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 setup various health programmes and facilities. Despite various efforts the access to health care is deficient at times for this majority of the population. [1] Factors like decreased awareness, difficulty in accessibility to healthcare facilities and services, increased indirect out of pocket expenses, shortage of skilled workforce and infrastructure deficiencies affect the delivery of quality of health care services in the rural community. On the other end of the spectrum, medical education in India is based predominantly on hospital environments and specialist services covering a narrow spectrum of health problems, especially those dependent on technology. [2]

National Medical commission (NMC) has introduced the Family Adoption Program (FAP) in the undergraduate curriculum to provide a learning opportunity towards community-based health care for Indian medical graduates. [3] The national medical commission has initiated the FAP in an attempt to produce medical graduates with a community health perspective, thereby ensuring that the services of medical professionals are accessible to all citizens. This would in turn facilitate the achievement of the national health goals. [4] The Family Adoption Program is a part of the curriculum of the Community Medicine subject and begins in the first professional year and remains throughout the course of the study. It aims to provide an experiential learning opportunity to Indian medical graduates towards community-based health care and thereby enhance equity in health. This programme caters to these young students to improve their communication skills, learn to analyse data, understand rural dynamics, identify diseases, and come up with ways to improve the standards of rural families. [5] The present study was undertaken to assess the impact of the family adoption program from the perspective of the students.

MATERIALS AND METHODS

This study was conducted in Department of Community Medicine, Government medical college, Pudukottai. The study was undertaken for a period of one month among first-year MBBS students (the 2021 batch). The college has an annual intake of 150 undergraduate medical students. The students were
initially oriented about the family adoption program by the mentors before visiting the villages. Then, on-site, the students interacted with their respective adopted families and collected family details with respect to NMC objectives. Ethical committee approval was obtained from the Institutional Ethical Review. After obtaining informed consent, the students were asked to give their feedback about this programme using a pre-designed, pre-tested, self-administered questionnaire. The purpose and confidentiality of the study were explained to the students before administering the questionnaire. The questionnaire included information about the socio-demographic profile of the family and questions oriented towards the goals set up by NMC, such as understanding rural dynamics, learning communication skills, identifying the health status or new illness of the adopted families, and creating health awareness among their adopted families. The data were entered and analyzed using Microsoft excel. Descriptive statistics were expressed in frequency and percentages. Microsoft Excel was used to generate graphs.

RESULTS

In this study, 150 responses were collected regarding the feedback of the Family Adoption Program, with the age group ranging from 18 to 26, with most falling below 20 years. 89 (59%) of them were male students, and remaining 61 (41%), were female students. Even though this programme (implemented via the Government Medical College, Pudukottai) reaches the rural community in Tamil Nadu, the students are not constrained to the state. In saying that, out of all the students, 15 were from neighboring state of Kerala while 10 students were from the Northern parts of India. All students felt that they had been adequately guided by the professors and village health nurses in understanding and implementing this programme. As seen in [Figure 1], out of the 150 students, 91 (39%) were not exposed to the rural setting and 84 (44%) had not interacted with the public before, making this programme an important tool in bridging the gap between future doctors and the rural community. Positively, 132 (88%) students felt that the families were cooperative, and 135 (91%) felt that they had gained enough trust from the family members. In the present study, 48 (32%) students identified new illnesses in their adopted families; 75 (50%) students cleared the doubts of their families regarding medical illnesses; 43 (29%) gave information about the availability of health services in the area, and 27 (18%) gave health advice to their respective families. Assessment of the effectiveness of this program showed that 75 (50%) students strongly agreed that the lives of the rural population will be improved, while 82 (55%) of them strongly agreed that this programme will help in creating more health awareness in the rural community, as presented in [Figure 2]. In our study we enquired about the benefits of this program for the students. We observed that 148 (99%) responded that this was a good experience on the field. The positive takeaways of the students ranged from learning communication skills to learning the dynamics of a rural setup, identifying illnesses and health status of various families, and learning about different health programs, as shown in [Figure 3]. In our study 102 (68%) students responded that this programme would help MBBS students become complete physicians with empathy and confidence in the future [Figure 2]. (5) On the other hand, the problems faced by the students in the field included communication barriers and difficulty in gaining the trust of few family members.

DISCUSSION

The Family Adoption Program (FAP) has been introduced by the National Medical Council (NMC) to sensitize the MBBS students towards the healthcare 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,
find new illnesses in their adopted families, and create health awareness.[6]

Approximately 40% of students have not exposed to a rural setting, and the other half have not interacted with a rural area before this first visit. Helping the students understand the dynamics of a rural setting further helps in improving the standards of health care facilities with their new ideas, which accordingly meet one of the essential objectives of the FAP as mentioned by NMC. Generally, rural populations lag behind urban populations in reaching healthcare facilities and need more attention relative to their size. Many students (50%) also strongly believe that the lives of the rural population would be enhanced, and others (55%) believe that more people would be aware of health facilities in the rural community because of this programme.

Yalamanchili et al.[7] in their study have reported that FAP provides the young medicos with a better understanding of the patients' living situations and helps the students gain infield experience. In their study they have reported the common difficulties they faced in the FAP was logistical difficulties like unavailability of transport especially in government run institutions, while in private institutions the common problem faced was decreased faculty availability. In our study we did not encounter these issues due to the availability of institutional transport and faculty availability.

In our present study the greatest challenge we encountered was communication barriers and difficulty in gaining the trust of the family members.[8] Studies conducted by Dongre et al,[9] have also reported that the common constraints in the implementation of field programs are the cooperation from the public and the effect of such programs on the academic schedule of the students. Tripathi et al.[10] have addressed this fact by suggesting spending time in the field and interacting with the local population. Various institutions have already functional community programs were they have expressed concerns regarding logistics and career growth. Studies have shown that patients have decreased satisfaction from rural health center this issue can be addressed by the family adoption program.[11-14]

CONCLUSION

It could be summed up that the students strongly feel that this family adoption programme would not only help in making healthcare more accessible to the rural population but also result in creating a generation of doctors well aware of the plights of the rural population. They have also expressed that this who would improve healthcare and enable them to be leaders for the community.

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