ISSN: 2581 – 3633

International Journal of Medical Science and Advanced Clinical Research (IJMACR)

Available Online at: https://www.ijmacr.com

Volume – 9, Issue – 5, October – 2026, Page No.: 646 – 653

Knowledge, Perceptions, and Experiences of MBBS Graduates Regarding the Family Adoption Programme and Its Contribution to Medical Education: A Cross-Sectional Study

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How to citation this article: Dr. Chetan Kumar Sharma, Dr. Anjali Arya, Dr. Mayank Rahul, Dr. Sonia Tiwari, "Knowledge, Perceptions, and Experiences of MBBS Graduates Regarding the Family Adoption Programme and Its Contribution to Medical Education: A Cross-Sectional Study", IJMACR– October– 2026, Volume – 9, Issue – 5, P. No. 646 – 653.

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Type of Publication: Original Research Article

Conflicts of Interest: Nil

Abstract

Background: The Family Adoption Programme (FAP), introduced under competency-based medical education, aims to improve medical students' understanding of community health, social determinants of health and the healthcare needs of rural populations.

Objective: To assess MBBS graduates' knowledge, perceptions and experiences of FAP and its contribution to medical education.

Methods: A questionnaire-based cross-sectional study was conducted among 376 medical students from various medical colleges in Central India between March and May 2024. A 15-item questionnaire assessed programme orientation, faculty guidance, field experiences, application of medical knowledge, interpersonal skills and perceived educational benefits. Data were summarized using descriptive statistics.

Results: Of the 376 participants, 202 (53.72%) were female and 174 (46.28%) were male. Faculty guidance was rated as best by 78.46% of participants, while 86.97% reported feeling excited during their first family visit. Communication with adopted families was the most frequently reported challenge (40.43%). A total of 59.57% reported developing better interpersonal skills,

and 87.77% considered FAP a valuable learning experience. Additionally, 55.05% reported increased awareness of challenges faced by rural communities.

Conclusion: Participants generally reported positive experiences with FAP, particularly regarding community engagement, interpersonal skills and understanding rural healthcare challenges. Improved orientation, communication support and structured faculty guidance may further strengthen its educational value.

Keywords: Family Adoption Programme; medical education; MBBS students; community-based learning; rural healthcare; competency-based medical education; student perceptions.

Introduction

India is a developing country. As per census 2011, "it has a population of 121.1 cr with 48.5% of female population and it is expected to reach 152.2 cr by the year 2036[1]. India as a whole is huge country and it have a huge population too in which majority of population is of younger age group which will further lead to increase in population in coming time and increase in pediatric as well as geriatric group of people. As per the data from last economical survey which was held in 2023-24 "it is expected that by the year 2023 approximately 40% of India's population will live in urban areas"[2]. thus, it is clear that in upcoming years as well as in present time too it is the need of India that health care service along with its providers must reach to the rural parts of India.

The Rural health setup is bit different from the urban health setup, and to understand this difference and to be familiar with all the rural practices in the catering area of any medical college; National Medical Council have come up with the idea of Family adoption programme (FAP). Where every India Medical Graduate (IMG) have to adopt 5 families for the period of his/her course. The students are expected to adopt the families and prepare a report on various aspects of the family, understanding and assessing the health condition of the families and the factors related to it. This step was initiated for better understanding of rural setups, socio-cultural practices, trends of disease for IMG and better health care services to the adopted families, covering the universal health coverage[3]. Interaction with the communities gives Indian medical graduated an insight of the public living standards and how a minute change can enhance their family health. Adopting a family and interacting with them throughout the course, help students to understand various determinants of health and how these determinants impact the life of common man. The department of community medicine serves a dual purpose of benefiting Indian medical graduates and the community it caters.

