

Original Research Article

Opinion, perception and attitude of medical students towards family adoption programme- a cross sectional study

Ravindra Balaram Gurav*, Aishwarya Suresh Nair, Poornima Tomar

Department of Community Medicine, Rajiv Gandhi Medical College, Thane, Maharashtra, India

Received: 15 September 2024

Revised: 20 October 2024

Accepted: 01 November 2024

*Correspondence:

Dr. Ravindra Balaram Gurav,
E-mail: drbgurav65@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: Right from first MBBS to third MBBS part one, the community medicine curriculum includes family adoption programme (FAP). It involves adopting families by medical students from underserved communities and tackling various health problems among them.

Methods: This cross-sectional study was conducted among 232 MBBS students of Rajiv Gandhi Medical College, Thane in the month of January 2024 using purposive sampling method. Pre-designed proforma was used to record age and gender of the students and 18 Likert scale questions for assessing their opinion, perception and attitude towards FAP. The data was entered in Microsoft Excel and analysed. SE (p1-p2) test was applied. The statistical level of significance was fixed at $p < 0.05$.

Results: 150 (64.66%) students had strongly agreed for 'FAP is important to understand the health problems among the adopted family' and 112 (48.28%) to 'FAP is essential to understand social problems among the adopted family'. 76 (32.76%) subjects had strongly agreed for 'FAP is useful to understand concept and structure of the family' and 102 (43.97%) for 'FAP is innovative way for learning community medicine'. 31 (13.36%) students had strongly agreed for 'FAP should be conducted in urban area' while 95 (40.95%) were for 'FAP should be conducted in rural area'. 86 (37.07%) subjects had strongly agreed to 'I am happy with the allotted families'. 95 (40.95%) students had strongly agreed for 'FAP is the foundation of my future medical practice'.

Conclusions: The medical students were highly motivated and under appropriate supervision they can create significant difference in promotion of health of the adopted families.

Keywords: Family adoption programme, Medical Students, NMC

INTRODUCTION

Family adoption programme (FAP) promotes a community-oriented approach by improving health care accessible for impoverished families and offering community-based training for health care professionals. Community medicine is an academic discipline, which focuses on health promotion and disease prevention. Students learn comprehensive knowledge and skills across primary, secondary and tertiary health care, including outbreak control, community diagnosis, epidemiological evaluation and planning of evidence-

based health policy. It emphasizes holistic health perspectives and interventions for community health promotion. Under Competency Based Medical Education (CBME), the National Medical Commission (NMC) suggested FAP for MBBS students. Health science faculties use CBME to give students a relevant primary health care experience and to help under-privileged populations.¹ The family adoption programme seeks to close the knowledge gap between theory and practice. It aims to promote a more comprehensive view of medicine that places a strong emphasis on communication, empathy and patient-centred care. It integrates families

into the educational process to create a teaching atmosphere that is more realistic. This guarantees that aspiring Doctors are equipped to handle the practical and emotional demands of their line of work.² FAP brings its challenges and opportunities. It is a very challenging task to implement this programme by allotting families to each student and sustaining the follow-up till Third MBBS Part One.³

Through FAP, MBBS students collect socio-demographic data of the adopted families, assess socio-cultural factors, health status, habits of the family members, nutritional practices, performing basic physical examinations and provide health education on various topics. The aim is to effect change within the family by linking them to healthcare settings and employing behavioural change communication strategies. The goal of FAP is to give students hands-on experience in community-based health care while also enhancing their communication skills, which will aid in their professional development and help them develop empathy for the families they adopted.⁴ National Medical Commission (UG Medical Education) Guidelines, 2023 state that FAP is implemented with the intention of providing MBBS students with a village or slum outreach program in which each student is required to adopt at least five families. Every medical college is required to set up a diagnostic medical camp in the villages or in urban slums to address and diagnose common non-communicable diseases like cancer, renal diseases, hypertension, ischemic heart disease, diabetes mellitus, anaemia and malnutrition. The department of community medicine should take initiative to organize these camps with the help of support staff, medical social workers, ASHA workers, Anganwadi sevikas and local volunteers. Patients may be admitted to the hospital if necessary for acute and chronic illnesses. Medical students should take active part in organisation of such camps.⁵

