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Educational Tourism as a Tool for Experiential Learning, Health Awareness and Tribal Engagement: A Field-Based Study

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Abstract

Educational tourism is fast becoming one of the more reliable ways to move learning outside the classroom without losing academic purpose. It builds academic depth, a sense of social responsibility, cultural sensitivity, and, often, lasting partnerships with the communities visited. This field-based study looks at one such tour organised by Syadwad Institute of Higher Education & Research, Baghpat, involving 40 students and 20 faculty members. The itinerary combined a rural health camp at Manjhganva, in the Satna district of Madhya Pradesh, sustained interaction with local Aadivasi communities, and heritage learning across Chitrakoot, Prayagraj, Ayodhya, Agra, and Mathura.

The paper looks at how this mix of tribal culture, health outreach, and heritage exposure shaped what students actually took away from the experience. Survey questionnaires, observation records, focus group interviews, and field diaries were used as the primary data sources. Specifically, the research asks whether the tour built empathy, leadership, problem-solving ability, cultural respect, health awareness, communication skills, and a stronger sense of social engagement among participants.

A second thread of the paper follows the Institutional Social Responsibility (ISR) model that grew out of the health camp itself — how student involvement in awareness drives, basic check-ups, and community mobilization translated into real benefit for the tribal population at Manjhganva.

Taken together, the findings are expected to show that educational tourism, when structured deliberately, can do more for holistic skill-building than a semester of lectures. The study's main contribution is an integrated model — one paper, one tour, but three distinct strands (travel, tribal outreach, and health service-learning) woven together in a way that also speaks directly to the goals of NEP 2020.

Keywords: *Educational Tourism, Experiential Learning, Health Camp, Tribal Engagement, ISR, Heritage Tourism, NEP 2020, Syadwad Institute.*

1. Introduction

Higher education has been drifting away from a purely lecture-hall model for some time now, toward approaches that put students in the field rather than just in front of a whiteboard. Educational tourism — travel organized specifically around learning goals — sits at the centre of this shift. Ritchie, Carr and Cooper (2003) describe it as a deliberate attempt to close the distance between what students are taught and what they actually encounter outside the institution. It differs from ordinary tourism in one key respect: everything about it, from the stops on the itinerary to the activities planned, is built around a learning outcome rather than leisure.

This matters particularly in India, where colleges and universities are under growing pressure to show that they contribute something beyond degrees — some visible social value. The National Education Policy (NEP) 2020 makes this explicit, calling for experiential, multidisciplinary learning and for institutions to actively build empathy and civic responsibility into the student experience (Ministry of Education, Government of India, 2020). A tour that puts students in front of tribal communities while also walking them through centuries of regional heritage fits squarely within that ask.

That is more or less what Syadwad Institute of Higher Education & Research set out to do. Forty students and twenty faculty members took part in a tour with three moving parts: a rural health camp at Manjhganva village, in Satna district, home to a largely Aadivasi population; direct, sustained interaction with that community; and a heritage circuit through Chitrakoot, Prayagraj, Ayodhya, Agra, and Mathura. Put together, the tour functioned simultaneously as a health service-learning exercise, an exercise in cultural immersion, and a fairly conventional heritage trip — three things that don't often get bundled into a single institutional programme.

This paper documents that tour and asks a fairly direct question: did it actually change how students think and act, particularly around empathy, leadership, problem-solving, cultural respect, health awareness, communication, and civic engagement? It also tracks how the health camp component functioned as a working example of Institutional Social Responsibility (ISR) in practice. The intention is to offer something useful to institutions considering similar field programmes — not just a description of what happened, but a framework that others could reasonably adapt.

2. Literature Review

2.1 Educational Tourism and Experiential Learning

Ritchie (2003) frames educational tourism broadly — any travel where learning is a primary or secondary motive, whether that learning happens through formal instruction, guided cultural

exposure, or simple observation. Kolb's (1984) experiential learning cycle remains the theory most often used to explain why this works: learning moves through concrete experience, reflection, conceptualization, and then active testing of new ideas. An educational tour, almost by definition, drops students into unfamiliar territory — socially, culturally, geographically — which is exactly the kind of concrete experience Kolb treats as the entry point for deeper learning.

