

Substance Use among Business Process Outsourcing Personnel

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Abstract: Background: In recent years substance use in work place has gained considerable attention among researchers. **Aim:** To assess the substance use among Business Process Outsourcing Personnel. **Materials & Methods:** Study was descriptive in nature. 50 employees were selected conveniently from Two Business Process and Outsourcing Industries in Bangalore. **Tools used:** Alcohol, Smoking and Substance Involvement Screening Test. **Results:** More than one-third (34%) of respondents were using various psychoactive substances. The highest substance used by respondents was tobacco (28%), followed by alcohol (24%), Cocaine, Amphetamine, Sedatives, Cannabis, Inhalants, Hallucinogens and Opioids. **Conclusion:** Present study clearly indicate that significant number of Business Processing Outsourcing personnel use different psychoactive substances and their influence on health is complex because of its adverse effects on all aspects of human functions such as cognitive, affective or behavioural; developing an effective preventive measures and interventions for substance use becomes crucial.

Keywords: Business Process Outsourcing personnel, Substance use, psychoactive substances.

Introduction

Business Process Outsourcing is an act of transferring some of an organization's repeated non-core and core business processes to an outside provider to achieve cost reductions while improving service quality. BPO sector comprises 9 business functions of human resources, procurement, finance and accounting, customer care, logistics, engineering, sales, marketing, and facilities operations.

BPO industry in India has attracted many and is turning out to be a major source of employment. Post 2000 has witnessed tremendous growth in BPO sector in general and call centre in particular. The tremendous growth of the BPO sector over the past few years has resulted in considerable changes in the lives of young workforce. While few studies have explored these issues, limited information available from surveys and anecdotal evidence suggests that the BPO sector has had both positive and negative effects on the lives of young adults. Notably, unlike many other industries, the BPO sector provides opportunities for employment at a young age, high disposable incomes and quick promotional avenues. As a result, young professionals in the sector are reaching their career goals and financial targets much earlier than before. At the same time, evidence suggests that young BPO employees are adopting risky sexual behaviours and excessive drug and alcohol use has also been reported among this sub-population.

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The BPO employees are found to be more dependent on alcohol, cigarettes than the other people of the same age group (BPO Watch India Bureau, 2011). A large proportion of young BPO employees reported smoking (72% of young men and 43% of young women) and even larger percentages reported the consumption of alcohol (81% and 64%, respectively). One-tenth of young men reported using drugs more than once a week in the four weeks preceding the survey (Monisha Vaid, 2009). A growing number of employees as well experience physical and emotional problems such as panic attacks, depression, relationship problems, alcoholism and sleeping and eating disorders (Phukan, 2006; e-sat survey, 2005).

Charles (2013) reported that monthly individual income, work in shifts, migration, peer influence and friends with previous sexual experience were significant predictors of premarital sex among the male BPO employees. Visit to night clubs was significantly associated with a higher prevalence of premarital sex among the female employees.

Lack of adequate Sleep among persons working in BPO results in fatigue, mood changes, decreased cognitive functioning, poor executive functioning, impaired vigilance, and a predisposition to infections. Sleep disorders were witnessed in 83% BPO employees when compared other industries (40%). In Delhi, half of the (51%) sector BPO employees were found to be sleepier as compared with non-BPO workers (21%) (Suri 2007). In Bangalore, reiterated that sleepiness was significantly higher among night shift workers as compared with day shift workers in BPOs. It showed that night shift workers have an increased risk of developing cardiovascular disease as compared with day shift workers (Kunikullaya, 2010). Burn out and stress, chronic fatigue, insomnia, and altered biological rhythm were also commonly observed among them (Kesavachandran, 2006). With high disposable incomes at a young age, they easily resort to smoking and drinking. Many considered smoking gives immediate relief from stress (Buyar 2008; Chowdary 2003; Mishra 2007; Gupta 2012). It was found that 63% employees were dependent on multiple drugs (smoking, chewing tobacco, alcohol). 56% of them smoke more than 10 cigarettes/day and 61% of the drink alcohol “more than one peg/day” who worked in call centers (Jha, 2012). 42% employees resorted to adopt ‘new lifestyle patterns’ like late night partying, smoking, boozing, drug-addiction, staying away from family or live-in relationships (Dube, 2012).

