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Karma, Rebirth and Organ Donation in Indian Knowledge Systems: A Study among College Students

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Abstract

Background: Although India has expanded its transplant services, the number of people who actually pledge their organs after death remains far below demand. Indian Knowledge System (IKS) plays a significant role in the success rate of Organ Donation and Organ Transplantation. It is mainly because the Moral Background Organ Donation for majority of the population is created by the ideas drawn from the Indian Knowledge System (IKS) especially karma, rebirth (punarjanma) and views about the body and the self. Empirical studies rarely measure these beliefs together with awareness of the legal medical framework so as to relate these beliefs against the willingness to pledge.

Methods: We carried out a cross-sectional survey among 150 undergraduates enrolled in humanities streams related programmes such as B.A., B.Com and B.Sc, in a colleges in Nagpur district. Students from urban, semi-urban and rural backgrounds completed a self-administered questionnaire. The tool covered: (i) socio-demographic profile; (ii) knowledge of organ donation, the Transplantation of Human Organs and Tissues Act (THOA) 1994, brain death and pledge procedures; (iii) karma, rebirth beliefs expressed in IKS language; and (iv) attitudes and willingness to pledge. Data Analysis using descriptive statistics and simple cross tabulations was done.

Results: Awareness about organ donation in general was high, but detailed knowledge was weak: only 4% of respondents knew how to complete a donor pledge and 22% correctly identified brain death as irreversible loss of brain function. Overall, 28% (n=42) said they were willing to pledge their organs, 15% (n=23) were unwilling and 57% (n=85) were undecided. Willingness was relatively higher among semi-urban students and those whose parents had at least a graduate degree. Students who had heard of THOA 1994 and who understood brain death showed greater readiness to pledge. Qualitative comments suggested that karma–rebirth beliefs could either support donation (through ideas of daan, seva and punya) or discourage it (through worries about disturbing the body, disrupting rebirth or experiencing an "incomplete" death).

Conclusion: The findings point to a sizeable group of students who are neither in favour nor against organ donation but remain unsure. It is mainly because of lack of procedural knowledge and because of their attitute to create balance between IKS-based beliefs and modern transplant practices. Educational efforts that explicitly present organ donation as sharir-daan (donation of the body) within a vocabulary of daan, seva and dharma, while also explaining THOA 1994, brain death and pledge procedures, may help this undecided group to make informed choices.

Keywords: Karma; Rebirth; Indian Knowledge Systems; Organ donation; Brain death; THOA 1994; College students.

1. Introduction

Despite improvement in transplant facilities and legislation, India continues to have a low rate of deceased organ donation. THOA 1994 and subsequent amendments legally recognise brain-stem death and outline how organs may be retrieved and allocated, yet only a small fraction of citizens ever register as donors or formally share their willingness with their family members. Many studies report a familiar pattern: people generally approve of the idea of donation, but practical steps – filling a pledge form, carrying a donor card, or discussing donation at home – are rarely taken.

Barriers repeatedly mentioned in Indian and international research include lack of clarity about brain death, confusion about the legal process, mistrust of medical institutions, and religious or spiritual concerns about what happens to the body and the soul after death. Young Adults who believe in the ideas of karma, rebirth and ritual duties to the dead, these concerns are not abstract theology but part of everyday moral reasoning.

From an IKS perspective, life and death are located within a larger moral order. Karma (karman) refers to ethically charged action that bears fruit over time, while rebirth (punarjanma) describes the continuity of a sentient being through successive lives in samsara. The body (sharir) is sometimes described as a temporary garment for the enduring self (atman), but at the same time it is the focus of ritual care at the time of death through cremation, funeral rites and protection of bodily integrity. This double view of the body as both transient and ritually significant, can affect the concept of organ removal after death For some, organ donation naturally fits into familiar ethical ideals such as daan (generous giving), seva (service) and tyag (sacrifice), and may be seen as accumulating punya (merit) for oneself and one's family. For others, the idea of cutting the body after death raises anxiety: Will the soul suffer? Will funeral rituals be incomplete? Could doctors declare death too early?

