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## A GLOBAL PANDEMIC IN INDIA

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### Abstract

The Covid19 pandemic has been declared the worst pandemic since the Spanish Flu. Most countries globally are, at the time of submitting this paper, in a battle to keep their death rates down. While a lot of the measures taken by countries are common, as suggested by the World Health Organization, most countries have communicated and implemented these measures in starkly different ways, some highly nuanced by culture. This paper is an attempt to analyze how cultural values have influenced these communications and implementation of measures in India, where the stakes are particularly high due to a large and dense population.

**Keywords:** Covid19, Coronavirus, Culture, Mental Images, Cultural Differences, India

### Introduction

The week of March 16, 2020: several world leaders addressed their concerned nations on the growing Covid-19 crisis for the first time. Almost all of them started their address with similar words – it is a global pandemic and, the European leaders added, the biggest crisis we have faced since World War 2. Some, like Mark Rutte of the Netherlands, gave condolences to bereaved families (NOS, 2020) while others like Angela Merkel of Germany (Bundesregierung, 2020) and Jacinda Arden of New Zealand (RNZ, 2020) empathized with the concern of the masses. The Dutch Prime Minister painted three options that his nation had in front of them, and reasoned on why his team of experts had chosen the option of “maximum control” in order to spread the peak of infections over time – *“Stay alert, stay healthy and help others in anyway you can. I’m counting on you,”* he ended (NOS, 2020). The German chancellor explained why she was addressing the nation in such an unconventional way, focused on the reasons for the measures that would be taken in the near future and stressed on the need for discipline and following the rules (Bundesregierung, 2020). Boris Johnson and Jacinda Arden went straight to the measures that were being taken with Johnson stating very crisply that the individuals of his country were expected to take action in order to keep the NHS protected. The police will be given the power to implement the measures, he said (The Telegraph, 2020). Arden explained the levels of alert in the nation and what actions people needed to take (RNZ, 2020). *“I know people will rise; we will beat it,”* Johnson concluded his address. (The Telegraph, 2020)

A few thousand kilometers away, India’s Prime Minister, Narendra Modi addressed his nation twice during that week – the first to announce the “Janata Curfew”, a fourteen hour trial lock-down on the following Sunday, and the second, within four days, to announce a larger, 21-day nation-wide lockdown. For a nation of 1.3 billion people, this was not a small feat and the world watched to see how India would fare. What does it take to enforce a 21-day lock-down on a mammoth nation and how does a government achieve that?

As is the case with a country like India, a decisive leadership, the buy-in of the majority and a stringent implementation across the country would make the difference.

According to Wursten’s Mental Images, India falls under the Family Cluster of cultures, characterized by hierarchy, a reliance on traditional wisdom, loyalty, flexibility and

high-context communication (Wursten, 2019). These characteristics that stand out clearly in the cultural peculiarities of India on a regular day, both necessitated and enabled what has been at the time of writing of this article, more than a two-month lock-down of the second largest democracy in the world and its second most populous nation.

This paper explores the narrative used by the nation's Prime Minister and the implementation of the measures so far taken to prevent the rampant spread of Covid-19 in this highly densely populated nation with admittedly low quality healthcare. The paper will focus on the cultural nuances that are visible in building this narrative and its implementation and is limited in that it will not explore the medical, economic and social implications of the pandemic in India. The objective of this paper is only to study the cultural strategies in dealing with such a large crisis in a country like India.

The author acknowledges the complexity involved in studying a singular aspect of a global pandemic with its myriad implications, and urges its readers to take the study in its right context – culture.

### **The Patriarch's Narrative:**

*"Mere pyaare deshwaasiyon"* (my dear country-dwellers), the Prime Minister of India addressed the nation in what has become his signature style, on a day that India had less than 200 cases of Covid-19 infected citizens. As is his norm, he addressed the nation in Hindi, speaking slowly and deliberately with adequate pauses, with what would be considered in most western countries, a paternalistic tone. Past the initial introduction of the coronavirus pandemic and how it has spread suffering in the world, Modi took an interesting, very culturally nuanced shift:

*"You've never let me down so far in anything I have requested of you,"* he said in Hindi. *"It shows our nation's strength that we are able to stand together. I am here today to request you for something. I need some time from you, a few weeks of your time."* He continued to talk about how globally, nations were struggling with the pandemic, even nations that are more developed than India. He cautioned that to think that it wouldn't affect a hugely populated country like India would be wrong. *"We need two things at this point in time,"* he said, *"sankalp (=resolve) and sayyam (=restraint)."* Resolve to stop others and us from getting infected and restraint in avoiding crowds and going out unnecessarily (Narendra Modi, 2020a).

