

Gathering Insights on Indigenous People's (Adivasis') Perspective on Wellness and Wellbeing: A Scoping Assessment Derived Model of Wellness/Wellbeing

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ABSTRACT Indigenous people of India face profound health challenges similar to their global counterparts, influenced by the cascading effect of intergenerational trauma caused by historical and contemporary policies. The objective of this scoping review is to document perceptions and knowledge about wellness and wellbeing of indigenous people in India. The researchers applied a systematic approach to searching and critically reviewing peer-reviewed literature using the PRISMA for scoping reviews as the reporting guidelines. The search strategy focused on specific keywords to systematically search the published articles between year 2000 and 2022 in English in the following databases, namely PubMed, Scopus, and EBSCO and Google Scholar. From an initial 301 articles identified, thirteen articles met the inclusion criteria. Through analysis and deliberation, the researchers arrived at an ecocultural wellness perspective and proposed a model of wellness/wellbeing that is relevant to the status of the contemporary tribals.

INTRODUCTION

Indigenous communities world over are known to have a unique, context and strength-based perspective of health and wellbeing (Bullen et al. 2023). There is a tendency of mainstream healthcare systems to devalue traditional knowledge and fail these communities by compromising their identities. Adivasis or first inhabitants of India, the indigenous peoples of India have traditionally been oppressed and suppressed for multiple reasons. The presence of the Adivasis has been established to be over thousands of years thriving on a holistic philosophy underpinned by interconnectedness to each other and the natural environment (Dungdung 2017).

The legacy effect of colonisation had already initiated the erosion of what was traditional culture. Furthermore, after independence, the aim of contemporary policies was to bring Scheduled Tribes into the mainstream of society through a multi-pronged approach without disturbing their distinct culture. However, an independent journalist of The Wire (Barla 2022) reports, "Since independence, more than twenty-two lakh acres of forest land have been acquired for various projects in the name of development. For urbanisation, lakhs

of acres of land are wrested from the tribal community every year. Lakhs of landowners in the state are now forced to work as daily-wage labourers." Displacement due to development has a profound impact on their culture, where lies their identities. In the absence of traditional access to the forests, these communities have been forced to adapt their culture and practices, which inevitably has resulted in poor health outcomes (Deb 2013). This has accelerated the cultural transformation by loss of culture and incorporation of mainstream culture as a result of rapid urbanisation and globalisation (Smith and Ward 2020). According to the United Nations' Report by the Department of Economic and Social Affairs entitled "The State of the World's Indigenous Peoples", all tribal communities have one thing in common now, that is, they all have poor health indicators, and limited access to health care services due to geographic remoteness, loss of biodiversity, lack of autonomy, and exclusion from discussion about development.

Global policies, global capital and global markets have now replaced traditional rights of the community with corporate interests resulting in multiplied intergenerational trauma with the dissonance increasing between the younger and the

older generation's perception and practice of tribal identity. Reasons for this intergenerational dissonance include education which is well received by tribals and the elites among the tribals are migrating to the urban and industrial fields for white-collar jobs in public or private enterprises and business, furthermore, now banks are providing loans at minimal interests which has changed the fundamental way of life of the tribes (Sastri and Rao 2011). In the near future, it is likely that the traditional tribal villages will completely disappear, and their traditional system and authority will be extinct. In this context, it is important to understand and document the perceptions and practices related to health and diseases in tribal communities. Perceived wellness among tribes has a significant association with cultural connectedness, which includes using indigenous language and engaging in rituals and cultural activities (Hodge and Nandy 2011). Research shows that indigenous people's concept of wellness is inclusive of physical, mental, environmental and spiritual health (Graham and Stamler 2010). Among tribes cultural customs and their traditional knowledge are playing an important role in maintaining their health and wellbeing. However, younger generations' views of wellness and spiritual activities have changed as a result of development-related changes in the natural and social environment (Veliah and Venkatasubramanian 2024). Tribes' perceptions of wellness change depending on their geographic location because of variations in temperature, natural resources, and customs related to the land. So, it is essential to comprehend the attitudes and perceptions of health and wellness among tribal societies specific to geographic locations. In this regard, the aim of this scoping review is to study the perceptions and knowledge about wellness and wellbeing of indigenous people in India.