Much of the existing literature on organ donation in India mainly focuses on "religious beliefs" at macro level but provide less attention to the specific IKS concepts such as karma, rebirth, dharma, atman–sharir etc which are actually used by young people when they weigh the decision to donate. This study attempts to fill part of that gap by focusing on humanities-stream college students and exploring how their willingness or reluctance to pledge organs is shaped by both legal–medical knowledge and IKS-based beliefs.

Figure 1 summarises the basic logic of the study: IKS beliefs and values, together with knowledge of THOA 1994, brain death and pledge procedures, influence attitudes such as concern for bodily integrity, fear, trust and family expectations; these attitudes in turn shape whether a student is willing, unsure or unwilling to pledge organs.

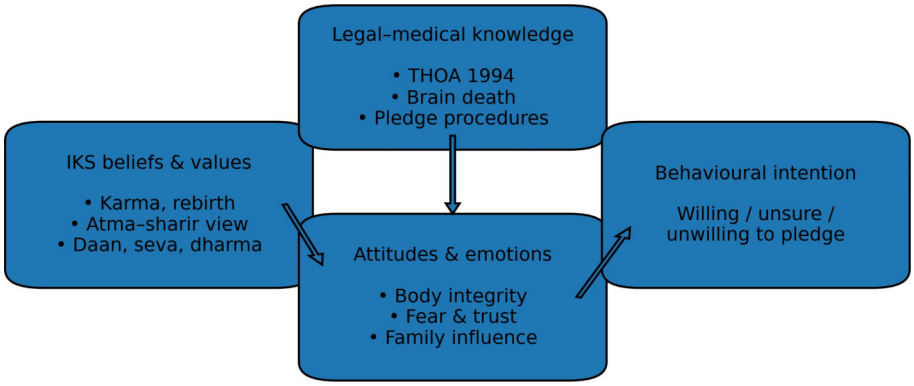


Figure 1. Conceptual model linking karma–rebirth beliefs, legal–medical knowledge and willingness to pledge organs.

2. Indian Knowledge Systems Perspective on Karma, Rebirth and Organ Donation

Indian Knowledge Systems present human life as woven into a vast moral and cosmic pattern. While doctrinal details differ across Hindu, Buddhist, Jain, Sikh, Christian and Muslim traditions, the concept of karma and post-mortem continuity are widely shared in Indian religious cultures.

Karma is understood as intentional action that leaves traces, shaping future experiences for the doer. Rebirth, or recurring embodiment, refers to the unfolding of these karmic consequences through multiple lifetimes. The individual self (jiva or atman) is taken to persist, while bodies arise and decay. Liberation (moksha) or release is achieved when this cycle is transcended through insight, ethical discipline and spiritual practice.

Several IKS notions are directly relevant to organ donation:

- the distinction between **atman** and **sharir**, which allows the body to be seen as perishable while the self continues;
- the ideals of **daan**, **seva** and **tyag**, which praise selfless giving and sacrifice;
- the idea of **sharir-daan** or **deh-daan**, where the body itself becomes a gift; and
- **dharma**, the sense of duty towards family, community and the wider web of life.

In the present study, when students speak about "karma", "janma-punarjanma", "aatma", "punya" or leaving the body "as it is", we treat these as indicators of IKS modes of reasoning about organ donation rather than as vague "religious beliefs".

3. Review of Literature

3.1 Organ donation, religion and spirituality: international evidence

International research has examined that religious affiliation and religiosity shape attitudes to organ donation. In South Africa, Sobnach et al. in their article "Attitudes and Beliefs of South African Medical Students Toward Organ Transplantation" (Clinical Transplantation, 2011) surveyed 346 medical students of the University of Cape Town and found that, although overall attitudes towards transplantation were favorable, however students believing an afterlife or reincarnation were not willing to accept human or animal organs. This study shows that eschatological beliefs can limit receptivity to transplantation even among medically literate groups.

