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Original Research Article

RESIDENTS' PERCEPTIONS ABOUT FAMILY ADOPTION PROGRAM IN TAMIL NADU: A QUALITATIVE STUDY

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Abstract: ***Background***: India's healthcare system faces significant challenges, especially in rural areas where most of the population resides and access to quality healthcare remains limited. Programs like the National Health Mission and the Family Adoption Programme aim to address these disparities by focusing on infrastructure development and community-based healthcare. This study explores the impact of FAP on rural communities and identifies strategies to enhance its effectiveness in bridging gaps in healthcare access. ***Objectives:*** To explore the insights about the family adoption program and to identify the challenges faced by the residents of the village. ***Methods:*** This qualitative study explored the experiences of families visited by students under FAP. A purposive sampling method was used to select residents from a village, and data were collected through In-depth interviews. Thematic inductive analysis, supported by Atlas ti software, was applied. ***Results:*** Most participants were unaware of FAP prior, while four had heard of it. Analysis revealed five themes: Experience and Interaction, Program Outcome, Improvements Required, Influences and Challenges, and Perceived Benefits, each with associated codes. Findings emphasised the novelty and value of home visits, the mixed community impact, suggestions for improved targeting, and the need for enhanced support and tangible outcomes. ***Conclusion:*** The Family Adoption Programme is beneficial but can be enhanced by targeting key populations, addressing residents' needs, and providing free medicines during visits.

Keywords: Community Medicine, Family Adoption Programme, Indian Medical, Qualitative study, Undergraduates, Village Outreach

INTRODUCTION

India's healthcare system faces significant challenges, particularly in rural areas, where most of the population resides. The National Health Mission (NHM) strives to provide universal access to equitable, affordable, and high-quality healthcare services.[1] However, with 65% of India's 1.45 billion population living in rural areas,[2] there remains a critical need to focus on rural healthcare development. Despite various programs aimed at improving rural infrastructure, the disparity in healthcare access persists, as 80% of doctors and 60% of hospitals are concentrated in metropolitan areas.[3] This inequity leads to delays in accessing quality healthcare, with up to 80% of healthcare costs being paid out of pocket, pushing millions of households below the poverty line each year.[4]

In response, the Ministry of Health and Family Welfare provides technical and financial assistance to States and Union Territories under the NHM based

on their Programme Implementation Plans (PIPs). The XV Finance Commission has recommended grants totalling Rs. 70,051 crores over five years (2021-2026) to strengthen healthcare systems in states.[5] Despite these efforts, there remains a significant shortage of healthcare infrastructure in rural India, with only 153,655 Sub Centres, 25,308 Primary Health Centres (PHCs), and 5,396 Community Health Centres (CHCs) across the country.[6] The inadequate infrastructure, coupled with the concentration of healthcare professionals in urban areas, has left many rural communities underserved. Even when healthcare personnel are present, their ability to deliver effective health services is often constrained by factors such as staff shortages, malfunctioning equipment, and insufficient supplies.[7]

To bridge these gaps, the Family Adoption Programme (FAP) has been introduced as part of the Community Medicine curriculum by the National Medical Commission (NMC) of India.(8) This program represents a shift from traditional, time-based training to an outcome-based approach under Competency-based Medical Education (CBME). Each undergraduate student is required to adopt three to five families starting from their first professional year to foster a more personalised and continuous care model.[8] By engaging directly with families, the FAP aims to enhance health equity while equipping Indian medical graduates with invaluable hands-on experience in community-based healthcare. To strengthen this initiative, a village outreach program has been established under the leadership of the Community Medicine department, supported by social workers, faculty, and other personnel. Frequent visiting and setting up medical camps in adopted villages, as recommended, plays a crucial role in building trust within the community.[9] This study holds significant value as limited research exists on the FAP, particularly regarding the perceptions of the residents involved. By exploring the experiences of families visited by students under FAP, this study aims to identify gaps and recommend strategies to enhance its effectiveness, ultimately contributing to the broader goal of improving rural healthcare in India.

