MAJHDHAAR DIALOGUES

Reframing Women's Wellbeing Beyond Maternity

Venue: Meeting Room, Department of Medical Education, AIIMS Patna
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Table Of Contents

Executive Summary

Hosted by PCI India, in collaboration with the All India Institute of Medical Sciences Patna, the **Majhdhaar Dialogues: *Reframing Women's Wellbeing Beyond Maternity*** brought together clinicians, researchers, policymakers, and community voices to address a long-neglected gap in India's health system: the health of women aged 30 to 60. These are the years when women carry the heaviest burden of work, care, and responsibility, yet receive the least attention from health services.

Opening the convening at AIIMS Patna, speakers underscored that women's midlife health needs remain largely invisible, shaped by silence, stigma, gender hierarchies, low body literacy and limited access to appropriate services. Field evidence from Jehanabad, Bihar, showed that while 84% of women reported general health issues in the previous month, nearly 46% had never sought care. Genitourinary symptoms, NCDs, chronic pain, and untreated infections were common, yet normalised.

Clinicians across specialties reaffirmed this pattern: women delay seeking care, fear investigations, rely on local practitioners, and reach tertiary facilities only when the disease has advanced. Cancer specialists described late-stage presentations; gynaecologists highlighted stigma and incomplete knowledge; surgeons and orthopaedists noted the cycle of recurrent illness caused by premature return to labour;; and mental health experts highlighted how women's symptoms surface only when household functioning is disrupted. As one clinician remarked, women are often unable to narrate their own symptoms, with husbands or relatives speaking on their behalf.

Evidence from the SAHELI study placed hysterectomy within a broader "spiral of neglect," driven by lack of alternatives, poor counselling, and systemic blind spots. Policy perspectives highlighted the complete absence of programmes for older women, the invisibility of women in climate and disaster policy, and the narrow reproductive lens of national datasets and financing frameworks.

The dialogue concluded with a shared call to action: to build an integrated, life-course approach that listens to women, intervenes early, strengthens primary care, and designs grounded interventions that can later shape national public health protocols. ***Women's wellbeing beyond maternity*** is not only a health priority, but also a social and economic imperative.

Welcome and Inaugural Address

Dr Sanjay Pandey welcomed all the participants and opened the session, highlighting that the issues of women beyond maternity is long overdue. He welcomed the Executive Director and CEO, AIIMS Patna, Dr Raju Agarwal to deliver the inaugural address.

> *If women are empowered, then only the family is strong, therefore we must prioritise the problems which women face in their life.*

Prof (Brig) Dr Raju Agarwal, Executive Director & CEO, AIIMS Patna, noted that women's health remains insufficiently addressed in the long years between maternity and older age. He commended the coinage and the design of Majhdhaar, especially since it captures the neglect of the woman in the middle. He highlighted the need for evidence-informed, community-grounded solutions and stressed that responsive, equitable care in this 'in-between' phase is essential for strengthening health systems and ensuring that women do not fall through the gaps.

> *Majhdhaar asks us: What are her health needs in these decades? What symptoms does she silently live with? What myths shape her decisions—such as unnecessary hysterectomies? What risks accumulate during this period—NCDs, mental, menopause, cancers? And what can we, collectively, do to respond better?*

Women Need More: A Pandora's Box

"As women evolve, grow and become empowered anchors of development, limiting engagement of healthcare only to her maternal phase no longer suffices," said ***Dr Shivangi Shankar while discussing the genesis of Majhdhaar.***

In her presentation, she shared how women routinely normalise illness, hiding myriad symptoms in their everyday life. Finally getting them to talk about the issues they face was like opening a Pandora's Box. Drawing from field evidence in Jehanabad, she explained that a significant proportion of women experience persistent genitourinary symptoms, non-communicable diseases and general health problems, yet many never seek care. She emphasised that these numbers reflect a deeper reality: women's health needs in adulthood remain largely invisible, shaped by silence, stigma, gender hierarchies, low body literacy, and limited access to appropriate services.

> *When we asked women about their health, the picture was unmistakable: 62% had genitourinary symptoms, 41% were living with NCDs, and 84% had general health issues in just the last month — yet 46% of those suffering had never sought help.*

Dr Rajshree Das brought in powerful field voices to ground the discussion in lived realities. She highlighted that Bihar has over 6 crore women, and more than 1.25 crore of them are in the 30–49 age group—women who are in the active workforce and are often navigating similar circumstances.

