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Original Research Article

Family adoption program as a teaching-learning tool perspectives from Vijayapura, North Karnataka, India: a cross-sectional study

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ABSTRACT

Background: The family adoption program (FAP) is an amazing initiative that seeks to give underprivileged families all-encompassing support so they can achieve sustainable livelihoods and improve their quality of life. FAP tackles issues like health literacy and lack of disease awareness because 65.5% of India's population lives in rural areas with limited access to healthcare. Through community participation, medical students get a firsthand look at the living circumstances of the patients they see in hospitals. Beginning in 2022, MBBS students are required to participate in the FAP by the National medical commission (NMC). At least five households must be assigned to each student. It is required of the students to build rapport, comprehend their health and associated factors.
Methods: The cross-sectional study required a sample size of 370 for estimating the expected prevalence with 4% absolute precision and 95% confidence level.
Results: Regarding the perception on FAP, when enquired if FAP has improved their understanding of patient's family dynamics, out of the 406 medical students, the majority 343 (84.5%) agreed. When asked if FAP had enhanced their communication skills with patients and their families, the majority 343 (84.5%) agreed.
Conclusions: Although FAP increased baseline data collection, healthcare use and experience learning, it's limited by logistical issues, underscoring the need for better community-based initiatives. Family Adoption Program should be streamlined to address the issues raised by medical students, family members, faculty members and administrators.

Keywords: Community medicine, Family adoption program, FAP, Medical education

INTRODUCTION

The NMC sixth meeting which took place in New Delhi on March 24th, 2022, included a detailed discussion of the new competency based medical education for the undergraduate course curriculum. The FAP is an amazing initiative that seeks to give underprivileged families all-encompassing support so they can achieve sustainable livelihoods and improve their quality of life. Building independent families that may escape poverty and assimilate into society at large is the foundation of FAPs vision.[1] Through community participation, medical students get a firsthand look at the living circumstances of the patients they see in hospitals. Additionally, the students comprehend how different health variables affect real world patients. The community that the institution has embraced and the medical students themselves both gain from the community medicine speciality.[2] Beginning in 2022, MBBS students are required to participate in the FAP by the NMC. At least five households must be assigned to each student. It is required of the students to build rapport, comprehend their health and associated factors and contribute to bettering the family's and the community's healthcare. Thus, it is anticipated to contribute to the attainment of universal health coverage.[2] From the first to the third professional years, FAP is included in the Community Medicine curriculum. It entails adopting families from underprivileged or rural areas that are not served by primary health centers (PHCs). FAP tackles issues like health literacy and lack

of disease awareness because 65.5% of India's population lives in rural areas with limited access to healthcare (2020 Figures). It promotes a community-oriented approach by improving healthcare accessibility for impoverished families and offering healthcare professionals community-based training.[3]

Through yearlong community-based placements and longitudinal integrated clerkships (LICs), students from Australia and Canada obtain outstanding clinical reasoning and management abilities as well as strong communication skills, which they referred to as "meaningful personal learning experiences". However, putting this FAP into practice in India is difficult. Each medical college at the RHTC must have enough infrastructure, including funding, human resources, vehicle support and decent lodging. In order to conduct student and internship training programs and drawn in patients for curative services in the hospitals and well known. Well established private medical colleges constructed their rural infrastructure either independently or in partnership with government settings.[4]

However, the majority of government medical colleges are in a weak position and will have to rely entirely on the district health infrastructure because they lack the human resources necessary to operate the FAP in rural areas. One medical college with 250 students must choose at least 750 houses annually. Which is an enormous undertaking. Without incentives it will be difficult to motivate ASHA workers at the grassroot level to participate in FAP activities because they are already overworked with daily tasks. The majority of medical colleges lack medical social workers in their departments, who might serve as the primary point of contact for all collaborations with Village Health Sanitation and Nutrition Committees and Gram Panchayats.[4]

The lived experiences of the families who take part in FAP have received little scholarly attention, despite its widespread use in Indian medical institutions. Families are active stakeholders whose opinions offer vital insights into the program's applicability, efficacy and sustainability, hence imperative to comprehend their viewpoints.[5] Teams of medical students are formed and a facilitator is assigned to each team. Along with the facilitator, medical students visit these households and monitor their health. In their logbooks, undergraduates personally engage with members of the community and document and keep track of all health-related information, including family demographics (number, age, gender, literacy rate, nutritional status, immunization status, fertility profile, details of antenatal cases if encountered, physical environment of family and important events of adopted family members).[6]

