Health, Social and Psychological Problems of Women Employees in Business Process Outsourcing: A Study in India*

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Introduction

The Indian women today have ventured beyond the traditional roles of wife and mother and have sought employment and career outside their homes, and are actively participating in the economic and social development of the nation (Liddle & Joshi, 1986). Economic, social and political development during the recent decades has resulted in improvement in the position of women, especially in the area of education and labour force participation. Generally, women's work profile in India was confined to certain traditional occupations such as nursing, teaching etc. However, women today crossing all barriers and prejudices are working in all sectors including the sectors traditionally received for men such as defence, engineering and even in night shifts for the Business Process Outsourcing (BPO) sector.

A BPO is the delegation of one or more information technology intensive business process to an external provider that in turn administers and manages the selected process. Globally, as different processes of a business started being outsourced, the term Business Process Outsourcing (BPO) has gathered popularity. At present India has emerged as the global back office and customer service centre. In spite of competition from other developing countries, India remains the prominent location for outsourced business activities (NASSCOM and McKinsy, 2005; Vaid, 2009; Amoribieta, *et.al*, 2001). The growth of Information Communication and Technology (ICT) sector worldwide and the availability of large number of English speaking and low cost labour have resulted in India emerging as one of the desired destinations of BPOs (Ramesh, 2004). India is providing all kinds of back office business solutions and customer assistance to Transnational Corporations and their clients in North America, Europe and elsewhere. Advances in ICT, principally in broad banding, have made global outsourcing of such services possible and profitable.

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BPO in India

The growth of the BPO sector in India has its roots in the liberalization and the globalization policy of the government of India. Since the 1990s the process of globalization and liberalization has led to the rapid growth in India's economy. The Indian BPO industry is growing at more than 35 percent since 2005, with revenues of US\$ 88.1 billion in fiscal year 2011. The industry accounted for 34 per cent of the worldwide BPO market in 2010 and is the world's largest destination for BPO services delivery. It has emerged as the largest private sector employer in the country, generating employment to over 4.5 million people (direct and indirect), with 50 per cent of employees below 25 years (NASSCOM, 2011).

BPOs are typically categorized into back office outsourcing or non-voice sector and front office outsourcing or voice based sector. The non-voice process includes data encoding, database development, market research, handling of credit billing problems, loan processing, account management etc. The voice sector is often interchangeably referred to as the 'Call Centre industry', 'contact centre industry' or 'customer service industry' because the service entails interactive communication with the client or customers (Tara and Ilavarasan, 2009). The Call Centres are an important part of the BPO and it Call Centres constitute for more than one-third of the total employment and revenues in the BPO segment. The Call Centre employees handle two types of calls-outbound and inbound calls. The inbound calls are originating from the company's client and customers, who in phone or email voice their queries, complaints or other related customer concerns. The outbound Call Centre on the other hand are those originating from the Call Centre, which has been contracted by the company to sell or promote certain products and services. There are also blended call handling, meaning taking inbound calls while also making outbound calls (Ofreneo, *et. al.*, 2007).

BPOs in India are both domestic and international but the prominence arises in transnational BPOs where the clients or the owners are from developed countries like USA and UK (Singh and Pandey, 2005). In the transnational BPOs due to the difference in time zones between India and the developed countries such as UK or USA, most work are performed during night

hours, especially for the Call Centres as they have to deal with the clients. As the Call Centers or the voice process has to make and receive call, it has to be done during the daytime of the client countries, which corresponds to the Indian nighttime. In contrast to the voice based services or the Call Centres the non-voice service workers, are able to do their work at daytime. Therefore, the study focuses on the women Call Centre employees of the transnational BPOs in India because they have a solely night shift based work. This paper examines the health, social and psychological problems of women employees the transnational Call Centres in India.