During first professional year, medical students are expected to learn how to communicate effectively among adopted families, which will inculcate confidence in them. They should gain an understanding of the rural or urban dynamics of the region, screening programs and government-sponsored health-related initiatives. They should learn how to analyse the data collected from their families to identify socio-demography, health issues, malnutrition, diseases in assigned families and work to raise the standards. During second professional year, student is expected to encourage the community's active participation through the designated families. Student should keep up the active involvement to serve as the family's first physician and point of reference through ongoing active interaction and begin gathering the results targets met. During third professional year, students should engage in final active family interaction and produce report to be presented to department of community medicine addressing the elements such as bettering overall health, vaccinations, de-addiction, sanitation awareness, control of malnutrition and

tuberculosis. Students are expected to assist allotted families at the time of medical emergency and should participate in environmental preservation initiatives through tree planting, cleaning and sanitation awareness campaigns.⁵

Engaging with the adoptive family will foster empathy, good communication and active listening, which will improve the medical student's capacity to comprehend patients' issues and work with others to develop treatment strategies.^{6,7} Medical students will gain first-hand knowledge of the Indian healthcare delivery system through taking part in various screening programs and raising awareness about national health initiatives.^{8,9} By planning health check-up camps, supervising the treatment of adopted families, keeping in touch and following up, spreading health awareness, and fostering patient-provider trust, medical students will actively participate in the community through the FAP. Like any new project, the FAP may encounter a number of difficulties, such as a lack of professors, transportation facilities, and stakeholder motivation. Implementation challenges could include getting adopted family members to accept the suggested health team, ensuring the team's security, and determining the health team's applicability for interventions needed during emergencies.¹⁰ One further implementation problem relates to family members of adopted families who demand prescription of medicines or other curative treatment from team members who are not qualified to prescribe them.¹¹

Even with many challenges, FAP will aid students in comprehending the conditions and manner of life of people who live in rural areas or in urban slums. They will be able to sharpen their interpersonal skills. For the first time they will be interacting with the family and future interactions will give them a deeper comprehension of people's demands about their health and other domains. They will also feel more comfortable recommending the appropriate course of action for the family's health needs. In addition to providing the community with increased access to healthcare, better health-seeking behaviour and improved access to quality medical care, the students will have the best exposure to rural areas as well as urban slums and become community health physicians. Ultimately, this will help to achieve the goal of 'health for all'.¹² The objective of this study was to understand the opinion, perception and attitude of future Indian medical graduates regarding FAP mandated by the National Medical Commission of India.

METHODS

This cross-sectional study was conducted among MBBS students of Rajiv Gandhi Medical College, Thane in the month of January 2024 using purposive sampling method. 300 MBBS students, 100 students each from phase-1 to phase-3 have already adopted 5 families each from Lokmanya Nagar, Budhaji Nagar and Vithava slum area located in the outskirts of Thane city under family

adoption programme (FAP) mandated by National Medical Commission. All these 300 medical students have recorded detailed history of adopted families which include socio-demography and health status of individual member in the family in the proforma of family adoption programme. Sensitization of the students was already done for the same. Necessary permissions and approvals were obtained before conducting the study. Informed consent was obtained from the study participants. Inclusion and exclusion criteria were developed. Predesigned and pretested proforma containing age, gender of the student and 18 Likert scale questions having five options i.e. strongly disagree, disagree, neutral, agree and strongly agree was distributed to 300 students. Of the 18 variables, 08 variables were on opinion, 06 on perception and 04 on attitude of the students towards family adoption programme. Sufficient time was allotted to the students to complete the proforma. Of the 300 medical students, 232 students have filled and submitted the proforma. Thus 232 students were included in the study by purposive sampling method. The data was entered in Microsoft Excel and analysed using appropriate statistical methods. Descriptive and inferential statistics was applied. The results were

represented in tables. Standard error of difference between two proportions test of significance was applied to interpret the results. The statistical level of significance was fixed at $p < 0.05$.

