible for the acute shortage of organs which has detrimental repercussions. Organ donation and the medical transplantation of body organs is a subject that is viewed from diverse angles in different populations. It is a subject that should be understood from the perspective of research participants. This opinion is confirmed by Organ Donor Foundation (2014) report that people do not donate organs due to cultural factors. Oniscu and Forsythe (2009:365) argue that societies and the interactions of human beings are influenced by cultural factors which include a person"s racial identity, religious influences, family practices and the general overview of the world. The argument on the role of culture is cemented by Sque, Long, Payne and Allardyce (2007:135) who contended for the consideration of the social context of organ donation in their study and this legitimized ethnographic research design in this study.

One of the research objectives of this study was to explore factors that impede black South Africans from donating organs and the extensive literature review on organ donation identified socio-cultural factors as being the impeding factors. Creswell (2007:314) as cited in De Vos (2013:314) defines ethnography as the study of an intact cultural or social group based on observations over a prolonged period. According to Lichtman (2014:100) and Brink (2012:123) the primary purpose of ethnography is to describe the culture and the social interactions of a particular group and subgroups. Gray (2014:164) states that ethnography is useful in understanding social processes through .

Feinberg (2015:150) sees ethnography as a strong tool with which to understand the problems experienced in everyday life. Researchers using ethnography observe behaviour that is regarded as dysfunctional by the society in general. Such researchers seek to understand why people behave the way they do and the essential part is to reveal implicit norms governing such behaviour. The assessment of organ donation behaviour and how people learn about organ donation was done through the theory of planned behaviour, social learning and the theory of social constructivism. According to Ajzen (1991) as cited in Hyde and White (2010:436) the theory of planned behaviour assumes that people are in a position to undertake a rational, systematic assessment of the information available to them when considering the behavioural performance. The basic assumption of this model is that the intentions of people are the most proximal determinant of behaviour. However, according to social learning, all behaviour is learnt and the researcher contends that culture is learnt through socialization and it is transmitted from one generation to the next generation.

Through the application of ethnography, interviews and observations the researcher discovered that indeed culture plays an essential role in organ donation and transplantation because culture influences how people behave and how they view and interpret information. It should also be acknowledged that it also plays a crucial role in the formation of attitudes and perceptions towards organ donation, both positive and negative. However, since culture should be regarded as a social phenomenon that is dynamic, it should be understood from the perspective of black South Africans.

Interviewing research participants within their natural environment and their social contexts provided the researcher with a deeper understanding and insight into the subject of organ donation as it is understood by black South Africans. South Africans have, due to their diverse socio-cultural backgrounds, different views pertaining to organ donation which are not in harmony with modern medical technology. Park, Yun, Oh and Song (2015:1586) who did a cross cultural comparison on the rate of organ donation in the United States of America and Korea accept the existence of cultural differences about organ donation and their perceptions. Therefore it is fundamental to approach and address this predicament within a culturally sensitive. The belief systems and cultural aspects of communities have an impact on the rate of organ donation in different countries.

- **Exploratory mixed methods design**

Exploratory mixed methods design is one of the research designs associated with mixed methods approaches. The researcher argues that this kind of a design is ideal when investigating a new phenomenon, particularly within the context of this study and its location. There is an acute shortage of scientific studies around the subject of organ donation within black communities at Zebediela. Researchers depend heavily on research studies that were conducted in other countries though the demographic aspects in those studies are totally different from the socio-cultural characteristics of Limpopo Province. Lack of research on organ donation compels researchers to generalize findings that have been reached in other countries and apply them within the South African context. Exploratory design is suitable when the researcher wants to explore a topic using qualitative data before attempting to measure it quantitatively (Creswell, 2012:273). The researcher collected and analyzed qualitative and qualitative data to strengthen and confirm the findings. Neuman (2011:38) and Bless et.al (2013:60) describe exploratory research as an appropriate design when researchers are investigating areas where little or nothing is known about the subject. The study identified that no study or assessment of the knowledge, attitudes, religious and cultural factors of black South Africans in Limpopo Province at Zebediela regarding organ donation has been conducted and therefore this fills a dire research gap.

3.5 Population of the study

This study had three sets of populations for qualitative and quantitative approaches. Traditional and religious leaders formed part of the qualitative sample while social workers, medical doctors, professional nurses and organ donation coordinators contributed to quantitative data collection. The third population of this research was Organ Donation Foundation which is charged with raising the awareness about organ donation and transplantation in SA. All traditional and religious leaders were selected from Moletlane village at Zebediela and the researcher chose this village because of its diversity in terms of socio-cultural aspects. Social workers, medical doctors, professional nurses and organ donation coordinators were chosen from Polokwane hospital, also known as Pietersburg hospital.

Research population is defined as a unit of analysis. Brink and Wood (2012:131) define a population as individuals or subjects of interest to the. The criteria emphasized for selection in this definition is also seen by Brynard, Hanekom and Brynard (2014:57) who define a population as a group in the universe which possesses specific characteristics or attributes in which the researcher is interested. These definitions imply that the researcher should have a complete knowledge about the population of interest. Creswell (2014:158) supports the notion of knowing the population by suggesting that the researcher should be in a position to state the size of the population. The description of the population under investigation is given in the next paragraphs.

3.6 Demarcation of the study

The study was conducted in Limpopo Province at Zebediela Village which is in the Capricorn district, South Africa. It is a group of villages comprising Moletlane, Ga-Molapo, Magatle, Mehlareng, Mogoto, Gantamatisie, Khureng, Gedroogte, Bolahlakgomo, Makgophong, Madisha wa Ditoro and Madisha wa Leolo Rakgwatha, Bolahlakgomo,Folopo , Matome, Ga-Ledwaba, Mathibela, Byldrift, Malatane, Motantanyane, Makushwaneng and Ga-Rafiri. Though Zebediela has a number of villages, the researcher chose Moletlane because it is a diverse community in terms of language, culture and ethnicity.

According to the area social worker, Limpopo province has approximately 260 patients with renal failure and some are on dialysis due to shortage of organs.

3.7 Sampling strategies for qualitative and quantitative approach

- **Sampling strategy for qualitative approach**

This study was a mixed-methods study and it invited research participants for both qualitative and quantitative approaches. Engel and Schutt (2009:114) describe a sample as a representation of the entire population that is used in a study. Literature on research methodology indicates that non-probability sampling is suitable for the qualitative approach. Richard, Grinnel and Unrau (2014:306) identified four non-probability sampling methods which are:

- Availability sampling (convenient sampling)
- Snowball sampling
- Quota sampling
- Purposive sampling

➢ **Purposive sampling**

The researcher chose purposive sampling and key informants sampling as appropriate strategies for this study. The application of the identified sampling strategies implies that the researcher should have knowledge about the population investigated. Purposive sampling is a strategy based on the judgment of a person who is conducting the research study (Bless, *et.al* 2013:172). This type of a sampling strategy is recommended because cases are selected on the basis that they illustrate features of interest for a particular study. Creswell *et.al* (2012:178) describes purposive sampling as selecting a sample in a special situation with a specific intention in the researcher.

The researcher chose purposive sampling based on the recommendations made by Engel and Schutt (2013:126) who state that purposive sampling is good when the researcher targets individuals who are particularly knowledgeable about the subject under investigation. In this study traditional and religious leaders were perceived as possessing knowledge about the socio-cultural and religious beliefs and practices of the population under investigation. The debate on purposive sampling is sealed by Neuman (2000:198) who views purposive sampling as useful in selecting cases that are unique and informative.

➢ The size of qualitative sample

Twenty-six research participants were purposefully identified due to the knowledge to participate in this study and were from the same population under investigation. Different church denominations such as Zion Christian church (Z.C.C), Methodist, Dutch Reformed, Lutheran, Apostolic Church, Full Gospel Church, Seventh Day Adventist and Pentecostal Holiness Church were represented by their ministers of religion, one from each denomination and one traditional healer. Traditional leaders were represented by ten participants. Traditional leaders in this study refer to people who occupy positions of leadership in the community, not necessarily kings (Dikgosi). The sample was sufficient because literature on qualitative methodology recommends a small number of research participants. The views of the researcher are protected by Patton (2002:244) as mentioned in Braun and Clarke (2014:55) who declare that there are no rules for sample size in qualitative investigations but it is known that qualitative approach use small size as compared to quantitative approaches.

➢ Inclusion criteria

Research participants in this study were supposed to meet the following requirements as set by the researcher:

- Research participants were supposed to be South Africans.
- They should reside in Limpopo Province at Zebediela.
- They should come from the black racial group.

- They must be religious or traditional leaders.
- They should have knowledge about the culture and the religious background of black South Africans.
- They must be willing to participate in the study and share the information.

➢ **size of the quantitative population**

Table 1: The number of key informants

Key informants	**Number**
1. Social workers	5
2. Medical doctors	5
3. Organ donation coordinators	3
4. Professional nurses	10
Total number of participants (N):	**23**

Polokwane hospital is the biggest hospital in Limpopo Province which has various departments but the focus was on departments responsible for the coordination of organ donation and transplantation and renal failures. The hospital has one organ coordinator and one transplant coordinator. One social worker is responsible for organ donor coordination. Four medical doctors and sixteen (16) professional nurses offer their services in the renal unit. The population under investigation was small therefore all members of the population were selected to participate in the study.

3.8 Data collection methods

The collection of data is a crucial step in the research process because it is a link between the theory and the practical component of research. Bless et.al (2013:183) confirm that the success and failure of research projects are determined by the quality of data.

Qualitative data in this research was collected through semi-structured interviews while a structured questionnaire was used to collect quantitative data. Qualitative data in this research was collected until the saturation point was reached. All twenty (26) research participants were interviewed however the researcher noted with the eleventh participants that no new information was added.

➢ Interviews

In social work interviews are a common method of collecting data. An interview is a two-way conversation whereby the interviewer asks the research participant questions in order to gather data and to explore and learn about the ideas, beliefs, views, opinions and behaviours of the participants (Creswell *et.al*, 2012:87 & Olsen, 2012:33). Interviews are a mode of data collection that is suitable for collecting qualitative data (De Vos *et.al.*, 2013:342). The researcher views the interview as an interactive method of collecting data which requires the researcher to have well developed skills and techniques of collecting data. This requires the researcher to take the leadership position in facilitating the interview. Babbie (2014:327) supports this notion by indicating that in qualitative interviews the researcher should give direction and identify and follow the ideas of the research participants. The interview positions the researcher to view and understand the world from the perspective of the research participants.

➢ Justification of interviews

This study aimed at exploring knowledge and factors that inhibit black South Africans from donating body organs. The researcher's choice was based on the views of Whittaker (2012:37) who point out that interviews are appropriate when the purpose of the research is to explore and assess knowledge, values, beliefs and the attitudes of the participants. These views are aligned with one of the objectives of this study which was to establish the attitudes, cultural and religious factors that prevent black people from donating their organs for transplantation.

➢ Semi-structured interviews

Structured or standardized interviews, unstructured and semi-structured interview are the types of interviews that can be used to collect data when the qualitative approach is used (Whittaker, 2012:38). Research literature indicates that structured interviews are rigid and ordered and this method was not suitable for this study. Structured interviews are used to collect data that can be quantified which was not the purpose of this study. Unstructured interviews were not considered for this study as well. According to De Vos *et.al* (2013:348) the intention of unstructured interview is not to find answers to research questions or to test the hypotheses; its objective is to understand the experiences of people and the meanings they attach to those experiences. It is focused and discursive in nature and it also gives the researcher and the participant opportunity to explore the subject under investigation. Semi-structured interview was ideal recommended for this study because of its flexibility. The advantage of using this method as observed by Gray (2014:386) is that it allows the probing of views and opinions where it is desirable for the research respondents to expand their answers. Semi-structured interviews generate data that is detailed and represent the participant"s beliefs about or the perceptions of a particular topic.

➢ Research questions

The researcher asserts that the type of questions that are used to collect data determine the quality of data. The researcher used open-ended questions which are not based on preconceived answers (Brink, *et.al*, 2012:155). Through these questions the interaction between the researcher and participants was promoted and they gave opportunities for the researcher to ask clarity-seeking questions and they also provided the researcher with a platform to probe which resulted in the collection of rich data. Research questions that were used to collect data were aligned with the aim of the study, research objectives and assumptions. The interview guide had questions that aimed at assessing knowledge or the awareness of research participants about the organ donation and transplantation. It also had questions that elicited the attitudes, cultural and religious views of research participants about the topic.

Data collection tool also included demographic information of research participants such as gender, age, religious aspects, ethic group and their level of education.

➢ The process and preparations for the interviews

The researcher prepared for the interviews because good preparation contributes towards the success of the interview including its outcomes. The researcher argues that in social work practice, the psychological and the emotional aspects of individuals play an important role.

Psychological and emotional factors affect the participation and the contribution of the interviewee. The researcher responded to this by making appointments with all interviewees a day before the interview. Interviewees were interviewed in their homes while questionnaires were completed in the work places of participants and their homes. Braun and Clarke (2014:91) suggest that researchers and research participants should negotiate a location for the interview in which participants feel comfortable. The venues where the interviews took place were conducive and promoted confidentiality. This gave research participants psychological and emotional security to participate in the interview. The appointments made them feel respected. According to Hepworth, Rooney, Rooney and Strom-Gottfried (2013:56) social workers should see their service users as having the dignity and worth which should be demonstrated through respecting them.

Research participants were reminded about the purpose of the study and the researcher disclosed his identity and the institution he is representing because this research was conducted under the auspices of North-West University. This contributed towards the development of a professional relationship and trust. Research participants were also informed about their liberty not to answer questions that make them feel uncomfortable.

Voice recording device and field notes were taken through the permission of research participants. The use of voice recording devices is supported by Braun and Clarke (2014:92) who maintain that audio recording is essential for qualitative researchers because they are interested in the details of research participants" responses and the language they use in narrating their experiences and perspectives.

Recording interviews is seen by Whittaker (2012:48) as essential because it allows the researchers an opportunity to give their participants full attention. The researcher allocated thirty-five minutes for each interview session.

- **Questionnaires and emailed questionnaire.**

- **Self-administered questionnaire**

Questionnaires were used to collect quantitative data and the decision of the researcher to choose this method is supported by Whittaker (2012:67) who asserts that questionnaires are the most suited for the collection of predominantly quantitative data. The questionnaires are data collection tools through which people are asked to respond to the same set of questions in a pre-determined order (Gray, 2014:352). There are varieties of questionnaires which have been identified by De Vos (2013:186-189). Hand delivered questionnaires, mailed, telephonic, electronic, group administered and self-administered questionnaires can be used by researchers in quantitative studies. Self-administered questionnaires and email questionnaires were chosen as the appropriate method for collecting data in this study. These questionnaires were designed in accordance with the aim of the study, research objectives and assumptions. Research questionnaires contained a combination of open questions and close-ended questions. Open-ended questions were used in order to give research participants an opportunity to express their views on the subject.

- **Emailed questionnaire**

One questionnaire was emailed to one participant due to distance and unavailability as due to work related commitments. According to Gray (2014:377) emails are effective for surveys either by including the question in the main body of the email or sending the questionnaire as an attachment. Research literature discourages the use of emailed or online questionnaire due to lack of confidentiality. However, the researcher verified the email address of the participant telephonically. Richard, Grinnell and Unrau (2014:437) have concerns regarding the response rate, but in this case it is only one respondent who was involved in answering the emailed questionnaire and it was effective and efficient. All questions in the questionnaire were answered.

➢ **Administration of questionnaires**

All questionnaires were accompanied by a letter requesting permission to collect data. The letter indicated clearly the purpose of the study and the importance of the study. Participants were also made aware that they had the right not answer some of the questions when they felt uncomfortable.

3.9 Data analysis

Researchers define data analysis as the process of bringing order and structure to data. According to Carey (2012:217), through analysis researchers explain and understand their research findings and extract meanings. The purpose of data analysis, according to Brynard *et.al* (2014:62), is to determine what data could be discarded and what ought to be scrutinized and critically taking into consideration the aims and the objectives of the study. Thematic content analysis was used in this study for the analysis of qualitative data.

3.9.1 Analysis of qualitative data

The researcher followed the process of analyzing qualitative data as outlined by Braun and Clarke (2006) and Whittaker (2012:96-100). The process of collecting data is divided into five stages which are:

- Becoming familiar with research information
- Creating initial codes
- Searching for themes
- Reviewing themes
- Defining and naming themes

➢ **Becoming familiar with research information**

The first phase of data analysis is the immersion of the researcher into the data by reading all transcripts. The researcher read all field notes, transcripts and listened to voice recordings several times with the intention of familiarizing himself with research data. Carey (2012:218) states that analysis begins with transcribing interviews and then reading and re-reading transcripts to look for emerging trends that link research questions and objectives. This view is supported by De Vos et.al (2013:409) who states that reading transcripts in their entirety gives the researcher a holistic view of their data. The researcher used memos to document ideas and codes to categorize research data and thoughts. At this stage the researcher discarded data that was not useful for this study through editing and summarizing data in codes and memos. According to Punch (2014:177) a memo is the theorizing write-up of ideas about codes. The aim of this phase is to allow the researcher to be intimately familiar with data set content and to observe things that might be appropriate to the research question (Braun & Clarke, 2014:204).

- **Creating initial codes**

The first phase of data analysis in this study made the researcher to have a complete knowledge of data. In the second phase of analysis the researcher generated codes. The assessment of field notes, transcripts and memos made the researcher identify recurrent . Bless *et.al* (2013:342) define codes as categories and the coding process involves breaking up the original transcripts and the classifications of all the fragments into these various categories. Grinnell and Unrau (2005explain the purpose of coding identifying and labeling relevant categories in qualitative data. The main activity at this phase was the coding of interesting parts of data. The researcher wrote notes in the text by using highlighters to pinpoint patterns and this also aided the researcher to identify segments of data. This has been confirmed by Bless *et.al* (2013:342) who state that at this stage a text is broken into fragments which share common characteristics.

- **Searching for themes**

The previous step enabled the researcher to identify the themes and recurring ideas held by the research participants. Welman, Kruger and Mitchell (2012:211) postulate that the identification of themes is the fundamental task in qualitative data analysis because themes are umbrella constructs which are identified by researchers, before, after and during the process of data collection. This action is supported by De Vos *et.al*

(2013:410) who state that the process generating categories involves identifying regularities in the setting or research participants chosen for the study.

- **Reviewing themes**

The fourth phase of data analysis is called reviewing of data. According to Braun and Clarke as cited in Whittaker (2014:100-101) at this phase the researcher reviews and refines the potential themes. Evaluating themes helps the researcher to identify themes that have small data or check data that are different to sustain as themes and this is important because data within themes should cohere meaningfully. This was achieved through reading and re-reading field notes and transcripts and also listening to voice recordings several times.

- **Defining and naming themes**

This is the stage where the researcher developed themes and sub-themes which were given names in order to identify them. According to Braun and Clarke (2014:249) writing themes helps the researcher to define the focus and boundaries. The researcher classified themes and named them according to their focus and meaning and this process was influenced by the research questions, research objectives and assumptions. The definitions and the naming of themes paved way for data analysis because the researcher was able to select from each theme extracts that were used as illustrations for various facets of each theme.

3.9.2 Analysis of quantitative data

The latest version of Statistical Package in the Social Sciences (SPSS) computer software was used to analyze quantitative data. The researcher followed the process of quantitative data analysis as proposed by Sarantakos (2005:364) as cited in De Vos *et.al* (2013:252) which is divided into the following stages;

- Data preparation
- Data entry
- Process and analyze data

Data that was collected through questionnaires was carefully prepared for data entry. According to Gray (2014:558) the process of data entry has numerous stages, starting with cleaning the data, planning and implementing the real input of the data. This was achieved through reading, checking and editing collected data. O'Leary (2014:279) describes data cleaning as a process that involves combining research data in order to make sure that entry errors are eliminated and also to ensure that data is accurate. This ended with the coding of data which was done through assigning an identification number to data. The researcher coded all the responses including questions which were not answered. According to Krueger and Neuman (2006) as cited in De Vos *et.al* (2013:252) coding refers to the systematic reorganization of raw data into a format that is machine readable. The second phase of this process was the entering of data. Whittaker (2012:102) indicates that in the second phase, data is entered on to the spreadsheet. All questionnaires were assigned their unique numbers which were written on the front of the questionnaire for referencing and checking. Quantitative data in this research has been presented in tables, charts and graphs and its analysis was done through descriptive statistics. Descriptive statistics are useful in describing the basic features of a set of data and are key in summarizing variable and its goal is to present quantitative descriptions in a manageable and intelligible form (O"Leary, 2014:281 & Gravetter & Forzano, 2012:398).

3.10. The validity and reliability of the study

- **Credibility and integrity**

All scientific investigations must undergo critical appraisal. Barbara and Pockett (2015:105) state that irrespective of the type of the study, the credibility and integrity of the research is juxtaposed with relationships of trust between the researcher and those who participate in the research and the aim of the investigation. In order to demonstrate credibility and integrity research participants were made aware of the purpose of the study and the researcher did not hide that he is a Doctor of Philosophy (PhD) student at North West University and respondents were made aware that this study is also aiming at the professional development of the researcher as an academic.

Research literature on ethical behaviour indicates that it is unethical to deceive research participants. According to Struwig and Stead (2001:69) as cited in De Vos *et.al* (2013:118) deception refers to misleading participants, deliberately misrepresenting facts or withholding information from participants.

- **Validity of research methods**

Research methodologies should be evaluated at the planning, implementation and evaluation of the research in order to ensure validity. This fact is also held by Leung (2015:325) who states that validity is concerned with the appropriateness of research methodologies, tools, processes and data. Validity is described as the degree to which an instrument measures what it is supposed to measure, (Richard, *et.al,* 2014:238). Engel and Schutt (2013:60) indicate that validity requires investigators to be opened in disclosing their methods and honest in presenting their findings.

Validity of the study was also ensured through the triangulation of theories. Triangulation is explained by Stake (2000:443) as cited in Creswell et.al (2012:304) as a process of using multiple perceptions to clarify meaning, verify the repeatability of an observation or interpretation.

The researcher used the theory of social constructivism, social learning and the theory of planned behaviour. The theory of social constructivism and social learning provided the researcher with an insight on how people learn new information and how they generate knowledge.

The theory of planned behaviour assisted the researcher to assess the intentions and the attitudes of research participants to donate organs. Research data for this study was collected from multiple sources such as traditional and religious who explained organ donation from a socio-cultural perspectives and social workers, professional nurses, medical doctors and organ donation coordinators. The involvement of the identified data sources contributed towards the collection of rich data and diverse perspective on the subject of organ donation.

- **Reliability of research instruments**

Data collection instruments must produce similar result in order to prove their reliability. Reliability refers to the replicability of the processes and the results, (Leung, 2015:326). The reliability of data collection tool was enhanced by a large pool of research participants particularly in the qualitative component however the researcher contends that the reliability of data collection tools is determined by the demographic characteristics of research participants. Research participants with higher educational qualifications found it easy to comprehend and answer research questions while the researcher had to rephrase some of the research questions for research participants with lower educational qualifications. This was also influenced by the exposure of participants with the subject that was under investigation. The reliability of the data collection instruments was also demonstrated in this study by the documentation of the research decisions that were taken in the research journey such as the modification of some of the research questions and theoretical frameworks. Data collection instruments were also assessed by a panel of experts from the Department of social work, higher degree committee of North West University and the ethics committee.

