ORIGINAL ARTICLE

Family Adoption Program (FAP): perspectives of beneficiaries and providers- An Explanatory Mixed Method Study

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ABSTRACT

Background and Aim- Medical education in India has shifted from classroom-based to community-based learning paradigms. The National Medical Commission (NMC) has mandated that all MBBS students must participate in the Family Adoption Programme (FAP). This study was aimed to understand the perspectives of adopted families, field workers, faculty and students while identify implementation challenges. **Methodology**- This study was conducted by Department of Community Medicine, Government Medical College, Haldwani, Uttarakhand. Students, faculty, field staff, members of adopted families were included in this study. It was a sequential explanatory mixed methods study. A self-administered, close-ended questionnaire was used to collect data using the quantitative technique. Qualitative data was collected through in-depth interviews. **Results**- 68% students felt that the FAP is beneficial for them and should be continued in its current form. 16% students faced difficulties in finding families and found barrier at family level. Qualitative analysis revealed advantages of FAP in terms of improvement of communication skills of the students and better patient dealing in future. Changes suggested were reduction in number of families and incorporation of evening posting hours. **Conclusion**- The majority of the study participants thought that FAP was good, with regards to benefits to the community and medical undergraduates. Implementing suggested changes in the Family Adoption Program is recommended to optimize program outcomes.

KEYWORDS

Perspectives; Medical Undergraduates; Family Adoption Program; Community Based Education

INTRODUCTION

Medical education in India has transitioned from a hospital-based to a community-based approach. This form of education involves teaching medical students within a specific social context, where the community serves as the learning environment. The World Federation for Medical Education (WFME) and the World Health Organization (WHO) support community-based medical education, stressing the significance of comprehending the social determinants of health and the needs of community so the learning takes place in more comprehensive context unlike conventional hospital-based training. (1,2,3)

The Family Adoption Program (FAP) is a key component of the Community Medicine curriculum. It is recommended to start from the first professional year and continue throughout the medical education. The program typically involves adopting families from villages not covered by Primary Health Centres (PHCs) affiliated with the medical college. (4)

The National Medical Commission (NMC) mandated in its Undergraduate Medical Education

Guidelines (2023) that all MBBS students ought to participate in the Family Adoption Programme (FAP) as a village outreach initiative. Each student shall adopt a minimum of three families and ideally five families. Through regular follow-up and engagement with chronic illnesses students build rapport, understand the health and related factors affecting these families, and contribute to improving their healthcare. Annual diagnostic camps, coordinated by the Department of Preventive and Social medicine (PSM), support this objective. This initiative aligns with the broader goal of achieving Universal Health Coverage. (5,6,7)

Challenges and opportunities are associated with FAP. Allotting families for each student and maintaining follow-up throughout the undergraduate program is a very difficult undertaking. Despite policy implementation no FAP study exists in Uttarakhand.

Therefore, this study was aimed:

- To assess students', families', faculty & field staff's perspectives on FAP.
- To identify implementation challenges and barriers.
- To document stakeholder recommendations for optimization.

MATERIAL & METHODS

Study Type & Design: Sequential explanatory mixed-method study

Study Setting: Adopted villages of Haldwani, District Nainital of three batches (375 students)

Study Population: The study participants were phase I to phase 3 part I MBBS students, faculty & field staff of Community Medicine department and family members of adopted villages.

Sample Size: For Quantitative component, complete enumeration of medical undergraduate students studying in phase to phase 3 was done, 125 in each phase, total sample size of 375.

For Qualitative component, no sample size was calculated; sample size till the data saturation was reached was considered.

Inclusion Criteria: Those who gave consent for participation. Students of the batches those have adopted the families in Family Adoption Program. Faculty, field staff and members of adopted families that were involved in Family Adoption Program, available during the interview were included in the study.

Exclusion Criteria: Those who were not available during visits, even after two visits were excluded from the study.

