

QUALITY SWAYAM MOOCs: AMPLIFYING CULTURAL VOICES FOR HEALTH LITERACY IN INDIA

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ABSTRACT

India grapples with profound health literacy deficits, where only 27% of adults demonstrate adequate competencies amid cultural pluralism and digital divides (IIPS & ICF, 2021). SWAYAM MOOCs, as NEP 2020's flagship platform with over 2,000 wellness courses like Yoga, Public Health and Health Humanities, promise scalable solutions yet falter on quality gaps—low interactivity, cultural insensitivity and sub-10% completion rates—undermining their potential to amplify diverse voices (Kapoor & Garg, 2022; Ministry of Education, 2020).

This conceptual paper proposes the "Voices of Wellness" framework, a triadic model (Communication, Culture, Care) that adapts Quality Matters rubrics for Indian contexts, synthesizing Nutbeam's health literacy hierarchy with Ayurvedic traditions and relational pedagogy (Nutbeam, 2000). Through theoretical integration of literature on SWAYAM evaluations, policy documents and cultural health studies, it dissects gaps in courses like Psychology for Health and Well-being, advocating dialogic forums, vernacular Ayurveda modules and AI-personalized care to foster critical literacy across rural-urban divides. Key insights reveal opportunities for policy reforms, including QM-India audits and faculty training, yielding social impacts like empowered tribal communities and gender-equitable wellness. Limitations acknowledge conceptual bounds, with future empirical pilots urged for validation.

By repositioning SWAYAM as a culturally resonant conduit, this framework advances digital pedagogy, aligning with SDG 3 for equitable health outcomes in pluralistic India.

Keywords: SWAYAM MOOCs, Health Literacy, Cultural Voices, Wellness Communication

Introduction

In the evolving landscape of India's digital education ecosystem, SWAYAM MOOCs hold transformative potential for addressing health literacy deficits through culturally attuned wellness content. This section sets the stage by examining persistent challenges, the platform's strategic role and a conceptual triad of communication, culture and care.

Health Literacy Challenges in India

The advent of digital learning platforms has reshaped health education in India, particularly amid rising demands for accessible wellness knowledge. Health literacy, defined as the capacity to obtain, process and understand basic health information to make informed decisions (Sorensen et al., 2012), remains critically low in India, with only 27% of adults demonstrating adequate levels according to the National Family Health Survey-5 (IIPS & ICF, 2021). This gap exacerbates vulnerabilities in managing non-communicable diseases, mental health and preventive care, especially in diverse cultural contexts where traditional knowledge systems intersect with modern biomedical models. Urban-rural divides, linguistic barriers and gender disparities further compound these challenges, underscoring the need for culturally resonant educational interventions.

Role of SWAYAM MOOCs in Wellness Education

SWAYAM MOOCs, launched under India's National Mission on Education through Information and Communication Technology (NMEICT), offer a promising avenue for bridging this divide by delivering free, scalable courses from premier institutions (Ministry of Education, Government of India, 2023). With over 2,000 courses available, including those on wellness themes like nutrition, yoga and public health, SWAYAM has enrolled millions, yet quality inconsistencies—such as limited cultural adaptation and interactive elements—hinder their impact on health literacy (Kapoor & Garg, 2022). By leveraging Quality Matters (QM) rubrics tailored to Indian contexts, SWAYAM can elevate course design to foster deeper engagement, aligning with the National Education Policy 2020's emphasis on technology-enabled equity.

Conceptual Focus: Communication, Culture and Care

At its core, this conceptual paper adopts the theme "Voices of Wellness: Communication, Culture and Care" to explore how high-quality SWAYAM MOOCs can amplify marginalized cultural voices in health education. Communication here transcends mere information dissemination, embodying dialogic exchanges that honour India's pluralistic heritage—from Ayurvedic traditions to indigenous healing practices (Patwardhan, 2014). Culture shapes health perceptions, as evidenced by studies showing how caste, region and community norms influence wellness behaviours (Krishnan et al., 2019). Care, framed through a relational lens, calls for empathetic instructional design that builds learner agency. By conceptualizing a framework that integrates these elements, this paper argues for SWAYAM's transformation into a culturally attuned platform, enhancing health literacy and advancing India's wellness agenda.

SWAYAM MOOCs on Health and Wellness

- SWAYAM hosts numerous wellness-focused MOOCs from coordinators like CEC, NPTEL, IGNOU and universities, often free with optional certification. Here are key examples, drawn from platform listings:
- Yoga (CEC): Covers asanas, pranayama, bandhas and educational values; hosted by experts promoting hatha yoga for fitness, stress reduction and mental hygiene.
- Psychology for Health and Well-being (CEC): Explores psychological factors in health, adjustment and happiness.
- Public Health (INI): Introduces hygiene, determinants and nutrition basics.
- Health Humanities: Indian and Western Medical Knowledge Traditions (INI): Intersects humanities with Ayurveda, Unani and allopathy traditions.
- Psychology of Stress, Health and Well-being (NPTEL): Addresses stress impacts, coping and positive psychology.
- Health and Well-Being: Sustainable Lifestyle (SBVU): Focuses on eco-nutrition, green tech and holistic wellness.
- Principles of Health & Fitness Management (Manipur University): Fitness principles and management.
- Family & Community Nutrition (EFLU Hyderabad): Nutrition for families and communities.
- Vocational: Panchkarma Assistant / Community Health (SWAYAM PRP): Traditional Ayurveda therapies and community care.
- Maternal Infant Young Child Nutrition / Immunology (Various): Specialized public health tracks.

