
CRWBH NEWSLETTER

APRIL - DECEMBER 2025



**CENTRE FOR RESEARCH IN WELLBEING
AND HAPPINESS**

RESEARCH

LATER LIFE IN INDIA: AGEING WELL IN PERSPECTIVE

CRWBH Policy Report

LATER LIFE IN INDIA : Ageing Well in Perspective



Later Life in India: Ageing Well in Perspective marks the inaugural flagship policy report of the Centre for Research in Wellbeing and Happiness (CRWBH), FLAME University, a defining step in the Centre's mission to generate actionable, data-driven insights on wellbeing in India. As India rapidly ages, this report offers one of the most comprehensive state-level assessments of the ageing experience to date, focusing on health capacity to work, social protection, and the structural inequalities shaping later life. Drawing on the *India Wellbeing Insights* research platform, the report compiles secondary data from multiple national sources to illuminate both progress and persistent gaps. But beyond the numbers, this is a values-driven document, anchored in the belief that ageing should be met not with neglect, but with investment, care, and dignity. It is both a scientific resource and a policy manifesto, calling for regionally nuanced, equity-focused approaches to support India's elders. As CRWBH's first major policy output, it sets the tone for the Centre's commitment to advancing wellbeing through rigorous research and bold ideas.

Centre for Research in Wellbeing and Happiness
Policy Report
October, 2025

GLOBAL APPROACHES TO WELLBEING MEASUREMENT: INDICES AND FRAMEWORKS

CRWBH Review Paper



As one of the Centre for Research in Wellbeing and Happiness's (CRWBH) first research contributions, the *Global Approaches to Wellbeing Measurement: Indices and Frameworks* reflects our foundational commitment: to build an Indian wellbeing framework that is globally informed and locally grounded. This compendium curates 15 leading international indices and frameworks that explicitly incorporate subjective wellbeing, offering a panoramic view of how nations are redefining progress beyond GDP. Spanning efforts from Bhutan's Gross National Happiness to Ireland's Wellbeing Framework and Korea's Quality of Life Indicators, the compendium reveals both shared global domains, such as life satisfaction, education, and health, and the distinct cultural lenses shaping each country's priorities. It highlights how spiritual resilience, indigenous belonging, environmental stewardship, and caregiving roles are woven into wellbeing narratives worldwide. As CRWBH embarks on its journey to define India's own wellbeing metrics, this compendium serves as both anchor and aspiration. It is a foundational resource for researchers, policymakers, and civil society to learn from global innovations while charting a uniquely Indian path, where wellbeing becomes not just a measure, but a mandate.

GLOBAL APPROACHES TO WELLBEING MEASUREMENT Indices and Frameworks

Sunil Rajpal, Neelima VP, Mohit Pandey, Shreya Ronanki, Ishika Pahuja, Anushka Ramesh, Nikita Suri

CHANGES IN PREVALENCE OF ALCOHOL AND TOBACCO CONSUMPTION ACROSS DISTRICTS OF INDIA (2016–2021)

Journal: BMC Public Health

Rajpal et al. BMC Public Health (2023) 23:1962
<https://doi.org/10.1186/s12889-023-23029-z>

BMC Public Health

RESEARCH

Open Access

Changes in prevalence of alcohol and tobacco consumption across districts of India, 2016 and 2021

Sunil Rajpal^{1,2}, Abhishek Kumar^{1,2}, Shreya Ronanki³, Nehantha Sathesh³, Rockli Kim^{4*} and S. V. Subramanian^{4,5}

Abstract

Background India witnessed a rise in alcohol and tobacco consumption in the last few decades. However, the burden varies because of the huge population, diverse socioeconomic, cultural, and geographical characteristics, and different liquor policies across states. To understand the burden and progress, it is crucial to examine the consumption patterns at smaller geographical units. This study examines the trends and patterns in alcohol and tobacco consumption across 720 districts nested within 36 states (Union Territories) between 2016 and 2021.

Methods We used the fourth (2015–16) and fifth (2019–21) rounds of the National Family Health Survey of India. Both rounds provide the district representative sample for the estimation. We used a 4-level (level 1-individuals, level 2-clusters, level 3-districts, level 4-states) random effects model to compute the predicted probabilities of alcohol and tobacco consumption (among males and females) for 720 districts in India. We used decile positions to map the consumption prevalence across districts.