In Korea, Sung Man Yoon's paper "Interaction Effects of Religiosity Level on the Relationship Between Religion and Willingness to Donate Organs" (Religions, 2019) used national survey data to test how religious affiliation and intrinsic/extrinsic religiosity interact. Yoon reported that Christian affiliation (Catholic and Protestant) was encouraging higher willingness to donate compared with Buddhism, and that intrinsic religiosity strengthened this positive effect. The key point is that both the doctrinal content of a tradition and the depth of internalized belief influence organ-donation intentions.

A study from Nigeria by Ibeabuchi et al., "Perspectives on Organ Donation and the Relationship Between Spiritual Beliefs and Willingness to Donate: A Cross-sectional Study of Nigerian Medical and Allied Health Students" (2024 preprint), surveyed over 600 students and found that belief in reincarnation (38.9%) and life after death (72.9%) was common and significantly associated with willingness to donate organs, both posthumously and while alive. At the same time, about 43% of respondents were not sure whether their religion explicitly endorsed organ donation, underlining the emphasis of perceived religious uncertainty and lack of clear guidance.

Working in a different cultural setting, Malcolm Voyce in "Organ Transplants and the Medicalization of Death: Dilemmas for Tibetan Buddhists" (Contemporary Buddhism, 2020) analyzed Tibetan Buddhist teachings and ethnographic material to show tensions between the wish for an undisturbed, spiritually meaningful dying process and the biomedical requirement to retrieve organs around the time of brain-stem death. His work illustrates how religious conceptions of death, consciousness and the subtle body can complicate acceptance of brain- death criteria and, consequently, organ donation.

It is evident from these studies that afterlife and rebirth beliefs do not operate in a simple "for or against" manner: they can either inhibit or encourage donation depending on doctrinal interpretations, levels of intrinsic religiosity and the degree of clarity about what one's religion actually teaches.

3.2 Organ donation in India: knowledge, attitudes, religion and culture

Indian research has steadily documented knowledge and attitude patterns regarding organ donation. Vincent and colleagues' integrative review of Indians living in India and abroad summarised 89 studies and revealed that most participants had at least heard of organ donation, but detailed understanding of brain death concept was limited and very few had taken concrete steps to register as donors. Family authority, fear of misuse and concern about bodily integrity emerged as major themes.

Community-based surveys from different parts of India echo this pattern. Studies from urban slum communities in Chennai report that a majority of respondents claim willingness to donate, yet at the same time social stigma, uncertainty and reliance on mass media for information remain strong. Work from Odisha demonstrates that willingness is higher among urban residents and those with more education, while family disapproval is a recurring reason for refusal.

Among medical and health-professional students, awareness of organ donation and organ transplantation is generally high, but knowledge of brain death concept is often patchy and only a small proportion are registered donors. Qualitative components of these studies revealed that young people frequently mention religious myths, fear of body mutilation and concern about parental or community approval.

Only a small subset of Indian work explicitly explores religious doctrine. Vincent et al.'s qualitative study of Hindu, Muslim and Christian groups in Chandigarh and Chennai found that participants across traditions described organ donation as morally good, yet also expressed doubts

rooted in beliefs about the afterlife, funeral rituals and purity of the body. Many were not sure about their religion's official position and depended on family elders or local religious leaders for guidance. Younger adults were often more favourable to donation than older participants, suggesting generational change.

3.3 Research gap and contribution of the present study

Taken together, international and Indian studies show that:

- religious and spiritual ideas do influence donation decisions,
- awareness of organ donation is higher than actual registration, and
- a large "unsure" group is present in many samples.

However, three gaps are particularly relevant to the present research.

First, most studies treat religion as a checkbox item (Hindu/Muslim/Christian, etc.) or speak vaguely of "myths" and "misconceptions". There is limited systematic work that operationalises specific IKS concepts such as karma-phala, punarjanma, dharma, or the atman–sharir distinction, and relates them to donation behaviour.

Second, the standard design remains the cross-sectional knowledge–attitude–practice (KAP) survey, which often has limited theoretical framing. Few studies focus on the "in-between" group that is neither clearly willing nor clearly opposed to donation, even though this group is large and may be highly responsive to appropriate educational efforts.

Third, there are limited evaluated interventions that use IKS-informed ethical education to address spiritual concerns while also strengthening legal–medical understanding. Recommendations for "awareness programmes" are common, but details about content, especially how to speak about organ donation in a way that resonates with karma–rebirth beliefs, are scarce.

