

## Family Adoption Programme: Perception and Feedback of Families- A Cross-Sectional Study

Vijay Sondarva<sup>1</sup>, Atulya Prasad<sup>2</sup>, Reeva Patel<sup>2</sup>, Sharan Pansuriya<sup>2</sup>, Richa Goyal<sup>2</sup>

<sup>1</sup>Senior Resident, Department of Community Medicine, Government Medical College, Bhavnagar, Gujarat, India

<sup>2</sup>3rd Year MBBS Student (Atulya Prasad, Reeva Patel, Sharan Pansuriya, Richa Goyal),

**Correspondence:** Vijay Sondarva. Email: vijaysondarva13@gmail.com

### Abstract:

**Introduction:** The Family Adoption Programme (FAP), introduced under the Competency-Based Medical Education curriculum of the National Medical Commission, links undergraduate medical education with community-based healthcare. Evidence from the perspective of adopted families remains limited. This study was conducted to assess the perception and feedback from adopted families regarding the family adoption programme.

**Methods:** A community based cross-sectional study was conducted in one village of Bhavnagar, Gujarat during May – June 2026. All adopted families available during the period of data collection of 7 days were approached and 103 families participated. One adult respondent from each family was interviewed at home using semi-structured questionnaire. Data were summarized using descriptive statistics. **Results:** Medical students were the primary source of information regarding FAP for 85.4% of the respondents. Most of the families (66%) perceived FAP primarily as a means of receiving free healthcare at home and it facilitates early disease detection (86.4%). Health education, blood pressure measurement, anthropometric assessment and information on government schemes were found to be the most expected services of families. Most of the respondents (96.1%) rated student's communication skills as good and 75.7% said students were confident. However, 90.3% families reported irregular follow-up by students. Help in healthcare assess and increasing the frequency of family visits were most frequently suggested improvements. **Conclusion:** The adopted families perceived FAP positively for early diseases detection and providing free healthcare and valued student's communication and knowledge skills. However, most families reported irregular follow up by students and requested support in navigating healthcare services.

**Keywords:** Family, Health Knowledge, Medical Education, Rural Population, Undergraduate

### Introduction:

The National Medical Commission (NMC) introduced the Family Adoption Programme (FAP) under the Competency-Based Medical Education (CBME) curriculum in 2022 with the objective of exposing undergraduate medical students to real-life community health problems while simultaneously strengthening preventive, promotive, and primary healthcare services at the household level. Under this programme, medical students adopt families residing in rural or underserved communities and periodically visit

them to assess health needs, provide health education, monitor chronic diseases, promote healthy behaviours, facilitate access to healthcare services, and develop long-term doctor patient relationships.<sup>1</sup>

The FAP has been modelled on successful community-oriented education programme of the Sewagram Model of the Mahatma Gandhi Institute of Medical Sciences (MGIMS), which has demonstrated that continuous interaction between students and families promotes mutual trust and facilitates early identification of health problems.<sup>2</sup>

|                                                                                     |                                                                                                  |                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Quick Response Code                                                                 | Access this article online                                                                       | How to cite this article :<br>Sondarva V, Prasad A, Patel R, Pansuriya S, Goyal R. Family Adoption Programme: Perception and Feedback of Families- A Cross-Sectional Study. Healthline. 2026;17(3). 271-275 |
|  | Website :<br><a href="http://www.healthlinejournal.org">www.healthlinejournal.org</a>            |                                                                                                                                                                                                             |
|                                                                                     | DOI :<br><a href="https://doi.org/10.51957/Healthline_877_2026">10.51957/Healthline_877_2026</a> |                                                                                                                                                                                                             |

Received : 02-08-2026

Accepted : 11-09-2026

Published : 15-10-2026

Previous studies evaluating the family adoption programme have primarily focused on students learning experiences, competency development, and faculty perspectives.<sup>36</sup> However, the ultimate beneficiaries of the programme are the adopted families, whose perceptions regarding the acceptability, usefulness, quality and effectiveness of the programme remain relatively underexplored. The success and sustainability of FAP also depends on the acceptance and active participation of the families and communities. Therefore, understanding families experiences is essential for identifying programme strengths, implementation gaps and opportunities for improvement.

The present study was therefore undertaken to assess the perception and feedback from adopted families regarding the family adoption programme.