Objectives

The aim of this scoping review will attempt to answer the following questions:

1. What dimensions contribute to the perception of Adivasis regarding wellness/wellbeing?
2. Are there any commonalities in perception about wellness dimensions among the Adivasis spread across the country?

3. Is there any emerging conceptual framework/model of wellness that is unique to Adivasis?

METHODOLOGY

Study Design

The framework proposed by Tricco et al. (2018) was used in conducting this scoping review, and the Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) standards and guidelines were followed in reporting the review.

Information Sources and Search Strategy

After identifying the relevant keywords from published studies of related concepts, synonyms, and different spellings, a search query was framed using logical operators 'OR' and 'AND.' The search query developed for identifying records was (("indigenous people" OR "tribe" OR "adivasi" OR "Adivasis") AND ("perception" OR "perspective" OR "opinion") AND ("wellness" OR "wellbeing" OR "well-being")). In November 2023, initial search using a query was performed in four databases, Scopus, PubMed, ScienceDirect and EBSCO. Article search in Google Scholar and reference list of included articles was also performed.

Inclusion and Exclusion Criteria

While screening the articles, published primary research articles that explored the perception of tribes in India on wellness/wellbeing will be included in this scoping review. As exploring the perceptions of indigenous communities requires deeper understanding of their local culture and social structure, studies that utilised qualitative research methods or mixed methods will be included. Ecosystem, environment, and lifestyle are vital aspects that contribute to wellness. Hence studies that explored the tribal views on ecosystem, spirituality, and lifestyle patterns such as diet, cultural practices, etc., will also be included.

Studies that assessed the health status and health seeking behaviour of indigenous people by quantitative research methods will be excluded from the scoping review. Studies that explored the perception of tribes on particular disease conditions like tuberculosis and diabetes will also be excluded.

Selection of Studies and Data Extraction

In the first level of screening, the study titles and abstracts alone were separately examined by two reviewers based on the inclusion and exclusion criteria. If there was a discrepancy in the number of articles between the two reviewers following the initial screening, they were analysed and settled by the third reviewer. After removing the duplicates, the second level of screening was done independently by two reviewers by going through the full article and the differences were resolved by consensus. Risk of bias assessment of the included studies were carried out using COREQ Checklist developed by Tong et al. (2007). COREQ is a 32-item checklist that provides guidelines for reporting qualitative studies that involve focus group discussions and in-depth interviews. Once the number of articles to be included in the scoping review was finalised, a data extraction sheet was prepared and information from the studies was recorded in it. The information from the studies

includes bibliometric information, objectives of the study, population characteristics, study area characteristics, period of study, methodology followed, sample size information and strategy, results, and limitations of the study. Finally, the information from the studies were summarised, investigated, and presented as qualitative synthesis.

RESULTS

164 records from PubMed, 51 from Scopus, 48 from ScienceDirect and 38 from EBSCO were found in the initial search. Following a first level of screening, 18 records from PubMed, 10 from Scopus, 4 from ScienceDirect and 2 from EBSCO were identified. Nine articles were identified through Google Scholar and reference lists. Thirty-six papers were left for full-article evaluation after the duplicates were eliminated. Of these, thirteen articles were selected for scoping review based on the inclusion and exclusion criteria. Figure 1 shows the PRISMA flowchart that provides results of searching and screening.

