



The Indian Journal for Research in Law and Management

Open Access Law Journal – Copyright © 2026

Editor-in-Chief – Dr. Muktai Deb Chavan; Publisher – Alden Vas; ISSN: 2583-9896

This is an Open Access article distributed under the terms of the Creative Commons Attribution-Non-Commercial-Share Alike 4.0 International (CC-BY-NC-SA 4.0) License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium provided the original work is properly cited.

WORKPLACE WELLNESS PROGRAMS IN INDIA AND ITS IMPACT ON EMPLOYEE HEALTH AND PRODUCTIVITY: A LEGAL PERSPECTIVE

Adrita Shannigrahi

ABSTRACT

Workplace Wellness Programs (WWPs) have emerged as an important facet of the workplace, seeking to enhance employees' health, curb healthcare costs, and increase productivity.

WWPs have become a pervasive feature of the corporate workplaces in the United States, with nine out of ten employers furnishing some form of health promotion benefit. India is a country of rapid economic growth, where the burden of diseases as well as demanding working hours in corporate and other sectors, the implementation of WWPs is essential to address workers' health, organizational productivity and socio-economic welfare. These programmes comprise of a wide range of interventions, including regular health screening, fitness centers, nutritional counselling, stress management and a comprehensive mental health support system. This paper explores the legal frameworks, ranging from traditional

Factories Act, 1948 to modern compliance policies, such as the Mental Healthcare Act, 2017, the Maternity Benefit (Amendment) Act, 2017 and the Occupational Safety, Health and Working Conditions Code, 2020. This also includes an analysis of the link between wellness initiatives and its effect on employee productivity and attendance records. Finally, this research paper also delves into the critical legal contexts like Digital Personal Data protection Act, 2023 (DPDP Act)), liabilities, workplace intrusion, and need for a rights based model and evidence based approach to make wellness programme a future success.

KEYWORDS

Workplace wellness, employee health, productivity, DPDP Act, demanding working hours, mental health, legal framework, OSHWC code

INTRODUCTION

Mental health of workers in the workplace is one of the crucial aspects worldwide due to an increasing prevalence of stress, anxiety, depression, burnout and other psychological disorders. Innumerable factors leading to disruption of mental well-being further includes competitive work atmosphere, keeping pace with new technologies, long working hours and most importantly, job security.

WHO defines mental health as a ‘state of well-being that enables people to cope with the stresses in life, realise their abilities, learn and work well, and help their community and not just the absence of mental illness. A healthy workplace also refers to an environment which looks after emotional, psychological and social well-being of workers, affecting how they think, feel or perform. Poor mental health not only impacts an individual employee, but the overall organisational productivity and workplace morale will also be hampered.¹

India is still in the process of adopting a comprehensive legal framework with various constitutional provisions, statutes and labour laws to provide a safe and healthy work environment. To seek a solution to the various issues, employers across global sectors have started workplace wellness programmes, which encompasses health screening, fitness regime, regular counselling and stress management methods, dietary initiatives, hybrid working hours and various employee-assistance interventions. Despite some controversies, this wellness program is found to have significantly improved the working capacity, physical and mental health of the employees.

Hence the relevance of wellness programmes is critical to address those challenges to overcome health crisis of employees and at the same time can enhance economic stability and corporate performance. Indian sectors are increasingly adopting WWPs and trying to grow up a structured, employer sponsored framework with comprehensive legal environment. Unlike other jurisdictions with specific legislation (Affordable Care Act and HIPAA in the US), India still lacks a single unified policy for workplace wellness, rather depending on traditional labour laws, judicial precedents, sector specific rules and emerging data privacy doctrines.

¹World Health Organization, Mental Health: Strengthening Our Response (2022).

This paper explores the need of workplace wellness programmes in India and how we can design and implement them, safeguarding the legal rights of employees and enhance productivity.

STATEMENT OF THE PROBLEM

WWPs are employer provided initiatives to enhance awareness, change behaviour, and nurture environments that support good health and practices. At present, employee health and welfare are addressed through multi-layered patchworks, since there is not a single statutory framework governing these programmes. Limited studies further obscures the effectiveness of the existing wellness programmes across Indian work- sectors.