- **Transferability and generalisability**

This study was conducted within the context of black communities and the focus was on their socio-cultural factors that impede them from donating organs. The researcher firmly believes that the findings of this study can be generalized and be transferred only to all black communities. Braun and Clarke (2014:280) define generalisability as the application of research findings in different populations while transferability of research findings is seen by Bless *et.al* (2013:237) as the extent to which results apply to other similar situations. However in qualitative approach transferability and generalisability are always problematic (De Vos *et.al* 2013:420) and the researcher is in agreement with this view because in social work practice communities and individuals should be approached as unique individuals and communities. The findings of this research can be transferred and generalized to black communities in other areas and villages in Limpopo Province.

3.11 ETHICAL CONSIDERATIONS

All scientific investigations that involve human beings should be carried out within rules and regulations of research because all research studies whether in the natural or social sciences have ethical dimensions. Research ethics are emphasized by Brink, Van der Walt and Van Rensburg (2012:32) by advising researchers to be responsible in conducting their research studies ethically from conceptualization, planning phase, implementation phase to the dissemination phase. The researcher adhered to National Association of Social Work (2008) code of ethics standards regarding the treatment of human subjects. The researcher adhered to research ethics such as informed consent, voluntary participation, confidentiality and anonymity, asking for approval of the study and the collection of data and avoidance of plagiarism.

- **Approval of the study**

This study was approved by the department of social work at North West University because it is the department in which knowledge and expertise resides and the higher degree committee. The senior higher degree committee approved the study and the research topic and gave suggestions and recommendations on the research methodology to be used. The approval of scientific studies by institutions of higher learning is affirmed by O'Leary (2014:66) who states that commitments by researchers to conduct their research studies in an ethical manner is not sufficient and this justifies the involvement of universities in research studies of their students and academic researchers. The role of research committees is to ensure integrity in knowledge, production and the promotion of responsibility towards research participants.

- **Research ethics certificate**

The research proposal and the data collection tools were further assessed by the research ethics committee of North West University (Mafikeng Campus) which granted research ethics certificate with the reference number, NWU-00149-16-A9.

3.11.3 Request to collect data

The researcher requested the Department of Health in Limpopo Province, Organ Donor Foundation and Moletlane Tribal authority in writing to collect data. The Department of Health evaluated the research proposal and the researcher was granted permission legally to collect data from medical social workers, professional nurses and medical doctors. The researcher requested permission in order to legalize his presence in the community and the approval letters of data collection had a positive impact in terms of developing positive attitudes towards the study in research participants. It also facilitated the development of a professional relationship and trust.

3.11.4 Informed consent

Research participants who took part in this study signed consent form to participate in the study. The consent form indicated the title of research, purpose of the study and it was clearly pointed in the consent form that research participants had the liberty to withdraw from the study in case they feel uncomfortable to proceed with the interviews. According to Hardwick and Worsley (2011:32) informed consent in research ensures that research subjects understand what is being done to them, the limits to their participation and the awareness of possible risks they incur. This view is also held by Silverman (2011:97) who indicates that research participants have the right to know that they are being researched and they have the right to be informed about the nature of the study and the right to withdraw at any time. Taking the above mentioned views into consideration the researcher had adequate time with each research participant for the purpose of ensuring that they understand the purpose of the research and also to assess their psychological and emotional readiness to take part in the study.

The significance of informed consent is emphasized by De Vos, Strydom, Fouche and Delport (2013:117) who suggest that obtaining consent means that adequate information on the goal of the study, the duration of the participants" involvement, procedures to be followed, advantages and disadvantages including the dangers that participants may be exposed to should be highlighted.

This was in accordance with Engel and Schutt (2013:62) who state that research participants must give their informed consent to take part in the study if they are capable and the consent must be obtained from the appropriate proxy for those who cannot give consent due to legal reasons. This principle gives clients the freedom to take their decision. According to Hepworth, Rooney, Rooney and Strom-Gottfried (2013:66) the principle of self-determination is based on the belief that individuals have the potential to grow and develop solutions to their own predicaments and the rights to exercise free choice responsibly.

Informed consent is linked to discontinuance whereby research participants are given the assurance that they are free to discontinue their participation at any time without being required to offer an explanation, (Bless *et.al,* 2013:33). The researcher made his research participants aware about this aspect. The researcher made use of social work skills such as observation to read non-verbal messages of research participants which sometimes indicates their how they feel. Hepworth *et.al* (2013:52) advises therapist to be sensitive to clients „moment to moment emotional reactions and to the part of emotional patterns such as anger and depression." This assisted the researcher to comply with the first rule of research, which is, do no harm.

3.11.5 Voluntary participation

Medical social workers, doctors, professional nurses, traditional and religious leaders participated in this study voluntarily after being given a complete explanation about the purpose of the study and signing the consent form. Research participants were not manipulated to participate in this study. All of them were legally competent to sign the consent form. Their participation was motivated by the purpose and the significance of the study.

3.11.6 Confidentiality and anonymity

3.11.6.1 Confidentiality

Confidentiality in social work profession and practice is a solid foundation upon which the helping relationship is built upon. It implies that the information that is revealed by the clients will not be divulged to the next parties or the third person. In order to ensure this principle the researcher did not use the identification particulars such as the names and surnames including their identity numbers. Pseudo names and numbers were used to identify them. Field notes, voice records and research questionnaires were kept safe and it was only the study leader and the researcher who had access to them. The researcher is confident that the individual responses of research participants cannot be associated with research participants because research participants are not aware of people who took part in the study due to purposive sampling strategy that was used unlike snow balling where the researcher is referred by research participants to other research participants. Confidentiality according to Harwick and Wosley (2011:35) refers to the procedure of ensuring that information collected from research participants in research is not revealed in a form that can be linked or be traced back to individuals who provided the information. Bless *et.al* (2013:32) strongly emphasize that data provided by participants, especially sensitive and very personal information should be protected and not be accessible to anyone other than the researchers and data collected should at all times be protected. The argument on confidentiality is cemented by Hepworth *et.al* (2013:71) who assert that failure to assure confidentiality will affect the participation of clients because they will feel uncomfortable to disclose the private aspects of their lives. The principle of confidentiality is explained as the continuation of privacy which refers to arrangements between individuals that limit other people to have access to the confidential information, (De Vos, *et.al*, 2013:119).The psychological and emotional aspects of the interview were taken into consideration because research participants felt safe as they were interviewed in their offices and their private homes in order to ensure confidentiality.

3.11.6.2 Anonymity

Research participants were given the opportunity of checking field notes that were taken during the interview in order to ensure that the researcher has represented their views however each research participant had access to his or her information only. This proved the integrity and the honesty of the researcher. The actions of the researcher are in accordance with the advice of Hepworth *et.al* (2013:56) who assert that the value of integrity dictates that social work practitioners should behave in a trustworthy manner by respecting and treating their clients and colleagues fairly.

This requires them to be honest and promote responsible ethical practices. The researcher ensured this by not distorting the information that was provided and manipulating data to suit the pre-conceived ideas of the researcher.

3.11.7 The competency of the researcher

The researcher was under the supervision and guidance of a qualified and experienced social worker who is registered to practice as a social worker according to South African Council for Social Service Profession and also experienced in conducting research. The researcher argues that the competency of the researcher in social work practice and in research is an issue that seeks to protect research participants and clients. The first principle about research is that research should not do harm to research participants psychologically, emotionally and physically. The competency of the researcher involves the ability of the researcher to conduct interviews, build and maintain relationship with research participants and clients and the ability to analyze research data objectively.

3.11.8 Plagiarism

The professional competency of the researcher was demonstrated by the avoidance of plagiarism. Plagiarism is the act of using the ideas of other people as your own work without acknowledging them. Druckman (2005:16) and Welman *et.al* (2005:182) as cited in De Vos *et.al* (2013:123) defines plagiarism as directly copying the work of other people without acknowledging them. All chapters of this research project were tested for plagiarism and the plagiarism report is attached in this final research report.

3.11.9 Debriefing of research participants

The aim of this study was to develop a social work model to increase the awareness of organ donation amongst black South Africans in the Zebediela village. Though organ donation and transplantation are sensitive matters, research participants did not give indications of psychological and emotional disruptions which have been triggered as, as result of participating in this study. The researcher organized follow up sessions after the interviews to assess their emotional and psychological wellbeing. According to MucBurney (2001:60) as mentioned in De Vos *et.al* (2013:122) debriefing sessions are necessary because during these sessions research participants are given the opportunity to work through their experience and its aftermath and were they can ask clarity seeking questions in order to remove misconceptions.

3.11.10 Deception

The deception of research participants compromises the quality and validity of research data and the final findings of the study. The researcher explained the purpose of the study to participants in a crystal clear manner.

3.12 Conclusion

This chapter presented the research methodology of the scientific investigation on organ donation with specific reference to factors that impede black South Africans from donating organs. The heart of this chapter was on the type of research, research approach, data collection methods and ethical principles that prescribes the behaviour of the researcher in conducting research.

Chapter four

Presentation, analysis and the discussions of findings

4.1 Introduction

The following chapter presents qualitative and quantitative data, the analysis and the discussion of research findings. The primary aim of this chapter is to present, analyze and discuss qualitative and quantitative data that was collected at Zebediela. This chapter begins with the presentation and the thematic analysis of data which according to Tesch (1990) as cited in Smith and Firth (2011:54) refers to an interpretive process whereby data are systematically searched for patterns to provide an illuminating description of the phenomenon. The end results of this process are the development of meaningful themes without the generation of a theory. Quantitative data in this study is presented through tables, pie charts and graphs using statistical package in the social sciences software (SPSS). The focus of the following section is on the biographical information of participants such as their gender,age,marital status,ethnic groups,religious affiliation and educationa qualifications,

A. Biographical information

- **Gender of research participants**

The total number of research participants who took part in the interviews is twenty-six (26). Females were not adequately represented in this study because only three females participated in the interviews while the other twenty-three (23) were men. The majority of participants are occupying positions of leadership in the society such as traditional leaders and religious leaders and these are positions that are dominated by men in societies. These figures give an indication that patriarchal societies still exist in South Africa which is characterized by the imbalances of female representation in traditional leadership and other positions of influence in the society and this situation compromise gender equality.

- **Age of research participants**

Table 2: Age of research participants

Ages of research participants in terms of the number of years	The number of research participants
18 to 30 years	0
30 to 40 years	0
40 to 50 years	5
50 to 60 years	18
60 years and above	3

Table 1 above represents the age of research participants. There is indication that young people between the age of eighteen years (18) and thirty years were not represented though societies have traditional leaders who are of their ages. Five participants out of twenty-six (26) are between the ages forty years (40) and fifty years (50). People who fall within this age category are still working and furthering their studies while the majority of research participants were between the age of fifty years (50) and sixty years (60). These are people who are regarded by the society as mature people with experience and hence the majority of them are in positions of influence in the society. They are the people who are perceived as having knowledge about the history and the cultural practices of their communities. Three research participants (3) are between the age of sixty years and above and these are also people who are highly respected in societies because of the wealth of knowledge and experience regarding the cultural practices and the history of their communities.

- **Marital status of research participants**

Twenty-five research participants (25) out of twenty-six (26) declared that they are married and living with their marriage partners and it is only one participant who declared that he is a widower. Single and divorced participants did not take part in the study.

The researcher notes that traditional leadership positions are occupied by elderly people who are married and this gives them the advantage of being in a position to handle marital issues in traditional courts.

- **Ethnic groups**

Table 3: Ethnic groups

Ethnic group	Number of research participants
Northern Sotho (Bapedi)	19
Ndebele (Nguni)	6
Tsonga	1
Total	26 research participants

The table above represents the ethnic groups of research participants. The Northern Sotho speaking people, known as Bapedi, was represented by nineteen participants out of twenty-six (26) participants who had the privilege of taking part in this study. Amandebele ethnic group was represented by six participants while the Tsonga speaking people were represented by one (1) participant which is a very small number. The representation of the above ethnic groups gives an indication that Zebediela is a multicultural community though it is dominated hugely by Northern Sotho speaking people.

- **Religious affiliation**

Twenty-five (25) research participants out of twenty-six (26) indicated that they are Christians however sixteen participants of the twenty-five (25) who declared that they are Christians also believe in their ancestors. It is only participants XY who openly believe in his ancestors only. South Africa is a diverse country in terms of culture, religion and language, nevertheless Christianity seems to dominate. The researcher's position on this matter is that Christianity might be the dominant religion particularly within the South African context but communities should accept the fact that Christianity is not the only religion.

Despite the plethora of religions that are permitted by the Constitution of the Republic of South Africa (1996) such as Muslim, Hindi and Christianity, in Limpopo Province Christianity seems to be the major religion. According to Coertzen (2013:79) seventy-nine percens of South Africans are Christians. It is estimated that out of this number 7.2% are reformed churches, 3.8% are Anglicans, 7.4 % are Methodist, 2.5 are Luthern,1.9% are Congregationalist,1.4% are Roman Catholics, 8.9% are Pentecostal churches,12 % are other churches while 40.8 % are African Independent Churches. It has also been discovered by Coertzen (2013:80) that in addition to Christians in South Africa 0.2% of South Africans were Jews in 2013. It is also estimated that 12% of the population adheres to African traditional religion in South Africa. It is only 1.1% of the population that follow Muslims and 0.1% Buddhist.

- **Educational profiles**
- **Table 4: Qualifications of research participants**

Educational Level	**Number**
1. Did not go to school	3
2. Grade 12	12
3. Certificate	2
4. Diploma	3
5. Degree	4
6. Post degree qualifications	2
7. Others	0

Table 3 above gives an indication of the educational qualifications of research participants. Three participants indicated that they have never attended school and through probing it also emerged that they cannot read.These are the participants who are between the ages sixty (60) and above.

They did not have the opportunity of attending school because they started working at an early age due to poor family economic conditions. Illiteracy is one major problem facing the Republic of South Africa.

This view is held by Karam (2013:31) who states that the inability to read and write should be regarded as inhibiting for the underprivileged. The majority of research participants indicated that they have grade twelve (12) which is known as matric while four (4) participants indicated having University degrees while three (3) participants have diplomas. These figures are aligned with census 2016 report which claims that nationally, 14 771 063 are currently attending school at educational institutions and at a provincial level (Limpopo) figures are at 1 796 788 people who are currently attending schools. The current status of people attending schools gives a good indication that people have access to information because institutions of higher learning and high schools are places where information is found.

4.2 Development of themes

The interview process contributed towards the development of themes that are listed in Table three below. The process began with the generation of codes qualitative data set was subjected to data driven classifications. According to Bless, Higson-Smith and Sithole (2013:342) coding refers to a stage in qualitative data analysis where the text is broken into fragments which share some common characteristics. Mitchell et.al (2012:214) indicate that the primary purpose of coding is to analyze and also make sense of research data that has been gathered. This is confirmed by Creswell eta.al (2012:110) who indicate that the aim of qualitative analysis is to bring meaning to the words by identifying themes, patterns, ideas, concepts, behaviours, interactions, incidents, terminology and phrases that facilitate understanding. Research data in this study is presented and analyzed according to the themes and sub-themes that are represented in Table five (5) below.

Table 5: Research themes and sub-themes

Main themes	Sub-themes
1. Knowledge,attitudes and perceptions	• Knowledge • Religion • Culture • Tradition
2. Awareness & registration	• Communication & willingness to register • Registration procedure • Financial incentives
3. Acceptance of donor organs	• Consent for organ retrieval • Fear of body change • Organs that can be donated

4.3 Knowledge, attitude and the perceptions toward organ donation

The findings above relate to research objective number three of the study which was to assess the knowledge, attitudes and the perceptions of black South Africans towards organ donation. This objective is aligned with the research findings of Jaroslaw (2009) as cited in Perenc, Radochonski and Radochonski (2012:668) and the findings revealed that lack of awareness on the subject of organ donation, inadequate knowledge and the failure to identify possible organ donors contribute towards the shortage of organs for transplantation. It further emerged that knowledge and attitudes towards organ donation and transplantation are crucial factors in closing the gap between the supply and the demands for organ in Limpopo. This objective was achieved through the following research questions:

- Have you ever heard about organ donation?
- What have you heard about organ donation?

- **Knowledge about organ donation**

The majority of research participants which is twenty-one (21) out of twenty-six participants who took part in this study declared that they have heard about organ donation but five participants confessed that they have never heard about organ donation. The subject of organ donation and the transplantation of human body organs are subjects that are not entertained in families, churches and the communities. Among the few respondents who indicated that they have never heard about organ donation in this study are people who are within the age category sixty years and above and the research findings of this study indicate that they have low educational qualifications and some have never attended school. The educational aspects of the society, lack of access to information and the inability to read and write affect the rate of organ donation negatively.

R1: "I have never heard about organ donation and I am not aware that people should register in order to donate their organs."

R20: "It is very rare to see a person talking about organ donation in public. The little information that I have about organ donation I think it is not sufficient."

R14: "I have never seen a living person who donated an organ or someone who received an organ from another person."

These findings confirm the assumption of this study that black South Africans have limited knowledge about organ donation and this is also consistent with Organ Donor Foundation (2014) report which indicates that in South Africans" lack knowledge and identification of donors are the major issues that have a direct impact on the success of organ transplantation. This view is also held by Mithra, Ravindra, Unnikrishnan, Rekha, Kanchan, Kumar, Papanna, Kulkarni, Holla and Divyavaraprasad (2013:84) who argue that the rate of organ donation and transplantation depends upon the awareness and positive attitudes of the public towards organ donation. Lack of knowledge and understanding about organ donation is pointed as having an influence on organ donation by Jaroslaw *et al* (2009) as cited in Perenc, Radochonski and Radochonski (2012:668) who declare that lack of awareness on the subject of organ donation,insufficient information and failure to identify potential organ donors have an impact on organ donation. The researcher concurs with the above researchers and contends that knowledge and information precedes action because people„s behaviours are determined by the knowledge that they have. Families within black communities in Limpopo avoid talking about organ donation due to lack of knowledge or misleading information around the subject and the sensitivity of the subject.

Despite the small number of people who reported their lack of information on the subject of organ donation and the medical transplantation of human body organs, the majority of research participants in this study indicated that they have heard about organ donation. The researcher has observed that these are research participants who have been exposed to tertiary education and they have access to information because of their ability to read newspapers, books, magazines and online information about organ donation. However, during the interaction with research participants the researcher identified gaps in the information that they have regarding organ donation. The information that people have regarding organ donation might be insufficient or misleading and this is determined by the ability of an individual to comprehend, interpret the information that is available regarding the subject of organ donation.

R6: "I have heard about organ donation through the television."

R11: "I know that people need organs such as the heart and the kidneys because they are sick."

How people hear and learn about organ donation is an issue of great interest because people obtain information from various sources. The theory of social constructivism and social learning was used to assess how people learn about organ donation and transplantation. The theory social constructivism is a learning theory which based on the philosophy that knowledge is created through interactions. Gergen (1985) as cited Galbin (2014:82) defines social constructivism as a perspective that believes that a great deal of human life exists as it does due to social and interpersonal influences. It is contended that individuals are integrated with their cultural, political and historical milieu.

According to Powell and Kalina (2009:243) this theory entails the collaboration and the social interactions and its strengths is based on the social interactions of students in the classroom along with a personal critical thinking process.

The researcher regards the family and the society as the basic institutions within which people are taught and learn about issues of organ donation and transplantation, particularly the family which is seen as the primary agent of socialization. However, organ donation is not a subject that is discussed in black communities, just like death. According to the theory of social constructivism, knowledge is generated through the interactions and the collaborations of people. Dialogues that are initiated by families as primary agents of socialization make a huge contribution in the area of organ donation. This view point is supported by Rotrigue, Cornel, Krouse and Howard (2010:494) who state that people from families that regularly communicate about organ donation are more likely to be aware of the intentions of their family members to donate organs and the consent rates are positive. The researcher argues that the more people hear about organ donation in their families and local communities, their attitudes and perceptions tend to become positive about organ donation.

The theory of social learning states that people learn by observing desired behaviour from other people within their environment. People from social work perspectives should not be seen and assessed in isolation from their environments. It is believed that people are the product of their environments. All twenty-six participants in this study indicated that they have never seen a person in their community and family who has donated an organ or is a recipient of an organ from a donor. Apart from having people who talk and teach about organ donation, from a social learning perspective people should have a role model that they can learn from. According to Albert Bandura (1971) as cited in Kim and Moon (2013:424) people learn from each other through observation, imitation and modeling. The importance of social learning is emphasized by Hanna, Crittenden and Crittenden (2013:20) who concurs with Bandura (1971) and states that knowledge is shared through interactions within the social context therefore the environment in which a person lives has an important role in shaping the behaviour of people and from social work perspective.

The findings of this study indicate that research participants come from environments and families where organ donation and transplantation are not part of their everyday conversations.

- **Body organs that can be donated**

When responding to the question on which body organs could be donated, the majority of participants mentioned kidneys, heart and liver. These findings give an indication that people are aware about organs that need to be transplanted because according literature on organ donation, organ donation is not a new concept in South Africa. The first heart transplant was done in South Africa. However, though research participants were in a position to identify organs that can be donated for transplantation purposes, their knowledge about organ donation is limited. Eleven (11) research participants out of twenty-six (26) reported that they were not aware that body organs such as the skin, bone marrow and the cornea are some of the organs that can be donated. The findings also confirm that lack of knowledge on the subject of organ donation is responsible for the low donation and registration of organ donors. According to the information collected from twenty-six research participants, body organs that can be donated are the kidneys, heart and the liver. Nevertheless the kidneys, heart and the liver are body organs that are in high demand according to literature review on organ donation. According to Sekine, Monkawa, Morizane, Matsuoka, Taya, Akita, Joh, Itoh, Hayashi, Kikkawa, Kohno, Suzuki and Yonekawa (2012:52) from a health perspective a kidney is an important organ of the body which is primarily responsible for the maintenance of body fluid homeostasis including different cells such as glomeruli, tubules and collection of ducts. It is an organ that should function in a coordinated manner as it is also responsible for the reabsorption of salts, glucose, amino acids and water from the glomerular filtrate.

There are five thousand (5000) patients who had renal failures in 2013. At a global level United States of America according to Hitt, Gidley, Smith and Liang (2014:197) more than hundred and twenty-four thousand patients are on the waiting list for a life-saving organ donor.

The researcher argues that the awareness about organ donation does not always lead to high volumes of organ donors, though the researcher does not dispute the fact that knowledge can be used to dispel the inaccurate information and the myths on organ donation. The awareness of research participants about organ donation and body organs that can be donated for transplantation purposes does not yield results in terms of motivating black South African to register as organ donors.

All twenty-six (26) research participants identified the heart as an important organ that is required for transplantation. The concerns of research participants regarding the donation of hearts was based on brain-death which is a subject that is highly misunderstood and controversial according to the literature reviewed on organ donation. Fourteen research participants indicated that the heart of a dead person cannot be used for transplantation purposes, therefore it is inferred that a person registered as an organ donor is not allowed to die a natural death. This discovery indicates that fear of being declared dead due to brain death is one of the factors that fuel the shortage of organ donors. The donation of heart during the interaction with research participants was also debated from a religious point of view. Three research participants argued that when people talk about a person, they are referring to the heart of that particular person because from a religious point of view the heart of a human being is of great importance. Taking the above mentioned argument into consideration, the researcher contends that poor understanding and interpretation of religious beliefs impede people from donating organs. This might be caused by the level of education of an individual and the mental ability of an individual to comprehend and analyze the information.