...her husband is taxi driver in West Bengal. When she has an issue, she can't tell him because he's away. She can't tell her son due to the deep shame. She can only tell her daughter-in-law who will then tell her husband (the woman's son) and then he will decide how to proceed.

From the Frontlines: Community and Primary Healthcare Perspectives

***Putul Thakur** from **PCI India** facilitated a discussion highlighting field experiences and voices. All speakers agreed that there were deep set issues of knowledge, conditioning and stigma which interacted with service gaps to synthesise the issues we see in the middle years of women's lives.*

Poonam Bharti, a coordinator working with women's collectives in Bihar, shared how shame and embarrassment keep many women from speaking about their health concerns. She explained that women often hide symptoms, use home remedies, and avoid telling their families for fear of being judged or dismissed.

> *Women stay silent because they fear what others will think,. This routinely delays care.*

Nisha Kumari, from Bhagwanpur, highlighted the profound gaps in understanding women's health across the community. She emphasised that limited awareness leads women to ignore early signs of disease or misinterpret them until complications get severe. She recounted how one woman, hesitant to reveal her symptoms, reported only mild discomfort, but later investigations uncovered serious illness that proved fatal. Their reflections underscored how low awareness and social stigma together create dangerous delays in women's care

> *I come from a region where the education and knowledge level are extremely lacking. We know very little about our own bodies and illnesses.*

Dr Hemali Sinha, retd Professor and HOD, AIIMS Patna and co-PI SAHELI project, shared her experience of the study on early hysterectomy. All respondents were given the option to reach out for support and counselling on health issues. She shared that women calling the hotline often seek second opinion for untreated symptoms, lack of alternatives, and dissatisfaction with PHC care, frequently relying instead on trusted local practitioners.

> *We as doctors write a prescription and think that is enough. However, that is not the case. We need to provide more ongoing, and empathetic care.*

Dr Rama Bharti, a gynaecologist at CHC, Danapur, noted that women commonly suffering with vaginal discharge, backache, abdominal and genitourinary symptoms, often seek care late—urban women due to work constraints and rural women due to limited body literacy and reliance on local practitioners who may give steroids. She highlighted differences in health-seeking behaviour across settings, although the urban-rural divide is only in the reason for delay, not the delays themselves

> *... in urban areas women delay treatment because they are busy, while in rural areas women don't know about their bodies—sometimes husbands are better aware about wives' menstrual cycles than they do.*

Dr Ritwija Singh, a gynaec resident, highlighted that women often have incomplete knowledge.

> *There is lack of complete knowledge—women are aware that discharge is dangerous but can't differentiate what is normal from what is dangerous."*

She shared that despite free services like Pap smears, uptake remains low. She contrasted this with rural Maharashtra, where women seek care earlier and PHCs function more effectively than in Bihar.

Anila Hritu, a programme manager working extensively with women in the productive age group, described how a breakthrough occurred when she shared her own discomfort with cadres.

> *The moment I spoke about my own issues, women who had stayed silent for years began opening up."*

She described a woman who lived with breast discharge for 12 years in silence, and another who finally sought treatment after using the Women Wellbeing Tool to explain her symptoms to her husband. These stories, she noted, show how honesty and simple communication tools can unlock care that women had long delayed.

Understanding Duration, Delays & Patterns of Care-Seeking

Presenting the OPD survey, **Dr. Angel Ivy Linda Senior Resident, CFM, AIIMS Patna** highlighted how prolonged suffering and delayed care-seeking define women's midlife health journeys. The survey showed entrenched patterns of living with symptoms for months or even years, often while continuing household and caregiving responsibilities. She illustrated this through the experience of a 60-year-old woman who had endured knee pain for over a year. Drawing from these findings, she echoed the concluding message of the study: to listen to women's voices, intervene early, improve access, and change outcomes.