Multiple questions need to be addressed:

- adequacy of the wellness programme
- extent of collecting and processing employees' health data by the employer
- legitimacy of mandatory participation in these initiatives
- protection from continuous surveillance and discrimination in the workplace
- Is it just an employer's corporate responsibility or something broader to protect employees' health and dignity?

These queries carry more importance as wellness programmes are now guided by digital platforms, various health applications and wearable devices which can generate extensive personal data.

OBJECTIVES OF THE STUDY

1. To evaluate the liabilities of the employer, compliance challenges in initiating the wellness programs and its correlation with improved outcomes in health and productivity
2. To review the Indian legal landscape regulating workplace wellness programmes in India, with analysis of the present statutory provisions.

The paper is written on a doctrinal research methodology, primarily analytical. The primary sources include the Constitution of India, legislation, and judicial precedents and secondary sources are peer-reviewed literature and systematic reviews concerning studies on workplace data on wellness interventions as well as rights and liabilities governing such programmes.

REVIEW OF LITERATURE

Existing literature around the globe has recognized the importance of WWPs for improving employee's health, lifestyle, work-life balance and organizational productivity. However there is little evidence in the Indian context on the impact of these programs.

Pritchard et al. (1990) said, 'Healthy people make healthy companies. And healthy companies are more likely, more often, and over a longer period make healthy profits and have healthy returns on their investments'.²

In India, the employee wellness programme evolved as employee perks at large corporate sectors. The concept of health and wellness of employees over the last 30 years has changed remarkably as it has been seen that more contribution and productivity comes from a healthier workforce.

According to a survey by **MetLife and Glassdoor**, 76% of employees think their workplace has responsibility for their health and well-being, while 87% of employees wanted the company to provide a work-life balance. The perk-based concept is being shifted to a need-based and well-being approach.³

Mohanty (2025), in a study of 100 employees in an Indian MNC, found that although the WWP's were initiated, their effectiveness was not properly monitored and not being designed according to employees' work patterns and their needs.⁴

Grawitch et al. (2006) stressed upon the fact that workplace wellness should approach both⁵ employee well-being and institutional performance.

Lowe (2010) also perceived the employee well-being as not only a health concern, but an⁶ organizational performance capability.

Song and Baicker (2019) observed that wellness programmes usually focus on modifiable health risks, but the information on long term health and socio-economic outcomes are very much limited.⁷

²Pritchard et al. (1990), as cited in the manuscript.

³MetLife and Glassdoor survey, as cited in the manuscript.

⁴Mohanty (2025), study of 100 employees in an Indian multinational corporation, as cited in the manuscript.

⁵Matthew J. Grawitch, Melanie Gottschalk & David C. Munz, The Path to a Healthy Workplace: A Critical Review Linking Healthy Workplace Practices, Employee Well-Being, and Organizational Improvements, 58 Consulting Psych. J. 129 (2006).

⁶Lowe (2010), as cited in the manuscript.

⁷Zirui Song & Katherine Baicker, Effect of a Workplace Wellness Program on Employee Health and Economic Outcomes: A Randomized Clinical Trial, 321 JAMA 1491 (2019).

Kunte (2016) studied wellness practices in 10 Indian concerns and reviewed the strategies,⁸ components, health issues and found that the employers wanted to discontinue the programs as they couldn't generate enough interests to the employees.

Kashyap et al. (2016) was convinced that flexible working model can retain employees, enhance productivity and provide job satisfaction.⁹

Munde et al.(2020) studied 25 employers in Maharashtra where wellness interventions were¹⁰ linked to employee retention and helped the workers to achieve their lifestyle target.

Most studies demonstrated the success of WWPs primarily depending on voluntary participation of employees, designed according to the needs, regular evaluation, easy accessibility and full organizational support.

This highlights the requirement of a stronger research into wellness programme effectiveness and their legal implications, particularly in India.