RESULTS

232 students took part in the study, of which 125 (53.88%) were males and 107 (46.12%) were females. 143 (61.64%) students were in the age group of 17-20 and 89 (38.36%) were >20-23 years of age. 72 (31.03%) and 150 (64.66%) students agree and strongly agree for 'FAP is important to understand health problems of families in urban slums' respectively. Among 72 (31.03%) who were agree, 44 (61.11%) students were between 17-20 and 28 (38.89%) were >20-23 years of age. Similarly, among 150 (64.66%) strongly agree, 93 (62.00%) were in the age group of 17-20 and 57 (38.00%) were >20-23 years of age. 117 (50.43%) and 112 (48.28%) subjects were agreeing and strongly agree with 'FAP is essential to understand social problems of the family' respectively. Majority i.e. 128 (55.17%) subjects were agreeing for 'FAP is useful to understand concept and structure of family' while 76 (32.76%) were strongly agreed.

Table 1: Opinion of the MBBS students about family adoption programme (n=232).

Variables	Category	Total n=232	Age in years		P value	Gender		P value
			17-20 n=143	>20-23 n=89		Female n=107	Male n=125	
FAP is important to understand health problems of families in urban slums	Strongly disagree	04 (01.72)	03 (75.00)	01 (25.00)	0.58	00 (00.00)	04 (100.0)	
	Disagree	01 (00.43)	01 (100.0)	00 (00.00)		00 (00.00)	01 (100.0)	
	Neutral	00 (00.00)	00 (00.00)	00 (00.00)		00 (00.00)	00 (00.00)	
	Agree	72 (31.03)	44 (61.11)	28 (38.89)	0.91	30 (41.67)	42 (58.33)	0.36
	Strongly agree	150 (64.66)	93 (62.00)	57 (38.00)	0.87	75 (50.00)	75 (50.00)	0.11
FAP is essential to understand social problems of the family	Strongly disagree	00 (00.00)	00 (00.00)	00 (00.00)		00 (00.00)	00 (00.00)	
	Disagree	00 (00.00)	00 (00.00)	00 (00.00)		00 (00.00)	00 (00.00)	
	Neutral	03 (01.29)	03 (100.0)	00 (00.00)		01 (33.33)	02 (66.67)	0.65
	Agree	117 (50.43)	70 (59.83)	47 (40.17)	0.57	53 (45.30)	64 (54.70)	0.80
	Strongly agree	112 (48.28)	70 (62.50)	42 (37.50)	0.83	53 (47.32)	59 (52.68)	0.72
FAP is important to know the psychological problems in the families	Strongly disagree	00 (00.00)	00 (00.00)	00 (00.00)		00 (00.00)	00 (00.00)	
	Disagree	00 (00.00)	00 (00.00)	00 (00.00)		00 (00.00)	00 (00.00)	
	Neutral	18 (07.76)	07 (38.89)	11 (61.11)	0.03	08 (44.44)	10 (55.56)	0.88
	Agree	119 (51.29)	75 (63.03)	44 (36.97)	0.66	50 (42.02)	69 (57.98)	0.20
	Strongly agree	95 (40.95)	61 (64.21)	34 (35.79)	0.50	49 (51.58)	46 (48.42)	0.17
FAP is important to improve communication skill of the medical students	Strongly disagree	00 (00.00)	00 (00.00)	00 (00.00)		00 (00.00)	00 (00.00)	
	Disagree	00 (00.00)	00 (00.00)	00 (00.00)		00 (00.00)	00 (00.00)	
	Neutral	00 (00.00)	00 (00.00)	00 (00.00)		00 (00.00)	00 (00.00)	
	Agree	61 (26.29)	39 (63.93)	22 (36.07)	0.67	26 (42.62)	35 (57.38)	0.52
	Strongly agree	171 (73.71)	104 (60.82)	67 (39.18)	0.67	81 (47.37)	90 (52.63)	0.52
FAP is important to develop confidence among medical students	Strongly disagree	00 (00.00)	00 (00.00)	00 (00.00)		00 (00.00)	00 (00.00)	
	Disagree	00 (00.00)	00 (00.00)	00 (00.00)		00 (00.00)	00 (00.00)	
	Neutral	04 (01.72)	04 (100.0)	00 (00.00)		02 (50.00)	02 (50.00)	0.87
	Agree	73 (31.47)	44 (60.27)	29 (39.73)	0.77	33 (45.21)	40 (54.79)	0.85
	Strongly agree	155 (66.81)	95 (61.29)	60 (38.71)	0.88	72 (46.45)	83 (53.55)	0.89
FAP is helpful to develop positive attitude towards	Strongly disagree	00 (00.00)	00 (00.00)	00 (00.00)		00 (00.00)	00 (00.00)	
	Disagree	06 (02.59)	04 (66.67)	02 (33.33)	0.79	02 (33.33)	04 (66.67)	0.52
	Neutral	07 (03.02)	03 (42.86)	04 (57.14)	0.30	03 (42.86)	04 (57.14)	0.86