METHODOLOGY

The qualitative study was conducted in a village randomly selected by ChatGPT from those visited by MBBS undergraduate students of a Tertiary care hospital as part of the FAP in Chengalpattu District, Tamil Nadu. From the selected village using a purposive non-probability sampling technique, residents were selected, and the data collection was done until saturation was attained. The study included residents aged 18 years or older who had been approached under FAP. Residents who were visited fewer than three times by the students were excluded from the study. This study adhered to the Standards for Reporting Qualitative Research (SRQR) (O'Brien et al., 2014)[10] to ensure methodological rigour and transparency.

DATA COLLECTION

Data was collected through an in-depth interview guide between September and November 2024. Each interview lasted 35 to 45 minutes and was conducted in Tamil, the native language of the residents. The interview guide is based on existing literature and expert input, including open-ended questions designed to elicit detailed responses about the challenges and experiences of residents. All interviews were audio-recorded with the participant's consent, and these recordings were supplemented with field notes. Audio recordings were then transcribed and translated into English and entered into Microsoft Word. To ensure accuracy, the translated transcripts were returned to participants for correction and validation.

DATA ANALYSIS

Using an inductive thematic approach, the data were analysed using the Atlas ti software. The analysis process began with familiarisation with the data, followed by systematic coding of significant phrases and sentences. Then, codes were grouped into categories based on content similarity, refining them further into themes that captured the essence of the residents' experiences. The initial themes and interpretations were shared with the residents, allowing them to review and provide feedback on how accurately the results represented their experiences. Any feedback provided was thoughtfully integrated to clarify or adjust themes as necessary, ensuring that the findings authentically reflected participant perspectives. Additionally, peer debriefing sessions were conducted where findings were discussed with other researchers in the field to further validate the analysis.

ETHICAL CONSIDERATION

The study was conducted after getting approval from the Institutional Human Ethics Committee (IHEC-II/0753/24, dated 18 September 2024). Data was collected after ensuring confidentiality and obtaining oral informed consent from the study participants. Participants were informed about the study's purpose, procedures, and their rights, including the right to withdraw at any time without any consequence.

FINDINGS AND DISCUSSION

In this qualitative study, data were collected from 13 participants, comprising 10 females and three males, representing a total of 56 family members. Out of the participants, nine individuals had no prior idea about the FAP, while four participants mentioned having

heard about it before. The analysis of the interviews revealed ten key codes that provide a comprehensive understanding of the participants' perspectives and experiences about the FAP. These codes are:

1. Challenges,
2. Community Impact,
3. Experience,
4. Health Improvement,
5. Interaction with Medical Students,
6. Perceived Value and Impact,
7. Program Improvements,
8. Program Influence,
9. Specific Benefits, and
10. Support and Resources.

The findings were categorised into five key themes, each comprising related codes to understand better the participants' experiences, challenges, and perceptions (Table 1).

Table 1: Themes and associated codes from the study finding

S.No.	Theme	Codes
1	Experience and Interaction	Experience Interaction with medical students
2	Program outcome	Community impact Perceived value and impact
3	Improvements required	Program improvements Support and resources
4	Influences and Challenges	Program influence Challenges
5	Perceived Benefits	Health improvement Specific benefits

THEME 1: EXPERIENCE AND INTERACTION

Experience:

Participants shared a range of experiences interacting with medical students during the program. Despite this, many participants found the visits to be a new and engaging experience. Participant 3 remarked,

"MBBS students visiting my house was something new. They checked my blood pressure and sugar levels and said both were within normal limits."

Similarly, Participant 6 shared,

"The experience was wonderful. The students enquired about our health details including comorbidities. They also enquired about the type of fuel used in the kitchen, ventilation, lighting, etc."

Several participants highlighted the novelty of healthcare being delivered directly to homes, which benefited elderly and bedridden patients. Participant 7 said,

"Instead of patients visiting the hospital/clinic, MBBS students visiting individual houses and checking vitals was something new, and I hadn't heard about this before."

Participant 13 added,

"I thought that medical students approaching individual houses was a good initiative. I thought the programme would be very useful to people who can't travel to hospitals for certain reasons."

For some, this approach had a deeper impact, as Participant 11 shared,

"I was 5 months pregnant when the students visited my house. They checked my vitals and gave important antenatal advice."