- **Attitude about organ donation**

The research assumption of this study is that, religious and cultural beliefs impede black people from donating their body organs which are linked with objective number of this study which was to explore the attitude of black South Africans towards organ donation. This objective and an assumption were achieved through asking the following research questions;

In responding to this question four (4) research participants out of twenty-six (26) did not hide their negative attitudes towards organ donation while five (5) participants had mixed feelings about organ donation. The appreciate the importance of organ donation and transplantation as life prolonging and saving technique however they also had negative views about organ donation. The position of the researcher on the question of the attitudes that people have regarding organ donation is that, they are determined by the knowledge that they have regarding the subject and the level of their education play an essential role. This argument is supported by McDonnall and O"Mally (2015:43) who claim that theories on attitude formation argue that there is a linkage between knowledge and attitudes. The researcher further state that positive or negative attitudes are determined by the knowledge that a person has been exposed to.

It is further contended by the researcher that people can either develop negative attitudes towards organ donation based on the inaccurate information that they have or even wrong information can contribute towards the formation of negative attitudes. Negative attitudes towards organ donation are also perpetuated by the natural environment in which a person finds himself or herself living in. In social work profession the environment is viewed as having an influence on the person and from social work perspective there is a constant interaction between a person and the environment. The researcher argues that attitudes also develop as a result of the interaction between people. This view is supported by the theory of social learning and the theory of social constructivism which talks about the generation of knowledge.

According to this theory, people learn through interactions. When people interact with people who view organ donation negatively, people who have inaccurate knowledge about organ donation, the recipients of that negative information will also develop negative attitudes towards organ donation. The theory of social learning assume that people learn when they observe, therefore the implication of this perspective is that people have the ability to influence one another positively or negatively.

R16: "Organ donation is uncalled for"

R16:"I do not believe that people should donate their body organs, we have never seen that in our society"

R19: "Organ donation and transplantation are things that performed by white people only, our culture as black people does not allow us to cut and donate our body parts"

The majority of research respondents which is eighteen (18) out of twenty-six respondents declared their support for organ donation. It is essential to report that the majority of people who have positive attitudes are people who have been exposed to tertiary education in this study. These are the research participants who have access to information such as books, magazines, newspapers including online materials. Miller (2005: 154-163) as cited in Tarus and Gavrilovici (2015:70) discovered that individuals with higher educational levels have favourable attitudes toward donation.

In addition to level of education Phillipson, Larsen-Truong, Pitts, and Nonu (2015:92) discovered factors that facilitate positive attitudes and the willingness to donate organs which re the age, gender, socio-economic status, knowledge, altruistic and having personal experience with organ donation.

The findings of this study are in agreement with the findings of Miller (2005:154-163) as cited by Tarus and Gavrilovici (2015:92) that the educational status of a person has a huge impact in the formation of attitudes towards organ donation and the conclusion that has been take is that, there is a connection between attitudes and knowledge. However the findings Phillipson, Larsen-Truong, Pitts, and Nonu (2015:92) cannot be generalized within the context of this study particularly the socio-economic status of the research participants because the message in their argument is that, people who are from good economic backgrounds have positive attitudes toward organ donation and also less socio-cultural beliefs nevertheless the researcher agrees with their findings on the role of knowledge in the promotion of organ donation. This assumption is also confirmed by Hyde, Suzanne and Chambers (2012:169) who states that knowledge about organ donation is closely linked with organ donation attitudes, the willingness and donor registration status.

The success of organ donation and transplantation are determined by the positive attitudes that people have regarding organ donation and this should be used as an entrance for the recruitment of organ donors in societies. Through this study, it has been found that there are people who have positive attitudes towards organ donation though these attitudes are not translated into actions in terms of the actual process of registering as organ donors. The researcher maintains that the presence of positive attitude does not guarantee that people will donate organs. All research participants in this study who declared to be in support of organ donation are not registered donors while on the other hand thirteen (13) respondents out of eighteen (18) indicated that they are not willing to communicate their desire to their families .

The attitudes of research participants were assessed through the theory of planned action. The researcher is of the view that the positive attitudes that people have about organ donation are of no value if they are not translated into the actual process of registering as organ donors but the researcher acknowledges the significance of positive attitudes as the main prerequisite for the success of organ donation promotion and programs.This view is confirmed by eighteen (18) research participants who indicated their support for organ donation. However the researcher discovered that all participants who took in the study are not registered as organ donors. The theory of planned behaviour according to Hyde and White (2009:883) is based on the philosophy that the intention is the proximal predictor of behaviour while the intentions are determined by attitudes whether positive and negative. Kinnally and Brinkerhoff (2013:4) describe the theory of planned behaviour as a psychological theory that plays a vital in linking attitudes and behavioural intention intentions.

The researcher accept the theory of planned behaviour however within the context of this study contradictions were discovered. Research participants declared their positive view about the subject of organ donation and also the medical transplantation of human body organs while thirteen (13) research participants indicated their willingness to communicate their intentions of desiring to be organ donors.

The researcher argues that though positive attitudes are a solid foundation were organ donation can be proposed, they are also influenced by various factors such as religion, culture and knowledge. The accuracy of information about organ donation, positive religious attitudes and cultural factors contributes towards positive attitudes which at the end should result in positive behaviour. In this study the researcher discovered that, there is no connection between attitudes and behaviour.

R17:"I am not registered as an organ donor"

- **Religion**

Culture and religion are linked with the third objective of this study which was the investigation of religious and cultural factors that impede black South Africans from donating organs. According to the assumption of this study religious and cultural aspects are responsible for the poor donation of body organs within the black communities. The twenty-six research participants who took part in answering the question relating to religion and culture included five ministers of religion from various dominating churches at Zebediela from Zion Christian Church, Methodist Church, Lutheran Church, Apostolic church, Dutch reformed church, Full gospel church , Seven Adventist church and one tradition healer. The objective and the assumption of the study were achieved through the following research question;

- What are the factors that impede black South Africans from donating organs?
- Does your religion or culture allow the donation of organs?

In response to this question one (1) minister of religion out seven (7) ministers of religion declared that the donation of organs including blood donation are against the teachings of his church. Six ministers of religion indicated that, their religion does not oppose organ donation and the transplantation of organs because the gospel is about the love of God, sacrifice and giving life. One traditional leader indicated that from traditional point of view organ donation cannot be opposed because the amputation of organs performed as a result of sickness and diseases, work related accidents and car accidents. However nine (9) traditional leaders felt that people should not take part in organ donation due to cultural beliefs.

However during the interview the researcher felt that research respondents are not in a position to differentiate between religion and culture and also to draw a line between church denomination and religion.

The researcher asserts that religion and culture cannot be separated. Though it is only one minister of religion who confessed that organ donation and the transplantation of organs are against the teaching of the church, this confirms the assumption that religious and cultural factors impede black South Africans from donating organs.

The researcher contends that, this should not be seen and be interpreted as one person, because minister of religion A is representing congregation 1 which is composed of many members. The findings of this study are a confirmation of the study that was conducted by Horton and Horton (1990) as cited in Vincent, Anker, Feeley (2011:314) who discovered that that knowledge of religious support for organ donation is closely associated with the willingness to donate organs.

This provides us with the mentality that the willingness of people to participate in organ donation can be determined by their religion. People will always make efforts not to violate church rules and regulations because religions also serve as a means of identification. People are too categorized by what they believe in and what they do as members of a particular church

R12"Our church does not allow and believe in the donation and the transplantation of organs including the donation and the acceptance of blood"

Religion has the power to influence the society because the researcher perceives the church as one of the primary agent of socialization. It prescribes how people should behave, how they see the world around them and also contribute tremendously in the formation of attitudes and perceptions against or in favour of organ donation and the medical transplantation of body organs. The power of religion in shaping the thoughts and the behaviour of individuals is supported by Manglos and Weinreb (2013:196) who described religion as a source of morals, symbols and ideologies that bind people together.

According to Dahinden and Zittoun (2013:189) from a socio-cultural point of view religion provides people with strong social and cultural means to read their environment guide their actions and also orient their decisions. Religious and spiritual beliefs have an impact on living as well as deceased organ donation because the families of the deceased from a religious perspective have an obligation to present the body deceased person as it is. This opinion is supported by Bresnahan, Guan, Smith, Wang and Edmundson religious beliefs spiritual beliefs form the ideas about the meaning of life from a religious perspective, the moment of death and the care that must be taken to present the body of the loved one to the spiritual realm.

People have diverse understanding about death which is influenced by their religious and cultural perspective. One minister of religion indicated that, the body of a person according to the bible is the temple of God and the Holy Spirit. God entrusted people with their bodies to take care of them and the amputation of body organs is contrary to religion. Negative religious attitudes towards organ donation might also be caused poor understanding and wrong interpretation of scriptures which will ultimately justify the refusal to donate organs.

The main question that still remains is a question of whether people will transcend into the spirit world with their current physical bodies but from a religious point of view a person is divided into the soul which will last forever and the body which is mortal and subject to death. According to Tonti-Filippini (2011:411) death involves the separation of the soul from body. The view of returning the body as it is from its creator is also held by the Chinese population. According to Bresnahan, Guan, Smith, Wang, Edmundson (2010:134) Chinese people believe in cremation but the remaining relatives believe that shepherding their loved through the death process with an intact body is a personal and social honor, Religion such as Confucian, Taoist and Buddhist tradition require that the body of the deceased be returned intact to the ancestors (Braun & Nicholus, 1997, Chan, Ng, Tse & Cheung, 1990 & Wu, 2008 & Yongetal, 2000).

Six religious leaders in this study indicated their support for organ donation and transplantation though only one opposes organ donation. Religious leaders indicated that organ donation is about saving people and prolonging life. It was also highlighted that the foundation of Christianity is about the love of God and self-sacrifice which was demonstrated by the death of Jesus Christ on the cross for humanity. One minister of religion articulated that Christianity does not forbid people from people from donating their body organs for transplantation purposes. One traditional healer indicated the support for organ donation.

R2:"We should not use religion to prevent people from donating organs"

R2:"People should be encouraged to donate organs because it saves lives"

R1:" If our ancestors do not accept people whose parts have been amputated, then it means people who lost their body parts as a result of diseases such as sugar and cancer will not rest in peace.

The above findings give an indication that organ donation and transplantation is not forbidden by all religion. What is lacking and contributing to lack of organs for transplantation which emerged from the discussion with research participants is lack of teaching on the subject of organ donation. Six ministers of religion indicated that they do not teach about organ donation in their churches. The researcher argues that the failure of the church to promote organ donation and transplantation contribute towards the acute paucity of human body organs for transplantation. Altruistic acts such as giving to the poor, widow and orphans are encouraged in churches but organ donation is a subject that requires one to have knowledge. Religious leaders might not be teaching their congregations about organ donation due to lack of knowledge on the subject. The other reason that might be contributing towards the current position of the church might be, their church doctrines do not include teachings about organ donation unlike the Muslim religion, and it has a firm position on organ donation.

In concluding the debate on the role of religion as a barrier to organ donation, the researcher has noted that, at a global level many researchers in the field of organ donation are pointing at religion as one of the barrier to organ donation in various parts of the world. Mithra, Ravindra, Unnikrishnan, Rekha, Kanchan, Kumar, Papanna, Kulkarni, Holla and Divyavaraprasad (2015:84) identified religious attitudes, lack of understanding about organ donation and lack of awareness about organ donation as the barriers to organ donation. In this study it is only one religious leader who stood against organ donation, blood donation though it was not the focus of this study however other religion seems not to be opposing organ donation and the transplantation of organs. However the challenge with religions and church denominations that are not opposing organ donation it is their failure to teach their members about organ donation. Churches as primary agents of socialization can provide platforms were church members can learn about organ donation as six religious leaders indicated that they have never specifically taught the members about organ donation.

According to the theory of social constructivism people learn and generate knowledge through their interactions while social learning state that people learn through observations. The researcher contends that the church could be used as an agent ofsocialization to cultivate the habit of donating organs through its teachings because religion has the potential to prescribe how people behave and also influence the manner in which they perceive life. Religions make a contribution in the formation of attitudes and the perceptions on organ donation. People view organ donation using their religious and cultural lenses. The other theme that emerged during the collection of data is culture.

- **Culture**

In response to the question of whether the culture of research participants allowed them to donate organs, seven (7) research participants out of twenty-six (26) in this study indicated that they are black South Africans and they believe in their ancestors. They declared that their culture does not allow them to donate organs. However, when they were asked whether they could accept an organ for themselves they indicated that they could accept an organ when their body organs are not functioning.

The researcher argues that people appreciate the value of organ donation as a therapy that prolongs and improves the quality of life but they use culture as a barrier that prevents them from donating organs. This notion is confirmed by the willingness of people to accept body organs when their vital body organs are malfunctioning. These findings are aligned with the Organ Donor Foundation (2014) which cited culture as an obstacle that prevents people from donating organs in South Africa. Researchers in the field of organ donation and transplantation worldwide continue to view culture and religion as impediments to organ donation and transplantation of organs. This study was conducted in an area that can be described as a multicultural community due to diverse population in terms of language, religion and cultural practices.

R3: "Organ donation is against my culture and my ancestors will not recognize me when I arrive to them after my death."

R7: "I do not want to make my ancestors angry by donating my body organs; my children will suffer the consequences of my actions."

R11: "I do not think I will sleep in peace after my death if I donate my organs."

The findings of this study reveal that there are people in communities who oppose organ donation because of their cultural beliefs and practices. Therefore culture and the worship of ancestors could be seen as barriers that prevent black people from donating organs.

The researcher suggests that the refusal and the reluctance by black South Africans should be understood and addressed within the context of their culture and understanding. Boucher (2016:996) defines culture as the learned and shared behaviours of a particular community confined by language, religion and the social contexts. Anagwo (2014:270) described culture as a pattern of behaviour and life acquired and it is transmitted by groups of human beings. Since culture is also used as a form of identity adopted for purposes of survival and it is created when a particular group of people make attempts to satisfy their basic needs within a given environment.

The researcher concurs with Boucher (2016:996) that culture is learned. The rate of organ donation particularly within the black communities is affected by lack of knowledge. This view has been confirmed by six (6) religious leaders who declared that they do not do notteach their congregations about organ donation. According to Chavis (2011:472) human beings should be seen and be understood as having cultural experiences that affect how they behave. Like religion, culture also prescribes how people behave and how they explain the world around them. Organ donation is greatly affected by religion; culture which influences the development of positive or negative attitudes towards organ donation. Death and organ donation are culturally sensitive topics amongst the South Africans. This view is supported by Park, Yun and Song (2015:1586) who state that discussing the concept of organ donation cannot be without involving death as a subject and people often feel uncomfortable, thereby affecting both living and deceased organ donation. According to Hyde and White (2009:424) the inability to discuss the organ donation and the intention to donate organs is caused by the reluctance or the objection of family members regarding organ donation and the inability to initiate talks around the subject of organ donation.

The fact that culture is learned, which is seen as a factor that impede black South Africans from donating organs, gives an indication that organ donation is a subject that is not regularly discussed in families, churches and societies. According to the theory of social learning, individuals learn within their social contexts through observing the desired behaviour. However five (5) participants in this study reported that they have never heard about organ donation and a person who donated organs for transplantation. People are in a position to teach what they know and what they have seen through observation and as a result, lack of visible role models who participated in organ donation and lack of knowledge about organ donation are factors that are responsible for the insufficiency of body organs.

Ancestral worship is closely linked with culture and was identified as a barrier that forbids people from participating in organ donation. One research participant indicated the ancestors would not recognize a person who donated organs. Ancestral worship in Limpopo Province is highly pervasive and practiced by people who adhere to religions such as Christianity. Ancestors are dead people, who have the interest and the welfare of people who are still living and they are also seen as possessing divine power. The northern Sotho word for ancestors is gods (*Badimo*) and these are spiritual beings who should be consulted for guidance by people who are still alive.

People behave in a manner that does not make their ancestors angry because it is believed they also have the power to bring bad luck on a person. Zebediela is dominated by the northern Sotho speaking people and the majority of them, despite their affiliation with Christianity, believe in their ancestors. These findings are consistent with the study conducted by Wu and Tang (2009:52) who did a study on the negative impact of death anxiety on self-efficacy and willingness to donate organs among Chinese adults. The findings of this study indicated that traditional beliefs toward death seem to be a salient psychological attribute that contributes towards the unwillingness of donating organs within the Chinese population and the researcher is of the idea that these findings can be generalized within the Black South African who believe in their ancestors. According to the ancestral tradition, dead people depend on the living people for their well-being (Valentine, 2010:277). This belief is held by many people at Zebediela and demonstrate their love and undying relationship with their ancestors they clean their tomb stones, they marry wives on behalf of the deceased, make sacrifices and communicate with them on a regular basis. The worship of ancestors involves a ritual practice that is based on the belief that the deceased have a continued existence and they take pleasure in the affairs of the world, especially that of their relatives. South African people are culturally laden and the natural habitat within which they live and function promote their culture. Culture reveals the identity of people. Therefore any attempt to understand the behaviour, culture and ethos of South Africans using Eurocentric theories might result in wrong conclusions about them.

Daniel (2001:301) and Asante (1998:2) as cited in Makhubele (2008:29) define Afro-centrism as a worldview which provides people with the lenses to interpret events and define reality and it is significant for the affirmation and promotion of cultural worldviews in their environments. Borum (2007:120) concurs by declaring that the history and the culture of people should be the point of departure in any analysis of African American cultural dynamics. The application of this perspective has the advantage of allowing the researcher to individualize and understand people from their cultural values, norms and traditions and their practices.

The research findings also indicate that despite the minority of who opposed organ donation, nineteen (19) out of twenty-six (26) indicated their culture is not against organ donation. The research findings give an indication that there is diversity of religion, culture and traditions in communities though people live in the same geographical area. According to the constitution of Republic of South Africa, people have the right to perform their cultural and religious practices (The Constitution of South Africa, 1996). However these findings are not consistent with the studies that have been conducted in the area of organ donation and transplantation where culture, religion and attitudes were seen as responsible for the shortage of body organs for transplantation. The second theme that came out during the interview was registration as organ donors and communication of the intentions to donate organs.

4.4 Awareness and registration

In response to the question of registration as organ donors, all twenty-six (26) research participants reported that they are not registered as organ donors. Five research participants out of twenty-six (26) confessed that, they are not aware about the subject of organ donation but this is minority group as compared nineteen (19) which is familiar with organ donation. This high volume of research participants who indicated that they are not registered also include people who indicated to be having knowledge about the subject of organ donation, they indicated to in support of organ donation and they also confessed to be having positive attitudes towards organ donation.

These findings are aligned with the study that was done by Yeun, Kwon, Kim, and (2015:208). They discovered that multitudes of people who profess to be having the desire to donate body organs are not registered as organ donors. Through using probing skills it also emerged that respondents have mixed feelings about both living donors and deceased donors. Organ donation and transplantation is still surrounded by misconceptions, inaccurate information, religious, cultural myths. Lack of information is also the main contributing factor because it is only through education that the myths and misinformation can be dispelled.

R5: "I am not registered as an organ donor."

R8: "I do not think the doctors and nurses will take care of you when you are registered as an organ donor."

The researcher reports that reports that the knowledge that people have about organ donation, including their positive attitudes, are not always associated with the actual registration as organ donors and the donation of organs. Despite their awareness, organ donation in South Africa in is still regarded an altruistic act which is perpetuated by love and compassion. The myths on organ donation still exist because eight (8) research participants out of twenty-six (26) had a concern that when you are a well-known organ donor medical doctors and nurses do not take care of you when you are sick because organs should be retrieved while the body is still warm. The promotion of organ donation strategies should also be taken into consideration.

The awareness of organ donation is done through Organ Donor Foundation which does not have infrastructure according to one of its reports. The current online registration method excludes populations which do not have access to online registration due to illiteracy and lack of internet access in rural villages such as Zebediela.

- **Registration procedure**

The majority of research participants, twenty-six out of twenty six indicated that prospective organ donors register to be organ donors at any hospital. Research participants are under the assumption that hospitals are responsible for the registration of organ donors because the retrieval of body organs are performed within the hospital settings. The multidisciplinary team that is composed of medical social workers, medical doctors and nurses is accountable for the recruitment and screening of prospective organ donors and recipients. Organ Donor Foundation is a non-profit organization that is responsible only for making people aware about organ donation and the transplantation of organs. The organization depends heavily on online registration though they also do awareness campaigns about organ donation. According to Organ Donor Foundation registration of organ donation is done online and telephonically. The researcher holds the view that online registration of organ donors is cost-effective but it is only people who have access to the internet who use the online facilities.

The online and telephonic registration also disadvantage people who cannot read and write because such populations exist in communities. The researcher argues that door to door registration of organ donors could make a huge difference. Registration of organ donors is determined by attitudes, knowledge, perceptions and religious factors that people have about organ donation. The manner in which information about organ donation is disseminated should be taken into consideration. The online information should not replace face to face interactions. Through face to face interactions opportunities are created where people get feedback and prospective organ donors get individual attention. The important fact that emanated from the interview is that research participants reported that they have seen a person promoting organ donation in their communities. Organ Donor Foundation makes the public aware about organ donation thorough the following strategies:

- Toll free line
- Website
- Distribution of information through brochures and distribution of donor

identification

- Educational talks at schools, tertiary institutions and companies
- Corporate wellness
- Expo and awareness events and social media

The above strategies that are used by Organ Donor Foundation seem to be similar to strategies used globally to promote organ donation. However, the recognition of the uniqueness of communities in terms of demographic characteristics needs to be critically considered. The toll free line, website and social media depend on the ability of individuals to use those facilities and financial affordability. The researcher contends that the current status of organ donation in South Africa calls for the evaluation of organ donation promotion strategies due to low donation rates. The researcher has also discovered that Organ Donor Foundation does not have satellite offices in Limpopo Province. Lack of infrastructure has huge negative implications on the rate of organ donation registration due to lack of visibility of the organization in other parts of South Africa.

- **Fear to donate registering as an organ donor**

Five research participants mentioned that they have fear of registering as organ donors because they think doctors and nurses will not take care of a person who has registered as an organ donor. They stated that such patients will not be allowed to die a natural. These findings indicate that people prefer to die naturally and their argument is associated with the concept of brain death and they also affirm the mistrust of medical doctors and nurses. Literature review on organ donation indicates that people have misconceptions about organ donation which came as result of having and receiving wrong information about organ donation.

