

**The L Words – Lesbian and Labor:**  
Physical and Social Health Impacts  
of Call Center Work on Lesbian Women in Quezon City, Philippines

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*The impacts of call center work have been the subject of several studies, but currently, there is paucity of research about lesbian women in the Business Process Outsourcing (BPO) industry. Call center work poses several physical and social health concerns and the worker's lesbian identity poses yet another challenge in navigating this work environment. This descriptive study used a qualitative approach. Ten (10) lesbian call center workers gave their narratives through semi-structured in-depth interviews in more than a year of doing fieldwork in Eastwood, Quezon City, Philippines. Working in call centers has multiple detrimental effects to health. The participants of the study experienced physical health issues that include voice problems, sleeping problems, unhealthy eating habits, and unhealthy vices such as smoking. Call center work has also affected their social health due to the inflexible and highly variable shifting work schedule, and lesbian call center agents were subject to subtle forms of discrimination in the office. There is a need to look into the effects of call center work on lesbians, as they are inevitably subject to physical and social health impacts, and these impacts are compounded by different forms of discrimination in the workplace.*

Keywords: lesbian health, call center work, occupational health, discrimination, Philippines

## **Introduction**

The Philippines has become the global leader for business support functions, succeeding in its bid to become the “call center capital of the world” in 2010 (Natividad, 2010). A total of 851 establishments were registered under the Business Process Outsourcing (BPO) industry in the Philippines in 2016, 96% of which were engaged in call center activities (Philippine Statistics Authority [PSA], 2016). The industry generated \$22.9 billion in revenues in 2016, and has generated an estimate of 1.1 million jobs by the end of 2015 (Ortiguero, 2018). Call center workers in the Philippines are young, with five out of eight workers (64.7%) ranging from 15-30 years old, and more than half of the total employment of BPO industry workers are women (54.3%) (PSA, 2016). Currently, there is no data as to how many members of the LGBTQIA+ community are employed in BPOs in the Philippines.

Garcia (2013) provides a glimpse into the paucity of research with regards to lesbians in the Philippines, noting the absence of discursivity of *katomboyan* (lesbianism) as compared with *kabaklaan* (gayness), with the notable exceptions of Ofreneo's (2003) work on Filipino lesbians and their process of identity development and the work by Lesbian Advocates Philippines (LeAP!) on the kinds of discrimination that lesbian women face in the country (2004). There is little research done on the experiences of lesbian workers in the Philippines, and this provided the necessary push to engage in the labor and lesbian geographies in call centers, to shed light on the physical and social health impacts of call center work, and to understand how these health impacts are compounded by negative effects of sexual orientation-based discrimination.

The overlapping literatures that inform this study include research on the health impacts of call center work, and sexual orientation-based discrimination, specifically sexual orientation microaggressions in the workplace. The intersections of the physical and social impacts of call center work and sexual orientation remain understudied and this paper is a contribution to put forward a research agenda that recognizes the relationalities between these concepts

This paper examines the embodied nature of outsourced call center work in the Philippines by focusing on the health impacts of BPO work and experiences of discrimination through the narratives of lesbian call center agents.

### **Health Impacts of Call Center Work**

The working conditions in call centers are usually characterized by: night work, shift work, flexible schedule planning; high level of background noise, work done in front of computers; high demand for multi-tasking (speaking, listening, using fine motor skills); high levels of work monitoring; high physical and emotional demands due to contact with customers; and long-term use of their vocal cords due to the nature of the work (Benninghoven, et.al., 2005). These characteristics expose call center agents to multiple health issues as discussed in several studies from various disciplines. The findings from these literature state that call center agents are subject to mental health issues and work-related stress, sexual dysfunction, and various physical injuries, including musculoskeletal disorders, voice disorders (pain, croakiness of voice, loss of voice, cough, poor vocal power, inability to modulate, breathing difficulties) and auditory and visual fatigue (Toomingas, Nilsson, Hagberg, Hagman and Tornqvist, 2003; Sudhashree, Rohith and Shrinivas, 2005; Ofreneo, Ng and Marasigan-Pasumbal, 2007; Department of Labor and Employment Occupational Safety and Health Center [DOLE OSH], 2007; Charbotel, et.al., 2009; Hazlett, Moorhead, and Duffy, 2011; Subbarayalu, 2013, Kasture, 2014; Raja and Bhasin, 2014; Ramanuj, 2014). Call center activities (voice sector) posted the highest share of occupational disease (31,270 cases or 72.41%) under the administrative and support services industry in the Philippines (PSA, 2015). Filipino BPO workers suffer from the following health problems: headache (61.7%), fatigue (53.8%), eye strain (50.5%), chest and back pain (47.1%), voice problems (33.7%), hearing problems (15.2%), ulcers (14.6%), hypertension (14.0%), and urinary tract infections (10.3%) (Amante, 2010).

