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IN INDIA

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State of SAPA AT A GLANCE

A physically active population is not a nice to have.
It is a must for India's development ambitions.



THE CURRENT STATE

- **More than 200 million**
Number of Indians who are inactive based on WHO recommendations (i.e., they have less than 150 minutes of activity per week for adults or 420 minutes for children and adolescents)
- **1.5x to 2x**
Higher urban inactivity rates, compared to rural inactivity rates. The gap is especially wide for adolescents (at least 28% of adolescents in urban areas are inactive, compared to 13% in rural areas)
- **7 hours and 5 hours**
How much less activity, on average, girls and women get compared to boys and men in a single week (about one-fifth less)



THE KEY DRIVERS

- **67%**
Share of students who report that their school does not have basic sports equipment (e.g., balls, racquets). 21% report that their school does not have a playground
- **56%**
Share of respondents who say proximity to public spaces is a challenge. 28% of urban adolescents say that rules restrict play in public spaces
- **Less than 1 in 5**
Share of white-collar workers who say their employers provide SAPA-related programmes or facilities
- **48%**
Share of older adults who believe they are too old to play or exercise



THE POTENTIAL

A fully active India by 2047 would:

- Boost India's GDP by over **INR 15 trillion** annually, catalysing a **INR 4.5 trillion** sports industry
- Prevent **110 million** cases of NCDs and save over **INR 30 trillion** in healthcare costs
- Encourage **11 million** girls to engage in sports for the first time, enhancing their agency and confidence

As India ages and urbanises, we have a closing window of opportunity to act. Fortunately, a little can go a long way to increase sports and physical activity—and to accelerate India's journey to better health, happiness, and prosperity.

Letter from the authors

Sports and Physical Activity (SAPA) is often understated and underestimated as an intervention for public health, social impact, and economic growth. SAPA supports our physical and mental health, with benefits that are well documented and significant: greater fitness and immunity, better sleep and focus, stronger confidence – and also higher productivity, grades and income. SAPA also improves our cognitive function, and even increases our emotional well-being.

The research on the benefits of SAPA is a reminder of something so fundamental that it should be obvious: achieving our potential as individuals requires us to care for our bodies. What is somewhat less intuitive is that when all of us are active, our society and nation benefit, too. Our health burden and health costs decrease, our worker productivity and GDP increase. The potential is enormous. For example, a fully active India could add INR 15 lakh crore to GDP and avoid 110 million cases of non-communicable disease (NCDs) by 2047.

We have a fair distance to travel to achieve this potential, showing just how big this opportunity is. Like most studies, we measured minutes of physical activity. And – as others before us have – we found that India's population is not nearly active enough. At least 200 million people are inactive; they don't meet minimum WHO standards. The gaps are greatest in urban areas and among women and girls. This is a wake-up call for the whole nation: if we do not act, we are at risk of exacerbating our NCD crisis, of losing worker productivity and of missing out on an important lever for greater social cohesion.

In addition to measuring active minutes, we felt it was important to go deeper to understand what was holding inactive people back, and some results were concerning. Several myths and misconceptions seem to prevent many Indians from engaging in SAPA – at home, in public, and even in schools. We also found that easy access to safe public spaces is an important element of a SAPA-friendly environment.

We also set out to understand our active population. Are they getting the full benefits of SAPA? What motivates them? The results highlighted the importance of thinking about SAPA more holistically. Many of its benefits come from engaging in diverse activities – not just walking or cricket – and from the social interactions that active people experience through sports and other group activities. These are the same factors that motivate many people to stay active.

This study is just a starting point – SAPA research in India is nascent, and there are still many gaps and opportunities. For example, we asked respondents to self-report activity data which invariably leads to some over-reporting. Measuring actual activity would likely paint an even more concerning picture.

The good news is that even small changes can go a long way. Yes, some fundamental changes to urban design, public infrastructure and schools will be required. In the meantime, there are low-hanging fruits that can make a big difference. For example, while we advocate for more public spaces to be developed, we can also work to make our existing ones more accessible, safer and more SAPA-friendly by changing opening hours, updating rules to allow more activities, providing lighting and security, and installing simple equipment. We can prioritise SAPA in our schools and teach our youth healthy skills and habits for life. Throughout, there is an increasing role for digital technology to support SAPA where entrepreneurs can play an important role.

With this report we set out to demonstrate that SAPA can benefit everyone - and that, as a result, the social, health and economic gains can benefit our nation. We show where the current risks and shortfalls are, but also provide some thought-starters for solutions that work with smart coordination, policies and incentives, rather than large upfront investments; many can pay for themselves several times over.

We invite you to join us in understanding what's working and what isn't, in discovering the amazing potential of SAPA, and in building towards a fully active India together. We hope this report will start more conversations and help unlock the SAPA opportunities that abound in India and for India. We hope that it increases awareness that SAPA is not, in fact, a nice-to-have but a must-have for India. We believe SAPA is an integral part of India's growth story, and we hope it will take its rightful place in the national conversation with this report as a starting point.

Dalberg



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1. Introduction

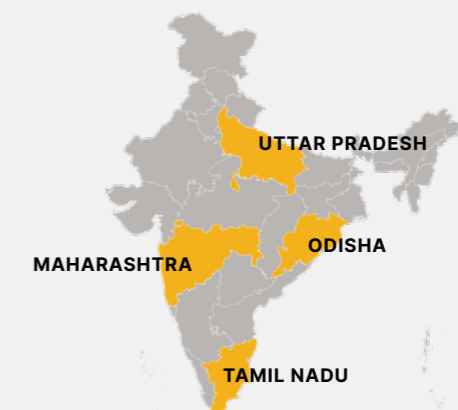
The State of Sports and Physical Activity report calls for increased and high quality physical activity for all Indians to enhance the nation's health, happiness, and prosperity. The report lays out the immense benefits of sports and physical activity (**SAPA**); the urgent need for India to become more sports-oriented and physically active; the challenges ahead; and the opportunities – large and small – for schools, government, employers, and entrepreneurs to join the SAPA movement.

This study provides a granular SAPA baseline for India

- It provides data on adults and adolescents across all income segments and across a variety of settings in rural and urban areas.
- It provides a deep understanding of what motivates, enables, and hinders SAPA engagement among different segments.
- It combines quantitative primary research with on-the-ground qualitative perspectives and expert opinions.
- It quantifies the individual, collective, and national socio-economic benefits of SAPA in India.
- It acts as a conversational asset to align stakeholder interests by highlighting key trends that define India's challenges and the current state of physical activity.
- Finally, it offers a way forward towards innovative and participatory solutions that involve both the private and public sectors.

We conducted extensive primary and secondary research to assess the current situation and model future outcomes. We surveyed 3,500 adults and 1,500 adolescents across four major states about their SAPA habits and held 16 focus group discussions (FGDs) with specific segments, including parents, physical education teachers, and school children. We supplemented this primary research with secondary data from academia and partner organisations as well as expert interviews. We used a combination of our own findings and prior research to model out the benefits of universalising SAPA for India in 2047.

Figure 1: Study states



These four states cover a broad range of experiences with SAPA – high and low levels of SAPA, different types and levels of gov't engagement on SAPA and a range of economic and social settings.

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Before delving into the report, we want to highlight some methodological limitations.

- Our results on activity levels may be inflated because they rely on highly granular self-reported data, a commonly used method but known to result in overestimates.¹
- Our quantitative model, assuming a fully active India meeting World Health Organization (WHO) guidelines for physical activity, estimates potential SAPA benefits for society. Calculations were based on survey data, sometimes-sparse literature and conservative assumptions.
- Findings are representative at the state level and can only be roughly extrapolated nationally.

¹ Our self-reported activity numbers exceed those in other studies. The granularity of our questionnaire captured detailed nuances about settings and types of activities, but likely increased overreporting.