Although FAP increased baseline data collection, healthcare use and experience learning, it's limited by logistical issues, underscoring the need for better community-based initiatives.[7] It might be challenging for medical students to participate in family adoption programs, but they can benefit from a supportive environment, the right resources and mentorship. By addressing these concerns, medical schools can inspire a future generation of healthcare professionals who are more engaged and compassionate.[8] Students will have a deeper comprehension of community health and sociodemographic determinants of health, which are in charge of health-related outcomes.[9]

METHODS

Study place

This study was conducted among medical students in BLDE (DU) Shri B M Patil Medical College and Research Centre, Vijayapura, a tertiary health care facility in North Karnataka, India.

Study duration

The study was conducted for a period of 2 months from August 2025 to September 2025.

Study design and participants

A cross-sectional study was done among medical students. Sample Size were calculated assuming that Proportion students think FAP is good academic activity were 81.1%. The study required a sample size of 370 for estimating the expected prevalence with 4% absolute precision and 95% confidence level.

Formula:

$n=(Z_{(\alpha/2)}\ ^2\ P\ (1-P))/d^2$

Where,

P is the expected population proportion=0.81

d is the margin of error (absolute difference between sample proportion and population proportion) =0.04

$Z_{(\alpha/2)}$ is Z value corresponding to the desired confidence level (e.g., 1.96 for 95% confidence) =1.96

Inclusion criteria

Medical students who were willing to participate in this study and gave written informed consent were recruited as part of this study.

The students must have participated in FAP activities.

Exclusion criteria

Those medical students who were absent on the day of data collection were excluded.

Data collection

Data collection was done by circulating google forms in the students' groups and duly filled up forms were analyzed. Standardized questionnaires were used in this study.

Data analysis

Using data mean, standard deviation, median, percentage was calculated. Graphical results are presented using data, correlation was calculated and any categorical data present chi-square test can be done. All these analyses were done using SPSS software.

Ethical clearance

Institutional ethical clearance was obtained from BLDE (DU) Shri B M Patil Medical College Hospital Vijayapura IEC Number BLDE (DU)/IEC-SBMPMC/365/2025-26.

RESULTS

The sociodemographic profile of the study participants reveals that there were 406 participants in total. The sample size was 370 medical students. A gender-based assessment revealed that 182 (44.8%) were males and 224 (56.2%) were females. A total of 316 (77.8%) participants hailed from urban areas while 90 (22.2%) were from rural areas. A total of 207 (51%) medical students were in their 1st MBBS, while 51 (12.6%) were in 2nd MBBS and 148 (36.5%) were in 3rd MBBS. Students belonged to the age group 17 years to 26 years old, mean of 19.93 years with standard deviation 1.305 (Table 1). Regarding the perception on FAP, when enquired if FAP has improved their understanding of patient's family dynamics, out of the 406 medical students, the majority 343 (84.5%) agreed, while 4 (1%) disagreed and 59 (14.5%) were neutral. When asked if FAP had enhanced their communication skills with patients and their families, the majority 343 (84.5%) agreed, while 2 (0.5%) disagreed and 61 (15%) chose to be neutral. The respondents when enquired as to, if FAP had increased their empathy towards patients and their families, 336 (82.8%) agreed, while 2 (0.5%) disagreed, while 68 (16.7%) choose to be neutral.

FAP had provided the respondents with practical skills applicable to their medical practice, 301 (74.1%) agreed, while 4 (1%) disagreed and 101 (24.9%) were neutral. FAP had improved their ability to collaborate with other healthcare professionals, this statement was agreed by 295 (72.7%), while 6 (1.5%) disagreed and 105 (25.9%) were neutral. FAP had facilitated their personal growth and self-awareness, this statement was agreed to by the majority 316 (77.8%), disagreed by 5 (1.2%) and 85 (20.9%) choose to have a neutral opinion.

FAP had positively influenced the academic performance of students, this statement was agreed to by 261 (64.3%), 12 (3%) disagreed and 133 (32.8%) neutral. The majority of medical students 311 (76.6%) were of the opinion that FAP had improved their overall satisfaction with medical education, 7 (1.7%) disagreed and 88 (21.7%) were neutral. 345 (85%) agreed that they would recommend FAP to other medical students, while 4 (1%) disagreed and 57 (14%) stayed neutral (Table 2).