In addition to these health impacts, workers also suffer from a range of infectious and chronic diseases according to an advocacy-driven campaign started by the Department of Health, in cooperation with healthcare company Johnson & Johnson (Voice Your Care: Health Focus Areas, 2017).

### **Effects of Shift Work in Call Centers**

Shift work has become increasingly common given technological advances, changes in the economy, and the emergence of 24-hour societies, leading to the disruption of physiological, psychological, and social circadian rhythms (Bambra, Whitehead, Sowden, Akers and Petticrew, 2008). Call centers, especially those companies that are based in North America and Europe operate at night, to synchronize their office hours with their clients. A regular shift consists of eight hours on the “floor”, two (compensated) 15-minute breaks and an hour of lunch break, which is uncompensated. The lunch hour is usually scheduled four hours after the agent has logged into the system. Call center schedules are also highly variable and differs from company to company. There are companies that offer day shifts, mid-shifts, and night shifts or the graveyard shifts. The night shift is usually defined as the period of work of more than seven hours that starts between midnight and 05:00 AM (Carmel and Kojola, 2012). The work hours make the transnational BPO industry unique from most service industries in the Philippines, as it requires agents to work the graveyard shift in accordance to business hours on the other side of the world. Most call center accounts in the Philippines cater to clients based in the United States, and these companies have shifts that usually span between 8PM-4PM Manila Time. Call center agents are therefore expected to restructure their daily routines in accordance with these work schedules. Most BPO offices require employees to engage in regularly rotating shift work, forcing them to report to work during holidays, including Christmas, New Year’s, weekends, and transfer between morning, afternoon and graveyard shifts (Amante, 2010).

The impacts of shift work can be categorized into: disruption of the circadian rhythm (insomnia, sleep deprivation), physical and psychological effects of fatigue (mood changes, decreased cognitive functioning, predisposition to infections, increased probability for depression and anxiety disorder), and the disruption of family life (Hechanova-Alampay, 2010: See also Suri, Sen, Singh, Kumar and Aggarwal, 2007; Pease and Raether, 2003). Hechanova-Alampay (2010) further notes that isolation from family and friends is perhaps the most significant socio-psychological impact of night work on Filipino call center workers, considering that Filipino culture value family and social relations greatly. Studies about shift work have been undertaken in the past, but there is a lack of research on the impacts of shift work on social and family life (Kantermann, Juda, Vetter and Roenneberg, 2010). Patel (2006) also refers to the temporal entrapment of night shift labor, which marginalizes women by further excluding women from social and economic opportunities that are usually present during the day, the time that they allot to sleeping.

Despite these adverse physical and social health impacts, a lot of young people are still willing to engage in call center work mostly for monetary reasons. In 2013, the BPO industry paid an annual average compensation of \$9,297 per employee, more than thrice the average wage of \$2,580 in the rest of the country (Errighi, Khatiwada and Bodwell, 2016). The impacts of call center work have been investigated by scholars, but these studies fail to incorporate gender and sexual orientation, with the exception of studies on ‘purple-collar’ labor of transgender call center workers in the Philippines (David, 2015a, 2015b, 2016), the increasing number of gay men in the industry (Salonga, 2015), and a review of literature on the effects of call center work on women (Domingo-Cabarrubias, 2012).

### **Sexual Orientation-Based Workplace Discrimination**

Heteronormativity can be thought of as a set of cultural, legal, and institutional practices that maintain assumptions of the existence of only two genders, those that reflect biological sex (male and female), and sexual attraction between these opposite genders is the only natural, acceptable and ‘normal’ kind of attraction (Kitzinger, 2005; Losert, 2008). Heteronormative assumptions persist in the workplace, and navigating a heteronormative space creates a discord for lesbian women, and non-heterosexual individuals. Valentine (1993) argues that lesbians can feel ‘out of place’ in ordinary spaces, such as the workplace, restaurants, hotels and such, because these places are usually organized and operated within the heterosexual norm.

In the Philippines, there is a lack of a national anti-discrimination law that can be used to protect the employment rights of the LGBTQIA+. In the absence of national legislation, local ordinances exist that prohibit discrimination based on sexual orientation and/or gender identity and expression, along other grounds such as age, race, disability, religion, and health status, but these ordinances roughly cover only 10% of the country’s population (Ortega, 2015). According to the joint study by the United Nations Development Programme (UNDP) and the International Labor Office (ILO) in 2018, 30% of LGBTQIA+ Filipinos have experienced workplace discrimination due to their sexual orientation, gender identity, expression and sex characteristics (SOGIESC).

