

## Original Research Article

# Family adoption programme in India: barriers and challenges to the medical students and healthcare workers

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### ABSTRACT

**Background:** 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 set up various health programmes and facilities. Despite various efforts the access to health care is deficient at times for this majority of the population. Aim was to share experience of faculties, healthcare workers and students in implementation of first family adoption program in a new private medical college. Objective was to assess challenges, barriers and difficulties faced during implementation of family adoption program in a private medical college.

**Methods:** It was a cross-sectional study conducted in 100 1<sup>st</sup> year MBBS students and 10-15 healthcare workers. family adoption program in our institute was conducted for MBBS 2023-24 batch. Department of Community Medicine prepared a team of Professor and Head of the Department, one senior faculty, two Assistant Professors, one Community Development Officer and 4 ASHA workers. Total 9 slots of 3 hrs including introduction of FAP, presentation of family information and logbook assessment were conducted.

**Results:** Distance of the village from the institute, shortage of logistics, availability of buses, shortage of manpower and management of 100 students in the field area, lack of cooperation from families, convince the families regarding student's frequent visits and workload and time management were some difficulties reported by the faculties and ASHA workers. 40% students reported language barriers, 45% students faced non-cooperation from the families in initial visits etc. 90% students felt their communication skill was improved during the visits.

**Conclusions:** On a positive note, FAP is helpful to Indian medical graduates in improving communication skill and understanding of rural set up and health care and bridging the gap between rural and urban health care systems.

**Keywords:** ASHA workers, Barriers, Challenges, Family adoption program

### 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 set up various health programmes and facilities. Despite various efforts the access to health care is deficient at times for this majority of the population.<sup>1</sup> To tackle this issue and to bridge the gap in healthcare system in urban and rural India, National Medical Commission of India has introduced family adoption program in MBBS curriculum in 2022.

The National Medical Commission (NMC) has incorporated a family adoption program in MBBS curriculum since 2021.<sup>2</sup> According to the UGME guideline 2023, there will be a total 27 visits which will start in 1<sup>st</sup> professional MBBS till 3<sup>rd</sup> professional part I MBBS. Each student will be allocated, ideally 5 or minimum 3 families. FAP provides community-based learning experience to medical students. Family adoption program aims to provide an experimental learning opportunity to Indian medical graduates towards

community based healthcare and thereby enhance health equity.<sup>3</sup>

As per the MSR 2023 FAP curriculum, targets to be achieved by students are:

**First professional year**

Learning communication skills and inspiring confidence among families; understanding the dynamics of the rural set-up of that region, screening programs, and education about ongoing government-sponsored health-related programs; learning to analyse the data collected from their families and identify diseases/ill-health/malnutrition of allotted families and try to improve the standards.

**Second professional year**

Inspire active participation of community through families allotted; continue active involvement to become the first doctor/reference point of the family by continued active interaction and start compiling the outcome targets achieved.

**Third professional year**

Analysis of their involvement and impact on existing socio-politico-economic dynamics in addition to improvement in health conditions.<sup>3</sup>

**METHODS**

**Aim**

To share experience of faculties and students in implementation of first family adoption program in a new private medical college.

**Objective**

To assess challenges, barriers and difficulties faced during implementation of family adoption program in a private medical college.

**Type of study**

It was a cross sectional study among phase 1 MBBS students and healthcare staff.

Family adoption program in our institute is conducted for MBBS 2023-24 batch of 100 students. Department of community medicine prepared a team of professor and head of the department, one senior faculty, two assistant professors, one community development officer and 4 ASHA workers. The village identified was located around 29 km from the institute. Before allotment of the families population survey was conducted and a map was prepared to locate each and every family to be adopted. Meeting with the local bodies like Gram Sevak was held to create

awareness among the families regarding the program and their cooperation with the students.

Department of community medicine designed the FAP logbook for students to keep records of their adopted families. Before the first visit a brief session on orientation of FAP, its aim, objectives and detail about FAP logbook was conducted by the faculties of the department. Transport arrangement was done 2 weeks before each visit. All ASHA workers are instructed to guide the students in the community. Students were divided into 4 batches of 25 students each. Each batch is headed by one faculty from the community medicine department and one ASHA worker. Students were allocated families and a brief introduction of all family members to the respective student is done with the help of the ASHA workers.

Total 9 slots of 3 hours including introduction of FAP, presentation of family information and logbook assessment were conducted. Following are the visit wise activities done by the students under the guidance of each faculty. A brief session on activities conducted during the visit was taken before each visit.

**Table 1: Visit wise activities done by students.**

Visit no.	Activities conducted
1	Introduction to family adoption program and FAP logbook
2	Allotment of families, introduction to the family members and rapport building
3	Follow up visit and organised diagnostic health check-up camp
4	Collection of socio-demographic information of families
5	Tree plantation and follow up visit of all families
6	Collection of environmental data of families
7	Follow up visit of all families
8	Presentation of family information in Community
9	FAP logbook assessment

**Study period**

The study was conducted over a period of one year from September 2023 to August 2024.

**Inclusion criteria**

Only those students and faculties who had attended more than 5 visits were enrolled in the study.

**Data collection**

After completion of all visits, students were asked to fill a questionnaire through Google form consisting of

questions regarding difficulties faced by them while collecting the data of families, interaction with the family members and rapport building and their feedback and suggestions etc.

Faculties of the community medicine department identified all the challenges and barriers to overcome while implementing the FAP in the community.