Data Collection: This was a sequential explanatory type of mixed method study. First the quantitative method was done following with the qualitative method. For quantitative method data collection was done using self-administered semi structured close-ended questionnaire from students. The data was collected online through Google forms, students were approached after the. After the data being collected from the students the levels of barriers faced by students were identified, succeeding this In depth interviews were utilized to gather qualitative data on perceptions of not only students but also faculties, field staff and families of community on Family Adoption Programme. The interviews were taken by the postgraduate residents, using interview guide and appropriate prompts. Interview guide was in both Hindi and English language. The qualitative data, interviews were audio recorded, transcripted and translated into English language. FAP was introduced to MBBS Batch 2021 for the first time in Study Setting. Three undergraduate batches i.e. batch 2021, 2022 and 2023 with 125 students in each batch have been acquainted to FAP till date thus, 375 students were included in this quantitative study. All the participants were exposed to FAP before the study began. For quantitative component, complete enumeration of the students adopting families i.e. a total of 375 students was done. For Qualitative method Convenience sampling was done till the data saturation was achieved.

Saturation for qualitative data referred to the point in data collection when in new interviews, no new information, themes, or insights relevant to the research question were obtained. Saturation was reached when we had started hearing the same ideas and patterns were repeating.

The quantitative sections of the questionnaire included-

Socio-demographic details of the students.

Family adoption related questions.

The questionnaire was predesigned and pretested through pilot study, the questionnaire was validated by the experts

Data Analysis: Quantitative Data collected in Google forms was then extracted into MS Excel 2021 sheet and then data cleaning was done and thereafter the data analysis for quantitative was done SPSS 26 trial version in and qualitative data was done manually.

Only descriptive analysis was done for the quantitative data, no statistical tests were applied.

The thematic analysis was conducted using grounded theory method to identify subthemes that were grouped into themes and the force field analysis was also done

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Table 1: In-depth interview guide

Interview questions	Prompts
What do you think are some of the barriers faced during the implementation of this program?	Resources like manpower, money, material
What are some of the difficulties you faced during the implementation of this program?	Challenges faced in the field, families
How is the response of the community where this program is being implemented?	Cooperation and Helping nature
Does it(Family Adoption Programme) have some impact on you(Family Members)? How?	Medical Benefits, Financial Benefits, bothersome, no benefit
What changes if any would you like to be incorporated in this program?	With regard to visits, families or faculty

Ethics approval and consent to participate: Ethics committee approval was obtained from Institutional Ethics Committee, Government Medical College, Haldwani. Written Informed consent to participate was obtained from all the participants. The anonymity and confidentiality were ensured as participant interviews were conducted after removing all personal identifiers and the names of the participants were removed during the analysis.

RESULTS

Perspectives of students regarding FAP

Almost all the students (352, 99.2%) were oriented to family adoption program. More than 94% of the students had adopted more than 3 families each during the program. Mean families allotted 3.3 ± 0.78. 98% of the participants notified that they were provided with regular transport for the family adoption visits. 84% of students had no difficulty in finding the families and found that families were welcoming and 16% not only had difficulty in finding the families but were also of the opinion that families were hostile. 68% of the students were of the opinion that the Family adoption program is beneficial for them, 19% weren't sure and 13% were of the opinion that it is not beneficial for them. 61% participants were of the opinion that FAP should be continued in its current form and 20% were not sure and 19% didn't want the program to be continued in its current form. (Table 2)

Table 2: Perceptions regarding Family Adoption Program

Variables	Frequency (n=355)	Percentage of total
Orientation to Family Adoption Program		
Yes	352	99.2%
No	3	0.8%
Number of Families Allotted		
Less than three	20	5.6%
Three	240	67.6%
More than three	95	26.7%
Transport facility from the college to the family		
Regular	348	98.0%
No transport was provided	2	0.6%
Irregular	5	1.4%
Difficulty in finding families		
Yes	57	16.1%
No	298	83.9%
Behaviour of family		
Hostile	58	16.3%
Welcoming	297	83.7%
Benefit of Family Adoption Program to students		
Yes	240	67.6%
Not Sure	68	19.2%
No	47	13.2%
Benefit of Family Adoption Program to community		
Yes	258	72.6%
Not Sure	70	19.8%

Variables	Frequency (n=355)	Percentage of total
No	27	7.6%
Continuation of Family Adoption Program in current form		
Yes	218	61.4%
Not Sure	70	19.7%
No	67	18.9%

Barrier levels in FAP: Near to half (43%) of the participants did not face any barrier at any level but those who faced were at various levels at which students faced barrier such as faculty level, PG level, etc. Majority of the students (47.3% & 11% respectively) found barrier at family level after that logistics level as in finding families. (Fig. 1)

Advantages, challenges and barriers in FAP: The advantages of FAP includes improved communication skills, better patient handling, knowledge about prevalent diseases in local community to students as well as it will help in improving the health seeking behaviour of community and adopting better preventive measures which will ultimately help in reducing disease burden. The changes suggested includes reduction in number of families for better quality care, intersectoral collaboration, support from institution and administration, medical camps with free distribution of drugs. The challenges reported were large number of families, lack of interest and awareness among students, hostile nature of families, language issues, unsuitable timings, insufficient logistics and manpower. (Table 3).

