

Education and Health Practices of Warli Tribes: A Case Study

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Abstract

Education enables the scheduled tribes who happen to be backward to acquire knowledge about the individual's environment, development avenues, and programmes being implemented for their well-being. Adult education in India does not end with providing literacy, functionality and awareness. It extends further leading to life long education and continuing education. The scope of adult education extends to all sections of the community and adult education is a pre-condition to accelerate the pace and magnitude of development especially among the scheduled tribes. Health education can be defined as that part of health care, that is concerned with promoting health behaviour. It is a process that informs, motivates and helps people to adapt and maintain healthy practices and life styles, advocates environmental changes as needed to facilitate this goal and conducts professional training and research to the same end. Health education encourages behaviour that promotes health, prevents illness, cures diseases and facilitates rehabilitation. The needs and interests of individuals, families groups, organisations and communities form the core of Health Education Programme. It is rightly said, that the roots of Health Education are two in number. One, is the basic sciences which deal with Health Knowledge. It is essential, that people are oriented in the various components of health namely, human biology, nutrition, hygiene consisting of personal and environmental hygiene, family health care, control of communicable and non-communicable diseases, mental health, prevention of accidents and use of the Health Services. The second is the behavioural sciences like Sociology, Psychology and Social Anthropology. Health Education brings together, the art and science of Medicine, and the Principles and practice of General Education. Education is primarily a matter of Communication. So, Health Education uses the various channels of communication, like audio-visual aids, group discussions, individual counselling etc. The objective is to create an awareness in the people, then to generate interest in them and ultimately motivate them to adopt the health practices in their own lives. In this paper authors will explain the status of education and health practices of the Warli Tribes of the Maharashtra.

Introduction

The *Warli* tribe is known for its Warli Painting. This painting style traces its origin to ancient cave paintings popular during Neolithic era. The high –spirited celebration of the meeting of the earth and the sky i.e. Horizon is illustrated in the Warli painting. Warli painting is becoming a modern painting art with graphic symbols comprising of triangles, circles and squares skillfully empowering a painting with a sense of emotional energy are now gracing elite homes and exhibition spaces. Basic work of art in the painting is a representation of flora and fauna, hills and people culminating in expressive drawings of dances and ceremonies. Earlier, the Warli wall painting was a woman's domain but lately, due to the popularity of the craft form and the development of various commercial applications, men folk have also begun the mural painting. This style of painting has branched out into wall hangings and paintings.

The Warli are non-vegetarian. They eat the meat of deer, goat, wild rabbit, fowls, pigeons and peacocks, but the most favorite non-vegetarian dish is that of fish. Dry fish is mixed with dal (pulse) or vegetable and then eaten with rotlas (thick breads of nagli, wheat, jowar or rice). Staple food is nagli and rice. Rice is relished with chutney. Pulses of urad (green gram), tur (pigeon pea) and gram make a part of their diet. Rice-gruel is taken in the morning as breakfast. Wild roots of vora are eaten during the winter season, besides tubers, spinach and a number of leafy vegetables in their day to day intake. The Warli make use of palmoline and groundnut oils for preparation of food items. They brew liquor prepared from mahua and molasses for their own consumption and supply to others also. Seasonal fruits which they get from the forest are consumed occasionally. Using milk for preparation of tea is very limited due to non-availability of milk. They keep asitra (timroo) leaves for preparation of bidi in their pockets and- roll it when they feel like smoking. They produce fire with the help of a chakmak stone, iron and cotton.

Statement of the Problem

Educational & Health practices- a case study of Warli Tribes in Maharashtra.

Aim

This study aims at Retrieve the perspective of the tribal peoples i.e. Warli. And also aim of the study is to highlight the Educational & Health problems & challenges the Warli community faced. This study is an attempt to measure the status of Education and Health of sample respondents, to identify the problems relating to the variables of education and health and also eliciting the opinion of the sample respondents towards strategies to improve the education and health conditions. This study analyses the impact in relation to the socio-economic background of sample members.

