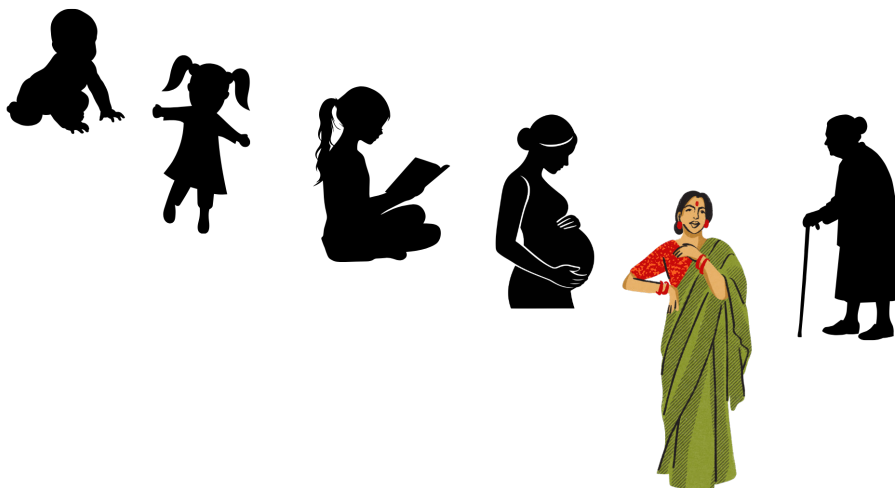


# MAJHDHAAR

Nurturing Women's Wellbeing Beyond Maternity

## Background and Rationale

Women's health continues to be organised narrowly around maternity and reproduction across policies, programmes, and society. While this has contributed to improvements in maternal outcomes, it has also constrained how women's wellbeing is understood, prioritised, and addressed.



A life-course perspective makes visible what event-based approaches obscure: women's health needs accumulate, interact, and compound over time. The average childbearing career in India ends by around 27–28 years. Beyond this stage are over 35.3 crore women—nearly 25% of the population—whose health needs fall outside the dominant imagination of women's health programmes.<sup>1</sup>

Globally, women spend approximately 25% more of their lives in poor health than men, underscoring that this is not a marginal issue, but a structural one with long-term implications across wellbeing, productivity, and development.<sup>2</sup>

Women's bodies subsidise families, labour markets, and institutions through productive labour, reproductive labour, social reproduction, and the absorption of illness. This subsidy is sustained by the resignation of the sick role. Women delay or minimise care not because symptoms are absent, but because time, legitimacy, autonomy, and resources are constrained.

<sup>1</sup> [https://journals.lww.com/ijph/fulltext/2026/01000/the\\_marginalized\\_middle\\_health\\_service\\_gaps\\_in.21.aspx](https://journals.lww.com/ijph/fulltext/2026/01000/the_marginalized_middle_health_service_gaps_in.21.aspx)

<sup>2</sup> <https://www.mckinsey.com/mhi/our-insights/closing-the-womens-health-gap-a-1-trillion-dollar-opportunity-to-improve-lives-and-economies>

Our analysis shows that women are the most productive (in both paid and unpaid work) in the middle currents of life—the Majhdhaar. Women’s paid work participation peaks between 30 and 59 years in the workforce, remaining above 40% between 30 and 59 years. Their domestic participation also remains high—above 95% between 30 and 55 years. This provides a compelling rationale for centering women’s wellbeing holistically beyond maternity. It can play a pivotal role in shifting women’s role and position via their ability to work as desired.



This allows systems to function while transferring costs onto women’s bodies. The consequences are visible in women’s work lives. Participation in paid work peaks during what labour data describe as the most productive years, while engagement in unpaid domestic and care work remains near-universal. This is also the phase when cumulative health risks rise. When wellbeing is compromised, women’s capabilities narrow, rights to recognition are undermined, and participation and agency across domains are constrained.

Seen through a life-course lens, these are not isolated failures but reinforcing exclusions. Addressing women’s wellbeing beyond maternity is therefore central to advancing SDG 3 (Good Health and Wellbeing), SDG 5 (Gender Equality) and SDG 8 (Decent Work and Economic Growth), as well as the broader commitment to equity embedded across the SDG framework. This begs the question: what do women need, especially beyond their maternity role, to flourish?