Results Between 2016 and 2021, alcohol and tobacco consumption among men in India declined significantly, with national alcohol usage dropping from 29.2% to 17.5% and tobacco from 44.5% to 32.6%. The variation attributable to states for both alcohol (40.5% in 2016 and 56.6% in 2021) and tobacco (58% in 2016 and 68.3% in 2021) consumption among men was higher in 2021 as compared to 2016. The consumption of both tobacco and alcohol was notably high in the north-eastern states among both men and women. More than 60% of the districts reported a moderate to high reduction in alcohol consumption for men between the two rounds.

Conclusions The national decline in tobacco and alcohol consumption indicates progress. However, there remains a need for continuous and targeted interventions to target high-consumption pockets and address geographic disparities. The results of the present study indicate that interventions focusing on changing tobacco and alcohol consumption should consider the geographical variation at smaller administrative units. By implementing evidence-based policies and interventions suited to the needs of the local areas, public health authorities can continue to make significant strides in improving the health and well-being of the population and reducing the burden of alcohol and tobacco-related diseases.

Keywords Alcohol, Tobacco, India, District-level consumption, Risk factors

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MEASURING CHANGES IN PREVALENCE OF HYPERTENSION AND DIABETES ACROSS 720 DISTRICTS IN INDIA USING CROSS-SECTIONAL DATA FROM 2016 TO 2021

Journal: BMJ Public Health



Measuring changes in prevalence of hypertension and diabetes across 720 districts in India using cross-sectional data from 2016 to 2021

Anoop Jain,¹ Mayanka Ambade,² Shalem Balla,² Aynish Pal,² Sunil Rajpal,^{3,4} Rockli Kim,^{5,6} S V Subramanian,^{7,8}

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ABSTRACT
Introduction The age of onset for hypertension and diabetes has been declining in India. However, the extent to which the burden of these two non-communicable diseases among younger adults varies geographically within India is not known. Thus, the purpose of this study is to examine changes in prevalence of hypertension and diabetes among women and men between the ages of 15 and 49 across India's 720 districts from 2016 to 2021.
Methods The study uses repeated cross-sectional data from 2016 and 2021, representative at the district level in India. We analysed women and men between the ages of 15 and 49 for hypertension and diabetes. We used WHO cut-offs for hypertension (systolic blood pressure of 140mmHg or greater and/or diastolic blood pressure of 90mmHg or higher) and diabetes (random blood glucose level of 200mg/dL or higher). We estimated four-level logistic regression models to derive the district-level prevalence estimates for 720 districts for each outcome for women and men allowing us to assess geographical outcome patterns.
Results We found considerable variation in rates of hypertension and diabetes across India's 720 districts among women and men between the ages of 15 and 49. The prevalence of hypertension and diabetes increased in hundreds of districts between 2016 and 2021. We also found a moderately negative relationship between the district-level prevalence of hypertension in 2016 and the change in district-level hypertension between 2016 and 2021 among both women and men. Similarly, there was a slight positive relationship between the district-level prevalence of diabetes among men in 2016 and the district-level change in diabetes between 2016 and 2021. Finally, we did not find strong evidence of a relationship between the district-level prevalence of hypertension and diabetes in either 2016 or 2021. This was the case for both women and men.
Conclusion Our results highlight the need for regional interventions in hypertension and diabetes detection, awareness, treatment and prevention programmes that are tailored to the various risk factors in these different regions.

WHAT IS ALREADY KNOWN ON THIS TOPIC
 ⇒ The prevalence of hypertension and diabetes in India is rising, with a concerning decline in the age of onset. However, district-level data on changes in their prevalence, especially in reproductive-aged populations, remains scarce.
WHAT THIS STUDY ADDS
 ⇒ This study provides granular, district-level insights into the prevalence of hypertension and diabetes from 2016 to 2021 in 720 districts of India. It highlights significant geographical variations, with worsening trends in certain coastal and eastern regions, while others show improvement.
HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY
 ⇒ The findings emphasise the need for localised, gender-specific interventions and monitoring systems. This could inform public health strategies and policy decisions to address non-communicable diseases in India more effectively.

conditions are linked to numerous long-term complications that include reproductive and pregnancy-related issues, premature mortality, disability, accelerated ageing and greater vulnerability to comorbidities.¹⁰ Further, the early onset of these conditions, specifically in reproductive ages, adversely impacts educational and economic outcomes, reducing earning potential and imposing prolonged and significant healthcare costs due to the extended duration of the disease thus jeopardising multiple Sustainable Development Goals.^{10,11}

INTRODUCTION
 Hypertension and diabetes are major risk factors and causes for global mortality.^{1,2} These

The burden of hypertension and diabetes has increased throughout India over the past several decades. For example, the disability-adjusted life years attributable to hypertension increased from 21 million in 1990 to 39 million in 2016.¹² Similarly, between 1990

This study examined changes in the prevalence of alcohol and tobacco consumption in India between 2016 and 2021. The analysis found a significant national decline among men: alcohol usage fell from 29.2% to 17.5%, while tobacco use dropped from 44.5% to 32.6%. However, the data also revealed increasing geographic variation: by 2021, the differences in consumption levels across states had widened, indicating that reductions were not uniform across the country. Findings suggest sustained need for targeted, region-specific interventions to address high-consumption pockets.

