

SOCIAL MARKETING: ROLE OF INCENTIVES IN PROMOTING ORGAN DONATION

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Abstract

Social marketing is very popular in current century, as it addresses various social issues and brings about a positive behavioral change for the benefit of the society. Organ shortage is one such social issue that could be benefited by the application of social marketing principles and techniques. The present study examines the role of incentives to bring about a behaviour change and opt for organ donation. The data was collected from school teachers and the study result shows that, incentives has a positive relationship with willingness towards organ donation and the respondents look for non-monetary incentives rather than financial incentives.

Key words: Social marketing, organ donation, willingness, incentives

I Introduction

Social marketing has emerged as an accepted practice over the past 30 years (Ling et al., 1992). “Social marketing is the use of marketing principles and techniques to influence a target audience to voluntarily accept, reject, modify, or abandon a behavior for the benefit of individuals, groups, or society as a whole”, (Kotler et al., 2002). Recent years, the focus of social marketing has shifted beyond the influences on and changing individual behavior, to socio-cultural and structural influences on social issues (French. et al., 2015). Fifty major social issues could be benefited by application of social marketing principles and techniques and one such social issue is organ shortage.

Over the past three decades, organ transplantation has been transformed from an experimental therapy to a relatively common treatment for end stage organ failure (Healy, 2007). Organ transplantation is able to enhance the quality of life of organ failure patients (Collins, 2005). However, all patients suffering from end-stage organ failure have not got the equal opportunity for organ transplantation because of the lack of donated organs and more people die while waiting for transplant. There is a mismatch between the number of donated organs and the number of people having organ failure and waiting for a transplant. Furthermore, due to ageing population and increasing organ failure, the need for organ

transplant is expected to rise. Researchers and organ donation professionals are applying social marketing approaches for organ donation promotion. Earlier studies has identified incentives as one of the factor that can promote organ donation and these incentives can be either monetary or non-monetary benefits. Provision of governmental incentives like monetary, award for organ donation, treatment for donor family will help to promotion of organ donation (Soubhanneyaz et al., 2015). Monetary treatment was found to be more effective in increasing the organ donors (Eyting et al., 2016)

II Review of literature

In India, various people centric issues were identified regarding organ donation from a brain dead donor and one among them is lack of incentives (Khashu et al., 2014). There are no incentives for donor families post donation in India (Dar Reeta, 2014). The major reason for unwillingness to donate organs among rural population in Saudi was lack of family support and lack of information, where as the reason given by urban population was lack of incentives (Alghanim, 2010). Provision of financial incentives lead to raise in organ donors in China (Wu & Fang, 2013). Members of Ethics Committee of the American Society of Transplant Surgeons analyzed the proposals of providing financial incentives for donor's family in the form of direct payment, tax incentive or an income, compensation for funeral expenses and contribution to any charitable organization on the basis of ethical methodology developed. The panel members totally opposed to the exchange of cash in the form either a direct payment or tax incentive for cadaver donor organs but majority of them supported compensation for funeral expenses or contribution to a charitable organization on ethical background (Arnold et al., 2002)

In Israel, consent given by a person during his life to donate an organ following his death, accords both the person and his first degree relatives' priority in organ allocation. Further an organ donated by a person following his death accords his first degree relatives' priority in organ allocation in Israel (Jacob Lavee et al., 2009) as well as in Japan (Aita, 2011). Ravitsky (2013) analysed provision for incentives for post-mortem organ donation under ethical and cultural consideration. The various incentives that were suggested include, provision for an organ donor card holder to prioritize in waiting list, a rebate on health insurance, compensation for funeral expense, reward with medal of hono\r, tax benefits, financial compensation to the donor family. Among all stated here, the financial compensation has got more opposition and criticism from all.

III Research Methodology

The present study is done to know about the role of incentives in promoting organ donation.

Research problem

In India, many people suffer from end stage organ failure and are waiting for organs. Around five lakhs people, die every year in India due to unavailability of organs. Organ shortage can be equalized only if more people are willing to donate their organs. Lack of incentives is one of the reason for organ shortage. Hence, this study is done to know whether provision for incentives will bring about a behavioral change and make the respondents opt for organ donation.

Objectives

1. To identify the incentives preferred by the respondents for organ donation.
2. To study the association between the demographic variables and incentives for organ donation.
3. To determine the relationship between incentives and willingness towards organ donation

Hypothesis

H₀1: There is no significant association between the demographic variables and incentives

H₀2: There is no significant relationship between incentives and willingness towards organ donation.

Research Design

This study is descriptive in nature examining the need for incentives and willingness towards organ donation in a particular period of time.

Sample Design

The data were collected from 154 higher secondary school teachers working in the Mayiladuthurai block of Mayiladuthurai educational district by using a self-administered questionnaire and convenience sampling is adopted for this study.