Continued.

Variables	Category	Total n=232	Age in years		P value	Gender		P value
			17-20 n=143	>20-23 n=89		Female n=107	Male n=125	
community	Agree	113 (48.71)	67 (59.29)	46 (40.71)	0.47	49 (43.36)	64 (56.64)	0.41
	Strongly agree	106 (45.69)	69 (65.09)	37 (34.91)	0.32	53 (50.00)	53 (50.00)	0.28
FAP is useful to study ethical aspects of public health	Strongly disagree	00 (00.00)	00 (00.00)	00 (00.00)		00 (00.00)	00 (00.00)	
	Disagree	01 (00.43)	01 (100.0)	00 (00.00)		01 (100.0)	00 (00.00)	
	Neutral	07 (03.02)	04 (57.14)	03 (42.86)	0.80	06 (85.71)	01 (14.29)	0.03
	Agree	119 (51.29)	71 (59.66)	48 (40.34)	0.53	52 (43.70)	67 (56.30)	0.45
	Strongly agree	105 (45.26)	67 (63.81)	38 (36.19)	0.53	48 (45.71)	57 (54.29)	0.91
FAP is useful to understand concept and structure of family	Strongly disagree	02 (00.86)	01 (50.00)	01 (50.00)	0.73	00 (00.00)	02 (100.0)	
	Disagree	01 (00.43)	01 (100.0)	00 (00.00)		00 (00.00)	01 (100.0)	
	Neutral	25 (10.78)	13 (52.00)	12 (48.00)	0.29	11 (44.00)	14 (56.00)	0.82
	Agree	128 (55.17)	83 (64.84)	45 (35.16)	0.27	62 (48.44)	66 (51.56)	0.43
	Strongly agree	76 (32.76)	45 (59.21)	31 (40.79)	0.60	34 (44.74)	42 (55.26)	0.76

(Figures in parentheses indicate percentage)

Table 2: Perception of the MBBS students related to FAP (n=232).

