Perception of Undergraduate Medical Students on Family Adoption Programme in a tertiary care hospital: A cross-sectional study

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Abstract

Background: The Family Adoption Programme (FAP), introduced by the National Medical Commission under the Competency-Based Medical Education curriculum, aims to provide undergraduate medical students with community-based learning experiences and strengthen their understanding of family health, communication skills, social accountability, and social determinants of health. Aim of the study to assess undergraduate medical students' perceptions and experiences regarding FAP, compare selected FAP outcomes across MBBS batches, and identify factors independently associated with students' perceived ability to bring positive changes in adopted families. **Materials and Methods:** A cross-sectional study was conducted among 253 MBBS students posted in the Department of Community Medicine at Rohilkhand Medical College and Hospital, Bareilly, Uttar Pradesh. Data were collected using a pre-tested and validated semi-structured questionnaire administered through Google Forms. Quantitative data were summarized as frequencies and percentages, while qualitative responses were analyzed thematically. Multivariable binary logistic regression was performed to identify factors independently associated with students' perceived ability to bring positive changes in adopted families, and adjusted odds ratios (AORs) with 95% confidence intervals (CIs) were calculated. **Results:** Of the 253 participants, 99.2% were aware of FAP, 91.7% participated in programme-related activities, 98.0% provided health education to adopted families, and 92.5% perceived that families benefited from the programme. Overall, 218 (86.2%) students reported that they could bring positive changes in their adopted families. In multivariable analysis, compared with the 2021 batch, students from the 2022 batch had significantly lower adjusted odds of reporting this favourable outcome (AOR=0.10; 95% CI: 0.01-0.76; p=0.026), whereas the association for the 2023 batch was not statistically significant (AOR=0.28; 95% CI: 0.03-2.43; p=0.247). Higher perceived importance of FAP for medical students was independently associated with greater odds of reporting a favourable outcome (AOR=1.88; 95% CI: 1.32-2.69; p<0.001). Qualitative feedback highlighted the need for improved orientation, increased faculty supervision, better logistical support, and more frequent family interactions. **Conclusion:** FAP was well accepted by undergraduate medical students, with high levels of awareness, participation, and perceived benefit. Students' perceived ability to bring positive changes in adopted families was independently associated with MBBS batch and perceived importance of the programme. Strengthening structured orientation, faculty supervision, and regular family interactions may further enhance the educational value and community engagement of FAP.

Keywords: Family Adoption Programme; Undergraduate Medical Students; Community-Based Medical Education; Competency-Based Medical Education; Community Engagement; Student Perception; Social Accountability; Medical Education.

Introduction

In 2021, the National Medical Commission (NMC) established the Family Adoption Program (FAP) as part of the Community Medicine Curriculum to assist future medical professionals in becoming physicians of first contact by teaching them basic health services, health education, and communication skills, as well as educating them about community health needs.[1]

In India, hospital settings and specialized services that address a limited range of health issues are the mainstays of medical education, with a particular emphasis on technology. Medical education requires a major shift in perspective so that students may see individuals in their social circumstances more holistically rather than just as components of a biological system.[2]

Medical students gain an understanding of the public's living situations and how they affect their health through community engagement in their education. The community medicine department uses family health research and field practice to

achieve this. All undergraduate medical students are now required to participate in the FAP, which presents both opportunities and problems. The FAP seeks to give Indian medical graduates a hands-on learning experience in community-based healthcare and, consequently, health justice. The FAP has the potential to elevate undergraduate medical education to new heights, paving the way for a healthier and more empowered nation.[3]

This research paper explores the perceptions of medical students towards family adoption program, focusing on their attitudes, knowledge and potential involvement in promoting such initiatives. Considering the vital role healthcare professionals play in advocating for adoption and child welfare, understanding medical students' perceptions can provide insights into future educational needs and policy advocacy.

Aim and objectives

Aim: To study the perception of undergraduate medical Students on Family Adoption Programme in a tertiary care hospital

Objectives:

1. To evaluate the level of awareness and understanding of family adoption programs among undergraduate students
2. To explore the attitudes and beliefs of undergraduates towards family adoption and the factors influencing these perceptions.
3. To compare FAP outcomes among different MBBS batches and determine the independent association of MBBS batch and other relevant factors with favorable FAP outcomes using logistic regression analysis.