Women in the Transnational Call Centres

The participation of women in the Call Centre workforce is seen as a critical enabling factor for continued growth of the industry. Young women mainly fresh graduates, are the preferred workforce in the industry as a certain type of dynamism, communication and IT skills are required to 'care' for the customers, who in some sectors are predominantly men. Participation of women in the BPO sector is constantly increasing from 25 percent of workforce in 2006 to 40 percent in 2008 and has reached around 45 percent by 2010 (NASSCOM Foundation, 2008; NASSCOM, 2009). Call centres constitute around one-third of the total employment in the BPOs in India (Ramesh, 2004). Call Centres in India prefer hiring young, educated women as they are perceived to be hardworking, patient, attentive, loyal, less aggressive and have better interpersonal and analytical skills than men. The Call Centre employment requires "emotional labour", for empathizing with the customers and women are stereotyped as best suited for this job (Kelkar and Nathan, 2002; Pradhan and Abraham, 2005).

Transnational Call Centres are one of the most sought after workplace for young graduates and undergraduates, especially for women, due to the good work environment, decent emoluments, financial incentives, free transport and refreshments, and above all no other sector allows entry of employees with minimum education at such attractive pay packages. The educated, English speaking, middle-class urban women find in this sector not only an opportunity to improve their financial autonomy but also a platform for greater mobility and greater acceptance in the male society. This can be considered as a beginning of reversal of daughter devaluation in certain segments of the society. The demonstration effect of this new development may have wider social implications for upgrading the image of daughters, at least in the minds of their own parents (Clark and Sekher, 2007).

Though the work opportunities in the transnational Call Centre are alluring and it is very popular among the young Indian women, they are in intersection with spatial and temporal constructs of gender in India (Tara and Ilavarasan, 2009). The transnational Call Centre by making the women work at night acts as catalysts for social change in India and intersects with the pre-defined constructs of gender. India, by and large with all its diversity has a classic patriarchal social system and the Indian patriarchal society has well defined rules for women's mobility and their role in the households (Kandijyoti, 1988; Medora, 2007). In India, night work for female workers is generally associated with negative connotations. Women working in night hours are a relatively new phenomenon in the socio-cultural scenario of traditional work patterns of India (Singh and Pandey, 2005). The night shift work affects the individuals as much as the family reputation and this is main reason why some families are hesitant to allow their daughters to work in Call Centres (Patel, 2006).

The Call Centre employees appear like a separate or a distinct class in themselves and by the Indian standards the Call Centre employment is unconventional- night shift, a young employee base and western culture, lifestyle including holidays. Call Centres unlike other industries provides opportunities for employment at young age, high disposable income and quick promotion avenues with low educational qualifications. As a result, women are reaching their career goals and financial targets much earlier than expected. With high disposable incomes at a young age, the Call Centre employees resort to smoking, drinking and a western lifestyle (Batt, *et.al*, 2005). At the same time evidences suggests that young Call Centre employees are adopting risky sexual behavior, excessive drug and alcohol use (Vaid, 2009).

Work Environment and Challenges

The high pay package of the transnational Call Centres also bring with it work pressure and stress. The work in Call Centre is highly pressurized, closely monitored and monotonously routinized. There are 'call quotas' for both inbound and outbound services, as much as 400 calls a night in some companies. On top of these, the Call Centre agents cannot disclose their true nationality and even their names; they use a pseudo name in accordance with the client country they are serving. This creates the problem of dual identity, by being westerners by evening and Indians by day. The burden of work along with dual identity creates severe personal dilemmas. There is a strict time and motion regime with limited time (2-3 minutes) for making and answering call of customers, limited breaks and no interaction with employees while at work. Apart from the call quotas, call interceptors are there to monitor the calls along with the close circuit cameras positioned everywhere (Ofreneo, *et. al.*, 2007).

The Call Centre work becomes specially challenging for women due to the dual burden of work and family. Working in the Call Centre changes the role of the women in a number of ways. It challenges and changes the position of the women by physically taking her away from home and family. They have little time to spend with family members even if they are physically present at home during daytime (Patel, 2006). The married employees have to deal with the dual burden of work and home. The erratic hours of work leads to a high level of stress and health problems, particularly for women employees. The night shift disrupts the natural sleep-wakefulness cycle, results in irregular eating patterns and alters the usual social and family life routine. The health problems ranges from voice problems, eye strain, hearing problem, pain in neck shoulder, back, waist, insomnia, etc. (Rutenfranz, *et. al.*, 1981; Waterhouse, *et.al.*, 2003; Pasqua and Moreno, 2004; Fisher, *et.al.*, 2004).