The association between Gender and FAP questions was statistically significant with regards to the question, FAP has provided me with practical skills applicable to my medical practice; chi-square 6.462 and p value 0.040 (Table 3). There was no association between FAP questions and Urban or Rural residence of the medical students, (Table 4). As mentioned in (Table 5), there was various FAP questions which was statistically significant with regards to the year of medical study.

Table 1: Sociodemographic profile of FAP study participants (n=406).

Sociodemographic profile		Number	%
Gender	Male	182	44.8
	Female	224	55.2
	Total	406	100
Urban or rural background	Rural	90	22.2
	Urban	316	77.8
Batch	2023 (3rd MBBS)	148	36.5
	2024 (2nd MBBS)	51	12.6
	2025 (1st MBBS)	207	51.0
	Total	406	100

Table 2: Perception on FAP.

Questions	Opinion	Frequency	%
FAP has improved my understanding of patient-family dynamics	Agree	343	84.5
	Disagree	4	1.0
	Neutral	59	14.5

Continued.

Questions	Opinion	Frequency	%
	Total	406	100.0
FAP has enhanced my communication skills with patients and their families	Agree	343	84.5
	Disagree	2	.5
	Neutral	61	15.0
FAP has helped me manage stress related to patient care and medical training	Agree	270	66.5
	Disagree	10	2.5
	Neutral	126	31.0
FAP has increased my empathy toward patients and their families	Agree	336	82.8
	Disagree	2	.5
	Neutral	68	16.7
FAP has provided me with practical skills applicable to my medical practice	Agree	301	74.1
	Disagree	4	1.0
	Neutral	101	24.9
FAP has improved my ability to collaborate with other healthcare professionals	Agree	295	72.7
	Disagree	6	1.5
	Neutral	105	25.9
FAP has facilitated my personal growth and self-awareness	Agree	316	77.8
	Disagree	5	1.2
	Neutral	85	20.9
FAP has positively influenced my academic performance	Agree	261	64.3
	Disagree	12	3.0
	Neutral	133	32.8
FAP has improved my overall satisfaction with medical education	Agree	311	76.6
	Disagree	7	1.7
	Neutral	88	21.7
I would recommend FAP to other medical students.	Agree	345	85.0
	Disagree	4	1.0
	Neutral	57	14.0

Table 3: Association between gender and FAP questions.

Association between Gender and FAP questions (n=406)						
Questions		**Female**	**Male**	**Total**	**Chi-square**	**P value**
FAP has improved my understanding of patient-family dynamics	Agree	192 (56)	151 (44)	343 (100)	0.579	0.749
	Disagree	2 (50)	2 (50)	4 (100)		
	Neutral	30 (50.8)	29 (49.2)	59 (100)		
	Total	224 (55.2)	182 (44.8)	406 (100)		
FAP has enhanced my communication skills with patients and their families	Agree	194 (56.6)	149 (43.4)	343 (100)	1.725	0.422
	Disagree	1 (50)	1 (50)	2 (100)		
	Neutral	29 (47.5)	32 (52.5)	61 (100)		
	Total	224 (55.2)	182 (44.8)	406 (100)		
FAP has helped me manage stress related to patient care and medical training	Agree	152 (56.3)	118 (43.7)	270 (100)	1.682	0.431
	Disagree	7 (70)	3 (30)	10 (100)		
	Neutral	65 (51.6)	61 (48.4)	126 (100)		
	Total	224 (55.2)	182 (44.8)	406 (100)		
FAP has increased my empathy toward patients and their families	Agree	192 (57.1)	144 (42.9)	336 (100)	4.799	0.091
	Disagree	0 (0)	2 (100)	2 (100)		
	Neutral	32 (47.1)	36 (52.9)	68 (100)		
	Total	224 (55.2)	182 (44.8)	406 (100)		
FAP has provided me with practical skills applicable to my medical practice	Agree	173 (57.5)	128 (42.5)	301 (100)	6.462	0.040*
	Disagree	0 (0)	4 (100)	4 (100)		
	Neutral	51 (50.5)	50 (49.5)	101 (100)		
	Total	224 (55.2)	182 (44.8)	406 (100)		
FAP has improved my ability to	Agree	162 (54.5)	133 (45.1)	295 (100)		

Continued.