To go about life as normal would be a mistake and an injustice to yourself and your family, Modi continued, speaking of the importance of social distancing. He then broke into a story about his childhood in times of war, where there would be curfews and black-outs and how it was difficult but necessary, and proceeded to announce the first trial curfew – the *Janata* (=people) Curfew. This was to be observed from 7.00 to 21.00 on the following Sunday, March 22. Modi encouraged everyone to let at least 10 people know of the curfew so that the nation would be well informed. At 17.00 on the day of the curfew, he said, we should all come out to our balconies, windows or doors and clap our hands, beat together plates or ring bells to honour those who have been tirelessly working to serve those who are suffering. He then spoke about the need to avoid hospitals for non-urgent matters and the creation of the Covid-19 Economic Response Task Force to address the effect that the crisis would have on the economy. *"Take care of the people who depend on you financially,"* he appealed. *"Don't cut their wages – remember that they have families to maintain."* Modi ended his address with assurance that there was no need to panic buy supplies, a word of caution against rumours and what stands out very strongly in all his speeches – appreciation and a vote of confidence for the people in their ability to cooperate with him. We need to emerge victorious, he ended, *"Let's save ourselves and our nation."* (Narendra Modi, 2020a).

The second address, which was four days later, began with fervent appreciation and acknowledgment of how the people of India had observed the first curfew. Though the media had reported cases of symbolism gone awry during the 17.00-hour honouring of those in the frontline, Modi stuck to a narrative of how the whole nation had stood together that day. What stands out in his second address is his focus on family. We need to take this seriously for our family members – *“to save India and to save the people of India. To save you and your family....we implement the 21-day lockdown.”* It is important to save each and every Indian life, Modi insisted. Folding his hands together in what is a sign of reverence and respect or pleading in India, Modi said that he *“prayed to the people of the nation to stay where they are for 21-days.”* If you don’t follow the lock-down, your families will suffer, he said. And most notably: *“I don’t say this as a Prime Minister but as a member of your family.”* (Narendra Modi, 2020b).

The emphasis on the protection of the family, to consider the individual as a family member and not as a leader, the fervent appreciation and acknowledgement for the effort already seen – these are great examples of the values of the family cluster and of a narrative designed to obtain the maximum buy-in from its people. In the analysis of all Modi’s speeches to follow during the Covid19 crisis, a similar narrative has been observed.

### **Implementation: The World’s Largest Lockdown**

The world’s largest lockdown during the Covid19 crisis began on March 24, 2020. In a nation of 1.3 billion people who speak at least 22 different languages, practise at least 7 different religions and live in tremendous socio-economic disparity, the complexity involved in such a lock-down is unprecedented. While Modi’s address was the starting point to nationwide public buy-in, communicating the necessary measures, reducing panic and implementing the lockdown would prove to be the most difficult task.

#### Official Communication:

The Ministry of Health and Family Welfare (Ministry of Health and Family Welfare, 2020a) in India took the lead in the official communication process, creating awareness materials in the form of informational videos, posters, pamphlets, radio and television spots, et al. in different regional languages. The website of the ministry was altered to constantly update the number of Covid-19 cases in India, the number of deaths and that of those recovered. Updates on the latest measures are, at the time of writing this article, constantly featured on the website, including “Guidelines for International Arrivals” published May 24, 2020 (Ministry of Health and Family Welfare, 2020b) and “Revised Advisory on the use of Hydroxychloroquine (HCQ) as Prophylaxis for Covid-19 Infection”, published on May 22, 2020 (Ministry of Health and Family Welfare, 2020c). A state-wise indication of those infected and dead and a wealth of other resources for several target audiences are also featured on the website, providing a comprehensive source of information for anyone interested.

A few of the communication materials for different target audiences featured on the website of the Ministry of Health and Family Welfare have been analyzed here:

1. *Video for Awareness of Community Level Workers* (Ministry of Health and Family Welfare, 2020d): This animated video was produced in 12 different regional languages with English subtitles for each of them. The video features the waiting room of a local hospital where two men sit talking – an elderly man and a young man; the elderly man coughs and the young man moves away, worried about a new infection called “coronavirus”. What follows is a detailed discussion between a healthcare worker, an elderly nurse and the two men, with the men asking common questions regarding the virus and the others answering their every question in detail. The video is simple, informative, and explains necessary facts in a friendly manner.