Need of the Study

India has World's second largest concentration of the tribal population next to Africa. As per the census, India has tribal population of 8.20% which accounts one-fourth of the worlds tribal population. According to the Anthropological survey of India, there are 635 tribal groups in India, but even after India's independence, the tribal are still struggling hard to eke out their livelihood & live in extreme poverty conditions.

The Warli tribes are also one of poor & undeveloped tribe in India. They have their own problems for survival but educational & health problems are most dangerous & something which is really take care off. Therefore, whole society should realize how they faced problems & try to help them out, to develop their society & enrich their culture.

Objective

Following are the objectives for studying the tribal educational & health practices of Warli sample respondents.

1. To study the socio-economic status of the Warli tribes in Maharashtra.
2. To study the status of educational & health of Warli community in Maharashtra.
3. To identify the problems relating to the educational & health practices of warli tribes in Maharashtra.
4. To prepare various strategies for the betterment of warli community in Maharashtra.

Geographical Area

As Warli tribal community are mainly situated in various pockets in **Thane** District i.e. forest area in Maharashtra. The sample respondent are mainly chosen from NARLI PADA, BHENDICHA PADA, RONACHA PADA, PATONE PADA, YEOOR VILLAGE nearby "SANJAY GANDHI NATIONAL PARK" area, Thane district, Maharashtra, India.

Date of Data Collection

The schedule meant for the sample respondents i.e. Warli tribes covered their socio-economic, professional and educational background, activities including opinion and attitude on education and health. During the phase of data collection, the researchers gained unstinted cooperation from the sample respondents. Sample respondents showed very keen interest while responding to the questions in the schedule. Data are collected over a period of ten days i.e. 1st to 10th of February, 2016.

Definitions

Following are the most important definitions related to this case study-

Tribe: Tribe may be defined as any aggregate of people united by lies of descent from a common ancestor, community of customs & traditions adherence to the same leaders or a local division of an aboriginal people.

Warli Tribes: The Warli are the Indigenous tribal community living in Mountainous, Forest as well as costal areas in Thane district of Maharashtra. They have their own aministic beliefs, life, customs & traditions. They speaks an unwritten warli language which belongs to the southern zone of the Indo-Aryan language.

Health: The health may be defined as a state of complete physical, mental & social well being & not merely the absence of disease of infirmity.

Education: The Education may be defined as "The process of facilitating learning, or the acquisition of knowledge, skills, values, beliefs & habits and it can be take place in formal or informal settings.

Limitations

There are some limitation for this case study . They are as follows-

- As there are making serious problems which Warli community faced. Here Educational & Health problems are consider while doing case study.
- Warli community are situated in various pockets in Thane district of Maharashtra, but here the sample were collected from nearby villages in ' Sanjay Gandhi National Park Area, Thane, Maharashtra.'
- For this case study only 28 sample respondent were choose for collecting data within 4-5 villages.
- Most of the sample respondent are male as they are actively participated in case study than female.

Data analysis and Interpretations

The socio-economic background in general and the educational and professional background in particular of the sample respondents i.e. Warli community members are analyzed in this chapter, Our study covers a total number of 28 members from the study area of Thane district of Maharashtra.

Profile of Sample Respondent

Gender:- The table-1 reveals that the Majority of the sample respondent are Male 20 (71.42%) and Remaining 8 (28.58%) are Female, it shows that the Male respondent are Actively Participating in Collecting the Data.

Age:- Age wise Distribution of the collected Respondents shows that Half of them 14 (50%) are in the age group of above 35 years and 9 (32.14%) members are between 25-35 years of age group and remaining 5 (17.85%) are between 15-25 yrs of age group.

Marital Status:-The table-1 reveals that Majority of respondent are Married 20 (71.45%) and 02 (7.14%) of respondent are Unmarried and remaining 6(21.42%) are Widow.

Educational Qualification:-The Distribution of sample Respondent to their Level of Education shows that Majority16(57.14%) Possessed Secondary & Higher Secondary Education. And 3(10.71%) Respondent are study till Primary schools. 2(7.14%) Possess Graduation Qualification. On the other hand 3(10.71%) are Illiterate.