Association between Gender and FAP questions (n=406)						
collaborate with other healthcare professionals	Disagree	2 (33.3)	4 (66.7)	6 (100)	1.330	0.514
	Neutral	60 (57.1)	45 (42.9)	105 (100)		
	Total	224 (55.2)	182 (44.8)	406 (100)		
FAP has facilitated my personal growth and self-awareness	Agree	173 (54.7)	143 (45.3)	316 (100)		
	Disagree	4 (80)	1 (20)	5 (100)		
	Neutral	47 (55.3)	38 (44.7)	85 (100)	1.270	0.530
	Total	224 (55.2)	182 (44.8)	406 (100)		
FAP has positively influenced my academic performance	Agree	149 (57.1)	112 (42.9)	261 (100)		
	Disagree	4 (33.3)	8 (66.7)	12 (100)		
	Neutral	71 (53.4)	62 (46.6)	133 (100)	2.873	0.238
	Total	224 (55.2)	182 (44.8)	406 (100)		
FAP has improved my overall satisfaction with medical education	Agree	174 (55.9)	137 (44.1)	311 (100)		
	Disagree	3 (42.9)	4 (57.1)	7 (100)		
	Neutral	47 (53.4)	41 (46.6)	88 (100)	0.616	0.735
	Total	224 (55.2)	182 (44.8)	406 (100)		
I would recommend FAP to other medical students.	Agree	194 (56.2)	151 (43.8)	345 (100)		
	Disagree	1 (25)	3 (75)	4 (100)		
	Neutral	29 (50.9)	28 (49.1)	57 (100)	2.054	0.358
	Total	224 (55.2)	182 (44.8)	406 (100)		

* - p value<0.05 is statistically significant.

Table 4: Association between FAP questions and urban or rural residence.

Association						
Question		**Rural**	**Urban**	**Total**	**Chi square**	**P value**
FAP has improved my understanding of patient-family dynamics	Agree	75 (21.9)	268 (78.1)	343 (100)		
	Disagree	1 (25)	3 (75)	4 (100)		
	Neutral	14 (23.7)	45 (76.3)	59 (100)	0.120	0.942
	Total	90 (22.2)	316 (77.8)	406 (100)		
FAP has enhanced my communication skills with patients and their families	Agree	75 (21.9)	268 (78.1)	343 (100)		
	Disagree	0 (0)	2 (100)	2 (100)		
	Neutral	15 (24.6)	46 (75.4)	61 (100)	0.795	0.672
	Total	90 (22.2)	316 (77.8)	406 (100)		
FAP has helped me manage stress related to patient care and medical training	Agree	61 (22.6)	209 (77.4)	270 (100)		
	Disagree	3 (30)	7 (70)	10 (100)		
	Neutral	26 (20.6)	100 (79.4)	126 (100)	0.555	0.758
	Total	90 (22.2)	316 (77.8)	406 (100)		
FAP has increased my empathy toward patients and their families	Agree	72 (21.4)	264 (78.6)	336 (100)		
	Disagree	0 (0)	2 (100)	2 (100)		
	Neutral	18 (26.5)	50 (73.5)	68 (100)	1.406	0.495
	Total	90 (22.2)	316 (77.8)	406 (100)		
FAP has provided me with practical skills applicable to my medical practice	Agree	63 (20.9)	238 (79.1)	301 (100)		
	Disagree	2 (50)	2 (50)	4 (100)		
	Neutral	25 (24.8)	76 (75.2)	101 (100)	2.454	0/293
	Total	90 (22.2)	316 (77.8)	406 (100)		
FAP has improved my ability to collaborate with other healthcare professionals	Agree	67 (22.7)	228 (77.3)	295 (100)		
	Disagree	2 (33.3)	4 (66.7)	6 (100)		
	Neutral	21 (20)	84 (80)	105 (100)	0.770	0.680
	Total	90 (22.2)	316 (77.8)	406 (100)		
FAP has facilitated my personal growth and self-awareness	Agree	72 (22.8)	244 (77.2)	316 (100)		
	Disagree	1 (20)	4 (80)	5 (100)		
	Neutral	17 (22.2)	68 (77.8)	85 (100)	0.315	0.854
	Total	90 (22.2)	316 (77.8)	406 (100)		
FAP has positively influenced my academic performance	Agree	58	203	261		
	Disagree	5	7	12	2.914	0.233

Continued.

