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CRWBH NEWSLETTER

JANUARY - JUNE 2026



CENTRE FOR RESEARCH IN WELLBEING AND HAPPINESS

RESEARCH

INDIA POLICY INSIGHTS: ESTIMATES OF POPULATION HEALTH AND SOCIAL DETERMINANTS INDICATORS ACROSS POLICY UNITS

Journal: Scientific Data


www.nature.com/scientificdata

scientific data

OPEN

DATA DESCRIPTOR

India Policy Insights: Estimates of Population Health and Social Determinants Indicators Across Policy Units

Sunil Rajpal, Soohyeon Ko, George Leckie, Devika Jain, Jeffrey C. Blossom, Rockli Kim & S. V. Subramanian

Achieving global development targets will largely depend on improvements made by developing and populous countries like India. Given the huge population base and diversely wide landscape of India, stakeholders and policy-makers at smaller geographic levels must be equipped with data to understand their respective territories and the target sub-groups. This paper presents the output of *India Policy Insights*, a project aimed at offering a comprehensive dataset of 122 key indicators on population health and social determinants across 720 districts and 543 Parliamentary Constituencies (PCs) in India. Drawing upon the household survey data from two rounds (2016 and 2021) of National Family Health Surveys along with other government-backed repositories, we provide district- and PC-specific prevalence estimates (%), progress in the prevalence (percentage points) for 122 indicators, and indicator-specific headcount numbers (for 2021). These data enable the tracking of developmental progress in India and, in doing so, will facilitate informed policy discussions and promote public engagement.

Background & Summary

Advancements in social science have gained substantial momentum in utilizing big data, increasingly contributing to evidence-based policymaking[1,2]. The demand for data-based empirical insights in public policymaking has increased tremendously at all levels in the last few decades. For instance, the first set of global targets for achieving critical goals concerning population health and well-being commenced with the establishment of the Millennium Development Goals (MDGs) in 2000, which were targeted to be achieved by 2015[3]. These MDGs further paved the way for the formulation of the Sustainable Development Goals (SDGs) in 2015, to measure and foster economic development, social welfare, and environmental sustainability, with specific goals to be accomplished by 2030[4].

Such international commitments toward achieving commonly accepted metric-based goals are targeted, monitored, and assessed at the country level. However, national-level achievement of such targets is contingent on the progress made at smaller geographic and administrative units within the country. Importantly, most of the development programs are implemented at the local level targeting smaller geographic areas[5]. It is therefore critical for policy stakeholders (bureaucrats and politicians) to consider smaller geographic units for assessing the progress of their jurisdiction to these national and international targets.

Global progress towards development and well-being will largely depend on improvements made by developing and populous countries, like India[6]. India with its huge population base and a young demographic profile can largely drive the global development metrics. However, the availability of adequate datasets on population

This paper presents insights from India Policy Insights, a data initiative providing high-resolution estimates for 122 health and social indicators across 720 districts and 543 Parliamentary Constituencies in India. Using data from the 2015–16 and 2019–21 National Family Health Surveys and other government sources, the study offers prevalence rates, changes over time, and headcount figures. The aim is to support decentralized policy action by enabling stakeholders to track progress, identify regional disparities, and make data-informed decisions to accelerate development at the local level. By highlighting gaps and gains at sub-national levels, the dataset facilitates targeted interventions. It also serves as a tool for greater transparency, public engagement, and accountability in development planning.

CENTENARIANS AND NEAR-CENTENARIANS IN INDIA: EMPIRICAL INSIGHTS ON HEALTH AND WELL-BEING CHARACTERISTICS

Journal: GeroScience


GeroScience
https://doi.org/10.1007/s11357-025-01755-x

ORIGINAL ARTICLE

Centenarians and near-centenarians in India: empirical insights on health and well-being characteristics

