

IMPACT OF FAMILY ADOPTION PROGRAM: A CROSS-SECTIONAL STUDY FROM RURAL TAMILNADU

Vairavasolai P¹, Mariavinifa X¹, Karthikeyan S¹, Felicia JP¹

¹Assistant Professor, Department of Community Medicine, Government Medical College, Pudukottai, Tamil Nadu, India

Received : 22/08/2023
Received in revised form : 28/09/2023
Accepted : 07/10/2023

Keywords:

Family Adoption Program, National Medical commission, Medical education, Undergraduate curriculum.

Corresponding Author:

Dr. J Princy Felicia,

Email: princyfelicia1989@gmail.com

DOI: 10.47009/jamp.2023.5.5.212

Source of Support: Nil,
Conflict of Interest: None declared

Int J Acad Med Pharm
2023; 5 (5); 1088-1090



Abstract

Background: National Medical commission (NMC) has introduced the Family Adoption Program (FAP) in the undergraduate curriculum to provide a learning opportunity towards community-based health care for Indian medical graduates. The present study was undertaken to assess the impact of the family adoption program from the perspective of the students. **Materials and Methods:** This study was conducted in Department of Community Medicine, Government medical college, Pudukottai. The study included 150 first-year MBBS students. **Result:** In the present study, Majority of the students were not exposed to the rural setting. Most of the students had interacted with the public before the initiation of the family adoption program. The positive learnings of the students included communication skills, better understanding of the rural dynamics, identification of health status of the families and also learning about different health programs. Majority of the students also felt that this programme would help MBBS students become complete physicians with empathy and confidence in the future. The common barriers encountered were communication barriers and difficulty in gaining the trust of few family members. **Conclusion:** The students strongly feel that this family adoption programme would not only help in making healthcare more accessible to the rural population but also result in creating a generation of doctors well aware of the plights of the rural population.

INTRODUCTION

India is a country where 65.5% of the population resides in a rural setup. The government of India in an attempt to address the health needs has setup various health programmes and facilities. Despite various efforts the access to health care is deficient at times for this majority of the population.^[1] Factors like decreased awareness, difficulty in accessibility to healthcare facilities and services, increased indirect out of pocket expenses, shortage of skilled workforce and infrastructure deficiencies affect the delivery of quality of health care services in the rural community. On the other end of the spectrum, medical education in India is based predominantly on hospital environments and specialist services covering a narrow spectrum of health problems, especially those dependent on technology.^[2]

National Medical commission (NMC) has introduced the Family Adoption Program (FAP) in the undergraduate curriculum to provide a learning opportunity towards community-based health care for Indian medical graduates.^[3] The national medical commission has initiated the FAP in an attempt to produce medical graduates with a community health perspective, thereby ensuring that the services of

medical professionals are accessible to all citizens. This would in turn facilitate the achievement of the national health goals.^[4] The Family Adoption Program is a part of the curriculum of the Community Medicine subject and begins in the first professional year and remains throughout the course of the study. It aims to provide an experiential learning opportunity to Indian medical graduates towards community-based health care and thereby enhance equity in health. This programme caters to these young students to improve their communication skills, learn to analyse data, understand rural dynamics, identify diseases, and come up with ways to improve the standards of rural families.^[5] The present study was undertaken to assess the impact of the family adoption program from the perspective of the students.

MATERIALS AND METHODS

This study was conducted in Department of Community Medicine, Government medical college, Pudukottai. The study was undertaken for a period of one month among first-year MBBS students (the 2021 batch). The college has an annual intake of 150 undergraduate medical students. The students were

initially oriented about the family adoption program by the mentors before visiting the villages. Then, on-site, the students interacted with their respective adopted families and collected family details with respect to NMC objectives. Ethical committee approval was obtained from the Institutional Ethical Review. After obtaining informed consent, the students were asked to give their feedback about this programme using a pre-designed, pre-tested, self-administered questionnaire. The purpose and confidentiality of the study were explained to the students before administering the questionnaire.

The questionnaire included information about the socio-demographic profile of the family and questions oriented towards the goals set up by NMC, such as understanding rural dynamics, learning communication skills, identifying the health status or new illness of the adopted families, and creating health awareness among their adopted families.

The data were entered and analyzed using Microsoft excel. Descriptive statistics were expressed in frequency and percentages. Microsoft Excel was used to generate graphs.