Fruitfulness in Amplifying Cultural Voices for Health Literacy

These MOOCs fruitfully amplify cultural voices by democratizing traditional Indian wellness—like yoga's ancient roots and Ayurveda's holistic paradigms—reaching millions across linguistic/regional divides via vernacular options, aligning with NEP 2020 equity (Ministry of Education, 2023). Yoga courses embed ashtanga and pranayama, fostering critical literacy on mind-body integration amid 73% national gaps (IIPS & ICF, 2021); Health Humanities bridges indigenous systems with modern care, empowering rural/tribal learners to navigate pluralistic health narratives. Nutrition and public health tracks localize content (e.g., community diets), boosting interactive forums for voice-sharing, potentially raising completion rates and preventive behaviours (Kapoor & Garg, 2022). With QM-inspired enhancements, they transform passive access into dialogic empowerment, advancing SDG 3 in diverse Indian contexts.

Review of Literature

The literature on health literacy and SWAYAM MOOCs reveals a dynamic interplay between global conceptual evolution and India-specific applications, highlighting gaps in cultural integration for wellness education. This review synthesizes foundational theories, empirical insights and critiques to frame the need for quality enhancements in SWAYAM courses.

Evolution of Health Literacy Concepts

Health literacy concepts have evolved from rudimentary functional skills to multifaceted competencies since the mid-20th century. Early notions, traced to 1950s public health discussions emphasizing individual responsibility amid epidemics, progressed through Simonds' 1974 framing of health education as essential for literacy (Okan, 2019). The WHO's seminal 1998 definition expanded it to "cognitive and social skills" for accessing, understanding and using health information to promote well-being, underscoring empowerment (WHO, 1998). Nutbeam's 2000 model layered this into functional (basic reading), interactive (communication) and critical (decision-making) levels, influencing subsequent paradigms that stress social practice and equity (Nutbeam, 2000). Recent trajectories, post-2000, integrate public health promotion and physician-patient dynamics, with India's context revealing sociodemographic barriers like dual disease burdens and cultural diversity (Batterham et al., 2021).

In India, health literacy research underscores persistent inequities, with NFHS-5 data showing only 27% adequacy amid linguistic, regional and socioeconomic divides (IIPS & ICF, 2021). Studies link low literacy to poor non-communicable disease management and healthcare navigation, exacerbated by culture-bound syndromes and traditional practices (Krishnan et al., 2019). SWAYAM MOOCs, operational since 2017 under NMEICT, address access with thousands of courses, yet literature critiques quality issues like limited interactivity and cultural relevance in health domains (Kapoor & Garg, 2022). Evaluations note high enrollment but low completion (under 10% in some wellness tracks), attributing gaps to non-adaptive content ignoring Ayurvedic or indigenous voices (Ministry of Education, 2023). Emerging calls advocate QM-inspired rubrics for India, aligning with NEP 2020's equity goals (Onah et al., 2024).

This synthesis exposes a void: while health literacy models evolve toward cultural sensitivity, SWAYAM's wellness MOOCs undervalue communication and care, necessitating a conceptual framework to amplify diverse voices.

SWAYAM MOOCs: Quality Frameworks and Gaps

Scholarship on SWAYAM MOOCs underscores their alignment with India's equity-access-quality triad, yet persistent critiques of instructional design and cultural oversight reveal critical gaps in elevating health literacy. This review dissects established quality frameworks against SWAYAM's realities, drawing on empirical evaluations to advocate conceptual refinements.

Quality frameworks for MOOCs like SWAYAM draw from global benchmarks such as Quality Matters (QM), which outlines 44 standards across eight domains including learning objectives, assessments and learner interaction (Quality Matters, 2023). QM's research-backed rubric, adapted for online courses, emphasizes accessibility, usability and engagement—principles echoed in SWAYAM's four-quadrant model (video lectures, texts, assessments, discussions) per MHRD guidelines (Nayak & Sahoo, 2021). In India, NEP 2020 reinforces these through SWAYAM's mandate for high standards, with NAAC accreditation processes integrating MOOC metrics for institutional quality (Ministry of Education, 2023). Studies commend SWAYAM's scale—over 2,000 courses with millions enrolled—but highlight superficial adherence, lacking adaptive tech or personalized feedback (Goyal, 2025).

Gaps in SWAYAM's quality are pronounced in health education MOOCs, where one-way videos and outdated content fail to engage diverse learners, yielding completion rates below 10% (Kumar & Saini, 2020). Critiques note inconsistent faculty training, poor pronunciation in multilingual contexts and minimal cognitive engagement via interactive simulations or peer collaboration, alienating rural and non-English speakers (Hill Quest, n.d.). Cultural voids persist: wellness courses overlook indigenous Ayurveda or regional dialects, undermining health literacy amid India's pluralistic health beliefs (Kapoor & Garg, 2022).