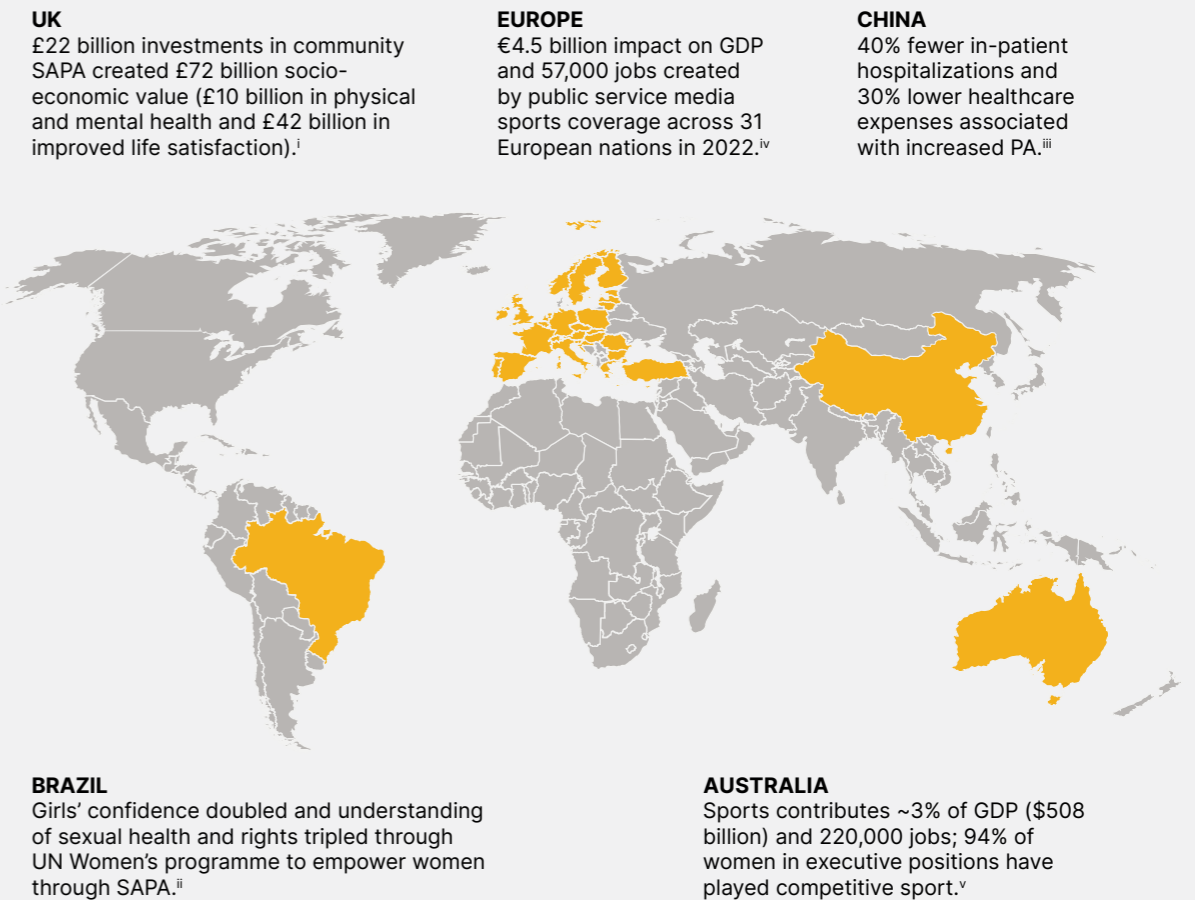
2.

Why SAPA (sports and physical activity) is critical to achieving Viksit Bharat

Sports and physical activity have enormous potential to transform societies.

Globally, national investments in SAPA have yielded strong societal benefits. For example, they have improved population-level outcomes (physical and mental health, overall well-being and satisfaction), contributing to a stronger economy (e.g. by increasing GDP, boosting productivity, and reducing healthcare costs) and to a more equitable society (e.g. by boosting girls' confidence and awareness of their rights). See Figure 2 for specific examples.

Figure 2: Global examples of the benefits of SAPA



Sources:

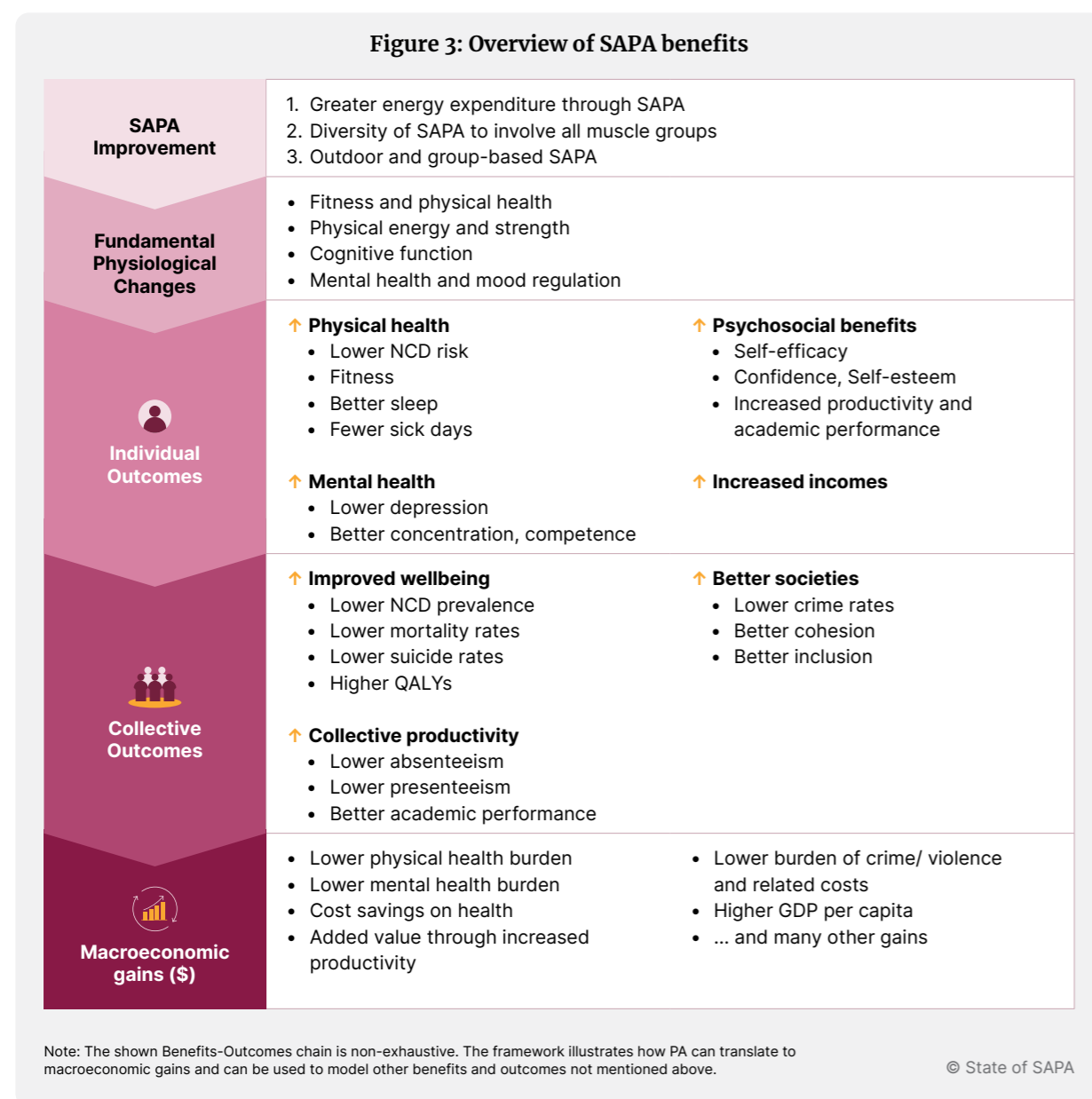
- i. Sport England, [Social and economic value of community sport and physical activity in England](#) (2020);
- ii. United Nations Women, [In sport and for gender equality, one win leads to another](#) (2016);
- iii. Lei XL et al., [The role of physical activity on healthcare utilization in China](#). BMC Public Health (2023);
- iv. Oxford Economics, [The economic impact of the sports activities of public service media](#) (2024);
- v. Australian Sports Foundation, [The benefits of sports](#)

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Research demonstrates that increased SAPA can significantly benefit individuals, and these benefits accrue across the population to deliver improved societal and national outcomes.

When people engage in SAPA, they experience a vast array of individual benefits beyond improved physical health.² Physical health benefits are well-documented, such as reduced risk of cardiovascular disease, diabetes, certain cancers, and respiratory diseases. Mental health benefits - including lower incidence of anxiety, depression, and mood-specific disorders - are being increasingly recognised. Finally, the least known are psychosocial benefits: active individuals have greater focus, cognitive skills, self-efficacy, and confidence, which can boost income.

These individual benefits translate into societal and national gains in the form of better health and well-being outcomes (e.g. lower incidence of non-communicable diseases (NCDs) and suicides and increased quality-adjusted life years), higher productivity, and safer, more inclusive societies. At the macroeconomic level, nations benefit from saved health costs, reduced strain on health systems, and higher GDP per capita.



2 World Health Organization, [WHO guidelines on physical activity and sedentary behaviour \(2020\)](#). For further sources, please see the extensive WHO source list.

How much and what kind of physical activity do we need?

Physical activity (PA) includes all movement, including during leisure time, transportation, work, and household chores.³

Most people need 150 minutes of weekly PA. According to the WHO, to gain health benefits and mitigate health risks, adults need 150 minutes of moderate (or 75 minutes of vigorous) activity per week. Children and adolescents need 60 minutes of moderate⁴ activity per day.⁵ We used these thresholds to classify people as active or inactive.

However, South Asians need significantly more PA – about 230 minutes per week for adults – to achieve the same benefits as a Caucasian person who meets WHO guidelines.⁶

Beyond this minimum, more PA provides increasing benefits. Higher activity levels are linked to a lower risk of site-specific cancers,⁷ a lower risk of anxiety and depression,⁸ and a higher chance of perceived academic performance.⁹ Greater activity intensity is associated with improved cardiorespiratory fitness in adolescents and lower mortality from cardiovascular disease for adults. Even 4-minute bursts of intense exercise are associated with longer life spans.