Variables and categories		Total (%) n=232	Age in years (%)		P value	Gender (%)		P value
			17-20 n=143	>20-23 n=89		Female n=107	Male n=125	
FAP is innovative way for learning community medicine	Strongly disagree	02 (00.86)	01 (50.00)	01 (50.00)	0.73	00 (00.00)	02 (100.0)	
	Disagree	00 (00.00)	00 (00.00)	00 (00.00)		00 (00.00)	00 (00.00)	
	Neutral	15 (06.47)	08 (53.33)	07 (46.67)		05 (33.33)	10 (66.67)	0.30
	Agree	113 (48.71)	74 (65.49)	39 (34.51)	0.24	53 (46.90)	60 (53.10)	0.82
	Strongly agree	102 (43.97)	60 (58.82)	42 (41.18)	0.44	49 (48.04)	53 (51.96)	0.60
FAP should be conducted in urban area	Strongly disagree	1 (00.43)	00 (00.00)	01 (100.0)		00 (00.00)	01 (100.0)	
	Disagree	35 (15.09)	19 (54.29)	16 (45.71)	0.33	13 (37.14)	22 (62.86)	0.25
	Neutral	62 (26.72)	44 (70.97)	18 (29.03)	0.08	31 (50.00)	31 (50.00)	0.47
	Agree	103 (44.40)	64 (62.14)	39 (37.86)	0.89	47 (45.63)	56 (54.37)	0.90
	Strongly agree	31 (13.36)	16 (51.61)	15 (48.39)	0.22	16 (51.61)	15 (48.39)	0.51
FAP should be conducted in rural area	Strongly disagree	00 (00.00)	00 (00.00)	00 (00.00)		00 (00.00)	00 (00.00)	
	Disagree	03 (01.29)	02 (66.67)	01 (33.33)	0.86	02 (66.67)	01 (33.33)	0.47
	Neutral	20 (08.62)	13 (65.00)	07 (35.00)	0.75	11 (55.00)	09 (45.00)	0.41
	Agree	114 (49.14)	68 (59.65)	46 (40.35)	0.54	55 (48.25)	59 (51.75)	0.52
	Strongly agree	95 (40.95)	60 (63.16)	35 (36.84)	0.69	39 (41.05)	56 (58.95)	0.20
FAP is foundation for Community Medicine	Strongly disagree	00 (00.00)	00 (00.00)	00 (00.00)		00 (00.00)	00 (00.00)	
	Disagree	02 (00.86)	01 (50.00)	01 (50.00)	0.73	01 (50.00)	01 (50.00)	0.91
	Neutral	19 (08.19)	11 (57.89)	08 (42.11)	0.73	06 (31.58)	13 (68.42)	0.18
	Agree	123 (53.02)	76 (61.79)	47 (38.21)	0.96	59 (47.97)	64 (52.03)	0.55
	Strongly agree	88 (37.93)	55 (62.50)	33 (37.50)	0.83	41 (46.59)	47 (53.41)	0.33
FAP helps to improve social responsibility among medical students	Strongly disagree	00 (00.00)	00 (00.00)	00 (00.00)		00 (00.00)	00 (00.00)	
	Disagree	00 (00.00)	00 (00.00)	00 (00.00)		00 (00.00)	00 (00.00)	
	Neutral	02 (00.86)	02 (100.0)	00 (00.00)		00 (00.00)	02 (100.0)	
	Agree	131 (56.47)	83 (63.36)	48 (36.64)	0.54	62 (47.33)	69 (52.67)	0.67
	Strongly agree	99 (42.67)	58 (58.59)	41 (41.41)	0.41	45 (45.45)	54 (54.55)	0.86
FAP helps to guide medical students for the right approach and care for patients	Strongly disagree	02 (00.86)	01 (50.00)	01 (50.00)	0.73	00 (00.00)	02 (100.0)	
	Disagree	00 (00.00)	00 (00.00)	00 (00.00)		00 (00.00)	00 (00.00)	
	Neutral	05 (02.16)	03 (60.00)	02 (40.00)	0.94	03 (60.00)	02 (40.00)	0.53
	Agree	112 (48.28)	67 (59.82)	45 (40.18)	0.58	49 (43.75)	63 (56.25)	0.48
	Strongly agree	115 (49.57)	73 (63.48)	42 (36.52)	0.57	55 (47.83)	60 (52.17)	0.60

Distribution of responses to other opinions is shown in Table 1. Distribution of 'strongly agree' opinion to all the variables among both the age groups was not statistically significant. Age group wise distribution of neutral

opinion for the variable 'FAP is important to know the psychological problems in the families' was statistically significant at $p < 0.05$, where 11 (61.11%) students were of age >20-23 years and only 07 (38.89%) students of age

17-20 years. Gender wise distribution of neutral opinion to the variable 'FAP is useful to study ethical aspects of public health' was also significant at $p < 0.05$, where 06 (85.71%) were females and only 01 (14.29%) male. (Table 1).