High dropout stems from technical glitches, weak assessments and irrelevant certificates, contrasting global platforms like Coursera (Singh et al., 2021). Literature urges India-specific adaptations, such as QM-infused rubrics prioritizing cultural voices to fulfil SWAYAM's transformative promise (Pratibha Spandan, 2023).

These insights illuminate opportunities for conceptual intervention, positioning quality SWAYAM MOOCs as amplifiers of cultural narratives in health literacy.

Cultural Dimensions in Indian Digital Health Education

Cultural dimensions profoundly shape digital health education in India, where diverse traditions intersect with modern platforms, yet SWAYAM MOOCs often overlook these nuances, limiting health literacy gains. This review probes sociocultural influences, drawing on studies that reveal barriers and opportunities for culturally responsive design.

India's health landscape embodies pluralism, blending Ayurvedic, Unani, Siddha and folk practices with allopathic medicine, influencing how communities perceive and engage wellness (Patwardhan, 2014). Literature highlights sociocultural barriers to health literacy, including caste, gender and regional norms that embed illness in spiritual or communal frames, as seen in rural adoption of preventive Ayurveda (74% prevalence) versus urban yoga (59%) (TPMAP, 2025). Digital platforms exacerbate divides: women face autonomy gaps, with smartphone ownership disparities curbing mHealth access and telemedicine efficacy (Gupta, 2025). NFHS data and regional analyses confirm low digital health literacy among socioeconomically disadvantaged groups, tied to linguistic mismatches and misinformation risks (Research Publish, 2025).

SWAYAM MOOCs, while pioneering topics like Yoga and Ayurveda, falter in cultural translation—Western-centric examples alienate learners, per DPR evaluations (Tripura University, 2016). Empirical reviews note low rural engagement due to absent vernacular content and community relevance, with MOOCs underutilizing India's heritage for interactive modules (NCERT, 2023). Social media studies advocate bridging via localized narratives, yet SWAYAM lags in amplifying tribal or caste-specific voices amid NEP 2020's equity push (BMJ, 2024). Gendered sociocultural factors further marginalize women, underscoring needs for participatory designs honouring relational care (Healthline Journal, 2025).

Synthesizing these, the literature calls for infusing cultural voices into SWAYAM to transcend functional literacy toward empowered, contextually rooted health education.

Research Methodology (Conceptual Approach)

This conceptual paper employs a non-empirical methodology rooted in theoretical synthesis, critical literature analysis and framework development to explore SWAYAM MOOC quality enhancements for health literacy. Unlike quantitative or experimental designs, this approach integrates interdisciplinary insights from education technology, public health and cultural studies, aligning with established practices in conceptual scholarship (Ravenek & Bilodeau, 2019).

Need of the Study

The need for this study arises from persistent gaps in India's health literacy landscape, where only 27% of adults demonstrate adequate competencies despite SWAYAM's vast reach (IIPS & ICF, 2021). Digital wellness education often ignores cultural pluralism—Ayurvedic traditions, regional dialects and community care norms—resulting in low MOOC completion rates (under 10%) and inequitable outcomes (Kapoor & Garg, 2022). NEP 2020 mandates quality upliftment in platforms like SWAYAM, yet frameworks like Quality Matters (QM) remain under-adapted for Indian contexts, amplifying calls for culturally responsive models (Ministry of Education, 2020). This paper addresses this urgency by conceptualizing how amplified cultural voices can transform SWAYAM into an effective tool for empowered health communication, bridging policy aspirations with grassroots wellness needs.

Scope of the Study

This conceptual inquiry delineates the scope of examining SWAYAM MOOCs' potential to enhance health literacy through culturally attuned design, focusing primarily on India's higher education and public health domains. The study encompasses wellness-themed courses—such as nutrition, yoga, Ayurveda and mental health—offered on SWAYAM from 2017 onward, analyzing their alignment with global quality benchmarks like Quality Matters (QM) rubrics while prioritizing Indian sociocultural contexts (Ministry of Education, Government of India, 2020). Geographically, it centers on diverse learner demographics across urban, rural and tribal regions, incorporating linguistic pluralism (e.g., Hindi, regional languages) and NEP 2020's equity imperatives, yet excludes non-health MOOCs, international platforms like Coursera or primary empirical data collection. This bounded scope enables a targeted conceptual framework that advocates adaptive instructional strategies without overextending to exhaustive platform audits, fostering actionable insights for policymakers and educators (Kapoor & Garg, 2022).

Objective(s) of the Study

The primary objective of this study is to conceptualize a culturally responsive quality framework for SWAYAM MOOCs that amplifies diverse voices in health literacy education across India. Specific aims include mapping existing gaps in SWAYAM's wellness courses against Quality Matters (QM) standards adapted for Indian contexts, such as integrating Ayurvedic narratives and regional dialects to boost learner engagement (Ministry of Education, Government of India, 2020). A secondary objective explores how communication and care models can transform passive MOOC consumption into dialogic wellness practices, fostering critical health literacy per Nutbeam's hierarchy (Nutbeam, 2000). Ultimately, the study seeks to propose policy-aligned recommendations that align with NEP 2020's digital equity goals, enabling SWAYAM to bridge urban-rural health divides (Kapoor & Garg, 2022).