Family Income:-With regard to the family income, the income group Categorised into two groups are ‘Below Rs.15000/- per month’ & ‘Above Rs.15000/- per month’. It has been found that Majority 24 (85.71%) of the sample Respondent are Below Rs15000/- pm & 4(14.28%) of sample Respondents Family income are Above Rs.15000/- pm. This shows that Almost all Respondent Belongs to BPL.

Table – 1 – Profile of the Sample Respondents

Sl. No.	Profile	Component	Number	Percentage
1	Gender	Male	20	71.42
		Female	08	28.58
2.	Age	15 to 25	05	17.85
		25 to 35	09	32.14
		35 and above	14	50.00
3.	Marital Status	Married	20	71.42
		Unmarried	02	07.14
		Widow	06	21.42
4.	Education	Primary	03	10.71
		Secondary	10	35.71
		Higher Secondary	06	21.42
		Graduation	02	07.14
		Illiterate	03	10.71
5.	Income	Below 15000 P.M	24	85.71
		Above 15000 P.M	04	14.28
6.	Type of Family	Joint	18	64.28
		Nuclear	10	35.71
7.	Type of House	Kutch House	15	53.57
		Pucca House	13	46.42
8.	Type of Toilet	Open	20	71.42
		Room	08	28.58
9.	Occupation	House Wife	01	03.57
		Business	08	28.58
		Painters	05	17.85
		Farmers / gardeners	06	21.42
		Worker	08	28.58
10.	Family Members	< 4	09	32.14
		5 – 8	16	57.14
		9 <	03	10.71

Family Size:-The size wise distribution of the sample Respondent informs that 16(57.14%) of respondent having 5-8 Members in their Family, 9(32.14%) having Four Members & 3(10.71%) Having ‘above 9 members’ in their Family.

Type of Family :- As I mansion in family size that there are 57.14% of Respondent Having 5-8 Members & 3(10.71%) of family having More than 9 Members. However, 18(64.28%) Sample Respondents having Joint Family System While, 10(35.71%) of sample Respondents Lived in Nuclear Family System.

Type of House & Toilets:-The House and toilet wise distribution of sample Respondent informs that 20 (71.42%) of Respondents having Open Toilet system & 8(28.58%) Having Separate toilet system.However, 15(53.57%) of live in ‘Kutch house’ While 13(46.42%) live in ‘Pucca house’.

Occupation:-With Regards to the Family occupation 8(28.58%) Respondent Work in private small Business, 8(28.58%) are simple Worker, 6(21.42%) are Farmer/Gardner, 5(17.85%) are Professional Painter, 1(3.57%) is

House Wife.

Table – 2: Household Items

Sl. No.	Type of House hold	Yes	Percentage	No	Percentage
1.	Refrigerator	06	21.42	22	78.58
2.	Television	15	53.57	13	46.42
3.	Satellite Dish	15	53.57	13	46.42
4.	Stove	28	100	00	00
5.	Micro Wave	00	00	28	100
6.	Motor Cycle	13	46.42	15	53.57
7.	Cycle	12	42.85	16	57.14
8.	Geyser	01	03.57	27	96.42
9.	Mobil	20	71.42	08	28.58

This table Reveals that what type of Appliance they have to make their Life Easier & comfortable. The sample Respondent informs that About 22 (78.57%) of respondent do not use Refrigerator, only 6(21.42%) having Refrigerator. 15(53.57%) Respondent having T.V. & Satellite Dish, While 13(46.42%) Don't have T.V. it means most of them don't have any permanent sour of entertainment. 28(100%) of respondent have stove for cooking purpose & no one have Microwave for Making Food. 13(46.42%) having Motorcycle, While 15(53.57%) don't have motorcycle for travelling purpose. So 12(42.85%) Have Cycles though 16(57.14%) of sample Respondent don't Have Even cycles for travelling purpose, only one respondent have Geyser. About 20 (71.42%) of sample Respondent having Mobile for Communication.