CONCEPT AND HISTORY OF WWP

The history of WWP trace back to early 20th century. Kimberly- Clark and GoodYear companies introduced recreation and fitness activities for their employees in the 1910-20s. Post World War II, corporates like NASA, Xerox expanded their fitness centres to enhance the mental well-being as well for the employees. The 1970-80s formalized 'wellness' programme in view of rising healthcare costs and evidence linking lifestyle to chronic disease- influenced by Johnson and Johnson's 'LIVE FOR LIFE'(1979).¹¹

The 1990-2000s came up with various tools for health risk assessments every year followed by various incentives accordingly. The Affordable Care Act (2010) intensified the program further by integrating mental well-being, financial security and various digital devices to encourage a holistic view of the welfare of the employees.¹²

IMPACT ON EMPLOYEES' HEALTH

1. Physical health

8Monica Kunte, Reviewing Literature on Employee Wellness Practices, 5 J. Strategic Hum. Res. Mgmt. 1 (2016).

9Kashyap, S., Joseph, S., & Deshmukh, G. K. (2016). Employee well-being, life satisfaction and the need for work-life balance. Journal of Ravishankar University, Part-A, 22, 11–23.

10Munde et al. (2020), study of 25 employers in Maharashtra, as cited in the manuscript.

11The historical examples and dates are stated as presented in the manuscript.

12Patient Protection and Affordable Care Act, Pub. L. No. 111-148, 124 Stat. 119 (2010).

Health promotion in workplace is addressing to a range of potentially modifiable determinants of health, related both to the health behaviours and lifestyles of the individual as well as to income and social status, education, employment, working conditions, health care accessibility and the physical environments. In India, the implementation of programmes in some sectors, organising health talks, workshops or presentations were considered as an important intervention to improve the health of employees. Physical activity schemes include corporate marathons, yoga, on-site gyms and meditation classes. There are also focussed initiatives on diet, nutrition, providing subsidized healthy lunches and annual immunisation drives.

Workplaces should also be adapted to age-related changes in physical and mental capabilities and uphold workers' well-being, preventing health challenges and disabilities.

2. Mental health

Work-related stress arises from excessive workload, limited employee strength, inadequate appreciation, poor interpersonal relationships and disrupted work-life balance. Management plans identify regular counselling, stress management courses, work-life-balance policies, yoga, meditation, peer support, compulsory 'Disconnect Hours' and employee-assistance programs as the primary strategies adopted by many sectors. Organisations should take a preventive, rather than a reactive approach to solve the psycho-social issues, which can decrease the overall productivity to a great extent.

3. Ergonomic and Occupational health

Ergonomic and occupational health are essential components of workplace wellness programmes, which can create a healthier place, enhance the productivity, improve the job satisfaction and support the long term health of employees. Ergonomic interventions, such as proper workstation design, ergonomic furniture, monitor stands and correct posture, which can prevent musculoskeletal disorders and workplace injuries. Occupational health measures look after the needs involving physical, chemical, biological, and psychosocial hazards affecting the employees. Regular health assessments, safety training, using air purification system in industrial hubs along with preventive measures can reduce absenteeism and improve employee well-being.

4. Work-life balance

Hybrid and flexible working hours, paid parental leaves, on-site crèche facilities, nursing breaks and reasonable workloads are some of the significant provisions in the wellness programme which enhances the motivation and organizational commitment, reducing absenteeism and increasing productivity.

5. Financial wellness

This component was previously underappreciated, but emerged to be significant particularly among the young workers - 85% of Gen Z employees face financial strain affecting their mental health. Now the WWP's incorporate financial workshops, budgeting tools, emergency medical insurance loans or grants and retirement planning to create a holistic programme design.

EMPLOYEE PRODUCTIVITY

Healthy employees are happier and more productive employees (Diel Schneider, 2012).¹³

WWP's include several attractive health and wellness schemes to strengthen job satisfaction, morale, physical well-being which will lead to increased productivity in an organization.

a. Reduce employee turnover by promising job security and support from the organisation. A multitude of interventions in the workplace can encourage healthier lifestyles and stronger employee engagement.

b. Reducing presenteeism, where employees are bound to work, despite illness or poor health, resulting in higher productivity losses. In rapid paced companies, this factor markedly gives rise to cognitive fatigue due to stress and lack of sleep, higher error rates and reduced innovative ideas.