Most activity is usually aerobic (e.g., walking, running, cycling), but, according to the WHO, **adults should also include muscle strengthening physical activity (MSPA)** at least twice a week, involving all major muscle groups. MSPA promotes healthy ageing by protecting against major cardiometabolic risk factors as well as muscle and bone decline. Meeting both aerobic and MSPA guidelines reduces obesity rates by 30% more than doing just one.¹⁰

Group-based and outdoor activity offers additional benefits. Group-based physical activity (GBPA) reduces social isolation and loneliness. Social interactions as part of GBPA are linked to a 50% lower rate of depression.¹¹ Outdoor activity improves physiological outcomes (such as heart rate variability and blood pressure) and endocrine markers (such as adrenaline and cortisol). Exposure to green spaces is linked to a 12% lower mortality rate, including a reduced risk of cancer, lung, and kidney diseases.¹² The benefits of GBPA and outdoor activity are strongest when individuals choose these forms of activity freely.

Sports engagement unlocks these benefits at all levels. School sports build enthusiasm, skills, and good habits in children. Opportunities to play sports empower women, especially through community sports. Workplace sports strengthen employee engagement and increase PA, especially for white-collar employees. Most sports engagement can boost social interaction for everyone.

3 World Health Organization, [WHO factsheet on physical activity](#) (Accessed on July 15, 2024). The WHO defines physical activity as any bodily movement produced by skeletal muscles that requires energy expenditure.

4 On an absolute scale, moderate intensity refers to the physical activity that is performed between three and less than six times the intensity of rest. Vigorous intensity refers to physical activity that is performed at 6.0 or more METS. One Metabolic Equivalent of Task (MET) is the energy equivalent expended by an individual while seated at rest. For calculation purposes, it is typically estimated that 1 minute of vigorous activity is equivalent to 2 minutes of moderate activity.

5 World Health Organization, [WHO guidelines on physical activity and sedentary behaviour \(2020\)](#).

6 Iliodromiti S et al., [Should physical activity recommendations for South Asian adults be ethnicity-specific? Evidence from a cross-sectional study of South Asian and White European men and women](#). Plos One (2016).

7 World Health Organization, [WHO guidelines on physical activity and sedentary behaviour \(2020\)](#).

8 Ibid.

9 Jussila JJ et al., [Are active school transport and leisure-time physical activity associated with performance and wellbeing at secondary school? A population-based study](#), European Journal of Public Health (2023).

10 Brellenthin AG et al., [Aerobic or muscle-strengthening physical activity: Which is better for health? Current Sports Medicine Reports \(2022\)](#).

11 Stevens M et al., [Better together: How group-based physical activity protects against depression](#). Social Science & Medicine (2021).

12 James P et al., [Exposure to greenness and mortality in a nationwide prospective cohort study of women](#), Environmental Health Perspectives (2016).

Investing in SAPA must become a national priority. It can help achieve national goals of prosperity, health, happiness, and inclusivity - supporting many ambitions for Viksit Bharat.¹³



ECONOMY:

Contribute to India's goal of becoming a **USD 30 trillion economy**^{14,15}. India's **GDP could increase by over INR 15 trillion** (~USD 185 billion¹⁶) annually if the entire population is active by 2047.

- India in 2047 could be a leading global workforce. SAPA can prevent **INR 2.5 trillion** (~USD 30 billion) in **productivity**-related losses (due to fewer sick days/less absenteeism linked to physical and mental illness).
- SAPA supports children's health and academic achievement, leading to **higher future incomes**. Being active is associated with **additional lifetime earnings of INR 60 lakhs** (~USD 75,000) **per child**. Each child who avoids obesity could achieve additional lifetime earnings of INR 120 lakhs (~USD 150,000).
- As India aims to become a sporting nation, an active population in 2047 can mobilise INR 4.5 trillion (or USD 54 billion) of annual expenditure in the **sports industry**.



HEALTHCARE:

Boost health gains and financial savings

SAPA can contribute to improving **physical and mental health and reducing avoidable healthcare burdens by over INR 30 trillion** (USD 390 billion) per year, which could be redirected to more productive uses.

- **Investing in SAPA can help tackle** the non-communicable disease crisis, saving lives. With the incidence of obesity, cardiovascular disease, and cancer increasing rapidly, an active India in 2047 would have **~110 million fewer adult NCD cases** and ~7 million fewer cases of childhood obesity, saving INR 29 trillion (~USD 390 billion) in health-care costs.
- **SAPA can contribute to a healthier, happier India**. If all Indians are active in 2047, this could lead to **30,000 fewer suicides** and up to 15 million fewer cases of depression every year, saving INR 1 trillion (~USD 12 billion) in healthcare costs annually.
- India is **rapidly urbanising and increasingly sedentary – two trends that increase NCD and other health risks**. Investing in SAPA becomes critical to the nation's health in settings with few opportunities for physical activity.



LEARNING

Improve students' focus and academic outcomes

- **SAPA can support India's youth** by helping them improve their focus and academic achievements. An increase in learning outcomes **equivalent to 9 additional months of schooling** is possible per active adolescent in 2047.



GENDER EQUALITY

Boost women-led development

- By 2047, 11 million girls can be motivated to pick up a sport for the first time, which is linked to improved agency and confidence, potentially creating **600,000 additional women entrepreneurs and leaders**.



SPORTING AMBITION

Create a groundswell to become a top sporting nation

- India's ambitions to host the Olympics and achieve more sporting wins will receive a boost from a widespread SAPA movement. Generating public interest, participation, and investments across a **broad range of sports** can support the development of a **new generation of elite athletes** to represent India on the international stage.



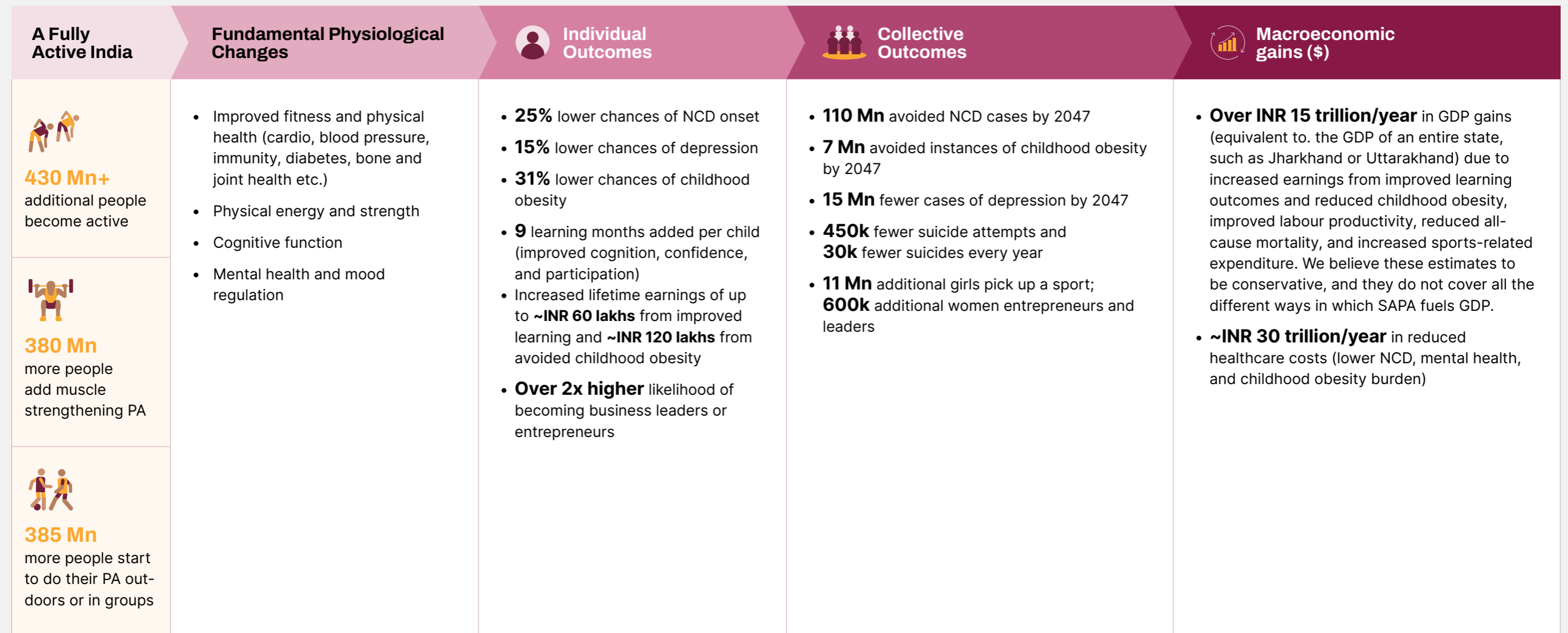
¹³ Viksit Bharat is the Prime Minister's vision and a platform for achieving a "Developed India" by 2047.

¹⁴ Press Information Bureau, Press release on Vibrant Gujarat Summit 2024 (Accessed on July 28, 2024).

¹⁵ Estimations of economic and health macro-outcomes are based on Dalberg analysis using a model that integrates results of the State of SAPA survey 2024, secondary literature, and (conservative) estimates where necessary.