Family adoption programme carries its own advantages, challenges and opportunities. It is a very tough task, the line listing of the families then it's allotment to the students and then follow up throughout the course. Our medical colleges are already overburdened already so as our students as well, and to further add to it family adoption programme is also there. In the beginning it wa really a tough task to implement and follow through but with the continuous efforts it became in the normal functioning routine for the medical colleges but what for the students? It remains as the unsolved question in mind. Hence this study has been planned to understand the perceptions of undergraduate students and indentify their challenges

Aim

To assess the overall knowledge, perception and experience of the family adoption programme among MBBS graduates and overall benefits of the programme

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in shaping students' knowledge and overall developments.

Participants and Methods

It is a qualitative study, undertaken in the month of march- may 2024, including students of various medical colleges in central India. Participants who willingly volunteered were included in the study, who were identified by the authors. All students across the medical colleges were firstly briefed regarding the study and its objectives and then, among them who agreed to participate were included in the study. The initial number of participants were 200 only, but later on the response time for the questionnaire from the participants were increased and total of 376 responses were included in the study.

A set of 15 questionnaires were developed after several brain storming session from the authors across these medical colleges. These questions were based on three fundamental pillars to assess the various factors from the student's perspective and another set to assess the impact of visit. The 1st set of questions was designed to assess the "preparation and guidance before the visit" with the sole purpose were to evaluate the students, that how well were they prepared and supported in terms of their orientation sessions, guidance from the faculties and seniors as required at the times and their understanding towards the objectives and goal of family adoption programmes. The responses coming from the participants were further divided into best, good and poor, where best indication clear understanding, preparation and support and poor reflecting confusion among students, lack of preparations and insufficient support.

The 2nd set of questions was dedicated to assess "emotional and interpersonal experiences' reflecting how exactly students felt during the filed visits. The responses reflecting the emotional engagement of students, the level of their comfort in the field and their overall experiences in the field.

The 3rd set of questions were designed to assess the "application of knowledge and practical learning" which reflects how well the students were able to apply their medical knowledge i their visit.

These questions were focusing on most challenging part of FAP from students's perspective, any new skill students learn during or after visits and their understanding of health care delivery among the rural areas of India.

The 4th set of questions were developed to assess the overall learning of students and from their experiences their preference to recommendation of the FAP to their fellow students and junior students; under the heading of "Takeaways and Impact".

Results

Table 1: Gender wise distribution of participants (Students)

Gender	No of participants(n)	Percentage (%)
Male	174	46.28
Female	202	53.72
Total	376	100

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Table 2 : Preparation and guidance

Response	Orientation session before family adoption programme visits n(%)	Preparedness for the first family visit n(%)	Guidance from faculty members during the program n(%)	Understanding of the goals of the family adoption program before your visit n(%)
Best	240(63.83)	92(24.46)	295(78.46)	157(41.75)
Good	93(24.73)	244(64.89)	51(13.56)	180(47.87)
Poor	43(11.44)	40(10.64)	30(7.98)	39(10.37)
Total	376(100)	376(100)	376(100)	376(100)

Table 2 describes about the guidance provided to the participants by the organizing faculties and theoretical preparedness of the students regarding execution of the programme

Table 3A: Emotional and interpersonal experience

Response	Feeling about your first visit to the family adoption program n
Excited	327
Nervous	22
Indifferent	08
Anxious	19
Total	376

Response	Understanding of family's life style n
Cultural & social practices	96
Everything was understandable	179
Living conditions	83
Did not interacted with family enough	18
Total	376

Table 3B

Response	Emotional challenges during the first visit n
Unsure about my emotions	22
Felt calm throughout	195
Managed to handle it	111
Found it overwhelming	48
Total	376

Table 3: Shows students' overall experience, their comfortless while interacting with families while they were in the field

Response	Comfort while interacting with the family you adopted. n
Very comfortable	144
Somewhat comfortable	144
Uncomfortable	3
Neutral	85
Total	376

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Application of knowledge and practical learning

Table 4A

Response	Aspect of the family adoption program was most challenging for you during your first visit n
applying medical knowledge in a non-clinical setting	89
time management during the visit	77
understanding cultural difference	58
communicating with family	152
Total	376