The outcomes of Call Centre employment, especially being cut-off from family members and being achievement oriented, demand the support of the family right from entry through career progression in the sector. Apart from the demand at the workplace and the Call Centre work culture, being a woman requires additional support from the parents, friends and spouse and in-laws in case of married women.

Positive Aspects of Call Centre Employment

The Call Centre employment help the women in learning new skills and they are shaping and remaking their work, lives and even territorizing public spaces (Kelkar *et.al.*, 2002). The women Call Centre employees learn a number of new skills and some even become more assertive as persons. The acquired skills, ranging from soft-skills such as communication, listening and interpersonal skills to product knowledge and technical competency, have given women a sense of confidence in dealing with their customers and the society at large. While some women want to pursue a career in the Call Centre industry others take it as a short-term job (Ng and Mitter, 2005).

The Call Centre employment help the women to earn an income that far exceeds what they could previously earn and this serves as a catalyst for empowering them (Patel, 2006). The wages that they earn enable them to experience a new found freedom and autonomy. The Call Centre industry, with relatively high wages and high-tech working environment, is heralded as a source of liberation for women (Pradhan, 2005). The middle class urban women working in Call Centre are a rich amalgamation of the East and the West and have catapulted to new heights through gaining knowledge and experience by working in Call Centre. These women are helping in changing the attitudes of parents towards their daughters and effectively contributing to the family income. Most of the women consider the employment in the Call Centre as a stepping-stone towards their career and a few work for supporting their family and for financing their own future education (Clark and Sekher, 2007).

Along with empowering the women, the night shift requirement of the transnational Call Centres intersects with the spatial and temporal construct of gender in India. The nightscape in India is primarily dominated by men and women's entry into this domain generates a range of diverse response from family, media and the society (Patel, 2006). It changes the physical and temporal mobility of the women by providing them a legitimate reason to leave the house at night, whereas previously it was considered as unacceptable. Mobility is one of

the key factors in order to work in this industry. In order words, physical mobility (going to and from work) and temporal mobility (going out when one is expected to stay in) are the basic job requirements in the transnational Call Centres. The free transportation provided by the companies is a part of their recruitment strategy, without which it would be difficult for the women to work in this sector.

Need for the Study

The predominant patriarchal society in India has prescriptions and preferences related to women's mobility and their role in the domestic sphere. Gradually the situation is changing in India with women coming out of the strict norms of conservative society governing its mobility to the extent that women are working in night shifts in Call Centres of the transnational BPOs- which is still regarded by certain sections of the society as not respectable and safe. Women who enter new occupations, which are traditionally reserved for men such as working in the night shifts, have to struggle hard, face many difficulties to create a niche, coping with dual identities, problems of stress and strains and to balance the dual burden of work and family. When everyone is sleeping, they are awake, do their work, and are at rest when the others are at work, resulting in being cut-off from their social life.

The unusual work cultures of the Call Centres coupled with a growing number of middle class women entering this sector underlies the need for examining the impact of working in odd hours on women's health, mobility and their social life. The study also focuses on the kind of stress that these women face, the coping mechanisms adopted and the social support that they receive.

Objective:

The main objective of the paper is to bring out the occupational health hazards, social and psychological problems of women working in Call Centers of the transnational BPOs and the strategies employ in order to continue in the industry.

Data Source:

The study is based on the data and evidences available from studies carried out on women employees of transnational Call Centers (BPOs) in major Indian cities- Bangalore, Mumbai and Delhi. The findings from various studies carried out on the Call Centres of the transnational BPOs in India has been utilized in order to bring out the health, social and psychological problems of the women employees of transnational Call Centres in India.

Findings:

The odd timing of work results in the reversal in the biological clock, which results in numerous health problems. Apart from health the social life of the women, employees also suffer as working in the night results in them being cut-off from their social life. Along with these problems working in night is not considered as good especially for women, therefore the Call Centre jobs is not considered as a good profession in India. The night work, high work pressure and social alienation leads to high levels of stress among the women and therefore in order to continue working in the Call Centres the women need to cope up with the stress and get constant support parental support.