¹⁶ For currency conversions, we assume the same conversion rate as in August 2023.

Figure 4: Potential gains by 2047 from increasing SAPA



Sources:
 i. World Bank Data (Accessed on 29/04/24)
 ii. World Bank Data (Accessed on 29/04/24)
 iii. ILOSTAT (Accessed on 29/04/24)
 iv. IHME (Accessed on 29/04/24)

Notes:
 Dalberg estimates based on data from the State of SAPA survey 2024, secondary literature and (where necessary) conservative estimates.

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3.

Where are we today?

1. We are not physically active enough, and our activities must become more diverse.¹⁷

We are not active enough. At least 155 million Indian adults and at least 45 million Indian adolescents do not meet WHO guidelines. At least 223 million adults fall short of the South Asian benchmark of 232 minutes per week.¹⁸ Women and girls are less active than men and boys across all age groups.

Our activities can be more diverse. The most common type of physical activity outside of work and chores is walking (38% of men and 28% of women). Walking is beneficial in itself but should ideally be supplemented by MSPA. Less than half (40%) of active adults meet the WHO guidelines for MSPA.

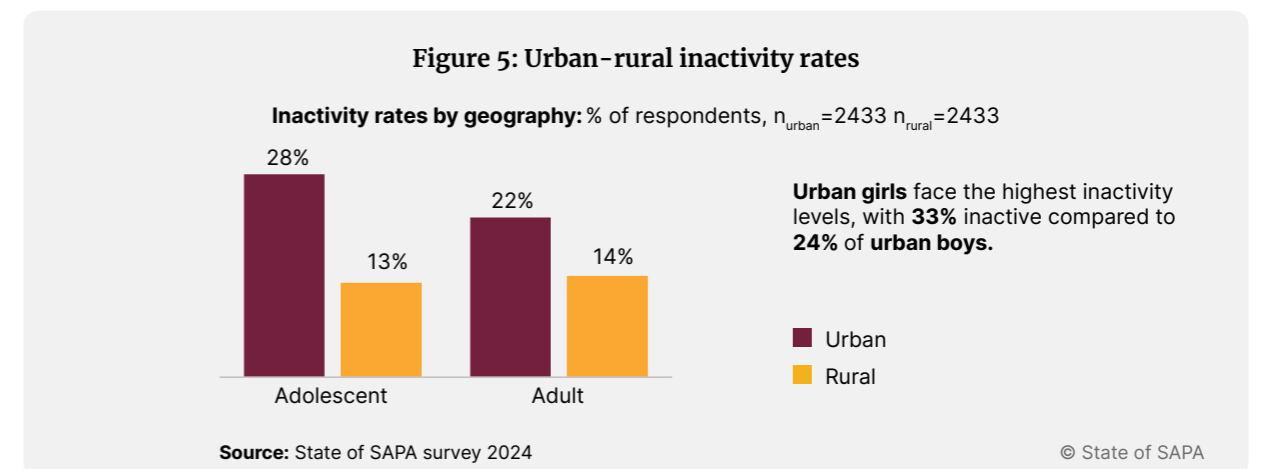
The sports we play also lack in quantity and diversity. Only 9% of adults play a sport at all. More adolescents (66%) regularly play a sport but there is little diversity in their sports disciplines. Half of all boys who play a sport play cricket, with much lower representation of other sports. This is a missed opportunity: exposure to a broad range of activity types in formative years can lead to higher activity levels and better sports performance in the long term, as it creates a positive perception of SAPA, builds lifelong habits, promotes balanced physical and athletic development, and reduces risk of overuse injury.

2. As India urbanises, its towns and cities face an inactivity crisis.

Urban residents are less active than rural residents, posing a critical and growing risk, especially for girls. Urban inactivity rates are 1.5 to 2 times higher than rural rates. Urban residents have fewer opportunities for physical activity at work, and they have 45 minutes more screentime per week. As with the overall population, urban women are more inactive than men. Urban girls are most affected, with at least one-third failing to meet WHO activity guidelines. India's rapid urbanisation¹⁹ risks exacerbating this inactivity crisis.

In addition, city and town residents **lag in several physical activity benefits:**

- 8 ppt²⁰ fewer active individuals meet WHO guidelines for MSPA in urban areas than in rural areas.
- 8 ppt fewer urban than rural individuals play a sport.
- 12 ppt fewer urban than rural individuals participate in outdoor PA



¹⁷ Figures in this section are based on the State of SAPA survey 2024; absolute population estimates are based on forecasts from the Census of India 2011.

¹⁸ As noted, the study's methodology probably led to overestimated activity levels, suggesting the actual situation may be worse.

¹⁹ By 2050, India's urban population is expected to be twice the size as in 2014. United Nations Department of Economic and Social Affairs, World urbanization prospects – The 2014 revision (2014).

²⁰ PPT: percentage points

3. The gender gap is stark, especially during adolescence and early adulthood.

Women and girls get fewer minutes of SAPA. On average, women get 20% (302) fewer minutes per week than men do, and girls get 22% (410) fewer minutes than boys do. Inactivity is more prevalent among urban women, who are active for 385 fewer minutes than rural women, and 249 fewer minutes than urban men.

They have less variety in their SAPA, and fewer play a sport. Three-quarters of the active time for the average woman is consumed by household chores and caregiving activities. Like men and boys, women and girls' most common forms of SAPA are walking and climbing stairs. However, men engage in a much larger range of other activities, such as workouts (3x as many men and boys as women and girls) or yoga (4x as many). Concerningly, 12% fewer women than men get enough MSPA, putting their health at risk, especially as they age.

"We don't play any games here; when I go to my mother's house, I and my sister play the game that we played when we were young, called "Pandi" ...we enjoy playing it."

33-year-old, Homemaker

Women's participation in leisure-time activity is less than half that of men's. Opportunities for women are perceived as very limited - 40% of women see chores as the primary way to be more active.

"[There is a] false belief that women need to be persuaded to participate in sports, Naandi's programs show that women are eager to participate. The key to get more women involved in sports is to provide them with opportunities and create an inclusive and welcoming ecosystem."

Lisa Murawsky, Naandi Foundation

Women and girls engage much less in SAPA in public spaces - 20% fewer than men - and often miss out on the benefits of outdoor activity. Similar patterns apply to girls, though we see some early signs that norms could be changing.

"My mother used to tell me not to go out of the house; but I am sending my daughter to Kanchipuram now [to play]"

Mother of a district-level player

The largest gender gaps unsurprisingly occur when caregiving responsibilities increase - in late adolescence, when girls are expected to pick up more chores, and around the time that women get married and shoulder the caregiving burden for young children and elderly family members. (See Figure 6.)

"Mental health is deteriorating for adolescents as they are stuck half-way between online and offline worlds [...] Adolescent girls primarily, are held back with unpaid care burden and chores, where important elements of fun and camaraderie are missing"

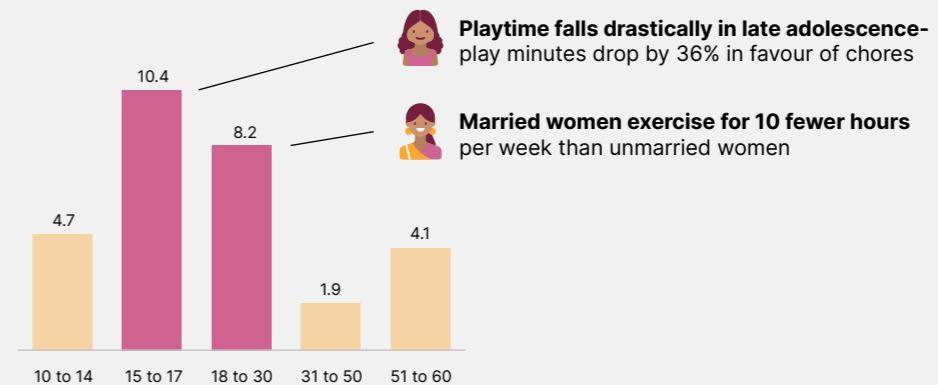
Nandika Kumari, Dasra

The gender gap is reinforced by messaging that falsely suggest that SAPA is dangerous, is ill-advised during menstruation and pregnancy, or leads to unwelcome body changes.

