

Influence of the participation of women in the labour market on attitude towards donation

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The decision to donate is the process that occurs before transplantation, and in the last resort it is a personal or family option which is strongly affected by different factors in the psychosocial field of research [1,2]. In recent decades there has been an important social change, with an increase in the protagonism of women in the world of work as well as in education. This fact has placed women in a position in which their opinions and attitudes are becoming more and more important in the professional world as well as in the family, in a traditionally patriarchal society. Therefore, in a field such as organ donation, in which family authorization is fundamental, the opinion of women is becoming increasingly important for making the final decision. For this reason, the objective of this study is to analyse whether the attitude of the female population towards organ donation is influenced by the participation of women in the world of work.

A random sample was obtained and stratified according to age and geographical location with 1022 women aged $15 \geq$ years in our Autonomous Community. The sample was computationally designed using the stratification procedure by conglomerates and it included as sample points the 45 municipalities of our Community. The sample error (level of confidence 95.5%) was estimated to be $e \pm 2.2$. The attitude towards organ donation and transplantation was evaluated using a questionnaire on the psychosocial aspects of donation [3], which was carried out using a personal interview (December 1998–April 1999). The Students *t*-test and the chi-square test were applied, considering values of $P < 0.05$ to be significant.

Of the 1022 women surveyed, 62% ($n = 635$) were prepared to donate their organs, mainly because of reasons of solidarity and reciprocity. The remaining 38% ($n = 387$) expressed their opinion against. The main reasons given for not donating were rejection of body mutilation and fear of apparent death. Of those surveyed, 66% ($n = 679$) had been incorporated into the world of work. Of these women, 3% ($n = 20$) were businesswomen, 1% ($n = 7$) were on work experience and the remaining 96% were contracted by an employer [10% ($n = 68$) liberal professions; 46% ($n = 313$) administrative and service sector; 21% ($n = 142$) employed in the home; and 19%

($n = 129$) workers in agriculture]. A comparison of the two groups of women (Table 1) shows that the group participating in the labour market, with a clear percentage

Table 1. Differences between women who participate in the labour market and those who do not.

Variable	Housewife ($n = 343$) (%)	Participation labour market ($n = 679$) (%)	<i>P</i>
Age			
<44 years ($n = 504$)	161 (47)	343 (51)	NS
>44 years ($n = 518$)	182 (53)	336 (49)	
Level of education			
Primary or inferior ($n = 546$)	291 (85)	255 (36)	0.0001
Medium–higher ($n = 476$)	52 (15)	424 (64)	
Descendants			
No ($n = 333$)	22 (6)	311 (46)	0.0001
Yes ($n = 689$)	321 (94)	368 (54)	
Marital status			
Single ($n = 315$)	9 (3)	306 (45)	0.001
Married ($n = 628$)	299 (87)	329 (48)	
Separated ($n = 23$)	4 (1)	19 (3)	
Widowed ($n = 56$)	31 (9)	25 (4)	
Previous experience with donation			
No ($n = 320$)	108 (31)	212 (31)	NS
Yes ($n = 702$)	235 (69)	467 (69)	
Knowledge of concept of brain death			
No ($n = 523$)	177 (52)	346 (51)	NS
Yes ($n = 499$)	166 (48)	333 (49)	
In favour of donating blood			
No ($n = 413$)	137 (40)	276 (41)	NS
Yes ($n = 609$)	206 (60)	403 (59)	
In favour of prosocial activities			
No ($n = 265$)	109 (32)	156 (23)	0.01
Yes ($n = 757$)	234 (68)	523 (77)	
Attitude towards organ donation			
In favour ($n = 635$)	202 (58)	433 (64)	NS
Against ($n = 322$)	116 (34)	206 (30)	
Undecided ($n = 65$)	25 (8)	40 (6)	
Attitude towards body manipulation			
Not against ($n = 351$)	86 (25)	265 (39)	0.001
Against ($n = 671$)	257 (75)	414 (61)	

difference, does not have descendents (46% vs. 6%; $P = 0.0001$), are single (45% vs. 3%; $P = 0.001$), have a middle to higher level of education (64% vs. 15%; $P = 0.0001$), have a more favourable attitude towards doing prosocial activities (77% vs. 68%; $P = 0.01$) and less opposition to body manipulation (61% vs. 75%; $P = 0.001$). However, there are no significant differences with respect to attitude towards donation of one's own organs (64% vs. 58%; $P > 0.05$). Although, in the group of working women, if we compare those who have taken up work in jobs which do not require any preparation (unskilled workers: household employees and agricultural workers) with the rest who do need preparation (skilled workers), significant differences in this attitude can be observed (52% vs. 72%; $P < 0.05$).

Women usually have a slightly more favourable attitude towards donation than men, but in most studies these differences are not significant [1–5]. The participation of women in the labour market means, to a certain extent, an opening for women into society, away from work looking after the family and the home. This has raised the possibility of a more favourable attitude towards donation in this subgroup of women. However, in our series, incorporation into the labour market in itself is not a factor which directly affects such an attitude. This is mainly due to this group being very heterogenous. In this sense, among women workers there is an important subgroup made up of women with a low socio-cultural level who carry out unskilled work in the fields or at home. If we differentiate these employment activities from those which require specific preparation and a higher level of training, significant differences can be seen. Women with more preparation and a level of training show other psychosocial factors in favour of donation and transplantation such as a higher level of education, greater acceptance of body manipulation after death, etc. [4–7], which explains their more sensitive attitude towards organ donation.

This situation is important as currently in our geographical area, the promotion of organ donation among women is carried out through housewives' associations, with the erroneous idea that women in the workplace would have a more favourable attitude towards organ donation. Our study shows that integration into the

labour market *per se* is not a favourable factor for donation and with our current promotion policy we do not include awareness raising among unskilled women workers. Thus, this last group has an attitude towards donation which is slightly less favourable than that of housewives (52% vs. 58%). Therefore, in our geographical area, a change is taking place in the policy for organ donation promotion among women, so that it is also aimed at the group of unskilled workers which has been incorporated into the workplace.

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