Falk, Ballantyne, Packer and Benckendorff (2012) push this further, arguing that travel-based learning is unusually good at building identity-level outcomes — empathy, tolerance, civic awareness — the kind of thing a lecture rarely manages to instil. Field trip research backs this up: Krakowka (2012) found consistent gains in motivation, retention, and interpersonal skills among students who took part in structured field learning, compared with those who didn't.

2.2 Health Camps and Service-Learning

Community health camps sit comfortably within the service-learning tradition, where students apply what they've studied while also delivering something of real value to the community they're working with (Furco, 1996). Institution-run camps in rural and tribal areas tend to do two things at once: they sharpen student understanding of the social factors that shape health outcomes, and they extend basic screening and awareness services to populations that otherwise have thin access to formal healthcare (National Health Mission reports, Government of India). It is, in effect, a two-way transaction — students walk away with direct exposure to public health realities, and the community gets a health benefit, even if a time-limited one.

2.3 Tribal Engagement and Cultural Sensitivity

Aadivasi communities make up a substantial share of rural India, and they continue to lag behind on most standard measures of health, education, and economic access (Ministry of Tribal Affairs, Government of India). Guha (2007) and others working in this space are fairly insistent on one point: engagement has to be respectful and non-extractive, built around community dignity rather than a one-way "outreach" mindset. Where students receive proper cultural preparation before this kind of interaction, the research suggests a measurable drop in stereotyping and a rise in cross-cultural empathy — not a guaranteed outcome, but a fairly consistent one.

2.4 Heritage Tourism as a Learning Resource

Heritage tourism — visits built around historically, religiously, or culturally significant sites — has long served as a way of reinforcing what students learn in history and civics classes (Timothy, 2011). Chitrakoot, Prayagraj, Ayodhya, Agra, and Mathura each carry their own layered histories, spanning the ancient, medieval, and colonial periods, and walking through

them offers students something no textbook diagram of Mughal architecture or Nawabi-era urban planning can replicate.

2.5 NEP 2020 and Experiential, Community-Engaged Learning

NEP 2020 leans heavily on experiential learning, cross-disciplinary exposure, and community service as part of the higher education curriculum (Ministry of Education, 2020). A tour combining health outreach, tribal engagement, and heritage learning reads almost like a direct answer to that policy brief — education aimed at building competence and character together, rather than treating the two as separate tracks.

2.6 Research Gap

Educational tourism, service-learning, and heritage tourism have each been studied fairly extensively — usually on their own. What's harder to find is a study that looks at all three operating together in a single institutional tour, particularly in an Indian setting. This paper tries to fill that gap by treating the Syadwad Institute tour as one integrated case rather than three separate activities loosely stitched together.

3. Objectives of the Study

The study works toward the following objectives:

- Assess how the tour affected student learning outcomes — empathy, leadership, problem-solving, cultural respect, communication, and social engagement.
- Evaluate how effective the rural health camp at Manjhganva was in raising health awareness, both among the tribal population and the participating students.
- Look closely at the quality of student engagement with the Aadivasi community and what it did for cross-cultural sensitivity.
- Examine what the heritage visits — Chitrakoot, Prayagraj, Ayodhya, Agra, Mathura — contributed to experiential and historical learning.
- Document the Institutional Social Responsibility model that emerged from the health camp and gauge its benefit to the tribal community.
- Place the findings within the broader context of NEP 2020's push for experiential, community-engaged education.

4. Study Area and Tour Itinerary

The tour was organized by Syadwad Institute of Higher Education & Research, Baghpat, Uttar Pradesh, with 60 participants in total — 40 students and 20 faculty. It combined a service-

learning stop in a tribal-majority village with a heritage circuit through five historically important cities.

Location	Nature of Activity	Key Focus Area
Manjhganva village, Satna district, Madhya Pradesh	Rural health camp; community interaction with Aadivasi population	Health awareness, health screening, ISR model, tribal engagement
Chitrakoot	Heritage and pilgrimage site visit	Cultural and religious history, mythology, regional heritage
Prayagraj	Heritage and civic-history visit	History, confluence geography, urban civic heritage
Ayodhya	Religious heritage and civic-history visit	Religious history, local cultural practices
Agra	Heritage and monument visit	Mughal architecture, world heritage appreciation
Mathura	Cultural and religious heritage visit	Religious history, local cultural practices

Table 1. Itinerary and focus areas of the Syadwad Institute educational tour.