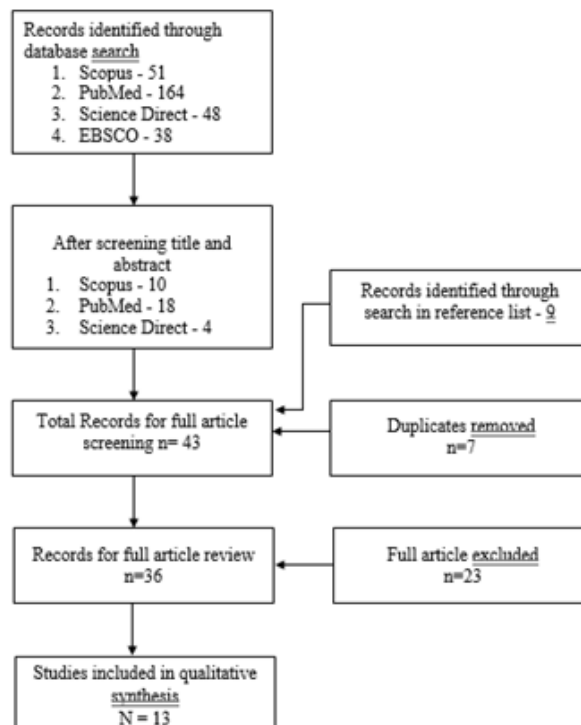


Fig. 1. PRISMA flowchart

Distribution of Tribes

From the findings the studies capture tribes across the country, from Arunachal Pradesh to West Bengal in the east and Kerala and Tamil Nadu in the south and Rajasthan and Maharashtra in the west. Out of the thirteen studies, two are by the same research team with one by Majumdar and Chatterjee working with the Lodhas in West Bengal, and the other research team being Mohindra and their work in the Wayanad area among the Paniya tribes of Kerala. Other than these studies, other tribes include Irulas, Kurumbas and the two studies among the Malayalees in Tamil Nadu, Monpa of Arunachal Pradesh, Bhils of Rajasthan, Santal and Munda tribes of Odisha, tribes of Maharashtra and the Munda tribes of Jharkhand.

Brief Overview of Studies

Among the thirteen studies included in this review, one study focused on the Bhils of Rajasthan's (Jain and Agrawal 2005) perception of illness and health ideology among them. Their beliefs include multi-causational determinants of illness, and treatment includes both indigenous and allopathic systems of healthcare delivery. The element of supernatural and magico-religious practices were a highlight in their perception about treatment for illness. Along the same lines, the Irulas of the Nilgiris (Kumar 2017) believe that minor illness is caused by physical causes such as rain and climate, while long term illnesses are perceived to be caused by supernatural powers. The choice of treatment always began with the traditional healer followed by visits to the allopathic forms of medicine.

Furthermore, the only other study by Rowkith and Bhagwan (2020) was done in the northwest region of the country among tribes (name not mentioned) was in Maharashtra among students and academics who were immersed in a tribal area for over 2 years which revealed 3 broad themes. Namely, tribal characteristics which included the people as indigenous, socially excluded having deep connections with family life, theme 2 discussed tribal spirituality, which was further sub-themed as nature worship, individual spirituality and prayers and rituals. Finally theme 3 deliberates about healing methodologies talking about treatment seeking behaviours, which is comparable to the other two studies discussed earlier about magico-religious

beliefs and traditional healers being their first choice for treatment.

Studies done in West Bengal include the Lodha tribes (Majumdar and Chatterjee 2020) whose perception of subjective well-being reported the following findings. Themes that emerged include health, traditional knowledge, festivals and social connectedness. The results suggest the focus on well-being should also include health and housing, promoting, and retaining traditional knowledge and the tribal culture of festivals and social connectedness.

To complement this finding, another study by the same researchers included a study on environmental perception among the Lodha tribes (Majumdar and Chatterjee 2022), which highlights the intergenerational variation in environmental perception, the younger age group perceived environment through an economic value and livelihood support, while the middle age group viewed the physical environment as identity, and the older age group believed the environment is the prime basis of life survival. Constructive analysis about the environment source depletion was more among the older age group compared to the younger age group. To conclude, the cognitive expression of the Lodha community members on varied domains of environmental resources explains inherent indigenous knowledge of folk thought.