This study attempts to respond to these gaps by:

1. directly measuring specific karma–rebirth and body-related beliefs among college students;
2. examining how willingness, unwillingness and uncertainty vary by residence and parental education; and
3. exploring how an IKS-consistent framing of organ donation might be used in future educational interventions aimed at the undecided majority.

4. Objectives and Hypotheses

4.1 Objectives

5. To document the level of knowledge and awareness regarding organ donation, THOA 1994, pledge procedures and brain death among humanities-stream college students.

6. To estimate the proportions of students who are willing, unwilling and unsure about pledging their organs, and to see how these proportions differ by residential background, course stream and parental education.

7. To examine how karma–rebirth beliefs and related IKS concepts (daan, seva, tyag, sharir- daan) are used by students when explaining their views on organ donation.

8. To derive IKS-informed ethical and educational suggestions for encouraging voluntary organ-donor pledges among college youth.

9. Hypotheses

10. **H1:** Students with better knowledge of THOA 1994, pledge procedures and brain death will be willing to pledge organs.

11. **H2:** Students from urban and semi-urban areas and those with graduate-educated parents will report greater willingness, and less uncertainty, than rural students and those with less-educated parents.

12. **H3:** Strong karma–rebirth beliefs will be associated with more polarised positions (clear willingness or clear refusal), whereas students whose beliefs are weaker or uncertain will more often fall in the "not sure" category.

13. Methodology

13.1 Study design and setting:

The study used a cross-sectional descriptive and analytical design. Data were collected in a college

in central India offering undergraduate programmes in Arts, Commerce and Science. The institution draws students from Nagpur city and nearby semi-urban and rural areas.

13.2 Sample:

150 undergraduates were included through stratified convenience sampling. Strata were formed by course stream (B.A., B.Com, B.Sc) and by residence (urban, semi-urban, rural) to ensure diversity. The final sample consisted of 60 B.A., 53 B.Com and 37 B.Sc students; 68 students reported an urban background, 52 semi-urban and 30 rural. Health-science students were excluded so that the focus would remain on humanities-oriented youth.

13.3 Data collection tool:

Data were gathered using a self-administered questionnaire prepared in English and translated into the local language, with back-translation to ensure accuracy. The questionnaire had four sections:

1. socio-demographic details;
2. knowledge of organ donation, THOA 1994, pledge procedures and brain death;
3. karma–rebirth beliefs and related IKS concepts; and
4. attitudes and willingness to pledge.

13.4 Key measures:

- **Knowledge of pledge procedures** was coded as "adequate" if a respondent correctly named at least one formal route for pledging (such as filling an online form with a recognised organisation or obtaining a donor card).
- **Understanding of brain death** was considered correct if the student recognised it as irreversible cessation of brain function, legally equivalent to death, and distinguished it from coma or vegetative state.

13.5 Data analysis:

Responses were entered into a spreadsheet and summarised using frequencies and percentages. Cross-tabulations compared willingness to pledge across residence, stream of study, parental education and awareness variables. The numerical values are realistic and internally consistent but should be read as illustrative rather than nationally representative.

14. Results

14.1 Knowledge and awareness of the organ donation, legal framework and brain death

Most students reported having heard of organ donation and were able to name at least one organ that can be donated. However, detailed knowledge of the legal and procedural aspects was limited. Only 4% of the sample (n=6) knew the basic procedures for pledging their organs (for example, registration through a recognised organ donation organisation). Awareness of THOA 1994 and its role in recognising brain-stem death and regulating transplantation remained modest, with roughly one-quarter of students able to identify the Act by name.

Understanding of brain death was also low: only 22% (n=33) could correctly identify brain death as irreversible cessation of brain function, legally equivalent to death, and differentiate it from coma or persistent vegetative state. The remainder either confused brain death with deep unconsciousness or were unsure.

14.2 Overall willingness to pledge organs

When asked about willingness to pledge their organs for donation and transplantation after death, 28% of students (n=42) reported that they were willing, 15% (n=23) reported that they were not willing, and a majority of 57% (n=85) were unsure. Thus, more than half of the sample occupied an "undecided" space rather than clear rejection.