Education

Table – 3: Behaviour of Education

Sl. No.	Component	Number	Percentage
1.	Do you have children 6-15 years old?	16	57.14
2.	Do all your children go to school?	14	50.00

From this table we come to know that out of 28 respondent, only 16 (57.14%) of respondent have Children of 6-15 yrs out of which 14 respondent send their children to schools i.e. 2 sample respondent Couldn't send their children due to Financial Reasons.

School

Table – 4: Availability of the School

Sl. No.	School	Number	Percentage
1.	Private	09	32.14
2.	Government	05	17.85

Out of 14 respondent who send their children to school, 9(32.14%) Respondent have to send their child to Private Educational Institute, While 5(17.85%) send their child to Gov. schools in City Area Far From Village.

Problems:

While collecting samples, investigator realise that most of the children go to private schools then after inquiring the reason behind this the respondent inform the following major education problems.

1. Absence of Secondary Educational Institution nearby village.
2. No implementation of Gov. Schemes.
3. Lack of study materials in the school.
4. Cost of private schools are very high.
5. Quality education is no more.
6. No transport facility to students.
7. Absence of Higher Educational Institution nearby village.
8. Lack of professional teachers in schools.
9. Lack of frequency of public transport vehicles.
10. Lack of basic education.
11. Absence of corporation school nearby village.
12. No Jr. And Sr. Colleges nearby village.
13. Schemes like Mid-day meal are not implementing properly.
14. No Gov. Transport system for tribal students.
15. The Gov. Schools are not regulated properly by Corp

Satisfaction on the School facilities

Table – 5: Satisfaction on the School facilities

Sl. No.	Satisfaction	Number	Percentage
1.	Yes	08	28.58
2.	No	16	57.14

This Table-5 reveals that most of the sample Respondent 16 (57.14%) are not satisfy with Current Educational facilities, While 8 (28.58%) are satisfied with available Educational Facilities in schools.

Reasons for Satisfaction

Following sample respondent who are satisfy with current educational facilities, informs the reason why they are satisfy:-

1. Free Gov. Education.
2. Less requirement of documents while taking admissions.
3. Gov. Issue scholarships for needed students.
4. Primary educational institution is at nearby village.
5. Primary education is free for students.
6. Teachers are good and caring.
7. Corp. provides some of study materials in primary schools.
8. Infrastructures of primary schools are good.
9. Gov. provide onetime meal to students to raised their nutritive value.
10. Status, Qualification of primary teachers are good.
11. Availability of teachers in primary schools are sufficiently good.

Reasons for Not Satisfaction

Following sample respondent who are not satisfy with current educational facilities, informs the reason why they are not satisfy :-

1. There should be Sec. Educational institution nearby village.
2. No free Corp. transport system.
3. Improper distribution of scholarship amongs tribal students.
4. Lack of Gov. schemes to promote education
5. No sufficient study materials for all students.
6. No higher educational institution nearby village.
7. Lack of quality education in Gov. school.
8. Tribal students have to travel long distance to reach school.
9. Jr. And Sr. Colleges should be near to village .
10. The transport from village to college should be at low cost.
11. Gov. should help the NGO's to promote education in various tribal area.
12. Basic educational material is needed in higher institution .
13. Quality of higher education should be raise.
14. Gov. should promote tribal students for vocational courses.

General Problems of Education

1. Cost of private schools is very high.
2. Absence of Secondary Educational Institution nearby village.
3. Lack of study materials in the school.
4. No implementation of Gov. Schemes.
5. Quality education is no more.
6. No transport facility to students.
7. Absence of Higher Educational Institution nearby village.
8. Lack of professional teachers in schools.
9. Lack of frequency of public transport vehicles.
10. Lack of basic education.
11. Absence of corporation school nearby village.
12. No Jr. And Sr. Colleges nearby village.
13. Schemes like Mid-day meal are not implementing properly.
14. No Gov. Transport system for tribal students.
15. The Gov. Schools are not regulated properly by Corp