Along the lines of well-being, one of the studies is on the Munda tribe by Varghese et al. in 2020, wherein the researchers attempt to identify the challenges experienced with respect to availability, acceptability, accessibility and affordability and the well-being aspect of their health ecosystem. The findings reveal that with improvement in health through increased health security, there is consequent improvement in happiness, feeling and well-being.

An ethnoecological study in Arunachal Pradesh of the Monpa community by Singh (2013) explored the interconnectedness between ecocultural knowledge and subsistence livelihoods. The role of ecocultural capital is significant in subsistence and conservation of natural resources. Findings from this study reveal that their overall ecocultural diversity enhanced through cultural networks across the communities allowed the Monpa a wider degree of food security and enhanced their health and wellbeing. The study concluded that culture, spiritual values, and livelihoods are indivisibly coupled with natural resource use and sustainability.

Two of the studies in this scoping review were done by the same research team of Mohindra et. al. in 2010 and 2011 respectively, on the primitive tribes of Paniya in Wayanad district of Kerala. One of these studies was done to gather policy-relevant data on the views, experiences, and priorities of Paniya, a tribe from southern India. Findings from this study, which adopted guiding principles and used a participatory poverty and health assessment revealed that the Paniya feel trapped in a vicious cycle from which they find it difficult to get out of. The other study by the same researchers focused on understanding Paniya's views with regard to alcohol. The study highlighted the problem that the community acknowledged, and that the behaviour is common among the younger men. Furthermore, it is a livelihood for the tribe, the local employers lure the Paniyas with alcohol for wage-work.

The alcohol consumption behaviour common among the indigenous people is gender-neutral in some tribes. A study among the Santals and the Munda tribe of Odisha by Pati et al. (2018) discusses women's alcohol consumption behaviour, which is socially sanctioned. Findings suggest a complex interaction of determinants contributing to this behaviour by pregnant women, which includes multiple factors ranging from a perception that homemade alcohol poses no ill-health, to a lack of social monitoring, easy access, low alcohol literacy and its normative status in their culture. In understanding alcohol consumption behaviour, among the Malayalis of the Jawadi hills, a study by Rose et al. (2015) points to the change from moderate use to abuse because of easy availability at state-run shops leading to increased violence, mortality and morbidity.

To conclude, the last two of the papers reviewed are unique with the Pattison-Williams et al. (2018) assessing the perceptions of household wellbeing in three different states, namely Odisha, Tamil Nadu and Kerala. The study was to acquire insights on wellbeing from three generations of respondents in three communities in both eastern and western ghats. Findings revealed that most of the households had a positive perspective regarding their wellbeing over time, with tribes in Odisha being more optimistic than tribes from Tamil Nadu and Kerala. There was no difference between tribes and non tribes with regards to wellbeing perception as well. Common negative events reported included death, alcoholism and climate disasters

and positive events were asset inheritance or government schemes. Generational differences were reported with the older generations valuing labour migration, interim generations valued asset inheritance, and younger generation, government schemes. The last article by Craig et al. (2018) explores the dietary beliefs and practices of Adivasi mothers and findings arrived at through cultural-ecological framework revealed the interaction of varied factors that affect women's diet and maternal nutrition, as well as the diversity of perspective that comprise the worldviews of the Irulas and Alu Kurumbas.

DISCUSSION

The purpose of this analytic review was to understand the perception among Adivasis (indigenous people) on wellness and wellbeing so that the researchers can document findings among the Adivasis and to propose a model of wellness/wellbeing for them. To that outcome, it can be highlighted that there is no mention of the word '*wellness*' in all these studies, however, the researchers believe that it is understood, as there are studies where the terminology of wellness and wellbeing are used interchangeably, one can assume that the Adivasi community also tends to equate these two nomenclatures as one (Holdsworth 2019).

Furthermore, the promotion of wellness is understood as more than the mere accomplishment of a neutral state, as it strives for the attainment of the highest possible level of functioning in all aspects (or domains/components/contexts of wellbeing) of human existence (Kirsten et al. 2009), while wellbeing has a component of happiness added on to the dimensions of wellness (Deci and Ryan 2006). Although there are studies that have highlighted the difference between wellness and wellbeing, how it is perceived by the population is still unclear.