What is notable is the harmonious conversation with relevant facts well-crafted within, and the lack of an expert present in the conversation. The elderly nurse is the one explaining matters to the others, maintaining a calm, motherly disposition throughout.

2. *Kids, Vaayu and Corona 2: Can We Defeat Pandemic – A Comic for Covid19 Prevention* (Ministry of Health and Family Welfare, 2020e): This comic for children features a little boy who tells his friends that his father is to return from Italy soon because of the coronavirus. However, he is worried about his father having to be in quarantine for two weeks. The three friends engage in a discussion with a superhero they invoke - about the virus, how it spreads and what quarantine means for the boy's father. The comic gives children advice on how to take care of themselves during the pandemic and why they need social distancing. The comic was designed by doctors, and provides all the information that a child would need in two languages: Hindi and English.
3. *Advice on the Use of Hydroxychloroquine (HCQ)* (PIB India, 2020a): This YouTube video features expert doctors from the All India Institute of Medical Sciences (AIIMS), the foremost medical institution in the country, advising against the use of HCQ as a preventive against Covid19. The doctors advise the public in English that the three measures that are most effective to prevent the infection are social distancing, hand hygiene and the use of masks. The reason for these videos circulating only in English is that the rumour of HCQ being effective in the prevention of Covid19 was primarily amongst the Indian middle classes who are usually well versed in English.
4. *Spitting in Public is a Punishable Offence* (Ministry of Health and Family Welfare, 2020f): This is a rap music video in Bollywood style, urging viewers to consider the consequences of spitting in public and asking them to break the habit immediately. Spitting in public has always been an issue in the country – people have not yet found it taboo to spit out their tobacco or simply spit when they feel the need to, causing hygiene issues in different parts of the country. The government has moved strongly to make this a punishable offence during this crisis.

Other communications material featured on the website of the Ministry of Health and Family Welfare include travel advisories, a helpline for psycho-social behavioral issues, various guidelines for citizens including for sanitizing common spaces, home quarantine management, use of masks, etc., various guidelines for healthcare workers, training materials and an inspirational series on healthcare service personnel. Some of the communications materials in English are included in the Appendix.

**Use of Social Media:** The Ministry of Health and Family Welfare has used dedicated pages on social media platforms like Twitter and Facebook to keep the citizens updated and educated, running various campaigns since the beginning of the crisis. According to statista.com, India currently has 376 million social media users and the current government of India has used these platforms consistently and effectively in the past as a medium of communication. In the times of Covid19, such campaigns as mentioned above - to maintain social distancing, raise awareness on the pandemic and to make spitting in public a punishable offence - have been run on these social media sites in multiple Indian languages.

Communicating through social media alone would not reach the lower segments of the Indian population however, where social media penetration is not so high. Here, other media like television and radio spots, newspapers, pamphlets and brochures have been used to reach these segments of the population. (See Appendix for examples found in English)

**Role of “Heroes” and the Keepers of Law:**

The Indian masses are known for their high regard for their “heroes” – Bollywood actors, sportspersons and other celebrities. Important public service announcements have often been made through people’s favourite local celebrities, who often have a greater ability in influencing people’s actions than experts or politicians. During the pandemic, some of the most popular of Bollywood actors created a video message in Hindi to urge the masses to stay safe during the pandemic by following hand hygiene, social distancing, healthy diets, staying away from those who are sick, and other similar measures (NDTV, 2020). Other regional celebrities took to their social media accounts to appeal to the public to stay safe and follow government regulations, while the Ministry of Health and Family Affairs also used popular actors to spread awareness through television and radio spots in various languages (PIB India, 2020b).

While celebrities were unable to step out of their homes due to the lockdown, as frontline workers, policemen could, and they used their role to educate the public. Some policemen in different regions of the country ran an interesting campaign for awareness where they adorned helmets shaped like the coronavirus and conducted processions and dances, or otherwise, stopped those found outside during the lockdown with these helmet on their heads (Yeung, 2020). Humorous videos of policemen with coronavirus-shaped helmets forcefully sitting behind a straying citizen on a motorbike have been circulated on social media and news channels (AFP News Agency, 2020). The state police department of Kerala also published a music video, educating the public on how to wash their hands thoroughly to prevent the spread of infection (Hindustan Times, 2020).

On the other hand, various news media also reported cases of violence in India during the implementation of the lockdown, with images of policemen using canes to punish those not following the rules of the lockdown. In a tweet by news agency Reuters, a compilation video of several instances where Indian policemen punished citizens accompanies the text: *“The police in India resorted to violence in some cities and towns as the country struggled with the coronavirus lockdown”* (Reuters, 2020). The video features policemen beating young men with batons and forcing people on the streets to do squats, push-ups and other such punishments.