Material and Methods

Study Setting and Design: A cross-sectional study was conducted in the Department of Community Medicine, Rohilkhand Medical College and Hospital, Bareilly, Uttar Pradesh. As part of the Family Adoption Programme, MBBS students were allotted families in rural field practice areas. Prior to field visits, students received orientation from faculty members regarding the objectives of the programme, family assessment, community interaction, and data collection procedures.

Study Participants: All eligible MBBS students of Phase I, Phase II, and Phase III who were posted in the Department of Community Medicine during the period from February to April 2025 were invited to participate in the study through a Google Form. Participation was voluntary. Students who completed and submitted the questionnaire during the study period were included in the study. A total of 253 students provided complete responses and were included in the final analysis; thus, the final sample size comprised 253 respondents.

Data Collection: Data were collected using a semi-structured questionnaire developed after reviewing relevant literature and the objectives of the FAP. The questionnaire included items assessing students' awareness, experiences, perceptions, and suggestions regarding the programme. Content validity was assessed by subject experts from the Department of Community Medicine, who reviewed the questionnaire for relevance, clarity, and comprehensiveness. Necessary modifications were made based on their suggestions.

Statistical Analysis: The collected data were entered into Microsoft Excel and analyzed using the Statistical Package for the Social Sciences (SPSS), version 23.0. Descriptive statistics were used to summarize the study variables and were expressed as frequencies and percentages. Binary logistic regression analysis was performed to identify factors associated with students' perceived ability to bring positive changes in their adopted families. The outcome variable was dichotomized as Yes (favourable outcome = 1) and all other responses (non-favourable outcome = 0). Crude odds ratios (ORs) and adjusted odds ratios (AORs) with 95% confidence intervals (CIs) were calculated. The 2021 MBBS batch was considered the reference category for batch-wise comparison. A p-value <0.05 was considered statistically significant.

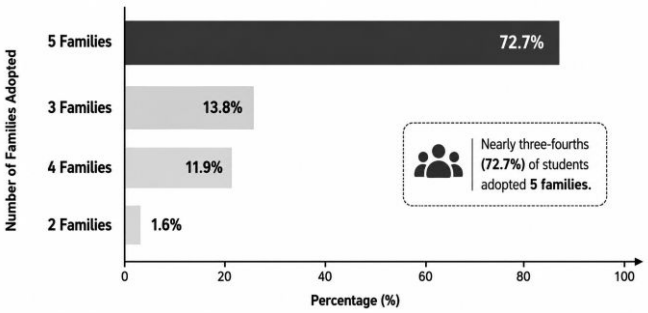
Ethical Considerations: Institutional Ethics Committee approval was obtained with letter no IEC/RMCH/04/2025/JAN, prior to the commencement of the study. Participation was voluntary, and informed consent was obtained electronically from all participants.

Results

A total of 253 respondents participated in the evaluation of the FAP. The collected data highlights the distribution of family allocations, participant awareness, operational feedback, perceived importance, appealing programmatic aspects, and structural preferences regarding curriculum implementation.

Out of the 253 participants surveyed, the majority had adopted 5 families under the programme (n = 184, 72.7%). This was followed by 35 participants (13.8%) who adopted 3 families, and 30 participants (11.9%) who adopted 4 families. Only a small minority (n = 4, 1.6%) reported adopting 2 families. [Figure 1]

Figure1: Distribution of study participants by number of adopted families



Participant awareness regarding FAP was near universal, with 99.2% (n = 251) of respondents indicating awareness. Regarding operational data collection, 59.7% (n = 151) completed data collection on their first visit, which notably increased to 93.3% (n = 236) by the subsequent visit. [Table1]

In terms of programmatic impact, 92.5% (n = 234) of participants believed that the families benefited from the program, and 91.7% (n = 232) actively participated in FAP activities. Furthermore, 98.0% (n = 248) of the respondents successfully provided health education to their adopted families, and 86.2% (n = 218) felt confident in their ability to bring about positive changes within the family unit. [Table 1]