Figure 6: SAPA gender gap

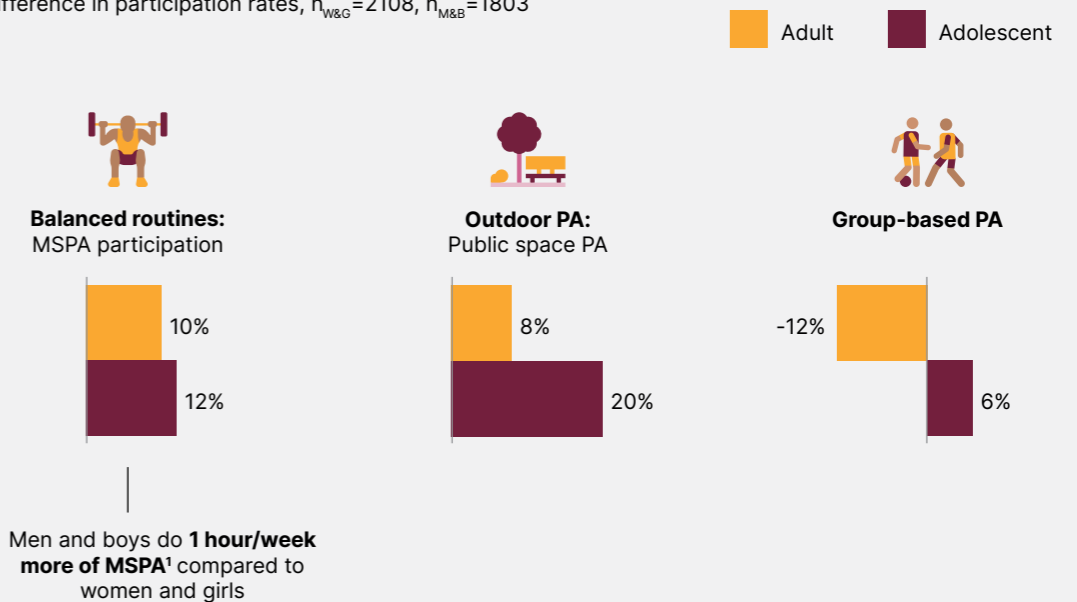
Men and boys outpace women and girls in PA across all age groups; the highest gender gap is for ages 15-30

GENDER GAP IN PA MEASURED BY AGE
Difference in hours per week, $n_{W\&G}=2655$, $n_{M\&B}=2211$



Women and girls have lower participation in MSPA and outdoor PA

GENDER GAP IN SAPA AMONG ACTIVE INDIANS
Difference in participation rates, $n_{W\&G}=2108$, $n_{M\&B}=1803$



Source: State of SAPA survey 2024
Note: 1.MSPA: Muscle strengthening PA

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4. We need to better integrate sports and physical activity into schools

Schools could be a key lever to increase SAPA. However, many are not providing basic facilities or meeting minimum standards. Countries are increasingly focusing on SAPA in schools to improve long-term health and social outcomes. Fiji, Zambia, Mexico, and South Africa are investing in improved physical education policies to support their nations' future.²¹ The UK's National plan for sport, health, and wellbeing focuses on fun and inclusive activities through school sports and extra-curricular activities to promote positive SAPA attitudes through to adulthood.²² India could build on existing efforts to better integrate SAPA into schools.

- 67% of students say their school does not have sports equipment (such as balls, bats, racquets).
- 21% of students say their school does not have a playground.
- 21% say their physical training teacher skips more than half the classes, and 77% of private school students report these class durations are shorter than that prescribed by Central Board of Secondary Education guidelines.

Meanwhile, school sports opportunities are often exclusively for top performers.

"If [children] are not able to run or play cricket, then they get disqualified"
35-year-old Father, Mumbai

Parents, teachers, and students often prioritise academics over physical activity, unaware that SAPA can contribute to academic performance.

"Do your studies and play on weekends. He is in metric, so he goes in the morning and comes back by 12...spends 3 hours in tuition...comes back by 4/4.30...it will be 5/6 pm and then he will have homework too. So, his day is gone. How can he go to play?"
35-year-old father of an adolescent boy, Mumbai

Gender norms and some uniforms and infrastructure are not conducive to girls' participation in physical training classes. Gender stereotypes, internalised by both students and teachers, can further hinder school-time play or restrict activity choices for girls.

"Cricket is only for boys ...If the ball hits you somewhere on your face or something, it will be really difficult."
13-year-old girl from Kanchipuram, Tamil Nadu

"Teachers say that girls and boys should not play together"
All girls in unison in an FGD in rural Tamil Nadu

Fourteen percent of girl students say their school lacks separate washrooms or changing areas for boys and girls. Additionally, 45% of girls wear suits or skirts in physical training class, and about one-fifth of them feel that this uniform is not comfortable for SAPA.

²¹ Unesco, Making the case for inclusive quality physical education policy development: a policy brief (2021).

²² UK Parliament, Instilling a life-long habit of sport and physical activity, in: Report of Session 2021-22, National plan for sport, health, and wellbeing (2022).

5. Harmful norms and misconceptions hurt everyone.

As long as the value of SAPA is not widely understood and people fear that being active will harm them, they may resist becoming more active. Figure 7 illustrates some of the most common misconceptions.

Figure 7: Harmful myths about physical activity

	BELIEFS	FACTS
	<p><i>"If my child plays a lot, their grades will suffer"</i></p> <p>Nearly one in five parents believe their child should prioritise studying over playtime.</p>	<p>SAPA can improve academic performance:</p> <ul style="list-style-type: none"> • SAPA improves discipline and focus which can improve performance • Physically active children score 16%-40% higher on tests
	<p><i>"I do not need to be active, I am already thin"</i></p> <p>It is commonly believed that exercise is something only overweight people need to do.</p>	<p>Exercise is more than just weight loss, it improves:</p> <ul style="list-style-type: none"> • Physical health – cardiovascular health, immunity, etc. • Mental health • Life quality – sleep and productivity
	<p><i>"Play is for children"</i></p> <p>48% of older adults believe they are too old to play or exercise</p>	<p>SAPA, especially MSPA, is crucial for older adults, as it</p> <ul style="list-style-type: none"> • Prevents falls and fall-related injuries • Improves bone health and functional ability • Reduces all-cause mortality
GENDER-SPECIFIC MISCONCEPTIONS	<p><i>"Pregnant women & menstruating girls should not exercise"</i></p> <p>20% of women were stopped from exercising during menstruation by their families and community members</p>	<p>Exercise alleviates pain, supports healthy pregnancy, and aids post-partum recovery:</p> <p>45-60 mins of PA can reduce menstrual pain by 25%</p>
	<p><i>"You will get injured and ruin your future"</i></p> <p>45% of Indians believe girls risk bodily harm in pursuit of sports, which may affect marriage prospects</p>	<p>The risk of injury from sport is less than 1% (depends on sport, training volume, facilities, etc.)</p> <p>Sports can also unlock new career paths (securing sports and allied jobs, college admission, govt' jobs)</p>
	<p><i>"Muscularity is masculine"</i></p> <p>Many women fear getting "bulky" from MSPA</p>	<p>People of all genders benefit from SAPA – guidelines do not differ</p> <p>PA routine depends on factors like individual's physical fitness levels or health needs and not on gender</p>

Sources:

- i. State of SAPA survey 2024;
- ii. Armour M et al., *Exercise for dysmenorrhea*. Cochrane Database of Systematic Reviews (2019);
- iii. *The 2018 India report card on physical activity for children & youth* (2018);
- iv. Gupta, SG, *Myths around working out*. Vogue India (2021);
- v. World Health Organization, *WHO guidelines on physical activity and sedentary behaviour* (2020);
- vi. Aspen Institute, *Sports for all, play for life playbook* (2015);
- vii. Barbosa A et al., *Physical activity and academic achievement: An umbrella review*. International Journal of Environmental Research and Public Health (2020);
- viii. Magic Bus Case Study;
- ix. Back & Body Medical, *Do thin people need exercise?*

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Everyone can increase and improve their engagement in SAPA, but challenges vary by age, gender, and location:

- Children, especially girls, need more from their schools.
- Both adults and children, especially in cities, need better public infrastructure.
- Women need flexible, welcoming options that fit their schedules.
- White-collar employees need support for more movement at work and in transit.
- Everyone can benefit from GBPA and (appropriate) outdoor physical activity

We identified five adult and five adolescent population segments based on activity levels.

The following summaries show how these groups differ in activity levels, activity types, and motivations and barriers to SAPA. Understanding these segments (described in Figure 8 and Figure 9) can help develop targeted solutions addressing the wide range of SAPA experiences.