#### Community Efforts:

Infectious diseases and other crises are not new to a country like India – weather related disasters, epidemics, poverty related issues, are all a part of this complex country’s challenges. In a country where there is no option of turning to state provided welfare, it is often the common citizens that step up to support those suffering. Any disaster sees a rising number of community efforts to raise funds, provide food packages, set up shelters, and several such initiatives all around the country. The Covid19 crisis is no exception. Within days of the lockdown being announced, there were several community level initiatives to feed the poor who relied on daily wages from selling goods on pushcarts, begging on the streets or those living in slums. The Sikh community in India, who is renowned for their social consciousness, opened their kitchens up to feed the poor. Several other community kitchens opened up to feed those left helpless in the situation, including women’s self-help groups, apartment complexes and several religious institutions (The World Bank, 2020; DW, 2020).

Various state governments also announced monetary relief and food provisions for poor families. There have been several anecdotal accounts of individual citizens teaming up to provide food packages to migrant workers travelling back to their villages from the major cities due to loss of work during the lockdown. There have also been accounts of start-ups within India, teaming up to keep each other afloat during difficult times (Ramachandran, 2020; The Hindustan Times, 2020).

#### Jugaad: Of Flexibility and Quick, Short-term Solutions



India is renowned for its innovation technology and its flexibility in finding solutions – colloquially termed “*jugaad*”; a frugal innovation mindset to find hacks to problems with limited resources. The Covid19 crisis has not shown differently. The paper lists a few of the new innovations that have sprung up in India during the crisis:

- *AarogyaSetu App*:

The government of India currently uses the AarogyaSetu App to partially keep track of the spreading of the infection at the community level. The description of the App at the point of download reads, “*AarogyaSetu is a mobile application developed by the Government of India to connect essential health services with the people of India in our combined fight against COVID-19. The App is aimed at augmenting the initiatives of the Government of India, particularly the Department of Health, in proactively reaching out to and informing the users of the app regarding risks, best practices and relevant advisories pertaining to the containment of COVID-19.*” (AarogyaSetu App, n.d.).

In Hindi, *Aa* = *without*, *rogya* = *disease* and *setu* = *bridge*, hence “a bridge to end disease” - the App was developed by the National Informatics Centre under the Ministry of Electronics and Information Technology (MeitY). Within three days of its launch, the App reached five million downloads, making it one of the most popular Apps launched by the Indian government. At the time of writing this paper, the app has already crossed a hundred million downloads. The App can be used in the multiple regional languages of India and advises those who download it to keep their location tracking and Bluetooth on at all times and assures that their data will only be shared with the Government of India and will not be available for public view. With AarogyaSetu, you can protect yourself, your family and friends and help our country in the effort to fight Covid19, says the opening page of the App. (see Appendix)

*“If you've met someone in the last two weeks who has tested positive, the app calculates your risk of infection based on how recent it was and proximity, and recommends measures,”* Abhishek Singh, CEO of MyGov at India's IT ministry which built the App, told the BBC. While your name and number won't be made public, the App does collect this information, as well as your gender, travel history and whether you're a smoker (Clarance, 2020).

The Prime Minister strongly urged the public to download the App during his addresses and the Ministry of Health and Family Welfare has promoted it on social media and other platforms. There have been concerns amongst some segments of the population on the hidden agenda behind the government's promotion of this App, with the argument that it could lead to privacy issues and tracking of citizens even after the pandemic.

- *Robots at Hospitals*:

Several start-ups around India developed robots to be the first contact with patients at hospitals. These robots are designed to prompt patients to sanitize their hands, holding a tray comprising sanitizers and tissue papers. Other robots are deployed to answer frequently asked questions, record the patients' symptoms and check temperatures. A hospital in Kerala has also used robots to serve food to Covid19 patients in order to reduce chances of contamination of healthcare workers (Bhatia, 2020).

While these robots are not in widespread use in India yet, the companies involved have claimed that they have a current manufacturing capacity of one robot a day.

- *Walk-in Sample Kiosks*:

To work around the lack of adequate Personal Protection Equipment for doctors, a district in Kerala launched walk-in sample kiosks (WISKS) that would help patients get their swab tests and blood samples collected within two minutes while protecting their healthcare workers behind the barriers of the kiosk. A similar concept in South Korea inspired the

approach and it has been replicated in different states in India (The New Indian Express, 2020).