This paper investigates changes in the prevalence of hypertension and diabetes among adults aged 15–49 across India's 720 districts between 2016 and 2021. Using data from the National Family Health Surveys and multilevel logistic regression models, the study reveals significant geographic variation in disease burden. While prevalence increased in many districts, particularly in coastal and eastern regions, other areas saw improvements. The findings underscore the need for region-specific strategies to strengthen early detection, treatment, and prevention of non-communicable diseases in younger populations.

TRENDS IN NULLIPAROUS SINGLETON ALIVE BIRTHS BY CESAREAN SECTION IN INDIA: EMPIRICAL PATTERNS ACROSS PUBLIC AND PRIVATE HOSPITALS FOR 720 DISTRICTS (2016–2021)

Journal – PLOS Global Public Health



RESEARCH ARTICLE

Trends in nulliparous singleton alive births by cesarean section in India: Empirical patterns across public and private hospitals for 720 districts, 2016–2021

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Abstract

Unnecessary cesarean surgeries pose significant short and long-term risks, affecting fertility, future pregnancies, and child health outcomes. Timely monitoring and precise targeting are crucial to mitigate additional health and economic burdens. This study examines trends and patterns in cesarean deliveries among nulliparous singleton births across all 36 states and 720 districts in India, comparing public and private hospitals between 2016 and 2021. Using a repeated cross-sectional analysis of two waves of India's National Family Health Survey, we assess the prevalence of cesarean births and explore how the relative contribution of different geographical levels (villages/blocks, districts, states) to the total variation has evolved over time. At the national level, cesarean rates in public facilities declined by 1.2 percentage points, while private facilities saw an increase of 2.1 percentage points. Regional disparities were evident, with Telangana and Jammu & Kashmir consistently reporting the highest cesarean rates in both sectors. Variation across states was more pronounced than at other geographical levels. In private hospitals, the state-level variance partitioning coefficient increased from 69.2% in 2016 to 78.2% in 2021, whereas in public hospitals, it rose from 44.7% to 48.6% over the same period. Notably, states such as Tamil Nadu, Telangana, and Kerala had nearly all districts falling into the high-prevalence category. It is important to consider burden and variation among smaller geographical units (like districts) to monitor the burden. Increased inter-state inequalities with high prevalence among private facilities in southern states imply the absence of uniform protocols for cesarean births. This calls for urgent policy action to regulate the healthcare sector about the issue, and more awareness is required to avoid the additional health and economic burden.

This paper presents analysis of cesarean section trends in India using data from the 2015–16 and 2019–21 National Family Health Surveys across 720 districts and both public and private hospitals. The study examines how cesarean delivery rates among nulliparous singleton births have evolved over time, highlighting persistent and widening geographic and sectoral disparities in surgical births. Findings show that while cesarean prevalence declined slightly in the public sector, it increased in private facilities, with marked interstate variation. The results underscore the need for targeted policy action to regulate cesarean use, reduce unnecessary procedures, and support equitable maternal health services across regions.

OPEN ACCESS

Citation: Rajpal S, Ronanki S, Sathesh N, Kim R, Subramanian SV (2025) Trends in nulliparous singleton alive births by cesarean section in India: Empirical patterns across public and private hospitals for 720 districts, 2016–2021. PLOS Glob Public Health 5(11): e0005501. <https://doi.org/10.1371/journal.pgph.0005501>

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Data availability statement: Third party data was obtained for this study from the DHS Program. Data may be requested from the DHS Program after creating an account and submitting a concept note. More access

ONGOING PROJECTS

RETURNS ON INVESTMENTS FROM PRIMARY HEALTHCARE IN INDIA

Funding organization: Health Systems Transformation Platform, New Delhi, India

Principal Investigator: Dr. Abhishek Kumar, CRWBH, FLAME University

Primary healthcare is the cornerstone of a strong health system. It is crucial for preventive care, early detection, and managing common ailments. Investments in primary healthcare is essential for achieving Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs). Despite progress in this area, India continues to face a dual burden of communicable and non-communicable diseases, underscoring the need to strengthen primary care services. Against this background, this study aims to quantify the health and economic benefits derived from primary healthcare investments and to inform strategic decisions for future investments.