Prevalence of tobacco dependence in BPO sector is 41%, mainly cigarette smoking. The tobacco quit rate is similar (nearly 20%). Significantly higher reduction in tobacco consumption of 45% is seen with the use of pharmacotherapy. BPO employees change jobs frequently, hence follow-up remains a major challenge (Mishra 2010).

Psychosocial issues such as mental health, well-being, socio-cultural isolation, use of psychoactive substances, free sex and so on were reported among BPO employees and talked about without much empirical evidence. Hence, a descriptive research study was carried out to assess the use of psychoactive substance among Business Process Outsourcing Personnel felt as need of the hour. Such a study would help in developing appropriate intervention strategies for individuals, families, organizations and the society as a whole.

Methods

The study comprised of 50 employees those who were working in 2 of the Business Process and Outsourcing Industries in Bangalore were selected through convenient sampling. The data was collected using Alcohol, Smoking and Substance Involvement Screening Test (ASSIST, WHO 2003). The tools were distributed to 50 respondents satisfying the inclusion and exclusion criteria. The collected data was analyzed using statistical package for social sciences (SPSS)

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version 15. The obtained data was analyzed using descriptive statistics like frequency, mean and standard deviation.

Results

Table 1: Personal Profile of the Respondents

Sl.No	Personal Profile	Variable Value	N= 50	Percentage (%)
1	Age	20-25	24	48
		26-30	23	46
		31-35	03	06
2	Education	Technical	34	68
		Non-technical	16	32
3	Gender	Male	35	70
		Female	15	30
4	Marital Status	Married	12	24
		Unmarried	38	76
5	Religion	Hindu	39	78
		Muslim	03	06
		Christian	08	16
6	Native place	Karnataka	20	40
		Non-Karnataka	30	60
7	Domicile	Urban	24	48
		Semi urban	26	52
8	Type of family	Joint	16	32
		Nuclear	34	68
9	Annual income	Rs.10 lacs and above	01	02
		Rs.5 lacs to 10 lacs	10	20
		Rs.1 lac-5 lacs	32	64
		Rs.50,000-1 lac	5	10
		Rs.25,000 -50,000	2	4

Table 1 reveals the distribution of socio-demographic profile of the respondents. With regard to age of the respondents, nearly half of them (48%) were in the age group of 20-25, another half of them (46%) were in the age group 20-25 years where as 6% were in the age category of 30-35 years. The male outnumbered (70%) female respondents (30%) in this study. Majority of the respondents had technical qualification (68%) while 32% of the respondents had non-technical qualification, 76% of the respondents were unmarried, while 24% were married, 78% of respondents were Hindu; remaining 16% and 6% belong to Christian and Muslim respectively. Majority (60%) of the respondents was from outside Karnataka and 40% respondents were from Karnataka. With regard to the family background 52% and 48% of the respondents were hailing from urban and semi urban background respectively. Majority (68%) were from nuclear families whereas remaining 32% were from joint family. The annual income of the respondents was noted as; 64% of the respondents earn between Rs.1 lakh to Rs.5 lakh.

Table 2: The Frequency Distribution of Substance Use

Substance Use	Frequency	Percent
Non Users	33	66.0
Users	17	34.0
Total	50	100.0

The table 2 represents use of various psychoactive substances among respondents. The substance use behaviour was assessed by administering Alcohol, Smoking and Substance Information Screening Test (ASSIST). Among 50 respondents, 17(34%) respondents were using various psychoactive substances.