The order of stops wasn't accidental. Starting with the health camp and tribal engagement segment, before moving on to the heritage cities, was meant to ground students in a service mindset first — so that the heritage learning that followed built on that foundation rather than existing separately from it.

5. Research Methodology

5.1 Research Design

The study follows a field-based, mixed-methods design — quantitative survey data paired with qualitative material drawn from observation, focus groups, and field diaries. For a tour-based intervention like this one, where both measurable attitude shifts and richer contextual accounts of community interaction matter, this combination seemed the more honest way to capture what actually happened.

5.2 Sample and Sampling

All 60 tour participants — 40 students and 20 faculty from Syadwad Institute — form the study population. Given the group size was manageable, a census approach was used for students rather than sampling a subset, so every student who took part was surveyed. Faculty members served as key informants for the observation-based and qualitative data.

5.3 Tools of Data Collection

- Survey Questionnaires — structured pre-tour and post-tour instruments using Likert-scale items to capture self-reported empathy, leadership, problem-solving ability, cultural respect, health awareness, communication skills, and social engagement.
- Observation Records — structured checklists kept by faculty during the health camp and community-interaction sessions.
- Focus Group Interviews — post-tour discussions in small student groups to draw out qualitative reflection.
- Field Diaries — daily reflective entries kept by students through the tour, coded thematically afterward.

5.4 Data Analysis

Pre- and post-tour questionnaire data were analyzed using descriptive statistics — means and percentage change — to track shifts in self-reported competencies. Focus group transcripts and field diary entries were coded thematically, looking for recurring patterns around tribal engagement, health awareness, and heritage learning.

6. Results and Discussion

6.1 Demographic Profile of Participants

Of the 60 participants, 40 (66.7%) were undergraduate students from Syadwad Institute, and 20 (33.3%) were faculty accompanying the tour in supervisory, medical, and academic roles. A ratio of two students to every accompanying faculty member kept mentorship and supervision fairly tight throughout both the health camp and the heritage legs of the trip.

6.2 Impact on Experiential Learning Outcomes

Comparing pre-tour and post-tour self-assessment scores shows a positive shift across every competency measured. The biggest jumps, as Table 2 shows, came in cultural respect and empathy, with health awareness and communication skills close behind — which lines up with the idea that direct exposure to the tribal community and the health camp setting had an outsized effect on values-based learning, more so than the heritage component alone.

Competency	Pre-Tour Mean Score (out of 5)	Post-Tour Mean Score (out of 5)	Change
Empathy	3.1	4.4	+1.3
Leadership	3.3	4.1	+0.8
Problem-Solving Ability	3.2	4.0	+0.8

Competency	Pre-Tour Mean Score (out of 5)	Post-Tour Mean Score (out of 5)	Change
Cultural Respect	3.0	4.5	+1.5
Health Awareness	3.0	4.3	+1.3
Communication Skills	3.3	4.2	+0.9
Social Engagement	3.2	4.3	+1.1

Table 2. Illustrative pre-tour and post-tour self-assessment scores of student competencies (to be replaced with actual survey data).

These gains, indicative as they are, track fairly closely with what Kolb's model would predict — the concrete experience of the health camp and tribal interaction feeding into reflection and conceptual understanding, with the heritage stops reinforcing that process further down the line.

6.3 Health Camp Outcomes and the ISR Model

The health camp at Manjhganva was, in many ways, the anchor of the whole tour's ISR model. Students, working under faculty supervision, ran health awareness sessions, assisted with basic check-ups, and helped with community mobilization. It let the institute deliver something concrete to the community while giving students hands-on, supervised exposure to how public health services actually get delivered on the ground.

ISR Activity	Description	Illustrative Community Reach
Health Awareness Sessions	Sessions on hygiene, nutrition, and preventive healthcare for the local Aadivasi population	To be recorded from camp registers
Basic Health Check-ups	Student-assisted, faculty-supervised screening (e.g., BP, blood sugar, general check-up)	To be recorded from camp registers
Community Mobilisation	Door-to-door and community-level outreach encouraging camp participation	To be recorded from field diaries
Distribution of Basic Medical Aid	Provision of basic medicines/first-aid where applicable	To be recorded from camp registers

Table 3. Components of the ISR-based health camp model (community reach figures to be populated from actual camp records).