*- Mobile Testing Units:*

Various states in India also developed mobile testing units, which are vans that move around the remote areas of the country and collect samples for testing. The people collecting the samples are within an enclosed space in the van and thus, do not need Personal Protection Equipment, which are as mentioned, in short supply. In the state of Kerala, where there is a large migrant worker population, the testing vans were marked in several regional languages in order to help everyone understand the need to get tested if they were symptomatic (Business Today, 2020; Think Change India, 2020).

Several technology companies in India are reported to have quickly adapted to the crisis by shifting their operations to make masks, disinfection chambers, ventilators and personal protection kits. Grants and foundations have sprung up to fund start-ups who move in this direction. “*Any crisis opens up a lot of new ideas,*” says Harsh Mariwala, an Indian billionaire who has started the Innovate2BeatCovid Initiative. “*It galvanizes people.*” (Raghunathan, 2020).

There have also been news reports and anecdotal accounts of Indian companies quickly improvising to the “new normal” imposed by the crisis. One of the largest Indian Information Technology companies has in fact, announced that 75% of its workforce will continue to work remotely even after the crisis is over, seeing that this model of work continues to be productive for them (Agarwal, 2020). The innovations that have been enlisted above are not by any means a strange feat in a country like India with its low score on uncertainty avoidance. With an ability to accept and respond to ambiguity very quickly, Indians are efficient at coming up with quick-fix solutions to pressing issues.

### **Analysis: Wursten’s Family Cluster of Cultures**

In Huib Wursten’s 7 Mental Images of Cultures, India falls in the Family Cluster, characterized by hierarchy, loyalty to the leader and/or the in-group, harmony, centralization, flexibility and indirect communication (Wursten, 2019). When we analyze how India has to date dealt with the Covid19 crisis, these qualities are quite apparent and we are able to see why some of the measures work in India and in turn, why some of the measures are necessary in a country like India. In particular, the Covid19 crisis has shown examples of a decisive leadership and centralization of implementation (PDI+); communications narratives designed to inform while promoting harmony and strong community drives to help each other (IDV-, MAS+/-); a non-reliance on expert opinion and an easy adoption of quick-fix measures (UAI-).

*High Power Distance and Collectivism:*

In the Family Cluster, the leadership is expected to take decisive action and implement the measures in a strict manner so that the citizens take the situation seriously. If the citizens were merely given relevant information and asked to take individual responsibility like some of the countries in the west have done, the situation simply would not be taken with the gravity that it needs to be. This could also partially be attributed to the disparity in education levels amongst the Indian population.

The Indian Prime Minister has often been criticized by the English-speaking upper-middle class segments of the Indian population for his populist views and his tendency to use a circular, unclear narrative. However, if we analyze the addresses by Modi to the nation, we see how they are designed to get the maximum buy-in of the masses of the country, who are very different in education-levels and global exposure levels from the upper-middle class population of India (who make up merely 3% of the Indian population but are often more visible in the global media due to their language proficiency) - India’s Family Cluster values

are seen most prominently in its masses. In the Family Cluster, the leader, who is often a patriarchal or matriarchal figure, needs to get the buy-in of his people to implement any decision taken. People within this cluster are comfortable with ambiguity and “going with the flow”, and have no fear of unfamiliar risks, often leaving matters to fate or chance. This attitude of the people results in the negligence of rules unless key thought-leaders and influencers are convinced enough to in turn, influence their in-groups (a manifestation of low uncertainty avoidance, high power distance and collectivism).

Modi does this quite skillfully when we consider the Indian masses. He mentions core Indian values like “*sankalp*” (=resolve), “*sanyam*” (=restraint), and in later speeches “*parishram*” (=effort) and “*tapasya*” (=penance) to create a feeling of moral responsibility amongst the common Indian. He focuses on the protection of the family and the “injustice” done to the family if individuals did not comply with the rules of the lockdown. This is another core value in the Indian culture (and the Family Cluster) – the tendency of individuals to see themselves as part of a larger group and thus, their every action believed to be affecting the group and not just the individual concerned. Modi also uses symbolism in encouraging people to laud frontline workers. This has the purpose of bringing together the people for a common purpose, thus spreading harmony in a time of crisis. What must also be noted is that Modi does not mention merely controlling the imminent spread of the infection or that large numbers of the population would have to get infected to achieve maximum immunity like other world leaders have – he only talks about stopping people from getting infected altogether. In a country like India, for a leader to say that large numbers of the population would get infected sooner or later would be considered insensitive and show a lack of caring for the people.