These findings are consistent with the study conducted by Wagner and Monalis (2012:200). They discovered that people have fear in engaging themselves in health-related behaviours such as donating blood and as result their attitudes, intentions and the behaviour towards the act is negatively affected. It has also been found that people feel uncomfortable about signing donor cards. These findings are confirmed by Dana, Robinson, Susan, Klammer, Perryman, Thompson, Kimberly and Arriola (2014:1858) who is their study also discovered poor registration of organ donors are caused by lack of transplantation awareness, lack of confidence in the medical community, fear of premature declaration of death after signing a donor card, racism, religious aspects and misperceptions

- **Fear of body change due surgery**

The question of changes that will occur on the body of the donor was not included in the data collection tool however it came as questions from the research participants. Eight research participants had concerns about the body changes that will take place due to medical surgery. Though this question was initially part of the interview guide, it enlightened the researcher that research participants take the physical appearance into consideration after the surgery which is found to have psychological effects. This could be an indication that all people are concerned about how they look irrespective of age, gender and race. These ideas are confirmed by Tomas-Aragones and Marron (2016:47) who state that body image has a huge impact on the emotions, thoughts and behaviours and most importantly it also influences human relationships. Organ donation affects not only the donor but also the immediate family members of the deceased because from social work perspective a family is viewed as a system. According to system theory a family is seen as a whole, with interrelated parts that depend on one another

- **Financial incentives for organ donors**

The question of financial incentives for people who are willing to be organ donors was not included in the data collection tool that was used to collect data from traditional leaders and ministers of religion. However this question was raised by seven (7) research participants. They asked what are they going to benefit financially if they donate their organs while they are still alive and their families after their death. The process of organ donation and the medical transplantation of human body organs are associated with financial costs, emotional and psychological aspects but in South Africa financial incentives for organ donation is forbidden and it is also against the legislation regulating

the donation of organs. The extraction and the retrieval of body parts for financial purposes is unethical and against the law in South Africa. Section 60 4 (a) and
(b) of National Health Act 61 of 2003 clearly state that It is an offence for a person who has donated tissue, a gamete, blood or a blood product to receive any form of financial or other reward for such donation, except for the reimbursement of reasonable costs incurred by him or her to provide such donation and to sell or trade in tissue, gametes, blood and blood products.

R13:"What will I benefit if I register and donate my body organs?"

R9:"The hospital benefit financially by selling our body because patients pay for our body parts"

R9:"I will only take part in organ donation when they (doctors, hospital &patients) pay for my organs"

This research finding gives an indication that people think hospitals are making money by using donated organs and it also reveal the importance of rewarding organ donors financially. The existence of these ideas confirms that people have wrong and misleading information that prevents them from donating organs. The researcher is of the view that financial rewards for organ donors could raise the registration of organ donors and this is the practice that has been adopted in other countries such as Malaysia. This view is supported by Fisher, Butt, Friedewald, Fry-Revere, Hanneman, Henderson, Ladin, Mysel, Preczewski, Sherman, Thiessen and Gordon (2015:1881) who state that financial rewards for no directed living donor has the potential to increase the supply of organs and this would reduce the costs of dialysis.

4. 5 Acceptance of organs

- **Acceptance of organs**

The third theme of this study was the acceptance of body organs for transplantation and the sub-themes that emerged out of this theme are the consent for the retrieval of body organs and fear of body change. In response to the question of whether research participants would accept an organ from another, twenty four research participants out of twenty-six (26) indicated that that they can accept it. Only two (2) research participant who declared they will not accept an organ from another person. The twenty four participants included participants who indicated their negative attitudes against organ donation. All research participants who answered this question are not registered organ donors. The above findings of this study give an indication that though people are not registered as organ donors are able to receive an organ from another donor despite their religious, cultural and attitudinal aspects. These findings confirm the value and the significance of organ donation as a technique that is able to improve the quality of life and to prolong life of individuals. One research participants reported that only close family members should donate body organs to each other, but not to strangers. Human beings are creatures that are selfish by nature and this assumption is confirmed by the reluctance of research respondents to register as organ donors.

R14:"I will accept organs from other people because the aim is to save my life"

R14: "We all want to live, if you do not accept organs it means you are choosing to die while doctors are trying to save you"

- **Consent for organ retrieval**

Twenty three (23) research participants indicated that they will not allow the body organs of their children, marriage partners and their closed family members to be retrieved for transplantation purposes. This is a huge number because it is only three research participants who reported that they can give consent. According to the research findings of this study the retrieval of body organs during brain death and also in living donation is not determined by the registration of organ donation.

This is possible when this subject is argued from a legal perspective; however the wishes of an organ donor depend on the family members of the deceased for approval. The family of the deceased plays a vital role in organ donation despite the legal evidence that authorizes the retrieval of body organs. In social work profession, an individual is not assessed in isolation from the family. The eco-system theory sees a family as a system which has diverse parts that depend on each other and also interrelated. Therefore the decision that is taken by an individual member to donate body organs has an impact on the entire family as a system.

R16: "I will never allow body organs of family members to be retrieved"
R16: "My children and wife will not allow that to happen"

The researcher argues that family consent regarding the retrieval of body organs is determined by socio-cultural aspects, accurate knowledge about organ donation and social attitudes. Some of the research participants indicated that they have never seen a person who donated organs including the recipients of body organs. The identified factors play an important role in determining the consent rate among the black population. Literature on organ donation and transplantation point out lack of communication on organ donation as an impediment that prevents people from donating organs. Death and organ donation are subjects that are not discussed in families because they are very controversial in nature. The timing of organ donation is an issue of great interest in the area transplantation. The researcher state that psychosocial aspects in organ donation should be taken into consideration. Individual are expected to take decision during the grieving period and these will eventually affect the consent rate. The decision to give consent for the retrieval of body organs is also influenced by the understanding of death from a religious and cultural point view. The important theme that also came out of this study was fear to donate organs which according to the researcher is associated with lack of understanding the concept of brain death. However this question came out of the interactions with research participants and it was not included in the data collection tool. The aim of the next section is to discuss scientifically the findings of the study.

4.6 Presentation, analysis and discussion of quantitative findings

Research data that is presented in pie charts, tables and graphs have been collected from social workers, organ donation coordinators, professional nurses and medical doctors through questionnaires. The following section presents the biographical information of research participants in terms of their gender,age,marital status,educational qualifications and religious aspects.

Section A. Biographical information of research participants

- **Gender of research participants**

Figure: 2. Sex of research participants

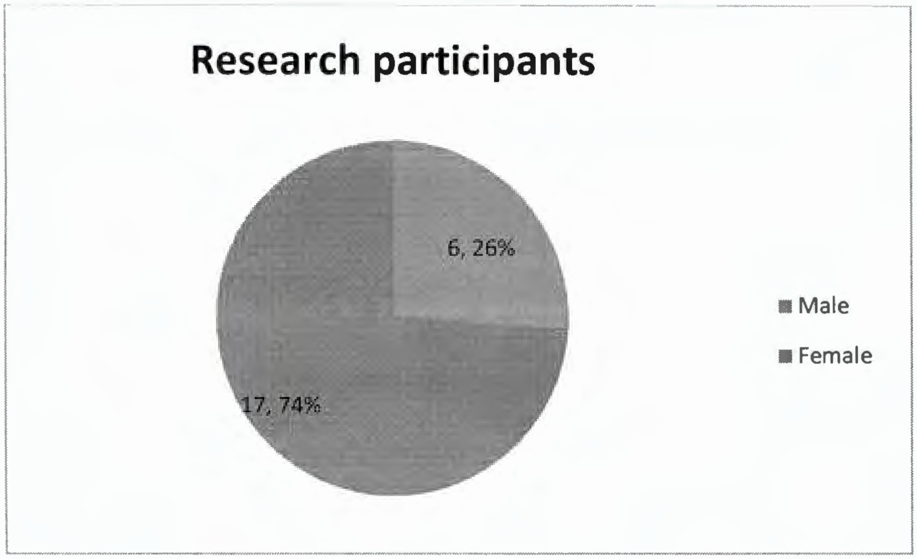


Figure 3 above represents the gender of the twenty three (23) research participants who participated in this study. It indicates that seventeen or 74% of research participants were females while only six participants which is equivalent to 26% represented male participants. This is due to the fact that the majority of participants who took part in the study are social workers and professional nurses which are professions which are dominated by females in South Africa. According to Mail Guardian (Friday, 25 July 2014) social work profession has been dominated by women both in academic settings and in practice though its values and ethics transcend gender lines.

- **Figure 3: Age of research**

Participants

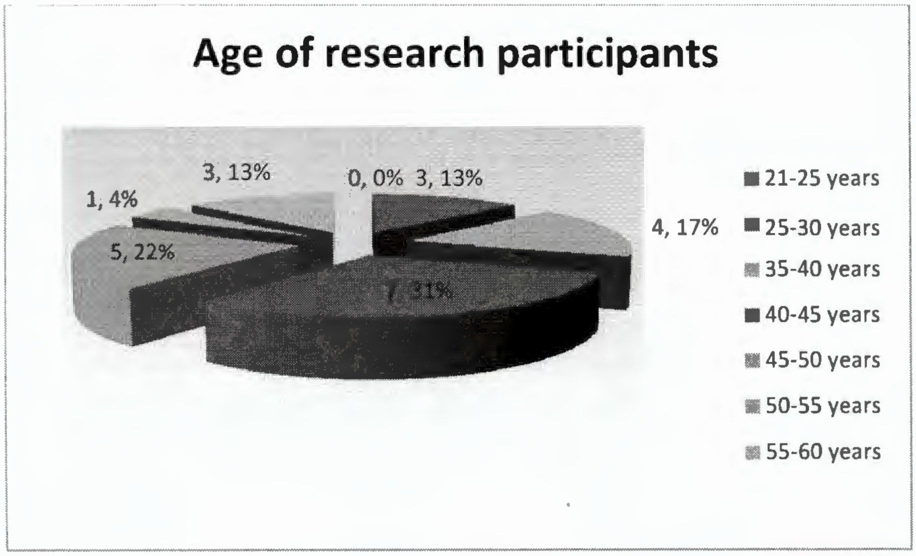


Figure four above indicates the age of research participants in terms of numbers. Research participants between the age of twenty one (21) and twenty five (25) are not represented in this study however it is only three or 13% percent of research participants who are between the age twenty five and thirty years. These are middle aged individuals who are still building their careers; some are still studying, employed while others are searching for employments. Four participants which is equivalent to 17% and seven participants or 31% research participants are between the age of thirty five (35) years and forty five (45) years and these include individuals who are at the apex of their careers though there are individuals who are struggling to get employment due to retrenchments and lack of job opportunities. Five respondents or 22% research participants are between the age range of forty five (45) and fifty (50) years. People who between the age forty five (45) and fifty (50) years majority of them are still working though due to economic reasons, some are still unemployed. It is only one or 4% of participants who falls within the age range of between fifty and fifty five years and majority of these people are very scarce in the work places as they retire early voluntarily and some are forced to take early retirements because of their age and those who are above the age of fifty five and above were represented by three research participants or 13 %.

- **Marital status**

Table: 6 marital statuses of research participants

Marital status	Number of participants	Percentages
Single	11	48%
Married	12	52%
Divorced	0	0%
Separated	0	0%
Widow or Widower	0	0%

The above table represents the marital status of the twenty three (23) research participants who took part in this study. Table five indicates that forty eight percent which is equivalent to eleven (11) research participants are still single. Statistics South Africa (2008:2) report indicates that in 2008 an overall one hundred and fifty two thousands and nine hundred and fifty one (152951) men which makes eighty two percent (82%) and one hundred and fifty nine and sixty (85, 3%) of women had never been married. This might be due to young individuals who are focusing on their studies and developing their careers and the other possibility is cohabitation which has become normal in the country. Twelve or 52% of research participants indicated that they are married and living with their families and these figures are consistent with the report from Statistics South Africa which indicated that in 2012 alone a total of hundred and sixty one thousand and one hundred and twelve marriages were registered with the Department of Home Affairs in South Africa.

Figure 4: Educational qualifications of research participants

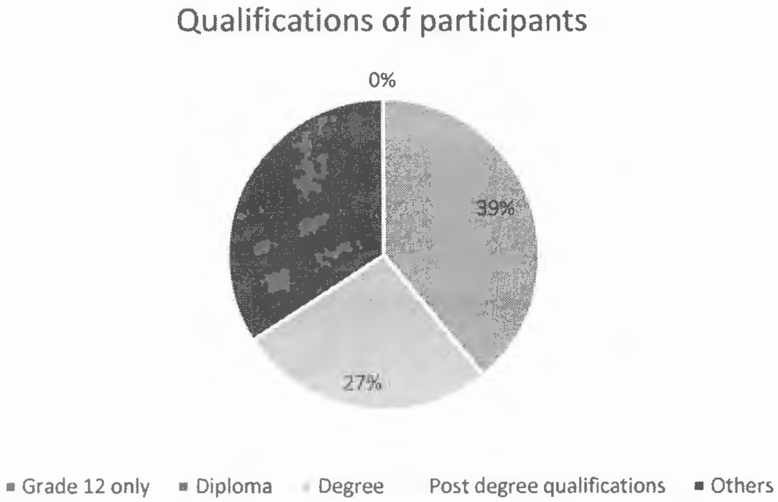


Figure five represent the educational qualifications of research participants. There is a clear indication that people who participated in this study have grade twelve and post matric qualifications. The reason for this is that, only social workers, professional nurses, medical doctors and organ donation coordinators who are mostly professional nurses were purposefully selected as key informants for this study. Among the twenty three (23) of research participants, 39% of paarticipants indicated that they have grade twelve and diploma while 27% participants indicated that they have university degrees. This gives an indication that in South Africa people are involved in continuous professional development which is fuelled by the desire to occupy positions of leadership in the employment settings and to increase their salary levels. 34% of research participants also indicated to be having certificates in fields such as project management and financial management. These are individuals who have devoted their times to studying and they can be regarded as people who are experts in their fields of study.

- **Religious aspects**

Table 7: Religious aspects of research participants

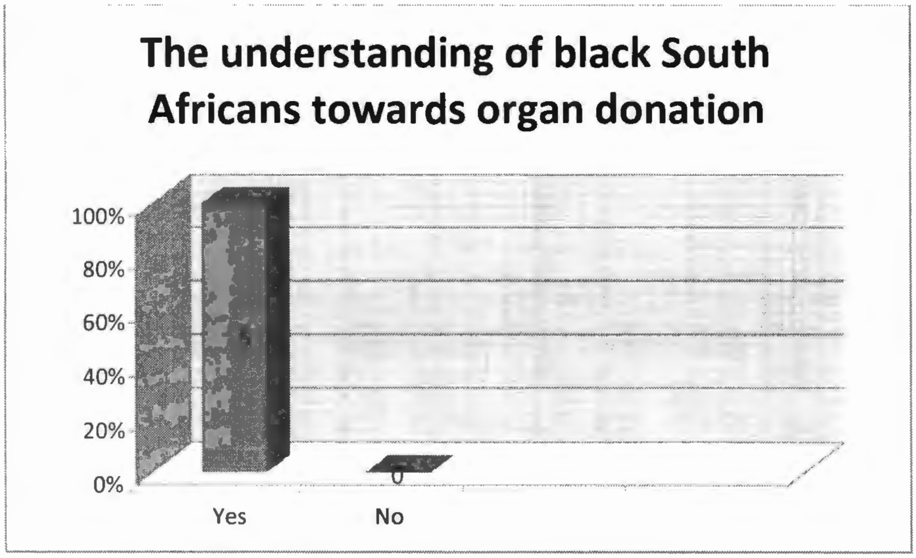
Religion	Number of participants	Percentages
Christianity	23	100%
Hindu	0	0%
Muslim	0	0%
Others	0	0%

The religious aspects of research participants are represented by table six above. It is twenty three (23) or 100% of research participants are Christians. This study was done at Zebediela in Limpopo village and the dominating religion is Christianity. Religions such as Hinduism, Muslim are very scarce in the area though they are popular in the urban area of Limpopo Province such as Polokwane. However there are organ donation coordinators who are not residing in Limpopo Province who were requested to participate in this study due to the knowledge and experience that they have regarding organ donation and transplantation and they also indicated to be adherents of Christian religion. Though religion such as Hinduism and Muslim are not represented in South Africa people are not forbidden to follow them because the Constitution of South Africa has accorded South Africans freedom of religion but Christianity at Zebediela according to data collected in this study seems to be the dominating religion.

4.7 The understanding of Black South Africans towards organ donation

To assess the knowledge, attitudes and the perceptions of attitudes of Black South Africans towards organ donation was achieved through the above question. This study was also based on the assumption that black South Africans have limited knowledge towards organ donation. Table seven (7) below indicates the understanding of black South Africans towards organ donation.

Figure 5: The understanding of black South Africans towards organ donation



Fourteen (14) research participants out of twenty three (23) indicated that the understanding of black South Africans towards organ donation is fair while five (5) participants declared that their knowledge is average. This affirms the notion that organ donation and transplantation are not totally new concepts in South Africa because history has confirmed that, the first heart transplant was performed in South Africa. The above findings also give an indication that, though people might be having information about organ donation, the information that they have might be limited. These findings confirm the findings of qualitative data where it was discovered that participants have a light regarding organ donation but through using probing questions it was discovered that their knowledge about organ donation is limited. Four participants stated that South Africans have good knowledge about organ donation however it was made clear that their knowledge cannot be regarded as excellent. This study has discovered that people who demonstrated to be having an insight about organ donation are people who have been exposed to tertiary education where they had access to information and they are people who are inquisitive or curious to discover new information.

The researcher argues that knowledge precedes action and the knowledge that people have about organ donation and transplantation should yield positive outcomes of motivating people to register as organ donors and also be involved in the actual process of donating organs. Qualitative findings of this study proved that having knowledge about organ donation does not provide a guarantee that people will actually register as organ donors despite the positive attitudes that they have. However the analysis of the above findings presents an issue of great concern because the knowledge of black South Africans is described not as excellent and this also raise the suspicion that people might be holding on to incomplete information about organ donation and on the other hand it is possible for people to possess wrong and misleading information about organ donation as it was alluded in the qualitative findings. The above findings confirm the assumption of this study which state that black South Africans have limited knowledge about organ donation and the transplantation of human body organs. The findings of this study is also aligned with the study Mithra *et.al* (2013:84) who discovered that lack of knowledge and understanding about organ donation generate fear and mistrust in the minds of common people. In support of this view Hyde and Chambers (2014:169) report that on-target factual information and how people feel about organ donation are associated with the donation attitudes, willingness to sign the organ donor card. The importance of having knowledge about organ donation is cemented by Phillipson *et.al* (2015:92) who openly education facilitates the willingness of people to donate organs.

4.8 Knowledge about organ donation

The aim of the above question was to assess the knowledge or the information that people have about organ donation and transplantation. This logic behind this is that, the researcher does acknowledge the knowledge that is possessed by people regarding organ donation and to evaluate the correctness of that information. The qualitative findings of this study revealed that people have inadequate about organ donation. Figure seven (7) below represents the level of knowledge regarding organ donation.

Figure 6: Level of knowledge about organ donation

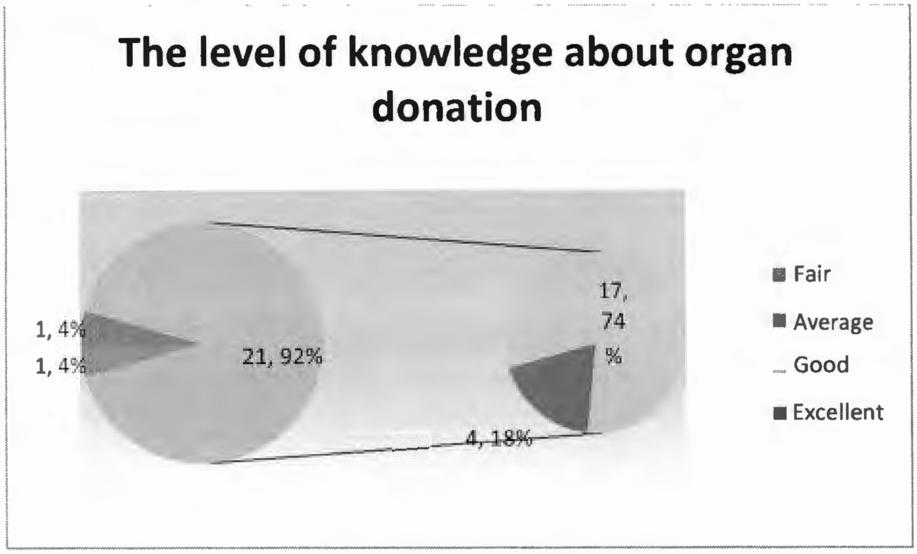


Figure seven (7) generally indicates that seventeen participants which is equivalent to 74% of key informants feel that the general public has a good knowledge about organ donation while four or 18% felt that the public has excellent knowledge about organ donation. The reader might feel that there is contradiction between figure six (6) and figure seven (7) however figure seven is focusing on the understanding of people regarding organ donation which has to with their intellectual or cognitive ability to analyze information about organ donation. The researcher contends that the appropriate measuring stick of their knowledge is through registration as organ donors and signing of organ donor cards. This findings also confirm qualitative findings which where some of the research participants indicated to be having information and positive attitudes towards organ donation however when asked whether they are registered and willing to register as organ donors, their response was, no. Four percent of research participants indicated that people have fair and average knowledge about organ donation.

4.9 Perceptions to become organ donors

Table 8: Negative perceptions to become organ donors

Responses	Number of participants	Percentages
Yes	19	83%
No	4	17%

Table seven indicates that nineteen (19) or 83% research participants feel that the general public has negative perceptions towards organ donation and while four (4) or 17% of them of them are of the opinion that negative perceptions have been eliminated. The researcher argues that, the attitudes and the perceptions that people have about organ donation are largely influenced by the information that, they have about organ donation. The researcher further asserts that, it is possible for people to have misleading or inaccurate information which breed negative perceptions. However despite the huge number of people who are reported to be having negative perceptions towards organ donation and transplantation, there are people who view organ donation positively which can be used as an entry point to facilitate change of behaviour. The findings of this study are consistent with the finding of the study conducted by Mohs and Hubner (2013:64). The discovered that irrespective of the positive attitudes people have towards organ donation in Germany, it is only few people who signed an organ donor card.

These findings confirm the assumption of this study that black South Africans have negative attitudes towards organ donation. The researcher maintains that negative attitudes towards organ donation results from various factors such the information that people have about organ donation because the information that people have about organ donation shape the attitudes of the public. The subject of organ donation is still surrounded by myths. Socio-cultural factors play a pivotal role in the development of attitudes. Quantitative data in this study does not correlate with qualitative data.

The majority of people in qualitative indicated to be having positive attitudes which is the pre-requisite for the success of organ donation and transplantation programs though a small percentage in the qualitative data indicated that, they have negative attitudes towards organ donation. The researcher further contends that positive attitudes becomes important when they are translated into the actual process of registering, signing the organ donor card and the actual donation of organs. Taking the above mentioned findings into consideration, assumptions can be made that negative attitudes are perpetuated by lack of accurate information on the subject of organ donation.