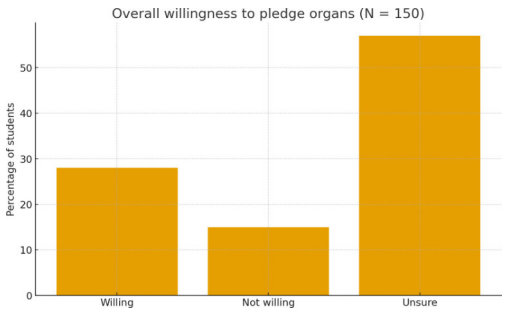


Figure 2. Overall willingness to pledge organs among college students.

14.3 Willingness to pledge by residential background

Among urban students (n=68), 25.0% (n=17) were willing to pledge. Among semi-urban students (n=52), 36.5% (n=19) were willing, while among rural students (n=30), 20.0% (n=6) were willing. Semi-urban students thus showed the highest proportion of willingness, followed by urban students, with rural students reporting the lowest willingness. In all three groups, however, a sizeable proportion remained unsure.

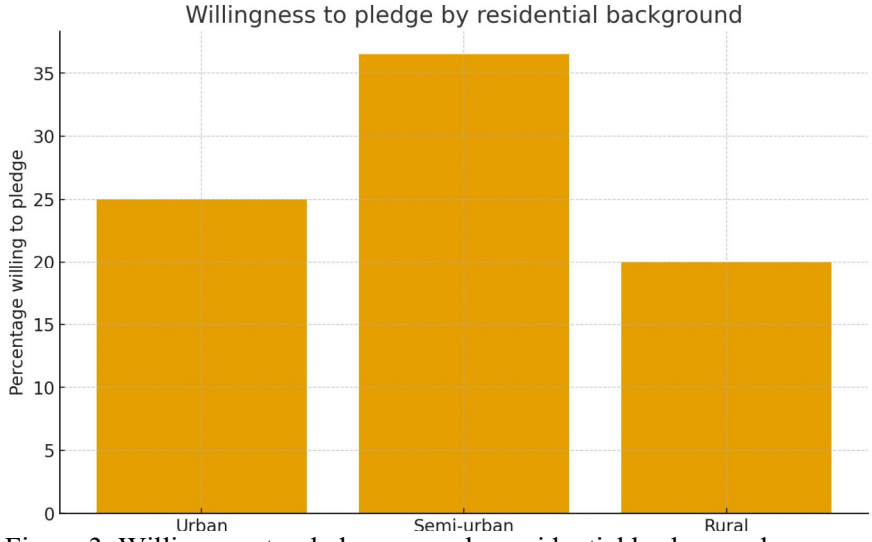


Figure 3. Willingness to pledge organs by residential background.

14.4 Willingness to pledge by education stream

Among B.A. students (n=60), 31.7% (n=19) were willing to pledge; among B.Com students (n=53), 26.4% (n=14) were willing; and among B.Sc students (n=37), 24.3% (n=9) were willing. Humanities (Arts) students thus showed slightly higher willingness than Commerce and Science students in this sample.