This aligns with findings from other studies, where students emphasized the value of providing nutritious food, healthy weights, iron-folic acid supplementation for pregnant women, and family planning to the residents9

For some, language barriers posed a challenge. As Participant 2 explained,

"Some students spoke in broken Tamil, English and even Malayalam. Hence, it was difficult for us to understand what they spoke sometimes."

This linguistic and cultural barrier was also revealed in a study conducted by Raja and Lenin from the student's perspective10

Interaction with medical students:

The residents shared positive experiences regarding their interactions with the medical students, highlighting the approachability, understanding, and care shown by the students. In this study, Participant 1 remarked,

"Yes, the students were well able to understand what I said. The students were very approachable and friendly,"

emphasising the value of effective communication and rapport-building between students and community members. This aligns with findings from another study, where 80% of students described FAP as a very good experience and expressed willingness to continue participating in such activities throughout their professional years.11 These results underscore the mutual benefits of the program, where students gain meaningful experiences while fostering trust and approachability within the community. Similarly, Participant 3 mentioned,

"Yes, the students were very well able to understand our health concerns."
Participant 7 also described how the advice and guidance from the students had a positive impact on their health and well-being.
"The students advised me to take my meals on time. After following that, I have noticed a significant change and don't suffer from giddiness now."
Participant 13 was particularly impressed by the students' concern, stating,
"I would describe the interaction with the students as very good. The students cautioned us about the adversities that could happen as a result of stagnant rainwater. The concern shown by the students towards our health was astonishing."
Finally, Participant 12 mentioned,
"The students solved general medical queries asked by me. They told me to visit the hospital in case of any ailments."
These reflections indicate that the students' interactions were not only informative but also fostered a sense of care and trust among the participants.

THEME 2: PROGRAM OUTCOME
Community impact:
Participants had varying opinions regarding the impact of the program on their community. Some, like Participant 2, believed the program had been beneficial to those around them, stating,
"I heard the programme was fairly useful to my neighbours."
And some, like Participant 3, expressed doubts about its effectiveness.
"I think nothing much has changed in the community because of the program,"
while Participant 6 shared a similar view, noting,
"I think nothing has changed significantly in the community after the programme."
These perspectives resonate with findings from a study by Amogha Shree et al., where students highlighted that despite cooperative families, non-cooperation arose when locals perceived no tangible follow-up actions, such as free medication or consultations, after data collection.12 On the other hand, some participants highlighted positive outcomes and increased awareness. Participant 7 observed,
"I think the community people got more aware of their health after the students visited here."
While other studies have pointed out barriers that hinder the delivery of timely and quality health-related awareness and care, this study highlights instances of success.13 Participant 9 emphasized the program's significance, stating,
"Yes. The programme has made a significant impact on my community. Everyone here got an idea about their vitals and people with Diabetes mellitus and Systemic Hypertension got an idea about how to take care of those."
Similarly, Participant 10 agreed, saying,
"Yes. I think the programme made a significant impact regarding understanding of personal health in my community."
These responses indicate that while there were mixed opinions, the program seemed to foster a greater awareness of personal health in certain segments of the community.
Perceived value and impact
Participants had varied experiences regarding the perceived value and impact of the program on their health. Some participants found the program highly beneficial. Participant 2 shared,
"I was pregnant when students visited my house last year. They enquired about details of my antenatal checkups and the baby's status. They advised diet, physical activity and mild exercises. It was beneficial to me."
Similarly, Participant 4, who suffers from Type 2 Diabetes mellitus and Hypertension, said,
"The students described the importance of medications and diet for my comorbidities."
Participant 7 expressed relief, stating,
"I used to fear if I had any comorbidities. I thought of going to the hospital for a very long time to check my Blood sugar and Blood pressure levels but wasn't able to do so. It was a great relief when the students checked both finally and I was very glad to know that both were within normal limits."
The findings from this study resonate with those of Arora et al., who observed that some participants in the FAP expressed disappointment due to the perceived lack of tangible benefits. However, similar to Arora et al.'s observations, not all participants reported significant improvements.14 Participant 12 remarked,
"No. The programme hasn't impacted the health of our family much,"
suggesting that the benefits of the program may vary across different participants and families.
while Participant 1 mentioned,
"Though the programme was good, I didn't have any significant benefit due to it."
Similarly, Participant 8 also echoed this sentiment, saying,
"No. I didn't have any benefits from participating in this programme."
These responses reflect that while some participants felt the program had a positive impact on their health, others did not perceive any significant benefits.