Data was analysed by using MS Excel.

### **Ethical approval**

Ethical approval was obtained from the IEC.

## **RESULTS**

Out of 100 students 91 students and 4 teaching faculties were enrolled and submitted the feedback form through google link.

### **Difficulties**

#### *Difficulties faced by the faculties and ASHA workers*

There were only 4 teaching faculties available at the time of initial few visits. Following are the difficulties reported by them.

Distance of the village from the institute is the main difficulty faced during the visits because travelling took more time to the adopted village. Shortage of logistic like vehicles. Shortage of manpower to guide and accompany students and management of 100 students in the field is a big task and responsibility.

#### *Difficulties faced by ASHA workers*

Lack of cooperation from families and to convince them for the students visit is the main difficulty faced by the ASHA workers. Convince the families regarding student's frequent visits. Cultural and social barriers, language and hesitation to disclose some information like monthly income. Workload and time pressure as ASHA workers are already occupied in many fields works and data maintenance

#### *Difficulties reported by students*

#### *Barriers*

#### *Language*

One of the key barriers reported by students is difficulty in building rapport and communication with families. As most of the students belong to the elite families, during the first visit more than 40% students were not able to communicate confidently in the local language. They were more comfortable in subsequent visits.

#### *Climate*

It was very difficult for both faculties and students to do field visits during the summer season as temperature used to be very high in the months of April and May.

#### *Challenges*

#### *Rapport building and gaining trust of the families*

Out of 91 students, 45% said that in the first meeting their adopted family members were non cooperative and weren't interested in answering their questions properly. But in subsequent visits they became more friendly and welcoming.

#### *Availability of family members at home*

40% students said that they did not meet all the family members while visiting their home.

**Table 2: Feedback of students based on questions.**

Feedback question	% of no of students reported (n=91)
<b>Improved communication skill</b>	90
<b>Better understanding of rural set up</b>	96
<b>First time interacting with people in community</b>	52.4

#### *Following are some feedback from the students*

FAP visits are always pleasant for me. We were taken to Koproli. The travel time is approximately 1 hour, which turns out to be a good bonding time between us (classmates). Later we were divided into groups, each under one ASHA worker. Then we paired and visited the assigned families. The people there are very sweet and cooperative. Though there was a language barrier, we managed to interact with all the families. They told us about their house, their family and their living conditions. They told us about the waste management in their area. Overall, they were very nice and kind. (Roll no. 70)

Had a lot of interaction and exposure about the lifestyle of people in rural areas and about their health conditions. (Roll no. 96)

It was a great experience, like communicating with unknown people and overcoming barriers, experiencing village life and observing their lifestyles. (Roll no. 35)

During the 1<sup>st</sup> visit it was very challenging to gain trust of the allotted families and make them understand our motive behind the FAP but with the help of teachers and other batch mates it was doable. Over the next visits it was comparatively easier to talk to them. (Roll no. 19)

Everything was well planned by the teachers and the workers there. (Roll no. 61)

It's quite new to me but it was helpful to understand that people in villages are deprived of health knowledge and providing them with such is quite important. (Roll no 6)

It helped me gain confidence in attending patients and helped me develop patience and also helped me to increase my knowledge and helped me to let people get awareness about health conditions. (Roll no 51)

FAP in first year initially was like picnic but soon I understood the importance of it, after visiting rural hospitals and villages and meeting families allotted and the importance of community medicine. (Roll no 63).



**Figure 1: FAP visits by the students.**

## DISCUSSION

The family adoption program (FAP) has been introduced by the National Medical Council (NMC) to sensitise the MBBS students towards the health care 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, new illnesses in their adopted families, and create health awareness.<sup>4</sup>

But most of the institutes are facing difficulties in implementation of the FAP program in villages due to shortage of logistics and manpower. This study found shortage of manpower and logistics is the main difficulties. Yalamanchili et al study also concluded that the major challenges in implementation of FAP is lack of transport and logistics in government colleges and the faculty shortage in private colleges.<sup>5</sup> We also faced the same problem of shortage of faculty and transport issues. Shikha et al study found that challenges can pose in progresses of FAP across other phases, such as language

problem, allotment of problem families, existing social pathology in family, cultural taboos, etc.<sup>6</sup> Gowda et al study as well mentions lack of trust, communication issues, and students' inability to communicate effectively in local languages contributed significantly to incomplete data and hindered meaningful engagement with families.<sup>7</sup> Similarly, a cross-sectional study conducted by Das et al in Tripura observed that language difficulties and challenges in gaining families' trust and cooperation were among the top barriers faced by students during adoption visits.<sup>8</sup> Shas et al study concluded that in a snapshot evaluation across medical colleges in India, logistics were highlighted as a major hurdle, including transportation, equipment for health assessments, and coordination with local health infrastructure.<sup>9</sup> Raja study found that families are unresponsive, unavailable during field visits, or not understand the purpose of FAP, leading to poor follow-up and engagement.<sup>10</sup>

This study was conducted in one private medical college and results cannot be generalised to all private or government medical colleges.

## CONCLUSION

Although FAP is an important component of MBBS curriculum, there are many hurdles in its implementation which most of the colleges are facing. Lack of manpower, shortage of logistics, organising visits for hundreds of students, availability of transport and distance of village from the institute are major issues which should be addressed. On a positive note, FAP is helpful to Indian medical graduates in improving communication skill and understanding of rural set up and health care and bridging the gap between rural and urban health care systems.

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