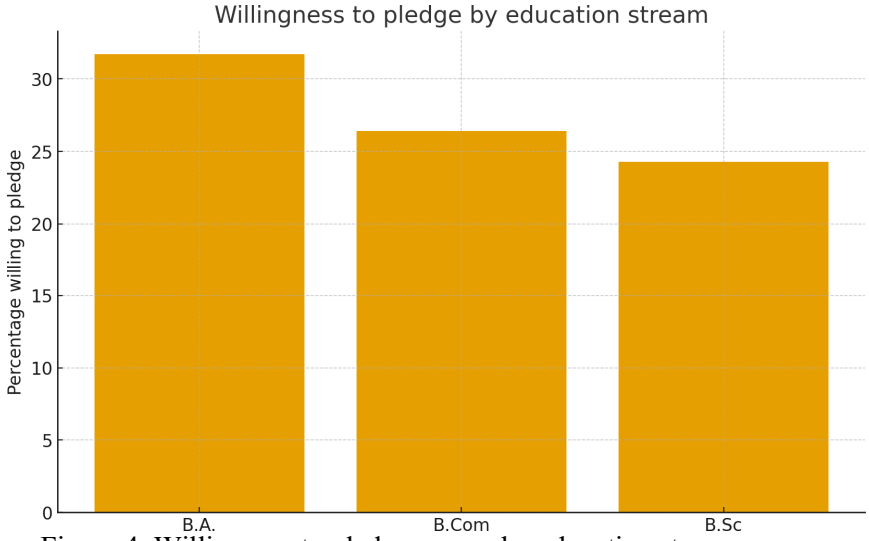


Figure 4. Willingness to pledge organs by education stream.

14.5 Willingness to pledge by parental education

Among students whose parents were educated up to 10th standard (n=45), approximately 20.0%

(n=9) were willing to pledge. Among those with parents educated to 11th–12th standard (n=53), 24.5% (n=13) were willing. Among students whose at least one parent was a graduate or postgraduate (n=52), 38.5% (n=20) were willing to pledge. This gradient suggests that higher parental education may contribute to greater comfort with the concept of organ donation.

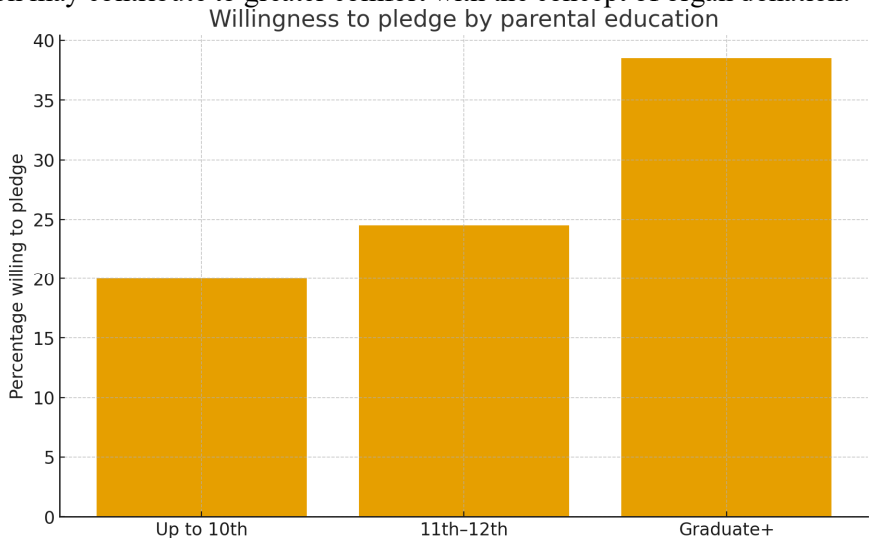
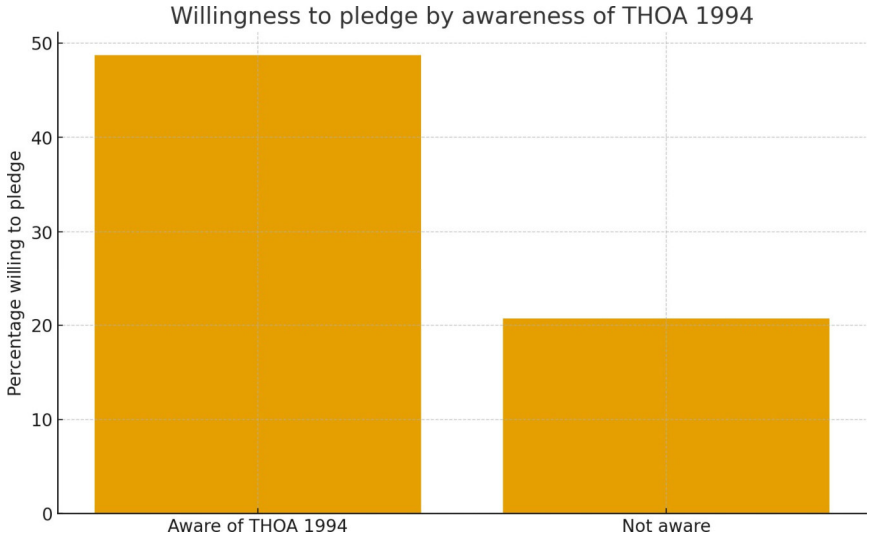


Figure 5. Willingness to pledge organs by parental education level.