WELLBEING IMPLICATIONS OF BANNING CERTAIN ANTIMICROBIAL DRUG USES FOR GROWTH PROMOTION AND DISEASE PREVENTION IN LIVESTOCK AND POULTRY - EXPERIMENTAL ECONOMICS

Dr. Anubrata Deka and Prof. Vishal Choudhury, CRWBH, FLAME University

This study utilizes experimental economics to examine the societal impact of banning antimicrobial drugs in livestock and poultry for growth promotion and disease prevention. The World Health Organization has highlighted antimicrobial resistance (AMR) as a significant global health threat, largely driven by the extensive use of antibiotics in humans and animals. By analyzing consumer behavior and perceived wellbeing, this research aims to understand the causal effects of such bans. It provides insights into how reduced antibiotic use influences public health and economic decisions, helping policymakers evaluate the broader implications of implementing stricter regulations on antimicrobial usage in the food industry.



ENGAGEMENT AND COLLABORATIONS

DISTINGUISHED LECTURE – PROF. UDAYA SHANKAR MISHRA, PROFESSOR, INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES, MUMBAI, INDIA

COMPARING THE INCOMPARABLE



Date: August 29, 2025 (Friday)

Venue: FLAME University, Pune

Abstract:

Prof. Udaya Shankar Mishra, Professor at the International Institute for Population Sciences (IIPS), Mumbai, delivered a thought-provoking lecture on the challenges of measurement and comparability in the current SDG indicator landscape. Drawing on his extensive work in population studies and statistics, Prof. Mishra examined how the proliferation of head count-based indicators, while useful for monitoring, often obscures key methodological and interpretive limitations. He highlighted the inherent difficulties in comparing sample-based estimates across time and geography, especially when survey frequency, event rarity, and standardization issues are not adequately

addressed. Through examples, he questioned the assumption that all indicators are directly comparable, especially when denominators differ in composition or risk profiles, calling attention to what he described as “distribution-blind” comparisons. Prof. Mishra also addressed the paradoxes that arise in head count measures, such as when changes in the numerator or denominator reflect statistical artifacts rather than real progress. He urged the audience to critically assess the robustness, reliability, and valuation frameworks of commonly used development indicators, noting that the trade-offs between simplicity and adequacy must be navigated carefully. The lecture concluded with a call for more thoughtful and methodologically grounded approaches to indicator design, standardization, and interpretation, especially as they inform critical policy decisions in India and globally.

DISTINGUISHED LECTURE

HOW REGENERATIVE LEARNING SHAPES THE FUTURE OF DEMOCRACY

(in collaboration with Centre for Knowledge Alternatives)

Dr. Pavel Cenkl

Fellow, International Centre for Sustainability, London
Dean of Academic Affairs, Prescott College
Founder and Director, Regenerative Learning Network

Dr. Pravar Petkar

Head, Strengthening Democracy Desk
International Centre for Sustainability, London

Date: November 28, 2025 (Friday)

Venue: FLAME University, Pune



The speakers explored emerging innovations in Higher Education that empower learners to become active citizens who are rooted in their communities and ecologically conscious. The talk examined the key leverage points that hold the greatest potential for revising HE assessment metrics, and discussed how practice-led and experiential learning can be central to re-establishing trust in democratic institutions. It also addressed how we might authentically scale regenerative learning models to serve both students and community partners, and whether internationally distributed learning models can present a new paradigm for higher education. Together, these themes highlighted how regenerative learning offers a roadmap for strengthening democratic culture through more equitable, engaged, and place-based educational practices.

CRWBH 1ST ANNUAL SYMPOSIUM

INTERVENTION PATHWAYS TO WELLBEING: FAMILIES, COMMUNITIES, AND THE LIFECYCLE APPROACH

Date: 10th October 2025

Venue: FLAME University, Pune, India



Marking World Mental Health Day, the event explored family, community, and policy-based approaches to holistic wellbeing Pune, October 10, 2025.

The Centre for Research in Wellbeing and Happiness (CRWBH) at FLAME University, Pune, successfully hosted its 1st Annual Symposium on “Intervention Pathways to Wellbeing: Families, Communities, and the Lifecycle Approach.” The half-day event brought together

academicians, policymakers, development practitioners, and researchers to deliberate on innovative approaches to fostering mental, social, and community wellbeing. The symposium coincided with World Mental Health Day, underscoring the importance of mental health as a cornerstone of social and economic development. It featured a plenary session on “Mental Health in Context: Families, Communities, and Social Structures” and a panel discussion on “A Lifecycle Approach to Wellbeing: Intervention Pathways.”



