



## SYMPOSIUM REPORT

### One-Day Symposium on “Food, Health and Well-being: Emerging Research Directions”

Centre for Asian Studies (CAS), GITAM (Deemed to be University), Bengaluru

**August 8, 2025**

The Centre for Asian Studies (CAS) at GITAM, Bengaluru, held a one-day symposium titled *Food, Health and Well-being: Emerging Research Directions* on August 8, 2025. The event was organized by the **Health and Wellbeing Research Cluster** and was coordinated by the Director of CAS, Prof. Tejaswini Niranjana, and the cluster coordinator Dr. Avishek Deb.

The symposium explored intersections between food, culture, identity, and health through different sessions. The sessions highlighted the cultural politics of food, where speakers highlighted how culinary habits and practices reflect social hierarchies and social identities, mainly around gender and caste. Other areas covered in the symposium sessions include health and wellness, featuring different experimental studies on psychosocial interventions for youths and adults, Indian Knowledge Systems (IKS), and inclusive healthcare for LGBTQI+ communities.

The sessions offered diverse but interconnected perspectives, prompting the members to rethink how cultural practices and social structures shape both food systems and health outcomes.

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#### **Session 1: *Discourses around Food, Culture and Well-being***

Session 1 was enriched with new perspectives and included two speakers, **Dr Kurush F Dalal**, a renowned food critic and culinary anthropologist, and **Mr Shahu Patole**, a famous food historian and author of *Dalit Kitchens of Marathwada*. **Dr. Dalal** traced the gendered history of food in India, highlighting women’s marginalized role as culinary custodians. **Mr. Patole** emphasized traditional food cultures of marginalized groups as archives of identity and resilience.

Dr. Dalal’s talk, “*Women in India - Discriminated Custodians of our Culinary Heritage*,” explored the historical marginalization of women in Indian food systems. He emphasized that the outcome of domestication established a gendered division, where men were positioned as food producers and women as undervalued processors. Although cooking and preparation of food is central to survival and transmission of culture and heritage, it was dismissed as

‘women’s work’ and this attitude reflected in everyday family customs where men received choicest cuts of meat and nutritious portions while women got left-overs or food of far less nutritious variety. Since the formal education was either denied or limited, their culinary knowledge was primarily preserved through oral traditions, risking great loss over generations. Here, Dr Dalal called for urgent recognition and preservation of women’s contribution by systematically documenting and archiving their culinary heritage. His talk emphasized how food practices are tied to the broader social inequalities. The transition to domestication not only redefined economic roles but institutionalised gender inequalities.

Some of the highlights of the talk were: reclaiming food as cultural heritage and documenting cooking traditions, understanding the gendered history of food practices and its modern-day outcomes, establishment of food science discipline in the universities to further research.

Mr. Shahu Patole’s talk on “*The Relevance of Traditional Food and Food Culture in the Contemporary World*” emphasized that beyond the source of nourishment, food is a symbol of identity, community, memory, and belonging. In a country like India food reflects cultural memory, social hierarchy and exclusion and even resilience- because food and food habits are deeply intertwined with caste, class, religion, geography, and power.

He maintained that India as a vegetarian nation is a misnomer because Dalit, Bahujan, SC, and ST communities have historically consumed non-vegetarian food, including beef and pork, as a part of a cultural and ethnic identity. For example, the *Mahars* and *Mangs* of Maharashtra, though involved in animal skin processing, cannot profit from it and rely on consuming the meat for sustenance. This points to how inequality permeates even daily food practices. However, such food practices have been traditionally stigmatised by the upper-caste communities as impure, marginalising a diverse and rich portion of food traditions and food history of India. When upper caste food norms and the idea of purity excessively dominate the public discourse, it leads to the internalisation of shame among the historically marginalized communities.

However, he also highlighted the dynamism of cultural practices, noting how *Lavani dance* and *Tamasha* in Maharashtra, once viewed with stigma, have gained broader acceptance demonstrating that traditions once considered "low" can evolve and find dignity through cultural flexibility.

Finally, he traced shifts in food habits due to liberalisation and globalisation, showing how traditional oils and local ingredients have been replaced by commercial substitutes. This shift not only disconnects people from cultural food practices but also marginalizes farmers, weakening the link between production and tradition.

Thus, Mr Patole highlighted how socio-religious conception of pure vs impure and economic and socio-cultural changes in the form of globalisation and liberalisation has impacted diverse food history and practises of different communities in India. One of the main challenges in such a scenario is preserving food cultures amid global homogenisation, reclaiming and even

asserting food as a symbol of dignity and identity for the traditionally marginalised communities in India.

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### ***Session 2: Strategies for Health and Wellness***

We had three participants in this session, namely, Dr. Meena Hariharan, retd. Professor from Hyderabad Central University, Dr Ashoke H.S., Professor at Chanakya University and Dr Aleena Sebastien, Associate Professor from National Institute of Advanced Study. **Prof. Meena Hariharan** presented psychosocial interventions for cardiac health, stressing family and knowledge support. **Prof. Ashok H. S.** underscored the holistic frameworks of Indian Knowledge Systems (IKS), while **Dr. Aleena Sebastian** advocated community-led approaches to LGBTQI+ health.