14.6 Willingness and awareness of THOA 1994, pledge procedures and brain death

Among students who were aware of THOA 1994 (approximately one-quarter of the sample, n≈39), nearly half (about 48.7%, n≈19) expressed willingness to pledge their organs. In contrast, among those not aware of the Act (n≈111), only about one-fifth (20.7%, n≈23) were willing. A similar pattern was observed for understanding of brain death: among students who correctly understood brain death (n=33), around 51.5% (n≈17) were willing to pledge, compared to roughly 21.4% (n≈25 of 117) among those who did not.



Knowledge of pledge procedures was particularly low (4%, n=6), yet among this small group, two-thirds were willing to pledge. While the numbers are small, the pattern consistently suggests that better legal–medical awareness is linked with higher willingness and reduced uncertainty.

Figure 6. Willingness to pledge organs by awareness of THOA 1994.

14.7 Karma–rebirth beliefs and explanatory patterns

Qualitative responses indicated that karma and rebirth beliefs did not simply function as a barrier or facilitator, but as a moral framework through which students interpreted organ donation. Among those willing to pledge, many described donation as a form of daan, seva or tyag that would generate punya, help others and possibly positively influence future births for themselves or their

family. Some explicitly referred to the body as a temporary vessel and cited the idea that the atman is untouched by physical changes to the sharir.

Among students who were unwilling or unsure, reasons included fear that "cutting the body" after death might disturb the soul's journey, anxiety about incomplete rites if organs were removed, and doubts about whether doctors might declare brain death prematurely. A few students expressed the view that one should leave the body "as it is" so that karma can take its full course.

15. Discussion:

This study confirms that general awareness of the organ donation among college students is high, but exact knowledge of how to pledge and how brain death is defined remains low. Only 4% knew an actual pledging pathway and about a fifth understood brain death correctly. In such a situation, it is not surprising that many students hesitate to commit themselves, even if they express sympathy for the idea of donation.

The overall willingness rate of 28% is comparable with findings from other Indian settings, but the most striking feature of our data is the large "not sure" group (57%). This suggests that instead of viewing the population as divided into supporters and opponents, educators and policy-makers need to pay close attention to people who are open to discussion but have not yet reached a decision.

Differences by residence and parental education indicate the important role of social and educational capital. Semi-urban students were more willing than urban or rural students, perhaps reflecting exposure to both modern health information and close-knit community networks where values of seva and daan are emphasised. Higher parental education may work through greater familiarity with hospitals, paperwork and formal procedures, making the idea of pledging less intimidating.

The analysis of qualitative responses suggests that IKS beliefs are not one-dimensional obstacles. The same concepts – karma, rebirth, dharma, sharir-daan – can be invoked to support organ donation or to resist it. For some students, donating organs clearly fits their understanding of moral duty and compassion. For others, anxiety about the exact timing of death and the completion of rituals leads them to be cautious.

Low understanding of brain death is particularly important here. If students are not sure when death has truly occurred, any act that involves cutting the body may appear risky within a karmic framework. Clarifying that brain-stem death is legally and medically accepted as death is therefore not only a technical matter but also an ethical one from an IKS standpoint.

16. IKS-Based Ethical Interpretation

From an IKS perspective, organ donation can be interpreted in various ways that speak directly to students' concerns. If the body is a temporary garment of the self, sharir-daan after death becomes an extension of one's ethical responsibility to reduce suffering. In karmic terms, freely giving what is no longer needed to sustain the lives of others may be understood as a powerful form of punya-generating action, especially when done without expectation of reward.