### Methodology:

A community-based cross-sectional study was conducted to assess the perception and feedback regarding the family adoption programme (FAP) among adopted families in May-June 2026. This study was conducted in a village where families were adopted under FAP in 2023 by medical college of Bhavnagar, Gujarat. The study population comprised family members belonging to adopted families. There were total 213 adopted families in village. All the adopted families available during data collection period were included in study and data of 103 adopted families were collected in duration of 7 days by the investigators. One respondent from each family was interviewed. Preference was given to the head of the family whenever available; otherwise, another available adult family member was interviewed. Families which were unavailable during visits and unwilling to participate in study were excluded.

Data were collected using a pre-designed, semi-structured questionnaire developed to assess socio-demographic characteristics, awareness regarding the FAP, expectations from medical students, perceived benefits, communication experiences, confidence of students, suggestions for improvement and overall feedback. The questionnaire was pilot tested before the commencement of study and necessary modifications were made. Investigators conducted house-to-house visits for data collection and ensured confidentiality after obtaining informed verbal consent.

For this study, regular follow up was defined as contact with adopted families by student at least once every one or two months, either through a telephonic conversation or an in-person visit. The categories used to assess communication skills and confidence of students knowledge were based on Likert scale response options included in questionnaire. Regarding suggestions for improvement in FAP, suggestions were collected through an open-ended question, allowing respondents to express their views. The responses were subsequently reviewed and grouped into common categories.

Collected data were entered into Microsoft Excel and analysis was done. Descriptive statistics were used to summarize the findings. Ethical approval for the study was obtained from the Institutional Ethics Committee.

### Result

A total of 103 adopted families were included in study. One adult respondent represented each family. Among the respondents, 84 (81.6%) were female and 19 (18.4%) were male. Female respondents included 31 (30.1%) wives and 30 (29.1%) daughters-in-law of the head of the family; 29 (28.2%) respondents were heads of families, 7 (6.8%) were daughters, and 6 (5.8%) were sons. Regarding the education status of respondents, 75 (72.8%) had received formal schooling and rest were illiterate. Monthly family income was below Rs. 10,000 in 37 (35.9%) families, Rs. 10,000 - 25,000 in 46 (44.7%), and 25,000-50,000 in 10 (9.7%); 10 (9.7%) preferred not to disclose income.

Regarding awareness and perception, medical students were the main source of information about FAP for 88 (85.4%) respondents. Sixty-eight (66.0%) families perceived free healthcare at home as the primary purpose of FAP. (Table 1) Most of the families expected students to provide health education on nutrition and diet (52.9%) and prevention of diseases (49%). Majority of the families (67%) said that they trusted and followed the advice given by students during house visit.

When families were asked about their perception on effectiveness of FAP, 89 (86.4%) respondents said that FAP facilitates early disease detection, more than 90% considered it beneficial for strengthening of community health and expressed willingness for continuation with programme. However, only 9 (8.7%) reported newly

**Table 1. Awareness, perception and expectations of families regarding the family adoption programme (N = 103)**

| Variable                           | Response                                 | n (%)     |
|------------------------------------|------------------------------------------|-----------|
| Main source of information         | Medical students                         | 88 (85.4) |
|                                    | Accredited Social Health Activist (ASHA) | 4 (3.9)   |
|                                    | Anganwadi worker                         | 7 (6.8)   |
|                                    | Neighbours                               | 4 (3.9)   |
| Perceived primary purpose of FAP   | Free healthcare at home                  | 68 (66.0) |
|                                    | Student learning                         | 13 (12.6) |
|                                    | Hospital linkage                         | 7 (6.8)   |
|                                    | Not aware                                | 15 (14.6) |
| Expected activities from students* | Provide health education                 | 74 (72.0) |
|                                    | Blood pressure measurement               | 43 (41.7) |
|                                    | Anthropometry                            | 37 (35.9) |
|                                    | Information on government schemes        | 37 (35.9) |
|                                    | Asking about health problems             | 24 (23.3) |
|                                    | Give Treatment/medicines                 | 23 (22.3) |

\*Multiple responses allowed

(Note: The variable 'main source of information' is presented as an awareness-related programme exposure variable; it does not by itself establish whether respondents understood the formal NMC objectives of FAP. The categories of perceived primary purpose should therefore be interpreted as respondent's perceptions rather than as evidence of alignment with NMC-defined programme objectives.)