Methodology of the Study (e.g., theoretical synthesis, framework development)

This study adopts a methodology centered on theoretical synthesis and framework development, drawing from interdisciplinary sources in education technology, public health and cultural studies to construct a novel model for SWAYAM MOOC enhancement. Theoretical synthesis involves critically integrating established concepts—such as Nutbeam's health literacy hierarchy and Quality Matters (QM) rubrics—with India-specific insights from NEP 2020 and SWAYAM evaluations, identifying synergies and gaps through iterative conceptual mapping (Nutbeam, 2000; Ministry of Education, Government of India, 2020). Framework development proceeds by proposing a culturally layered model that operationalizes "communication, culture and care," visualized as interconnected domains: communication for dialogic content, culture for localized narratives (e.g., Ayurveda integration) and care for empathetic learner support, tested conceptually against real-world SWAYAM wellness courses. This non-empirical approach, akin to conceptual scholarship in digital pedagogy, ensures rigor via systematic literature triangulation and logical deduction, yielding transferable propositions without primary data (Kapoor & Garg, 2022).

Sources of Data Collection (e.g., secondary literature, policy documents, SWAYAM course reviews)

Data collection for this conceptual study relies exclusively on secondary sources, ensuring a robust foundation through curated, peer-reviewed materials that illuminate SWAYAM's role in health literacy. Primary among these are scholarly articles from databases like Google Scholar, PubMed and Indian journals (e.g., Journal of Educational Technology Systems), which provide empirical critiques of MOOC quality and cultural gaps (Kapoor & Garg, 2022). Policy documents, including the National Education Policy (NEP) 2020 and Ministry of Education reports on SWAYAM performance, offer authoritative benchmarks for quality standards and equity mandates (Ministry of Education, Government of India, 2020). Supplementary insights derive from SWAYAM course reviews—aggregated from platform analytics, learner feedback portals and third-party evaluations like AICTE reports—highlighting completion rates and content relevance in wellness tracks (e.g., yoga and public health MOOCs). National surveys such as NFHS-5 furnish contextual health literacy metrics, triangulating global frameworks like Nutbeam (2000) with India-specific data (IIPS & ICF, 2021). This purposive selection prioritizes recency (post-2017) and relevance, enabling deductive synthesis without primary fieldwork.

Sampling Techniques (if applicable; e.g., purposive selection of health MOOCs)

Given the non-empirical nature of this conceptual study, sampling techniques adopt a purposive approach to select representative secondary materials and SWAYAM artifacts, ensuring depth over breadth in analyzing health literacy enhancement. Purposive selection targets 20–30 wellness-themed MOOCs on SWAYAM (e.g., courses on yoga, nutrition, Ayurveda and mental health from 2017–2025), chosen for their thematic relevance, enrollment scale (>10,000 learners) and diversity across National Coordinators like NPTEL and IGNOU, as per platform metadata (Ministry of Education, Government of India, 2023). Literature sampling employs criterion-based inclusion: peer-reviewed studies post-NEP 2020 addressing cultural gaps or QM-aligned quality in Indian MOOCs, sourced from Scopus-indexed journals to capture sociocultural nuances (Kapoor & Garg, 2022). Policy documents are stratified by origin (MHRD/AICTE reports), excluding outdated pre-2017 materials. This method, common in conceptual framework-building, maximizes theoretical saturation while bounding scope to India's digital health education context, facilitating robust synthesis without probabilistic randomization (Patton, 2015).

Conceptual Framework and Analysis

This section articulates a novel conceptual framework—"Voices of Wellness"—that operationalizes quality enhancements in SWAYAM MOOCs by intertwining Quality Matters (QM) rubrics with India's cultural pluralism, enabling critical analysis of health literacy amplification. Through deductive synthesis, it dissects SWAYAM's structural strengths against sociocultural demands, proposing adaptive strategies for transformative digital care.

Quality Dimensions of SWAYAM MOOCs (e.g., QM rubrics adapted for India)

Quality dimensions of SWAYAM MOOCs, when viewed through QM rubrics adapted for India, reveal both alignments and deficiencies in fostering health literacy. QM's eight standards—course overview, learning objectives, assessment, instructional materials, interaction, learner support, accessibility and design—provide a scaffold, with Standard 1 emphasizing clear navigation and Standard 6 promoting active engagement via discussions (Quality Matters, 2023). In SWAYAM's context, adaptations incorporate NEP 2020's multilingual mandates, such as vernacular subtitles and regional case studies, yet many wellness courses falter: video lectures dominate (Quadrant I) without interactive simulations of Ayurvedic diagnostics, yielding passive learning (Ministry of Education, Government of India, 2020). Empirical proxies indicate low interactivity scores (under 40% QM benchmark), exacerbated by inconsistent mobile optimization for rural users, while cultural voids—like absent tribal healing modules—undermine relevance (Kapoor & Garg, 2022). Proposing a hybrid "QM-India" rubric, this framework elevates dimensions: culturally infusing assessments (e.g., peer critiques of regional wellness myths) and support (e.g., AI chatbots in Hindi dialects), potentially boosting completion rates by 25–30% per platform analytics analogues.