Table 1: Survey Responses on Awareness, Operations, and Impact (N = 253)

Survey Question	Yes n (%)	No n (%)
Awareness of FAP	251 (99.2%)	2 (0.8%)
Data completion on 1st visit	151 (59.7%)	102 (40.3%)
Data completion on next visit	236 (93.3%)	17 (6.7%)
Belief that families benefit	234 (92.5%)	19 (7.5%)
Participation in FAP activities	232 (91.7%)	21 (8.3%)
Provided health education	248 (98.0%)	5 (2.0%)
Ability to bring family changes	218 (86.2%)	35 (13.8%)

The perceived value of the FAP was measured on a Likert scale from 1 (lowest importance) to 5 (highest importance). The programme was highly rated for both medical students and society at large. [Table 2]

For medical students, 47.4% (n = 120) rated the program's importance at the highest level (Score 5), and 29.6% (n = 75) rated it as a 4. Similarly, for its value to society, 45.1% (n = 114) assigned a score of 5, while 27.3% (n = 69) assigned a score of 4. [Table 2]

Table 2: Perceived Importance of FAP on a Scale of 1 to 5 (N =253)

Likert Score	Importance for Medical Students(%)	Importance for Society n (%)
5 (Highest)	120 (47.4%)	114 (45.1%)
4	75 (29.6%)	69 (27.3%)
3	40 (15.8%)	54 (21.3%)
2	12 (4.7%)	13 (5.1%)
1 (Lowest)	6 (2.4%)	3 (1.2%)

Regarding the most appealing aspects of the Family Adoption Programme, community engagement was most frequently reported (37.5%), followed by support for underprivileged families (34.0%) and enhancement of social responsibility (23.7%). Only 4.8% identified providing a safe environment for children as the most appealing aspect. Regarding students' feelings toward their adopted families, the majority reported empathetic feelings (66.8%), followed by sympathy (20.6%). A smaller proportion reported no specific feeling (11.9%), while 0.8% reported other feelings.[Table 3]

Table 3. Appealing Aspects of FAP and Students' Feelings toward Adopted Families (N = 253)

Domain	Frequency (n)	Percentage (%)
Most appealing aspect of FAP		
Promoting community engagement	95	37.5
Support for underprivileged families	86	34.0
Enhancing social responsibility	60	23.7
Providing a safe environment for children	12	4.8
Feelings toward adopted family		
Empathetic	169	66.8
Sympathetic	52	20.6
No specific feeling	30	11.9
Other	2	0.8

Table 4: Preferred MBBS Year for FAP Implementation (N = 253)

Academic Year	Frequency (n)	Percentage (%)
1st Year	156	61.7
2nd Year	51	20.2
3rd Year	44	17.4
Missing/Un answered	2	0.8

Regarding the ideal timing for introducing the initiative, the majority of the participants (61.7%, n=156) preferred the 1st year of MBBS for the implementation of the family Adoption Programme. This was followed by 20.2% (n=51) who favored the 2nd year, and 17.4% (n=44) who believed it should be implemented in the 3rd year. [Table 4]

Table 5. Multivariable Binary Logistic Regression Analysis of Factors Associated with Perceived Ability to Bring Positive Changes in Adopted Families (N=253)

Predictor	Adjusted OR (95% CI)	p-value
MBBS Batch		
2021	Reference	-
2022	0.10 (0.01-0.76)	0.026
2023	0.28 (0.03-2.43)	0.247
Preliminary data completed on first visit: Yes vs No	1.77 (0.78-4.03)	0.174
Importance of FAP for medical students (per 1-point increase)	1.88 (1.32-2.69)	<0.001
Number of families adopted (per additional family)	1.13 (0.72-1.77)	0.606

AOR: Adjusted Odds Ratio; CI: Confidence Interval, Dependent variable: Perceived ability to bring positive changes in the adopted family (Yes=1; all other responses=0), Reference category:2021 MBBS batch.

p<0.05 was considered statistically significant.