Figure 8: Different adult segments and their key enablers and barriers for SAPA²³

 ADULT SEGMENTS	DO NOT MEET WHO STANDARDS FOR PA	ACTIVE THROUGH CHORES	ACTIVE THROUGH OCCUPATION	ACTIVE OUTSIDE WORK	ACTIVE IN MANY WAYS
 Description	<150 min per week of moderate physical activity due to sedentary lifestyle <i>"Instant delivery is making me lazy... ordering from Dunzo, reduces walking"</i> Urban white-collar man	>70% of SAPA is from chores or related to caregiving <i>"I get all the activity I need by running after my kids, ...it raises my heart rate!"</i> Mother of 2, MH	>30% of SAPA is occupation-related <i>"We aren't allowed to use the lift...all my energy is drained to reach the 12th floor"</i> Construction worker in MH <i>"Intense work is not good for health, but becomes a habit"</i> Manual laborer, MH	Non-work SAPA (mostly aerobic) accounts for >50% of SAPA. <i>"I have an app (21 days workout challenge)... We do Zumba at [a friend's] terrace by looking at YouTube..."</i> 19-year-old urban student	Adults with a generally active lifestyle; walking is the primary non-work/non-chore SAPA <i>"If you are not active, it will affect your mental health, you feel lazy, gain weight."</i> Young urban white-collar worker
 Typical demographics	Urban and low SEC	Mothers and home makers	Manual laborers (especially agricultural workers)	Young urban men, white-collar workers	High SEC, middle-aged adults
 Estimated size of segment	155 million	319 million	82 million	146 million	209 million
 Share who do enough muscle-strengthening	9%	36%	36%	29%	46%
 Share who do some outdoor SAPA	11%	49%	62%	82%	77%
 Share who do some group-based SAPA	31%	35%	53%	48%	32%
 Primary enablers for SAPA	Desire to be healthy and fit is the biggest motivator (for 48% of respondents)	Major life events (e.g. marriage, childbirth) increased SAPA for 66% of those who experienced such a change	Employment-related changes (e.g. job, responsibilities) increased SAPA for 72% of those who experienced such a change	Compared to other segments, <ul style="list-style-type: none"> • 22% more respondents can access SAPA equipment • 19% more felt motivated by peers 	Compared to other segments, <ul style="list-style-type: none"> • 10% more respondents in this group can access SAPA equipment • 5% more have fun while doing SAPA
 Primary SAPA-related challenge	Lack of awareness, behavioural barriers, and lack of employer support prevent SAPA.	61% of respondents said lack of time and energy is the biggest barrier to SAPA	Low bandwidth for leisure-time PA: 69% feel they get all the SAPA they need as part of work	Limited diversity in leisure-time SAPA; Lack of time and energy poses a challenge to 52% respondents	Poor pedestrian infrastructure (35%), harsh weather (27%) make transit difficult; there is scope to improve perceptions towards GBPA

© State of SAPA

²³ State of SAPA survey 2024.
SEC: Socio-Economic Classification
MH: Maharashtra
TN: Tamil Nadu

Figure 9: Different adolescent segments and their key enablers and barriers for SAPA²⁴

 ADOLESCENT SEGMENTS	DO NOT MEET WHO STANDARDS FOR PA	HIGH SHARE OF CHORES	PLAY, BUT MOSTLY IN SCHOOL	PLAY OUTDOORS, OUTSIDE OF SCHOOL	PLAY AT HOME
 Description	<60 minutes per day of moderate to vigorous physical activity due to sedentary lifestyle <i>“They (children) don’t get the time between attending schools and tuition.”</i> Urban mother in MH	>40% of SAPA is from chores and home-based activities <i>“They (family) tell me to do whatever work is there and then go play.”</i> Girls in rural TN	≤40% SAPA from chores, and >50% of LTPA is in school <i>“Our PT sir says we can get admitted into a good college through sports quota.”</i> Girls who take part in fencing classes in rural TN <i>Girls want to play badminton, but there are money constraints.”</i> Physical education teacher, Odisha	≤40% SAPA from chores, ≤50% of LTPA in school, and >50% of remaining LTPA in public spaces <i>“My daughter used to play football until plus-2 [Grade 12]; now I have told her to study as she is in plus-2.”</i> Mother of girl from rural TN	≤40% SAPA from chores, ≤50% of LTPA in school, and ≤50% of remaining LTPA in public spaces <i>“Earlier there were playgrounds... you have more buildings now... and (kids) can’t play in [housing] societies.”</i> Urban low-SEC Mother from MH
 Typical demographics	Urban and high SEC, primarily girls	Late adolescent girls, primarily rural	Students from high SEC, young girls	Young boys, primarily rural and low SEC	Young boys, others
 Estimated size of segment	45 million	43 million	35 million	88 million	40 million
 Share who do some outdoor SAPA	35%	84%	23%	100%	90%
 Share who do some group-based SAPA	66%	50%	70%	67%	50%
 Primary enablers for SAPA	Desire to be healthy and (for 52% of respondents) weight management	Health and habits (13% say consistent habits drive SAPA)	Intrinsic motivation in the form of joy motivates 61% of respondents	Well-being and social belonging	Enjoyment, and desire to look fit motivates 10% of respondents
 Primary SAPA-related challenge	Some scheduling issues, but largely lack of willingness and limited access	19% do not have access to public spaces and basic equipment; lack of time and energy is also a barrier	Lack of specialised equipment; 67% do not have any sporting equipment in school	Unsafe public spaces and traffic hazards, 43% play on the streets	Public spaces are not conducive to play: 26% more feel rules restrict play in these spaces, 13% find these spaces too crowded

© State of SAPA

²⁴ State of SAPA survey 2024.
SEC: Socio-Economic Classification
MH: Maharashtra
TN: Tamil Nadu

Without immediate action, India risks significant health, happiness, and economic losses

India's disease burden will continue to rise, especially for NCDs. Without intervention, by 2047, India could expect:²⁵

- 200 million additional adults with NCDs
- 45 million adolescents with obesity
- 1.5 times as many disability-adjusted life years lost to depression as in 2024²⁶
- Increased annual healthcare costs exceeding INR 55 trillion (~USD 700 billion)

A high disease burden and low educational attainment will hold back economic growth. India has ambitious economic goals despite the working-age population shrinking from three youths per elderly to 1.5 youths per elderly by 2047.²⁷ Worker productivity has long lingered at about half the global average.²⁸ Substantial productivity gains are essential. Low educational attainment as well as health-related absenteeism and presenteeism will hold India back.

India needs a concerted effort to create women leaders; every missed opportunity is costly. Changing gender norms is difficult: India's female labour force participation^{29, 30} and female representation in leadership roles have been persistently low.³¹ Women and girls' SAPA engagement is a proven, relatively simple lever for change that India cannot ignore.

India cannot afford to wait to invest in SAPA. India's population is aging and urbanising rapidly, so it is imperative to intervene before these trends lead to even greater inactivity levels and a larger health burden. Moreover, it is estimated that 70% of the infrastructure needed for urban India in 2047 is not yet built,³² now is the time to plan for public spaces and public transit that support SAPA.

"My son doesn't get time to play. In school, all students don't get a chance. If there are 60 children, then they take only 15 or 10 [to join sporting events]. They take only the bright children. [...] If he goes outside the home to play, the neighbors ask them to stop. This means he is always on the mobile phone when at home, and it makes him irritable."

38-year-old homemaker-mother in Mumbai



"Our work is stressful, and the environment is strict with no support from seniors or healthy nutrition options in the canteen... Prior to Covid, I used to go downstairs to get groceries, but later, I discovered shopping apps, so now I order everything online and have it delivered to my home, which has reduced my outings and keeps me awake till 1.30AM. Now, the only thing I try to do consistently is go to the gym, but it is difficult."

23-year-old accountant in Mumbai



"They say Kabbadi is only for boys, and Kho Kho is for girls. Our teachers tell us not to play with boys; if they hurt us unknowingly, they cannot tell our parents... If we play with boys they will fight with us or argue. If we play with girls it will be fun. I look up to Bhavani Devi [Fencing Olympian], and want to win at state and national level!"

12-year-old girl in rural Tamil Nadu



25 Below estimates are derived from the Dalberg model based on the State of SAPA survey 2024, secondary literature, and (where necessary) conservative estimates.

26 Institute for Health Metrics and Evaluation, [GBD compare \(1990–2020\)](#).

27 Ministry of Statistics & Programme Implementation, [Youth in India report \(2022\)](#).

28 International Labour Organization, [Competitiveness statistics \(1991–2024\)](#).

29 World Bank Group, [ILO modelled estimates and projections database \(2024\)](#).

30 Ministry of Labour and Employment, [Female labour utilisation in India \(2023\)](#).

31 International Labour Organization, [Representation of women in senior and leadership positions \(2024\)](#).

32 Kouamé, Auguste Tano, [Gearing up for India's Rapid Urban Transformation \(2024\)](#).

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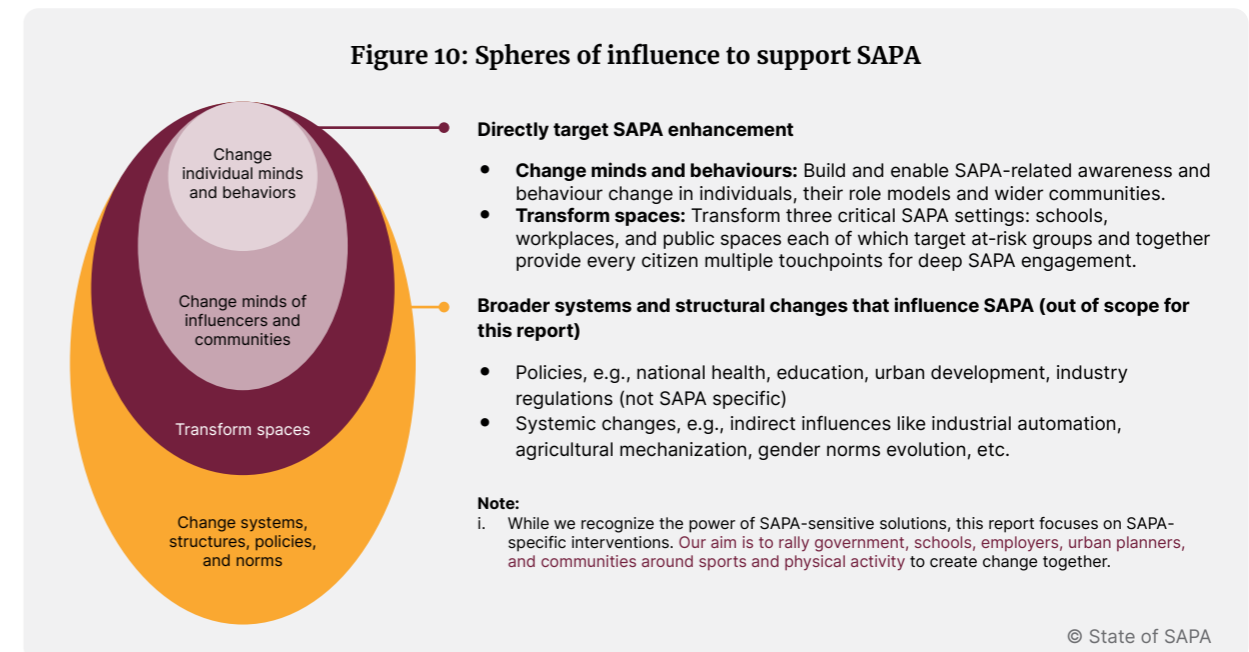
What changes can unlock SAPA's full potential for all Indians?