Sunil Rajpal · William Joe · Shreya Ronanki · Rockli Kim · S. V. Subramanian

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Abstract We examined the socioeconomic and health characteristics of centenarians (100 years or above) and near-centenarians (90–99 years) in India. Utilizing data from the Wave-1 of the Longitudinal Ageing Study of India (LASI), we compared the distribution of centenarians and near-centenarians with those aged 60–89 years across socioeconomic, health, and subjective well-being indicators. Our findings revealed that most of the sample centenarians and near-centenarians were female, educated, and widowed. They displayed low prevalence rates of chronic ailments (heart disease, cancer, diabetes, and hypertension). More than half of the sample centenarians were also able to perform basic activities of daily living like walking, eating, bathing, and dressing. About three-fourths of the oldest population also perceived their life to be fairly good. Our findings suggest that centenarians (near-centenarians) in India elicit a healthier profile and can be a vital source of information for advancing longevity research. The absence of reliable headcount on centenarians indicates a huge scope for building a national-level data repository for directing and navigating policy actions.

Keywords Centenarians · Near-centenarians · Elderly · India

Introduction

The science of aging aims to understand two broad areas of inquiry: the limits to human life expectancy and the determinants of longevity. Seminal works with contrasting views on the human lifespan triggered widespread interest in longevity research [1–3]. Dedicated International databases (Human Mortality

Supplementary Information The online version contains supplementary material available at https://doi.org/10.1007/s11357-025-01755-x.

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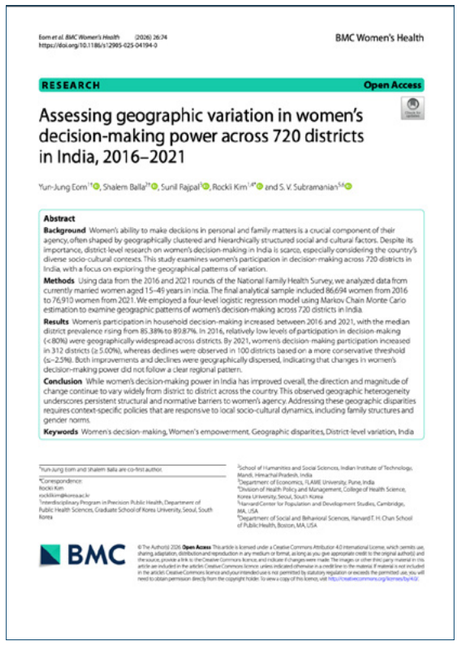
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ASSESSING GEOGRAPHIC VARIATION IN WOMEN'S DECISION-MAKING POWER ACROSS 720 DISTRICTS IN INDIA

Journal: BMC Women's Health



Eom et al. BMC Women's Health (2026) 26:74
https://doi.org/10.1186/s12905-025-04194-0

BMC Women's Health

RESEARCH Open Access

Assessing geographic variation in women's decision-making power across 720 districts in India, 2016–2021

Yun-Jung Eom[1†], Shalem Balla[2†], Sunil Rajpal[3], Rocki Kim[1,4*] and S. V. Subramanian[5,6]

Abstract

Background Women's ability to make decisions in personal and family matters is a crucial component of their agency, often shaped by geographically clustered and hierarchically structured social and cultural factors. Despite its importance, district-level research on women's decision-making in India is scarce, especially considering the country's diverse socio-cultural contexts. This study examines women's participation in decision-making across 720 districts in India, with a focus on exploring the geographical patterns of variation.

Methods Using data from the 2016 and 2021 rounds of the National Family Health Survey, we analyzed data from currently married women aged 15–49 years in India. The final analytical sample included 866,694 women from 2016 to 76,910 women from 2021. We employed a four-level logistic regression model using Markov Chain Monte Carlo estimation to examine geographic patterns of women's decision-making across 720 districts in India.

Results Women's participation in household decision-making increased between 2016 and 2021, with the median district prevalence rising from 85.38% to 89.87%. In 2016, relatively low levels of participation in decision-making (<80%) were geographically widespread across districts. By 2021, women's decision-making participation increased in 312 districts (≥ 5.00%), whereas declines were observed in 100 districts based on a more conservative threshold (≤−2.5%). Both improvements and declines were geographically dispersed, indicating that changes in women's decision-making power did not follow a clear regional pattern.

Conclusion While women's decision-making power in India has improved overall, the direction and magnitude of change continue to vary widely from district to district across the country. This observed geographic heterogeneity underscores persistent structural and normative barriers to women's agency. Addressing these geographic disparities requires context-specific policies that are responsive to local socio-cultural dynamics, including family structures and gender norms.