Several studies have looked into the workplace experiences of LGBTQIA+ workers, and these offer a glimpse into the nature of discrimination based on sexual orientation in the workplace. The types of discrimination identified were: getting fired, denied employment, denied a promotion, negative performance evaluations, verbal/physical abuse, and unequal pay or benefits (Croteau, 1996; Drydakis, 2014; Drydakis, 2015; Lau and Stotzer, 2011; Ragins and Cornwell, 2001; Ragins, 2004; Ragins, Singh and Cornwell, 2007; Ragins, 2008; Pichler and Ruggs, 2018). Studies reveal that sexual orientation-based discrimination have negative impacts on the mental health of individuals (D’Augelli and Grossman, 2001). Further qualified, workplace discrimination has deleterious effects on workers (Ragins and Cornwell, 2001).

To avoid discrimination, lesbian workers usually rely on denial and dissociation, avoidance, distraction, and token disclosure when asked about their lesbian identity in the workplace (Hall, 1986).

The group, Lesbian Advocates Philippines (LeAP!) Inc. published a research in 2004, which documented some of the forms of discrimination that Filipina lesbians face. The book focuses on blatant acts of discrimination, which manifest through physical and emotional violence. Narratives of lesbians from all walks of life and from different ages were compiled to paint a picture of what kinds of abuses lesbians face in the country. There are a myriad of issues faced by lesbians in the workplace, and stories from the compilation detailed how one's gender identity and expression could limit access to employment and employment benefits. A company decided not to hire a lesbian applicant, giving the reason that they were only hiring "females", failing to recognize and acknowledge that lesbians are females. Another lesbian was hired, praised for her efficient work, and then informed her that her boyish appearance (wearing slacks and having short hair) was not suitable for the company image. One lesbian was bypassed for a promotion, and another had no other recourse but to resign when she was subjected to harassment from her coworkers and the company refused to address the issue. Ocampo (2011) notes that there are no statistics that show cases of sexual discrimination-based employment discrimination in the Philippines.

### **Sexual Orientation Microaggressions**

There are other forms of sexual orientation-based discrimination, and untoward biases against the LGBTQIA+ can also manifest in other ways, usually through under sided remarks made to individuals with non-heterosexual orientations, using what Sue and Capodilupo (2008) calls sexual orientation microaggressions. These discriminatory acts can be defined as the "brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative LGBT slights and insults to the target group or person" (Sue and Capodilupo, 2008). Microaggressions impact members of marginalized social groups detrimentally, and literature suggest that microaggressions lead to lower levels of self-esteem, prevalence of depressive symptoms, lower levels of psychological well-being, negative emotional intensity, and prevalence of binge drinking (See Nadal, et.al., 2016 for a review of literature on microaggressions against lesbian, gay, bisexual, transgender, queer and transgender people.)

The preface micro-characterizes the subtle manifestations of this type of discrimination, making it difficult to detect and identify (Nadal, et.al., 2016), and therefore, challenging to address.

Call centers have been called havens for gender-nonconforming persons and are generally seen and marketed as inclusive workplace environments (Billing, 2018; Talusan, 2016; Sison, 2013). A study pioneered by the Philippine LGBT Chamber of Commerce (2018) shows that currently, only 17% of companies have anti-discrimination policies based on SOGIESC, and all of these companies are BPO corporations with foreign headquarters.

However, there appears to be an ulterior motive behind the drive to be inclusive. In the 2013 Philippine National LGBT Community Dialogue, Ging Cristobal, Project Coordinator for Asia Program of the International Gay and Lesbian Human Rights Commission (formerly IGLHRC, now called OutRight Action International), raised that in some call centers, members of the LGBTQIA+ community are hired because they are unable to legally marry and would therefore forfeit legal benefits that those who can marry enjoy, such as parental leave. LGBTQIA+ employees are also preferred by these companies because they are more amenable to work the graveyard shifts because they are less likely to have childcare issues (United Nations Development Programme [UNDP] and United States Agency for International Development [USAID] 2014).

The research is grounded on the following framework, which showcases how the call center is a field where shift work and instances of sexual orientation microaggressions occur (See Figure 1).

