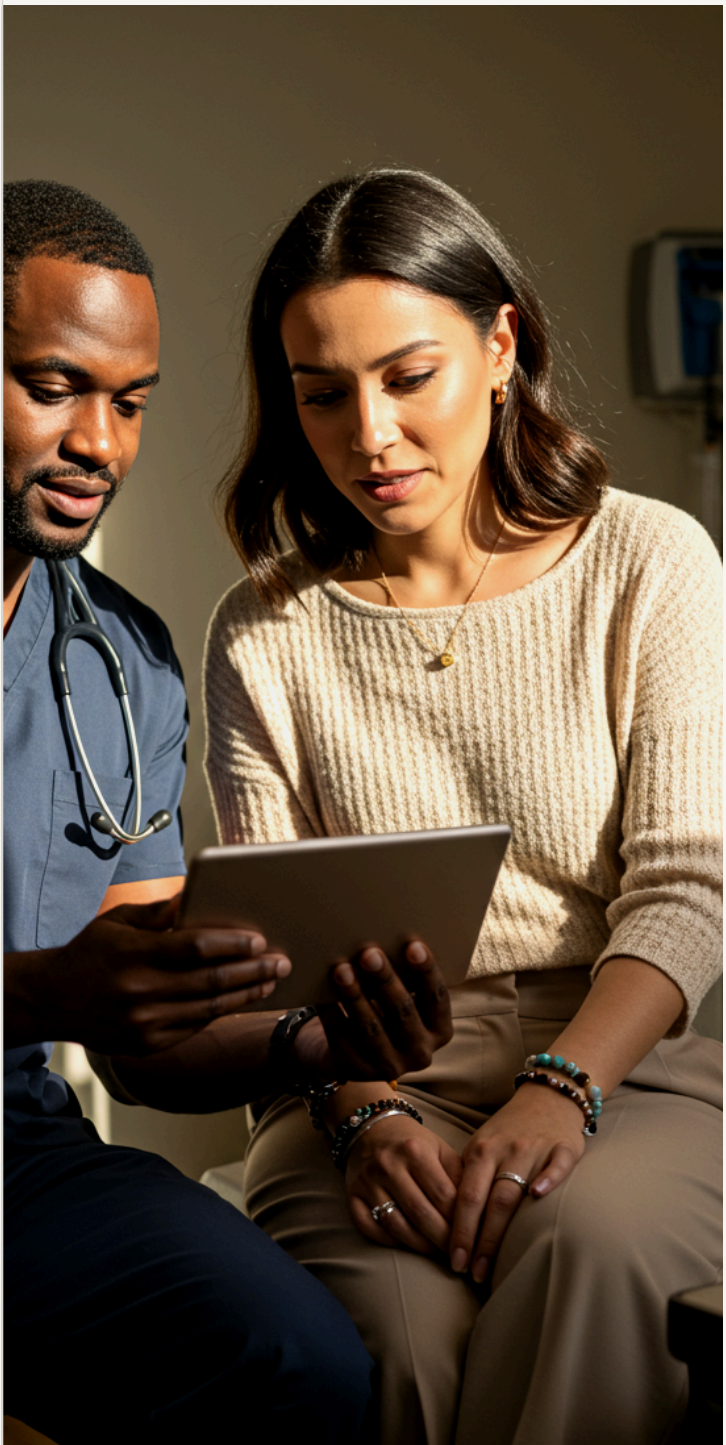
2026

Indian employers are investing in women's and family health benefits. Navigation is a challenge

Maven's 2026 research reveals that Indian employers have built benefits programmes they believe are working — but employees can't find them, don't know they exist, and are turning elsewhere for health guidance.



"Employees are making health decisions based on what they see online. That shift has created real urgency for employers."

NEEL SHAH, CHIEF MEDICAL OFFICER, MAVEN

Indian employers are investing more than ever in women's and family health benefits. The majority of HR leaders offer **preconception support** (68%), **fertility benefits** (63%), **maternity support** (67%), **childcare** (57%), and **mental health programmes** (57%) — and more than half rate most of those benefits as working "very well."