IV Findings

Table-1: Frequency Distribution of Incentives

Incentives	Agree		Neutral		Disagree	
	Frequ ency	Perce ntage	Frequ ency	Perce ntage	Frequ ency	Perce ntage
I will donate organs, if I am prioritized in waiting list to receive organ if needed in future	75	48.7	28	18.2	54	33.1
I will donate organs, if my family members are prioritized in waiting list to receive organ if needed in future	73	47.4	32	20.8	49	31.8
I will donate organs, if health insurance is provided to my family members	41	26.6	26	16.9	87	56.5
I will donate organs, if I get financial compensation	22	14.2	19	12.3	113	73.4
I will donate my organs if conditional donation is allowed (one can choose who can get their organs)	20	13	27	17.5	107	69.5
I will donate after death if recipient details are revealed to my family members	64	41.5	35	22.7	55	35.7

The above table shows that more percentage of respondents are willing to donate organs if they are prioritized in the waiting list to receive organ if needed in future (48.7%), if their family members are prioritized in the waiting list to receive organs if needed in future (47.4%), if recipient details are revealed to their family members (41.5%) but on the contrary more respondents (73.4%) disagree to donate their organs based on financial incentives, similarly, (69.5%) disagree for conditional donation and (56.5%) disagree to donate even if health insurance is provided to their family members. This shows that, maximum percentage of the respondents does not prefer financial incentives and they are willing to donate if they are prioritized in waiting list to receive organ if needed in future.

Table-2: Frequency Distribution of Willingness towards Organ Donation

Willingness	Options	Frequency	Percentage
I am willing to donate my organs after death by signing a donor card	Yes	87	56.5
	No	67	43.5
I am willing to donate my family member's organs after their death	Yes	62	40.3
	No	92	59.7

Frequency distribution of willingness towards organ donation is displayed in table 2. The table result shows that (56.5%) of the respondents are willing to donate their organs by signing a donor card on the contrary maximum number of the respondents (59.7%) are unwilling to donate their family member's organs after their death.

Table-3: Anova

Variable	Age	Gender	Marital status	Family type	Religion	Education	Monthly income
F	1.097	0.988	1.106	1.008	2.521	1.563	1.257
Sig	.358	.483	.349	.459	.001	.045	.213

The above table shows significant F value for religion and education. Hence, it is inferred that there is significant difference between the requirement of incentives based on the respondent's religion and education. Hence the null hypothesis (H_0) is accepted for age, gender, marital status, family type, monthly income and rejected for religion and education.

Table-4: Relationship between incentives and willingness towards organ donation

		Incentives	Willingness
Incentives	Correlation	1	.289**
	Sig. (2-tailed)		.000
	N		154
Willingness	Correlation	.289**	1
	Sig. (2-tailed)	.000	
	N	154	

Table-4 represents the correlation between incentives and willingness towards organ donation. There exist a moderately positive correlation between incentives and willingness towards organ donation ($r = 0.289$, $p < 0.001$). This indicates that an increase in incentives will result in an increase in willingness towards organ donation and vice versa. Since, there is

a significant positive relationship between incentives and willingness towards organ donation the null hypothesis (H_0) is rejected and alternate hypothesis is accepted.

V Recommendations

The study results shows positive relationship between incentives and willingness towards organ donation and more number of respondents are willing to donate their organs, if they are prioritized in the waiting list, followed by their family members to receive organ if needed in future. Doing so, will improve the organ donation rate. Though 56.5% of the respondents are willing to donate their organs a maximum of 59.7% are unwilling to donate their family member's organs after their death. Family discussion about organ donation and exposure of the whole family to social marketing programs will improve the willingness to donate family member's organs.

VI Implications

In India, if a brain dead person's organs are donated, normally the donor's family member receive rewards and recognition but, from the findings it is inferred that more persons will donate their organs, if they are prioritized in the waiting list, followed by their family members to receive organ if needed in future. Furthermore, Khashu et al., (2014) mentioned that, during awareness programs by Central Health Education Bureau, Government of India, persons who are willing to be donors by pledging organs and tissues in pledge forms wanted priority in organ allocation. Amendment of THO (Transplantation of Human Organs) act prioritizing the donor and their family members in waiting list to receive an organ and change in policy guidelines by NOTTO (National Organ and Tissue Transplant organization) will improve organ donation rates in India.

VII Conclusion

The concept of organ donation has not reached many so, demand for organs are higher than the supply. The existing demand can be met only if more people are willing to donate their organs after death. With an intention to understand the role of incentives in increasing willingness towards organ donation this study is undertaken and the study result shows positive relationship between incentives and willingness towards organ donation and more persons are willing to donate if they are prioritized in waiting list to receive organs if needed in future.

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