Stress-management programmes, Employee Assistance Programs, and targeted health interventions at regular intervals can help solve these issues.

c. Unplanned absences (absenteeism) due to acute illnesses or chronic disorders or improper mental health can also cause direct productivity loss, delay in project completion and higher over-time costs for substitute workers.

d. A clear link has been demonstrated between comprehensive wellness programmes and financial productivity in an establishment. Financial Return of Investment analyses direct cost savings through lower healthcare costs and reduced absenteeism - achieved through integrated wellness programmes. Corporate evaluations are now focussing on something more important to look after holistic health benefits and increase productivity. They include employer branding, talent appraisal and organisational loyalty, which increases the overall effort and performance.

LEGAL FRAMEWORK IN INDIA

1. Article 21 and other Directive Principles

¹³Kacie K. Dielschneider, The Impact of Worksite Wellness Programs on Employee Productivity (M.A. graduate research paper, Univ. of N. Iowa 2012).

Article 21 protects life and personal liberty and has been interpreted by the Supreme Court as encompassing the Right to Health and the Right to a Dignified Life. In a landmark case of *Consumer Education & Research Centre v. Union of India* (1995), the Apex court clearly established the right to health and medical care as a fundamental right of a worker.¹⁴

In *Vishaka v. State of Rajasthan*, the Supreme Court held that sexual harassment at the workplace violates fundamental rights of women to equality and the right to life and dignity. Although this is a case of sexual harassment rather than wellness programmes, its reasoning is relevant to the employees who are entitled to dignity and fundamental rights in their workplace.¹⁵

Articles 14 and **Article 15** defend a person's right to life and liberty, as well as right to equal protection and free from discrimination.

Article 39 (e) directs the state to protect the health and strength of the workers from being exploited. **Article 42** mandates that the State should secure just and equitable conditions of work and maternity relief.¹⁶

2. Occupational Safety, health and Working Conditions (OSHWC) Code 2020

A part of the labour law reforms in India, the Occupational Safety, Health and Working Conditions Code, 2020 redesigned the legal standards for safety and health issues in workplaces since 21 November 2025.¹⁷

Section 6 casts a general responsibility on employers to ensure that the work environment is free from hazardous substances and that working conditions are safe and without any risk to employees' health. It also requires employers to provide annual health examinations or tests free of cost to such employees, specific age groups, classes of employees, as may be prescribed by the appropriate Government.

Section 23 places the obligation on the employer to maintain physical and mental health of the workers along with safety and working conditions in the workplace. It also permits the Central Government to prescribe requirements relating to workplace cleanliness and hygiene,

¹⁴*Consumer Education & Research Centre v. Union of India*, (1995) 3 S.C.C. 42;
Constitution of India art. 21.

¹⁵*Vishaka v. State of Rajasthan*, (1997) 6 S.C.C. 241.

¹⁶Constitution of India arts. 39(e), 42.

¹⁷Occupational Safety, Health and Working Conditions Code, 2020, No. 37 of 2020, Acts of Parliament (India).

ventilation, lighting, drinking water, prevention of overcrowding and treatment of wastes and effluents.

Section 22 provides for Safety Committees and safety officers in establishments according to the statutory requirements, with their precise applicability depending on the establishment and prescribed conditions. The Code also recognises gig and platform workers within its broader labour framework, although the extent of particular occupational-safety obligations depends on the applicable provisions and rules. Gig and Platform economy inclusions can address even remote workers, contract labor to extend the compliance of the program beyond the office boundary.

Violations causing a worker's death can lead to imprisonment, showing that the legislature treats health duties seriously.

3. The Code on Social Security 2020¹⁸

It encompasses laws relating to socio-economic security, including employee insurance, maternity benefit, provident fund, gratuity, and employment injury compensation, thus promoting workplace wellness and increased productivity.

4. Mental Healthcare Act, 2017

Since mental health well-being is directly related to workplace wellness, Mental Healthcare Act, 2017 is an important component in the legal approach. Although it is not a dedicated workplace statute, it creates a framework where mental health is considered as a matter of rights rather than stigma.¹⁹

Section 21(1) establishes equality and non-discrimination for persons with psychological issues in the provision of healthcare. **Section 18** guarantees every person a right to access mental healthcare and treatment from the establishments run or funded by the appropriate Government. Although the Act is not a dedicated workplace statute, the right to equality, dignity and privacy are relevant to workplace wellness. Confidentiality of counselling or psychological information is particularly important because disclosure may affect promotion, appraisal and continued service.