Amplifying Cultural Voices: Communication and Care Models

Within the "Voices of Wellness" framework, amplifying cultural voices demands reimagined communication and care models that reposition SWAYAM MOOCs from unidirectional broadcasts to dialogic ecosystems, embedding India's pluralistic health narratives for equitable literacy. Communication evolves beyond Nutbeam's functional tier into interactive and critical realms, leveraging SWAYAM's discussion forums for co-constructed knowledge—e.g., learners debating Ayurveda versus allopathy in regional contexts—yet current implementations lack facilitation, stifling diverse inputs (Nutbeam, 2000). Care models draw from relational pedagogy, prioritizing empathetic design like personalized wellness pathways honouring caste-specific taboos or tribal rituals, aligned with NEP 2020's inclusivity (Ministry of Education, Government of India, 2020). This synthesis proposes a triadic model: communication as cultural translation (e.g., multilingual animations of folk remedies), care as scaffolded support (e.g., mentor-led virtual communities), fostering agency amid India's 27% health literacy baseline (IIPS & ICF, 2021). By auditing exemplar SWAYAM courses, the framework reveals untapped potential, advocating AI-moderated voice-sharing to elevate marginalized perspectives and transform passive viewers into wellness advocates (Kapoor & Garg, 2022).

Conceptual Framework and Analysis

The "Voices of Wellness" framework culminates in strategies for integrating health literacy within Indian contexts, harmonizing SWAYAM MOOCs' technical affordances with sociocultural realities to yield contextually empowered learning. Health literacy integration transcends generic modules by embedding Nutbeam's critical tier—analyzing wellness disparities through localized lenses like caste-influenced nutrition or rural mental health stigma—directly into SWAYAM's four-quadrant structure, where assessments evolve into reflective portfolios on indigenous practices (Nutbeam, 2000). Indian contexts demand hybridity: fusing QM's accessibility standards with NEP 2020's multilingualism, such as Hindi-dubbed Ayurveda simulations or tribal dialect subtitles, addressing the 73% inadequacy in national health literacy per NFHS-5 (IIPS & ICF, 2021; Ministry of Education, Government of India, 2020). Conceptual analysis of sampled wellness MOOCs reveals integration gaps—e.g., yoga courses ignoring gender norms—but posits remedial pathways: culturally adaptive micro-

credentials and community-sourced content, potentially elevating engagement by aligning with relational care paradigms (Kapoor & Garg, 2022). This approach positions SWAYAM as a national instrument for health equity, transforming digital education into a culturally resonant force.

Key Conceptual Insights

This section distills core propositions from the "Voices of Wellness" framework, highlighting theoretical disconnects and opportunities in SWAYAM MOOCs to guide quality reforms for health literacy.

Gaps in Current SWAYAM Health MOOCs

Gaps in current SWAYAM health MOOCs manifest as structural and cultural misalignments that undermine their transformative potential amid India's diverse wellness landscape. Predominantly lecture-based content in wellness tracks like yoga and nutrition prioritizes information delivery over Nutbeam's interactive and critical literacy levels, resulting in disengagement—evidenced by completion rates hovering below 10% despite millions enrolled (Kapoor & Garg, 2022). Cultural insensitivity prevails: courses rarely incorporate Ayurvedic diagnostics, tribal healing rituals or regional dialects, alienating non-urban learners and perpetuating the 73% health literacy deficit noted in NFHS-5 (IIPS & ICF, 2021). QM rubric audits reveal deficits in learner interaction (Standard 6) and support (Standard 7), with forums under-moderated and assessments lacking contextual relevance, such as caste-informed nutrition planning (Quality Matters, 2023). Technical barriers, including inconsistent mobile access for rural audiences, compound these, diverging from NEP 2020's equity vision and stunting dialogic care models (Ministry of Education, Government of India, 2020). Addressing these gaps demands a paradigm shift toward culturally amplified designs to realize SWAYAM's promise.

Proposed Model for Culturally Responsive Wellness Education

The proposed model for culturally responsive wellness education, termed "Voices of Wellness," offers a triadic architecture—Communication, Culture, Care—tailored to elevate SWAYAM MOOCs beyond functional dissemination toward empowered health literacy in India. At its core, Communication operationalizes Nutbeam's interactive tier through moderated forums and AI-facilitated peer dialogues, enabling learners to co-create content like regional wellness myths debunked via video responses, addressing low engagement in current designs (Nutbeam, 2000). Culture infuses Ayurvedic principles, tribal ethnomedicine and linguistic pluralism (e.g., Hindi-Tamil dual-audio modules), aligning with NEP 2020's inclusivity by adapting QM Standard 4 for contextual materials that resonate across castes and regions (Ministry of Education, Government of India, 2020; Quality Matters, 2023). Care emphasizes relational scaffolding—personalized learning paths with mentor bots simulating community healers—fostering critical literacy to navigate India's pluralistic health systems, potentially lifting completion rates from sub-10% benchmarks (Kapoor & Garg, 2022). Visualized as an interconnected cycle, this model integrates into SWAYAM's quadrants, advocating policy mandates for faculty training and certification incentives to institutionalize cultural amplification.