Keywords Women's decision-making, Women's empowerment, Geographic disparities, District-level variation, India

†Yun-Jung Eom and Shalem Balla are co-first author.

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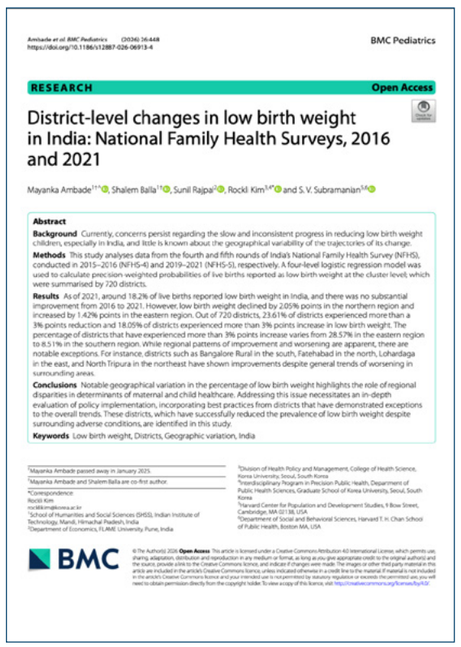
BMC

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The study examined geographical variation in women's participation in household decision-making across 720 districts in India between 2016 and 2021. Using data from the National Family Health Survey among currently married women aged 15–49 years, the study employs a four-level logistic regression model with Markov Chain Monte Carlo estimation to assess geographic patterns. Women's participation increased nationally, with median district prevalence rising from 85.38% to 89.87%. However, changes varied substantially across districts, with improvements in 312 districts and declines in 100 districts. The findings highlight persistent geographic heterogeneity and the importance of context-specific policies addressing local socio-cultural norms and gender inequalities.

DISTRICT-LEVEL TREND ANALYSIS OF LOW BIRTH WEIGHT IN INDIA: NATIONAL FAMILY HEALTH SURVEYS, 2016 AND 2021

Journal: BMC Pediatrics



Ambade et al. BMC Pediatrics (2026) 26:448
https://doi.org/10.1186/s12887-026-06913-4

BMC Pediatrics

RESEARCH Open Access

District-level changes in low birth weight in India: National Family Health Surveys, 2016 and 2021

Mayanka Ambade[1†*], Shalem Balla[1†], Sunil Rajpal[2], Rocki Kim[3,4*] and S. V. Subramanian[3,5]

Abstract

Background Currently, concerns persist regarding the slow and inconsistent progress in reducing low birth weight (LBW) children, especially in India, and little is known about the geographical variability of the trajectories of its change.

Methods This study analyses data from the fourth and fifth rounds of India's National Family Health Survey (NFHS), conducted in 2015–2016 (NFHS-4) and 2019–2021 (NFHS-5), respectively. A four-level logistic regression model was used to calculate precision-weighted probabilities of live births reported as low birth weight at the cluster level, which were summarised by 720 districts.

Results As of 2021, around 18.2% of live births reported low birth weight in India, and there was no substantial improvement from 2016 to 2021. However, low birth weight declined by 2.05% points in the northern region and increased by 1.42% points in the eastern region. Out of 720 districts, 23.61% of districts experienced more than a 3% points reduction and 18.05% of districts experienced more than 3% points increase in low birth weight. The percentage of districts that have experienced more than 3% points increase varies from 28.57% in the eastern region to 8.51% in the southern region. While regional patterns of improvement and worsening are apparent, there are notable exceptions. For instance, districts such as Bangalore Rural in the south, Fatehabad in the north, Lohardaga in the east, and North Tripura in the northeast have shown improvements despite general trends of worsening in surrounding areas.

Conclusions Notable geographical variation in the percentage of low birth weight highlights the role of regional disparities in determinants of maternal and child healthcare. Addressing this issue necessitates an in-depth evaluation of policy implementation, incorporating best practices from districts that have demonstrated exceptions to the overall trends. These districts, which have successfully reduced the prevalence of low birth weight despite surrounding adverse conditions, are identified in this study.

Keywords Low birth weight, Districts, Geographic variation, India

†Mayanka Ambade passed away in January 2025.
†Mayanka Ambade and Shalem Balla are co-first author.