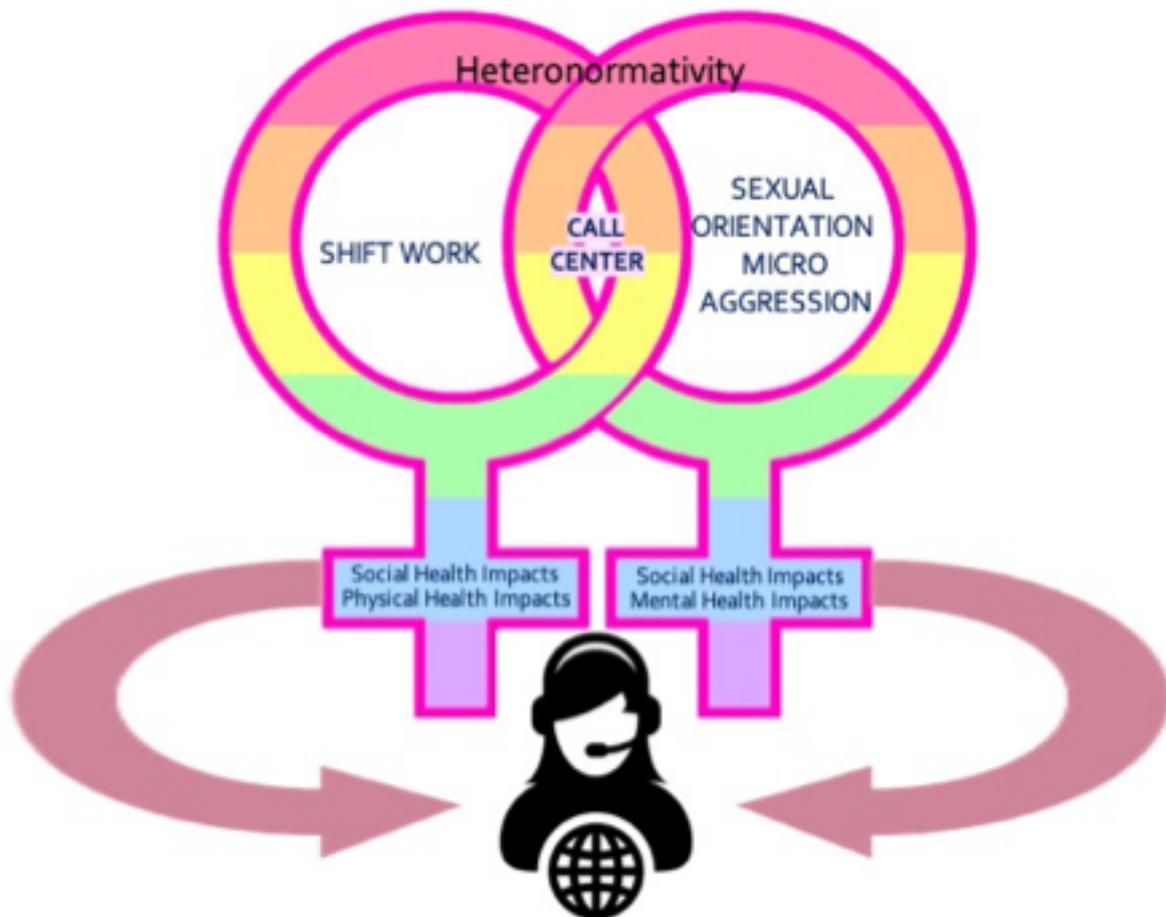


Figure 1. Impacts of Shift Work and Sexual Orientation Microaggression on Lesbian Call Center Agents.

The above model shows the heteronormative call center as a field where shift work and microaggressions occur. The lesbian symbol and colors used in the Venn Diagram symbolize the sexual orientation of lesbian call center agents, and this is an integral part of their experiences in the workplace. Literature has shown that shift work have marked effects on the physical and social health of individuals, and sexual orientation discrimination can negatively impact the social and mental health of people at the receiving end of discriminatory acts.

## **MATERIALS AND METHODS**

### **Participants and recruitment**

I conducted semi-structured, in-depth interviews with 10 call center workers who self-identify as lesbian in three call centers in Eastwood City, the country's first Cyberpark, as mandated in Presidential Proclamation No. 191 (Official Gazette, 1999). Currently, there are 55,000 workers in the 10 first-class corporate office buildings, 500 commercial and retail shops, three lifestyle malls, and information technology (IT) park in Eastwood City (Eastwood City, 2019). The Cyberpark is located in Quezon City, the first city in Metro Manila to enact an anti-discrimination ordinance in 2014 (Quezon City Council, 2014). The ordinance identifies forms of discrimination in employment, education, and access to goods and services, ideally providing protection to members of the LGBTQIA+ community.

Due to the complication of identifying lesbians for the study, I used snowball sampling for the research (Meyer and Wilson, 2009). The initial participants were lesbian women who were employed in call centers who I know personally or were referred to me by friends and acquaintances. Upon signifying their intent and availability to participate in the study, they were given individual written consent forms and I explained the process of getting their continuous informed consent all throughout the research process. Their narratives, though all equally important and unique, show that there are common strands among their experiences as lesbian call center workers and the degree of repetition of the responses suggested that data saturation had been reached with the narratives from the 10 participants.

### **Procedure and analysis**

All the participants were interviewed at least twice to understand their experiences as lesbian women who work in call centers. The semi-structured, in-depth interviews were conducted in Taglish (Tagalog and English), and took approximately an hour to an hour and a half to complete. The interviews were done in two phases. The first phase of the interviews focused on their stories about how they navigate a predominantly heterosexual milieu. During this phase of the interviews, the respondents were asked about their experiences of being a lesbian at home, school, and the workplace. The participants then shared their process of admitting or confirming their sexual orientation to their family, friends, and colleagues. All of the participants were more than willing to talk about their individual experiences for the research. There were times when the interviews were laced with a myriad of emotions, which ranged from sadness, amusement, nostalgia, curiosity, irritation, and occasionally, anger.