THEME 3: IMPROVEMENTS REQUIRED
Program Improvement
Participants provided several suggestions for improving the program, with a particular emphasis on better targeting specific groups and enhancing the services offered. The findings from this study echo the observations highlighted by The United Nations Population Fund (UNFPA), which emphasises the

growing elderly population in India, currently at 153 million, and the potential of family adoption programs (FAP) to enhance geriatric care for those unable to access hospitals.15 Participant 1 in this study reinforced this view, stating,

"The programme will be very useful for elderly people. So if the programme is targeted more or prioritized for the elderly, then the programme would be really useful for them."

Another improvement suggested was the need for written documentation of the advice given, which could help individuals remember and follow through on recommendations. Participant 4 stated,

"I think it would be very useful if the students could provide any form of medical records such as OP cards, mentioning the advice they give orally."

Additionally, there were calls for providing medications during the visits to reduce the need for travel. Participant 1 highlighted,

"It would be really beneficial if the students could provide medicines for any health issues that the families face, during their visit,"

while Participant 10 also expressed a similar need, saying,

"I would be thankful if the programme could provide me with medications for Diabetes mellitus so that I don't need to travel for that."

Some participants, such as Participant 13, suggested more proactive interventions, stating,

"I think in addition to asking questions and conducting camps, if the students could have informed us about their arrival and camp date prior then the villagers would have benefitted even more."

All these improvements can be achieved by conducting regular medical camps on fixed days, as suggested in the study by Maanvi Padival.16 Medical camps, in conjunction with the FAP, can address immediate healthcare needs, provide preventive care, and foster stronger community trust.

Support and Resources

When it comes to support and resources, most participants felt that the program provided adequate services. Participant 12 remarked,

"No. The services we received were good enough,"

indicating satisfaction with the program as it currently stands. Similarly, Participant 4 stated,

"No. The students did well enough,"

and Participant 6 agreed, saying,

"No. There isn't anything lacking in the programme."

These participants felt that the services offered were sufficient and did not require additional resources. However, Participant 13's perspective suggested that some additional support, such as the provision of medications, would have further benefited the community. He said,

"If the students could have given any medications, then the villagers would have been glad."

On the other hand, Participant 12 added,

"No. There weren't any resources or assistance lacking, in my point of view,"

reflecting the view that the existing support was adequate for their needs. This highlights the balance between recognizing the program's strengths and suggesting areas where more resources could amplify its impact.

THEME 4: INFLUENCES & CHALLENGES

Program Influence

The program influenced several participants by encouraging them to adopt healthier habits and practices. Participant 5 shared,

"As I said earlier, I got a good understanding about how to maintain overall health and well-being and couldn't say anything specific,"

indicating a generally positive impact. For others, specific practices were influenced. Participant 13 noted,

"I started to drink boiled water daily. I wash my hands daily before and after eating food," while Participant 4 emphasized a significant behavioural change, saying,

"I was not very compliant with anti-hypertensives before but the students made me understand the importance of taking medications regularly and also about the adverse effects of being non-compliant with medications."

Additionally, Participant 7 reflected,

"Yes. I have started to take my meals on time and also started to feed my child on time."

Some participants reported improvements in managing chronic conditions. Participant 4 said,

"I have started taking my medications (both Insulin and anti-hypertensives) daily on-time without fail consistently ever since the students advised me."

These findings align with a study by Reshmi et al., where participants reported improved awareness about hygiene, sanitation, nutrition, and other preventive measures. Both studies highlight the program's potential to inspire lasting health behaviour changes by addressing immediate health concerns and fostering sustainable practices that enhance overall well-being.17

Challenges

Although many participants did not report significant challenges, a few raised concerns about understanding the program and the language barrier. Participant 2 suggested,

"It would be better if all the students could talk in the native language Tamil, so that all people in the village could understand what the students are trying to convey."