Six questions on perception related to FAP were asked to medical students. Majority of the students had agreed and strongly agreed for the same. 'FAP is innovative way for learning community medicine', was agreed and strongly agreed by 113 (48.71%) and 102 (43.97%) students respectively. Of the 113 (48.71%), 74 (65.49%) students were between 17-20 years and 39 (34.51%) were >20-23 years of age. Of the 102 (43.97%), 60 (58.82%) were between 17-20 years and 42 (41.18%) were >20-23 years. 'FAP is foundation for community medicine', was agreed

and strongly agreed by 123 (53.02%) and 88 (37.93%) subjects respectively. For 'FAP should be conducted in urban area', 62 (26.72%) students were neutral of which 44 (70.97%) were between 17-20 years and 18 (29.03%) were >20-23 years. 'FAP should be conducted in rural area', was agreed by 114 (49.14%) subjects and strongly agreed by 95 (40.95%) students. Of the 114 (49.14%), 68 (59.65%) were in the age group of 17-20 years and 46 (40.35%) were >20-23 years. Of the 95 (40.95%), 60 (63.16%) were between 17-20 years and 35 (36.84%) were >20-23 years. 'FAP helps to guide medical students for the right approach and care for patients', was agreed by 112 (48.28%) and strongly agreed by 115 (49.57%) students. The distribution of students according to strongly disagree, disagree, neutral, agree and strongly agree to each perception is shown Table 2.

Table 3: Attitude of MBBS students towards family adoption programme (FAP) (n=232).

Variables	Categories	Total (%)	Age in years (%)		P value	Gender (%)		P value
			17-20	>20-23		Female	Male	
		n=232	n=143	n=89		n=107	n=125	
I am happy with the FAP mentors	Strongly disagree	00 (00.00)	00 (00.00)	00 (00.00)		00 (00.00)	00 (00.00)	
	Disagree	00 (00.00)	00 (00.00)	00 (00.00)		00 (00.00)	00 (00.00)	
	Neutral	14 (06.03)	07 (50.00)	07 (50.00)	0.36	04 (28.57)	10 (71.43)	0.17
	Agree	108 (46.55)	69 (63.89)	39 (36.11)	0.51	51 (47.22)	57 (52.78)	0.76
	Strongly agree	110 (47.41)	67 (60.91)	43 (39.09)	0.83	52 (47.27)	58 (52.73)	0.74
I am happy with the allotted families	Strongly disagree	00 (00.00)	00 (00.00)	00 (00.00)		00 (00.00)	00 (00.00)	
	Disagree	00 (00.00)	00 (00.00)	00 (00.00)		00 (00.00)	00 (00.00)	
	Neutral	32 (13.79)	18 (56.25)	14 (43.75)	0.50	16 (50.00)	16 (50.00)	0.64
	Agree	114 (49.14)	73 (64.04)	41 (35.96)	0.46	55 (48.25)	59 (51.75)	0.52
	Strongly agree	86 (37.07)	52 (60.47)	34 (39.53)	0.78	36 (41.86)	50 (58.14)	0.32
I am happy with the allotted community	Strongly disagree	00 (00.00)	00 (00.00)	00 (00.00)		00 (00.00)	00 (00.00)	
	Disagree	00 (00.00)	00 (00.00)	00 (00.00)		00 (00.00)	00 (00.00)	
	Neutral	32 (13.79)	16 (50.00)	16 (50.00)	0.14	17 (53.13)	15 (46.87)	0.39
	Agree	122 (52.59)	80 (65.57)	42 (34.43)	0.19	53 (43.44)	69 (56.56)	0.39
	Strongly agree	78 (33.62)	47 (60.26)	31 (39.74)	0.76	37 (47.44)	41 (52.56)	0.77
FAP is the foundation of my future medical practice	Strongly disagree	02 (00.86)	01 (50.00)	01 (50.00)	0.73	00 (00.00)	02 (100.0)	
	Disagree	02 (00.86)	00 (00.00)	02 (100.0)		01 (50.00)	01 (50.00)	0.91
	Neutral	20 (08.62)	11 (55.00)	09 (45.00)	0.52	10 (50.00)	10 (50.00)	0.72
	Agree	113 (48.71)	73 (64.60)	40 (35.40)	0.37	50 (44.25)	63 (55.75)	0.58
	Strongly agree	95 (40.95)	58 (61.05)	37 (38.95)	0.88	46 (48.42)	49 (51.58)	0.56