The succeeding phase of the interviews focused on the health issues that they personally experienced as call center workers. Most of the participants I interviewed were working in mid-and graveyard shifts and they were usually only free after office hours. Most of the conversations occurred after their shift, ranging from 2am-7am, Manila Time. Participant observation was also used in the research, and I participated in their various activities outside the workplace, like eating, drinking, and videoke (video karaoke) sessions. Existing policies about outsiders' access to call center offices limited my data collection, so I conducted the semi-structured interviews in 24-hour restaurants and coffee shops, and in some cases, I was invited into the participants' homes for the interviews.

The audiotaped interviews were transcribed verbatim and coded for analysis. The transcripts were reviewed line-by-line and coded per emerging theme. I analyzed the data using a case-oriented analysis, to capture the experiences of the participants. The cross-case analysis, particularly a case-oriented analysis entails looking more closely into individual cases, with the goal of gathering as much detail about each particular case (Babbie, 2010). I employed a case-oriented analysis by looking into each 'case' or each shared experience very closely. I examined my data by identifying and delving into their everyday experiences of work, experiences of discrimination and ways of coping and resisting discriminatory practices that appeared across conversations with different participants. In understanding individual cases in-depth, certain elements of the participants' experiences can be seen as instances of a much broader collective experience of lesbians in the workplace.

The relevant themes from the interview include: health impacts of call center work and experiences of being a lesbian in the office. The narratives were then translated to English for inclusion in the manuscript.

## **RESULTS**

All of the women interviewed for the study identified as lesbian (n=10). They are all generally young, aged 23-35 years old at the time of the interview, with a median age of 27.5 years old. Between the participants, they share a total number of 54 years working in call centers with the median years of experience at 5.5 years.

### **Health Impacts of Call Center Work**

Due to the nature of call center work, agents are exposed to a wide range of health issues, mostly due to a compromised immune system because of lack of sleep, lack of access to healthy food options, and smoking. The studies done abroad about the health impacts of call center work echo the responses of the participants of the research. All of the participants shared that their health was adversely affected by call center work, based on their experiences of being sick while employed as a call center agent. All ten participants had issues with sleeping (insomnia, fatigue), 90% mentioned that their diet is mostly from fast food outlets, 60% mentioned that they have experienced voice problems (croakiness and/or loss of voice, pain, cough), and 80% of the participants are smokers, which lead to other possible health concerns.

A participant shared that on her first year as a call center agent, she had to go to the hospital almost every month with a different illness, which included hyperacidity, migraine, tonsillitis, sore eyes, severe allergic rhinitis, viral infection, and sinusitis. Missing work due to these diseases led to the docking of her wages, and she was repeatedly warned about her attendance record. Another participant shared her experience of getting sick because she had to be on the phone the entire shift:

*“When I was still with my previous company, it was my first time in years to be sick with pharyngitis. I had to take in 120 calls per day, which led to the swelling of my voice box. I also have eczema, with outbreaks every so often, due to stress and excessive consumption of coffee. I was also diagnosed with Gastroesophageal Reflux Disease (GERD) or heartburn.”*

The agents usually come to work with not enough sleep, and are forced to result to smoking and drinking copious amounts of coffee and other energy drinks just to get through the shift. Eight out of ten of the participants are smokers, and two of them only started smoking when they were employed as a call center agent. These unhealthy habits contribute to the detrimental health impacts of working in the call center

*“I work in the late afternoon shift, so I usually sleep very late, and wake up in the afternoon. It is very tiring to get up in the afternoon. In addition to that, the work itself is stressful, so I smoke, and I tend to smoke a lot when under stress. It also does not help that a lot of my officemates are smokers too. I also drink coffee at least twice a day, and there are a lot of instances when I do not eat on time, and I usually eat fast food because I do not have a lot of time to eat.”*

The schedule of call center workers is strictly monitored, and it only allows for two 15-minute breaks and an hour of lunch break. The lack of time for a proper meal forces agents to purchase food from fast food outlets. The 15-minute breaks are usually spent smoking in the designated smoking areas, and the lunch break is used for eating and for sleeping in the sleeping quarters. A participant also noted that while there was an office pantry, there was a lack of healthy food offerings:

*“I hope the company considers the food sold in the pantries to check if it’s healthy or not. Based from my experience, the food is usually crappy, and there is no variety, they always serve pork.”*

Call center companies provide medical insurance coverage to their employees, to compensate for the slew of health impacts that are experienced by their employees every day. The health hazards previously discussed lead to high rates of absenteeism in the BPOs and call center agents who get sick are subjected to punitive attendance policies (in the form of forced unpaid leaves, suspension, or termination), which could lead to the decision for them to just resign. To avoid attrition, most call centers ask for bonds (PhP25,000 – PhP40,000), as assurance that the employee will stay in the company within the contract period. Five of the participants of the research admitted to being call center “hoppers.” They usually leave the companies that they are working for right after regularization, after working for at least six months for the company. Six participants admitted to staying in BPO companies for only two years or less. Common reasons for leaving the companies are low salary, higher offers in other companies, schedule, type of account, stress, and location.