Mode of learning of the Warli Painting

Table – 6: Mode of learning of the Warli Painting

Sl. No.	Mode of Learning	Number	Percentage
1.	Traditional	10	35.71
2.	By Experience	09	32.14
3.	Any Institution	06	21.42

The Distribution of sample Respondent of the Level of how they Learn ‘WARLI PAINTINGS’, About 10(35.71%) of Respondent learn to Draw ‘Warli painting’ Traditionally & 9(32.14%) Learn by Experience & 6(21.42%) learn to Draw by various Institution. 3 sample Respondent out of 28 can’t Draw Warli paintings.

Instruments:-

Following are the major instruments used to draw ‘WARLI PAINTING’

1. Rice paste.
2. Geru.
3. Thin Reed like pen.
4. Bamboo and Baharu sticks.
5. Red mud.
6. Charcoal powder.
7. Cow Dung.
8. Heena, Indigo for colours.
9. Bricks.

Inspiration:-

The respondent who draws ‘WARLI PAINTINGS’ are inspired by various factors such as follows.

1. Parents .
2. Warli culture.
3. Teacher.
4. Whole Warli society.
5. Spouse.

Health definition / Description

These are the common diseases sample respondent suffers from:-

1. Diseases like Malaria ,Dengue and Filariasis.
2. Liver damage due to excessive intake of liqueur.
3. Common viral infection like cough and cold.
4. Anaemia i.e. lack of blood contain.
5. Anxiety and Nausea and Giddiness due to lack of blood.
6. Several stomach pain.
7. Vision problem.
8. Tuberculosis.
9. Paralysis.
10. Joint pains.
11. Skin infection.
12. AIDS.

Chronic health disease

Some sample respondent and their family members suffered from chronic diseases are as follows

1. Tuberculosis.
2. Paralysis.
3. AIDS.
4. Liver damage.
5. Filariasis.

Health problems in last 12 months

Table – 7: Health Problems faced by the Sample respondents in last 12 Months

Sl. No.	Health problems	Number	Percentage
1.	Yes	13	46.42
2.	No	15	53.57

This table shows that about 13(46.46%) of sample respondent and their house hold members face the health problem which requires treatment within last 12 months and 15 (53.57%) of the sample respondent didn’t face that problem.

If yes

1. Malaria.
2. T.B.

3. Anaemia.
4. Dengue.
5. Kidney Stone.

Contagious diseases last 12 months

Table – 8: Contagious diseases faced by the Sample respondents in last 12 Months

Sl. No.	Contagious diseases	Number	Percentage
1.	Yes	13	46.42
2.	No	15	53.57

This table shows that about 13(46.42%) of the sample respondent and their house hold members face the health problem which required treatment within last 12 months and 15(53.57%) of the sample respondent didn't face that problem.

If yes

1. Common cold.
2. Dengue fever.
3. Leprosy.
4. Measles.
5. Influenza.

Water borne diseases last 12 months

Table – 9: Water borne diseases faced by the Sample respondents in last 12 Months

Sl. No.	Water borne diseases	Number	Percentage
1.	Yes	14	50.00
2.	No	14	50.00

This table shows that about 14(50.00%) of the sample respondent and their house hold members face the health problem which required treatment within last 12 months and 14(50.00%) of the sample respondent didn't face that problem.

If yes

1. Cholera.
2. Hapatitis B.
3. Dysentery.
4. Typhoid

Consult with traditional Health Healers

Table – 10: Consultation with traditional Health Healers

Sl. No.	Health Healers	Number	Percentage
1.	Yes	21	75.00
2.	No	07	25.00

This table reveals that out of 28 sample respondent 21(75.00%) respondent consult with traditional healers when they are not well and about 7(25.00%) are not consult with traditional healers. Rather they preferred primary health centre or private hospitals.

If yes

1. Natural medicinal herbs from nearby forest.
2. Well known old people, who know about medicinal herbs.
3. By the advice of parents.
4. Traditionally used methods.