But only 22% of Indian employees with reproductive health needs say those needs are being met, according to **Maven's State of Women's and Family Benefits report**. Only 35% used any reproductive or family health benefit in the past year. And 74% say their benefits influence whether they stay at their job — meaning the gap between what employers are offering and what employees are experiencing is showing up directly in retention.

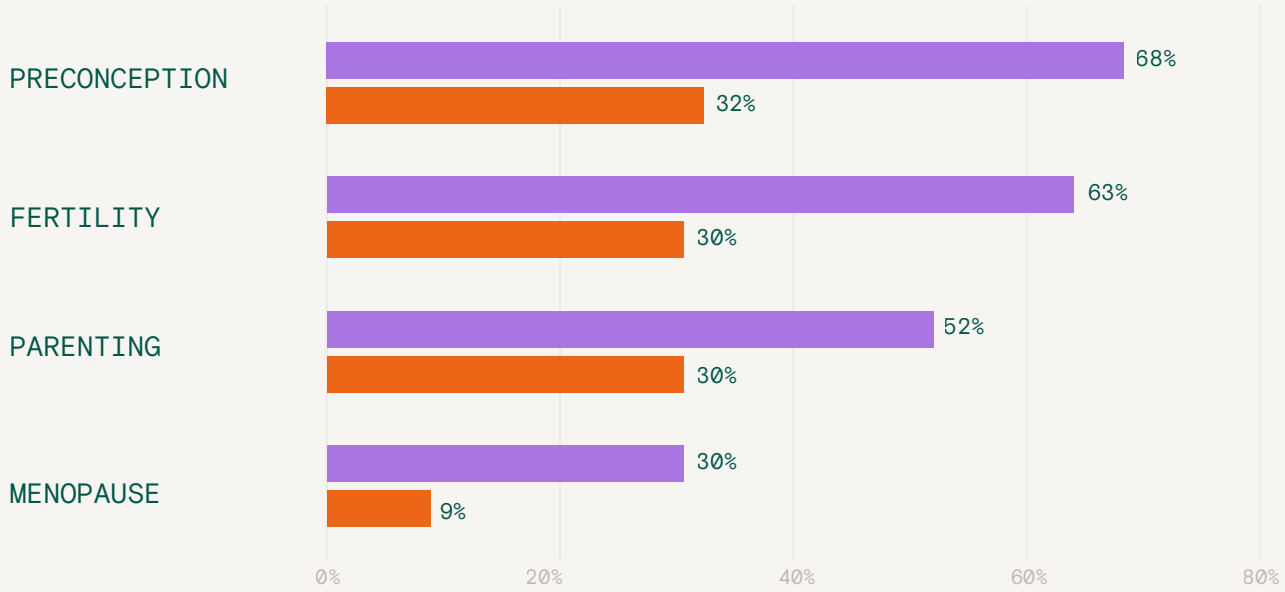
Benefits that employees can't find, don't know exist, or can't access in time aren't delivering a return — no matter how well-designed they are on paper. For Indian HR leaders, understanding the costs, and knowing how to close that gap will be critical to their success.

01

Employees don't know what they have

The most fundamental reason benefits go unused is the simplest one: **Employees don't know they exist**. Indian HR leaders report offering preconception support to 68% of employees — but only 32% of employees know it's available, a 36-point gap. Fertility benefits follow a similar pattern with a 33-point gap in offering vs. awareness.

- What HR offers versus what employees know exists



These structural gaps impact employees during moments that matter most: An employee navigating a fertility journey, a complicated pregnancy, or a difficult return to work is not in a position to search through a benefits guide. If the benefit doesn't surface when and where they need it, it doesn't exist for them.

What this means for HR leaders:
Benefits that exist in a vendor portal employees don't visit, or that are communicated during open enrolment moments employees don't remember reveals your investment isn't reaching the people it was built for.