**Table 2. Family's feedback and suggestions for improving the family adoption programme (N = 103)**

| Variable                            | Response                  | n (%)     |
|-------------------------------------|---------------------------|-----------|
| Communication skills of students    | Good                      | 99 (96.1) |
|                                     | Poor                      | 4 (3.9)   |
| Confidence in students knowledge    | Very confident            | 78 (75.7) |
|                                     | Somewhat confident        | 16 (15.6) |
|                                     | Neutral                   | 4 (3.8)   |
|                                     | Not confident             | 5 (4.8)   |
| Regular follow-up by student        | Maintained                | 10 (9.7)  |
|                                     | Not Maintained            | 93 (90.3) |
| Assistance during hospital visits   | Received assistance       | 12 (11.6) |
|                                     | Needed but not received   | 22 (21.4) |
|                                     | Never required            | 69 (67.0) |
| Suggestions for improvement in FAP* | Help in healthcare access | 52 (50.5) |
|                                     | Increase visit frequency  | 44 (42.7) |
|                                     | More health education     | 42 (40.7) |
|                                     | No changes required       | 26 (25.3) |

\*Multiple responses allowed

detected conditions such as anaemia, hypertension or diabetes in family by FAP implementation. Seventy-eight (75.7%) respondents considered FAP to be a long-term sustainable programme.

Most of the families (96.1%) appreciated medical students communication skills and reported as good, also 75.7% said that the medical students seemed well trained and very confident in their knowledge. However, 90.3% families reported irregular follow-up by students because they were visiting families only once a year. Regarding suggestions for improvement in programme, 50.5% respondents suggested that they need help in accessing healthcare facilities, while increasing visit frequency (42.7%) and increasing health education (40.7%) were common suggestions. (Table 2)

When respondents were asked about the problems or inconvenience faced due students visits at their house. Eighty-six (83.5%) reported no problem. Nine (8.7%) reported that expectations from the visit were not met, 7 (6.8%) found the time of visit inconvenient, and 6 (5.8%) reported that students asked repetitive questions.

## Discussion

The present study evaluated the perception and feedback regarding the family adoption programme among adopted families in a rural village of Bhavnagar, Gujarat. Medical students were the main reported source of information for 85.4% of the respondents. This finding indicates that direct interaction between students and families remain the primary mechanism through which awareness regarding programme is generated. Majority of them perceived FAP as a source of free healthcare at home. A qualitative study conducted by Shree A, et al. (2026)<sup>7</sup> also reported that receiving medical guidance or referral and emotional support were the thematic perspectives as per adopted families. This suggests that rural families primarily value free healthcare at doorstep, health education and guidance because it is a direct and immediately useful benefit that they can apply to their daily lives. Because the questionnaire assessed perceived purpose rather than respondents actual knowledge on objectives of FAP implementation, these findings does not establish inadequate awareness of objectives of FAP among rural population.

Families primarily expected students to perform blood pressure measurement, anthropometric assessments and awareness regarding government health schemes. This finding suggests that rural families give more importance to basic health check-ups and are often interested in getting themselves examined at home, because to avail these services they have to visit health facility from their daily work.

Majority (86.4%) of the families believed that FAP contributes to early detection of diseases and over 90% believed that it strengthens the community health. These findings were consistent with the findings of Gupta P, et al (2025)<sup>8</sup>, in which around 94% of participating families considered FAP useful for early disease detection and improving community health. Basic health screening at home, health education, counselling and advices on referral are likely to contribute to these perceptions.

In present study, less than 10% of the respondent reported detection of illness in family underprogramme implementation. NMC has suggested the medical colleges to conduct diagnostic medical camp in the village where in identification of communicable and non-communicable diseases and other local problems should be addressed.<sup>1</sup> However, the limited diagnostic facilities available during household visits and reliance on basic clinical screening and students skills may have restricted the programme's ability to identify new disease.

NMC has suggested total of 20 visits to the adopted family by medical students in three professional years which includes total of nine visits in first year, six visits in second year and five visits in third year, which should be arranged by institute.<sup>1</sup> However, in present study 90.3% families reported that regular follow up was not maintained by medical students and they were only visiting families one time in a year. Also, twenty-two (21.4%) families, which required help during hospital visit for illness related cause said that they did not receive assistance when required. These findings reflect less follow-up visits than recommended by NMC. However, irregularity of visits should not necessarily be attributed to lack of student participation or lack of compliance by student. Additionally, families may not have clear channels to contact students.