Response	Development of skills beyond medical knowledge after FAP n
Did not feel to develop any skill	11
Learned only medical aspect	12
Develop better interpersonal skills	224
Yes, I improved my understanding of cultural sensitivity	129
Total	376

Table 4B

Response	Usefulness of your medical knowledge during the visit n
Not sure about how to apply my knowledge	08
my knowledge was not applicable at all	31
somewhat applicable	38
Completely applicable	299
Total	376

Table 4C

Response	Experience influencing perception of healthcare delivery in rural or underserved areas
didn’t significantly change my perception	13
made me more aware regarding challenges faced by communities	207
Made me more sceptical about healthcare programme in the area	10
reinforced my belief in the importance of medical care to underserved area	146
Total	376

Table 4 describes about the preparedness of the students and their way of spplicability of knowledge in the field

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Table 5: Takeaway and impact

Response	Your primary reason for participation in family adoption program n	Response	Your primary takeaway from your first family adoption visit n	Response	Recommendation of FAP to other students n
As part of curriculum	47	Difficulty of balancing theory with real life situation	46	A Valuable learning experience	330
To gain practical experience	148	Importance Understanding of patients context	128	Not recommend it at all	03
To learn social responsibility	125	Need of better communication skills	128	Didn't provide enough learning	10
To understand family dynamics	56	Value of empathy in medical practice	74	Recommended with few reservation	33
Total	376		376		376

Table 5 describes about the knowledge gained by the students in term of program itself, its applicability in the field and their points of recommendations to the programme.

Discussion

India is a country of villages. By the help of family adoption programme MBBS graduates were able to understand, see and interact with the villagers itself and get to know about their problems and their lifestyle per se.

The gender distribution of students participating in the study were: 53.72% Female, while 46.28% participants were male. Vanikar et al's study pointed out that in programmes involving community engagement; faces cooperation from the villagers and their understanding with schedule of the program[4].

The gender distribution of students participating is as follows: 144 students (57%) are male, while 110 students (43%) are female. Yalamanchili et al states in their study, participants felt that FAP will provide in the field experience of the lifestyle and living habits of the rural Indian setups[5].

Our study demonstrates FAP effectiveness, with the majority of students agreeing or strongly agreeing across

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all aspects. For example, 87.76 % of participants recommended the family adoption program as valuable learning experience. while 72.60% of participants decided to take part because they felt that this program will lead to increase in their practical knowledge and to make them understand their social responsibility better. Additionally, 55.05% of participants agreed that FAP improves their understanding of challenges faced by the rural populations in India. and 92.75% believed it helps develop their communication skills and understanding of patient's context, highlighting its valuable role in medical education. Chakraborty et al in their review article also states that FAP is an innovative and crucial part of the CBME curriculum for MBBS students mandated by NMC of India[6]

The majority of participants agreed that FAP helps guide medical students in patient care, serves as a foundation for community medicine, and is an innovative approach to learning the subject. Mudey et al proposed an integrated holistic health team model to implement FAP so as to address needs of community and build consensus amongst medical students to enhance learning[7].Shree et al in their study in Mysuru, observed that the majority of the medical students were feeling empathetic towards the adopted family[8].

63.83% of participants from the current study describes the knowledge gained from the orientation session were best for them while 41.75% understand the exact goals of family adoption programme at best. But 11.44% & 10.37 % rated poor for orientation session and their understanding of goals of family adoption program.

Overall, the responses' insight of the program positively on student learning and engagement. Shikha et al in their study mentioned that FAP has an opportunity to achieve the larger goal of 'health for all'[9]. Vanikar et al mentioned that FAP has the ability to upgrade undergraduate medical education to new height, paving the way for a healthier and more empowered nation[10]

CONCLUSION

Our study points out that MBBS students have a positive attitude for the Family Adoption Programme. Their opinions and perceptions are in Favour of the FAP, which is one of the key factors for successful running of the program. This will significantly contribute to community health promotion and in broader aspect of achieving "HEALTH FOR ALL".

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