### **Effects of Shift Work in Call Centers**

All of the participants in the study admitted to having trouble sleeping because of their shifting work schedule. A participant shared that there was a stark difference on her health status when she was still working the graveyard shift:

*“When I was still working the night shift, I usually had cough and colds. Maybe it was because I lacked proper sleep. My other officemates had high blood pressure.”*

The shifting schedule also altered their sleep cycles. A participant shared that she finds it difficult to get a restful sleep when she gets home:

*“Even when I’m really tired, I still could not sleep because I don’t have airconditioning in my room, and it is so hot, and so bright. I usually sleep just 4-5 hours a day. I also could not sleep because of the noise, since everyone is awake.”*

A participant turned her bedroom into a virtual cave to keep the sun out. She used cardboard boxes to block the windows to have a semblance of sleeping during the night after her graveyard shift.

Relationships with non-call center friends and family were also affected by their shifts. It was challenging to plan activities with their friends and family because of their variable schedules.

*“During my days off, I prefer to sleep than meet with my friends. It is also hard if there are get-togethers with the family on the weekends, I cannot participate because I have to go to work at night. It is sad, but I have to do it.”*

Call center agents have limited means of socialization with friends and family outside of the industry because of the nature of the work and the erratic work schedule. Therefore, they tend to form bonds and friendships with their officemates in their current BPO companies. Call center workers also have variable days off, and are usually working on weekends. Some of the participants also narrated that sometimes they feel like zombies at home, because they come home very early in the morning and are asleep for most of the day, and they wake up in the evening to get ready to go to work. Therefore, their social lives usually just revolve around their officemates, posing several issues as to how they can maintain relationships with friends and family outside of the workplace. Most of the participants of the study maintain close relationships with their officemates, because they rarely see their friends outside of the industry.

Call centers, however, have very high attrition rates, as agents find it easy to leave and get hired in another company. They usually lose touch with close friends that they have made in previous companies and they choose to make new connections instead of cultivating the friendships that they have formed previously.

### Effects of sexual orientation microaggressions

All of the participants’ companies have anti-discrimination policies in the code of ethics posted in their official company websites. However, only two of the companies specifically included SOGIE (or at least mentioned sexual orientation and/or gender) in their policies. These statements were directly accessed from the company websites (See Figures 2, 3, and 4).

Work Environment and Conduct

█████ believes that our Associates are the core of our business and values diversity and equal employment opportunity. █████ is committed to providing a safe and healthy work environment that is free from harassment, discrimination, and acts or threats of violence. It is our goal to promote an environment that encourages open communication, promotes mutual respect and teamwork, and develops leaders. Applicants and Associates are evaluated and compensated based on their qualifications, demonstrated skills, and achievements. Associates should be familiar with local policies governing the workplace and reporting procedures. We encourage our Associates to report misconduct, raise concerns, and cooperate in investigations. █████ protects Associates who act in good faith from retaliation.

Figure 2. Excerpt from the Code of Ethics of Company 1.

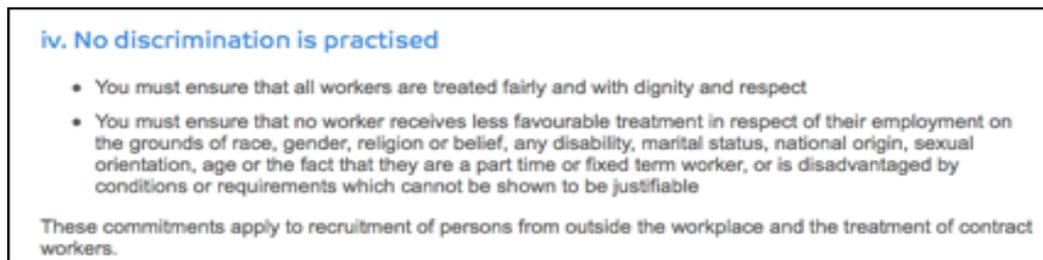


Figure 3. Excerpt from Company 2’s Code of Ethical Business Conduct.