Call Centres in India are viewed and represented in a myriad ways. Some consider them as an important instrument in empowering women and increasing their mobility while some consider the industry as a site of exploitation. Call Centres have a demanding work environment requiring long hours of work, permanent night shifts, incredibly high work targets, isolation, loss of identity. Some scholars have also pointed the feminization of these institutions as an undervaluation and exploitation of women's labour giving rise to terms such as 'cyber coolies' and 'offshore proletariat' were undertaking work that is 'mindnumbing and de-skilling' (Gurumurthy, 2004; Stanworth, 1998). Although the Call Centre employees in India earn a relatively high wage, their American counterparts earn far more doing the same job, and hence called as cyber coolies (Ramesh, 2004). According to Taylor *et.al* the "cyber coolie" metaphor may be overdrawn but many Call Centre employees report their work as pressurizing and contributing to exit and burnout. The distinctive characteristics of the Indian BPO industry are nocturnal call handling for overseas customers, long commuting time, all of which having health and work-life balance implications (Taylor *et.al*, 2008). Table 1 shows some of the studies that were carried on the transnational BPOs in India.

Author	Year	City	Sample size
Tara and Ilavarasan	2007-2009	Jaipur and New Delhi	39
Usha and Geetha	2007-2008	Coimbatore	500
Patel, R.	2006	Mumbai	96
ASSOCHAM	2006	Nine Indian Cities	272
Clark and Sekher	2005	Bangalore	35
Singh and Pandey	2005	Delhi, Gurgaon, Noida	100
MillinMc, C.D.	2004	Bangalore	40
Ramesh, B.P.	2003	Noida	277
Kalkar, et.al	2000	Bangalore and Delhi	64

Table 1: Some of the Studies on the Call Centre Employees in India

Health Problems

The odd working hours against the biological clock makes women employees suffer from a number of ailments. The cumulative effect of odd working hours and stressful working environment leads to voice problem (dry, itchy throat, hoarseness, cleaning of throat, cracking of voice, cough, cold, etc.), eye strain (itchiness, smarting, redness, tearing, dryness and pain due to lighting situations and uninterrupted use of computers for long hours), hearing problem (ear pain, ringing in ear), pain in neck, shoulder, back, wrist and mental and psychological stress (Ofreneo, *et. al.*, 2007). In a study on the Call Centre employees in India, the health issue of Call Centre employees was raised. The study found out that the transnational Call Call Centres due the demanding work environment with long working hours, permanent night shifts, high work targets, social isolation, loss of identity and health problems. The employment also leads to burnout stress syndrome characterized by chronic fatigue, insomnia and complete alteration of the 24-hour biological rhythm, which affects sleep and the proper functioning of the heart (Sudhashree *et.al*, 2005).

In a study on Call Centers in Bangalore, it was found that initially the women found the job comfortable but within a year, they started facing health problems. The women employees gradually found it difficult to go on working for nine hours continuously with stringent work rules (Clark and Sekher, 2007).

A study conducted by the Associated Chambers of Commerce and Industry of India (ASSOCHAM) among 272 women working in night shifts brought into light the numerous health problems faced by the women employees of transnational Call Centers. The major health problems faced by the women employees were high blood pressure accompanied by sleep disorders. The other health problems faced were menstrual related problems, respiratory illness and digestive problems. Women working in night shifts do not get proper sleep as majority of them have to devote their daytime time towards domestic chores. Lack of proper sleep during daytime creates many problems for women for performing their social obligations up to the expectations of family and society. Women tend to feel lethargic and lifeless during the day. For married women when children are extremely demanding, it is not

possible to sleep during daytime. The naps during day cannot make up for a night's sleep. Because of the time differences, the natural order of things is reversed and plays havoc with mind. Women are unable to spend time with family, friends and relatives and are thus



completely cut-off from their families and social networks. Studies on the physical, psychological and medical effects of night work comes on a consensus that if night shift

work regularly performed, causes negative effects on the health, social and family life of workers. Night shift workers face physiological, emotional and biological problems, based on disturbed rhythmic patterns of sleeping and waking. While hormones and chemicals are produced when a person is awake, body organs are at rest and are at their lowest during sleep. A change in the working schedule effects all this balance and leads to sleep deprivation, disturbing the rhythm of the body and negatively affecting the concentration, job performance, social interactions and general health. Figure 1 shows the major health problems faced by women employees of Call Centers. The health problems ranges from 60 percent of the women suffering from high blood pressure and sleep disorders to 30 percent women suffering from back problems (ASSOCHAM, 2006).