Despite this, Participant 11 said,

"No. I don't think the programme impacted my community much,"

indicating no perceived effect on the wider community. Other participants reported no difficulties in understanding the program. For

instance, Participant 3 stated,
"No. There were no difficulties in understanding the programme. But we didn't know when they will come."
This issue aligns with findings from another study, where MBBS students noted that the unavailability of families during visits posed challenges, highlighting the need for better communication and scheduling to ensure effective engagement.18 Some participants, such as Participant 1, mentioned time constraints, noting,
"No. I think I understood the programme fairly well. But sometimes we will have other work also, it is difficult for us to spend 30 to 45 mins on this."
This was also noted in the same study by Shika et al.18 Additionally, Participant 2 admitted,
"I didn't have challenges due to participating in this programme. But I'm afraid that they will tell about my family to others,"
underscoring fears of confidentiality breaches. This aligns with findings from other studies, which reported that some community members were uncomfortable with doctors visiting their homes and entering their personal spaces.19 Despite these challenges, the majority of participants reported that the program was easy to understand and did not pose significant barriers.

THEME 5: PERCEIVED BENEFITS

Health Improvement

In the study conducted by Amogha Shree, S. Rashmi, and D. Sunil Kumar, approximately 50% of the students provided health education to their families.20 Similarly, in our study, most participants acknowledged the health education's impact, with Participant 7 perceiving a general increase in health awareness within the community.
"I think the community people got more aware of their health after the students visited here."
However, Participant 1 reported no noticeable changes in their health.
"No. I haven't noticed any significant changes in my health and well-being after participating in the programme."
Similarly, Participant 3 mentioned,
"No. There were not any specific health issues addressed through the programme."
In a study by Chakraborty et al. (2023), the FAP was highlighted as a means to instil empathy and a more holistic approach to healthcare delivery among medical students, as outlined in the NMC's UG Medical Education Guidelines (2023).21 These guidelines emphasise fostering communication skills, understanding rural dynamics, and promoting community participation. Interestingly, in our study, some participants noted mental health benefits stemming from their interactions with students. As Participant 4 shared,
"I don't know if there were any changes physically, but after my interaction with the students, I really had a boost in my mental health and had the confidence that I could handle any ailments in the future."
This suggests that beyond addressing physical health, the program also instils a sense of emotional resilience and empowerment among participants, underscoring the importance of a compassionate and patient-centred approach in healthcare.

Specific Benefits

Reshmi et al. highlighted the importance of regular doctor visits and student involvement in enhancing community health education and outreach. An ASHA worker in their study shared,
"People are getting more information about health, health schemes, and their benefits. One doctor per family is good. At least once a month, a visit by these doctors will be better. Students' support will benefit my work in giving health education also."14
Similarly, participants in our study identified specific benefits from the program, particularly in terms of health guidance and accessibility. Participant 1 noted,
"The programme has been beneficial to my community since I heard the students guided people with health issues on where to approach and get assistance for their ailments."
Dietary changes were also emphasised by Participant 3,
"Yes. I have started to reduce junk foods and add healthy foods like eggs and vegetables to my daily diet."
These observations highlight the transformative potential of such initiatives in fostering healthier practices. Access to healthcare was another benefit for some, with Participant 7 revealing,
"I thought of going to the hospital for a very long time to check my Blood sugar and Blood pressure levels but wasn't able to do so,"
and Participant 9 expressed,
"The need for transportation to seek medical advice is totally resolved in this programme, and I find that aspect very beneficial."
Participant 13 appreciated the students' proactive advice, saying,
"The students cautioned us about the adversities that could happen as a result of stagnant rainwater. The concern shown by the students towards our health was astonishing."

Community engagement programs have been recognized for their potential to positively impact population health by addressing local health needs, as noted in other studies.22 However, in our study, some participants perceived the benefits as more general rather than specific. Participant 6 remarked,
"Generally, the programme is good. I couldn't think of any specific beneficial aspects about it,"
and Participant 12 shared a similar sentiment, saying,
"The programme was useful as a whole, and I

couldn't think of any particular instance where it made a difference in my life."