5. RIGHTS OF PERSONS WITH DISABILITIES ACT 2016

¹⁸Code on Social Security, 2020, No. 36 of 2020, Acts of Parliament (India).

¹⁹Mental Healthcare Act, 2017, No. 10 of 2017, Acts of Parliament (India), Sec 18, 21(1).

Under the Act, the principle of non-discrimination and reasonable accommodation is relevant to employment of persons with disabilities. **Section 20** specifically imposes the above rules in Government establishments; the Act also defines “establishment” to include private sectors and contains broader equality and non-discrimination protections.²⁰

6. **MATERNITY BENEFIT (AMENDMENT) ACT, 2017**

To recognize specific health and welfare needs and to retain more female employees, 2017 Amendment provisions are:

- **Section 5** provides paid maternity leave from 12 weeks to 26 weeks up to two surviving children²¹
- **Section 11A** mandates every establishment (with 50 or more employees) to provide crèche facilities, allowing the mother four daily visits and rest intervals.
- Work from Home provision also permits female employees to continue their work once the maternity leave is over, on mutually agreed terms.

7. **PREVENTION OF SEXUAL HARASSMENT OF WOMEN AT WORKPLACE (POSH) ACT, 2013**

Primarily an anti-harassment statute, it serves as a key legal ingredient in the workplace wellness programme. As per the Act, an Internal Committee is required in all establishments which will receive and address the complaints of sexual harassment in accordance with the statutory procedure. Regular awareness programmes and workshops are also required under the Act, helping to promote psychological safety and awareness in the workplace.²²

8. **DIGITAL PERSONAL DATA PROTECTION ACT, 2023**

The DPDP Act, 2023 has a comprehensive regime to process digital personal data and includes requirements concerning consent and lawful processing.

Under this Act, health records or personal data can be processed by the employer only with a specific, free, informed and unambiguous consent along with mentioning a clear purpose

20Rights of Persons with Disabilities Act, 2016, No. 49 of 2016, Acts of Parliament (India), Sec 20.

21Maternity Benefit Act, 1961, No. 53 of 1961, as amended by the Maternity Benefit (Amendment) Act, 2017, No. 6 of 2017, Acts of Parliament (India), Sec 5, 11A.

22Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013, No. 14 of 2013, Acts of Parliament (India).

(**Section 6**). However, the Act has a phased commencement. As of September 2026, the provisions containing the consent regime is still in the starting phase and scheduled to come into force eighteen months after the commencement notification. The concern remains important for workplace wellness because an employee asked to consent to a company-sponsored wellness app may face an employer who controls salary, assignments and appraisals, raising questions about whether such consent is genuinely voluntary.²³

A typical wellness programme involves three parties- the employer, an insurer and the wellness company. The worker has no idea which company holds how much data, hence this can affect the workers' future benefits and quite uncertain about their obligations.

Section 33 of the Act provides for monetary penalties for significant breaches, with the amount fixed by the Data Protection Board according to the Schedule. The Schedule specifies penalties of up to INR 250 crores for certain breaches, including failure to take reasonable security safeguards, when the relevant provisions are in force.

COMPARATIVE INTERNATIONAL APPROACH

The United States regulates aspects of workplace wellness programmes through the **Americans with Disabilities Act (ADA)** and the **Genetic Information Non-discrimination Act (GINA)**, including rules concerning voluntary participation. Federal courts denied the incentive rules since the definition of voluntary was not clear.²⁴

The EU follows a rights based approach focusing on occupational safety directives (EU framework directive) and national working time laws. Rather than incentive based, European law made it an employer obligation to manage work-loads, reduce stress, and limit working hours and strict data privacy (**article 9 of the GDPR**). They strongly discourage penalties of employees based on health status or biometric metrics.²⁵

India is trying to embrace elements of both approaches. Historically, the Factories Act, 1948 provided important physical safety standards; the Occupational Safety, Health and Working Conditions Code, 2020 now provides the consolidated legal structure for occupational safety

23Digital Personal Data Protection Act, 2023, No. 22 of 2023, Acts of Parliament (India), Sec 6, 33.

24Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101–12213; Genetic Information Non-discrimination Act of 2008, 42 U.S.C. §§ 2000ff–2000ff-11.