Another concern in the transnational Call Centers is the high attrition rate among the women employees. The high attrition rate is the reflection of the high amount of stress that the women experiences. The repetitive nature of work leads to burnt-out syndromes. Call Centers are often described as electronic sweatshops. In a study conducted on more than 800 employees of four BPO's in India brought out the fact that smoking among the women in the BPO sector is on a rise. Eight percent, of the women, employees of Call Center were smokers and their average age was between 20-25 years. Another concern was that most women had poor knowledge on the ill effects of smoking and the medical history of the women revealed predominance of respiratory symptoms such as cough, throat pain, bronchitis and gastric disorders. Most women start as young girls when they believe smoking is glamorous. Some women choose smoking as they think it to be a quick-fix solution to their stress problems. The young women employees do not realize that due to smoking, they are at a risk of several reproductive hazards such as low birth weight, lower gestation periods and higher rate of stillborn apart from cardio-vascular risks (News Service, 2011).

In a study conducted on the women employees of the transnational Call Centers in Delhi, Gurgaon and Noida has also found out the adverse impact of the Call Center employment on the health of the women. In this study a total of hundred women employees of call centers were interviewed. The study found out that Call Center employment has a direct and adverse impact on the health of the women. Seventy-five percent of the women reported that Call Center employment leads to health problems. Table 1 shows the health problems faced by the women employees including backache, spondilitis, eyestrains headache and pressure because of the headsets and constant calls. In the study, 43 respondents suffered from backaches, 40 women with eyestrains and headaches and 50 with digestive disorders.

Health Problems	Number of Women	
Backaches	43	
Earache	12	
Leg Cramps	11	
Spondilitis	31	
Sleep Disorder	05	
Digestive Disorders	50	
Eye Strains & Headache	40	
Source: Singh and Pandey, 2005		

Table 2: Health Problems Faced by Women Employees of Call Centers

Though the employment of women in call centers has several advantages like attractive pay packages but the health hazards from working in the night shifts outweighs the benefits. Some of the respondents in the study also considered themselves as security guards who stayed awake all night to attend to their duties and slept the whole day through, and in doing so they suffer from health problems like sleep disorders and indigestion. In order to keep awake against the body natural rhythm, they start smoking and drink innumerable cups of tea, coffee and cigarettes, which subsequently become a cause of their health problems (Singh and Pandey, 2005).

Another study conducted in Noida based on 277 customer care agents also highlights the adverse health impacts of Call Center employment. Due to the artificially created working hours, there is a conflict with the natural rhythm of the body resulting in heavy toll in terms of health (both mental and physical). The respondents reported several symptoms of mental and physical ill health such as nervousness, chronic fatigue, body ache, insomnia, nausea, anxiety, restlessness, irritability and even depression. Some respondents even reported that

night shifts lead to psychoneurotic disturbances such as depressions. The respondents also reported frequent occurrence of gastrointestinal problems, with digestive problems such as constipation, peptic ulcer, indigestion, diarrhoea, excessive gas formation, abdominal pain and heartburns (Ramesh, 2004).

Night shift employment if regularly performed causes negative effect on the health and the family life of the workers. Night shifts should not be allowed for pregnant and nursing mothers and those engaged in strenuous activities. The health impact of night and shift work is widely felt even apart from performance decrements during work and accidents on and off the workplace site, and has given rise to long-range health concerns. Long term epidemiological studies on large number of night and rotating shift workers have suggested an increase in the incidence of breast and colon cancer (Haus and Smolensky, 2006; Hansen, 2006). The Physiological, emotional and biological needs of the women are based on a rhythmic pattern of sleeping and awakening. While hormones and chemicals are produced when a person is awake, body organs 'rest' and are the lowest at night. A change in the working schedule effects all this balance and leads to sleep deprivation disturbing the rhythm of the body and negatively affecting concentration, job performance, social and family interaction and general health (National Sleep Foundation, 2005).