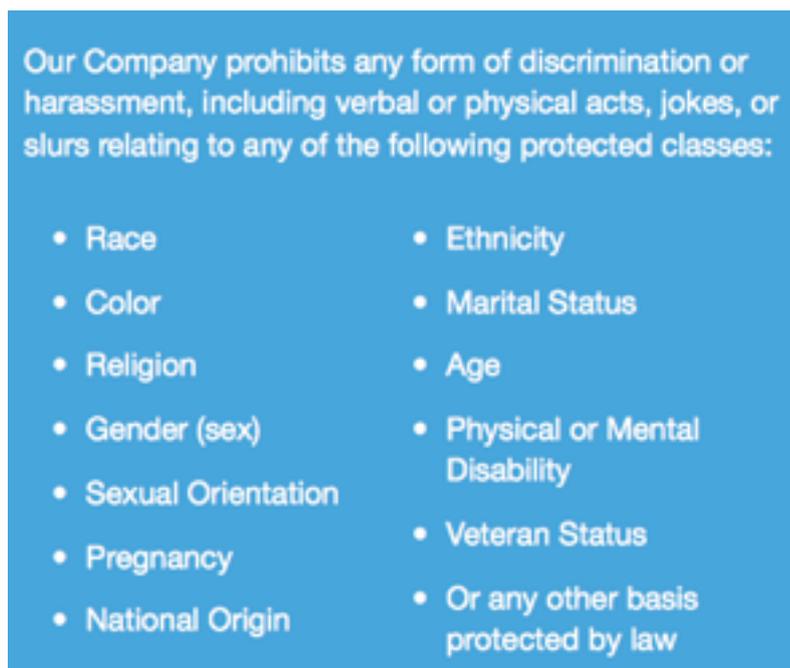


Figure 4. Excerpt from the Global Code of Conduct of Ethics of Company 3.

I have tried to get copies of the official company documents from the human resources (HR) divisions of the three companies where the participants of this research are currently employed in, but existing company policies prohibited them from disclosing the said documents. I have decided to use the information that is publicly available in the company websites. The vague and sweeping statements in these company policies pose serious issues when LGBT employees experience discrimination in their offices, as there are no clear ways by which their rights could be protected on the ground.

Despite the existing anti-discrimination policies, eight out of ten participants shared that they have experienced discrimination due to their sexual orientation. The discrimination manifested through subtle forms, and mostly included underhanded remarks or comments with regards to their sexual orientation. The experiences of discrimination felt by the participants can be considered as sexual orientation microaggressions (Sue, 2010). Six of the participants are what can be considered as femme lesbians, and the way they look and dress make people assume that they are heterosexual because of their feminine appearance. People have a hard time believing that they are actually lesbians, based on what a stereotypical lesbian looks like. All of the participants admitted their sexual orientation in the workplace, thinking that they are in a space where they will be accepted and respected. Generally, their coworkers positively reacted upon knowing that they were lesbians. However, there were also reactions of disbelief, with one officemate even saying, "Too bad (you are a lesbian), you are very pretty."

A participant shared that some of her officemates always sang "Loving You" by Minnie Riperton whenever she was around. She initially did not pay any attention to it, thinking that the group was just really fond of the song. She later found out that the song was being sung in her presence because certain lines in the song (La la la la la...), resemble the tongue action of cunnilingus, and is usually used (derogatorily) to refer to lesbians.

Discrimination was also palpable in inappropriate comments and questions from their officemates. Some of the questions were directed to know the reasons why they are attracted to other women:

- "Are you sure (that you're a lesbian)?"*
- "Were you ever raped?"*
- "Were you molested as a child?"*
- "You'll eventually get tired of being a lesbian."*

The participants also shared that they have gotten used to being asked about sex:

- "How do you have sex?"*
- "Who's the guy in the relationship?"*
- "Have you ever tried sex with a guy?"*
- "Maybe the guy just didn't know how to have sex properly. Try other guys."*
- "How can you satisfy a woman when you don't even have a penis?"*

A woman shared that there was once a bet among the men in her office on who will succeed with sleeping with her:

- "It is somewhat like college in call centers. Guys talk to each other, especially if they know that a girl is a lesbian, and she dresses like this (in a feminine way), they will dare each other, "go ahead, try to have sex with her". They have bets, it's as if I'm a prize, a material thing. It's awful."*

All of the participants admitted feeling uncomfortable when their officemates discuss their sexual orientation, but they usually ignore these comments. These microaggressions experienced by the participants show that they are seen as sexual beings and as prizes that can be won or converted. Sexual orientation microaggressions can produce psychological distress among lesbians and can lead to “hiding” or being closeted, internalized sexual stigma, identity conflicts, and psychological/mental health problems (Sue, 2010). These sexual orientation microaggressions can also affect their social health and can aggravate feelings of social exclusion in the workplace. The highly variable schedule of the call center makes it challenging for call center agents to form lasting bonds and relationships with other people, and the presence of microaggressions in the workplace can further exacerbate this. Psychosocial issues and stressful circumstance have been found to also impact on physical health and can lead to premature death (World Health Organization [WHO], 2003).