Welcome Address

The proceedings began with a welcome address by Prof. Dishan Kamdar, Vice Chancellor of FLAME University, who highlighted the paradox between India's rapid economic growth and low happiness rankings. He emphasized that "material progress alone cannot define a fulfilling life, we need a development model grounded in inclusion, empathy, and purpose." Kamdar also commended CRWBH's research achievements in its first year, including four Q1 journal publications, multiple policy briefs, and collaborations with Harvard University, the Institute of Economic Growth, and the International Institute for Population Sciences (IIPS).



Inaugural Address

Mr. Vallabh Bhanshali, Member of the Governing Body of FLAME University and Chairman of ENAM Group, delivered the Inaugural Address, stressing the need to redefine economic and social paradigms. He observed, "GDP cannot be the sole measure of progress. True development must also capture the wellbeing and happiness of societies."



Opening Remarks

Prof. Prasad Pathak, Dean of Research at FLAME University, in his Opening Remarks, reflected on the university's liberal education ethos and its commitment to "research that informs and transforms society." He praised CRWBH's action-oriented approach to wellbeing research, noting its potential for "creating real-world impact through evidence-based policy." The inaugural session also marked the release of the centre's first policy report — "Later Life in India" — focusing on elderly wellbeing and community engagement.

PLENARY SESSION: MENTAL HEALTH IN CONTEXT: FAMILIES, COMMUNITIES, AND SOCIAL STRUCTURES



Chair: Prof. Udaya Shankar Mishra (Professor, IIPS, Mumbai)

Co-chair: Dr. Tannistha Samanta (Associate Professor, FLAME University, Pune)

Speaker: Dr. Anuradha Sovani (Professor and Head of Psychology at SNDT Women's University, Mumbai)

Dr. Sovani emphasized the erosion of connectedness in modern life, observing that "family time, shared experiences, and emotional intimacy are disappearing — yet they are central to our mental wellbeing." Her talk combined biological, psychological, and sociological perspectives on wellbeing, calling for community-based interventions and greater empathy in public life. The discussion, enriched by insights from Dr. Samanta and Prof. Mishra, examined the evolving relationship between technology, social structures, and mental health.

PANEL SESSION: A LIFECYCLE APPROACH TO WELLBEING: INTERVENTION PATHWAYS



Chair: Dr. Rajiv Kumar, Founder of Pahle India Foundation and Former Vice-Chairman of NITI Aayog

Speaker: Dr. Sunil Rajpal, Assistant Professor at FLAME University and Centre Director of CRWBH

Panellists:

- Prof. S.V. Subramanian, Professor, Harvard University
- Prof. T.V. Sekher, Professor, International Institute for Population Sciences, Mumbai
- Dr. Nidhi Gupta, Head of Research, Aditya Birla Centre for Enriching Lives Discussions

The panel session explored interventional pathways to wellbeing across different life stages.

Dr. Rajiv Kumar proposed the concept of a *Gross Welfare Product* to complement traditional economic metrics, advocating for a broader, values-based approach to development. He introduced the idea of living a *Dharmic Life*, rooted in ethics, responsibility, and inner balance as central to cultivating individual and societal wellbeing.



Dr. Sunil Rajpal presented findings from the centre's India Wellbeing Insights Project, emphasizing the need for population-level frameworks rather than fragmented discipline-specific approaches. The panellists highlighted community volunteering, social inclusion, and intergenerational connectedness as key levers to enhance wellbeing. He noted that "India must go beyond GDP and design a National Wellbeing Framework that integrates mental, social, and planetary wellbeing into policy design."



Prof. S.V. Subramanian emphasized the importance of shifting focus from measuring happiness as a singular construct to understanding its underlying components. He underscored the role of religion, faith, social connections, and access to open spaces in shaping wellbeing, and cautioned against an overreliance on technology, warning of a rising “technopoly” that may erode meaningful human experiences.



Prof. T.V. Sekher presented insights from the *Longitudinal Ageing Study in India (LASI)*, emphasizing the multidimensional nature of wellbeing among older adults. He highlighted persistent gender disparities and urged policymakers to view the elderly not as dependents, but as valuable societal assets with potential for continued contribution.



In her talk titled “*Enriching Life by Building Dynamic Institutions*,” **Dr. Nidhi Gupta** outlined a four-pillar framework for wellbeing: *Purpose, Belonging, Health, and Ease of Living*. She introduced the *Circles of Influence* and *Life Course Approach* as key design principles for institutional change, and showcased pioneering initiatives such as *Enrichpedia*, formal volunteering pathways, and the *Enriching Life Index for India*.