Accurate information is essential for the amelioration of negative myths about organ donation. These assumptions have been confirmed by the study which was conducted by Hyde, Wihardjo and White (2012:531) who discovered that people have the mindset that registered organ donors will not be taken care of medical doctors when they are sick. This misconception has generated fear and the mistrust in hospitals and the medical systems. These findings are consistent with the study that was conducted by Sherry, Tremblay and Laizner (2013:13) who studied the opinions of African-Americans. They discovered talking about death with African-Americans could be seen as tempting fate, that health care professionals might not make efforts to save a life if an organ donor card was signed, and they feared their organs would be removed before they were dead

4.10 Marketing of organ donation

Figure 7: Marketing strategies that are used to marked organ donation

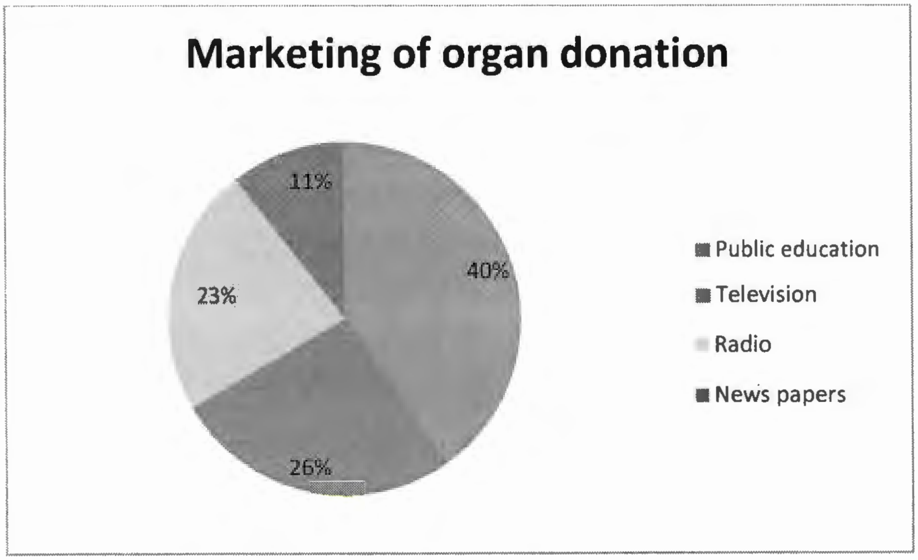


Figure eight above presents the strategies that are used to make the public aware about organ donation. Forty percent 40% (23) research participants indicated that they use public education to raise the awareness about organ donation. This is one of the old rational marketing strategies that are used by Organ Donor Foundation and social workers and organ donation coordinators also reported to be using public education. This is done in the form of awareness campaigns that are targeting communities. The researcher view public education as a strategy that cannot be ignored in terms of making the general public aware about organ donation and transplantation and it is also acknowledged as, a powerful tool that can be used to dispel the myths about organ donation. This view is also held by Radecki and Jaccard, (1997) and Siminoff *et.al (*2004) as mentioned in Waldrop, Tamburlin, Thompson, Simon (2004:645) who state that educational programs are the most effective tools of providing accurate information and enhancing public awareness and dispelling myths about organ donation. However the researcher state that this is the strategy that can be evaluated modified in order to be suitable for the context under which it is used.

This is the strategy that used to target the community on a very large scale however it seems to be not yielding results in terms of persuading people to register as organ donors. Nevertheless the ineffectiveness of this strategy has been seen by Hornik (2002) and Rogers and Storey (1987) in King, Williams, Harrison, Morgan and Havermahl (2012:230) who declare that messages that are directed at the general public without targeting a specific audience are more likely to fail. Organ Donor Foundation does public education through the distribution of information, educational talks and corporate wellness days. The identified strategy should be used but the audience and the target population should be taken into consideration. Twenty-six percent (26%) of key informants identified television as a method of marketing organ donation and transplantation. These findings are correlating with the findings qualitative results of this study. Majority of participants in this study indicated that they have heard about organ donation on television though there are those who declared that they have never seen a person promoting organ donation live.

The researcher also supports the use of the television as the effective and efficient strategy of spreading the message about organ donation because in South Africa many households have television sets. It has the potential to reach all age groups of the population however they are financially costly. Felley and Vincent (2007) as cited in Yoo and Tian (2011:157) view the use of the media such as television as having positive and negative effects on organ donation. The positive aspect of television is that, people learn through observation which can lead towards behaviour change but this will depend on the frequency of organ donation messages that people see on television which is currently rare in South Africa. Television is also a strategy that is not interactive as people might develop questions that are not answered and they are also opened to wrong interpretation as well. Twenty three percent (23%) or thirteen (13) respondents identified radio as one of the strategies that are used to educate the public about organ donation. The researcher is of the opinion that, radio and television are similar but the advantage with television is that, people are able to see the person who is delivering the message and at the same time it accords the person who is delivering the message with an opportunity to use various teaching aids.

This might be in the form of using role model such as recipients of organ donors or patients that are suffering from end-stage renal failure diseases provide they are willing to be used. However it is difficult to evaluate and also to measure the audience of people who are watching the television or listening to the radio program. The researcher also view radio as a method that is not able to cover all segments of the population due to the fact that, young generation seems to prefer television over the radio while on the other hand radio and television are determined by the availability of signal and the financial ability to afford televisions and radios. The findings of this study also reveal that eleven percent (11%) or six (6) of research respondents indicated that, they use the newspaper to deliver the message about organ donation. The researcher perceive the newspaper as a method that is also viable however it depends on the cognitive ability of individuals to read, understand and interpret the information that they read. It is a method that is depending on the financial ability of individuals to buy newspapers and the preference of the newspaper they are willing to buy.

Literature review on organ donation and the online perusal of Organ Donor Foundation indicate that, Organ Donor Foundation (2014) also rely on website to provide the public with information about organ donation and this seem to be an effective strategy because this is internet-based. It is easy to target young people and those who have access to the internet though it is affected by the lack of access to internet and financial implications that are associated internet-based campaigns. Internet-based campaigns and information are also affected by unethical activities as many people are able to post information that, can lead individual astray as they cannot differentiate information that has been tested and authentic however this is a method that can be used to spread the message on a very large scale if it is monitored and updated regularly. Annual walks are used to drive organ and tissue organs in cities such as Cape Town, Gauteng and Durban, such walks can make an impact in rural villages as well but these are activities that based in the cities where there are many people. The above strategies were not included in the questionnaire that was used to collect data however the researcher noted that, these are some of the strategies that are used by Organ Donor Foundation but not other institutions such as hospitals.

4. 11 The Scarcity of human body organs and organ donors

- **Figure 8: Causes of lack of organ donors**

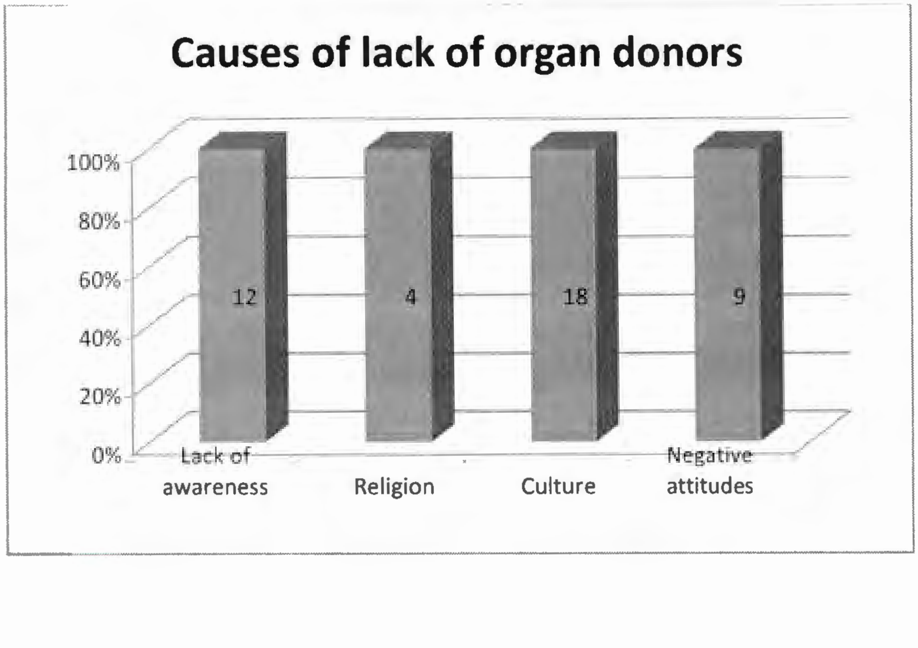


Figure 9 above represents factors that are hindering black South Africans from donating body organs for transplantation. Twelve research participants identified lack of awareness about organ donation as one of the causes that hindered people from donating organs. This aspect has been addressed in various section of this study, such as the understanding of black South African towards organ donation and the assessment of their level of their knowledge about organ donation however it appears now as a factor that hinders people from donating organs. The researcher cannot make an assumption and generalize that, the entire general public is well informed about organ donation. As much as, there are people who have information about organ donation whether adequate or inadequate there are still people who are not knowledgeable about the subject of organ donation. This fact has been proven by few research participants in the qualitative approach of this study who reported that, they have never seen a person promoting organ donation while the acknowledged lack of information about organ donation on their side.

- These findings affirm the significance of public education as the vehicle through which the awareness about organ donation and transplantation of human body organs could be raised and the above findings are also aligned with the findings of Organ Donor Foundation (2016) which discovered that having no knowledge, limited knowledge or an understanding that is framed by misinformation or myths has a negative impact on the response of individual to the concept of organ donation and transplantation. Turner and Kahn (2014:133) Perenc, Radochonski and Radochonski (2012:668) regard lack of public awareness about organ donation and transplantation as causing a huge negative impact on organ donation and this is also seen as the barrier to registering and discussing the intention to donate organs. Organ Donor Foundation is the main vehicle that is raising the awareness about organ donation in South Africa but has recently admitted that currently there are no formal programmes in vulnerable communities to educate people about the concept of organ transplantation and while tied to this is the fact that many people are not aware of the incidences of organ failure or the likelihood that their close family members could find themselves on dialysis and needing a lifesaving transplants, (Organ Donor Foudaton,2016).

The debate of public education is cemented by Waterman and Rodrigue (2009:7) suggest that educating patients, organ donors and the general public should take place as early as possible using multiple channels and they also discovered that many individuals are not even aware of the intentions of their loved ones to donate organs.

- **The influence of culture on organ donation**

The majority of research participants, eighteen out of twenty three participants pointed culture as one of the obstacles that prevent people from registering as organ donors and also taking part in the actual process of organ donation and these findings confirm the findings of Shaw (2015:128) who asserts that cultural diversity plays an important role in terms of transmitting various cultural beliefs about organ donation and transplantation. In support of these findings the researcher maintains that culture develops the attitudes that people have towards organ donation whether positive or negative and as result it is subject that understood from a cultural perspective by many black South Africans.These views are also held by Chavis (2011:472) who state human beings should be seen and be understood as possessing cultural experiences that affect how they behave. Culture is seen as playing an important role when individuals take decisions regarding organ donation because black South African communities believe that a person should be buried with the intact body. There is a belief that the ancestors will not recognize and accepts a person who is buried with the missing body parts, (Buthelezi & Ross, 2011:723). These findings confirm qualitative data were few participants indicated that organ donation is against their culture.

An important aspect that emerged during the collection of data though it was not included in the questionnaire was socio-cultural aspects of medical doctors and professional nurses. This argument was raised by organ donation coordinator **1B** and it is an issue that cannot be left unattended. The researcher argue that medical doctors and professional nurses are human beings and as a result their religious beliefs and cultural beliefs might be against organ donation and transplantation which will affect the referral of patients who need organs to improve the quality and prolong their lives however the focus of this research was not on the attitudes of social workers, medical doctors and professional nurses. However this input enriched data in this study and the researcher do agree that this has an impact on organ donation. According to Virginio, Escudeiro, Christovam, Silvino, Guimaraes and Oroski (2014:93) organ donation process and the retrieval of body organs is filled with socio-cultural values on the part of health care professional.

- **The influence of religion on organ donation**

Culture and religion are close concepts that interrelated and religion was identified by four research participants as one of the impediments to organ donation. Four participants is equivalent to seventeen percent (17%) of the quantitative research population. Qualitative findings of this study indicated that religion is one factor that can be used as an excuse not donate organs however few participants declared that their religion and church denominations are totally against organ donation, transplantation of body organs including the transfusion of blood. The researcher asserts that culture and religion gives people a sense of identity and also prescribe how a particular cultural group or religious group should behave. Religion provides them with lenses through which they view and interpret information. Religion within the South African context is perpetuated by the constitution of Republic of South Africa which gives people the right to practice their cultural beliefs and it is important to note that legislation that regulate organ donation and the transplantation of human body organs regard organ donation as an altruistic act that is motivated by love. The effects of religion on organ donation is acknowledged by Buthelezi and Ross (2011:722) who declare that organ donation is influenced by an individual's religious beliefs and affiliations. They discovered that religions such as Christianity, Hinduism, Catholicism, Buddhism, and Judaism support organ donation but do not have policies regarding organ donation. However organ donation is a choice that is taken by an individual and it is seen as a symbol of love.

Church denominations such Jehovah's Witness, have a clear position regarding organ donation and the transfusion of blood. Its members are not permitted to donate and receive blood including organ donation.

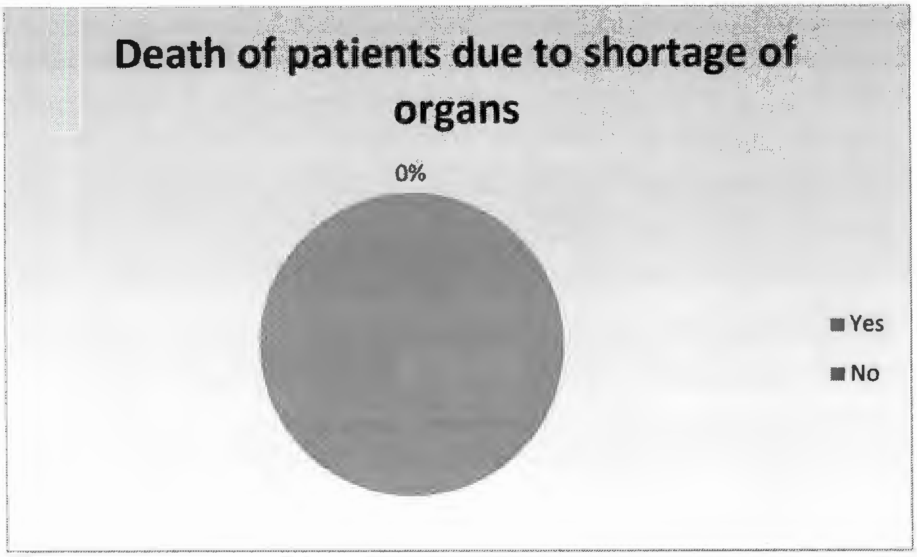
The above findings are consistent with the findings of other researchers in the field of organ donation who also discovered that religion is responsible for low organ donation rates and lack of committed organ donors.

Conesa *et al.* (2003) as cited in a study conducted by Bortz, Ashkenazi and Melnikov (2015:26) discovered that religious faith affects the willingness of people to sign organ donor cards. Their findings are supported by Etheredge and Turner (2013:684) who also pointed spiritual, religious, and cultural beliefs and personal preferences as factors that account for shortage of organs in South Africa.

The majority of religious leaders who participated in the qualitative component of this study indicated that, their churches do not forbid organ donation however they do not teach their church members about organ donation. This might be due to lack of insight about organ donation. According to Tarus (2015:134-135) the church is one of the primary agent that should issue a minimum directives concerning organ donation and transplantation.

4. 12 Patients die while waiting for organs

5. Figure: 9: The effects of shortage of organs

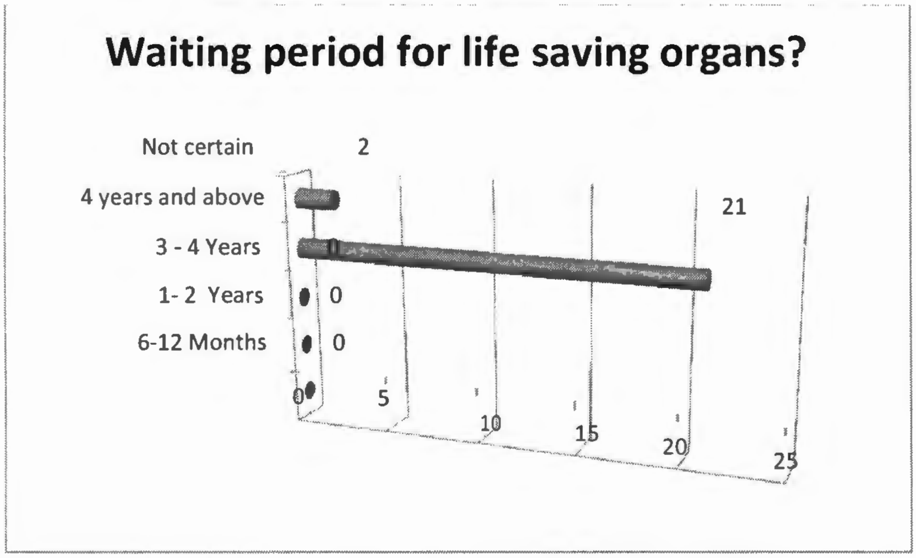


These findings indicate that, the chronic shortage of human body organs has detrimental consequences which do not only affect patients who are suffering from end-stage organ failures but also the entire family as a system. Many researchers in the field of organ donation and transplantation have reported that the demand for body organs exceed the supply of organs. The success of transplantation of organs is determined by the availability of organs for transplantation. Organ Donor Foundation (2015) reported that more than four thousands and three hundred patients are on the waiting and these include children and adults. In response to the question of whether patients die before they receive organs, one hundred percent (100%) or twenty three (23) respondents indicated that some of the patients die before they receive a life-saving organ.

According to News24 (2016) , despite the high volume of patients who are on the waiting list, less than six hundred (600) transplants are performed. However Muller (2013:220) discovered that South Africa has the highest incidences of renal failure and in 2013 more than two thousands and five hundred patients were on the waiting list. These findings also indicate that the Department of Health in South Africa depends on dialysis to take care of patients who have malfunctioning body organs. The researcher states that, relying on dialysis to take care of patients is financially costly while it is not a permanent solution to their plight. Dialysis is a medical therapy that cannot be accessible for all patients that needs life-support treatment.

4.13 The extent of waiting for organs

Figure 10: Waiting period for organs



Twenty one participants in this study which is almost ninety one percent (91%) of the study population indicated that it takes four years and above for patients to receive an organ while only two participants indicated that, they are not sure about the waiting period. The researcher observed during the collection of data that it takes many years of waiting before a patient can receive an organ.

Participants chose four years and above because these were the alternatives that they were supposed to choose from. One the organ donation coordinator indicated that patients wait for more than eight years.

The reason for long waiting periods is caused by the unavailability of organs because transplantation cannot be performed if organs are not available. The researcher states that some patients will wait for longer periods more than other patients due to the type of organ they are waiting for. Organ donation researchers have proved that kidneys are organs that are in high demand. According to Nelson Mandela Metropolitan University campus health service (2016) it is estimated that every sixteen minutes a new name is added to the organ transplant waiting list while only fifty seven (57) organ transplants are performed worldwide unfortunately it is reported that thirteen patients die each day while waiting for an organ. News24 (09 October 2016) reported that in greater Pretoria alone it is estimated that there are nine hundred patients who are on dialysis

4.14 Human body organs that are mostly needed for organ transplantation

Figure: 11: Organs that are needed for transplantation

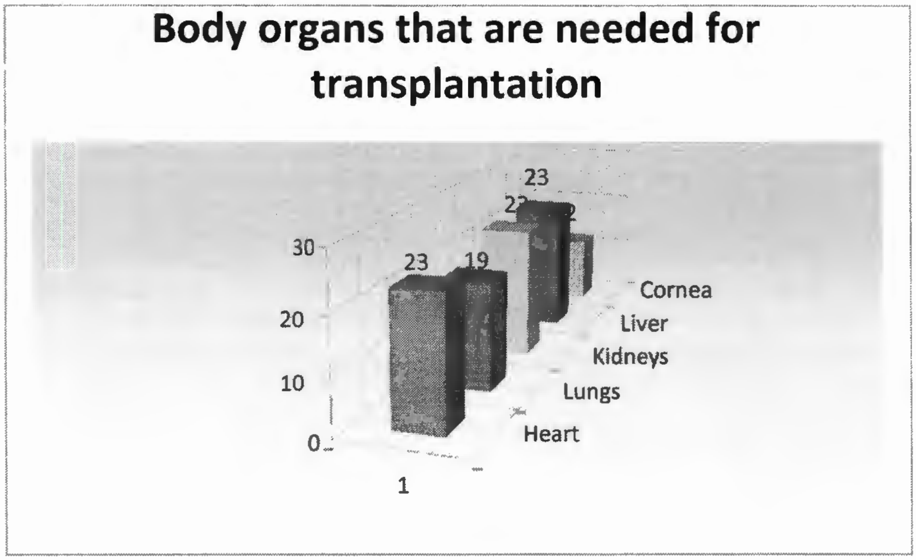


Figure twelve (12) above represent body organs that needed for transplantation in order to improve the quality of life and also to add more years to patients who have malfunctioning body organs. All twenty three (23) or hundred percent (100%) research participants who participated in this study indicated that body organs that are in high demand are kidneys, lungs and the heart and the liver. According to Smith (2010:58) there is an estimation of ten percent (10%) of people in the world who are suffering from chronic kidney disease. These figures are alarming and the researcher is of the idea that life styles of individuals such substance abuse, smoking and physical inactivity might be playing a part in affecting vital organs such as kidneys and the liver.

4. 15 The role of social workers in organ donation

5. Figure 12: Roles of social workers

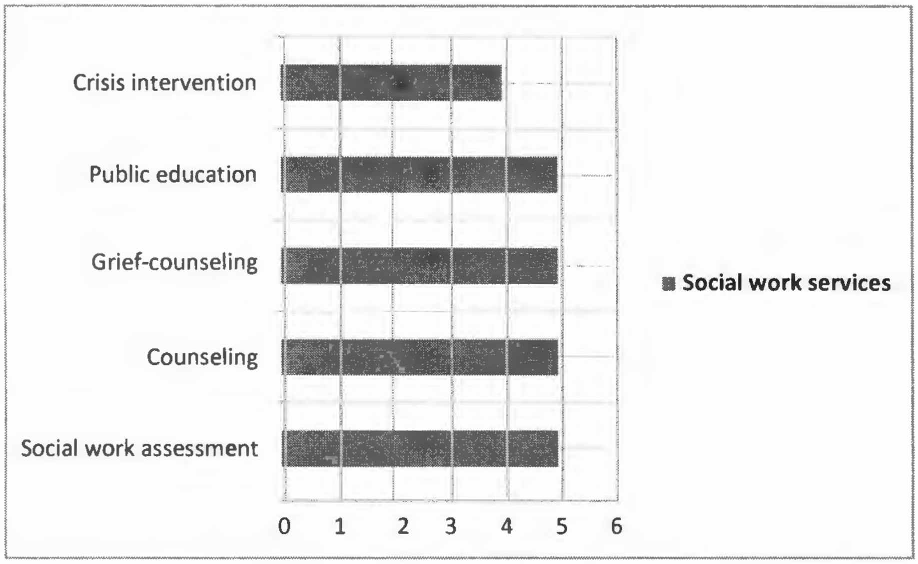


Figure thirteen (13) above represent the roles that are played by social workers in organ donation but one organ donation coordinator indicated that within the medical setting a multidisciplinary team that is composed of social workers, medical doctors, professional nurses, psychologist ,distains and physiotherapist. All members of a multidisciplinary team make assessments and recommendations.

According to Rosenberg (2009:80) social workers within the health system spend most of their time engaged in direct practice, with psychosocial assessment, crisis intervention, treatment planning, and individual counseling and also discharge planning. This question was used to achieve one of the objectives of this study which was to assess the role of social workers in organ donation and it was also directed at social workers who are involved in organ donation. In response to this question five social workers answered the above question and indicated that they workers are responsible for assessing patients who are in need of organs.