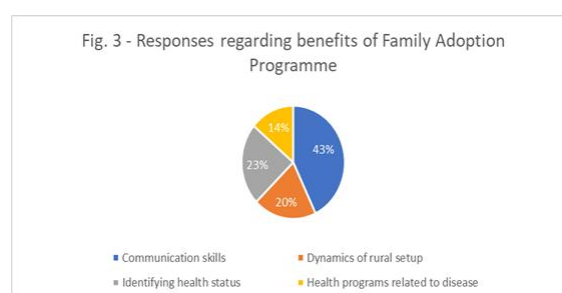
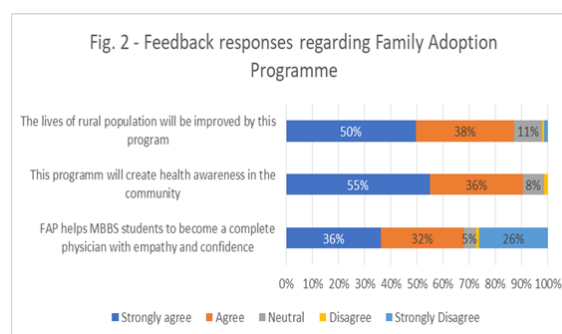
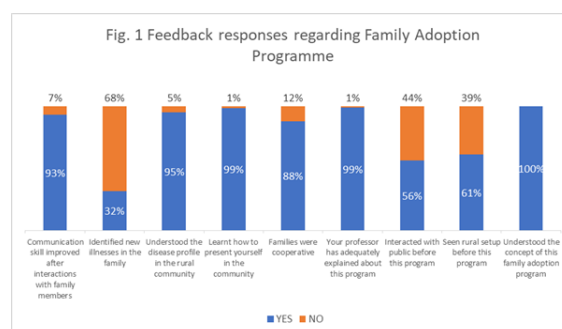
RESULTS

In this study, 150 responses were collected regarding the feedback of the Family Adoption Program, with the age group ranging from 18 to 26, with most falling below 20 years. 89 (59%) of them were male students, and remaining 61 (41%), were female students. Even though this programme (implemented via the Government Medical College, Pudukottai) reaches the rural community in Tamil Nadu, the students are not constrained to the state. In saying that, out of all the students, 15 were from neighboring state of Kerala while 10 students were from the Northern parts of India.

All students felt that they had been adequately guided by the professors and village health nurses in understanding and implementing this programme. As seen in [Figure 1], out of the 150 students, 91 (39%) were not exposed to the rural setting and 84 (44%) had not interacted with the public before, making this programme an important tool in bridging the gap between future doctors and the rural community. Positively, 132 (88%) students felt that the families were cooperative, and 135 (91%) felt that they had gained enough trust from the family members.

In the present study, 48 (32%) students identified new illnesses in their adopted families; 75 (50%) students cleared the doubts of their families regarding medical illnesses; 43 (29%) gave information about the availability of health services in the area, and 27 (18%) gave health advice to their respective families. Assessment of the effectiveness of this program showed that 75 (50%) students strongly agreed that the lives of the rural population will be improved, while 82 (55%) of them strongly agreed that this programme will help in creating more health awareness in the rural community, as presented in

[Figure 2]. In our study we enquired about the benefits of this program for the students. We observed that 148 (99%) responded that this was a good experience on the field. The positive takeaways of the students ranged from learning communication skills to learning the dynamics of a rural setup, identifying illnesses and health status of various families, and learning about different health programs, as shown in [Figure 3]. In our study 102 (68%) students responded that this programme would help MBBS students become complete physicians with empathy and confidence in the future [Figure 2]. (5) On the other hand, the problems faced by the students in the field included communication barriers and difficulty in gaining the trust of few family members.



DISCUSSION

The Family Adoption Program (FAP) has been introduced by the National Medical Council (NMC) to sensitize the MBBS students towards the healthcare of the community from the very beginning of the first professional year. This program has given a major scope for the students to not only get enlightened about the health care setup of the rural families but also improve their communication skills,

find new illnesses in their adopted families, and create health awareness.^[6]

Approximately 40% of students have not exposed to a rural setting, and the other half have not interacted with a rural community before this first visit. Helping the students understand the dynamics of a rural setting further helps in improving the standards of health care facilities with their new ideas, which accordingly meet one of the essential objectives of the FAP as mentioned by NMC. Generally, rural populations lag behind urban populations in reaching healthcare facilities and need more attention relative to their size. Many students (50%) also strongly believe that the lives of the rural population would be enhanced, and others (55%) believe that more people would be aware of health facilities in the rural community because of this programme.