Direct paths to support SAPA include:

1. **Changing minds and behaviours** by building and enabling SAPA-related awareness and behaviour change in individuals, their role models, and wider communities.
2. **Transforming spaces** across three critical settings: schools, workplaces, and public spaces, each of which target at-risk groups and together provide every citizen multiple opportunities for deep SAPA engagement.

These solutions areas are priorities for this report and its efforts to rally stakeholders. (See Figure 10.)

Broader systems and structural changes can also influence SAPA. Policies such as national health, education, urban development, and industry regulations affect SAPA promotion and benefits. Systemic changes, such as industrial automation, agricultural mechanisation, and gender norms evolution, also play an important role.



Improving SAPA requires support from government, school leadership, employers, city planners as well as entrepreneurs and civil society organisations (CSOs).

Small-scale interventions can serve as a foundation for broader initiatives. Interventions across five key solution areas can relatively quickly be developed and implemented:³³

- Changing minds through mass awareness and behaviour change campaigns for 1.4 billion Indians
- Transforming workplaces for 307 million employed adults³⁴
- Transforming schools for 205 million adolescents
- Upgrading public infrastructure and transit options for 1.4 billion Indians
- Supporting these areas with technological innovations and SAPA entrepreneurship

Many of these can be kickstarted through greater coordination with little monetary investment. Some of them will pay for themselves through increased productivity and revenues. For more details, see Figure 11. These suggestions can serve as a foundation for conversations, further research, and pilot programmes.

³³ Dalberg estimates, based on the State of SAPA survey 2024.

³⁴ Currently, 17% of white-collar workers say that their employer offers programmes or facilities to support SAPA.

Figure 11: Solution areas to increase SAPA in the near term

SOLUTION	 Mass awareness and behavior change campaign for 1.4 billion Indians	 Workplaces for 370 million employed adults	 Schools for 205 million adolescents	 Public infrastructure upgrades for 1.4 billion Indians
DESCRIPTION	<ul style="list-style-type: none"> • Launch media campaigns to fill knowledge gaps (e.g. role of MSPA). • Supplement media campaign with community-based interventions to: <ul style="list-style-type: none"> ◦ Kickstart a nation-wide movement ◦ Support sustained habits ◦ Build sporting culture, especially among groups that do not play 	<ul style="list-style-type: none"> • Cultivate culture of activity at work for white-collar workers. • Facilitate universal access to resources via employee wellness programmes. • Mitigate harmful effects of occupational SAPA for blue-collar workers. 	<p>Ensure schools meet guidelines and work towards creating active schools:</p> <ul style="list-style-type: none"> • Provide adequate sporting infrastructure through resource-sharing, external funding. • Hire and empower physical trainers through training, exposure, and career progression. • Implement programmes and competitions to incentivise SAPA. • Apply a gender lens throughout to provide additional support to girls. 	<ul style="list-style-type: none"> • Make existing public spaces conducive and safe for SAPA overall and for MSPA and active transit in particular. Focus on walkability and cyclability. • Incorporate active design principles in future urban design.
RATIONALE	<ul style="list-style-type: none"> • SAPA campaigns can have a direct impact on reducing sedentary behaviour and influencing physical activity uptake, showing immediate effect. • Targeted community-based interventions tailored for specific audiences and running for at least six months can effectively increase SAPA and health outcomes. 	<ul style="list-style-type: none"> • Such programmes typically deliver 2-8x return on investment (ROI) for employers through increased focus and productivity, fewer workdays lost to ill health 	<ul style="list-style-type: none"> • Ensure that all children, especially girls, meet at least the WHO guidelines. • Build fundamental physical literacy skills for children's future. • Spark enthusiasm for SAPA and build positive habits. 	<ul style="list-style-type: none"> • Accessibility of public spaces and availability of (free-to-use) facilities/equipment is associated with up to 25% greater participation and an increase of up to 1 hour of activity per week for those who already participate. • Insufficient safety is a key barrier that hinders women and girls from engaging in SAPA.
STAKEHOLDERS	<ul style="list-style-type: none"> • Government for a national campaign and to promote/fund community campaigns • Entrepreneurs and CSOs for design and delivery of community programmes • Local and national influencers to support 	<ul style="list-style-type: none"> • Employers to invest in policy changes • Entrepreneurs to deliver specialist guidance and programmes • Health insurance companies to provide discounts/incentives for employee health schemes 	<ul style="list-style-type: none"> • Buy-in and push from school leadership and board • National and state curriculum and training leaders to implement existing policies and to support/promote competitions • CSOs and entrepreneurs to support resource-sharing solutions and to deliver training programmes 	<ul style="list-style-type: none"> • Urban planners and designers to conduct infrastructure surveys and to improve design and opening hours of existing spaces • Corporate sponsorships of public spaces to fund and maintain equipment and facilities • Training institutions to include 'active design' in urban planning education

TECHNOLOGICAL AND ENTREPRENEURIAL INNOVATIONS TO ENABLE ALL SOLUTIONS

- **Economical equipment for MSPA (e.g. compact and portable equipment that can be used at home, outdoors, etc.)**
- **Smart equipment for performance enhancement (e.g. performance evaluation wearables for athletes)**

- **Solutions to make SAPA fun and build lasting routines (e.g. gamification, immersive experiences, virtual GBPA, and fitness initiatives on social media)**

In the longer term, integrating SAPA into the daily lives of individuals would require updates to policies, innovative public infrastructure, and community action, such as:

- **Designing model schools that prioritise SAPA.** This would require dedicated investments, coordination between multiple stakeholders, and an upgraded curriculum.

"Sports is not an 'extra' curricular activity for us. We take sport very seriously. [...] For children, the primary benefits of sport are to build camaraderie and discipline. It's not just about what you play but how you play - we value fair play, even if children do not win the competition."

Sharmila Bakshi, Vasant Valley School

- **Updating policies and urban design principles.** Urban planners can map out future public space construction to ensure that everyone has access to a (green) space at a short distance from home. (For more on public spaces, see Figure 12.) This can be supported by a model code containing minimum requirements for building active infrastructure, both public and private, akin to the green building code. Communities can implement 'vehicle-free' days or designated 'vehicle-free' zones in urban spaces
- **Building innovative infrastructure.** Weather-proof innovative transit solutions which promote SAPA, such as covered elevated bike highways, open-air dance floors, and stages and music systems in public parks, can encourage activity. Collaborate with organisations to convert underused urban and rural spaces into community sports and fitness centres. Create interactive urban art or immersive augmented reality experiences on roads or parks that combine SAPA with storytelling, history, etc. Install interactive sports walls with motion sensors in parks to create virtual sports experiences without equipment.
- **Enabling community action.** Organise city-wide events to incentivise individuals to step out and engage in activity with the community. Develop a national app that tracks individual data, offers personalised challenges and sets national fitness goals to create a sense of collective progress towards an active India. Offer rewards to high performers, such as free public transportation rides.
- **Programmatic focus on gender.** Ensure that all new SAPA initiatives and infrastructure design are gender-inclusive from the outset. Create media campaigns that support women's physical activity and dispel harmful myths. Develop enthusiasm and skills among girls in school and for women through community programming. Ensure safety, accessibility, and relevance of public spaces for women. Involve all genders in urban design.
- **Using sports as a lever to drive overall PA.** Encourage sports in all sectors of society to increase engagement. Include messaging of benefits in sports communication and reporting. Create and promote opportunities to engage in a wide variety of sports at all levels (from casual to elite) and for all abilities. Develop a sports-for-all mindset among school leaders and physical education teachers, urban planners, and community leaders.

"Bringing out linkages between sports and fitness is important – especially to change the perception of fitness among the masses. [...] Marathons and events can have a multiplier effect; participants involve and influence other family members as they prepare."

Shivam Srivastava, Stepathlon

Figure 12: What makes a good public space that supports SAPA for all

Most Indians want spaces to be close to home, clean, and free...