Psychological Stress

Other night shift jobs such as nursing and hotel administration are alternate between day and night but in India but the working hours in transnational Call Centers are solely at night which is further aggravated by the dual identities and extreme work pressure. The normal social patterns tends to operate around traditional workday cycle, which effectively excludes Call Center workers and leads to difficulty in structuring family and social interactions (Wilson, et. al., 2007). The odd working hours along with the dual burden of work and family leads to high level of stress among the women employees. Stress can be defined as an adaptive response, mediated by individual differences or psychological processes that are a

consequence of any external action, situation or events that places excessive physical or psychological demands on persons (Ivanvevich and Mattenson, 1993). Job stress can lead to a range of physical (insomnia), psychological (depression), behavioural (alcoholism, drug abuse) and interpersonal conflicts (Kalimo and Mejman, 1987; Levi, 1996).

In a study conducted on women working in night shift with a sample size of 500 in

Coimbatore city it was found that employees in BPO' women suffered from high level of stress compared as to women employees of other night shift occupations such as nursing and police services. The women employed their own mechanism to cope up with their stress. Fiftytwo percent of women used music as a coping up mechanism,



while 23 percent preferred to socialize with friends; another fifteen percent did meditation as a means to relax while ten percent women spend time with family to cope up with stress (Usha and Geetha, 2010). Apart from the positive coping mechanism some Call centre employees inorder to cope up with the physical and psychological stress develop poor eating habits, overeating, smoking and excessive drinking of coffee (Ramesh, 2004).

Transnational Call Centre Employment and Social Life of Women Employees

In India the night shift, nature of the Call Centre job is a major concern for the parents. In socialization of girls in India, considerable emphasis is placed on submissiveness and obedience as feminine ideals. The reputation of the daughter is critical determinant for the prospects of her marriage. The virtue of the daughter is of extreme importance to the entire family, as a daughter is an easy source of disrepute to the entire family, particularly before

marriage (Dube, 2001; Medora, 2007). There is a social stigma attached to Call Centre employment in India. Call Centre employment is not considered as a respectable and safe profession in India and it intersects with the reputation of the women, her family as well as affecting the prospects of her marriage. Therefore, at times some Call Centres even have to talk or negotiate with the family of female workers they want to employ (Patel, 2006). Women's scope in the Call Centre employment is extremely constrained due to the atypical timings of the work make it impossible for the women to continue in the job, clubbing their domestic commitments.

Call Centre employment is seen as challenging patriarchy by transgressive action of women's working at night against the traditional gender hierarchical norms. The low status accorded to the women employees in the transnational Call Centre is basically because of the stigmatized sexuality of the Indian women and the job requirement of the night shifts which violates middle class sensibilities (Baxi,2006).

The night based working hours led to the women employees being cut off from their social life along with the dual burden of work and family. Due to the family responsibilities especially in case of the married women employee, proper rest during the day became a major concern. In a study on the transnational Call Centre employees in Delhi, Gurgaon and Noida found out that the women employees had no social life or interaction with people in the family. Ninety percent of the employees were not able to balance between work and family life. Most of the respondents left the domestic duties on their parents in case they were unmarried. They main hobby of the women employees was to sleep for as long as they can due to the high fatigue levels of the night duties. For unmarried women rest and relaxation during the daytime was easier as the parents took care of the all the domestic duties but the situation was not the same in case of married women employees. Among the married women, some were stressed because husbands did not alter their domestic duties (Singh and Pandey, 2005).

With respect to the women employed in the Call Centres, it has been argued that women do not experience significant change in the social status within the household due to the secondary status given to the Call Centre employment (Kelkar *et al*, 2002; Pande, 2005).