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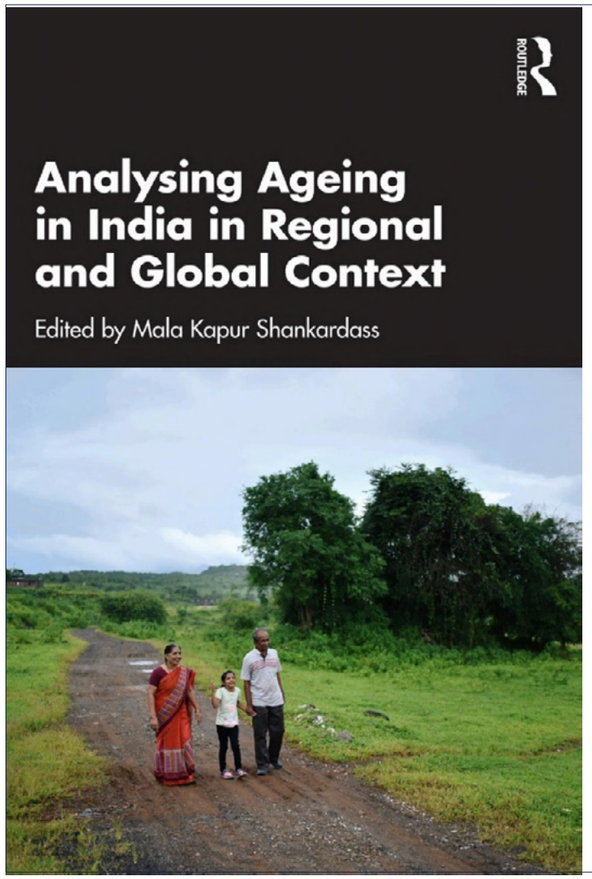
This study examines geographical variation in low birth weight among live births across 720 districts in India between 2016 and 2021. Using data from the fourth and fifth rounds of the National Family Health Survey, the study employs a four-level logistic regression model to estimate precision-weighted probabilities of low birth weight at the district level. National prevalence remained largely unchanged at around 18.2% in 2021, but substantial geographic variation was observed, with some districts experiencing notable declines while others recorded increases. The findings highlight regional disparities and identify districts that achieved improvements despite adverse surrounding trends, underscoring the importance of context-specific policy implementation.