The symposium concluded with presentations by **Dr. Anubrata Deka, Assistant Professor, FLAME University**, on the wellbeing effects of antimicrobial resistance and related policy interventions. She noted that India is currently the largest consumer of antibiotics, yet public awareness about antimicrobial resistance remains low, with only 40% of respondents answering knowledge questions correctly. Through her experimental evidence, she also observed that government sources were the most trusted for information on the issue.



Concluding Remarks and Way Forward

Dr. Tulika Tripathi summarized key insights and outlined future directions for CRWBH's research agenda. She also highlighted time scarcity as a major barrier to wellbeing. She emphasized the importance of family structures, intergenerational housing arrangements, and anti-ageism in enhancing quality of life. She also stressed the need for greater policy accountability through local institutions such as Panchayats and schools, and called for increased cultural and gender sensitivity in wellbeing discourse and policy design.

Dr. Sunil Rajpal, delivering the vote of thanks, expressed gratitude to all speakers, partners, and participants, emphasizing that "this symposium is just the beginning of a larger movement to integrate wellbeing science into India's development discourse."

13TH ANNUAL CONFERENCE OF INDIAN HEALTH ECONOMICS AND POLICY ASSOCIATION (IHEPA) AT IIT MANDI, HIMACHAL PRADESH

(Organizer - IHEPA; Host - IIT Mandi; Collaborators - FLAME University, Indian Council for Social Science Research (ICSSR), Anusandhan National Research Foundation (ANRF))

Memorial Lecture in Memory of Dr. Mayanka Ambade

Date: 12 December 2025 | **Time:** 3:15 PM – 4:15 PM | **Venue:** Indian Institute of Technology Mandi

Moderator: Dr. Saumya Malviya, IIT Mandi

Speakers: Dr. Sunil Rajpal (Assistant Professor, FLAME University, Pune) and Dr. Nachiket Mor (Visiting Scientist, Banyan Academy of Leadership in Mental Health, Bengaluru; Former India Country Director, Bill and Melinda Gates Foundation)



Dr. Sunil Rajpal spoke alongside Dr. Nachiket Mor in the 1st Memorial Lecture held in memory of Dr. Mayanka Ambade. Dr. Rajpal presented collaborative work undertaken with Dr. Ambade, reflecting on their shared research journey and contributions to public health research in India.

Technical Session – Public Health Systems, Policy Evaluation, and Environmental Health

Date: 13 December 2025 | **Time:** 10:45 AM – 12:00 PM | **Venue:** Indian Institute of Technology Mandi

Chair: Dr. Sunil Rajpal (Assistant Professor, FLAME University, Pune)



Dr. Sunil Rajpal chaired this technical session, which featured presentations on health technologies, climate change and agricultural vulnerability, and public health risks among pregnant and lactating mothers, facilitating critical discussions on policy-relevant public health research.

CRWBH Panel Session – Diet and Nutrition in Later Life: Emerging Issues and Intervention Pathways

Date: 13 December 2025 | **Time:** 2:45 PM – 4:00 PM | **Venue:** Indian Institute of Technology Mandi

Chair: Prof. Udaya Shankar Mishra, International Institute for Population Sciences, Mumbai

Panelists: Dr. Sunil Rajpal (FLAME University Pune), Dr. Gudakesh Yadav (Population Research Council, Vadodara), Dr. Rudra Narayan Mishra (Gujarat Institute of Development Research, Ahmedabad)



Representing the Centre for Research in Wellbeing and Happiness (CRWBH), FLAME University, Dr. Sunil Rajpal presented on elderly nutrition in later life, drawing on evidence from NFHS and LASI datasets and highlighting implications for policy and intervention design.

CRWBH RESEARCH EXCHANGE

Social expansion and son preference in rural India

By: Prof. Neha Bailwal

Despite an improving sex ratio, son preference remains widely prevalent in rural India. We conduct a causal analysis to examine whether the expansion of schools in rural areas influenced son preference, exploiting variation in the timing and location of new school openings. Our preliminary findings show that exposure to schools during early childhood increases son preference. Examining potential mechanisms, we do not find evidence that additional years of completed schooling drive this effect. Instead, factors such as expanded social networks through schooling, and a focus on family planning without adequate attention to gender equality appear to be more plausible channels. Overall, our findings suggest that education and development alone may be insufficient to shift deeply entrenched social and gender norms.