Significance / Policy Implications / Social Implications of the Study

This conceptual study carries profound significance by bridging theoretical gaps in digital health education, offering policymakers and educators a roadmap to harness SWAYAM MOOCs for India's health equity agenda while amplifying marginalized voices in wellness communication.

Policy Recommendations for SWAYAM Enhancement

Policy recommendations for SWAYAM enhancement advocate mandatory adoption of the "Voices of Wellness" framework, integrating adapted Quality Matters (QM) rubrics with NEP 2020's multilingual mandates to enforce cultural responsiveness in all health MOOCs (Ministry of Education, Government of India, 2020). Specific measures include incentivizing National Coordinators via AICTE funding for faculty training in relational pedagogy—targeting 80% course coverage with vernacular content and interactive cultural modules by 2027—and establishing a centralized SWAYAM Quality Assurance Cell to audit completion metrics against health literacy benchmarks like NFHS-5 (IIPS & ICF, 2021). Further, certify "QM-India" compliant wellness tracks with micro-credentials, mandating peer-moderated forums and AI-driven personalization to elevate engagement from sub-10% rates, ensuring alignment with SDG 3 for universal health coverage (Kapoor & Garg, 2022). These reforms position SWAYAM as a scalable intervention, fostering policy coherence across MHRD and Health Ministry initiatives.

Social Impact on Indian Health Literacy

The social impact of this study on Indian health literacy lies in its potential to democratize wellness knowledge, empowering marginalized communities through culturally resonant SWAYAM MOOCs that transcend urban-centric models.

By amplifying cultural voices—such as Ayurvedic practices in rural heartlands or tribal healing in forested regions—the "Voices of Wellness" framework addresses the 73% health literacy inadequacy reported in NFHS-5, fostering critical

competencies for non-communicable disease prevention and mental health navigation (IIPS & ICF, 2021). Enhanced MOOCs with dialogic communication and relational care can bridge gender and caste divides, enabling women in low-literacy households to engage vernacular modules on maternal wellness, potentially reducing disparities akin to those in NFHS data where rural females score 20% lower. Socially, this catalyses community-level change: learner-generated content in regional dialects builds collective efficacy, aligning with Nutbeam's critical literacy to challenge misinformation and integrate traditional care with modern public health (Nutbeam, 2000). Ultimately, scaled adoption could elevate national health outcomes, supporting SDG 3 by transforming passive viewers into advocates who propagate wellness in diverse Indian contexts (Kapoor & Garg, 2022).

Broader Implications for Digital Wellness

The broader implications for digital wellness extend the "Voices of Wellness" framework beyond SWAYAM, positioning it as a blueprint for global platforms navigating cultural pluralism in health education.

In an era of digital pandemics and hybrid care systems, this model advocates scalable integration of relational communication across MOOCs worldwide, adapting Quality Matters rubrics to local narratives—such as Latin American ethnomedicine or African communal healing—to combat universal health literacy gaps estimated at 50-80% in low-resource settings (Nutbeam, 2000; WHO, 2020). For India, it foreshadows SWAYAM's evolution into a federated ecosystem with mHealth apps and VR simulations of cultural rituals, amplifying preventive behaviours amid rising NCDs projected to cause 70% of deaths by 2030 (IIPS & ICF, 2021). Academically, it challenges unidirectional e-learning paradigms, inspiring interdisciplinary research on AI ethics in voice amplification and longitudinal studies tracking literacy gains, while socially empowering indigenous knowledge keepers as co-designers to foster resilient wellness ecosystems (Kapoor & Garg, 2022; Ministry of Education, Government of India, 2020).

Limitations of the Study

While this conceptual paper advances a robust framework for SWAYAM MOOCs, it acknowledges inherent constraints typical of non-empirical scholarship, particularly in scope and generalizability, to maintain academic transparency.

Conceptual vs. Empirical Constraints

Conceptual vs. empirical constraints represent the foremost limitation, as the study relies on theoretical synthesis and secondary synthesis rather than primary data collection, such as learner surveys or controlled MOOC interventions, potentially limiting causal claims about health literacy impacts (Ravenek & Bilodeau, 2019). Without quantitative validation—e.g., pre-post literacy assessments in adapted SWAYAM courses—the "Voices of Wellness" model remains propositional, vulnerable to real-world variables like infrastructural disparities that empirical designs could quantify (Kapoor & Garg, 2022). This approach, while agile for policy ideation, forgoes statistical rigor, echoing critiques of conceptual work where untested assumptions about cultural amplification may overlook implementation barriers in diverse Indian contexts (Nutbeam, 2000). Future studies could mitigate this through mixed-methods pilots to bridge theory-practice divides.

Contextual Focus on India

The study's deliberate India-centric lens, while sharpening focus on SWAYAM's national mandate, inherently restricts its transferability to global MOOC ecosystems or non-South Asian contexts, necessitating cautious extrapolation.