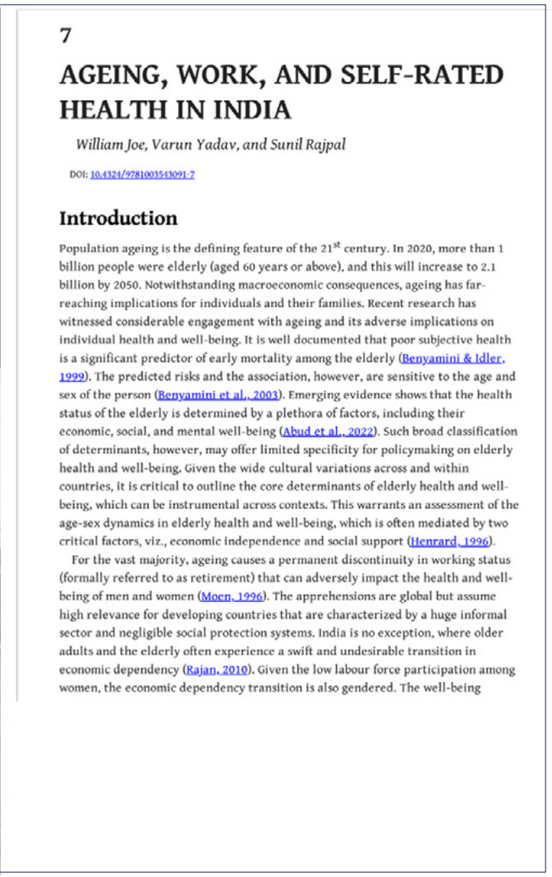


BOOK CHAPTER

AGEING, WORK, AND SELF-RATED HEALTH IN INDIA

Book: Analysing Ageing in India in Regional and Global Context





7

AGEING, WORK, AND SELF-RATED HEALTH IN INDIA

William Joe, Varun Yadav, and Sunil Rajpal

DOI: 10.4324/9781003543091-7

Introduction

Population ageing is the defining feature of the 21st century. In 2020, more than 1 billion people were elderly (aged 60 years or above), and this will increase to 2.1 billion by 2050. Notwithstanding macroeconomic consequences, ageing has far-reaching implications for individuals and their families. Recent research has witnessed considerable engagement with ageing and its adverse implications on individual health and well-being. It is well documented that poor subjective health is a significant predictor of early mortality among the elderly (Benyamini & Idler, 1999). The predicted risks and the association, however, are sensitive to the age and sex of the person (Benyamini et al., 2003). Emerging evidence shows that the health status of the elderly is determined by a plethora of factors, including their economic, social, and mental well-being (Abud et al., 2022). Such broad classification of determinants, however, may offer limited specificity for policymaking on elderly health and well-being. Given the wide cultural variations across and within countries, it is critical to outline the core determinants of elderly health and well-being, which can be instrumental across contexts. This warrants an assessment of the age-sex dynamics in elderly health and well-being, which is often mediated by two critical factors, viz., economic independence and social support (Henrard, 1996).

For the vast majority, ageing causes a permanent discontinuity in working status (formally referred to as retirement) that can adversely impact the health and well-being of men and women (Moen, 1996). The apprehensions are global but assume high relevance for developing countries that are characterized by a huge informal sector and negligible social protection systems. India is no exception, where older adults and the elderly often experience a swift and undesirable transition in economic dependency (Rajan, 2010). Given the low labour force participation among women, the economic dependency transition is also gendered. The well-being

The chapter examines the relationship between labour force participation and self-rated health among older adults in India, highlighting the importance of employment as a part of later life. The study explores the association between work and perceived health and its variation across socio-economic and demographic groups, recognising two distinct motivations to work among older adults: choice or economic necessity. The chapter emphasises that employment in later life can have implications for both economic wellbeing and health perceptions taking into account the nature and conditions of work. Overall, it argues for policies that support healthy ageing alongside adequate social and economic security.

ONGOING PROJECTS

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

Principal Investigator: 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.

UNDERSTANDING SUBJECTIVE PERCEPTIONS OF HEALTH AMONG OLDER ADULTS (45 YEARS AND ABOVE) IN RURAL MAHARASHTRA

Principal Investigator: Prof. Sunil Rajpal; Senior Advisor: Prof. Mala Ramanathan

The study examines the way adults aged 45 years and above understand and describe health in their everyday lives, with particular attention to their perceptions of being healthy and unhealthy, experiences of changes in health with age, practices used to maintain health, and responses to illness and healthcare needs. To understand this phenomenon, a formative qualitative study was conducted in Lavale village, Pune district, Maharashtra, between March and August 2026. Data were collected from 20 participants aged 45 years and above through in-depth interviews and observations of their everyday life. Interviews were conducted in Marathi or Hindi and data were then analysed thematically to identify recurring meanings, experiences, practices, and explanations related to health and illness. Participants described health as a multidimensional experience that extended beyond the absence of disease. Being healthy was commonly associated with the ability to perform routine activities, remain physically active, and fulfil household and social responsibilities. Health was commonly maintained through dietary choices, physical activity, work, rest, cleanliness, and other locally understood preventive practices. The findings show that subjective understandings of health among adults in rural Maharashtra are embedded in everyday functioning, ageing, social responsibilities, and culturally informed interpretations of health.



ENGAGEMENT AND COLLABORATIONS

DISTINGUISHED LECTURE

(in collaboration with Centre for Economics and Public Policy)