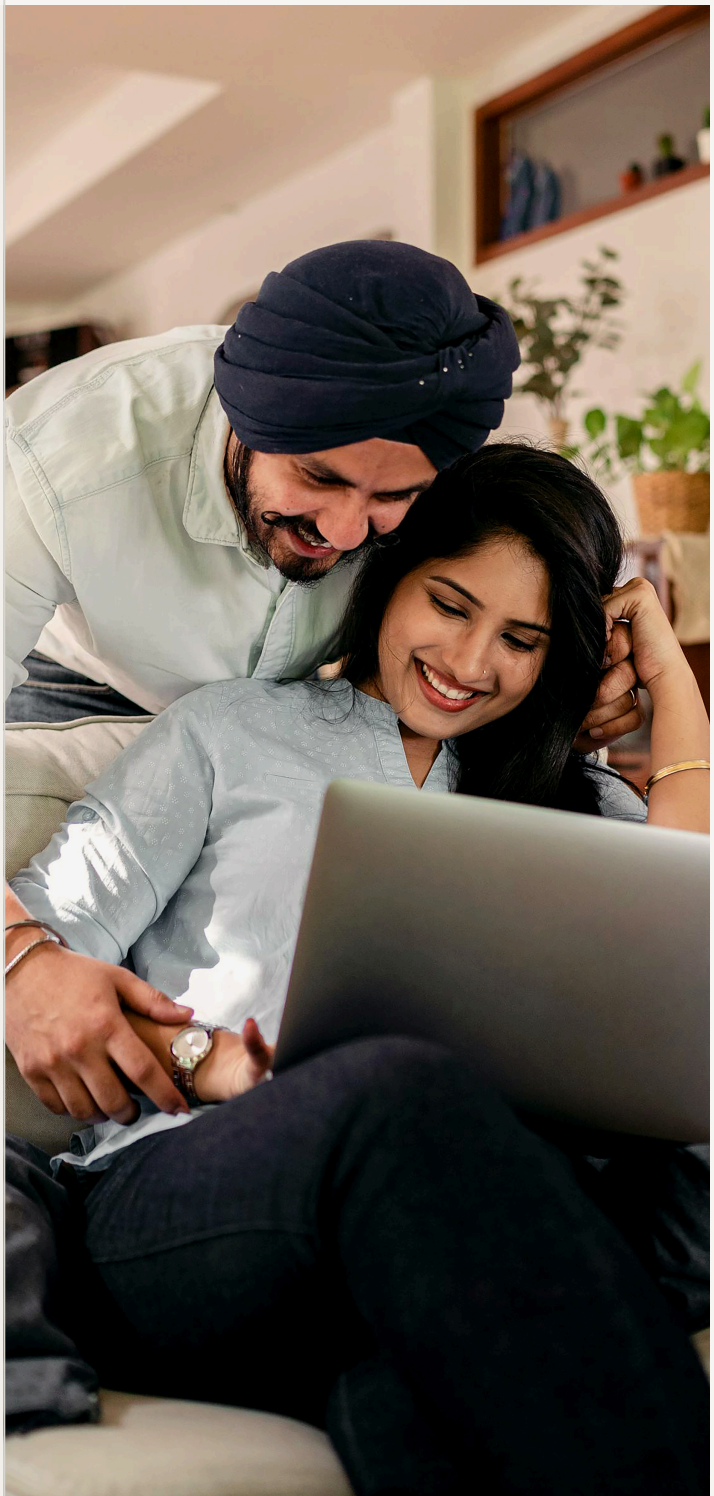
Before adding new benefits, map the path an employee would take to find and use each one you already offer. If it takes more than two steps — or relies on knowledge employees aren't proactively given — that's an awareness flag.