Table 3: The Frequency Distribution of Each Substance Use

Type of substance	level of use	N=50	percent
Tobacco products	Low Risk	0	0
	Moderate Risk	10	20.0
	High Risk	4	8.0
Alcoholic beverages	Low Risk	5	10.0
	Moderate Risk	4	8.0
	High Risk	3	6.0
Cannabis	Low Risk	0	0
	Moderate Risk	2	4.0
	High Risk	0	0
Cocaine	Low Risk	0	0
	Moderate Risk	4	8.0
	High Risk	1	2.0
Amphetamine type stimulants	Low Risk	0	0
	Moderate Risk	4	8.0
	High Risk	0	0
Inhalants	Low Risk	1	2.0
	Moderate Risk	2	4.0
	High Risk	0	0
Sedatives	Low Risk	1	2.0
	Moderate Risk	4	8.0
	High Risk	0	0
Hallucinogens	Low Risk	0	0
	Moderate Risk	2	4.0
	High Risk	0	0
Opioids	Low Risk	1	2.0
	Moderate Risk	2	4.0
	High Risk	0	0

The table 3 shows respondents having different levels of risk with regard to substance use. The highest substance used by respondents was tobacco, about 20% accounted for moderate risk, while 8% respondents were in high risk.

The second highest substance used by respondents was alcohol, 10% accounted for low risk, 8% moderate risk and 6% high risk. About 8% respondents were equally in moderate risk of Cocaine, Amphetamine and Sedatives use. With regard to Cannabis, Inhalants, Hallucinogens and Opioids about 4% respondents were in moderate risk. About 2% of the respondents were in low risk with use of Inhalants, Sedatives and Opioids.

Discussion

Present study revealed that majority were in the age group of 20-30 years and 66% were males, were selected by convenient sampling. Similar socio-demographic profile with men

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outnumbering women and choosing similar sample size and sampling method in BPO sector was reported by Asiz (2014).

Prevalence tobacco use among BPO employees very high (41%) when compared to general population. 50% of men and 8% of women in BPO sector use tobacco and 41% of males and 17% of females were using alcohol in BPO Sector (Mishra, 2010). Whereas in the current study one-fourth (24%) of them were using alcohol. In BPO sector, significantly more tobacco users were those who had education less than graduation, who had 2-3 years of experience in BPO, who were having shift duty, night and those who have job profile of CSR trainer and analyst. In BPO sector, non-users of tobacco were having management job profile, absence of night duty and shift working hours.

The findings of the study clearly indicate that about 34% of the BPO employees are using various psychoactive substances which were in concordance with previous studies (BPO Watch India Bureau, 2011; Monisha Vaid, 2009; Phukan, 2006; e-sat survey, 2005).

In the present study the highest substance used by respondents was tobacco, about 20% accounted for moderate risk, while 8% respondents were in high risk. The second highest substance used by respondents was alcohol, 10% accounted for low risk, 8% moderate risk and 6% high risk. About 8% respondents were equally in moderate risk of Cocaine, Amphetamine and Sedatives use. With regard to Cannabis, Inhalants, Hallucinogens and Opioids about 4% respondents were in moderate risk. About 2% of the respondents were in low risk with use of Inhalants, Sedatives and Opioids.

The current study indicate that BPO employees are vulnerable to use various psychoactive substances, therefore to improve their work-related mental health national governments, agencies and employers can undertake measures to prevent substance use and other risks on the health of the working population.

Special programmes aiming at promotion of mental health like personality growth and development workshops, stress management, employee's enrichment programmes, career guidance and counseling, recreational activities, effective time management, healthy habits orientation and interpersonal relations competence are effective for these employees.

Conclusion

The findings of the present study clearly indicate that BPO employees using different psychoactive substances with lower to high risk and its influence on health are complex because of its adverse effects on all aspects of human functions. Therefore, developing an effective preventive measures and interventions for substance use becomes crucial.

Conflict of Interest: Nil

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