The lesbian call center worker, therefore, is at risk of suffering these effects of sexual orientation microaggressions, in addition to the negative physical and social health impacts of call center work.

## **COPING**

Coping with workplace heteronormativity requires a steady process in working life (Losert, 2008). Lesbians who are ‘out’ in the workplace have to actively adjust to changes in the workplace, and have to cope with microaggressions in a variety of ways. Militello (2015) found that gay men employ three (3) identity management strategies: concealing, tolerating, and educating. Though done primarily on self-identifying gay men, Militello’s research resounds with the findings of my research, in that some of the participants expressed that they have chosen to conceal their lesbian identity from their other officemates, fearing negative reactions. Most of the participants of the research also admitted to using humor as a way to navigate offensive remarks/questions. For instance, when asked why she did not have a boyfriend, a participant who also works part-time as a freelance model replies: “I will have a boyfriend next year, I’m still very busy.” This is a very similar response to another participant who readily answers, “Not today, maybe tomorrow,” when asked the same question. These questions were both asked by their male officemates, and the participants felt that joking is a non-threatening way to skirt around their questions.

## **DISCUSSION**

Research about call center work has increased over the years, but less attention has been given to the impacts of call center work on LGBTQIA+ workers, specifically on lesbian women. In the study, the participants shared the health impacts of call center work and the experiences of being a lesbian in the call center. Through the conversations with the participants, I was able to understand the ways by which call center work impinge upon the grounded experiences of lesbian BPO workers. Working in call centers is attractive to jobseekers because of the highly competitive salary and other benefits (sign-in bonus, health card). However, it has detrimental impacts to the physical and social health of call center employees. The transnational character of BPO companies lead to a highly erratic schedule. Shift work can cause and/or exacerbate several health issues among the call center agents. BPO companies present themselves as inclusive workplaces because they benefit from the labor of LGBTQIA+ employees, and have undertaken ways to attract more LGBTQIA+ workers as a way to avoid providing certain benefits currently not afforded to same-sex unions. LGBTQIA+ employees are more amenable to working the graveyard shift, and usually agree to shifting schedules because of lesser familial responsibilities. Some call centers also do not provide health benefits to health dependents other than one’s legal spouse.

The BPO industry actively recruits members of the LGBTQIA+ community, but the narratives of the participants show that company policies are ineffectual in protecting them against microaggressions. Despite sharing that they have all felt these subtle forms of discrimination in their offices, none of the participants have ever reported these incidents to the proper authorities. They all know of the anti-discrimination ordinance and the policies of their companies but they did not feel that these acts have to be reported. They thought that these actions, though discriminatory, are harmless, and can just be ignored. They also felt that reporting these things could be considered as overreactions because there was 'no real harm done'. The microaggressions shared with me by the participants of this research show a kind of discrimination that are different from other forms of discrimination presented by previous studies done on discrimination. Vague company policies, though inclusive of SOGI-ESC, might not be enough to address such forms of discrimination against LGBTQIA+ workers.

## **CONCLUSION**

The participants' narratives reflect the unfortunate state of workers under the transnational BPO industry. Workers are exposed to health risks and hazards, due to the nature of the transnational call center industry, which require workers to adapt to flexible schedules/variable working hours. Aside from these physical health impacts, call center agents also experience social health impacts that directly affect their overall health. Lesbian call center workers bear the brunt of both physical and social health impacts in the current BPO labor system, and are subject to additional stresses due to their sexual orientation. The call center industry is still being actively promoted as a key industry for the Philippine workforce, but these impacts beg further inspection and critical scrutiny. There is a need to look into the various occupational health concerns of lesbians, as they are inevitably subject to physical and social health impacts, and these impacts are compounded by different forms of discrimination in the workplace.

## **RECOMMENDATIONS**

Future research on the topic must be expanded to include participants from call center offices outside Metro Manila. It is also recommended to include data from health workers in call centers to adequately understand the health issues of call center agents based on the data from their offices. It is also recommended to conduct a more in-depth look into the mental health status of lesbian call center workers, as being subject to sexual orientation-based discrimination might exacerbate the levels of stress in this already stressful working environment. Further studies should also focus on the issue of contractualization and the lack of unions in call centers, building on Reese and Soco-Carreon's (2013) work. This is troubling, as the call center workers do not have a collective bargaining power to ensure that their rights are being protected. Call center agents are not in a position to demand better terms and conditions of employment because of the lack of backing of trade unions. Nearly every respondent in the study cited the 'no-union' policy in their contracts when asked if they would be willing to join a union. Agents fear termination by the management in the event that they join a union. This is also aggravated by the fact that the idea of disagreeing or being a troublemaker is frowned upon in Filipino culture. There is also a difficulty in forming unions because most call center agents view call center work not as a life-long career, and they do not intend to stay in the industry until they retire.

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## **AUTHOR DISCLOSURE STATEMENT**

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