...and some groups have additional requirements

Desired features for public spaces
% of respondents

70% want proximity

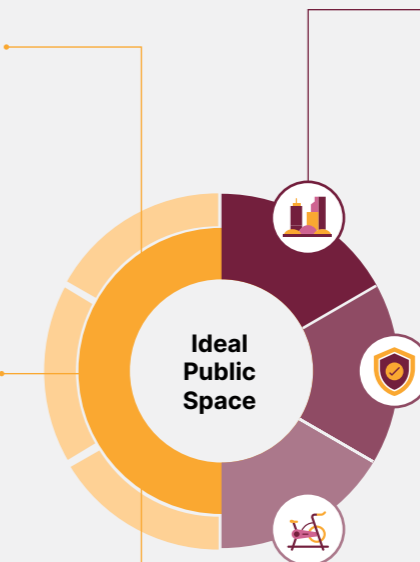
- 56% of respondents do not have any public space within 15 mins from home; they exercise for 20 minutes less compared to others
- When the distance is halved, the likelihood of park use can go up by ~100%

52% want cleanliness

- 51% of the parks in the national capital were not clean, lacked basic amenities such as dustbins
- Use of parks for SAPA can go up by 40% by ensuring cleanliness

40% want free-to-use facilities

- Most PA happens in free spaces in India. <5% use any paid public spaces for SAPA
- Research suggests that affordable community-based facilities can promote MSPA



More space for urban and high SEC

- 47% of urban high SEC respondents feel spaces are too crowded; 7% more want more space, compared to low SEC
- Research suggests crowding in micro-public spaces can elicit negative emotions and discourage revisit

Safety for women

- Safety is a priority for women; unruly crowds, poor lighting, and inadequate security are the biggest safety concerns
- Better lighting and presence of informal surveillants (e.g., vendors, shopkeepers) have shown to increase safety perception and use of public spaces in India

Better equipment for men

- 6% more men want easy-to-use SAPA equipment in these spaces, compared to women
- Men with access to properly maintained equipment exercise for 1 more hour per week; those who exercise in gyms engage in 3 more hours of MSPA per week

Sources:

- State of SAPA survey 2024 (N=5332);
- National Recreation and Park Association, *Safe routes to parks: Improving access to parks through walkability* (2014);
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Different stakeholders have different roles to play in these solutions. Trusted role models can dispel commonly held beliefs that act as barriers; local and national leaders can drive a national conversation that is rooted in facts; governments and politicians can support changes in norms, especially for women; and communities can rally around SAPA for all adults and children. Employers have a large role to play in supporting working adults who are increasingly sedentary and lack leisure time, and insurance companies can invest in healthy behaviour change. Schools can have outsized impact by shaping attitudes and habits early, providing life-long benefits for students; they can provide regular opportunities, spark enthusiasm, encourage diverse activities, and provide students with the knowledge to develop healthy lifestyles. Urban planners can directly support public health: safe, accessible, inviting public spaces can support and encourage all Indians in their physical activity.

There are rich entrepreneurial opportunities that can support SAPA – and more that increased activity can open up

The private sector can play an important role: The public sector alone cannot effectively promote universal participation in SAPA. To achieve widespread engagement, private sector involvement is essential. Private sector engagement and innovation can create a virtuous cycle: private investments - through both commercial ventures and philanthropic or corporate social responsibility-driven efforts - can encourage more people to participate. This increased participation drives demand for SAPA-related products and services, ultimately leading to higher revenues and profits for companies focused on this sector.

There has been a surge of sports-focused startups in India over the past 3–5 years, with several achieving validation and a few reaching scale. These companies have the potential to revolutionise sports consumption and engagement across the country. However, private sector innovation has so far concentrated more on elite sports, focusing on areas such as advanced training facilities, performance analytics, sports infrastructure, fan-engagement platforms, and wearable technology. There is significant potential in reaching a broader base of participants, particularly those who are currently inactive or only casually involved in sports. This presents an opportunity for more inclusive and accessible business models that encourage widespread participation, such as investment in equipment, shoes, academies, and play arenas that are accessible spatially and financially, which in turn drive societal health benefits.

Looking ahead, three primary opportunities emerge:

- **Increasing access:** Access to SAPA can be expanded through both physical and digital infrastructure. Digital platforms can offer access to a wide range of fitness classes and resources, breaking down geographical barriers. Additionally, companies can partner with employers to provide employees with access to gyms and fitness centres, promoting a healthier workforce.
- **Increasing user engagement and building vibrant SAPA communities:** Engaging users and fostering vibrant communities is crucial. Fitness apps, challenges, and community features play a significant role. They can allow users to track their activities and join challenges, fostering a sense of community and competition, or they can combine high-quality fitness content with social features, enabling users to connect and compete with others.
- **Building capacity for SAPA:** Capacity building involves interventions such as coaching, mentoring, curriculum development, and the use of dashboards and trackers to monitor progress. Companies can provide personalised coaching and coaching assistance to players and trainers alike in specific sports. Online platforms can offer tailored guidance and support to coaches, trainers, sports associations, and clubs that offer support in training athletes.

For SAPA-first companies to succeed, they must focus on affordability and inclusion.

Many potential users are highly price-sensitive and may not be accustomed to paying for such services. Affordable solutions, such as low-cost fitness apps and community-based programmes, can help bridge this gap. However, reliance on digital and tech-oriented solutions poses the risk of excluding segments like women, people with disabilities, and socio-economic minorities who are disproportionately affected by the digital divide. Inclusive design and targeted initiatives are essential to ensure these groups are not left behind.

To enable the private sector to innovate and expand the base of sports participants, support is needed in three key areas: financial incentives, infrastructure development, and capacity building. Financial incentives such as tax breaks, subsidies, and access to capital can encourage investment in grassroots sports initiatives. Infrastructure development, through public-private partnerships and investment in digital infrastructure, can reduce costs and improve access to sports facilities and tech-based fitness solutions. Capacity building through training programmes, research collaborations, and networking opportunities can enhance the ability of businesses to implement effective strategies and develop new technologies. By focusing on these areas, the private sector can be better equipped to drive broader SAPA engagement.

"I will build passion for sports. I will build interest in sports. I will show [girls in other communities] how to play the game. I will tell them that we became successful because of the same sport and that we gained fame because of this sport."

- 16-year-old schoolgirl, Kabaddi player

"A direct link between productivity and physical fitness is observed for both in-office and manual workers. We include an hour of physical training even for delivery partners. Being fit has a direct result in achieving better results and ensuring longevity."

- Anmol Gupta, Chief Fitness Officer, Zomato

"I like to exercise in the morning. I have a fixed routine where I go and exercise in the garden from 6 to 7 in the morning and then I do all my household chores. I prioritise exercise for the sake of maintaining my health. My mood is very off and I feel very irritated the day when I am not able to exercise."

- 37-year-old jewellery shop executive



Even small improvements can have an impact, and large improvements can transform lives and societies. Join the movement to accelerate India's journey to better health, happiness, and prosperity.



Making of the State of Sports and Physical Activity Report

The report was funded by Omidyar Network India and written by Dalberg with support from Sports and Society Accelerator (funded by the Ajit Isaac Foundation). Convergent View conducted the data collection and field operations for the national survey and focus group discussions at the core of this study.

First and foremost, we are grateful to the over 5,000 respondents who participated in our survey and FGDs for sharing their experiences.

This report would not have been possible without the valuable contributions of many experts and advisors.

We thank our technical advisor, Dr Shifalika Goenka, for providing content and technical guidance through extensive reviews of our research design, questionnaire, analyses, and report drafts.

We also thank our Advisory Panel for helping us frame the report, identify the research questions, and review report drafts. Our thanks go to:

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- Dr Sekhar Bonu
- Sharda Ugra
- Meghana Narayan

In preparation for this study, we consulted many experts. We thank them for sharing their experiences to inform a holistic understanding of physical activity in India and globally, offering views on what would make this report valuable to readers, reviewing initial versions of the questionnaire, helping us think through key analyses, and supporting us with access to colleagues, research, and field locations.

We would like to thank Magic Bus India Foundation for supporting us with understanding of their programme design, sharing experience of training and working with physical education teachers and in conducting focus group discussions with these teachers in Odisha. FGDs were also conducted with adolescents and related stakeholders from a community in rural Maharashtra where Magic Bus has implemented sports for development programmes.

List of acronyms

Acronym	Full Form
CSO	Civil society organisation
CwSN	Children with special needs
DALYs	Disability-adjusted life years
ESG	Environmental, social, and governance
FGD	Focus group discussion
GBPA	Group based physical activity
GDP	Gross domestic product
LTPA	Leisure-time physical activity
MSPA	Muscle strengthening physical activity
MVPA	Moderate-to-vigorous physical activity
NCD	Non-communicable disease
PA	Physical activity
PT	Physical training
SAPA	Sports and physical activity
SEBI	Securities and Exchange Board of India
SEC	Socio-economic classification
WEF	World Economic Forum
WHO	World Health Organization

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ADDITIONAL LITERATURE REVIEWED AND CONSULTED THROUGHOUT THE COURSE OF THIS STUDY

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