Multivariable binary logistic regression was performed to identify factors independently associated with students' perceived ability to bring positive changes in their adopted families. After adjustment for completion of preliminary data during the first visit, perceived importance of FAP for medical students, and number of families adopted, MBBS batch remained significantly associated with the outcome.

Compared with the 2021 batch, students from the 2022 batch had significantly lower adjusted odds of reporting a favourable outcome (AOR=0.10; 95% CI: 0.01-0.76; p=0.026). In contrast, the association between the 2023 and 2021 batches was not statistically significant (AOR=0.28; 95% CI: 0.03-2.43; p=0.247).

A higher perceived importance of FAP for medical students was independently and positively associated with the perceived ability to bring positive changes in the adopted family. For every 1-point increase in the perceived importance score, the odds of reporting a favourable outcome increased significantly (AOR=1.88; 95% CI: 1.32-2.69; p<0.001).

Completion of preliminary data during the first visit was not significantly associated with the outcome (AOR=1.77; 95% CI: 0.78-4.03; p=0.174). Similarly, the number of families adopted was not independently associated with the perceived ability to bring positive changes (AOR=1.13; 95% CI: 0.72-1.77; p=0.606).

Overall, the findings indicate that MBBS batch and perceived importance of FAP were the key independent predictors of students' perceived ability to bring positive changes in their adopted families.[Table 5]

Table 6: Major Themes Identified from Suggestions for Improvement of FAP

Theme	Representative Suggestions
Student orientation and training	Better briefing, communication skills, understanding objectives
Increased visits	More frequent and longer family interactions
Medical equipment and medicines	BP apparatus, glucometer, thermometers, basic drugs
Faculty supervision	Teachers/doctors accompanying students
Standardized protocols	Checklists, questionnaires, visit guidelines
Better family allocation	Equitable and accessible family distribution
Community benefits	Free check-ups, medicines, health camps
Timing of implementation	Start in 2nd or 3rd MBBS year
No changes required	Programme satisfactory as currently implemented

The qualitative feedback suggests that while students generally appreciated the Family Adoption Programme, they perceived a need for stronger preparatory training, improved logistical support, provision of basic medical resources, and increased faculty involvement. These modifications may enhance both educational outcomes for students and health benefits for the adopted families. [Table 6]

Discussion

The present study assessed medical students' perceptions, participation, and experiences regarding the FAP. The findings indicate a high level of awareness, active engagement, and positive perceptions toward the programme, suggesting that FAP serves as an effective community-based educational strategy within medical training.

Almost all participants (99.2%) were aware of the Family Adoption Programme, reflecting successful dissemination and implementation of the initiative within the institution. High awareness is essential for ensuring meaningful participation and achieving the objectives of community-oriented medical education. Similar observations have been reported in studies evaluating community-based learning programmes, where early exposure to families and communities improved students' understanding of social determinants of health and primary healthcare delivery.

A substantial proportion of students (91.7%) actively participated in programme activities, and 98.0% reported providing health education to their adopted families. These findings demonstrate that the programme successfully facilitates student involvement in health promotion activities. Furthermore, 86.2% of respondents felt capable of bringing positive changes within the family unit, highlighting the programme's potential to enhance students' confidence, communication skills, and sense of social accountability. Such experiential learning opportunities are consistent with the goals of competency-based medical education, which emphasize community engagement and patient-centered care.

The progressive increase in data completion from 59.7% during the first visit to 93.3% during subsequent visits suggests that repeated interactions with families improve student familiarity, rapport building, and efficiency in data collection. This finding underscores the importance of longitudinal community exposure rather than isolated field visits.

Participants perceived the programme as highly important for both medical students and society. More than three-fourths of respondents rated its importance for medical students as 4 or 5 on a five-point scale, while nearly three-fourths assigned similar ratings for its societal value. These findings suggest that students recognize the dual benefits of the programme enhancing educational outcomes while simultaneously contributing to community welfare. Community-based educational interventions have previously been shown to

foster empathy, professional development, and awareness of healthcare needs among underserved populations.