**Prof. Meena Hariharan** presented her talk on “*Cardiac Health and Wellbeing – Psychosocial Interventions*,” in which she addressed the broader theme of “*Strategies for Health and Wellness*.” Her discussion emphasized the urgent concern of non-communicable diseases (NCDs), the psychosocial aspects of cardiovascular health, and the need for a biopsychosocial model in both prevention and management.

At the outset, Prof. Hariharan provided a background on the current global as well as national situation regarding NCDs. She explained that these conditions have become the foremost cause of death worldwide. Data from 2021 indicate that around 43 million individuals lost their lives due to NCDs, with nearly 18 million of these deaths occurring before the age of 70, thus reflecting the seriousness of premature mortality. Within this group, four categories of diseases stand out—cardiovascular illnesses, cancers, chronic respiratory conditions, and diabetes. Collectively, they account for nearly 80 percent of early deaths linked to NCDs. Among them, cardiovascular diseases remain the most severe, responsible for an estimated 19 million deaths globally.

Moving from statistics to causes, the talk highlighted the psychosocial risk factors associated with CVDs. Lifestyle behaviours, motivation, cognitive understanding of health, emotional regulation, and psychological management were presented as interlinked contributors to disease progression and management. Prof. Hariharan stressed that while medical interventions are critical, psychosocial interventions act as powerful supplements, influencing behaviour and adherence to treatment.

The core of the talk was built around empirical studies conducted on psychosocial interventions. The first study examined whether knowledge interventions could change health behaviour among hypertensive patients. A sample of 250 patients with primary hypertension was exposed to varied forms and frequencies of health knowledge, while a control group received no such input. Follow-ups across six weeks showed that knowledge, when systematically delivered, translated into healthier behaviours, although retention and actual behavioural changes depended on reinforcement.

A second study focused on the long-term retention of hypertension knowledge and its transfer into lifestyle practices. Results demonstrated that patients retained knowledge over time and, more importantly, were able to translate this knowledge into concrete lifestyle changes such as improved diet and adherence to medical regimens.

Perhaps the most unique dimension of Prof. Hariharan's research was presented in the third study, which explored the role of children as health monitors for adult family members with hypertension. A total of 181 children, aged between classes 6 and 9, were trained in hypertension knowledge and given the responsibility of monitoring adults' adherence to treatment and lifestyle changes. The outcomes of the study were noteworthy. Children emerged as powerful facilitators of change, successfully promoting treatment adherence among adults and contributing to measurable declines in blood pressure levels. Specifically, the research documented a 12 percent reduction in mean arterial pressure, an improvement directly associated with the consistent encouragement and monitoring carried out by the children. Their effectiveness was further influenced by individual personality traits, including openness to experience, conscientiousness, perseverance, and the quality of their interpersonal relationships, all of which enhanced their role as health monitors.

In the concluding part of the session, Prof. Hariharan reflected on the larger implications of these findings. She stressed that sustainable cardiac health cannot be achieved through biomedical treatment alone. It requires long-term lifestyle adjustments, maintenance of positive emotional wellbeing, and supportive psychosocial contexts. On a wider scale, she argued that public health policies must move beyond the traditional biomedical framework and embrace a biopsychosocial approach, thereby integrating psychological insights into the care of cardiac patients for more effective outcomes.

Overall, the talk was engaging and insightful. It combined alarming epidemiological evidence with innovative psychosocial strategies, underscoring the value of holistic approaches in addressing the challenges of cardiovascular health and promoting overall wellbeing.

**Prof Ashok H S** delivered a talk on “*IKS Mantra for Health & Wellbeing*” where he discussed the Indian Knowledge Systems (IKS) approach to health and wellbeing, emphasizing the interconnectedness of mind, body, intellect, and soul. Unlike Western medicine, which often treats symptoms in isolation, IKS advocates for a holistic view that integrates physical, mental, spiritual, and environmental aspects. The speaker identified challenges such as cultural disconnect, over-medicalization, and the need for scientific validation of IKS practices like Ayurveda and Yoga. He highlighted the importance of IKS in addressing mental health issues through culturally relevant frameworks. The presentation also discussed emerging innovations, including art-based therapies and digital adaptations of IKS principles, along with recommendations for integrating IKS into modern health systems and educational curricula.

According to Dr Ashok, IKS views health as a dynamic balance of body, mind, spirit, and environment, contrasting with the compartmentalized nature of Western medicine. Cultural resonance of IKS practices enhances their acceptance and accessibility within Indian communities. The challenges of integrating IKS into modern health systems include a lack of common language and scientific validation. Emerging innovations like art-based therapies and AI tools are bridging traditional practices with contemporary mental health approaches. IKS frameworks offer culturally nuanced diagnostics for mental health, which are often overlooked by conventional Western models.