Table 3: Thematic analysis of advantages, challenges and barriers in FAP

Themes	*Subthemes*	*Direct Quotes*
Advantages	Improvement in communication skills of the students	*"Communication skills have been improved. UG1, 22 years Program helps in building their communication skills". F2, 51 years*
	Better Patient Handling	*"This will help students in their future when they will be working in OPD." FW2,* *"We learn how to deal with a patient, we get patient exposure." UG4*
	Knowledge regarding community health & disease	*"Students get to know which diseases are prevalent in the community." F2*
	Community Awareness	*"They will be able to have a better sense of diseases and they will know about the common causes... "F3* *"This Program like increasing awareness among community regarding public health." FW1*
	Health seeking behaviour of the community	*"It improves the health seeking behaviour of community... "F4*
	Disease Prevention	*"This can help them in preventing many diseases and decrease risk of getting diseases.. FW2* *What should be done what should not be done how we have to take care of our self and people around us what all services are being provided in the hospital..." Fa 1*
Changes required	Reduction in number of families allotted	*"We should be allotted 1 or 2 families as it is enough, 3-3 families for each student is more burden…" UG4* *"I think we should reduce the number of families, if the quantity is reduced the quality is improved…." F6* *"Instead of 3 families we should give them 2 families…" FW2*
	Provision of Prior notification to the families	*"They should be given prior notice from the department that doctors will visit you. UG4* *Someone from the office should tell them before about it…." UG5*
	Requirement of Manpower	*"We require more manpower…." F1*
	Incorporation of Evening posting hours	*"We can keep the evening posting hours so that we can capture the male members and children..." F2*
	Collaboration from other departments and administration	*"Collaboration from other departments and support from institution is required..." F3*

Themes	*Subthemes*	*Direct Quotes*
		"If they give administrative support, by this patient can be helped…" F4
	Organization of medical camps with distribution of medicines	*"We can also put some camps and meet the family…" FW3*
		"Do one thing I would like to add is the camp…" Fa 1
		"If they bring medicines, we will be getting facilities..." Fa2
Barriers and challenges	Hostile nature of the families	*"mam they don't even allow us to enter…"UG1*
		"there are people who don't allow us to enter their house and this became a major barrier for us to communicate with them…."UG2
		"A lot of time they get hostile family and our students are not able to ask them properly…"F2
	Language barrier	*"I feel like there is a language barrier there also…"UG3*
		"Students coming from different region…. So… different language…"UG4
	Lack of knowledge among students	*"students don't have an idea how to interact with the patient or with the family or how to communicate with them…."F2*
		"umm First we should have entire knowledge about the family planning programme and then we should start the program…."UG1
	Insufficient Logistics and Manpower	*"Everything is provided in terms of materials with the manpower is also to be hired by the Institute….."F3*
	Lack of Interest of students to the program	*"Secondly students at times or not interested in the program….."F2*
	Unsuitable timings and scheduling of the visits	*"Most of the time the postings are of morning from 9 to 12 so the male members of the family are present and those who are working or not available.*
		"Secondly school going children. They are not available during this time…."F2
	Superabundant number of families	*"When one student is getting five families then not able to focus on all of them…."F6*

DISCUSSION

There are several evidences in form of published reviews regarding community based medical education not only in India but globally. Parle J *et al.*(8) in their review wrote about the new curriculum to be followed in University of Birmingham Medical School, Community based clinical education to be followed, similar review was published by Davison H *et al.* (9) about innovative community oriented teaching program, giving students idea about community members perspectives and health seeking behaviour and various health related statistics of community. Seabrook MA *et al.* (10) suggested that this change in curriculum in UK medical education would be slow and would require active involvement in identifying the needs of students and utilizing these opportunity for the betterment of community by delivery of community health services. It would take time to make sure that high quality education is deliver to students.

Lee SWW *et al*.(11) in their systematic review showed that various community based education models are being implemented across various medical schools of UK, majority of them start providing community based education by the end of first year.