These reflections highlight the importance of ensuring that such initiatives address overarching health issues and provide tangible, individualised benefits that are meaningful to the participants.

LIMITATIONS

The study has several limitations that may affect the generalizability of the findings. Firstly, it was conducted in only one village, which limits the ability to assess the perceptions of a broader, more diverse population. Additionally, many participants were reluctant to answer the questions posed, which may have introduced response bias and impacted the reliability of the data. Moreover, the fact that the students initially visited the participants approximately six months before the data collection could have led to recall bias, as the participants may not have accurately remembered details from the earlier visit.

CONCLUSION

Many participants expressed that the program was beneficial for persons who cannot travel, particularly in terms of providing medical advice. However, they also suggested that the programme would be even more impactful if it specifically targeted key populations and offered free medicines during every visit. While the FAP is undeniably an effective initiative that connects rural communities with medical students, there is an opportunity to enhance its impact by addressing the specific needs of the residents. By incorporating these suggestions into future iterations of the programme, it could better serve the community and fulfil its purpose more comprehensively and efficiently.

RECOMMENDATIONS

To enhance the effectiveness of the FAP, it is recommended to train MBBS students to communicate with utmost fluency in the native language of the residents, without intermixing other languages. Even better, a translator can be provided to improve understanding and facilitate better interaction. Coordinating with village heads or local leaders beforehand can help ensure that the community is informed about the visit, allowing for better planning and inclusion of all residents, especially those from the working population who may be unavailable during morning visits. Residents who require immediate treatment can be referred to the nearest healthcare facility. This documentation could enhance the utility of the programme's guidance. It is also recommended that medical camps organize follow-up camps after the visits on fixed days, where essential medicines and healthcare services can be provided to the most vulnerable families. The camp timings and date should preferably be informed before all the residents to ensure adequate participation. Furthermore, a future study involving feedback from MBBS students, faculty, and other stakeholders would be valuable in assessing the programme's impact and identifying potential areas for improvement, ensuring the continued success and relevance of the initiative.

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CONFLICTS OF INTEREST

There are no conflicts of interest.

REFERENCES

1. Hannah E, Basheer N, Dumka N, Kotwal A. Understanding what really helps to ensure access to diagnostic services in the Indian Public Health System: a realist synthesis of the Common Review Mission reports (2007-2021). Journal of Global Health Reports. 2023 Jul 10;7:e2023035.

2. Lakshmanaswamy D, Jasmine KS. An Empirical Study On The Role Of Rural Entrepreneurship On Socio-Economic Development Among Rural Mass. Journal of Namibian Studies: History Politics Culture. 2023 May 20;33:5504-18.

3. Panagariya A. (2014). The Challenges and innovative solutions to rural health dilemma. Annals of neurosciences, 21(4), 125–127. https://doi.org/10.5214/ans.0972.7531.210401

4. Sriram, S., & Albadrani, M. (2022). Impoverishing effects of out-of-pocket healthcare expenditures in India. Journal of family medicine and primary care, 11(11), 7120–7128. https://doi.org/10.4103/jfmpc.jfmpc_590_22

5. Gupta I. Primary Health Care and Resilience of Health Systems. InContextualizing the COVID Pandemic in India: A Development Perspective 2023 Sep 28 (pp. 23-46). Singapore: Springer Nature Singapore.

6. Maphane D, Ngwenya BN, Kolawole OD, Motsholapheko MR, Pagiwa V. Community Knowledge, Perceptions and Experiences on Healthcare Services for Malaria Prevention and Treatment in the Okavango Delta, Botswana. Journal of Community Health. 2023 Apr;48(2):325-37.