- **Social work assessment**

The findings of this study indicate that social work assessment is given the highest priority and the researcher is of the idea that it also assists the multidisciplinary not only to consider the medical aspects of a person but also to take into consideration the social aspect of the patient in question. Young (2009:196) describes assessment as the activity that involves gathering of information about the client and the problem of the client. Milner and O'Byrne (2009) as cited in Parker and Bradley (2014:5) view process of assessment as an objective analysis of making sense of events and statements, arriving at an overall picture and an understanding of what is happening and giving some thoughts as to how the situation has become. Taking the above mentioned view into consideration the researcher adds that from social work perspective, assessment helps social workers to understand problems that they are dealing with it contributes towards the individualization of the problem. It helps social workers to design intervention strategies because during assessment phase social workers and clients explore extensively problems that are experienced by clients. Young (2009:200-201) articulates that the primary aim of assessment in social work to gather information that assists in the planning of therapeutic goals to the worker and the client.

The assessment of patients who need organs for transplantation due to the malfunctioning of their own body organs and prospective potential organ donors should be conducted using a holistic approach. Assessment takes into consideration family and environmental aspects.

Corey (2013:397) maintains that a family system perspective holds that individuals are best understood through assessing the interactions between and among family members and it is also argued that actions one individual have an influence on all family members and their reactions ultimately have a reciprocal effect on the individual. Therefore based on the views provided by Corey (2013:397) the researcher concludes that patients with end-stage diseases and prospective potential organ donors should not be assessed in isolation from their families.

According to the eco-system theory, the environment within which individuals" live has an influence and the environment has the potential to affect individuals positively or negatively because they depend upon it for their survival. These views invite social workers to identify and be sensitive to the cultural aspects of the communities when they make their assessment. The cultural aspects of individual, groups and communities should be part of the therapy in social work and as result the inadequacy of information regarding the cultural aspects of clients could cause delay in the therapeutic process. This argument is based on the notion that organ donation and transplantation are multifactorial subjects as they are influenced by factors such attitudes, religion, culture and the educational status of members of a particular group or community.

The assessment that is done for organ donation and transplantation purposes should be comprehensive and to accomplish these, social workers should have excellent communication skills such as questioning, observation, listening, probing, paraphrasing and good report writing skills. Social workers should also play roles that have been outlined by Zastrow (2010:70-72) such as negotiator, advocate, educator, broker, activist, researcher, coordinator, initiator and empowerer. The information that should be included in assessment both for the potential organ donor and the recipients of organs should include aspects such as social and the psychological aspects of patients, medical history, family support, financial aspects, family and relationship aspects, and life style.

- **Counseling**

Counseling was identified by all five research participants as one of the services that are rendered by social workers. The researcher describes social work profession as a profession that is concerned with enhancing the quality of life for individual, groups and communities. Zastrow (2010:5) define social work as the professional activity of helping individual, groups and communities to restore and enhance their capacity for social functioning and the creation of societal conditions that are favorable for the attainment of their goals. Organ donation and transplantation of organs are often accompanied with shock that affect the social functioning of patients and their family members. The researcher asserts that lack of organs that are essential for the improvement of the quality of life generates fear in patients and family members. The long waiting periods have negative psychological, emotional and physical damage. According to Kumar (2013:103) patients are overpowered by various mixed feelings, shock, and disbelief. Therefore professional counseling is required to strengthen patients, especially strengthening of the social support that patients have. The counseling in social work profession and practice is a process of helping clients that is based on confidential and ethical relationship by a qualified social worker or therapist. The aim of counseling is to strengthen the coping mechanisms of clients and the exploration of resources that are essential in ameliorating the problem of a client. Professional counseling ameliorates anxiety and has the potential to reduce depression. It also provides clients with new lenses and perspectives of viewing and interpreting their predicaments and of great importance it addresses the emotion pains that are torturing clients.

The counseling of patients, organ recipients and prospective organ donors should adopt a holistic approach because a human being should be seen a person who has the physical aspects, psychological, social and emotional aspects. The important aspects that should be taken into consideration when offering counseling in the field of organ donation are social and family. In social work and sociology a family is regarded as the primary agent of socialization but within the context of counseling it is the source and the pillar of strength for patients that are faced with malfunctioning body organs.

According to Tarus and Garrilovici (2015:69) the family has the final say in an individual"s decision to donate an organ. Though an individual takes a decision that is protected by the constitution of the country and legislations that regulate organ donation, the family should be consulted. Families refuse to give consent and factors such as positive beliefs and attitudes towards organ donation have been associated with the granting of permission for the retrieval of body organs, (Tarus and Garrilovici, 2015:69).

Spiritual, religious and cultural aspects should also not be neglected in the counseling sessions because they also play a significant role in organ donation and transplantation of human body organs. The religious and cultural perspectives that individual, groups and communities have about organ donation should be used as a point of entry to change the behaviour. The therapy could be jeopardized by not being sensitive to the cultural heritage that is brought into the counseling sessions. According to Corey (2013:24-25) add that counseling that is effective and efficient ought to take into account the impact of culture on the functioning of the clients and the degree of their acculturation. Psychological, intellectual and the physical state of organ recipients and prospective organ donors are important in counseling. It also takes money to address challenges that are brought by the malfunctioning of body organs that may necessitate dialysis due to unavailability of organs.

Counseling should be approached ethically though people who require counseling are vulnerable particularly in case of patients who are threatened with death as a result lack of organs. Professional ethics, values and principles should be the solid foundation upon which the therapeutic relationship is built. The counseling process should be based on the values of social work as mentioned by National Association of Social Workers (2008) in Hepworth, Rooney, Rooney and Strom-Gottfried (2013:56) where social workers should respect the inherent dignity and worth of the person. Taking the above mentioned views into consideration implies that counseling services should be voluntary in nature, confidential, effective, and dignified and counseling services must be approached from a strengths-based perspective.

According to Saleebey (2013:17) individuals, groups, families and communities have strengths to address their own challenges. Social workers should provide a platform for the exploration of solutions by clients and their family members. The emphasis is on collaborating with clients and this will be demonstrated by adhering to the principle of self-determination in the counseling process. In their attempts to identify services that are rendered by social workers, research participants identified grief-counseling.

- **Grief-counseling**

Grief-counseling was identified by five research participants who are social workers. Lack of organs has detrimental consequences, including death of patients and organ donors. The long waiting periods bring psychological and emotional stress and the unavailability of organs is associated with high costs of dialysis which is not accessible for all patients. Social workers have the responsibility to offer grief-counseling to the families of patients who die before they could be give a lifesaving organ. They also have a challenging task of providing counseling to family members of brain-dead patients who indicated their willingness to be organ donors. Pomeroy (2011:101) defines grief as a multidimensional experience as a result of a loss of a person including an object because it touches many aspects such as cognitive, physical, social, behavioral, and spiritual components. The researcher maintains that grief-counseling is not a once off event but a process that should planned accordingly. In case of brain-death family members should be prepared before the death of their loved one and this is the matter that social workers should handle with care. These views are supported by Drenth, Herbst and Strydom (2013:359) who show that counselors should be vigilant and watch cultural, ethnic, and religious and gender issues that may affect intervention.

- **Public education**

Hundred percent (100%) or five social workers indicated that their roles as social workers are to educate individuals, groups and communities about organ donation and transplantation. The subject of organ donation within black communities is highly misunderstood and people have wrong information about organ donation. Organ donation is also a subject that is regularly discussed in families because it involves death.

Public education about organ donation is useful in dispelling inaccurate information about organ donation. Lack of information has injected mistrust and fear in the minds of people, (Mithra, Ravindra, Unnikrishnan, Rekha, Kanchan, Kumar, Papanna, Kulkarni, Holla & Divyavaraprasad, 2013:84). Organ coordinators have their diverse views regarding public education as a means of raising the awareness about organ donation. Organ coordinator 1B indicated that the public at large is aware about the importance of organ donation and transplantation however they are not registered. The views of organ Coordinator 1B have been confirmed by the qualitative data in this study. The majority of people indicated that they have heard about organ donation but few people indicated that, they have never heard about it.

The review of literature on organ donation indicates that poor registration of organ donors is caused by misconceptions and myths about organ donation because of lack of public education. However the researcher has noted that, the demographic of the population has an effect on organ donation. This happens when the level of illiteracy in the community is high because people who cannot read and write have a problem of accessing information about organ donation. These views correlate with the findings of the study by Tarus and Gavrilovici (2015:70). They discovered that education is a strong factor that is connected with the intention to donate organs. It has also been found that people with higher educational levels have positive attitudes towards organ donation. This argument is based on the personal level of qualifications and literacy which enable people to explore information about organ donation. Nevertheless there situations where people lack information or possess inadequate information about organ donation.

Rodrigue, Cornell and Howard (2009:173) mention that public education can be used to raise the awareness about the need for organ donation. This process involves numerous stakeholders such as social workers, organ procurement organizations and public organizations. According to Zastrow (2010:71) social workers are educators and this role involves giving information to clients and teaching them new adaptive skills. This role puts pressure on social workers to be knowledgeable in order to be effective and efficient educators.

The information that should be conveyed includes the procedures of registering as organ donors, where they can register, communication of the intentions to register with family members, body organs that can be donated, legal requirements and legislations that regulate organ donation and the age at which people can register as organ donors.

- **Crisis intervention**

Four social workers or eighty percent (80%) indicated that, social workers also intervene in crisis situations. When patients discover that organs to replace their malfunctioning organs are not available they are affected negatively. These affect their social functioning and deplete their coping mechanisms. Kumar (2013:103) articulate that patients are overpowered by various mixed feelings, shock, and disbelief. Within the context of organ donation and transplantation a crisis may be seen as, a precipitating event and the perception of an event that causes distress and the inability of an individual"s coping methods and it eventually causes a person experiencing the precipitating event to function at very lower than before the event. Denny, Kienhuis and Gavidia-Payne (2015:324) view the malfunctioning of body organs (end-stage organ failure) and the process of organ transplantation as a life crisis that is characterized by long waiting periods for suitable life-saving organs before undergoing transplant surgery. The intervention of social workers is necessary at this stage to strengthen the coping mechanism of patients through counseling and liking them with resources that might assist them in addressing their problems.

4. 16 The availability of a social work model for the marketing, recruitment and retention of organ donors

- **Figure 13: Availability of a social work model**

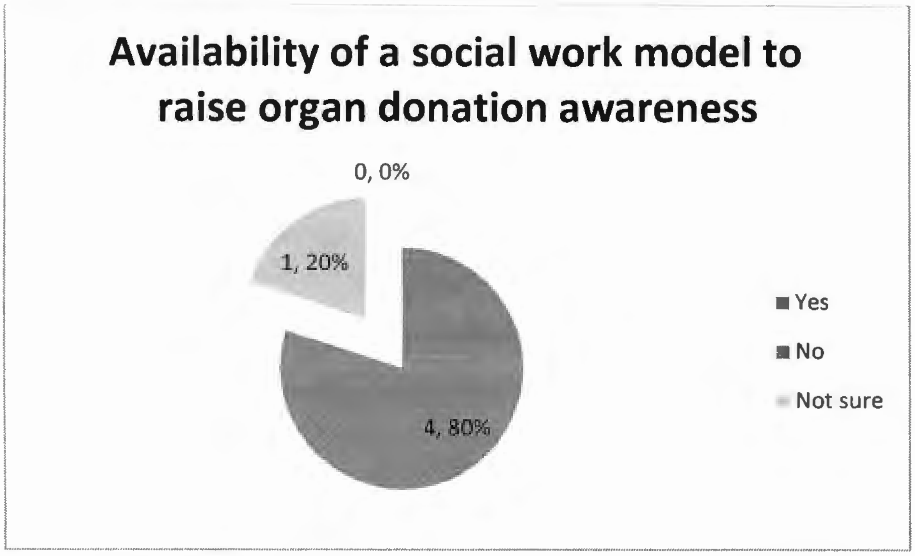


Figure 14 above represents the views of social workers regarding availability of a social work model that is used to raise the awareness of organ donation within the South African context. Four social workers (which is equivalent to eighty percent) of social workers indicated that they do not have a specific model that they use to make people aware about organ donation. Twenty percent (20%), which is equivalent to one (1) social worker, responded by saying that she is not sure if there is a model that is used to make people aware about organ donation but none of the respondents agreed knowing the model that is used to make the public aware within the South African context. Social workers play an important role in organ donation and one of their major roles include making the public aware about organ donation through public education as a measure of alleviating the shortage of organs for transplantation. Public education seems to be the strategy that has been adopted world-wide but the promotion on this platform is affected by the socio-cultural factors of the communities within which organ donation is promoted.

Reynekke (2014:1) confirms the above views by demonstrating that it is a challenge to promote organ donation and the transplantation of body organs within the multicultural context such as South Africa. The social workers should use social work models that are appropriate for the socio-cultural aspects under which organ donation is promoted. Lack of a known social work model affects the efforts of social workers and organ donation coordinators to raise the awareness about organ donation effectively. The social work intervention is informed by theory and it is important to align it with its theory. The findings of this study confirm the assumption that social workers are still using the medical model which relies heavily on professional expertise. The efforts of seeking solutions to lack of organ donors in South Africa seem to neglect the views and tperceptions of the general public. Therefore efforts to address shortage of organs within the South African context are still influenced by the medical model. Casstevens (2010:386) states that the focus of medical model is on diagnosis, treatment, and cure. These views are supported by Beecher (2009:10) who articulates that the practice orientation of medical model focuses on a process of seeking to identify the root causes of a problem and the prescription of a solution to ameliorate the problem. The medical model is seen by Saleebey (2013:2) as a model that focuses on the pathologies of individuals, groups and communities. Seeking solutions to problems that confront human beings should be a collaborative effort.

4.17 The number of black South Africans that are registered as organ donors

All twenty-three (23) participants who participated in this study indicated that they do not have the figures of Black South Africans who are registered as organ donors. This is an issue of great importance because and even organ donation coordinators are not aware about the exact number of black registered organ donors. Stakeholders which are involved in organ donation are The Organ Donor Foundation which is responsible for raising the awareness about organ donation and it is also responsible for the registration of organ donors. Organ donation coordinators are also responsible for educating the public about organ donation and accountable to request permission from the families of the deceased patients and in cases of brain-death while the transplants teams are involved in the actual transplantation of organs. However organ donation coordinators seem not to have access to organ donors' data base.

These findings also give an indication that there is no communication between Organ Donor Foundation which is the main vehicle for transmitting information about organ donation and transplantation, social workers and organ donation coordinators. Further, based on these findings it can be concluded that the inaccessibility of organ donor database by organ donor coordinators also contribute towards low transplantation rates in South Africa. Nevertheless the findings of the study that was conducted by DuBay, Ivankova, Herby, Wynn, Kohler, Berry, Foushee, Carson, Redden, Holt, Siminoff, Fouad and Martin (2014:273) report that African American race is an important predictor of organ non donation while Americans are overrepresented.

4.18 The participation of males and females in organ donation

Figure: 14: Male and Female organ donors

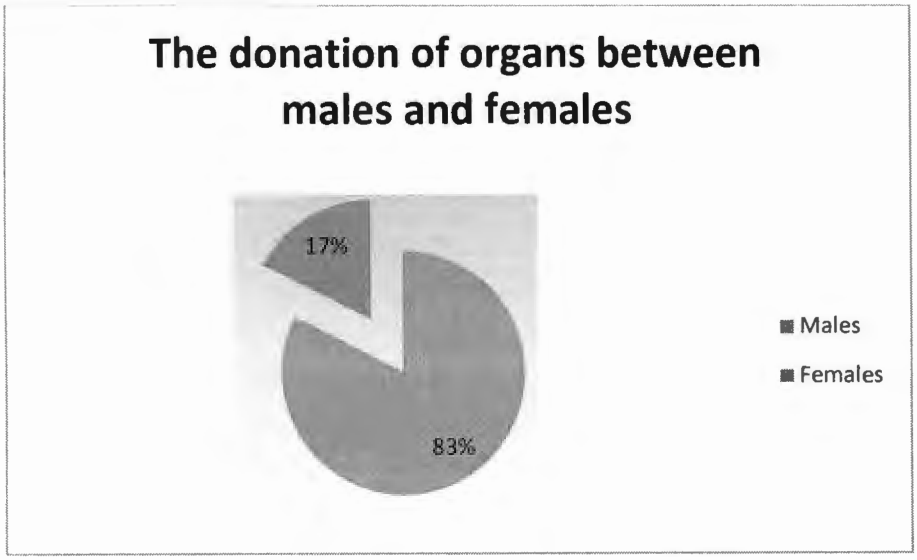


Figure 15 above represent the views of research participants regarding the participation of male and female in organ donation. Eighty three percent (83%) or nineteen (19) research participants indicated the majority of organ donors are female.

Kenten and Deedat (2013:368) confirmed their findings by maintaining that women in particular tend to be competent to help in a nurturing, caring while men are more willing to help in situations that require physical strength.The researcher agrees with the findings of the above researchers and also the findings of this study because women give birth and take care of their babies and also spend sufficient time with their babies. They are also there when they babies are not in good health. They have also developed strong bonds with their children however the researcher does not want to negate the fact that, there are men who are caring but women are more nurturing.

4. 19 Ethnic group or groups that are reluctant to be organ donors

5. Figure 15: Ethnic groups

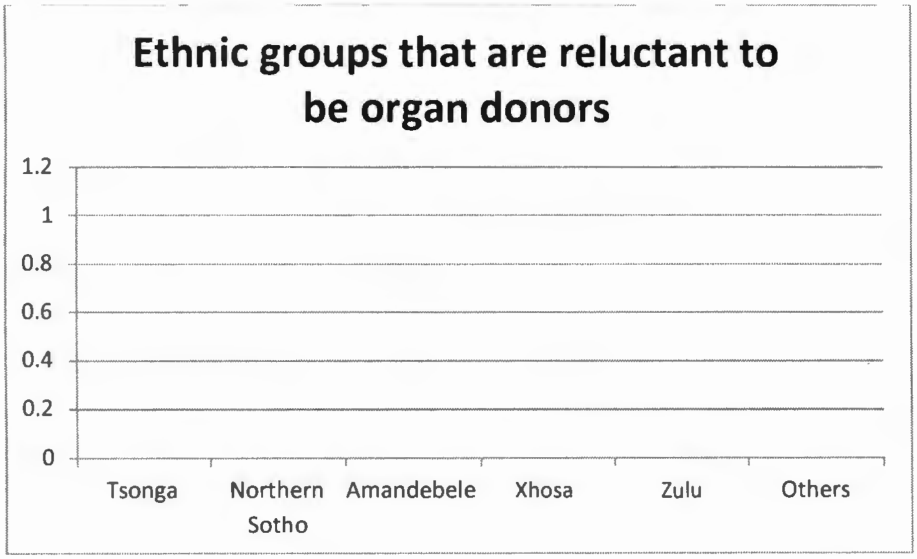


Figure 16 represents the ethnic groups which are reluctant to participate in organ donation. South Africa is a multi-racial country which has diverse ethnic groups such as, Tsonga, Northern Sotho, Amandebele, Xhosa, Zulus and other ethnic groups that might be mentioned in figure 16. However, this study was conducted in Limpopo Province which is dominated by Northern Sotho speaking people known as Bapedi while on the other hand its focus was on black South Africans only .

The reluctance of black people to participate in organ donation was discovered by Randhawa, Brocklehurst, Pateman, Kinsella, (2010:58) who report that ninety five (95%) of white people account for the donor pool while blacks are inadequately represented in organ donation. In addition to these findings Oniscu and Forsythe (2009) state that in Canada immigrant ethnic minorities uphold their traditional spiritual and cultural beliefs and they are also seen as not having information about organ donation and because of that, they decline to participate in organ donation. In response to the question of ethnic groups that are reluctant to participate in organ donation all twenty three research participants did not have the exact number of ethnic groups that are reluctant to participate in organ donation. They gave the general picture that black people are not taking part as they should due to the number of patients who are on the waiting list for transplantation. Their opinions are supported by the qualitative findings of this study where it was found that all twenty-six (26) who took part in this study are not registered as organ donors. Lack of information regarding the participation of various ethnic groups might be due to lack of access to the data base of organ donors in South Africa and there is a chronic shortage of studies that are focusing on different ethnic groups and their involvement in organ donation.

4.20 alleviate the shortage of organs

Twenty three (23) research participants responded to this question and this question was made an open question in order to provide them with an opportunity to express their views because research is about seeking solutions to the problems affect human beings.

Public education was identified by twenty two (22) participants as the strategy that can be used to address the shortage of organs in the country. However one participant felt that the ground work had already been done in terms of educating the public about organ donation. The participant argued that, South Africa does have organ donors but the main problem is the retrieval of body organs from those potential organ donors. The participant further pointed out that, there is no communication between organ donation coordinators and Organ Donor Foundation. This is the organization that is shouldering the responsibility of making the public aware about organ donation. The aim of the following sections is to discuss both qualitative and quantitative findings.

4.21 Section B: The discussion of qualitative findings

The findings of this study indicate that the public is aware about organ donation and transplantation but their knowledge is limited and this is consistent with the assumption of this study that lack of knowledge about organ donation impedes black people from donating organs. This assumption finds support in Hyde and White (2007:220) who argue that lack of knowledge about organ donation is always reported as a barrier to registering and discussing organ donation decisions.Despite the majority of research participants who are aware about organ donation, there are people who have never heard of it. It has also been found that those who indicated to be having insight about organ donation are participants who have higher qualifications. This gives them the advantage of being able to access information about the subjects from different channels such as the internet, books and magazines.

According to Cantarovich, Ekbeg, Delmonico, Schoenberg, Garcia, Manyalich, Wall, Arbogast, Sherry, YoungKipp and Cantarovich (2014:13) various strategies such as public education can be used to reduce organ shortage. The promotion of organ donation is an issue of great concern because those indicated to having information about organ donation heard about on the television and the radio. However they highlighted that they have never seen a person promoting organ donation and transplantation in their communities. Public education campaigns and the media are powerful tools of making the general public about the subject of organ donation and transplantation and their contribution in improving the quality of life and reducing the mortality rate which come as a result of renal failures and lack of organs. This gives an indication that the interpersonal campaigns are lacking because they provide the public with the opportunity to interact with organ donation promoters.

Mithra, Ravindra, Unnikrishnan, Rekha, Kanchan, Kumar, Papanna, Kulkarni, Holla and Divyavaraprasad (2013:84) view positive attitudes of the public toward organ donation as a pre-requisite for organ transplantation and organ donation. This study has found that the majority of participants have positive attitudes towards organ donation and transplantation. The donation of organs and transplantation are seen and appreciated as saving lives.

However despite the positive attitudes that people have, they are not motivated to sign organ donor cards.This fact made the researcher to be under the assumption that, positive attitudes about organ donation does not necessarily mean that people will enroll their names in the organ donor registry.

The researcher does appreciate the importance of these positive attitudes because they could be a solid foundation upon which successful transplants and organ donation programs are built. Researchers in the field of organ donation assert that knowledge about organ donation and positive attitudes are the pre-requisites in terms of improving organ donation rates. The researcher has found that there are people who have negative attitudes towards organ donation. Attitudes whether positive or negative are developed by various aspects such as religion, culture and knowledge about the subject of organ donation.

All research participants who participated in the study are not registered as organ donors. It emerged from the discussion with research participants that people have misconceptions about registering as organ donors. According to Hyde,Kylie and White (2012:531) many beliefs about organ donation are negative and they reflect a lack of knowledge and the discomfort with the donation process. They think doctors and nurses will not take care of them when they are registered as organ donors because the focus will be on the retrieval of organs over their health.