*Majhdhaar is a collective mission led by PCI India, AIIMS Patna, RMRC Gorakhpur, JEEViKA, and other partners. It seeks to transform women’s wellbeing approaches by addressing the interplay of nation of services, norms shifting, and narrative reconstruction. The mission focuses on enabling women to move from passive recipients of care to informed and empowered decision-makers, while working to reshape the structures that influence their wellbeing and work.*

## From the Frontlines

Our current work on Norms Shifting utilises a body and health literacy tool, developed iteratively with the women of Jehanabad Sadar. Catering to ~25000 women, the participatory engagement is an essential process for the iterative innovation in Majhdhaar. The body literacy tool has evolved from a basic nudge for screening and care seeking to nuanced messages on self-care, hygiene, rest, nutrition, and sexual health. The tool has given space to conversations and questions that reveal underlying processes shaping the lives of women in the Majhdhaar.



*Jab training me jaankari mila to laga ki ye gambheer samasya hai aur deri karne se badi pareshani ho sakti hai. Agar humko kuchh ho gaya, to mere bachchon ko kaun dekhega.*

(When we were given this information in the training, I felt that this really is a serious matter, and any more delay can cause a severe problem later. I realised that if something happens to me who will look after my kids?).



*Hum agle din hi doctor ke paas gaye. Doctor ne jaanch kiya aur dawa diya, abhi hum pehle se behtar mehsus kar rahi hoon.*

(I went to the doctor the very next day, the doctor examined me and gave me medicines, I feel better now.)

Our discussions also show that sick role in women is skewed; women are always ill but not ill enough—to get the care they need, either in the form of healthcare services or in the form of rest and interpersonal care.

In a sample of 451 women, 41% report (diagnosed) non-communicable diseases, 62% report genitourinary symptoms, and 84% report general health issues in the past month. Yet these concerns remain episodic, fragmented, or normalised rather than addressed through sustained attention. The delays range from women are rendered dependent on their husbands—64% relied on their husbands for making health decisions. The neglect is then threefold—it comes from the self, from the spouse and family and later from services that are not equipped to meet women where they are. While healthcare services are available, they are rarely equipped to ethically respond to illness beyond maternity in women—hysterectomy becomes a catchall solution—nearly 26% women had undergone hysterectomy in the cohort in Jehanabad.

We also found through qualitative inquiry, that a new typology of illness emerges in the lives of women, especially in the Majhdhaar, as women experience

**Normalised and everyday morbidity:** Fatigue, pain, weakness, and functional limitations that are often absorbed into daily life and not articulated as illness

**Stigmatised and silenced conditions:** Mental health concerns and genitourinary issues including infections, incontinence, and menstrual-related symptoms that remain under-reported and under addressed

**Underserved life-stage transitions:** Menopause and mid-life health changes that are rarely addressed systematically within routine care

**Chronic conditions requiring continuity of care:** Non-communicable diseases and cancers, including hypertension, diabetes, and breast and cervical cancers, often detected late and managed episodically

## About Majhdhaar Dialogues

This dialogue is a path to Narrative Reconstruction by intentionally bringing together diverse but complementary perspectives—across public health, clinical practice, gender studies, and community engagement.

This mix enables movement between systems, lived experience, and structural forces and shifts how women's health is understood and addressed, creating space to:

- Build a shared language around wellbeing
- Surface opportunities for refining current approaches
- Create pathways for navigation of services, norm shifting, and narrative reconstruction
- Commit to translate these shifts into practice

The previous editions of Majhdhaar Dialogues were held at AIIMS Patna and ICMR–RMRC Gorakhpur respectively. In Jehanabad Sadar, a corresponding “Baithak” was held. All of these brought together diverse stakeholders allowing equitable knowledge exchange, design and collaboration.

**Majhdhaar Dialogues, Gorakhpur, 27th Jan' 26:**

[https://www.pciglobal.in/wp-content/uploads/2026/02/Event-Report\\_Majhdhaar-Dialogues\\_Gorakhpur.pdf](https://www.pciglobal.in/wp-content/uploads/2026/02/Event-Report_Majhdhaar-Dialogues_Gorakhpur.pdf)

**Majhdhaar Dialogues, Patna, 9th Dec' 25:**

[https://www.pciglobal.in/wp-content/uploads/2026/01/Majhdhaar-Dialogues\\_9th-Dec25\\_Patna.pdf](https://www.pciglobal.in/wp-content/uploads/2026/01/Majhdhaar-Dialogues_9th-Dec25_Patna.pdf)