Prof. Mira Johri
Professor, Université de Montréal, Canada

On

THE EFFECTS OF ORPHANHOOD AND LACK OF PARENTAL CARE ON CHILD VACCINATION

Date: January 19, 2026 (Monday)
Venue: FLAME University, Pune



Abstract: Prof. Mira Johri, Professor at the Université de Montréal, Canada, delivered a thought-provoking lecture on the challenges faced by orphans and children without parental control in accessing essential health services, with a particular focus on child vaccination. Drawing on evidence from 189 UNICEF Multiple Indicator Cluster Surveys conducted across 82 predominantly low- and middle-income countries between 2005 and 2022, the lecture explored whether children lacking parental protection were at a greater risk of suboptimal vaccination. She highlighted a consistent association between orphanhood and missed vaccinations among children aged 12-59 months. In particular, she underlined the problem of zero-dose vaccination, a failure to receive the third dose of DPT and incomplete basic vaccination among orphans and children residing with neither of their biological parents indicating the importance of parental care in accessing routine immunisation services. Prof. Johri used extensive cross-country evidence to draw attention to the vulnerabilities faced by children without parental care and underscored the need to better support children at risk and uphold their rights. She emphasised that vaccination programmes should prioritize service delivery to orphans and children lacking parental care.

NATIONAL WORKSHOP

(in collaboration with Indian Health Economics and Policy Association)

On

QUALITATIVE RESEARCH IN SOCIAL SCIENCES: THEORY AND APPLICATIONS

Duration: 5 days; Date: 23rd–27th March 2026
Venue: FLAME University, Pune, India



National Workshop on Qualitative Research in Social Sciences: Theory and Applications

The Centre for Research in Wellbeing and Happiness (CRWBH) at FLAME University, Pune, successfully organised the National Workshop on Qualitative Research in Social Sciences: Theory and Applications. The five-day event brought together 30 PhD scholars and early-career researchers, selected through a rigorous review process from more than 350 applications from across India. The diversity of participants enriched discussions and created a vibrant interdisciplinary learning environment. Combining classroom teaching with immersive fieldwork, the workshop equipped participants with practical skills in qualitative research design, interviewing, field observations, coding, and thematic analysis, while fostering a growing national network of researchers committed to addressing complex social and public health challenges.



Welcome Address

Prof. M.A. Venkataramanan, Pro Vice-Chancellor, FLAME University delivered the welcome address to commence the workshop. He welcomed the participants and resource persons and set the context of the workshop for the next five days urging participants to deeply engage with the theoretical foundations and practical applications of qualitative research. He highlighted the importance of qualitative research in developing a deeper understanding of social realities, lived experiences, perspectives, and contexts that cannot always be adequately captured through quantitative approaches.



Opening Remarks

Prof. Prasad Pathak, Dean of Research at FLAME University, in his Opening Remarks reflected on the university's commitment to fostering interdisciplinary research and emphasised the importance of qualitative research in generating a nuanced understanding of people's experiences, particularly in areas such as health and wellbeing. He highlighted the role of CRWBH in promoting research that is grounded in real-world concerns and can contribute to meaningful evidence and policy discussions. He also acknowledged the centre's efforts in bringing together researchers and practitioners through initiatives such as the national workshop, creating opportunities for methodological learning and interdisciplinary exchange.

GUEST SPEAKERS



Dr. Manisha Gupte, Founder of Mahila Sarvangeen Utkarsh Mandal (MASUM)

The keynote address featured **Dr. Manisha Gupte** on "Relevance of Qualitative Methods for Health Research". It drew attention to the importance of examining the social and contextual dimensions underlying health experiences, which may not be fully captured through quantitative approaches alone. The keynote thus established the relevance of qualitative inquiry to health research and provided an appropriate foundation for the subsequent sessions on observations, in-depth interviews, focus group discussions, coding, and thematic analysis.



Prof. Salim Shah, Professor, Tripura University

Prof. Salim Shah, Tripura University, in his Special Lecture on the "Relevance of Qualitative Research for Behavioural Economics," discussed the role of qualitative approaches in understanding the motivations, perceptions, and contextual factors that shape individual and social behaviour. He highlighted how qualitative evidence can complement behavioural and quantitative approaches by providing deeper insights into the processes underlying observed behaviours. The session broadened participants' understanding of the applications of qualitative research beyond conventional health research.



Dr. Sunita Bandewar, Working Editor, Indian Journal of Medical Ethics (IJME)

Dr. Sunita Bandewar, Working Editor, Indian Journal of Medical Ethics, delivered the Valedictory Lecture on “Ethics in Community-Based Qualitative Research.” She emphasised the importance of ethical sensitivity throughout the research process, particularly while working with vulnerable communities and collecting information on sensitive issues. The lecture highlighted the importance of respecting participants’ autonomy, maintaining confidentiality, and treating informed consent as an ongoing process rather than a one-time activity.