This revelation is agreement with the assumption of this study people have limited knowledge and misconceptions about organ donation and transplantation. These has generated fears into their minds and apart from that, generally people have fears about surgery despite its importance as a lifesaving technique.

Another theme that came out of this study is that, people are under the assumption that hospitals are making money by selling donated organs. The majority of research participants brought the issue of financial incentives for people who are donating organs and their families. However this question was not included in the interview guide that was used to collect data. The researcher contends that this is due lack of knowledge and also the inaccurate information that is transmitted about organ donation within the geographical areas in which people live.

This fact is supported by the theory of social constructivism which is based on the philosophy that knowledge is generated through the interactions which will end up being transmitted from generation to generation. According to the findings of this study, the wishes of those who indicated their intentions to be organ donors through registering as organ donors might not be respected. This is due to the fact that the families of the deceased have the final word in deciding whether the body organs should be removed. Researchers in the field of organ donation and transplantation have also pointed out the refusal of the family members as an impediment to organ donation. In social work practice the family is seen as a system and it should be assessed as a unit which has different parts which are interrelated. The decisions that members of the families take have an impact on other family members. The decision of allowing body parts of their loved ones to be retrieved could be the hardest decision during the grieving period.

The refusal of family members to give consent is also caused by misunderstanding the concept of brain-death because it is equated with killing a person. The study has also demonstrated that communication about the intentions to donate organs do not take place in families. The researcher has observed that it is rare for black people to talk about death and when it comes to organ donation; it is a topic which is highly controversial and sensitive. It is important to report that literature on organ donation has proved that, regular communication about intentions to donate organs contribute towards the consent organ donation.

Park, Yun, Oh and Oh (2015:1586) assert that cultural difference exist in individuals'views about organ donation and their perceptions of other people's related behavior. Research participants indicated that their culture does not allow organ donation though there are few people who stated that, culture should not be seen as an impediment to organ donation. However it is important to acknowledge culture because some people understand death and life after death from a cultural perspective. According to the ancestral believe dead people take part in the welfare of people who are still alive and they become powerful when they are dead in terms of bringing luck and misfortunes as well. Few participants indicated that ancestors will not be able to recognize people who have donated their body organs. The researcher argues that culture orders the way in which people should behave and it also plays a vital role in the development of attitudes towards organ donation and transplantation.

The researcher also asserts that any intervention that is aimed at improving the rate of organ donation should take into cognizance the socio-cultural aspects of the community in question. This approach is of great importance because people view organ donation using their cultural lenses. Many researchers in organ donation identified religion as one of the factors that causes people not donate organs but the majority of participants in this study indicated that their religions do not forbid them from donating their body organs.

The majority of participants who took part in this study are adherents of Christian religion which does not have a stand point on organ donation. Legislations that regulate the donation organs, tissues and blood state that these donations are made voluntarily which is consistent with the doctrines Christian religion because it encourages love and self-sacrifice. Research participants indicated that organ donation is good and it should be regarded as an act of love and self-sacrifice.

However the researcher has found that religious leaders are not teaching their congregants about organ donation. This might be due to lack of information about organ donation and transplantation. However one minister of religion also confirmed the belief that is held by many researchers who declared religion as one of the factors that prevent people from donating organs. The researcher is of the idea that religion and culture have the power to prescribe how people should behave, the manner in which they should see things and interpret them. According to religious perspective there is life after death and people believe that their bodies are the temples of God and therefore the retrieval of body organs is seen as destroying the temple.

It has been found through this study that despite being not registered as organ donors and the reluctance to donate body organs, the majority of individuals indicated that they can receive organs from other people when their body organs are not functioning. This fact proves that people see the value of organ donation and transplantation as saving and improving the quality of life for patients who are suffering from renal failures. However it is human nature form psychological perspective to be self-centered.

4. 22 Section C: Discussions of quantitative findings

Quantitative data was collected from research participants who are regarded as key informants in this study. Seventy four (74%) of research participants felt that the public has knowledge about organ donation but these findings correlate with the findings of qualitative data however it also emerged from the qualitative findings that, there are people who have little insight about organ donation and transplantation. The discovery that people have insight about organ donation brings light and hope in alleviating organ donation challenges.

These findings confirm the views of one of organ donation coordinators who articulated that, with regard to the dissemination of information, the groundwork has already been done. However the information that people have regarding organ donation does no correlate with the number of people who are registered as organ donors.

According to News24(2016) it is only 0.2 % of the South African population that is registered as organ donors. With regard to the attitudes of the public about organ donation and transplantation, eighty three percent (83%) of the research population indicated that people still have negative attitudes towards organ donation although seventeen percent hold the view there a people in communities who have positive attitudes. Positive attitudes towards organ donation are essential because they are the pre-requisites for successful organ donation and transplantation programs. The finding that, people are well informed about organ donation and the negative attitudes that people have about organ donation are negatively correlated. Education has the power to change the attitudes and the perceptions of people and even behaviour change. The researcher asserts that this calls for tdeeper assessment of the knowledge that people have about the subject of organ donation. This argument is based on the findings of the qualitative data, where few participants acknowledged to be having inadequate information about the subject.

It is further argued by the researcher that lack of organs for transplantation has a negative impact on the social functioning of patients and their immediate family members. Lack of organs is associated with the physical, psychological and emotional stress. The researcher further contend that the effects of lack of organs transcend beyond the psychological and emotional borders because it also affects the economy of countries as patients are not able to contribute productively due to ill health and to take care of them requires human capital and financial resources. it is estimated that hundred thousand (100-000) patients will be fortunate to receive an organ

Strategies that are used to market organ donation are very essential as they determine the outcomes in terms of organ donor registration. Public education seems to be the preferred method of making the public aware about organ donation because forty percent (40%) indicated to be using this strategy to market organ donation. This is the strategy that is also used by Organ Donor Foundation and it is important to note that many researchers in the field of organ donation continue to blame lack of information as the barrier that is preventing people from registering as organ donors. The researcher perceives public education as the convenient method of reaching huge numbers of prospective potential organ donors but lack of results in terms of making people to change there is a question that remains to be answered. The researcher thinks that the methods of delivering public education should be taken into consideration and also the target market because with public education there is no specific target in mind.

Twenty three percent (23%) indicated that they are radio is one of the methods that is commonly used to promote organ donation and transplantation and twenty-six percent (26%) chose television as a method that can be used to promote organ donation.

The researcher fully supports the use of television because many people have been reported to have televisions in their households because through it all segments of the population can be reached. The crucial fact about the use of television is the frequency and the time slot in which organ donation is promoted. The researcher is of the idea that organ donation should be promoted regularly on televisions and this will have positive effect though it is a method that is financially costly to maintain.

The researcher is of the opinion that television, radio and the newspaper are productive up to the certain extend because prospective organ donors are not able to interact with the organ donation coordinators though telephones can be used to promote interaction but this will depend upon the financial capacity of listeners. One of the objectives of this study was to explore factors that prevent black South Africans from registering as organ donor and this was confirmed by factors that were identified by research participants.

The majority of research participants identified culture and religion. The findings in organ donation and transplantation established that culture and negative attitudes are barriers to organ donation. South Africa is seen globally as a rainbow nation where people are given the privilege to practice their cultural beliefs. Two participants in this study reported that organ donation and transplantation are against their culture and religious beliefs. Culture and religion play a significant role in the development attitudes towards organ donation. Culture and religion give people lenses through which they view and understand organ donation and this research has proved that people have cultural perspectives and use culture as a reason not to donate organs. Tarus and Garrilovici (2015:72) confirm this notion by maintaining that the mentalities and the traditions individuals identify with organ donation either a generous act or something that is not acceptable. Lack of organ donors and the unavailability of body organs that can be used for transplantation have detrimental consequences. Organ donation coordinators, professional nurses and social workers confirmed that people die while still waiting for organs.

According to Organ Donor Foundation more than four thousand and three hundred (4300) are on the waiting list. These findings also reveal that due to lack of organs, South Africa depends on dialysis in order to help people who are suffering from end-stage diseases. This is an option that is financially expensive and not accessible to all people.

This study was intended to assess the roles of social workers in organ donation. This question was directed to social workers. They indicated that they assess patients who are eligible to receive organs psychosocially and their findings and recommendations are used by the multidisciplinary team to make decisions. Though patients are assessed by professionals such as medical doctors, professional nurses, psychologists, dieticians, dentists and psychiatrists, the assessment of social workers is seminal because it also covers aspects that from a medical perspective cannot be covered. Social workers indicated to be doing public awareness campaigns to make the public about organ donation. This is a method that is used to dispel the myths and misinformation about organ donation. The researcher has alluded to the fact that lack of body organs has detrimental consequences because patients who are not fortunate die before they receive organs that can improve the quality of life and social workers step in to offer grief-counseling.

The goal of this research was to explore the possibility of developing a social work model that can be used to raise the awareness about organ donation. Eighty percent (80%) of research participants acknowledged that they do not have a model that they can use. The researcher contends that a social work model that is suitable for the socio-cultural conditions of black South African communities is required. Twenty percent (20%) of participants reported that, they are not certain about existence of a social work model.

The response of one respondent which is equivalent to twenty percent (20%) raises questions because social work intervention is based on the application of social work theory. Organ donation coordinators did not manage to provide figures of black South

Africans who are registered as organ donors. This shows lack of communication between Organ Donor Foundation and organ donation coordinators in various transplant centers and also the inaccessibility of organ donors database. It was also discovered females are more willing to donate organs compared to males. The logic behind this is that females give birth and take care of their children; therefore they can do whatever it takes to protect life of human beings.

4.23 Conclusion

A total of forty-nine participants took part in this study. Questionnaires and interview guide were used to collect qualitative and quantitative data. Thematic data analysis was used to analyze qualitative data while the SPSS was used to analyze quantitative data which was presented in graphs, tables and pie charts. The following chapter focuses on presenting the summary of data, conclusions and recommendations.

Chapter five

Summary of findings, conclusions and recommendations

5.1 Introduction

This chapter presents a summary of findings, conclusions and recommendations based on the study that was conducted. In this chapter the aim of the study, research objectives, and the assumptions of the study.

5.2 Re-statement of the aim of the study

The central aim of this study was to explore factors that impede black South Africans from donating organs and critique the current model that is used to raise the awareness about organ donation. The aim of this study was achieved. Lack of knowledge about organ donation impedes black South Africans to register and donate organs though some of the research participants indicated having little insight about organ donation. Social workers are still using the medical model to raise awareness about organ donation.

5.3 Re-statement of research objectives

- **To recommend the design of a social work model in order to raise the awareness of organ donation amongst the black population**

This objective was achieved. The assessment and interpretation of research data indicates that social workers do not have a social work model to raise awareness about organ donation. The researcher proposes a multi-approach social work model of organ donation that is presented below.

The proposed model is influenced by the Spanish model on organ donation which is discussed in this study. According to the Spanish model, lack of organs for transplantation is not caused by unavailability of organ donors but is caused by finding organ donors and the failure to obtain consent to retrieve body organs. Spain had an acute shortage of organs for transplantation and in order to remedy the situation the Spanish Transplant National Organization was founded in 1989, (Ertin *et.al* 2010:706).

The Spanish model is based on the philosophy that organ donation challenges do not result from lack of appropriate organ donors but in finding potential organ donors and to legally obtain their consent. It is also based on the assumption that organ donation problems are caused by the failure and the inability to convert potential into actual organ donation. The researcher supports this model and contends that it could work within the South African context. Critically, it is important for South Africa to maintain an organ donor data base. This requires regular communication between organ donation coordinators and potential donors. The researcher also contends that the identification of potential organ donors does not necessarily solve problems of organ donation but organ donation coordinators and organizations that have been tasked with the responsibility of making people aware about organ donation and the registration of donors should go an extra mile by creating a relationship that is based on regular communication. Communication entails updating important information about organ donors such as change of physical address, contact details and also assessing the general health of potential organ donors.

According to Ertin *et.al* (2010:706) the Spanish model is similar to the modern marketing and psychological persuasion methods that are used in commerce. According to Allen and Spitzer (2016:266) social marketing refers to using information about a population for the promotion and adoption of ideas and practices in that particular population. The logic behind this is that effective health promotion campaigns feature well-designed messages that are delivered to their target audience. This method is a humanistic approach to organ donation. It encourages interactions between organ donation coordinators and potential organ donors. This provides them with the opportunity to clear misunderstandings and the myths surrounding organ donation.

The success of this model is based on the personal persuasive skills of medical personnel in convincing relatives of the potential donors. Taking the above mentioned fact into consideration, the researcher argues that this would require the involvement of organ donation coordinators who are highly skilled and knowledgeable about issues of cultural diversity within which organ donation should be promoted. The positive outcome of using this Spanish model resulted in a decrease in the refusal rate to 21.5%. Still more important is the involvement of immediate family members in the process not only in cases of brain-death but healthy potential organ donors because the family of the deceased potential organ donor has the final word in the process.

A multi-approach social work model of organ donation

- **The historical background of the proposed model**

The scarcity of human body organs remains a public health problem locally, nationally and globally. This is demonstrated by the demand for body organs that exceeds the supply of organs due to low donation rates particularly in black communities. According to Organ Donor Foundation, South Africa has a high volume of patients that are waiting for organs in order to prolong and improve quality of life. Currently more than 4300patients are reported to be waiting for organs (Organ Donor Foundation, 2015).

Spigner, Weaver, Cardenas and Allen (2002:87) maintain that the subject of organ donation and transplantation is controversial, misunderstood and culturally sensitive. Scientific investigations reveal that renal disease is estimated to increase by eight percent (8%) annually in Nigeria, (Odusanya & Ladipo, 2006:626) and in South Muller (2013:220) reports that the country has over five thousand (5000) patients suffering from end-stage renal failure. The dwindling number of deceased organ donors requires urgent attention as the number of transplants remains stable in South Africa. Lack of organs has detrimental consequences as Slabbert and Venter (2015:46) declare that approximately ten thousand (10 000) people from different ethnic groups die as a result of kidney failure. Efforts are made through dialysis to assist patients suffering from kidney failure even though this is therapy that is not accessible to all people and many patients cannot afford it.

The model came as a result of the scientific investigation conducted in Limpopo Province at Zebediela villages in 2016 with the primary purpose to assess the knowledge, attitudes and the perceptions of black South Africans towards organ donation and to explore factors that impede them from registering and donating organs. It was found that hundred percent (100%) of research participants of the population under study population were not registered as organ donors. Diverse factors such as lack of knowledge, culture, religion, attitudes and perceptions were established as accountable for the shortage of organ donors and body organs that could be used in transplantation. Mithra et.al (2013:84) confirms the above findings by articulating that the awareness about organ donation, positive attitudes and the consent by relatives for organ donation in the event of brain death are necessary for the success of organ transplantation programmes. In addition to this, Rocheleau (2013:201) asserts that the refusal by family members to grant consent is perceived as the common reason preventing the retrieval of body organs. According to Muller (2010) organ donation in South Africa is affected by religious, social issues, lack of government support, inappropriate allocation of resources and lastly by lack of active effort by transplant co-coordinators and doctors in this field.

The proposed social work model does not call for the withdrawal of the medical model that is currently used in health facilities but it is anchored upon the medical model taking into consideration that many developments have taken place in social work practice. These developments have changed the shape and scope of social practice includingtraining. Casstevens (2010:386) indicates that the focus of the current medical model is on diagnosis, treatment, and cure and this has also been by Beecher (2009:10) who state that t the practice orientation of medical model focuses on a process of seeking to identify the root causes of a problem and the prescription of a solution to ameliorate the problem. Its weakness is that it relies on professional expertise which sets the practitioner from their clients and its emphasis on a static-mechanistic behaviour. The researcher is convinced that seeking solutions to problems confronting humanity should be a collaborative effort and individuals, groups and communities should be involved in the exploration and the identification of solutions that est suit their unique situations.

- **The philosophy of the proposed model**

The proposed model is built on the philosophical foundation of social capital theory , eco-system theory and strengths-based perspective. The theory of social capital provides a valuable way of assessing contextual actors affecting donor designation. Social capital is defined by Nahapiet and Ghoshal (1998:243) as the sum of the actual and potential

resources that are embedded within, available through and derived from the network of relationships possessed by an individual or social unit.
It is also defined as the connections between individuals, social networks and the norms of reciprocity and trustworthiness that emerge from them (Andriani & Christoforou, 2016:5).

The above definitions view individuals within communities as having relationships and possessing resources that could alleviate any challenge that they encounter. This view is consistent with the strengths-based perspective that takes into cognizance the fact that all environments where people live are full of resources (Saleebey, 2013:20). The application of social capital theory helps to understand ethnic disparities in organ donation and its strength is the consideration of contextual factors.

The researcher submits that the consideration of contextual factors should encourage social workers and organ donation coordinators to approach the subject of organ donation differently in diverse communities. This implies that each community is unique in terms of cultural, traditional, religious and educational aspects.

The understanding of these factors calls for social work interventions that are suitable for the context within which they are applied. Social capital theory attempts to explain geographic variations in organ donor designation rates and lower rates among racial or ethnic minorities. This implies that issues of diversity should be taken into consideration such as the culture, traditions, and religion of a particular community. According to social capital theory, the donation of organs is viewed as a form of civic engagement and altruism. It also provides reasons why communities with lower levels of trust of social capital, trust and cohesion may have fewer organ donor designators (Ladin, Wang, Boger & Rodrigue, 2015: 611-614). It is further contended that the donation of human body organs from this framework is regarded as a collective action in which the individual benefits when everyone acts in a pro-social way.

The characteristics of potential organ donors such as lower socio-economic status are associated with a lower propensity to donate (Ladin et.al, 2015:614). According to Mellin, Belknap, Brodie and Sholes (2015:3) social capital supports community change and system transformation due to its focus on relationships, power and sharing of resources.

It is further argued that social interactions, ties, trust and shared languages and vision appear to have a significant impact on civic engagement. The proposed model is also influenced by the system theory. Allen, Amodeo, Bragin, Brunhofer, Frank, Friedman and Garvin (2014:1) are of the view that system theory enables therapists to understand the biological, psychological, sociological and the spiritual dynamics of clients. The knowledge of these factors enables social workers to interpret problems that are encountered by human beings and this contributes towards the development of balanced interventions. Suppes and Wells (2013:47) add that the application of ecosystem theory motivates social workers to maintain simultaneous focus on the person and the environment.

These views suggest that the promotion of organ donation and transplantation should take a holistic view of a person because failure to appreciate these factors has resulted in failure to obtain the consent for the retrieval of body organs and poor rates of organ donors. This perspective urges social workers to understand and assess individuals within the context of their environment. This argument is based on the notion that individuals are influenced by the environment in which they live and above all, the family is the primary agent of socialization. The proposed social work model identifies the importance of using the family to transmit information about organ donation to the current generation and even in the future.Lastly the proposed model has its roots in the philosophy of strengths-based perspective. Strengths-based perspective believes in the ability of individuals to solve successfully problems that confront them. Glicken (2004) state that focusing on problems and the deficits discourages social workers and their clients. Saleebey (2013:5) concurs by stating that what does not often reveals an egregious doubt about the ability of individuals to cope with the challenges of life.

The researcher argues that within the context of organ donation, professionals such as social workers, medical doctors, professional nurses, psychologists and physiotherapists should not be seen as having solutions to organ donation challenges alone but this should involve diverse communities.

- **The objectives of the proposed model**

The primary objective of this model is to assist social workers to raise awareness about organ donation and organ transplantation within diverse socio-cultural contexts since it is based on the assumption that the context matters in social work intervention. The model endeavors to break away from the medical model which is concerned with pathologies and relies on experts as the only stakeholders who possess solutions to organ donation challenges.

- **Application of the model**

The proposed model has been designed primarily to assist social workers to increase the rate of organ donation and transplantation; however, it is not limited to organ donation and transplantation. The model also addresses a variety of social problems such as Human Immune Deficiency Syndrome (HIV) and Acquired Immune Deficiency Syndrome (AIDS).

- **How to apply the proposed social work model**

The proposed model should adopt an integrated approach and a multi-level social work intervention strategy. The researcher argues that in social work intervention is based on the application of theory. According to Beckett (2009:33) theory refers to adequately coherent ideas that are used to guide practicethat they could be made explicit in a form which is open to challenge. This view is emphasized by Lister (2012:4) who argue that social work education demands the ability to integrate social work theory and practice. The logic behind the adoption of an integrated approach is that one method of social work would not yield results due to the complexity of organ donation within black South African communities. Therefore social work research and the three methods of social work which are casework, group work and community work should be used.

- **Social work research**

All social work intervention should be based on research. According to Evans and Hardy (2010:45) social work practice must be informed by the most up-to-date research of good quality. Scientific investigations are needed in order to design and implement intervention strategies that are appropriate for specific clients and the contexts where they are applied. Evens and Hardy (2010:77) indicate that the importance of research in social work practice is to produce knowledge that is relevant to the questions that social work practitioners address and where current knowledge is not sufficient. The conclusive evidence from these views is that research knowledge is essential to address practice concerns. The promotion of organ donation is conducted within diverse settings research should precede social work intervention.

- **Community work**

Organ donation problems could also be solved through community work as a method of social work intervention. Weyers (2011:28) defines community work as a social work method composed of different processes that intend to bring about required social changes with the help of community development, social planning, community education, social marketing and social action models. The application of community work within the context of organ donation requires social workers to possess holistic knowledge about the communities they are involved with. This enables them to be culturally sensitive and also to tailor-make their intervention strategies according to social, cultural and religious factors of communities. Though community work has the advantage of reaching people on a large scale the researcher suggests that it works better when organ donation promotion strategies target a specific group within the community. According to the developmental social work approach community work intervention should involve the active participation of community members where they are given the opportunity to take a lead and own the process of recruiting potential organ donors, registration of organ donors, educating the public about organ donation and transplantation.

Group work intervention

Group work can be used to educate individuals and groups about organ donation and transplantation. It can also be used to strengthen the coping mechanisms of patients struggling to get life-saving organs. According to Toseland and Rivas (2009:12) group work is a goal-directed activity with small treatment and task groups whose purpose is meeting socio-emotional needs and accomplishing tasks. It is also defined by Becker (2007:13) as a social work method that provides a context in which individuals help each other. It helps groups and individuals to influence and change personal, group organization and community problems. The two definitions of group work give an indication that group work can be used to solve specific social problems. People learn and hear about organ donation through public awareness campaigns, television, radio and newspapers but the researcher argues that group work offers more because it allows interaction and the generation of knowledge.

The researcher asserts that different types of treatment groups such educational, socialization, therapy, growth and support groups are effective mechanisms that promote organ donation and transplantation.

- **The second objective of the study was to assess the role of social workers in organ donation and transplantation**

  This objective was successfully achieved. Social workers take part in raising the awareness about organ donation and transplantation. They offer social work services such as assessment, counseling services, grief-counseling, public education and crisis intervention.

- **The third objective of the study was to explore socio-cultural factors that impede black South Africans from donating organs**

  The third objective of this study was also successfully achieved. The findings of the study confirmed that culture and religion impede black South Africans from donating organs even though this is not entirely pervasive for the entire population of all black

South Africans from donating organs.

- **The fourth objective of the study was to explore and assess existing strategies of promoting organ donation**

  This objective was successfully achieved: the current strategies that are used to promote amongst social workers remain public education, television, radio and newspapers in a bid to promote organ donation.