Association						
	Neutral	27	106	133		
	Total	90	316	406		
FAP has improved my overall satisfaction with medical education	Agree	70 (22.5)	241 (77.5)	311 (100)		
	Disagree	2 (28.6)	5 (71.4)	7 (100)		
	Neutral	18 (20.5)	70 (79.5)	88 (100)	0.337	0.845
	Total	90 (22.2)	316 (77.8)	406 (100)		
I would recommend FAP to other medical students.	Agree	77 (22.3)	268 (77.7)	345 (100)		
	Disagree	2 (50)	2 (50)	4 (100)		
	Neutral	11 (19.3)	46 (80.7)	57 (100)	2.072	0.355
	Total	90 (22.2)	316 (77.8)	406 (100)		

* - p value<0.05 is statistically significant.

Table 5: Association between FAP questions and year of medical study.

Association							
Question		**1st Year**	**2nd Year**	**3rd Year**	**Total**	**Chi-square**	**P value**
FAP has improved my understanding of patient-family dynamics	Agree	115 (33.5)	46 (13.4)	182 (53.1)	343 (100)		
	Disagree	2 (50)	1 (25)	1 (25)	4 (100)		
	Neutral	31 (52.5)	4 (6.8)	24 (40.7)	59 (100)	9.505	0.050*
	Total	148 (36.5)	51 (12.6)	207 (51)	406 (100)		
FAP has enhanced my communication skills with patients and their families	Agree	118 (34.4)	44 (12.8)	181 (52.8)	343 (100)		
	Disagree	1 (50)	1 (50)	0 (0)	2 (100)		
	Neutral	29 (47.5)	6 (9.8)	26 (42.6)	61 (100)	7.236	0.124
	Total	148 (36.5)	51 (12.6)	207 (51)	406 (100)		
FAP has helped me manage stress related to patient care and medical training	Agree	100 (37)	30 (11.1)	140 (51.9)	270 (100)		
	Disagree	3 (30)	2 (20)	5 (50)	10 (100)		
	Neutral	45 (35.7)	19 (15.1)	62 (49.2)	126 (100)	1.807	0.771
	Total	148 (36.5)	51 (12.6)	207 (51)	406 (100)		
FAP has increased my empathy toward patients and their families	Agree	114 (33.9)	49 (14.6)	173 (51.5)	336 (100)		
	Disagree	0 (0)	1 (50)	1 (50)	2 (100)		
	Neutral	34 (50)	1 (1.5)	33 (48.5)	68 (100)	14.821	0.005*
	Total	148 (36.5)	51 (12.6)	207 (51)	406 (100)		
FAP has provided me with practical skills applicable to my medical practice	Agree	99 (32.9)	41 (13.6)	161 (53.5)	301 (100)		
	Disagree	0 (0)	3 (75)	1 (25)	4 (100)		
	Neutral	49 (48.5)	7 (6.9)	45 (44.6)	101 (100)	23.489	0.000*
	Total	148 (36.5)	51 (12.6)	207 (51)	406 (100)		
FAP has improved my ability to collaborate with other healthcare professionals	Agree	107 (36.3)	42 (14.2)	146 (49.5)	295 (100)		
	Disagree	3 (50)	1 (16.7)	2 (33.3)	6 (100)		
	Neutral	38 (36.2)	8 (7.6)	59 (56.2)	105 (100)	4.142	0.387
	Total	148 (36.5)	51 (12.6)	207 (51)	406 (100)		
FAP has facilitated my personal growth and self-awareness	Agree	109 (34.5)	39 (12.3)	168 (53.2)	316 (100)		
	Disagree	2 (40)	2 (40)	1 (20)	5 (100)		
	Neutral	37 (43.5)	10 (11.8)	38 (44.7)	85 (100)	6.463	0.167
	Total	148 (36.5)	51 (12.6)	207 (51)	406 (100)		
FAP has positively influenced my academic performance	Agree	97 (37.2)	31 (11.9)	133 (51)	261 (100)		
	Disagree	4 (33.3)	4 (33.3)	4 (33.3)	12 (100)		
	Neutral	47 (35.3)	16 (12)	70 (52.6)	133 (100)	5.167	0.271
	Total	148 (36.5)	51 (12.6)	207 (51)	406 (100)		
FAP has improved my overall satisfaction with medical education	Agree	105 (33.8)	39 (12.5)	167 (53.7)	311 (100)		
	Disagree	3 (42.9)	2 (28.6)	2 (28.6)	7 (100)		
	Neutral	40 (45.5)	10 (11.4)	38 (43.2)	88 (100)	6.371	0.173
	Total	148 (36.5)	51 (12.6)	207 (51)	406 (100)		
I would recommend FAP to other medical students.	Agree	114 (33)	44 (12.8)	187 (54.2)	345 (100)		
	Disagree	0 (0)	2 (50)	2 (50)	4 (100)		
	Neutral	34 (59.6)	5 (8.8)	18 (31.6)	57 (100)	21.008	0.000*
	Total	148 (36.5)	51 (12.6)	207 (51)	406 (100)		

