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Indian Journal of Medical Sciences

Viewpoint

Family adoption program in community medicine: Reflections of a medical student

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ABSTRACT

Family adoption program is an activity initiated by the National Medical Commission to provide a community-based learning experience to the medical students and is executed by the department of community medicine. We are supposed to adopt five families in the 1st year and understand their social determinants of health, explore the factors that facilitate health and cause disease, and see the families in the context of their environments and social conditions. We are also supposed to monitor the general health and advice the family on health-related issues while being facilitated by the faculty from community medicine. We are expected to follow them up till our final MBBS and continue to learn the social and cultural factors that influence heath. As a 1st-year medical student, I went through my first posting of family adoption program. It was in a village called Kinya which is close to the Kerala-Karnataka border. Here are my reflections about how I started with some preconceived notions of the activity, about village and village life and how it changed over the process.

Keywords: Community medicine, Social determinants of health, Medical education, Reflection, Narrative medicine

INTRODUCTION

As a 1st-year medical student, I went through my first posting of family adoption program. It was in a village called Kinya which is close to the Kerala-Karnataka border. Here are my reflections about how I started with some preconceived notions of the activity, about village and village life and how it changed over the process.

Family adoption program is an activity initiated by the National Medical Commission to provide a community-based learning experience to the medical students and is executed by the department of community medicine.[1] We are supposed to adopt three to five families in the 1st year and understand their social determinants of health, explore the factors that facilitate health and cause disease, see the families in the context of their environments and social conditions. We are also supposed to monitor the general health and advice the family on health-related issues while being facilitated by the faculty from community medicine.[2] We are expected to follow them up till our final MBBS and continue to learn the social and cultural factors that influence heath.

Family adoption experience

My first visit was during early February and coastal Karnataka is hot by that time. When we reached the village, I did not want to step out of the bus, but of course had to, so I kept complaining about it for a while. As we walked to our respective houses, I came across an old man, hunching forward, working in the field under the scorching sun and with bare feet. It reminded me of someone saying in the past that it is important to differentiate between discomfort, inconvenience, and genuine difficulties of life. This occasional inconvenience was a part of life for many in this world and they are also the ones who finally feed us. This small realization set the stage for a positive experience that was to follow over the next 3 days.

One of the best parts of visiting the houses during the family adoption was getting to talk to people in my mother tongue, which is Kannada and Tulu. Food and language are the best ways to connect with people. The once reluctant strangers were suddenly enthusiastic to talk to us once we announced that we were medical students and could talk in a common language. Many of the families owned some or the other livestock such as cows, hens, ducks, and goats. Being an animal lover, I ran into these and many dogs and cats, and it made me extremely happy. This is something I used to miss as we do not come across animal life often in our protected campus environments. For a moment, I completely forgot about the heat that I was so worried about in the beginning of that day.

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Received: 08 July 2024 **Accepted:** 09 July 2024 **Epub ahead of print:** 05 September 2024 **Published:** 28 April 2025 **DOI:** 10.25259/IJMS_144_2024

While collecting the required information from the families, it was delightful to see how they respond to our mundane questions. I also discovered that many of them were unaware about their blood groups and birthdays, and even if they did know about it, they were unsure about the accuracy. How stark this is from us; we are so particular about our birth dates! Many a times the age they told us were just an estimate. But regarding the blood group, a thought crossed my mind, not knowing one's blood group can be so difficult in cases of emergencies when the patient is in an unresponsive state and there might be a requirement for blood transfusion.

This part of Dakshina Kannada has something that shook me a bit and that was the information that an important source of income for the villagers was bidi rolling. I was completely clueless that it was so common in this part of Mangalore. Bidis are hand-rolled cigarettes with coarse tobacco filling tied with a string at one end. Later when I went through the historical aspects, I came to know that Mangalore has a history of some bidi manufacturing giants in the region. Another myth of "village" was busted when we went with the expectation of small village houses. We were surprised to find a decent number of pucca houses, at times 2–3 storey houses, and some I would even call mansions. On digging this further, I realized that most of these houses were owned by people who had at least one member of the family, or more, working outside India and supplementing the income back home for better living. This was another social phenomenon that I made a mental note of, bidi rolling side hustles on one hand and middle-east jobs on the other.

Disparity was one more thing that was unmissable during the 3-day visit. The contrast between some houses that were such as mansions and others with a family of 10 cramped in 3 rooms, at times houses that lacked sanitary facilities and incomplete construction. Another symptom of our times was visible when some families were very reluctant about sharing information. May be because we were strangers and the doubt about how the information they shared will be used. Funny enough, one man assumed he had done something wrong and that we were there to take some action. We had to convince him we were just regular medical students repeatedly. On the other hand, some people were very keen on talking, not hesitant of sharing so many details with us, at times beyond what we needed, and that too despite being busy.

While exploring, we found a nice little river with a bridge over it. Having completed that day's work, we crossed the bridge and we entered a different taluk and a different world altogether. The place was comparatively busier with many vehicles, a lot of shops that we were keenly searching in the Kinya village. But what saddened me in both these places was discarded plastic packets and garbage on the sides of the road. I could see that urbanization was touching villages in more than many ways, not just by better houses and roads.

The learnt about resilience of people in rural communities, their daily struggles and living conditions, access to health-care issues, influence of urbanization on these communities, and social determinants of health such as poverty and disparity. Apart from many challenges being discussed recently[3] a particular challenge as a 1st-year undergraduate student, I felt was that I was not equipped to answer if I had to face any health-related queries. Although I did not experience this, I am sure this can be overcome with the help of accompanying faculty and health camp that is organized along with this activity. All in all, it was a unique experience, learning outside the classrooms.[4]

CONCLUSION

This first phase of my family adoption experience will be one of the most memorable of my time as a medical student. I am not sure how the visits will help the society and the families, but it certainly helped me become a more aware medical graduate. It gave me context from where the patients come whom I would later see in my clinical postings over the coming years.

Acknowledgment: The author would like to acknowledge the constant support of Dr. Madhavi Bhargava, who encouraged me to write this reflection.

Ethical approval: Institutional Review Board approval is not required.
Declaration of patient consent: Patient's consent not required as there are no patients in this study.
Financial support and sponsorship: Nil.
Conflicts of interest: There are no conflicts of interest.
Use of artificial intelligence (AI)-assisted technology for manuscript preparation: The author confirms that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

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How to cite this article: Padival M. Family adoption program in community medicine: Reflections of a medical student. Indian J Med Sci. 2025;77:68-9. doi: 10.25259/IJMS_144_2024