Revisioning Survivorship Domain in Human Development Index

By: Dr. Sunil Rajpal

Abstract: In the evolutionary revision of various domains of HDI, there has been a revision of the education component as well as the wealth component. However, the survival component remains untouched with the assumption that life expectancy at birth represents the survivorship domain quite well. Given the mortality transition underway, life expectancy at birth is inadequate in capturing the ensuing changes in the survivorship as the gains in survivorship shift from early ages to the late ages. Life expectancy at birth is a synthetic construct of the age schedule of mortality and remains differentially sensitive to survivorship changes at varying ages over the life cycle. In the course of mortality transition, life expectancy remains highly sensitive to early age mortality, but when early age mortality shows substantial improvement, life expectancy at birth becomes sensitive to survivorship at later ages of life. HDI computation, being a temporal exercise, needs to take into account this reality wherein the life expectancies across countries may show tendencies of convergence, but at the same time, life expectancies at later ages (e500 or e600) may exhibit divergence. Further, the comparative construct of life expectancy at birth poses difficulty as equal levels of life expectancy may be accompanied by different expected years of life at various ages over the life cycle. Similarly, ranks of life expectancy at birth may not necessarily match the corresponding ranks of the expected years of life at a specific age 50 or 60. These disparities become another justification for the consideration of life expectancy at a later age, along with life expectancy at birth. Finally, valuing expected life years at later ages against expected life years at birth is a matter of consideration with changing mortality regimes. With improvement in longevity, one may well consider e500 or e600 to represent survivorship, given its significance of surviving till a certain age and expectation beyond that age.

MEDIA COVERAGE

INDIA MUST ADOPT A POLICY FRAMEWORK FOR EARLY CANCER DETECTION

Publisher: The Mint

mintPremium | OPINION

India must adopt a policy framework for early cancer detection

Yugank Goyal , Sunil Rajpal , Jahnvi Sant | 4 min read | 12 Mar 2025, 04:00 pm IST



We must develop a policy to boost screening rates and improve the prognosis of cancer patients in India. (Pixabay)

The article discusses the need for a structured policy framework to strengthen early cancer detection in India, focusing on breast, cervical, lung and mouth cancers. It highlights that a large share of cases continue to be identified at advanced stages, which contributes to higher mortality and treatment costs. The piece reviews evidence showing that early detection can improve outcomes and reduce the economic burden associated with cancer care. It also outlines approaches used in other countries, such as routine and population-level screening, and considers how similar strategies could be adapted to the Indian context. The article concludes by noting that a systematic policy approach may support earlier diagnosis and more efficient use of health resources.

EMPOWERING YOUNG: ADDRESSING MENTAL HEALTH CHALLENGES AND BUILDING A RESILIENT FUTURE

Publisher: Hans India

Oct 17, 2025

THE Hans India
English Daily

EMPOWERING YOUNG: ADDRESSING MENTAL HEALTH CHALLENGES AND BUILDING A RESILIENT FUTURE

The op-ed highlights the growing prevalence and complexity of mental health challenges among young people in India, driven by academic pressures, social media influence, and weakened social support systems. It underscores the treatment gap and the need for collective action, by families, educational institutions, communities, and policymakers, to foster open dialogue, build supportive ecosystems, and integrate mental health into education and public life. Ultimately, it calls for transforming awareness into action to build resilience and ensure that youth flourish mentally, emotionally, and socially in a rapidly changing world.

LEARNING FROM CENTENARIANS: NEW STUDY UNVEILS THE SECRETS OF LONGEVITY IN INDIA

Publisher: The Hindu

Learning from centenarians: new study unveils secrets of longevity

Healthy diets, active lifestyle, avoiding tobacco and alcohol, and social connectedness foster longevity, according to the findings from the Longitudinal Ageing Study of India; more scientific and policy-based ageing research however, is needed, as India's senior population continues to grow

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The oldest-olds group (especially centenarians, aged 100+ years) can offer valuable insights and learnings towards understanding longevity via health and healthcare behaviour, social security, dietary patterns, and lifestyle habits. While research investments aimed at understanding the secrets to longevity have grown substantially in high-income countries, developing and populous nations such as India are yet to witness such research advancements.

Although India's traditional knowledge systems hold abundant insights into longevity characteristics, persistent gaps in research and reliable statistics continue to hinder efforts to decode existing wisdom. A recently-published paper on profiling the health and well-being of centenarians, utilising data from the Longitudinal Ageing Study of India (LASI) offer some learnings.

Health markers

India's sample centenarians reveal striking patterns of superior health markers and resilience. Interestingly, most were found to be in good health, reflecting optimal biomarker profiles. More than half (55.5%) of centenarians had a normal Body Mass Index (BMI), while about 41% were underweight. Further, more than 91% of centenarians (100% of female centenarians) had a normal waist circumference. The absence of overweight and high-waist-circumference centenarians in the sample clearly indicates the importance of weight management and lean lifestyles (dietary restrictions and physical activity) for a healthier and longer life.