> *In our survey of 205 women, 78.5% had been suffering for more than 14 days and 61.5% showed long delays with chronic symptoms and repeated visits. These delays are not exceptions—they are the norm.*

At the Top of the Care Pyramid: Senior Clinician Perspectives

In this session, moderated by **Dr Shivangi Shankar**, experts across clinical specialties reflected on why women arrive late in care pathways and what tends to be reported early versus delayed. Speakers described a shared pattern: women minimise symptoms, fear investigations, rely first on local practitioners, and reach tertiary hospitals only when the disease has advanced. Delays were seen across conditions—cancer, pain, anaemia, nutritional deficiencies, rheumatological disorders—and were compounded by stigma, mobility barriers, body shame and the heavy expectations placed on women to maintain household routines. Doctors repeatedly emphasised that women themselves often hesitate to disclose symptoms, and that their families rarely prioritise their health.

Dr Shikha Seth, Professor, ObG, AIIMS Gorakhpur, described how women in rural areas often do not inform their families about gynaecological or urinary problems, seeking care only from local practitioners and reaching tertiary hospitals when conditions have already advanced. Urban women, she added, delay care simply because they depend on family members to accompany them.

> *For cancer and gynaecology issues, rural women reach us only when it has already spread.*

Dr Shyama, Associate Professor, General Medicine, AIIMS Patna, explained how women normalise anaemia, B12 deficiency and chronic fatigue, treating them as routine rather than as signs of illness. She shared that many resist investigations and instead buy medicines or steroids from local, unqualified providers.

> *Even serious deficiencies are seen as normal--women don't see their symptoms as something worth checking.*

Dr Pritanjali Singh, Professor, Radiation Oncology, AIIMS Patna, highlighted the stigma and fear attached to cancer screening. Women delay examinations until their symptoms become impossible to ignore. Their hesitation is often influenced by family experiences or fear of outcomes.

> *Women avoid screening out of fear—many come only when the lump is already large.*

Dr Monika Anant, Professor, ObG, AIIMS Patna, stressed how low body literacy affects care-seeking, noting that women often cannot describe their own menstrual or symptom history and instead rely on husbands or relatives to speak for them.

> *Women ask their husbands to explain their symptoms because they aren't confident describing their own bodies.*

Dr Avinash Kumar, Associate Professor, Orthopaedics, AIIMS Patna, pointed out that obesity and osteoporosis are widespread and that rheumatological illnesses in women are routinely mislabelled as nutrition problems. He emphasised involving men because decision-making authority lies with them.

> *Unless men understand the problem, treatment doesn't move.*

Dr Sanjay, Dept of PMR, described how women's pain is routinely dismissed at home despite clear functional limitations. He noted that investigations may show osteoporosis while the woman continues doing physical work, unseen and unacknowledged by her family.

> *When we take an occupational history to understand the needs, women's work is often invisibilised — affecting the care and rest she needs. For instance, in one case the husband insisted the woman does nothing while she was making 20 chapatis in the morning and 20 chapatis in the evening.*

Dr Prashant observed that many women avoid surgery and instead consult unqualified practitioners who offer quick verbal diagnoses, leading them to present to surgical OPDs only when their conditions have significantly worsened. He highlighted incisional hernia as a recurring cycle.

> *Women resume heavy household work far too early, even though it takes up to three months to regain 80% muscle-wall strength, resulting in repeated hernias and repeat surgeries.*

Dr Pankaj emphasised that women's mental health concerns are noticed only when their household performance declines. He also mentioned that many departments miss the somatic symptoms women present with—this manifestation is sometimes the only way women's mental health issues get noticed. They are rarely allowed to narrate symptoms themselves and communicate through companions.

> *Women don't speak directly—their attendants describe their symptoms instead, often minimising them.*

Dr Amrita Misra noted that women's health concerns have remained unchanged for over two decades because India lacks a comprehensive public health framework for women beyond maternity. Structural shortages, like a 76% rural deficit of gynaecologists, severely limit access. Nutrition needs across life stages remain unaddressed, and research on midlife women is minimal.

> *Women's health has been systematically neglected for decades—we must finally build a programme that sees women beyond pregnancy.*

Dr Mukta Agarwal highlighted findings from a 500-woman survey where 80% had never undergone any cancer screening. Shame, low self-priority and lack of time were major barriers, even before questions of access arise. In a crowded OPD of nearly 400 patients, she noted that counselling becomes difficult, making outreach and camps essential.