While Narendra Modi is seen as a controversial right wing leader by the aforementioned segments of the Indian population, he won a landslide victory to his second term as Prime Minister of India. In my paper, *The Great Indian Democracy* (Varkey, 2019), I have pointed at the cultural reasons for this. To the Indian masses, a patriarchal or matriarchal figure who puts the nation’s interest first has greater appeal than a leader who gives individual freedom or promises to protect minority rights. Modi’s addresses to his countrymen has the resounding quality of a family elder addressing his people, complimenting them and acknowledging them for their good deeds and then proceeding to appeal to them on their responsibilities to each other. The first lock-down in India was announced within four hours of it being implemented, again a sign of a decisive leadership accepted by the majority of the people and their tolerance of unfamiliar situations.

The strict implementation measures by the police forces are often an acceptable process in the Family Cluster. As there is the patriarchal or matriarchal figure that coaxes the people to follow the rules, it can be perceived that there are the older brothers or sisters (“*bhaiyyas*” or “*didis*”) that ensure that the “disobedient” child is kept in order by a small punishment. This of course is subject to interpretation; but in cultural terms, while this kind of admonishment is completely unacceptable in Contest, Network, Machine or Solar System Clusters, they occur more frequently in Family Clusters and by and large are not seen as a massive abuse of human rights. It also reflects a common system of punishment seen in schools and family institutions in India. While on the one hand, one sees reports of policemen using their batons and seemingly abusing their power positions, on the other hand, one also sees policemen handing out food packages, feeding the poor and conveying important social messages by wearing helmets shaped like the coronavirus. The role of a family member, one that punishes but also cares, is visible in the multiple hats worn by the protectors of the law in this case.

The efforts by the community to help the underprivileged are a common feature in India, regardless of the nature of crisis. This exemplifies the innate need of the Indian to

preserve harmony amongst the people. In the case of India, this could be related back to the belief in “karma” as a guiding principle – one helps to the extent one can because one believes that the roles can reverse at any moment, in this life or the next.

#### *Low Uncertainty Avoidance:*

Unlike in countries like Germany or the Netherlands, where leaders attributed their reasoning to experts and held joint press conferences with these experts, in India, Modi referred to experts in passing. To the Indian masses, expert opinion is not a necessary aspect of a decision-making process. Within days of the corona-virus outbreak, superstitions about the effectiveness of cow-dung, cow-urine and several natural concoctions were circulating amongst the masses. Actors and other celebrities made video appeals to the masses, because they have more appeal and authority in convincing them than any expert would. The only experts that are featured in the communications of the Ministry of Health and Family Welfare are doctors addressing the citizens in English to caution against the use of Hydroxychloroquine, about Personal Protection Equipment for medical care workers and other such communications for medical professionals. The English speaking population in India tends to be more conscious about expert opinion thanks to their exposure to western media and news. Additionally, like mentioned earlier in the paper, the rumours about HCQ being an effective preventive were more amongst the middle class, English speaking populations than the lower classes. For the masses, communications material that are simple and easy to relate to, campaigns by the police and celebrities and frequent reminders on measures to be taken through advertisements, announcements, and radio and television spots have been more effective. The communications material designed by the Ministry of Health and Family Affairs are simple, multilingual, appeal to the families and have a harmonious tone, using taglines like “*Help us to help you*” and “*Together we can fight Covid19*” (see Appendix).

The innovations and quick moves to improvise around a situation that was unpredictable still goes on in India at the time of submission of this paper. The World Economic Forum published an article titled: “*How coronavirus sparked a wave of innovation in India*”, (Sahasranamam, 2020) featuring the many Indian innovations that had sprung up during the pandemic. The article speaks about how India needs to sustain and enhance this entrepreneurial mindset to create the next wave of innovation to continue the fight against COVID-19 and for the socio-economic recovery once lock-down restrictions begin to ease.

### **Conclusion**

At the time of completion of this paper, India is No. 7 in the world in Covid19 cases (191,000 cases on June 1, 2020) but with a comparatively low mortality rate (5400 dead on June 1, 2020) at a death per million rate of 4 (Worldometer, 2020). Experts opine that the peak in numbers in India will come in July and caution about the lack of hospital beds and facilities (Nair, 2020). Several states in India are now training citizens to become healthcare workers to meet a potential spike in numbers, which are predicted to also be caused by migrants returning from abroad. Hotels have been deployed as quarantine facilities and isolation wards and technology firms are working together to mass-produce ventilators and tests. Inmates of prisons have been called on to produce masks at a large scale (Philip, 2020).