Similarly Community based education model was started in India. Chhabra S *et al.*(12) highlighted the medical education model being run in MGIMS Sevagram and CMC Vellore. MGIMS Sevagram being an exceptional model in terms of community services and community based medical education to be provided to students, by the end of the first semester the students reside in the adopted villages with families allocated to them, solely being responsible for health of families allotted to them. Family Adoption Program is based on this model.

Ganapathy K *et al.*(13) evaluated Community based Medical education program being implemented in India, showed students perspective about improvement in ability to identify health problems and other conditions of family and community. Community members perceived that students were good at communication and their minor ailments were relieved at door step.

Compared to challenges pointed in our study, Mallik S.(14) in her editorial highlighted a similar challenge in implementation of FAP in government colleges that is insufficient Human resources, overburdening of students for studies of first professional year.
Our study findings of advantages and challenges were quite close to the advantages and challenges highlighted by Chandrachoood M *et al.*(15)like enhanced communication skills, improving doctor patient relationship and challenges of logistics and resource allocation.

Identical to the findings of qualitative component of our study were Arumugam *et al.*(16) that reviewed that Family Adoption Program provides an opportunity for students to develop their clinical and communication skills with community, reflection of residents towards FAP highlighted that some families are co-operative but some were reluctant to talk, prior visit to the family before students may overcome this challenge, an awareness session about the program for the community to get sensitize should be done. Fathima FN *et al.*(17) in their thematic analysis showed that the rural residential community based training, students gained insights on community health and disease and their associated factors, students gain empathy towards patients and care towards patients becomes holistic, similarly Vanikar A *et al.*(18) highlighted in their editorial commentary that this method creates enduring bonds between students and locals and provides students with essential practical experience in meeting the health needs of rural communities.
Similar to our study findings in qualitative methods of themes and subthemes regarding FAP, Yalamanchilli VK *et al.*(19) in their qualitative exploration pointed various themes in perception of stakeholders in FAP that were, Advantages of FAP, Limitations of FAP and steps that can be taken to improve FAP other than these themes like acceptance of students by families, role and competency of faculty, best time to initiate FAP and Policy regarding FAP.
Similar to the results in our study, Shikha S *et al.*(20) conducted a SWOC analysis this pointed out that early community exposure to students, hands on experience of learning attitude, ethics and communication and development of leadership quality, weakness were inadeqaute number of slots in curriculum, adopting families far away and limited resources, challenges included resistance from families, language barrier, time variability and constraints, allotment of problematic families and existing social and cultural taboos.

CONCLUSION

The perspectives regarding family adoption program through the eyes of the students, families, healthcare workers and faculty is largely positive. The study also highlights some of the perceived barriers mainly at the family level, though deeper analysis also reveals lack of knowledge and interest among students, logistics and field visit timings as some of the challenges during the visits. The study also provides some innovative solutions in the form of reduction in families allotted, flexibility of timings, inter-departmental collaborations and medical camps to increase the benefits to both the students and the community.

RECOMMENDATION

Based on stakeholder feedback, we recommend medical colleges reduce family numbers per student (2–3), introduce flexible evening postings, and establish pre-visit family notification systems. The Department of Community Medicine should organize quarterly medical camps with free diagnostics, conduct community sensitization workshops, and enhance student pre-posting training in regional languages. The National Medical Commission should standardize FAP guidelines with clear resource allocation frameworks. Multi-centre studies evaluating long-term student and community outcomes will strengthen evidence for FAP implementation across India's medical colleges.

LIMITATION OF THE STUDY

Single centre study was conducted due to time constraints and resources so as to generalize the results multi-centre study are needed. Convenience sampling in the qualitative component introduced selection bias. Other methods of qualitative studies could have been used such as Focused group discussions that might have given some other aspects.

RELEVANCE OF THE STUDY

This is the first comprehensive study documenting stakeholder perspectives on FAP implementation in Uttarakhand, addressing a regional knowledge gap. By triangulating quantitative data (98.4% orientation, 68% perceived benefit) with qualitative themes, it provides evidence-based identification of both benefits and barriers. Specific, implementable recommendations—reducing family numbers, incorporating evening postings, inter-departmental collaboration, and organizing medical camps—offer actionable guidance for FAP optimization.

Authors Contribution

All Authors have contributed equally.

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Nil.

Conflict of Interest

Nil

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Declaration of Generative AI and AI Assisted Technologies in the Writing Process

The authors haven't used any generative AI/AI assisted technologies in the writing process.

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