> *So many women have never been screened—shame and low self-priority keep them away long before access does.*

The Spiral of Neglect

Dr Sapna Desai situated the conversation within nearly two decades of evidence on hysterectomy in India, beginning with early stories from SEWA where the mean age at hysterectomy was just 36 years. She explained how, despite national controversy, litigation, and media attention, population-based data had long been limited. Her presentation traced what is now known from NFHS-5: one in ten women undergo hysterectomy by age 49, with Bihar reporting 17.2% prevalence among women aged 40–49 and two-thirds of procedures occurring in the private sector.

She highlighted how unindicated surgeries persist because women are not offered alternatives and have limited information about their bodies, treatment pathways, or the long-term consequences of early organ removal. Drawing from SAHELI's ongoing work—India's first all-women, multidisciplinary, five-year study—she emphasised the need to map clinical drivers, provider incentives, cultural norms, and systemic gaps that push women toward irreversible procedures far too early in life.

> *There are many cases of unnecessary hysterectomy—women were simply not aware of the options available to them. We need care down the chain.*

Life and the Majhdhaar: Intersectoral Insights on Women's Wellbeing Beyond Maternity

Women's wellbeing in the larger context of development: Realities and Reimagination

Dr Deepika highlighted the absence of meaningful policy attention to older women's health, noting that while some policies mention ageing or women's wellbeing, none translate into concrete programmes or entitlements. She underscored the magnitude of this gap, given India's rapidly growing older female population.

> *"How many policies are focused on elderly women's health? Literally zero. Some policies acknowledge ageing as a public health concern and some acknowledge women's health, but they stop at acknowledgement.*

Irina Sinha emphasised the economic consequences of neglecting women's health, particularly for women who begin pursuing livelihoods or leadership roles only after age thirty, when their health often starts deteriorating. She stressed that women's labour—paid and unpaid—underpins rural economies, yet remains unseen.

> *"The system continues to invisibilise the silent GDP of women's bodies. I don't think it's a women's health issue or a women's livelihood issue—health is a livelihood issue.*

Saadat Noor Khwaja drew attention to the invisibility of women in climate resilience and disaster management policies, despite the disproportionate impact of climate stressors on their health and access to care. He called for integrating gender perspectives into all environmental and disaster frameworks.

> *We need stronger climate policies, and we must integrate gender into all disaster and environment-related policies.*

Dr Raj Shankar Ghosh emphasised that the private sector has historically been catalytic in public health, building awareness and trust—as seen in India's polio eradication efforts. He noted that private providers, with proper capacity building, can strengthen last-mile delivery of women's health products and help ensure affordability through market and pricing strategies. He appreciated the discussion and expressed his commitment to continued engagement.

Prof Indranil Mukhopadhyay pointed out how major national datasets still view women's health through a narrow reproductive lens, overlooking unpaid care, ageing, and chronic conditions. He warned that policies without adequate financing remain hollow commitments and stressed the need to scrutinise budgets. He also flagged how insurance models may sometimes influence the choice of treatment.

> *Datasets look at women's health from a very limited lens. Policies cannot work if budgets aren't allocated to them—we must examine financing closely to ensure women across the life course are supported.*

Way Forward: Synthesis & Next Steps

Dr Pragya from AIIMS shared that working on these issues had been an important learning experience for the young interns involved, noting that this generation will be the one to carry forward and operationalise the insights emerging from Majhdhaar. She reiterated that meaningful change in women's Majhdhaar phase requires collaboration across every level of the system. Solutions, she stressed, must be identified within existing structures rather than created in isolation, with frontline workers, community platforms, technical partners, and government systems working together to strengthen what already exists.

> *We need to engage the grassroots and all partners, including government, to collectively identify solutions within the existing system and improve them.*

Closing Remarks

In his closing remarks, **Indrajit Chaudhuri, CEO and Country Director, PCI India**, reflected on how his sensitivity to women's health issues has deepened over the years, noting that it can be difficult for men to fully understand and empathise with the realities women navigate. He called for interventions designed from the ground up, shaped by lived experience and translated into protocolised action.

It's time we offer women more than maternity care through our health systems. We must look at the entire life course of a woman, not just isolated phases or portions of it."

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Nurturing Women's Wellbeing Beyond Maternity