7. Coombs, N. C., Campbell, D. G., & Caringi, J. (2022). A qualitative study of rural healthcare providers' views of social, cultural, and programmatic barriers to healthcare access. BMC health services research, 22(1), 438. https://doi.org/10.1186/s12913-022-07829-2

8. Yalamanchili, V. K., Uthakalla, V. K., Naidana, S. P., Kalapala, A., Venkata, P. K., & Yendapu, R. (2023). Family Adoption Programme for Medical Undergraduates in India - The Way Ahead: A Qualitative Exploration of Stakeholders' Perceptions. Indian journal of community medicine : official publication of Indian Association of Preventive & Social Medicine, 48(1), 142–146. https://doi.org/10.4103/ijcm.ijcm_831_22
9. O'Brien, B. C., Harris, I. B., Beckman, T. J., Reed, D. A., & Cook, D. A. (2014). Standards for reporting qualitative research: a synthesis of recommendations. Academic medicine : journal of the Association of American Medical Colleges, 89(9), 1245–1251. https://doi.org/10.1097/ACM.0000000000000388
10. Vanikar, Aruna; Kumar, Vijayendra. Unique Program of Indian Undergraduate Medical Education – Family Adoption Through Village Outreach. Indian Journal of Community Medicine 49(3):p 459-460, May–Jun 2024. | DOI: 10.4103/ijcm.ijcm_273_24
11. Raja, V. Pragadeesh1; Lenin, Dharani2. Challenges in Conducting the Family Adoption Program. Indian Journal of Medical Specialities 15(3):p 208-209, Jul–Sep 2024. | DOI: 10.4103/injms.injms_148_23
12. Baruah A, Choudhari S G (July 01, 2024) Perceptions of Stakeholders and the Way Forward to Implementing the Family Adoption Programme in Medical Education: A Study From Assam, India. Cureus 16(7): e63586. doi:10.7759/cureus.63586
13. Landge, J., Kasbe, S. ., Singh, R., & Satardekar, A. (2023). Experience of Family Adoption Programme Implementation in Phase I MBBS Curriculum in a Medical College of Western India: Family Adoption Programme Implementation. GAIMS Journal of Medical Sciences, 3(2 (Jul-Dec), 74–79. Retrieved from https://gjms.gaims.ac.in/index.php/gjms/article/view/103
14. Shree, A., Rashmi, S., & Sunil Kumar, D. (2024). Community as a classroom: Perception of an Indian medical graduate on family adoption program. Clinical Epidemiology and Global Health, 28, 101630. https://doi.org/10.1016/j.cegh.2024.101630
15. Faizi N, Shah MS, Ahmad S. Family Adoption Programme: Curricular and Operational Analysis amidst Pre-existent Programmes. Preventive Medicine: Research & Reviews. 2024:10-4103.
16. Sharma, Vishal & Arora, Priya & Hossain, Rezowan & Budh, Nidhi. (2023). First-year Medical Undergraduate Students' Perceptions and Experiences Regarding Family Adoption Program: Challenges and Lessons. Journal of Medical Academics. 6. 49-52. 10.5005/jp-journals-11003-0132.
17. Kushwaha S. SWOT analysis of the Family Adoption Program. IAPSM Blogs. 2024 Oct 31. Available from: https://iapsm.org/blog/swot-analysis-of-the-family-adoption-program/
18. Padival, Maanvi. (2024). Family adoption program in community medicine: Reflections of a medical student. Indian Journal of Medical Sciences. 1-3. 10.25259/IJMS_144_2024.

19. 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 1;49(4):610-6.
20. Shikha, S., Kumar, A., Begum, J., Ali, S. I., & Tripathy, S. (2024). Family Adoption Program for Undergraduate Medical Students at a New Medical School of Jharkhand: An Experience and SWOC Analysis. Indian journal of community medicine : official publication of Indian Association of Preventive & Social Medicine, 49(1), 218–222. https://doi.org/10.4103/ijcm.ijcm_954_22
21. Mishra, Anshita & Pk, Febida & Santra, Sahadev & Banerjee, Bratati. (2024). Is Family Adoption Programme as What It Seeks: A Resident's Perspective?. 2. 842-846. 10.61770/NBEJMS.2024.v02.i08.011.
22. Chakraborty, Anik & Sarkar, Nilanjana & Lahiri, Utsav & Bhowmick, Sayantan & Sen, Sukanta & Majumdar, Ronjoy & Goswami, Dependra. (2024). Family adoption program in medical education and role of community medicine in its implementation in India: An overview. Journal of Integrative Medicine and Public Health. 2. 49-53. 10.4103/JIMPH.JIMPH_18_23.