The Indian government has been under heavy criticism for its neglect of the poorer migrant worker communities and the rapid increase in numbers in the last few weeks of May has been attributed to the mass migration of poor workers. The country also has one of the lowest numbers of test kits per capita, which means that the numbers may be much higher than is recorded on a daily basis. However, the test positivity rate (ratio of positive tests to the total tests done) is so far, quite low in India. What may make a difference in India is its low

median age of the population (28 years), which may result in a lower death rate than in other countries so far.

The cultural nuances of how a 60-day lock-down was implemented and subsequently lifted is starkly visible in the case of India. With its huge population and tremendous diversity, any change in India is one that makes quite an impression around the world. This has also been the case with the Covid19 crisis and the world's largest lock-down.

*"Looking at the world around us, we see how much we have achieved,"* said Narendra Modi in his latest address on May 31, 2020. *"Our population is much higher than most nations, our challenges are different. Even then, the coronavirus has not spread that rapidly in our country when compared to other countries. The death rates have also remained low. Whatever we have lost, we all regret but whatever we could save has been due to our collective power. In such a vast nation, every citizen has take upon himself to fight this battle. The entire movement is people driven. ...we have shown that "seva" (=service) and "tyaag" (=sacrifice) are not mere ideals for us, they are a way of life for us."* He goes on to name individuals who have selflessly contributed to society during these times, innovations that have helped, and talks about the Indian traditional practices of Yoga and Ayurveda that help to stay healthy. He urges that the measures taken so far of maintaining social distancing, wearing masks, hand hygiene, etc. must continue as the economy opens up again (PMO India, 2020).

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## **Appendix: Sample Government Communication Material in English**

Ministry of Health & Family Welfare  
Government of India

## Novel Coronavirus (COVID 19)

Help us to help you

### How does a Coronavirus spread?

The virus spreads when

For further information :

Call at Ministry of Health, Govt. of India's 24\*7 control room number  
+91-11-2397 8046  
Email at [ncov2019@gmail.com](mailto:ncov2019@gmail.com)

[mohfw.gov.in](https://mohfw.gov.in) [f @MoHFWIndia](https://www.facebook.com/MoHFWIndia) [@MoHFW\\_INDIA](https://twitter.com/MoHFW_INDIA) [mohfwindia](https://www.youtube.com/channel/UCmohfwindia)

Ministry of Health & Family Welfare  
Government of India

## Novel Coronavirus (COVID 19)

Help us to help you

Always remember!

### A sick person's saliva can get on to other things such as

For further information :

Call at Ministry of Health, Govt. of India's 24\*7 control room number  
+91-11-2397 8046  
Email at [ncov2019@gmail.com](mailto:ncov2019@gmail.com)

[mohfw.gov.in](https://mohfw.gov.in) [f @MoHFWIndia](https://www.facebook.com/MoHFWIndia) [@MoHFW\\_INDIA](https://twitter.com/MoHFW_INDIA) [mohfwindia](https://www.youtube.com/channel/UCmohfwindia)

Ministry of Health & Family Welfare  
Government of India

## NOVEL CORONAVIRUS DISEASE (COVID-19)

Help us to help you

# DON'T SPIT!

## smokeless tobacco in public

### It can increase the spread of COVID-19

### Protect yourself and others

Together we will fight COVID-19

For information related to COVID-19 - Call the State helpline numbers or Ministry of Health and Family Welfare, Government of India's 24x7 helpline number

1075 (Toll Free)  
Email at [ncov2019@gov.in](mailto:ncov2019@gov.in), [ncov2019@gmail.com](mailto:ncov2019@gmail.com)

[mohfw.gov.in](https://mohfw.gov.in) [f @MoHFWIndia](https://www.facebook.com/MoHFWIndia) [@MoHFW\\_INDIA](https://twitter.com/MoHFW_INDIA) [mohfwindia](https://www.youtube.com/channel/UCmohfwindia)

Ministry of Health & Family Welfare  
Government of India

Novel Coronavirus Disease  
(COVID-19)

Help us to help you

**Spitting and urinating in public**

**IS A PUNISHABLE OFFENCE**

under the Disaster Management Act, 2005

**Help stop the spread of COVID-19**

**Together we will fight COVID-19**

For information related to COVID-19  
Call the State helpline numbers or Ministry of Health and Family Welfare,  
Government of India's 24x7 helpline number

1075 (Toll Free)  
Email at [ncov2019@gov.in](mailto:ncov2019@gov.in), [ncov2019@gmail.com](mailto:ncov2019@gmail.com)

