# A Case for EAP in the Indian Workplace

"The role of EAP services in the pre-recruitment and induction phase in IT/ITES firms has steadily increased."

By Jane Henry, Ph.D.

India has traditionally addressed welfare measures that seek to resolve the basic concerns of its burgeoning population. These include a focus on protecting women, children and young adults from falling below the poverty line by supporting programs that enhance nutrition, decrease mortality rates and female feticide, and increase self-employment for rural youth. A focus has also been placed on health measures to battle the menace of communicable diseases.

However, over the last decade India has also witnessed dramatic lifestyle changes in the workplace. This has resulted in pathologies such as diabetes, hypertension, and cancers; stress-related illnesses; HIV/AIDS; psychological disorders; and heart diseases. This transition poses challenges to the existing health care system. (1)

## Transitioning Young Adults

As if these issues aren't enough, the IT/ITES boom has created fears about its effect on young Indian adults. For instance, within several years the first wave of 18- to 20-year-old IT employees will be at high risk of suffering burnout at work. That's because financial status, family responsibilities, and the effects of migration for economic purposes at this age is a new phenomenon. Traditionally, a young Indian adult lives with his family of origin well into adulthood. In fact, it is not uncommon for a 35-year-old to live with his parents and depend on them for financial support when necessary. Today, however, migration has meant that young adults have lost the safety net of extended family support.

Online surveys among Indian IT/ITES industries have revealed some disturbing trends. Call center employees – with an average age of 18-25 – in particular had a higher proportion of health problems. For instance, 83% had sleeping disorders compared to an industry average of 39.5%. Loss of voice was also measurably higher, with 8.5% citing this as a problem, as opposed to 3.9%. Health concerns such as hearing difficulties (8.5%), digestive disorders (14.9%), and eyesight problems (10.6%) were also cited among this group. (2)

Indian companies are increasingly making the connection between a healthy mind and a healthy body – and the need for EAP to play a larger role in wellness initiatives. These issues – among others – have prompted our clients to look to EAP services in India for solutions. The role of EAP services in the pre-recruitment and induction phase in IT/ITES firms has steadily increased.

## The Transitioning Indian Family

As mentioned, Indian families are witnessing striking changes in terms of family structure – as well as leadership, communication, and decision-making styles. Young adults of marrying age in particular, from "first generation urban educated families" (3) are facing relationship problems due to changing dynamics within the Indian family. These include shifts in loyalty from familial obligations to more conjugal ties and issues related to "power" and gender role allocations.

The dual-earning couple is a new prototype that reflects the increasing educational and career aspirations of women. Basically, an increasing number of Indian women are joining the workforce, resulting in increased dual-income homes. The percentage of women in the workforce was 19.67% in 1981 – today this figure has risen to approximately 25%.

This increase has brought about a change in the distribution of household and parenting responsibilities and requires more involvement from both spouses for which young adults may not be equipped. Moreover, a significant proportion of women in the workforce are wives and mothers whose employed status demands a radical change in their activities, commitments, and responsibilities. This requires a re-assessment of the family environment. (4)

Psychosocial studies have shown that dual-income couples in India have a poorer quality of marital life compared to single-earner couples (5,6). Common health problems among working women include depression, anxiety, asthma, and colitis (7,8,9,10,11)

## What Experts Think

In order to better understand this trend, I conducted interviews with family intervention experts in Bangalore to get their take on changing family patterns, as well as to understand what areas of preventive intervention they thought were necessary in both the workplace and in the community. The professionals interviewed included clinical psychologists, psychiatric social workers, psychiatrists, and family attorneys.

The ability to recognize issues early on in a marriage, and to seek help, is among the changes in Indian society noticed by family intervention experts. Another important change noticed by the experts was that a larger number of young couples who were either engaged or in a relationship were now seeking professional help in order to help them make the right choice of a partner or to resolve issues that they were afraid would snowball into a larger issue after marriage.

An interesting perspective put forward by legal experts in family law was that they were seeing an increasing number of divorces occurring as early as the third or sixth month of marriage with both partners willing to divorce by mutual consent. One attorney said this was in stark contrast to what he was used to seeing 10 years ago when most couples would go through a long drawn-out battle with much mudslinging or a desire to make things work. The recognition of sexual dissatisfaction and the unwillingness to stay in a marriage by the female spouse was also another prominent change that experts were noticing. A long-distance relationship with working spouses staying in different cities and meeting on the weekends was also another trend that was being noticed.

## Summary

EAP has a niche role to play in the Indian workplace – as far as family issues are concerned – in terms of an initial needs assessment, education and counseling, as well as in training that it can provide in the workplace *and* as a tertiary and neutral service provider outside of the workplace. It is only in the last decade that the Indian corporate world has truly begun to understand the potential of EAP. This is due to: being educated by a new slew of EAP service providers in India, pressure from their Western headquarters where EAP services are a given, or because of a psychological emergency that they were unable to handle. ❖

*Jane Henry is the head of clinical operations – India with PPC Worldwide in Bangalore.*

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