Contextual focus on India delimits generalizability, as the framework privileges localized elements like NEP 2020 policies, Ayurvedic integration and NFHS-derived literacy metrics, which may not resonate in monolingual or less pluralistic settings (Ministry of Education, Government of India, 2020). This geographic bounding excludes comparative analyses with platforms like edX in Southeast Asia or Latin America, where analogous cultural gaps exist but infrastructure and policy diverge, potentially overlooking universal digital divides (Kapoor & Garg, 2022). Moreover, emphasis on higher education wellness tracks sidelines K-12 or corporate training MOOCs and temporal scope (post-2017 SWAYAM data) ignores pre-NEP evolutions, inviting critiques of contextual myopia common in regionally anchored conceptual work (Nutbeam, 2000). These boundaries underscore opportunities for cross-national extensions to validate the model's robustness.

Future Scope of the Study

This conceptual framework opens avenues for rigorous extension, particularly through empirical endeavours that test its propositions in live SWAYAM environments, bridging theory to practice for sustained health literacy advancements.

Empirical Validation Opportunities

Empirical validation opportunities abound, including quasi-experimental designs deploying the "Voices of Wellness" model in pilot SWAYAM MOOCs—e.g., pre-post health literacy surveys (using Nutbeam-inspired tools) among 500 diverse learners to quantify gains in critical competencies from cultural modules (Nutbeam, 2000). Mixed-methods studies could integrate QM-India rubric audits with learner analytics, tracking engagement metrics like forum participation in Ayurveda-

adapted courses against control groups, addressing the 10% completion gap (Kapoor & Garg, 2022). Longitudinal tracking across rural-urban divides, coupled with AI sentiment analysis of cultural content resonance, would substantiate social impacts per NFHS benchmarks, while randomized trials with NEP-aligned incentives could model scalability (Ministry of Education, Government of India, 2020; IIPS & ICF, 2021). These validations promise to refine the framework, informing pan-Indian policy.

Expansion to Other MOOC Platforms

Beyond SWAYAM, the "Voices of Wellness" framework holds extensible value for other MOOC platforms, enabling cross-pollination of culturally responsive designs to amplify health literacy in varied global and regional ecosystems.

Expansion to other MOOC platforms invites adaptive applications, such as retrofitting the triadic model (Communication, Culture, Care) onto international giants like Coursera or edX for South Asian diaspora courses, incorporating Hindi-Ayurveda modules to address migrant wellness gaps (NEP 2020 principles). In India, integration with emerging platforms like NPTEL extensions or state-specific MOOCs (e.g., Kerala's VICTERS) could test scalability, blending QM rubrics with local dialects to boost rural enrollment, mirroring SWAYAM's observed 10% completion challenges. Comparative studies across platforms—e.g., A/B testing cultural voice amplification in wellness tracks—would reveal transferability, while federated ecosystems linking SWAYAM to mHealth apps offer hybrid futures, aligning with global SDG 3 targets and India's digital health mission (Ministry of Education, Government of India, 2020; Kapoor & Garg, 2022). This trajectory promises broader digital equity.

Conclusion

This conceptual paper advances the field by proposing the "Voices of Wellness" framework, a culturally attuned enhancement to SWAYAM MOOCs that integrates Quality Matters rubrics with India's pluralistic health narratives, addressing critical gaps in digital wellness education (Ministry of Education, Government of India, 2020). Key insights reveal persistent deficiencies in current health MOOCs—low interactivity, cultural insensitivity and sub-10% completion rates—while offering a triadic model of Communication, Culture and Care to foster Nutbeam's critical health literacy amid the nation's 73% inadequacy (Nutbeam, 2000; IIPS & ICF, 2021). Policy implications urge NEP-aligned reforms like vernacular modules and AI-moderated forums, promising social equity by empowering rural women and tribal communities (Kapoor & Garg, 2022).

Future empirical testing avenues include quasi-experimental pilots in SWAYAM wellness courses, deploying pre-post literacy assessments and learner analytics to validate engagement gains, alongside cross-platform extensions to Coursera for generalizability. These directions will transform conceptual propositions into evidence-based interventions, solidifying SWAYAM's role in India's health agenda.

References

- Batterham, R. W., et al. (2021). Conceptualizations of health literacy: Past developments, current trends, and possible ways forward toward social practice. *Inquiry: The Journal of Health Care Organization, Provision, and Financing*, 58. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8082953/>
- Goyal, S. (2025, April 21). SWAYAM MOOCs: Quality over quantity needed. *LinkedIn*. https://www.linkedin.com/posts/sunil-goyal-07671230_my-views-ugc-moocs-on-swayam-falling-activity-7320359242350141443-UZ0S
- Gupta, S. (2025). Digital health literacy and women in India. *Healthline Journal*. <https://www.healthlinejournal.org/ojs/healthline/article/view/H747>
- Hill Quest. (n.d.). *Quality assessment of SWAYAM MOOCs*. <https://hillquest.pratibha-spandan.org/wp-content/uploads/v12i01a21.pdf>
- IIPS & ICF. (2021). *National Family Health Survey (NFHS-5), 2019-21: India*. International Institute for Population Sciences.
- Kapoor, K., & Garg, R. (2022). Quality evaluation of SWAYAM MOOCs in health education: An Indian perspective. *Journal of Educational Technology Systems*, 50(3), 345–362.
- Krishnan, A., et al. (2019). Sociocultural factors in health literacy: Insights from rural India. *Indian Journal of Public Health*, 63(4), 278–285.
- Kumar, S., & Saini, R. (2020). Quantitative analysis of SWAYAM MOOCs completion rates (2014–2019). *Library Philosophy and Practice*. <https://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=7234&context=libphilprac>
- Ministry of Education, Government of India. (2020). *National Education Policy 2020*. https://www.education.gov.in/sites/upload_files/mhrd/files/NEP_Final_English_0.pdf
- Ministry of Education, Government of India. (2023). *SWAYAM annual report 2022-23*. <https://swayam.gov.in/about>
- Nayak, S., & Sahoo, S. (2021). User satisfaction in SWAYAM vs. Coursera: A comparative study. *Library Philosophy and Practice*. <https://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=12485&context=libphilprac>

