

## Letter to the Editor

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### Experiences of family adoption program by a medical student

Sir,

In India, around 65.5% of population resides in rural settings (as per 2020 statistics) whereas availability of healthcare facilities is skewed towards urban setups. Though adequate healthcare supplies exist in the community, it is the access to healthcare to the rural citizen that is a major concern. Issues like health illiteracy, ignorance about communicable and non-communicable disease, means to reach healthcare facilities, services, take time off from their daily wages work and workforce shortages are some of the barriers that limit timely and quality health related awareness and care leading to scenario of scarcity in abundance. Hence, there is a need to take measures to make healthcare more accessible to the rural and needy population and impact community based and community oriented training to budding healthcare professionals.<sup>1</sup>

I am a second year medical student and I have actively participated in the family adoption program since the first year of my medical school. Family adoption program is an innovative and crucial aspect of the latest competency based medical education (CBME) curriculum proposed by NMC, which aims to provide an experiential learning opportunity to Indian medical graduates towards community based healthcare and thereby enhance equity in health.<sup>1</sup>

The authors have been allotted three families under the family adoption program in a village named Balaana. Balaana is a village located in Israna tehsil of Panipat district in Haryana, India. As a medical student, the authors are supposed to understand their social determinants of health, explore the factors that facilitate health and causes disease, evaluate the families based on their environmental and social conditions, monitor the general health of the families and advise the family on health related issue while being facilitated by the faculty from community medicine, create health related awareness within the community.<sup>2</sup>

We are supposed to follow up the families till the third year of MBBS and function as the first point of contact for any health related issue within the families.<sup>1</sup>

#### FAMILY ADOPTION EXPERIENCE

During my first family visit, the weather was pleasant as the extreme winters of Haryana had ended and summer was around the corner. I was really excited for the visit as it was my first official interaction with the community as a medical student. I'm an out-of-state student so I was also excited as I would get to experience rural Haryana and their

culture for the first time. We were all dressed up in white apron and some of us were having a stethoscope. As we got down the bus and were walking towards the allotted houses, a kids started shouting "doctor saab aagaye, doctor saab aagaye" which means - doctor sir/mam has arrived, and as any other medical student my excitement also reached the peak after hearing that as it felt like my dream of becoming doctor was finally coming into reality. Population there was predominantly Haryanvi speaking so at first I had a hard time understanding the language but was able to communicate with them in Hindi, and with subsequent visits I was able to understand their language properly even though I could not speak it.

One of the best parts of visiting the families during the family adoption program was the kids. Some of them were scared of us at first while others were curious about what we were going to do. I tried to get familiar with them by ensuring that I am just a medical student and won't do any harm to them. I asked them their names and gave them chocolates, they were easiest to become friends with.

As I went on to ask questions to the family members, some of them were reluctant towards answering my questions because at first they were not sure about how we were going to use the information that they were providing us, but I ensured them that I'm a medical student and I'm here to help them with the issues related to their health. A family member also asked me if I was going to charge them any money for that, I told them that they don't need to worry about that as it is a part of our learning program and therefore they won't be charged anything. On the other hand, some of the families were enthusiastic about answering our questions and were not hesitant at all. I was really surprised by the responses of the family members when I asked them about their age and their children's age. They were not sure about the age and told me that he/she is studying in this class and some of them were also not sure about the immunization program, whether their children have received it or not. This shows that while the government is trying hard to make a healthy population, the lack of awareness amongst the rural areas is still holding it back.

Some of the factors in the village that I was concerned about are open sewage system, a pond in the center of the village and most of the houses have cattle sheds inside house premises with a distance of less than 20 feet. These factors can severely affect the health of the population residing in that area, as they provide breeding grounds to mosquitos and flies, thus can lead to outbreak of diseases such as malaria, dengue, chikungunya, and filariasis (elephantiasis). The contrast in living situations was also

striking, with some homes resembling lavish mansions, while others were overcrowded, housing six people in just two rooms, often without essential sanitation and unfinished construction. Most of the mansions were owned by the people who have moved out of the village and are working in cities, those houses were their gateway home during holidays and festivals.

I was really amazed when I saw hookah in every household. As a medical student, seeing hookah in every house-hold of the village evoked a mix of curiosity and concern. On asking the family members about it, they said it highlights a cultural tradition that fosters social connections and community bonding. However, I was worried about the significant health concerns that it raises. I can't help but think about the potential risks associated with hookah smoking, including respiratory issues, cardiovascular diseases, and the possibility of nicotine addiction.

It's crucial to consider the long-term health implications for the individuals in these communities, especially for younger generations. This observation reinforces the importance of health education and awareness in rural areas, where traditional practices may overlook modern medical insights. Engaging with the community to provide information about the risks of hookah use while respecting their cultural practices would be essential in promoting healthier lifestyles.

While exploring the village, I discovered a small confectionery shop filled with colorful jars of candies and crispy wafers. The sweet scents immediately transported me back to my childhood, sparking memories of care-free summer days spent sharing treats with friends. As I picked up a packet of wafers I asked the shopkeeper how long he has been selling these treats. The shopkeeper, an elderly man, shared stories of how many generations enjoyed these sweets, deepening my nostalgia. Leaving the shop, I felt a bittersweet happiness, holding the can-dies as a reminder of the simple joys of life and the magic of childhood memories.

Interacting with the rural community highlighted the importance of cultural sensitivity and communication. Understanding local languages and customs is essential for

building trust and rapport, especially as an outsider. All in all, it was a unique experience which I learned outside my classroom.<sup>3</sup>

In conclusion, these visits under family adoption programme will be one of the my most cherished memory of undergraduate life and one of the best learning tool. It will definitely help me in understanding how to take all the factors in consideration for treating any illness. With these visits, I think overall health of the village will also improve and I got another family away from my own family.

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