There's a reciprocity built into this model that's worth pointing out directly: the tribal community at Manjhganva got direct access to health awareness and basic screening they might not otherwise reach easily, while students came away with a working sense of rural health infrastructure gaps, how to communicate with patients in an unfamiliar setting, and what community health delivery actually looks like — none of which transfers well from a classroom.

6.4 Tribal Engagement and Cultural Sensitivity

Focus group discussions and field diary entries are expected to show a fairly familiar arc — initial unfamiliarity or hesitation gradually giving way to comfort and, eventually, respect as interaction with the Aadivasi community deepened. Pre-camp briefings on cultural sensitivity, followed by supervised time with the community during the camp, were meant to head off the risk of the visit feeling extractive or surface-level, and instead push toward a genuine exchange — students learning from the community's own knowledge and resilience just as much as the community benefited from the health services on offer.

6.5 Heritage Learning Outcomes

The heritage leg — Chitrakoot, Prayagraj, Ayodhya, Agra, and Mathura — is expected to reinforce classroom learning in history, culture, and civics simply by putting students in front of the real thing. Guided visits let students connect what they've read about ancient, medieval, and colonial India to actual monuments and living cultural practices, an outcome that shows up consistently in the heritage tourism literature (Timothy, 2011).

Site	Primary Learning Theme	Skill/Value Reinforced
Chitrakoot	Mythology and regional pilgrimage heritage	Cultural appreciation
Prayagraj	Confluence geography and civic history	Historical-geographical literacy
Ayodhya	Religious history and civic history	Heritage conservation awareness
Agra	Mughal architecture and world heritage	Heritage conservation awareness
Mathura	Religious history and cultural practice	Cultural respect and pluralism

Table 4. Heritage sites and associated learning themes.

7. Discussion: Aligning the Tour with NEP 2020

Much of what NEP 2020 asks for — experiential and multidisciplinary learning, drawing on Indian knowledge systems and heritage, building social responsibility through community engagement (Ministry of Education, 2020) — shows up in how this tour was structured. Bringing together health service-learning, tribal engagement, and heritage instruction in one programme is, effectively, the policy's vision put into practice: education that builds competence and character side by side, rather than treating them as separate goals.

Once the field data is fully in, the findings should support a fairly direct argument — that integrated tours of this kind offer a workable, replicable template for other institutions trying to bring their curricula in line with NEP 2020's push toward experiential and community-engaged education.

8. Limitations of the Study

- The study leans heavily on self-reported pre- and post-tour assessments, which carries some risk of social desirability bias.
- The sample covers a single institutional tour and a single tribal community, which limits how far the findings can be generalized.
- The health camp's short duration may cap how much health impact can reasonably be credited to the intervention, compared with sustained, long-term outreach.
- Data collection tools — surveys, focus groups, field diaries — had not yet produced finalized datasets at the time of this draft; the results here are illustrative until data collection and analysis are complete.

9. Conclusion

This study treats the Syadwad Institute tour as an integrated model of educational tourism — one that works on experiential learning, health awareness, and tribal engagement all at once, rather than as separate add-ons. Pairing the health camp and ISR activities at Manjhganva with heritage learning across Chitrakoot, Prayagraj, Ayodhya, Agra, and Mathura gave students a multidimensional experience that a classroom, on its own, simply can't offer.

The anticipated findings point toward real gains in student empathy, leadership, problem-solving, cultural respect, health awareness, communication, and social engagement, alongside tangible health benefits for an underserved tribal population. As more Indian institutions try to bring their teaching closer to NEP 2020's experiential and community-engaged priorities, this model — educational travel, tribal outreach, and health service-learning, run as one coordinated tour — offers a template worth adapting elsewhere.

10. Recommendations

- Build formal pre-tour cultural sensitization modules before students interact with tribal or otherwise unfamiliar communities.
- Pair health camps with follow-up mechanisms — referral links to local health centres, for instance — so benefits don't end when the tour leaves.
- Adopt standardized pre-/post-tour assessment tools across institutions, so findings on educational tourism outcomes can actually be compared.
- Give heritage visits a pre-visit academic briefing so the connection to curricular learning goals is clearer, not incidental.
- Document and publish ISR outcomes systematically, building an evidence base on what these tours actually do for the communities involved.

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