Overarching dimensions of wellbeing that can be synthesised from analysis of these articles include studies that report physical health in the context of subjective wellbeing of the Lodha community as the focus, where the community has highlighted physical and mental health to constitute "good health". Moreover, the majority of the studies on wellbeing in Adivasis identified the following domains by thematic analysis, that is, spiritual wellbeing, environmental wellbeing and festi-

vals/rituals and social connectedness including family and community.

In this context, a review of literature from the mainstream media highlight wellbeing as a holistic, person-centred analysis incorporating social and subjective assessments of life (Schreckenberget al. 2018) while wellness is clearly defined in a multidimensional manner with domains identified such as physical, mental/psychological, social, vocational, environmental, spiritual, financial, and intellectual (Stoewen 2017). The Adivasis way of living is one where wellness is a primordial prevention approach to healthy living (Veliah and Venkatasubramanian 2024) and from the ontology and epistemology one can interpret that they equate health/wellness to wellbeing and vice versa.

Analysis of the perspectives from different tribes, brings to the fore the commonalities that exist including the fact that they are indigenous peoples living in remote places with deep connections to family, environment and rituals including consumption of alcohol as part of their way of life. Further understanding about ways of life of the Adivasis reveal that the spiritual domain of wellness, which encompasses many aspects of their culture, plays a major role in their perception of illness and wellness. Additionally, their way of life and culture encompasses many aspects that constitute wellness such as connectedness with family/community and their land/nature all of them reiterating the indigenous peoples' philosophy of holism and their worldview that includes unity, wholeness, continuation, perpetuity, inseparability, completeness, balance, security, equality, comfort, and health as the many interconnected dimensions of health (Viscogliosi et al. 2020).

Emerging framework from the perspectives of Adivasis on wellbeing is featured in Figure 2. It is evident from the synthesis of the literature, that physical wellness including behaviours such as alcohol consumption has a direct influence on mental wellness, and this is bidirectional while physical and mental wellness are also mediated through social wellness, which in the Adivasi parlance includes family and community connectedness.

The roles of culture and connectedness to environment play a critical part in the perspective of health and wellbeing among the Adivasis, and the dimensions of physical, mental and social wellness manifests, underpinned by ecological and cultural wellness. The ecocultural foundation is

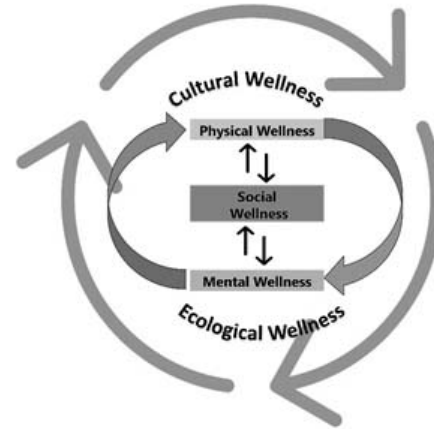


Fig. 2. Emerging framework of Adivasi wellness-older generation

intimately intertwined and with organic changes in culture there is a consequent change in the ecology and vice versa reiterating the natural process. Among the older generations, financial wellness was never mentioned to be constituting overall wellness, one of the reasons for this could be because of the legacy of subsistence livelihood that was practiced and their austere lifestyle based on self-sustenance.

For the indigenous people of Canada, the Indigenous Health System Transformation (2023) has built a model of wellbeing that the native Canadians use, a model for holistic health and wellbeing. This model is underpinned by culture, their ways of being and knowing with aspects of health and wellbeing including reclamation, healing, language and teaching along with generosity, belonging, learning and interdependence being highlighted. With regards to the indigenous peoples of India although there are studies in many dimensions of wellbeing, there is yet no model of wellbeing that is culturally relevant. This is an effort to propose a model of wellbeing.