RESOURCE PERSONS



Prof. Mala Ramanathan, Former Professor, Achutha Menon Centre for Health Science Studies, SCTIMST

Prof. Mala Ramanathan led several sessions throughout the workshop, introducing participants to the foundations and practical application of qualitative research methods. She discussed the role of field observations in bringing context into research and guided participants in documenting observations through detailed field notes. She also addressed sampling and validation, emphasising appropriate sampling strategies and the iterative nature of qualitative inquiry.



Dr. Bevin Vijayan, Faculty of Public Health, Azim Premji University

Dr. Bevin Vijayan introduced participants to qualitative and quantitative research and presented examples to explain how the two approaches differ. He also led sessions on focus group discussions based on observation and interviews of the fieldwork conducted. In addition, he introduced translation and transcription and explained their importance in preparing qualitative data for analysis. His sessions also included practical training in qualitative data analysis using QualCoder.



Prof. Juhi Sidharth, Assistant Professor, FLAME University

Prof. Juhi Sidharth focused primarily on in-depth interviews, addressing the preparation and skills required for conducting qualitative interviews. Through interview-guide reviews and small-group role plays, she demonstrated how open-ended interviews differ from structured quantitative interviews. Participants also undertook in-depth interviews in the field, followed by a debriefing that encouraged them to reflect on their experiences.



Prof. Sunil Rajpal, Associate Professor, FLAME University

Prof. Sunil Rajpal conducted a session on Reporting Qualitative Research, which focused on the various ways of presentation and communication of qualitative research. The session introduced participants to the key considerations involved in reporting qualitative findings clearly and systematically. The session drew on the Standards for Reporting Qualitative Research (SRQR) to familiarise participants with good practices for presenting qualitative research.

FIELDWORK – HANDS-ON TRAINING ON QUALITATIVE DATA COLLECTION



As part of the workshop, participants undertook a two-day immersive fieldwork exercise in Lavale village, Pune, to gain practical experience in qualitative research methods. The first day focused on field observation, allowing participants to familiarise themselves with the village setting, community spaces, everyday activities, and social interactions. These observations helped participants understand the local context and how it can shape people's experiences and perceptions. On the second day, participants conducted qualitative interviews with community members in groups of two to three people. The interviews explored everyday understandings of health, perceptions of being healthy or unhealthy, experiences of changes in health with age, and practices adopted to maintain health. Participants engaged directly with respondents and practised building rapport, asking open-ended questions, and probing for detailed responses. The exercise provided hands-on experience of conducting interviews and documenting field-based observations. Overall, the fieldwork complemented the classroom sessions by enabling participants to apply qualitative research concepts and methods in a real-world setting.

MEDIA COVERAGE

INDIA STILL HAS A DEMOGRAPHIC DIVIDEND. CAN IT CREATE ENOUGH JOBS?

Publisher: Business Standard

India still has a demographic dividend. Can it create enough jobs?

India's fertility rate has fallen below replacement level, but the bigger question is whether the economy can create enough jobs and raise productivity before ageing pressures build

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India still has one of the world's largest working-age populations (Representative image from Pexels)

Akshita Singh | New Delhi

This article examines whether India can fully realise its demographic dividend amid declining fertility and an approaching period of population ageing. Drawing on recent demographic estimates and expert perspectives, it highlights that India remains relatively young, with around two-thirds of its population in the working-age group, but that the demographic window is gradually narrowing. The article argues that demographic advantages alone will not translate into economic gains without sufficient productive employment, higher labour force participation, improved skills, and greater productivity. It also highlights challenges including workforce informality, low female labour force participation, uneven education outcomes, and rising healthcare and social-security needs associated with population ageing.

UPCOMING EVENTS

DISTINGUISHED LECTURE BY DR. SOHINI PAUL

IFMR – LEAD at Krea University, Andhra Pradesh



Title: What Shapes Our Lives? Evidence on Health, Work and Wellbeing in India
Date: 15th October, 2026
Venue: FLAME University, Pune, India

FLAME UNIVERSITY

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