* - p value<0.05 is statistically significant.

DISCUSSION

In a study by Reshmi et al 150 (100%) of the participants thought that FAP was helpful and 103 (68.7%) of the participants showed good connection with adopted families. Counselling accounted for 89 (59.3%), health conversations for 72 (48%) and motivation for 49 (32.7%) of the support given for resolving family issues. The majority of participants, 136 (90.7%), thought FAP improved community understanding and 103 (68.7%) thought the procedure was helpful for learning. However, 32 (21,3%) thought that it was difficult yet rewarding for field exposure. The majority of participants evaluated ethical ideals, cooperation, social, commitment and accountability as key aspects, highlighting their significance in guaranteeing FAP's success.[10]

In a study by Shikha et al suggests that early community exposure and leadership abilities were seen as strengths, whereas adopting distant families and assigning a sufficient number of slots in the curriculum were seen as limitations. In a similar vein, FAP has a chance to accomplish the overarching objective of health for all by identifying, monitoring and handling different socio-clinical conditions in the adopted families. However, a few obstacles may arise as it moves through later stages, including linguistic difficulties, the distribution of troubled families, social pathology already present in the family, cultural taboos, etc.[11]

A study by Anurag et al, opines that like any new endeavor, FAP presents medical colleges with a number of difficulties. The main obstacles were a lack of faculty and transportation. The management of human resources will encourage the stakeholders to continue this program more successfully. Planning is crucial for community involvement and family allocation under FAP. There are some worrisome gaps in academic scheduling and logistical concerns and teachers and support personnel should be more dedicated to operational autonomy for medical institutions. When these families visit the hospital, the community medicine department should oversee gradual and ongoing changes in medical education for the general outpatient division. This approach is already effective in some prestigious institutions and it will be advantageous to involve other sectors that have a direct or indirect impact on community health.[1]

Another study from India, reveals the strengths, weaknesses, opportunities. And problems emerged as the four primary categories or topics. Increased knowledge of the fields of community medicine, beneficence to students and community are among its strengths. Weaknesses include challenges in the field with regard to program implementation, time and availability. Opportunities include FAP as a primary healthcare platform and early field exposure. Difficulties include adopting five households per student and competencies that are not in line with phase wise curriculum. Adopting and implementing the family adoption program as part of the MBBS curriculum is necessary since it has many advantages and opportunities, but also has drawbacks and difficulties that must be addressed.[12] In a study conducted by Baruah et al the majority of students (49, 44.30%), all faculty members (12, 100%) and community people strongly agreed that the policy decision to implement the FAP was right. According to the benefits listed, FAP offers a suitable early clinical exposure and enhances knowledge, psychomotor skills, attitudes and communication, attitude and behavioral skills, comprehension of social structures, community health status and family health seeking behavior. Choosing a location, getting family cooperation, communicating, organizing logistics and transportation, securing instructor support, managing pupils in the community and coordinating among faculty, staff and students were among the issues identified.[13]

Limitations

This study was conducted in one tertiary healthcare facility; generalizability cannot be guaranteed. Recall bias, selection bias may be present in this study. Further studies should be done in multiple medical colleges.

CONCLUSION

FAP should be streamlined to address the issues raised by medical students, family members, faculty members and administrators. Transportation issues, hot weather, heat waves, lack of toilet facilities, lack of drinking water provision plague the medical students attending FAP. Language barrier for students coming from different states is the real issue that prevents quality interaction between medical student and family members adopted from the community. Lack of motivation from the faculties and not really understanding the importance of FAP and treating this outing as a burden is what defeats the purpose of this program aimed at alleviating the health-related issuers of poor people in rural India.

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