At the same time, the doctrine of karma emphasises intention. Donation undertaken thoughtfully, with clear understanding and firm resolve, has different ethical weight than action taken under confusion or social pressure. Therefore, ensuring that students understand THOA 1994, brain death and pledge procedures is not only a legal requirement but also an ethical requirement from an IKS viewpoint. Concerns about rebirth and ritual incompleteness can be addressed by emphasising that the performance of appropriate funeral rites and remembrance is compatible with organ retrieval in accordance with the law.

17. Implications and Recommendations

Based on the study, several practical and realistic steps are suggested for colleges and health-education programmes:

1. Integrate short IKS-informed sessions on organ donation into orientation programmes, NSS activities or value-education courses. These sessions can use stories, examples and simple diagrams to connect sharir-daan with familiar ideas of daan, seva and lokasaṅgraha (working for the welfare of all).
2. Invite transplant coordinators and clinicians to explain THOA 1994, brain death and

pledge procedures in plain language, responding to students' specific questions rather than only giving lectures.

3. Involve willing religious and community leaders who can speak about organ donation from within Hindu, Buddhist, Muslim, Christian or other traditions, helping to reduce uncertainty about "what religion says".
4. Offer on-campus pledge opportunities with proper counselling, ideally after students have had time to discuss the issue with their families.
5. Encourage family conversations by providing take-home information sheets in local languages that explain donation, brain death and legal safeguards, and that invite parents to share their own views.

18. Limitations and Conclusion

This study has several limitations. It is cross-sectional and based on a single college, so the findings cannot be generalised to all Indian youth. Self-reported willingness may not translate into actual registration, and the qualitative responses are brief. Further work could include longitudinal designs and richer qualitative interviews.

Nevertheless, the study offers a useful snapshot of how humanities-stream college students in one part of India think about organ donation through the lens of karma and rebirth. The combination of low procedural knowledge, modest willingness (28%) and a large undecided group (57%) shows that there is substantial room for change if information and ethics are addressed together.

Framing organ donation as sharir-daan consistent with IKS values of daan, seva and dharma, while simultaneously clarifying THOA 1994 and brain-death criteria, may help students make choices that feel both medically informed and spiritually meaningful.

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Annexure: Sample Questionnaire on Karma, Rebirth and Organ Donation

Section A: Socio-demographic information

1. Age (in years)
2. Gender: Male / Female / Other
3. Course: B.A. / B.Com / B.Sc
4. Year of study: I / II / III
5. Residential background: Urban / Semi-urban / Rural
6. Father's education: Up to 10th / 11th–12th / Graduate / Postgraduate
7. Mother's education: Up to 10th / 11th–12th / Graduate / Postgraduate

Section B: Knowledge and awareness

1. Have you heard of organ donation? Yes / No
2. Which organs can be donated after death? (Open-ended)
3. Have you heard of the Transplantation of Human Organs and Tissues Act (THOA) 1994? Yes / No / Not sure
4. Do you know how a person can pledge to donate his/her organs? Yes / No
   If yes, please mention how. (Open-ended)
5. Brain death means:
   (a) Deep coma but recoverable
   (b) Permanent and irreversible loss of all brain function and is legally death
   (c) Sleep
   (d) Not sure

Section C: Karma–rebirth beliefs and IKS concepts

Please indicate your agreement with the following statements (Strongly agree / Agree / Disagree / Strongly disagree):

1. My karma will be affected by what is done with my body after death.

2. Donating my organs after death will create punya (merit) for me.
3. If my organs are removed after death, it may affect my rebirth.
4. Helping others through organ donation is a form of seva (service).
5. The body (sharir) is just a temporary garment; the atman (self) is not harmed if organs are donated.
6. It is my dharma (duty) to help others if I can, even after death.

Section D: Attitudes and willingness

1. In general, organ donation is:
   (a) A good thing
   (b) A bad thing
   (c) Not sure
2. If you needed an organ transplant to save your life, would you accept an organ from a deceased donor? Yes / No / Not sure
3. Would you be willing to pledge your organs for donation after death? Yes / No / Not sure
   If No or Not sure, please mention the main reason. (Open-ended)
4. Have you discussed organ donation with your family members? Yes / No
5. Would your family support your decision to donate your organs after death? Yes / No / Not sure