Yalamanchili et al,^[7] in their study have reported that FAP provides the young medicos with a better understanding of the patients' living situations and help the students gain infield experience. In their study they have reported the common difficulties they faced in the FAP was logistical difficulties like unavailability of transport especially in government run institutions, while in private institutions the common problem faced was decreased faculty availability. In our study we did not encounter these issues due to the availability of institutional transport and faculty availability.

In our present study the greatest challenge we encountered was communication barriers and difficulty in gaining the trust of the family members.^[8] Studies conducted by Dongre et al,^[9] have also reported that the common constraints in the implementation of field programs are the cooperation from the public and the effect of such programs on the academic schedule of the students. Tripathi et al,^[10] have addressed this fact by suggesting spending time in the field and interacting with the local population. Various institutions have already functional community programs where they have expressed concerns regarding logistics and career growth. Studies have shown that patients have decreased satisfaction from rural health center this issue can be addressed by the family adoption program.^[11-14]

CONCLUSION

It could be summed up that the students strongly feel that this family adoption programme would not only help in making healthcare more accessible to the rural population but also result in creating a generation of doctors well aware of the plights of the rural population. They have also expressed that this who

would improve healthcare and enable them to be leaders for the community.

Acknowledgement

The authors would like to express their heartfelt gratitude to the participating students and villagers for taking part in the study. A special thanks to our interns, Dr. Shanmugapriya and Dr. Shamini Loganathan for assisting us in the data collection process.

REFERENCES

1. Mennin S, Petroni Mennin R. Community-based medical education. *The clinical teacher* 2006; 3: 90–96
2. Arumugam B, Sanjana L, Singh DG, Kuppuraj P, Sayee TSM. A narrative review on the experience of “Family Adoption Programme” in a tertiary care institute. *J Community Health Management*. 2022;9(2):54–9.
3. Claramita M, Setiawati EP, Kristina TN, Emilia O, Van Der Vleuten C. Community-based educational design for undergraduate medical education: A grounded theory study. *BMC Med Educ*. 2019;19:258. doi:10.1186/s12909-019-1643-6.
4. Landge J, Kasbe S, Singh R, Satardekar A. Experience of Family Adoption Programme Implementation in Phase I MBBS Curriculum in a Medical College of Western India. *GAIMS J Med Sci* 2023;3(2):74–79.
5. Mallik S. Family Adoption Program, A Way Forward to Community Based Medical Education Challenges Ahead . *J Comp Health*. 2022;10(1):01-03. Doi: <https://doi.org/10.53553/JCH.v10i01.001>
6. Vanikar A V & Kumar V. The family adoption programme: Taking Indian medical undergraduate education to villages. *Indian Journal of Preventive & Social Medicine*. 2021; 52(3):177-183.
7. Yalamanchili VK, Uthakalla VK, Naidana SP, Kalapala A, Venkata PK, Yendapu R. Family Adoption Programme for Medical Undergraduates in India - The Way Ahead: A Qualitative Exploration of Stakeholders' Perceptions. *Indian J Community Med*. 2023 Jan-Feb;48(1):142-146. doi: 10.4103/ijcm.ijcm_831_22. Epub 2023 Feb 1. PMID: 37082407; PMCID: PMC10112757.
8. Chhabra S, Kumar N. Mahatma Gandhi institute of medical sciences Sewagram: Medical education and health care with a difference. *South East Asian Journal of Medical Education*. 2015;9:69.
9. Dongre AR, Deshmukh PR, Gupta SS, Garg BS. An evaluation of ROME Camp: Forgotten innovation in medical education. *Educ Health*. 2010;23:363.
10. Tripathy JP, Goel S, Kumar A. Measuring and understanding motivation among community health workers in rural health facilities in India- a mixed method study. *BMC Health Serv Res*. 2016;16:366. doi:10.1186/s12913-016-1614-0.
11. Ganapathy K, Dongre AR. Process of developing of community based medical education programme curriculum in Puducherry, India. *J Clin Diagn Res*. 2018;12:1–5.
12. Mahajan PB. ROME scheme: From reorientation to research oriented medical education, a new beginning. *Indian J Med Res*. 2010;132:110.
13. Galhotra A, Sarpal SS, Gupta S, Goel NK. A cross-sectional study on patient satisfaction toward services received at rural health center, Chandigarh, North India. *Ann Trop Med Public Health*. 2013;6:240–4.
14. Abraham S, Gupta A, Khare M. Primary care for India's urban dwellers living in informal settlements during the COVID-19 pandemic: The experience of the Christian Medical College, Vellore, Department of Family Medicine. *Aust J Gen Pract*. 2020;49 doi:10.31128/AJGP-COVID-34.