Four questions related to attitude towards family adoption programme were asked to the MBBS students. Majority of the students had agreed i.e. 108 (46.55%) and strongly agreed 110 (47.41%) to 'I am happy with the FAP Mentors'. 114 (49.14%) and 86 (37.07%) subjects were agreed and strongly agreed to 'I am happy with the allotted families' respectively. 122 (52.59%) and 78 (33.62%) study participants agreed and strongly agreed to 'I am happy with the allotted community' respectively. To 'FAP is the foundation of my future medical practice', 113 (48.71%) and 95 (40.95%) respondents were of opinion agreed and strongly agreed respectively (Table 3).

DISCUSSION

Total 232 students took part in the study, of which 125 (53.88%) were males and 107 (46.12%) were females. 143 (61.64%) students were in the age group of 17-20 and 89 (38.36%) were >20-23 years of age. 72 (31.03%) and 150 (64.66%) students agree and strongly agree for 'FAP is important to understand health problems of families in urban slums' respectively. Among agree, 44 (61.11%) students were between 17-20 and 28 (38.89%) were >20-23 years of age. Similarly, among strongly agree, 93 (62.00%) were 17-20 and 57 (38.00%) were >20-23 years of age. 117 (50.43%) and 112 (48.28%) subjects were agreeing and strongly agree with 'FAP is essential to

understand social problems of the family' respectively. Majority i.e. 128 (55.17%) subjects were agreeing for 'FAP is useful to understand concept and structure of family' while 76 (32.76%) were strongly agreed. Distribution of responses to other opinions is shown in Table 1. Distribution of 'strongly agree' opinion to all the variables among both age groups is not statistically significant at $p < 0.05$. Age group wise distribution of neutral opinion for the variable 'FAP is important to know the psychological problems in the families' was statistically significant at $p < 0.05$.

Gender wise distribution of neutral opinion to the variable 'FAP is useful to study ethical aspects of public health' was also significant at $p < 0.05$. In the present study it was observed that majority of the medical students were having good opinion about the FAP. They opined that this programme is important to understand health problems of families in urban slums, is essential to understand social problems of the family, is important to improve communication skill of the medical students, is helpful to develop positive attitude towards community, is useful to study ethical aspects of public health and is useful to understand concept and structure of family. Vanikar et al in their study mentioned that, many studies related to evaluation of deep-rooted community engagement programmes voiced concerns about cooperation from the community and adjustment to the academic schedule.² Yalamanchili et al in their study observed, participants felt that FAP will provide a good insight into the living conditions of the people staying in villages or in urban slums.³

Six questions on perception related to FAP were asked to medical students. Majority of the students were agreed and strongly agreed for the same. 'FAP is innovative way for learning community medicine', was agreed and strongly agreed by 113 (48.71%) and 102 (43.97%) students respectively. Of the 113 (48.71%), 74 (65.49%) students were 17-20 years and 39 (34.51%) were >20-23 years. Of the 102 (43.97%), 60 (58.82%) were 17-20 years and 42 (41.18%) were >20-23 years. 'FAP is foundation for community medicine', was agreed and strongly agreed by 123 (53.02%) and 88 (37.93%) subjects respectively. For 'FAP should be conducted in urban area', 62 (26.72%) students were neutral of which 44 (70.97%) were 17-20 years and 18 (29.03%) were >20-23 years. 'FAP should be conducted in rural area', was agreed by 114 (49.14%) subjects and strongly agreed by 95 (40.95%) students. Of the 114 (49.14%), 68 (59.65%) were 17-20 years and 46 (40.35%) were >20-23 years. Of the 95 (40.95%), 60 (63.16%) were 17-20 years and 35 (36.84%) were >20-23 years.