Intergenerational Differences in Perceptions

Revelations regarding generational changes in perception are discussed by authors in two of the thirteen papers. The older generations perceived well being to be on the positive trajectory while

the younger generations had a more pessimistic outlook to life. Wellbeing has gradually improved over time according to the older generation while a few percentages of people in the middle and younger age group reported lowered wellbeing.

Perception of the environment is also varied among the different generations. The younger generation recognised the environment as the support base of livelihood to the community members. Among the middle aged people, apart from being the support base for livelihood, the environment was recognised as the source of knowledge while the older generation recognised the environment as their forest-based identity.

Utilitarian attributes varied across the generations. It was economic for the younger generation but for the middle and the older age group it was food, economic, medicinal, and religious value. Financial wellness is becoming critical among the younger generation and based on this shift the researchers have highlighted a revised framework for the current generation, wherein financial wellness is also highlighted as a wellbeing domain. Socio-economic framework plays an essential role in the health and wellbeing of Adivasis.

This framework for model of wellness/wellbeing for the younger generation (Fig. 3) includes the financial wellness domain, which plays a critical role through contemporary policies of affirmative action at the educational level and at the professional level, furthermore, schemes for borrowing money from banks has further emphasised the

role of economics and lifestyles of the younger generation particularly with regards to non-traditional ways of living and alcohol use/abuse. As a result of borrowing and living beyond their needs, there is decreased mental well-being which in turn impacts all other domains as well.

To counter the effects, there is a need for policies and programs crafted by the tribes that celebrate their tribal identity, elevate their status, and offer economic opportunities that promote their tribal ecoculture. For example, among the Toda tribes of the Nilgiris, women have formed a cooperative, which helps in promotion of geographical indication tagged “Toda Design” (Toda Nalavazhvu-sangam et al. 2013), which allows them to benefit financially while bolstering their tribal traditions. This is an assured way of revitalising the tribal culture and tradition and therefore overall wellness.

CONCLUSION

The Adivasis’ worldview in the larger picture corresponds well with the eco-cultural system as espoused. According to the included studies on Adivasis, wellness encompasses not only mental and physical health but also social connectivity across family, community, festivals, rituals, spirituality, and the environment. Individual dimensions of wellbeing along with socio-economic metrics are embedded within a strong eco-cultural foundation, which over time has shown resilience however, with development promising economic growth, and the younger generations prioritising economics, there will be mainstreaming of tribal identity with loss of traditional knowledge, the ecosystems that are sacred and culture that is unique.

The drawbacks of the current tribal policies that aim to level the playing field requires a reframing to elevate the status of the tribes as indigenous peoples by celebrating their culture, tradition and their way of life while engaging in “tribal-centric” economic opportunities for the tribal folks to thrive. One more aspect to indigenous peoples flourishing requires leadership, an area where there is a need. As a community they are reticent and inherently suspicious of anyone from “outside”. This lacuna needs to be addressed through representation at all levels from the village to the district of their residence to ensure equitable collective agency.

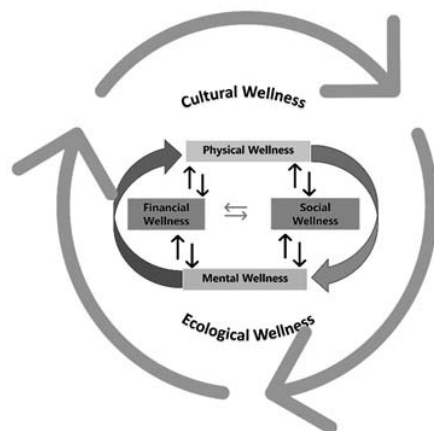


Fig. 3. Emerging framework of Adivasi wellbeing younger generation

RECOMMENDATIONS

Following the wisdom of the UN's report on indigenous peoples, one of the important areas for health care lies in intercultural frameworks and models of wellness/wellbeing. The need is for health services to be pluricultural in order to develop effective models of wellness/wellbeing for which there is a need to document best practices. This scoping review is an effort to document their perception about wellbeing so one can develop and implement culturally and linguistically appropriate models of wellness/wellbeing in the future.

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