Community engagement emerged as the most appealing aspect of the programme (37.5%), followed closely by support for underprivileged families (34.0%). These findings indicate that students value opportunities to interact directly with communities and contribute to social welfare. The predominance of empathetic feelings toward adopted families (66.8%) further demonstrates the programme's role in nurturing compassion and professional values among future physicians. Developing empathy during undergraduate medical training is particularly important, as it contributes to improved patient-doctor relationships and patient-centered healthcare delivery.

A majority of respondents preferred implementation of the programme during the first year of MBBS (61.7%). Early exposure to families and communities may help students understand healthcare realities from the beginning of their medical education, thereby strengthening the integration of theoretical knowledge with practical community experiences. This finding supports the current emphasis on early clinical and community exposure in competency-based medical education.

Overall, the findings suggest that the Family Adoption Programme is well accepted by students and serves as an effective platform for experiential learning, community engagement, health education, and professional development. The findings of the present study are comparable with those reported in previous literature on the Family Adoption Programme (FAP). Similarly, Vanikar and Kumar highlighted the potential of FAP to transform undergraduate medical education by strengthening community engagement and promoting socially accountable healthcare professionals.[3] In the present study, most participants recognized the educational value of FAP, supporting these observations. However, students also identified challenges related to inadequate orientation, limited resources, and insufficient guidance during field visits. Similar barriers, including logistical difficulties, faculty shortages, and challenges in gaining family trust, were reported by Yalamanchili et al. [4] Furthermore, many participants suggested increasing the frequency of visits and improving student-family interactions, which is consistent with the findings of Shree et al., where students reported that greater family engagement could enhance cooperation and programme effectiveness.[5] The need for communication skills training identified in the current study also aligns with the work of Davis and Bahuleyan, who emphasized the importance of communication competencies in delivering patient-centred care .[6] Similarly, Joyce et al. demonstrated that structured assessment and training using the Kalamazoo Essential Elements Communication Checklist significantly contribute to the development of interpersonal and communication skills among medical trainees.[7] In the present study, several participants reported difficulty in communicating with families and understanding how to conduct interviews effectively, highlighting the need for formal communication skills training before community postings. Conversely, Arumugam et al. emphasized that early exposure to community settings through FAP contributes significantly to the development of community-oriented attitudes among medical students from the beginning of their training.[8] Therefore, while the overall perception of FAP was positive, the suggestions offered by participants provide valuable directions for strengthening programme implementation through enhanced orientation, structured supervision, improved resource availability, and increased community engagement.

The multivariable logistic regression analysis provided further insight into factors independently associated with students' perceived ability to bring positive changes in their adopted families. After adjustment for relevant factors, students from the 2022 batch had significantly lower odds of reporting a favourable outcome compared with the 2021 batch (AOR = 0.10; 95% CI: 0.01-0.76; p = 0.026), whereas the difference between the 2023 and 2021 batches was not statistically significant (AOR = 0.28; 95% CI: 0.03-2.43; p = 0.247). These batch-wise differences may reflect variations in students' exposure, experience, and engagement with community-based activities; however, the wide confidence intervals warrant cautious interpretation. Importantly, higher perceived importance of FAP was independently associated with greater odds of students perceiving themselves capable of bringing positive changes in their adopted families (AOR = 1.88; 95% CI: 1.32-2.69; p < 0.001). This finding suggests that students who recognize greater educational value in FAP may also demonstrate greater confidence in their ability to contribute to family health. Similar positive perceptions have been reported by Ganganahalli et al., who observed that a large majority of medical students considered FAP beneficial for their personal and professional development and highlighted the importance of supportive engagement in facilitating participation.[9] However, given the cross-sectional nature of the present study and the use of a self-perceived outcome, these associations should not be interpreted as causal.