'FAP helps to guide medical students for the right approach and care for patients', was agreed by 112 (48.28%) and strongly agreed by 115 (49.57%) students. Shree et al in their study in Mysuru, observed that the majority of the medical students were feeling empathetic towards the adopted family.⁴ They also observed that

nearly 90% of the families were co-operative. Chakraborty et al in their review article mentioned that FAP is an innovative and crucial part of the CBME curriculum for MBBS students mandated by NMC of India.⁶ 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.¹¹ Shikha et al in their study mentioned that FAP has an opportunity to achieve the larger goal of 'health for all'.¹² 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.¹³

Limitation of this study is that only age and gender of the medical students against their opinion, perception and attitude towards family adoption programme were studied here. Studying rest of the socio-demographic factors of the medical students will give better insight into this subject.

CONCLUSION

In our study we observed MBBS students have positive attitude towards family adaptation programme mandated by National Medical Commission of India. Their opinion and perception about it is also affirmative which will help to achieve great success in this programme. This programme will definitely help to promote health of the community. So it is suggested that once the batch of students pass the Third MBBS part-1 course, the next batch that will join medical college should take over the adopted families of that batch and continue to provide health care services.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. National Medical Commission. U.11026/1/2022 UGMEB Dated 31st March 2022. Implementation of New Competency-Based Medical Education for Undergraduate Course Curriculum. Available from: <https://www.nmc.org.in/MCIRest/open/getDocument?path=/Documents/Public/Portal/LatestNews/Implementation.pdf>. Accessed on 11 May 2024.
2. Vanikar AV, Kumar V. The family adoption programme: Taking Indian medical undergraduate education to villages. *Indian J Prevent Soc Med*. 2021;52(3):177-83.
3. 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;48(1):142-6.

4. Shree A, Rashmi S, Kumar SD. Community as a classroom: perception of an Indian Medical Graduate on Family Adoption Program. *Clin Epidemiol Glob Health*. 2024;28(2):101630.
5. National Medical Commission (Undergraduate Medical Education Board), U.14021/8/2023-UGMEB, 2023. Available from: <https://www.nmc.org.in/MCIRest/open/getDocument?path=/Documents/Public/Portal/LatestNews/246254.pdf>. Accessed on 11 May 2024.
6. Chakraborty A, Sarkar N, Lahiri U, Bhowmick S, Sen S, Majumdar R, et al. Family Adoption Program in Medical Education and Role of Community Medicine in its implementation in India: An Overview. *J Integr Med Public Health*. 2023;2(2):49-53.
7. Moudatsou M, Stavropoulou A, Philalithis A, Koukouli S. The role of empathy in health and social care professionals. *Healthcare*. 2020;8(1):1-9.
8. Rosato M, Laverack G, Grabman LH, Tripathy P, Nair N, Mwansambo C, et al. Community participation: lessons for maternal, newborn, and child health. *Lancet*. 2008;372(9642):962-71.
9. Mishra A, Singh AK, Parida SP, Pradhan SK, Nair J. Understanding community participation in rural health care: a participatory learning and action approach. *Front Public Health*. 2022;10:860792.
10. World Health Organization. Community Engagement: a health promotion guide for universal health coverage in the hands of the people. World Health Organization. 2020. Available from: <https://www.who.int/publications/i/item/9789240010529>. Accessed on 11 May 2024.
11. Mudrey A, Raut J. Implementation of family adoption program using five-pronged strategy of integrated holistic health team: a way forward. *J Ayurveda Integr Med*. 2024;15(1):100888-8.
12. Shikha S, Kumar A, Begum J, Ali SI, Tripathy S. Family adoption program for undergraduate medical students at a new medical school of Jharkhand: an experience and SWOC analysis. *Indian J Community Med*. 2024;49(1):218-22.
13. Vanikar A, Kumar V. Unique program of Indian undergraduate medical education- family adoption through village outreach. *Indian J Community Med*. 2024;49(3):459-60.

Cite this article as: Gurav RB, Suresh Nair AS, Tomar P. Opinion, perception and attitude of medical students towards family adoption programme- a cross sectional study. *Int J Community Med Public Health* 2024;11:4797-803.