Chronic ailments that dominate discussions of ageing were virtually absent, with zero cases of high cholesterol, stroke, or heart disease, and only a few with diabetes (1.7%). More than 90% of centenarians had never consumed alcohol, and about 68% had never smoked tobacco. Collectively, these findings highlight the absence of major risk factors as a defining marker of longevity. Global studies have also observed that centenarians either completely avoid or markedly delay the onset of chronic diseases.

These findings add heft to the growing calls from experts to shift the public health discourse in India in order to promote healthy dietary habits and an active lifestyle at the population level, especially among older adults in urban areas. Nutrition policies and programmes need to pivot toward behavioural interventions to promote awareness of the benefits of weight management via healthy diets – reducing consumption of foods containing high fat, sugar, and salt; restricting alcohol and tobacco intake; and developing a consistent health



Shades of grey: India will be home to the highest number of centenarians (superagers) by 2050; therefore, the subject domain warrants timely research and policy attention. IRAN MESSAR

routine. Active policy engagement in this regard has to start now, to mitigate the health burden in the coming decades.

Activities of daily living

Only about a third of the centenarians reported difficulties with basic activities of daily living (ADLs), including walking (33.3%), eating (33.3%), bathing (36.1%), and dressing (36.1%). However, more complex instrumental activities of daily living posed substantial barriers. A large proportion of centenarians struggled with housework (88.9%), managing money (83.3%), making calls (77.8%), shopping (75%), and finding addresses (69.4%). From a gender perspective, the findings are alarming, as most of the sample centenarians were female widows from rural areas.

The duality of resilience in health but dependence in daily function carries direct implications for ageing-related policies. The findings warrant sustained efforts towards promoting formal caregiving, community-based day-care services, accessible transport, nursing, and ambulatory care. These ADL limitations also indicate the requirement of an age-based tailored approach to providing elderly care and functioning assistance from a policy standpoint.

Behavioural interventions are also required to promote and destigmatise extra-familial services, such as outside help for formal nursing care of the elderly, to ease the workload on family members. This becomes especially important for tasks that require mental and cognitive abilities, including managing finances and calling for help in case of emergencies.

Advancements in modern technology can also be leveraged to provide remote monitoring support, as well as specialised geriatric aids and equipment to manage urgent healthcare needs.

Finally, a focus on improving social security nets for the oldest-old is critical to promote paid caregiving, along with enhancing the self-respect and subjective well-being derived from financial autonomy.

Well-being profile

Subjective self-assessments are known to be important markers of longevity. Several studies have shown that people with positive ratings toward self-health assessment and life satisfaction levels have a higher likelihood of better health markers and a longer life. The majority of the sample centenarians in India expressed moderate (36.8%) and high (51.2%) levels of satisfaction with their lives. More than 75% of the sample centenarians believed that they were healthy and happy.

Such findings point towards the need to promote discussions around socialisation activities and engagement, family care and bonding, living arrangements, and mental health issues. Potential pathways could be in the form of devoted elderly day-care platforms to encourage voluntary helping activities, augmenting a sense of purpose, and hence enhancing the self-assessment of well-being.

Additionally, spiritual gatherings are an essential platform for elderly Indians to socialise and connect at later stages of life. Fostering such congregations can be beneficial for both psychological and

emotional well-being. Finally, a high well-being rating by the oldest-olds also indicates the importance of mental wellness. Possible learning points from this could be adopting better sleep routines, more outdoor recreational activities, and limiting screen time.

The way forward

India will be home to the highest number of centenarians (superagers) by 2050; therefore, the subject domain warrants timely research and policy attention. To emerge as a global economic powerhouse requires a long-term perspective on research in longevity and well-being. The first step forward is to build a strengthened database on the oldest-olds, their distribution across geographies, demographics, and socioeconomic groups, and their basic lifestyle habits.

India has demonstrated remarkable success in generating reliable demographic and health statistics on infant births, vaccinations, and maternal health. This capacity now needs to be extended to longevity and scientific, policy-based ageing research. Global evidence indicated that longevity secrets cut across clinical, biological, physiological, genetic, and socioeconomic factors. India, with its sheer scale and diversity, is uniquely placed to contribute to this understanding.

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Drawing on evidence from our Geoscience study on centenarians in India, this piece reflects on what centenarians reveal about ageing well beyond longevity alone. It highlights the roles of social connections, resilience, and supportive environments in shaping health and wellbeing in later life. The article argues for rethinking ageing policy in India by shifting focus from survival to dignity, participation, and quality of life at advanced ages.

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