02

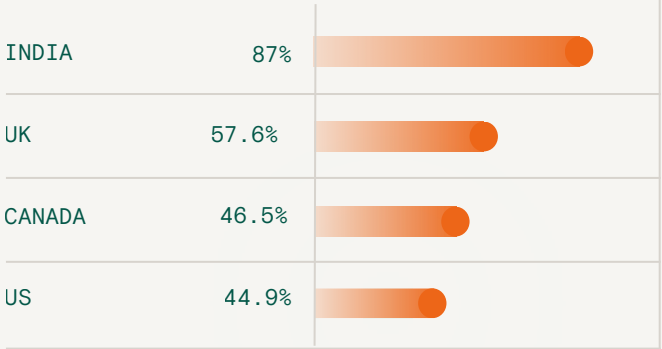
When benefits don't reach employees, they'll find their own path — and compromise safety

Indian employees aren't sitting with unmet health needs. They're solving them, just without the help of their employer benefits.

87% of Indian employees use AI tools for health information daily or weekly, **the highest rate of any country surveyed.** 17.8% turn to AI first when they have a health question — before a doctor, colleague, or any other employer resource. And 52% of those regular AI users have already taken a real health action based on that information: changing a medication, scheduling an appointment, or adjusting their diet. Only 6% of Indian employees turn to employer-provided resources first.



- **Percentage of employees who use AI tools for health information daily or weekly**



Indian HR leaders are aware of the risk: 75% express concern about employees making health decisions based on inaccurate AI information (and in fact, 32% of Indian employees have already received incorrect health information from an AI tool). But concern without intervention doesn't change behavior. As long as employer benefits are harder to find than a consumer AI tool, employees will keep going where the answer is faster.

What this means for HR leaders:
The question isn't whether your employees are using AI for health information — they are. The question is whether your benefits are designed to reach employees at the moment they have a health concern, or only when they already know to look. On-demand, clinically governed support that's available in real time is the only credible alternative to the AI search that's already happening.

03

Investment in maternity benefits is arriving too late

Indian employers are expanding maternity support: 74% are increasing maternity care coordination, and more than two-thirds are adding mental health support for expectant parents. But getting quality care requires knowing your risk profile and only 1.1% of Indian employees correctly identified all the conditions that can make a pregnancy high-risk — the lowest rate of any country surveyed, and far below the global average. For example, employees don't recognise **IVF as a high-risk factor** (14%). They don't flag **twins or triplets** (23%), or **surrogacy** (10%).

When employees don't understand their own risk profile, they don't seek early support — and the care coordination employers have built never gets used until complications are already underway. The result shows up in return-to-work rates: **only 33% of Indian HR leaders report that all or almost all employees return to work after parental leave.** Early, unsupported high-risk pregnancies mean longer recoveries, more complications, and more employees who don't come back.

What this means for HR leaders:
Maternity benefits deliver the most value when they are accessed early — before complications develop, not after. Pregnancy risk education isn't a nice-to-have alongside maternity care coordination. It's what makes maternity care coordination work.

04

Employees who don't use benefits will leave for employers whose benefits they *will* use

The utilization gap isn't just a health outcomes problem — It's a retention problem. 74% of Indian employees say their women's and family health benefits influence their decision to stay at their current job. 19.5% have already taken a new job specifically because another employer offered better benefits. And 56.6% say they might do so in the future as their needs change.

The top benefits employees say matter most to them — **maternity support** (54%), **childcare support** (46%), **mental health** (43%), **preconception support** (42%) — are exactly the categories with the largest awareness gaps. Employees want these benefits, believe they matter, and will move to find them. The employers losing talent aren't necessarily the ones offering less. They may be the ones whose employees simply couldn't find what was already there.

What this means for HR leaders:
Retention risk from benefits isn't only about what you offer — it's about whether employees experience it as support. A benefits programme employees can't find or use doesn't create the loyalty that drives retention. One they can navigate, access, and rely on does.

Indian employers have built benefits programmes that look strong from the inside and fall short on the outside. Closing the gap means shifting from measuring what's offered to measuring what's reached — and designing benefits around the employee experience, not an HR checklist.