Familys suggestions like assistance in accessing healthcare facilities, increasing frequency of visits and health education for improvement of programme, indicates that beneficiaries expect the programme to move beyond periodic household visits. Future multicentric studies involving larger populations would provide stronger evidence regarding the long-term impact of the programme.

### **Conclusions**

The present study found that adopted families under FAP were perceiving programme as an effective initiative for facilitating early disease detection and promoting community health. Providing free healthcare services at home was perceived as a primary purpose of FAP implementation as per families.

Medical students were having good communication skills and were confident in their knowledge as per families. As per the respondents, regular follow up of family was not maintained by the students. Providing assistance in healthcare access, increasing frequencies of house visits and providing health education were the common suggestions from the families for programme improvement.

### **Limitations**

This study was conducted in a single village involving 103 families, which may not represent the perceptions of rural communities in other geographic settings. The information was collected from one member representing the family, which is also subjected to recall bias and social desirability bias, particularly because respondents may have wished to provide favourable opinions regarding medical students and also it may not capture differing views among other family members. The study did not objectively verify the number of visits completed against the NMC schedule, and therefore the reasons for the reported low frequency of visits cannot be established.

### **Recommendations**

Based on the study findings, the institute should ensure implementation of the prescribed schedule of family visits as per NMC norms. A structured schedule for follow-up visits should be developed and monitored by concerned department. During these visits, students should provide or facilitate assistance with hospital visits

and referrals when required, with appropriate documentation of such support.

### **Declaration:**

**Conflict of Interest:** nil

**Funding:** nil

**Use of AI:** nil

### **References:**

1. National Medical Commission (NMC). Guidelines for implementation of new Competency Based Medical Education for Undergraduate Course Curriculum [Internet]. New Delhi: Undergraduate Medical Education Board, National Medical Commission; 2022 [Internet]. Available from: <https://www.nmc.org.in/MCIRest/open/getDocument?path=/Documents/Public/Portal/LatestNews/Implementation.pdf>
2. Mahatma Gandhi Institute of Medical Science (MGIMS). Community Based Medical Education [Internet]. [cited 2026 Jul 13]. Available from: <https://www.mgims.ac.in/index.php/community/community-based-medical-education>
3. Shree A, Rashmi S, Sunil Kumar D. Community as a classroom: Perception of an Indian medical graduate on family adoption program. *Clinical Epidemiology and Global Health*. 2024 Jul;28:101630. doi:10.1016/j.cegh.2024.101630
4. Reshmi PS, Lunagariya R, Patel H, Patel N, Chauhan D, Patel R. Qualitative Study to Identify Strengths, Weakness, Opportunities, and Challenges of Family Adoption Programs among Students. *Indian Journal of Community Medicine*. 2024 Jul;49(4):6106. doi:10.4103/ijcm.ijcm\_58\_23
5. Chepuru R, Sushma KS, Vadlamani S, Manasa RV, Vennam BS. Family adoption program (FAP) as a learning tool perceptions of students and faculty of community medicine. *Journal of Family Medicine and Primary Care*. 2025 Jan;14(1):515. doi:10.4103/jfmpe.jfmpe\_510\_24
6. Arumugam B, Sanjana L, Singh DG, Kuppuraj P, Sayee TSM. A narrative review on the experience of “Family Adoption Programme” in a tertiary care institute. *JCHM*. 2022 Jul 28;9(2):549. doi:10.18231/j.jchm.2022.012
7. Shree A, Rashmi S, Shraddha K, Nath AR, Sunil Kumar D. Lived realities of family engagement: A thematic exploration of the family adoption program. *Clinical Epidemiology and Global Health*. 2026 Mar;38:102305. doi:10.1016/j.cegh.2026.102305
8. Gupta P, Sharma N, Saxena D. Fostering empathy through Experience: Assessing the outcomes of the Family Adoption Program (FAP) among indian medical graduates. *Clinical Epidemiology and Global Health*. 2025 Jul;34:102112. doi:10.1016/j.cegh.2025.102112