Dr. Aleena Sebastian's presentation, "*The Margins of Care: Situating LGBTQI+ Communities in Health and Wellbeing Narratives*," emphasized the importance of leadership and engagement of community members in addressing the diverse health needs of LGBTQI+ populations that consist of heterogeneous groups and individuals. She maintained that the effort to involve community members can have real impact when they are able to give inputs in different phases of research, from design to implementation and dissemination. Besides, engaging LGBTQI+ communities beyond merely serving as sources of data helps to disrupt traditional power imbalances between researchers and participants, ensuring the research is both meaningful and contextually relevant.

Her work aligns with Sustainable Development Goal 3 (Good Health and Wellbeing), that focusses on HIV risk factors for men who have sex with men (MSM) and transgender women (TGW), and other individuals in sex work. By working with community-based organisations (CBOs) and Community Advisory Boards (CABs) in cities like Mumbai and Chennai, she highlighted the lived experiences to identify barriers to healthcare, such as housing instability, family abuse, lack of gender-affirming service. Further, based on Minority Stress theory and Syndemic theory she elaborates on how stigma, discrimination, and co-occurring challenges like depression and economic hardship increases HIV vulnerability. Such vulnerabilities are especially intensified by lack of work and economic hardship brought about by Covid-19 pandemic, which reduces the agency of individuals involved in sex work to ensure protective measures.

Her research follows a structured, integrative model that includes rapport formation and trust-building, involving community/peer advisors, developing interventions based on community inputs, collaborative analysis and accessible dissemination methods such as visual media and street plays. Ultimately, Dr. Sebastian's approach underscores that meaningful LGBTQI+ health research must be collaborative, intersectional, and rooted in community empowerment to address deeper systemic issues rather than surface-level symptoms.

Therefore, this session emphasized the need to understand how different forms of underprivilege increases psychological vulnerabilities and contributes to LGBTQI + health experiences. The use of Syndemic theory would be particularly relevant here. Also, this session brings the *issue of relevance* in health research. One can bridge the gap between research and policy making through collaborating with CABs and engaging with legislators through participatory forums. Such an approach has the potential to translate community-led

research into structural change at policy levels.

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## Outcomes and Reflections

The “*One-Day Symposium on 'Food, Health and Well-being: Emerging Research Directions'*” concluded with fruitful discussions that highlighted how food and health are inseparable from culture, society, and identity, and social justice.

Speakers emphasized that food is not merely sustenance but a storehouse of memory, resilience, and heritage. Health-focused sessions reinforced the value of holistic approaches.

The symposium’s key outcomes include:

- Reclaiming food as cultural heritage and documenting cooking traditions.
- Recognizing food as a site of social identity and resistance.
- Expanding health beyond biomedical models to include psychosocial and cultural frameworks.
- Embedding inclusivity and community participation in health research.

The event closed with a shared recognition that future research must bridge disciplines, value lived experiences, and create inclusive frameworks that connect tradition with innovation.

## Acknowledgements

The organisers extend their sincere gratitude to everyone who contributed to the success of the symposium. On behalf of the Centre for Asian Studies and the Health and Wellbeing Research Cluster, we offer special thanks to **Prof. K. N. S. Acharya (Pro-Vice Chancellor, GITAM Bengaluru)** and **Prof. V. Nirmala (Director, GSHS, GITAM Bengaluru)** for their encouragement and support, be it financial or intellectual. We are especially indebted to our esteemed guest speakers-Dr. Kurush F. Dalal, Mr. Shahu Patole, Prof. Meena Hariharan, Prof. Ashok H. S., and Dr. Aleena Sebastian-whose thought-provoking presentations greatly enriched the discussions and shaped the outcomes of the symposium.

We warmly acknowledge the Department of Hospitality, in particular Mr. Manoj Kumar G (Assistant Director, Department of Hospitality), Mr. Govinda Rao Paidi (Food & Beverage Manager, Department of Hospitality), and their dedicated team, for their impeccable service. Our thanks also go to the in-house AVS and Marketing teams of GITAM Bengaluru for their seamless coordination and technical support, which ensured the smooth conduct of the programme.

Finally, we gratefully recognize the commitment of the CAS Faculty Fellows and members of the Health and Wellbeing Research Cluster, whose active involvement and teamwork were central to the success of the event.

## Event Gallery



**Prof. Tejaswini Niranjana, Director, CAS**  
*(delivering the welcome note)*



**Dr. Avishek Deb, Cluster Coordinator**  
*(highlighting the research interests of the cluster)*



**Dr Kurush Dalal, Culinary Anthropologist**



**Mr Shahu Patole, Food Historian**





**Dr Ashoke H S, Professor,**  
Chanakya University



**Dr Aleena Sebastian, Associate Professor,**  
NIAS



**Dr Meena Hariharan, Retd Professor, Hyderabad Central University**





Our organising committee members: **Dr Sheerin Hena**(left) & **Dr Kushal Rai**(right) busy with moderation and outlining key takeaways



The symposium ended with valuable feedback received from guest speakers and a vote of thanks.



Audience participation



Audience participation