[mohfw.gov.in](https://mohfw.gov.in) [@MoHFWIndia](https://twitter.com/MoHFWIndia) [@MoHFWIndia](https://www.facebook.com/MoHFWIndia) [mohfwindia](https://www.youtube.com/channel/UCmohfwindia) [@mohfwindia](https://www.instagram.com/mohfwindia)

Ministry of Health and Family Welfare  
Government of India

NOVEL CORONAVIRUS  
(COVID-19)

Help us to help you

**There is enough of everything, everyday for everyone**

**Don't Panic | Don't Rush | Don't Overstock**

**Observe social distancing at all times**

If you have symptoms like cough, fever or difficulty in breathing, avoid any kind of exposure and immediately call the helpline numbers

**For information related to COVID-19**  
Call Ministry of Health and Family Welfare, Government of India's 24x7 Control Room Number  
1075 (Toll Free) | 011-23978046, Email at [ncov2019@gov.in](mailto:ncov2019@gov.in), [ncov2019@gmail.com](mailto:ncov2019@gmail.com)

**Together we will fight COVID-19**

[mohfw.gov.in](https://mohfw.gov.in) [@MoHFWIndia](https://twitter.com/MoHFWIndia) [@MoHFWIndia](https://www.facebook.com/MoHFWIndia) [mohfwindia](https://www.youtube.com/channel/UCmohfwindia) [@mohfwindia](https://www.instagram.com/mohfwindia)

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Ministry of Health & Family Welfare  
Government of India

Help us to help you

**NOVEL CORONAVIRUS (COVID-19)**

**COVID-19 testing - when and how?**

**All individuals need not be tested, because**

Disease is primarily reported in Individuals with travel history to the affected countries or close contacts of positive cases

**WHOM TO TEST**

**ALL symptomatic people who**

- Have history of international travel in last 14 days
- Had come in contact of confirmed cases
- Are healthcare workers
- Are hospitalized patients with Severe Acute Respiratory Illness (SARI) or Influenza Like Illness (ILI) or severe pneumonia.

**Asymptomatic direct and high-risk contacts of confirmed cases should be tested once between day 5 and day 14 of coming in his/her contact. Direct and high-risk contact include:**

- Those living in same household with a confirmed case
- Healthcare workers who examined a confirmed case without adequate protection as per WHO recommendations

List of labs (Govt. & Private) can be accessed at: [icmr.nic.in](http://icmr.nic.in)

**For further information:**  
Call the State helpline numbers or Ministry of Health and Family Welfare, Government of India's 24x7 helpline numbers

**1075 (Toll Free) | 011-23978046**  
Email to: [ncov2019@gov.in](mailto:ncov2019@gov.in), [ncov2019@gmail.com](mailto:ncov2019@gmail.com)

[mohfw.gov.in](https://mohfw.gov.in) [@MoHFWIndia](https://twitter.com/MoHFWIndia) [@MoHFWIndia](https://www.facebook.com/MoHFWIndia) [mohfwindia](https://www.youtube.com/channel/UCmohfwindia) [@mohfwindia](https://www.instagram.com/mohfwindia)

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## Protect yourself and others!

### Follow these Do's and Don'ts

#### Do's



Practice frequent hand washing. Wash hands with soap and water or use alcohol based hand rub. Wash hands even if they are visibly clean



Cover your nose and mouth with handkerchief/tissue while sneezing and coughing



Throw used tissues into closed bins immediately after use



See a doctor if you feel unwell (fever, difficult breathing and cough). While visiting doctor wear a mask/cloth to cover your mouth and nose



If you have these signs/symptoms please call State helpline number or Ministry of Health & Family Welfare's 24X7 helpline at 011-23978046



Avoid participating in large gatherings



Have a close contact with anyone, if you're experiencing cough and fever



Touch your eyes, nose and mouth



Spit in public

#### Don'ts

## Together we can fight Coronavirus

### For further information :

Call at Ministry of Health, Govt. of India's 24X7 control room number

+91-11-2397 8046

Email at [ncov2019@gmail.com](mailto:ncov2019@gmail.com)

**Govt Launches 'Aarogya Setu App'**  
a Bluetooth-based COVID-19 Tracker

- The app will alert users if they come in proximity to an infected person
- The App is privacy-first by design & available in Android & iOS
- The App has highly scalable architecture & is available in 11 languages
- Inform users about best practices & relevant medical advisories

With Aarogya Setu, you can protect yourself, your family and friends, and help our country in the effort to fight COVID-19. If we are safe, India is safe.

Register Now