Health Facilities

Table – 11: Availability of the Health Facilities

Sl. No.	Facility	Number	Percentage
1.	Government	14	50.00
2.	Private	10	35.71
3.	Others	04	14.28

From the above table sample respondent reveals that when they face health problem 14 (50.00%) of them go to private hospitals which are far from village, 10 (35.71%) of respondent prefer private clinic in village and 4(14.28%) used any other facilities.

Health Practices of the Sample respondents, when they are not well!

1. Private health clinic at village.
2. Primary health centre near the village.
3. For serious concern , civil hospitals at city area.
4. Natural medicines which are used traditionally.

Satisfaction of health facilities

Table – 12: Satisfaction on Health Facilities

Sl. No.	Satisfaction	Number	Percentage
1.	Yes	00	00
2.	No	28	100

From the above table it reveals that 100% of sample respondent are not satisfied with their current health facilities.

General Health Problems

Sample respondent face many health problems in their villages. Some common health problems are as follows.

1. Need Gov. hospital at village.
2. Need free health check-up seminars at village periodically.
3. Separate public toilets.
4. Gov. should supply free medicines for common diseases.
5. Primary health centre should be at village.
6. Need periodically paste control at village.

Health problems while drawing the painting

Those sample respondent professionally draws 'WARLI PAINTING', face some health problems while drawing, as they draw commercially, they used some chemicals to enhance the effect of 'WARLI PAINTING'.

1. Several skin infections occurs when chemicals are used.
2. As they used natural colours, health problems didn't occur.
3. Some times eyes get affected when chemicals used.
4. Fingers get shrinks and infected when excess of lime water used.

Use of the chemicals

Table – 13: Use of the Chemical by the sample respondents

Sl. No.	Chemicals	Number	Percentage
1.	Yes	11	39.28
2.	No	17	60.71

This table informs that 17(60.71%) of the sample respondent don't used any chemicals while drawing paintings, but 11(39.28%) of the respondent used various chemicals while drawing paintings.

Perception on important problems/issues in their habitat

1. Need Gov. hospital at village.
2. Higher educational institution should be there in village.
3. Gov. should built public toilets.
4. Gov. should develop transport system from forest to city area.
5. No proper implementation of tribal schemes and tribal funds.
6. Primary health centre should be there in village.
7. Vocational courses should be start near by village.
8. Paste-control should be done periodically.
9. Corp. should supply free medicines on common diseases.
10. Jr. And Sr. Colleges should be there in village.
11. Public infrastructure should be develop by Gov.
12. Quality education should be provided to the tribal students.

Standard of living

Table – 14: Improvement of the Standard of Living

Sl. No.	Standard of living	Number	Percentage
1.	Improved	12	42.85
2.	Not improved	16	57.14

This table informs that the standard of living of sample respondent is not improved in last 5 years, while 12(42.85%) respondents are improved.

Transformation of art

Sample respondent informs that how they transfer their art and culture to the next generation as follows

1. By teaching next generation how to draw 'WARLI PAINTINGS'
2. By drawing 'WARLI PAINTINGS' occasionally.
3. Conducts some cultural programs by gram-panchayat.
4. By conducting seminars in summer vacation in co-ordination with NGO's
5. By inspiring next generation through their art and culture.
6. Make them available to observe all art of previous generation

Role of Education

According to respondents point of view, following are the importance or role of education

1. To get good jobs and ultimately huge amount of money.
2. To improve and upliftment of their society.
3. To earn money
4. To accelerate the standard of living
5. To become well educated and take part in administration.
6. To develop whole society on their own.
7. To spread their culture and art in all over the world.

Suggestion for Future Research

1. An exclusive research study may be carried out by considering the variables like paining, personality factors on the health awareness of different tribes.
2. A study may be carried out on the education and health awareness of all the tribes.
3. A study on the problems of health personnel working in the government and non-government sectors may be carried out.
4. A study on the effectiveness of mass media in promoting education and health awareness may be undertaken.
5. In-depth studies relating to health issues touching upon policy implications, training and administration may be attempted.

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