Even though the transnational Call Centre are regarded as catalysts for social change in India but yet the emergence of this industry is not shifting patriarchal relations of power in a significant way due to the social and spatial constraints on women's mobility. Due to night shift nature of the job, mobility is a key factor in this industry. For women in India to be out at night is considered as improper and unsafe. Therefore, in order to make the night shift participation possible for the women, the Call Centre industry uses corporate strategies such as use of shuttle vans with male guards to transport women to and fro home and office in the middle of the night. A male security personnel should be present, if all the passengers being brought home are women. In case, there is a male employee present, then there is no need for male security guard but the male employee will have to be dropped off the last. This reflects the ways in which both the industry and its female employees negotiate a presence in public sphere. The changes in women's mobility brought out by the transnational Call Centre employment reflects a dichotomy that provides women a means to step outside the household in ways not experienced by previous generations, but at the same time it is based on maintaining gendered access to spaces outside home. Although the presence of middle class women in the urban landscape represents a break in the traditional norms, their mobility and spatial access is based on regimes of surveillance and control (Pandey, 2006).

The Call Centre work demands a cultural transformation among its employees who are forced to live as Indians by days and Westerners after sundown with changed identities and locations to suit the customers (Ramesh, 2004). The Indian Call Centre industry makes specific demands on its labour force regardless of its skill level: an ability to withstand long hours of monotonous work, respond quickly to orders and undergo certain transformations to adopt with the work place environment. The work environment demands changes in accent, diction, sleep cycle, long and odd hours of monotonous work. The work requires nocturnal labour and diminishes interpersonal familial and social interactions (McMillan, 2006).

Social Support

In view of the work culture, the job timings and the work pressure, the women employees in order to continue in the industry, requires some sort of social support either from the family,

friends, workplace or the society. For unmarried women the main source of social support will be her family members while in the case of married women it will be the spouse and the in-laws. Parental support is crucial for survival of the women employees in this sector given the dominant patriarchal society as prevalent in India. The instrumental support is provided by the mother while the empathetic support for employment is given primarily by the father (Tara and Ilavarasan, 2009). In India, the restricted temporal mobility of women is associated with the social status of both the woman and her family and it will be possible for the women to work in night shifts only if the parental support is available to them (Patel, 2006). Empathetic understating of the parents towards the desire of their daughters to work, given their educational qualification and limited job opportunities available, is perceived as an important element for the women employees who begin their career in a Call Centre. The inception of a career in a Call Centre for women at a young age would be very difficult without the support of the parents. The major reason for the parents to allow their daughters to work in Call Centre is to make their daughters independent, work in big organizations instead of staying at home. The economic gain offered from this sector also plays an important role behind receiving support from their parents (Singh and Pandey, 2005). From the parental perspective, the major impetus for allowing their daughters to work in Call Centres is a good work atmosphere, transport service and a good pay scale as compared to their educational qualifications. The transport and the security facilities are the key impetus without which most families would have not permitted their daughters to do night shifts.

Conclusions:

Employment in transnational Call Centres along with high salaries and attractive facilities that an ordinary graduate could never imagine in India also bring with it insecurities and vulnerabilities which are partially reflected in the high attrition rates. The women employees suffer from a number of health problems including psychological stress. Women adopt different ways and strategies to cope up with the high level of stress that they face, with certain degree of success. The odd working hours and the highly pressurized work environment along with the burden of western accent, changed lifestyles and the dual identities aggravates the physical and psychological health problems of the women

employees. Due to the dual burden of work and family, the women are not able to get proper sleep and rest, especially the married ones. In order to work through the night women become addicted to tea, coffee and even smoking which further multiplies the health problems.

Along with the health problems, the transnational Call Centre employment leads to social problems. The call centre employment is not considered as as a respectable profession for women in India as it intersects with the predefined notions for Indian women's mobility. The Call Centre employment not only affects the reputation of the women but also the reputation of the family and often interferes with the women's marriage prospects. The Call Centre employment leads to social and mental isolation of women employees from their family and social networks. Women are alienated from their family and friends, and lead a dual life as westerners by night and Indians by day. Therefore, though the transnational Call Centres acts as an agent of empowering the women by making them financially independent at young age and improving their spatial and temporal mobility but it also brings with it health hazards, psychological stress and social problems.

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