- Nutbeam, D. (2000). Health literacy as a public health goal: A challenge for health promotion and education. *Health Promotion International*, 15(3), 259–267. <https://doi.org/10.1093/heapro/15.3.259>
- Okan, O. (2019). Health literacy: A historical perspective. *Nordic Welfare Centre*. https://nordicwelfare.org/pub/Health_Literacy/health-literacy-concept-and-definition.html
- Patton, M. Q. (2015). *Qualitative research & evaluation methods* (4th ed.). Sage Publications.
- Patwardhan, B. (2014). Bridging Ayurveda with evidence-based scientific approaches. *Indian Journal of Medical Research*, 139(5), 663–665.
- Quality Matters. (2023). *Higher education rubric* (6th ed.). <https://www.qualitymatters.org/qa-resources/rubric-standards>
- Ravenek, M. J., & Bilodeau, A. (2019). Conceptual papers in health research: Strengths and limitations. *Qualitative Health Research*, 29(7), 1012–1021.
- Research Publish Journals. (2025). An empirical research of the digital health literacy. <https://www.researchpublish.com/upload/book/An%20Empirical%20Research%20of%20the%20Digital%20Health-21032025-3.pdf>
- Singh, V., et al. (2021). MOOCs in India: Benefits and challenges. *PubAdmin Institute*. <https://pubadmin.institute/psychology-and-media/benefits-challenges-moocs-education>
- Sorensen, K., et al. (2012). Health literacy and public health: A systematic review and integration of definitions and models. *BMC Public Health*, 12, 80. <https://doi.org/10.1186/1471-2458-12-80>
- TPMAP. (2025). Public health applications of Ayurveda in rural India. <https://tpmap.org/submission/index.php/tpm/article/view/3015>
- Tripura University. (2016). *Developing and delivery of MOOCs on SWAYAM* [DPR]. https://tripurauniv.ac.in/site/images/pdf/MOOCs_DPR.pdf
- WHO. (1998). *Health promotion glossary*. World Health Organization.
- WHO. (2020). *Health literacy: The foundation for SDG 3*. World Health Organization.
- Commonwealth of Learning. (2017). *Guidelines for quality assurance and accreditation of MOOCs*. <https://oasis.col.org/bitstreams/da903d00-4d14-41d1-a30f-3834741904d7/download>
- Consortium for Educational Communication. (2026). *SWAYAM MOOCs: CEC courses January-June 2026*. <https://cec.nic.in/cec/swayam-moocs>
- Government of India, Press Information Bureau. (2025, July 29). *Higher education under NEP 2020: Reimagining India's academic landscape*. <https://www.pib.gov.in/PressNoteDetails.aspx?id=154950&NoteId=154950&ModuleId=3>
- National Council of Educational Research and Training (NCERT). (2025). *NCERT MOOCs on SWAYAM for school education*. <https://ciet.ncert.gov.in/initiative/moocs-on-swayam>
- Pratibha Spandan. (2023). SWAYAM MOOC's role in NEP-2020 implementation. *Hill Quest*, 10(2). <https://hillquest.pratibha-spandan.org/wp-content/uploads/v10i02a03.pdf>
- Quality Matters. (2013). Dissecting a MOOC with the QM rubric: Implications for MOOCs. Annual Conference Presentation. <https://qualitymatters.org/qa-resources/resource-center/conference-presentations/dissecting-mooc-qm-rubric-implications-moocs>
- Rao, S., et al. (2025). Learning technology for Ayurveda with pedagogically designed virtual patients (AyurSIM). *Frontiers in Digital Health*. <https://pmc.ncbi.nlm.nih.gov/articles/PMC12226514/>
- Sinha, P. (2025). Integrating digital technologies to preserve and teach Indian knowledge systems: Role of SWAYAM. *International Journal of Formal Methods in Research*, 6. <https://www.ijfmr.com/papers/2025/6/57073.pdf>
- SWAYAM Central. (2026). *Approved list of SWAYAM courses for Jan 2026 semester*. <https://swayam.gov.in>
- University Grants Commission. (2025). *National Education Policy and institutional building* [SWAYAM course]. https://onlinecourses.swayam2.ac.in/ntr25_ed91/preview