25General Data Protection Regulation, Regulation (EU) 2016/679, art. 9, 2016 O.J. (L 119) 1; Council Directive 89/391/EEC, 1989 O.J. (L 183) 1 (EC).

and health. Employer-sponsored wellness programmes remain largely outside a dedicated, unified regulatory framework. India is developing a more rights-based and duty-based model to privacy and workplace health, but issues concerning incentives, workplace consent and the misuse of wellness data remain significant regulatory gaps.

HURDLES IN INDIAN LANDSCAPE

The problem arises when employers go beyond the regular check-up in a wellness programme- detailed questionnaires, fitness challenges with incentives, mental health app, biometrics linked to financial security.

Indian law has no rule on when an incentive in a wellness programme becomes coercive. No proper directive exists on whether an insurance discount for completing a health risk assessment is a push or pressure.

Most corporate employees lack protection against dismissal without any cause or prior notice, so declining an optional programme carry a career risk.

Earlier rules under the Information Technology Act, 2000 treated certain health information as sensitive personal data, but that framework has been superseded in policy terms by the Digital Personal Data Protection Act, 2023 (DPDP Act), whose substantive clauses are being brought into force in phases. The transition therefore remains important to the regulation of wellness data.²⁶

India does not have a single genetic non-discrimination statute, while the scope of disability protections in private employment differs from the employment duties in the Government establishments under the Rights of Persons with Disabilities Act, 2016.

Finally, presenteeism, morale and work culture cannot be measured with same precision as clinical biomarkers or healthcare claims, so the real impact of wellness programmes still remains undetected.

THE WAY FORWARD: RECOMMENDATIONS

To construct a strong legal framework, certain practical implications can refine the workplace wellness programme to a great extent.

An explicit definition of 'voluntary' is essential. When an employer in a statutory check-up, ties rewards to sharing health data or provides small tokens or gift cards, the programme may

²⁶Information Technology Act, 2000; Digital Personal Data Protection Act, 2023, No. 22 of 2023, Acts of Parliament (India).

become less than genuinely voluntary. A small token creates no real pressure, but a premium discount matters a lot.

By eliminating penalties, increased insurance premiums or negative appreciation, 100% voluntary participation can be expected.

Health records collected by the employer should not be used in promotions, assignments, appraisal or termination in a workplace unless such use is lawful, necessary and consistent with applicable rights and data-protection requirements. The Digital Personal Data Protection Act (DPDP Act) furnishes a future legal framework for data protection, but its substantive provisions are subject to phased commencement; remedies should therefore be stated with reference to the provisions actually in force at the relevant time.

Aggregation of data, security or breach notification and a ban on selling wellness data should be applied to all the companies that collect them. Vendors should also be warned from contacting workers directly for marketing reasons.

Organisations should establish confidential mental-health support systems independent from ordinary performance-management structures. Training of managers to identify illness early to foster an open and supportive environment.

Employers should conduct periodic workplace-risk assessments addressing workload, stress, harassment, ergonomics and work-life balance. Assessment of the effectiveness of the programs, legal and data-privacy audits should also be done regularly using the key performance indicators.

Employers should provide an equal coverage for contract, migrant and platform workers before claiming insurance discount or any other wellness benefits.

The Employee wellness programme should be a part of corporate governance and occupational-health policies rather than just an optional employee-benefit activity.

CONCLUSION

The evidence on workplace wellness programmes is best described as fragmented rather than antithetical. Industry surveys and observational studies showed a positive impact on WWP on productivity, retention and curtailing the costs. Emerging research on mental health, burnout and financial wellness considers these dimensions to impact more than the physical health metrics.

The legal ecosystem in India is evolving to embrace the important principles of dignity, equality and privacy, while the OSH Code, social-security legislation, mental-health legislation and data-protection framework provide accessory pillars to strengthen it. The appropriate model is a well- targeted, rights-based and culturally embedded workplace wellness

framework, free from continuous surveillance, where the employees work in an atmosphere that respect their health, dignity, autonomy and privacy.

Thus, in India, organisations no longer perceive these wellness programs, simply as an incentive or fringe benefit for the workers, but as a critical management concern for a successful business.

The blending of business performance goals with a strong legal framework can lead to building a sustainable workplace environment suitable for the modern Indian economy.