- **The fifth objective of this study was to explore effective strategies of addressing the shortage of human organs**

  This was the last objective of the study and it was also achieved because new strategies of addressing the shortage of organs were identified.

5.4 Re-statement of research assumptions

- The following assumptions were made before the onset of the study.

➢ **Black South Africans have limited knowledge about organ donation**

This assumption was confirmed: there are black South Africans who have limited knowledge about organ donation.

➢ **Religious and cultural beliefs impede Black South Africans from donating organs for transplantation**

The findings of this study confirmed that religious and cultural beliefs impede black South Africans from donating organs.

- **There is a lack of a social work model to raise the awareness about organ donation within the cultural and religious context of Black South Africans**

The above assumption was also confirmed. Social workers do not have a social work model that they use to raise awareness about organ donation.

- **Black people still have misconceptions about organ donation**

The above assumption was also proven true. Black South Africans have misconceptions about organ donation which are caused by lack of public education on organ donation and transplantation. The following section presents the summary of findings for both qualitative and quantitative.

5.5 Summary of findings

- **Qualitative findings**

The majority of people have knowledge about organ donation but there are people who have never heard about organ donation and those who indicated having any information about organ donation also indicated having insufficient information about organ donation. It also emerged that public education campaigns, television, radio and newspapers are the main channels of promoting organ donation.

Few research participants have negative attitudes towards organ donation and transplantation. These negative attitudes are caused by lack of knowledge about organ donation. Organ donation and transplantation are seen as altruistic acts that are done by only white people. Nevertheless, despite people who have negative attitudes towards organ donation in communities, the majority of participants indicated having positive attitudes. Positive attitudes are the result of having knowledge about organ donation. The study also found that there is a relationship between positive attitudes towards organ donation and the level of education. Individuals with higher educational qualifications demonstrated positive attitudes as compared to those with lower educational qualifications.

Many researchers in organ donation and transplantation perceive religion as impeding people from participating in organ donation. However, six religious leaders who took part in this study declared their religion or church denomination are not against organ donation. It also emerged that though they view religion as an act of love and sacrifice, religious leaders do not teach their congregants about organ donation and transplantation.

It is only one religious leader who indicated that organ donation and transplantation are against the teachings of their religion. It also emerged that blood donation and the transfusion of blood is also forbidden. These findings confirm the assumption of the study that religion impedes people from participating in organ donation. Though there are people who are using religion as a factor that prevent people from donating, Christianity which is the dominant religion in Limpopo Province where this study was conducted does not forbid its adherents from donating organs. People simply do not donate due to lack teaching about organ donation in their churches.

Nine traditional leaders who took part in this study asserted that people should not donate organs because it is against the culture of black South Africans. Ancestral worship and life after death were used as reasons for not donating organs. According to these perceptions on ancestral worship, when people die they should be buried with all their body parts in order to be recognized by their ancestors.

Lack of knowledge about organ donation is a breeding ground for false myths about organ donation and transplantation. Few participants who took part in this study are of the idea that people registered as organ donors are not taken care of when they are hospitalized.

All twenty-six participants who took part in this study reported that they are not registered as organ donors. These included participants who declared having knowledge about organ donation and positive attitudes. These findings present the view that positive attitudes about organ donation are not always associated with the positive outcomes of registering as organ donors.

It also emerged from this study that people have ambivalent feelings about organ donation, indicating that organ donation and transplantation are still surrounded by misconceptions and inaccurate information.This study has also found that people prefer to die natural deaths and brain-death is a subject that is misunderstood and controversial.

Participants are of the idea that medical doctors and nurses focus on the retrieval of body organs instead of doing their best to heal potential organ donors. These findings also show that people fear engaging in heath related behaviour. Participants do not have adequate information about where they can register if they intend becoming organ donors. All participants indicated that registration of organ donors is done at hospitals. Organ Donation Foundation uses the online and telephonic methods of registering potential organ donors but all research participants are not aware of these.

Financial incentives for organ donors were not included in the data collection tool but it was raised during data collection. Research participants are of the opinion that organ donors should be compensated financially. There is also a myth that hospitals are making money from freely donated body organs. Participants also asserted that in cases of deceased organ donors, their families should benefit financially since their body organs save and improve the quality of life of other people.

All twenty-three research participants in the study indicated that they would accept organs from organ donors when their body organs are not functioning. Their willingness to accept organs gives an indication that they are aware that organ donation is a therapy that saves, improves and prolongs life. All participants who are willing to accept organs are not registered as organ donors. The above statistics also included participants who asserted that organ donation is against their culture.

Research participants indicated that they are afraid to donate organs because it changes their body shapes. It is only one participant who asserted that their religion does not allow them to accept organs. This finding confirms the assumption that religious and cultural beliefs impede black South Africans from donating organs to an extent.

The majority of participants cannot allow the retrieval of organs from their family members even though they would have expressed their desire to be organ donors. The decision to donate organs is taken by an individual yet the final decision whether to retrieve organs or not rests with the family. These findings present the view that the statistics of people who are registered as organ donors might not necessarily solve the shortage of organ due to the refusal of family members to grant consent.

5.6 A summary of quantitative findings

Research findings from key informants and experts in organ donation reveal that people have some knowledge and understanding about organ donation. However these findings are against few participants in the qualitative findings who asserted that they are not aware about organ donation while few indicated that they have little insight into organ donation. The researcher has noted that participants who have lower educational qualifications declared not having knowledge about organ donation as compared to those who have higher educational qualifications. The other reason that is responsible for these discrepancies are the demographic characteristics of research participants such as their socio-economic aspects, age and also their geographical contexts. The majority of participants in the qualitative study are elderly citizens who lacked information and also had inaccurate information about organ donation.

Organ donation statistics in South Africa reveal that South Africa has four thousand and three hundred (4300) of patients who are on the waiting list for transplantation and this is against the finding that people have knowledge about organ donation because knowledge has the power to influence people to register as organ donors. Irrespective of the above findings, one organ donor coordinator is still convinced that public education campaigns have made the general public aware about organ donation. The only impediment affecting the rate of organ donation is the actual registration of potential donors and also the actual donation of body organs.

Seventy-four percent of research participants indicated that the level of knowledge about organ donation is good. The level of education regarding organ donation varies particularly between rural and urban areas.

Eighty-three percent (83%) or nineteen (19) participants indicated that black South Africans have negative perceptions about organ donation. These findings confirm that black South Africans have negative perceptions about organ donation. There is also a strong indication that having knowledge about organ donation does not always correlate with positive attitudes and perceptions. Despite the high number of individuals who have negative attitudes about organ donation, there are few individuals who have positive perceptions about organ donation.

Common channels that are used to promote organ donation in South Africa are public education, television, radio and newspapers. Forty percent (40%) or twenty-three (23) participants indicated that they use public education fora to promote organ donation. Public education is through awareness campaigns at schools, universities, work places and distribution of educational brochures. Twenty-six percent (26%) participants indicated that they also use television to promote organ donation while only eleven percent (11%) or six participants indicated using newspapers.

Regarding the impediments to registering as organ donors, lack of awareness about organ donation, religion, culture and negative attitudes were cited as preventing people from donating organs. These findings have confirmed the assumption of this study that South Africans have limited knowledge about organ donation and that religious and socio-cultural factors prevent people from donating organs.

Through this study it was also confirmed that people have negative attitudes towards organ donation. Lack of education regarding organ donation, religious and socio-cultural factors nurture negative attitudes towards organ donation.

The shortage of organs has detrimental consequences because people die before they receive organs that could improve the quality of life. The Organ Donor Foundation (2015) South Africa has more than five thousand (5000) patients who suffer from renal failures.

More than four thousand three hundred patients are on the waiting list. Patients wait for more than four years for organs and it was further brought to light that there are patients who have been on the waiting lists for more than ten years due to shortage of organs and lack of organ donors.

This study has revealed that body organs that are on high demand are kidneys, lungs, liver, pancreas and the heart.

Social workers are involved in organ donation and transplantation. Their role in organ donation is to do psychosocial assessment. They also have the responsibility of promoting organ donation in communities. Patients who suffer from renal failures and waiting for organs are affected psychologically and emotionally and it was found that their responsibility in this regard is to offer counseling services to patients and also to their families.

Lack of organs has detrimental consequences because some of the patients die before they receive organs and in this regard social workers are involved in offering grief-counseling to families of the deceased. Social workers are also involved in crisis situations. The discovery of malfunctioning organs such as kidneys affects patients negatively. Social workers are involved in strengthening the coping mechanisms of patients.

Eighty percent (80%) or four social workers indicated that they do not have a social work model that to raise the awareness about organ donation within the South African context.

This study also found that women are more willing to donate organs than men. Regarding ethnic groups that are reluctant to donate organs, research participants did not have solid statistics but all participants indicated that black South Africans are underrepresented in organ donation. This study was conducted in Limpopo Province at Zebediela where the majority of people are Northern Sotho speaking people and hundred percent (100%) or twenty-three of research participants are not registered as organ donors. With the question of what can be done to address the question of shortage of organs public education was mentioned as the only solution by research participants.

5.7 Conclusions

The following conclusions are made based on the major findings of this study:

- Social workers do not have a social work model that they could use to raise the need for organ donation.
- The majority of black South Africans are not registered as organ donors.
- Lack of education regarding organ donation seems to be the driving force behind the shortage of organs though the findings reveal that people have insight into organ donation.
- Negative attitudes, religion and cultural factors impede black South Africans from registering as organ donors.
- The refusal to grant permission to collect organs from the deceased by families of the deceased affects the rate of organ donation.
- Shortage of organs results in the death of patients who are on the waiting list.
- Myths regarding organ donation still exist.
- People lack information about the procedures of registering as organ donors.
- Public education emerged as a common method of promoting organ donation.
- Research participants perceive the importance of organ donation as a life-saving therapy and this is proved by their willingness to accept organs from other organ donors.
- South Africa has a high volume of patients who are on the waiting list to receive organs.
- The positive attitudes that people demonstrate regarding organ donation are not always associated with the intentions to donate organs.

5.8 Recommendations

Taking the major findings of this study and its conclusions into consideration, the following recommendations are made:

- The researcher recommends that social workers who are involved in organ donation should apply a social work model developed in this study to raise the awareness about organ donation.

- According to Organ Donor Foundation (2015) South Africa has more than five thousand patients who are suffering from end-stage diseases and some of them require an organ in future in a situation where the demand for organs far exceeds the supply of organs.

- It is therefore recommended that social workers should make efforts to conduct prevention campaigns against unhealthy lifestyles which contribute

  to diseases that are caused by lifestyles such as smoking, substance abuse and physical inactivity.

- Organ Donor Foundation is the vehicle through which organ donation is promoted and the registration of potential organ donors. However the rate of organ donation is low in South Africa due to shortage of organ donors and organs. It is recommended that Organ Donor Foundation in South Africa should be evaluated by external evaluators and its programmes of raising the awareness about organ donation and their effectiveness and efficiency should be addressed.

- Religious leaders and faith-based organizations ought to teach about organ donation and get involved in the promotion of organ donation.

- Organ donation should also be taught in primary and high schools as part of life orientation by life orientation teachers

- Organ donation and the transplantation of organs depend upon good legislations of countries. It is recommended that legislation (National Health Act 61 of 2003) that regulates organ donation and transplantation should be reviewed and amended since they have to date not yielded positive outcomes. It is also recommended that the Department of Health in South Africa should consider the introduction of presumed consent law in organ donation

➢ **Presumed consent law**

The success of organ donation and transplantation programmes is determined by good legislations. In support of this view Mossialos, Costa-Font and Rudisill (2008:02) assert that the availability of organs for transplantation is also determined by the institutional frameworks which are specific legislations in various countries as well as awareness of individuals about such legislations. South Africa is currently using a system that has not made an impact in terms of increasing organ donation rate. Zuniga-Fajuri (2015:199) state that explicit opt-in organ donation system gives an individual an opportunity to express their consent to become organ donors.

In explicit opt-out system individuals are presumed to be organ donors unless they express their refusal to become organ donors. According to Cherkassky (2010:157) the presumed consent assumes that every individual in the country accepts a particular procedure but every individual is aware of what they are consenting to. This system has been used to increase the pool of organ donors in countries such Austria, Belgium, the Czech Republic, Finland, France, Greece, Hungary, Israel, Italy, Luxembourg, Norway,

Poland, Slovenia, Spain, Sweden and Turkey.

The opt-out system is supported by Rippon (2012:345) who shows that an opt-out system has the probability of increasing supply of organs for transplantation partly because even though many people support the practice of organ donation, they fail to register as organ donors under the opt-in system. According to presumed consent law, people complete organ donation forms in centres located in the cities and their data are sent to the national records centre.

It is only the transplant team that would have access to the data base of organ donors. When people give their consent to donate by completing a form, body organs could be removed after their death, even if the family objects. If the deceased person has not completed a donation form during their lifetime, they are presumed to be organ donors and the consent of their family is not required (Ertin *et al,* 2010:707).

However, there are critics against the opt-out system even though it has yielded positive results in other countries where this system is practiced. Researchers in the field of organ donation express their concern, particularly with regard to patient autonomy and the psychological impact that it has on the families of patients.

➢ Interpersonal campaigns

The promotion of organ donation through public education does not have an impact in terms of raising the awareness about organ donation and the registration of potential organ donors. Taking this fact into consideration, the researcher recommends the use of interpersonal campaigns to motivate people to register as organ donors. This method is discussed in the following paragraph below.

Promoting organ donation through public education does not yield positive outcomes in terms of registering new organ donors and increasing the organ donor pool. This view is also held by Hornik (2002) and Rogers and Storey (1987) in King, Williams, Harrison, Morgan and Havermahl (2012:230) who maintain that previous research indicates that messages and efforts directed at the general public without a specific audience are more likely to fail. On the other hand, it is a method that cannot be completely discarded. According to Feeley and Kruegler (2015:176-177) the ideal method to facilitate registration of organ donors is through interpersonal campaigns that target people either individually or in a small groups with a live requester. Interpersonal campaigns are the most effective and successful in registering donors than the mass-mediated campaigns. Harrison, Morgan, King, Williams (2011:809) maintain that campaigns that feature a combination of media and interpersonal components are more effective in increasing knowledge, attitudes, norms, intentions and behaviour toward organ donation.

The approach is interactive and it creates dialogues between the potential organ donor and the presenter.

It accords them with an opportunity to ask clarity-seeking questions and it also provides the organ donation coordinators with the opportunity to make follow-up sessions with potential donors.

- Counseling of patients, organ recipients and prospective organ donors should adopt a holistic approach because any human being should be seen a person who has physical, psychological, social and emotional aspects.

The current shortage of organ donation in South Africa is an issue of great concern therefore diverse avenues should be explored to remedy the situation. The researcher recommends that the Department of Health in South Africa should explore and assess the Spanish model of organ donation or its system of organ donation.

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ANNEXURE A: REQUEST TO COLLECT DATA FROM THE DEPARTMENT OF HEALTH

North West University

Mafikeng Campus

Private Bag X 2046

Mmabatho

2735

20 June 2016

Research Coordinator

Department of Health

Research unit

Office D36 Old building

Polokwane

0700

Dear Ms Shamila Latif

RE: REQUEST TO COLLECT DATA

My name is Peter Masibinyane Dimo, a Doctor of Philosophy (PhD) student in the Department of social work at North West University at Mafikeng campus. I am doing a study on organ donation entitled, towards the development of a social work model to increase the awareness of organ donation amongst black South Africans in the Zebediela village in Limpopo Province under the supervision of Dr. E.I Smit who is a program leader for social work department. The aim of the study is to develop a social work model that can be used to raise the awareness about organ donation and to e4xplore factors that impede black South Africans from donating organs.

This study is part of my professional development however it is also aimed at exploring new strategies that can be used to solve the problem of organ donation. Your office is humbly requested to grant the student permission to collect data from social workers, medical doctors, professional nurses and organ donation coordinators. The collection of data will not interfere with the daily activities of the identified professionals as appointments will be made with them and participation in this study is voluntary. I hope my request will be taken into consideration.

Thank you

Yours faithfully

Peter Masibinyane Dimo

ANNEXURE B: REQUEST TO COLLECT DATA FROM POLOKWANE THE HOSPITAL

North West University
Mafikeng Campus
Private Bag X 2046
Mmabatho
2735
27 June 2016

The Chief Executive Officer
Polokwane Hospital
Private Bag X9315
Pietersburg
0700
South Africa

The Chief Executive Officer

RE: REQUEST TO COLLECT DATA

My name is Peter Masibinyane Dimo. I am a doctoral student (PhD) at North West University in social work Department under the supervision of Dr. E.I Smit. My registration number is 16306163. I am doing a study on organ donation under the title, the development of a social work model to increase the awareness of organ donation amongst black South Africans in the Zebediela village in Limpopo Province. The study aims to develop a social work model that can be used by social workers to raise the awareness about organ donation and to explore factors that impede black South Africans from donating organs. This study will also contribute towards my professional development. I request permission to collect data from social workers, medical doctors, organ donation coordinators and professional nurses. It will take twenty minutes to complete the data collection tool by prospective research participants. Data will be collected during lunch time and it will not interfere with the activities of the hospital. Participation in this study will be voluntary therefore participants will not be financially compensated for participating in this study. I hope your office will respond positively by granting the permission to collect data.

Yours faithfully

Peter Masibinyane Dimo

ANNEXURE C: REQUEST TO COLLECT DATA FROM MOLETLANE VILLAGE

North West University
Mafikeng Campus
Private Bag X 2046
Mmabatho
2735
27 June 2016

The honorable Chief Sello Kekana II
Zebediela Ndebele Tribal Authority
Moletlane village
Stand, Zebediela
Limpopo Province

The Honorable Chief Kekana II

I salute the great Chief Sello Kekana II. My name is Peter Masibinyane Dimo. I am a doctoral student (PhD) at North West University in social work Department under the supervision of Dr. E.I Smit. My registration number is 16306163. I am doing a study on organ donation under the title, the development of a social work model to increase the awareness of organ donation amongst black South Africans in the Zebediela village in Limpopo Province. The study aims to develop a social work model that can be used by social workers to raise the awareness about organ donation and to explore factors that impede black South Africans from donating organs. This study will also contribute towards my professional development. I request permission to collect data from religious and traditional leaders in the villages of Zebediela.

Data will be collected in the form of interviews. Each research participants will be allocated twenty minutes. Participation in this study will be voluntary therefore participants will not be financially compensated for participating in this study. I hope your office will respond positively by granting the permission to collect data.

Yours faithfully

Peter Masibinyane Dimo

ANEXURE D: A QUESTIONNAIRE FOR ORGAN DONOR FIELDWORKERS, MEDICAL DOCTORS, MEDICAL SOCIAL WORKERS AND PROFESSIONAL NURSES.

The development of a Social Work Model to increase the awareness rate of organ donation amongst Black South Africans in the Zebediela Village in Limpopo Province

Section A: Biographical data

- Gender

Indicate your gender by ticking the appropriate box

Male	
Female	

- **Age**

21 – 25 years	
25 – 30 years	
30 – 35 years	
35 – 40 years	
40 – 45 years	
45 – 50 years	
50 – 55 years	
55 – 60 years	

- Marital status

Single	
Married	
Divorced	
Widow or Widower	

- Educational qualifications

Grade 12	
Certificate	
Diploma	
Degree	
Post degree qualifications	
Others	

- Religious affiliation

Christianity	
Hindu	
Muslim	
Others	

Section B: General information

1. What is the understanding of Black South Africans towards organ donation?

Fair	
Average	
Good	
Excellent	

2. What is the level of their knowledge of organ donation?

Fair	
Average	
Good	
Excellent	

3. Do Black South Africans still have negative perceptions to become organ donors?

Yes	
No	

If yes describe their attitudes

……………………………………………………………………………………………………

……………………………………………………………………………………………………

……………………………………………………………………………………………………

4. Do Black South African families give consent or authorize the surgical removal of organs for transplantation from their dead family members?

Yes	
No	

5. How do you market organ donation?

Public education	
Television	
Radio	

Newspaper	

6. What causes the scarcity of human body organs?

Lack of awareness	
Religion	
Culture	
Negative attitudes	

7. Do patients die while waiting for organs?

Yes	
No	

8. How long do patients wait for life saving organs?

6-12 months	
1-2 years	
3-4 years	
4years and above	

9. Which human body organs are mostly needed for transplantation?

Heart	
Kidneys	
Liver	
Lungs	
Cornea	

10. What is the role of social workers in organ donation?

Social work assessment	
Counseling	
Grief-counseling	
Public education	
Crisis intervention	

11. Is there a social work model for the marketing, recruitment and retention of organ donors?

Yes	
No	

12. How many black South Africans are registered as organ donors?

13. In your opinion who are willing to donate organs between males and females?

Males	
Females	

14. Which ethnic group or groups are reluctant to be organ donors?

Tsonga	
Northern Sotho	
Amandebele	
Xhosa	
Zulu	
Others	

15. What can be done to alleviate the shortage of organs?

....

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....

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Thank you for your time and cooperatio

Peter Masibinyane Dimo

Researcher

ANNEXURE E: INTERVIEW GUIDE FOR TRADITIONAL FOR TRADITIONAL LEADERS AND RELIGIOUS LEADERS

The development of a Social Work Model to increase the awareness rate of organ donation amongst Black South Africans in the Zebediela Village in Limpopo Province

Section A: Biographical information

- **Gender**

Male	
Female	

- **Age**

Age of respondent	
18 to 30 years	
30 to 40 years	
40 to 50 years	
50 to 60 years	
60 years and above	

- **Marital status**

Single	
Married	
Divorced	
Widow or Widower	

- **Ethnic groups**

Northern Sotho	
Tsonga	
Ndebele	
Others	

Religious affiliation

Christianity	
Muslim	
Hinduism	
Others	

- **Educational Level**

Educational Level	**Number**
8. Did not go to school	
9. Grade 12	
10. Certificate	
11. Diploma	
12. Degree	
13. Post degree qualifications	
14. Others	

Section B: General questions

1. Have you ever heard about organ donation?
2. What have you heard about organ donation?
3. Where did you hear about organ donation?

4. What are your attitudes towards organ donation?
5. Are you registered as an organ donor?
6. If not, do you know the procedure?
7. Would you donate your organs to other people?
8. Would you accept an organ from other people?
9. Does your church or culture allow you to donate organs?
10. Would you give permission for the retrieval of body organs from your family member?
11. What are the factors that impede black South Africans from donating organs?
12. What are the organs that can be donated?

ANNEXURE F: CONSENT FORM FOR RESEARCH PARTICIPANTS

Consent form

North West University
Mafikeng Campus
Private Bag X 2046
Mmabatho
2735
27 June 2016

Title of the study

The development of a Social Work Model to increase the awareness rate of organ donation amongst Black South Africans in the Zebediela Village in Limpopo Province.

Dear research participant

Congratulations, you have been selected to participate in this study. The primary aim of this study is to develop a social model that can be used to increase the awareness about organ donation and to explore factors that impede black South Africans to participate in organ donation. This study is also aimed at my career development. Participation in this study is voluntary and all participants will not be remunerated. Your identifying particulars such as your name and identity number are not essential in this study and they will not be used. The information that will be shared in this study will remain confidential. You are also requested to sign the consent form before you participate in this study.

I…………………………………………… (Full names and Surname) agree to participate in the study voluntarily.

……………………………………………

Signature of the research participant

……………………………………………

Date

……………………………………………

Signature of the researcher

……………………………………………

Date