The qualitative feedback provided additional insight into the practical challenges and areas for improvement in the Family Adoption Programme. A prominent theme was the need for better orientation and training before family visits, particularly regarding programme objectives, communication with families, data collection, and community interaction. Similar findings were reported by Yalamanchili et al., who emphasized the importance of appropriate motivation, guidance, and supervision for successful implementation of FAP.[4] Ganganahalli et al. also identified orientation sessions and supportive faculty or mentors as important facilitators of students' participation in the programme.[9]

Students also suggested increasing the frequency and

duration of family visits to improve rapport and continuity of interaction with adopted families. Repeated community exposure may enable students to better understand family health needs and social determinants of health. Shree et al. reported challenges related to family cooperation, trust, language barriers, and incomplete data collection, highlighting the importance of sustained interaction and rapport building between students and adopted families.[5]

Another important theme was the need for greater faculty involvement and supervision during field visits. Students perceived that faculty guidance could improve their confidence, communication, and ability to conduct family assessments effectively. This is consistent with Yalamanchili et al., who reported that greater field involvement by faculty was considered desirable for effective implementation of FAP.[4] Similarly, Ganganahalli et al. found supportive faculty and mentors to be among the major facilitators of student participation in FAP.[9]

Participants also highlighted the need for basic medical equipment, medicines, standardized protocols, and better logistical support. These findings are comparable with those of Yalamanchili et al., who identified transport and logistical difficulties as major challenges in FAP implementation.[4] Recent qualitative evaluations of FAP have likewise identified training gaps and logistical constraints and emphasized the value of structured training, essential medical supplies, and clear operational protocols for strengthening programme implementation.

Overall, the qualitative findings indicate that although students perceived FAP positively, its effectiveness as a community-based learning experience may be enhanced through structured orientation, regular faculty supervision, repeated family interactions, adequate logistical support, and availability of basic resources. Addressing these implementation challenges may improve students' confidence and engagement while strengthening the relationship between medical students and adopted families.

Conclusion

The Family Adoption Programme was well accepted by undergraduate medical students, with high levels of awareness, participation, and perceived benefit. The programme provided meaningful opportunities for community engagement, health education, and interaction with adopted families. Multivariable analysis showed that students' perceived ability to bring positive changes in their adopted families was independently associated with MBBS batch and their perceived importance of FAP, highlighting the role of students' engagement and perception in programme outcomes.

Qualitative findings identified several areas requiring further strengthening, including structured orientation and communication skills training, regular faculty supervision, more frequent family visits, standardized guidelines, and adequate logistical and basic medical support. Incorporating these measures may enhance students' learning experiences and community engagement. Further longitudinal and multicentric studies incorporating objective family-level outcomes and feedback from adopted families are recommended to assess the long-term educational and community impact of FAP.

Recommendations

1. Provide structured orientation and communication skills training before initiating family visits.
2. Strengthen faculty supervision and ensure regular, structured interactions with adopted families.
3. Develop standardized visit guidelines and assessment tools for uniform implementation of FAP.
4. Provide essential logistical support, basic screening equipment, and health education materials during community visits.
5. Incorporate regular feedback from students, faculty, and adopted families for continuous improvement and periodic evaluation of the programme.

Strengths of the Study

- The study included 253 undergraduate medical students from different MBBS batches, enabling comparison of perceptions and experiences across batches.
- The study incorporated both quantitative findings and qualitative feedback, providing a broader understanding of students' experiences with the Family Adoption Programme.
- Multivariable binary logistic regression analysis was used to identify factors independently associated with students' perceived ability to bring positive changes in adopted families.
- The study evaluated multiple aspects of FAP, including awareness, participation, perceived benefits, community engagement, and implementation challenges.
- The findings provide practical insights that may help strengthen the planning, implementation, and evaluation of community-based medical education through FAP.
- Open-ended responses provided rich insights into practical implementation issues such as student training, resource availability, faculty support, and community engagement, which may not be captured through structured questionnaires alone.

Limitations of the Study

- The study was conducted in a single medical college, which may limit the generalizability of the findings to other institutions.
- As the study relied on self-reported responses, the

possibility of social desirability and response bias cannot be xcluded.

- The cross-sectional design limits the assessment of changes in perceptions over time.
- The study explored students' perceptions regarding programme implementation but did not assess the perspectives of adopted families or community members, which could provide a more comprehensive evaluation of programme effectiveness.
- Although qualitative suggestions were collected, in-depth interviews or focus group discussions were not conducted, which may have provided more detailed insights into participants' experiences and recommendations.

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