

## Atypical Attitudes: How India Coped With COVID-19

BHAVYA SHAH

*Stanford University*

As the COVID-19 pandemic ravaged the world, the world scrambled to respond to it. Mitigatory measures, curative remedies, preventative practices, and pseudoscience were dabbled in. The country where I'm from, however, witnessed a series of unusual events marking the progression of the pandemic. Across India, a country of more than a billion, people clanged dishes and plates at their windows, disseminated WhatsApp forwards discussing the astrologically determined timeline of the pandemic, and promulgated home remedies that made lofty curative claims. None of these were entirely unique to India (except perhaps the first), but the scale and collectiveness which the country hedged their bets on hope and solace was somewhat unique.

There are many lenses from which this can be analyzed. A political scientist would study the strategic value of replacing material issues like the overburdened healthcare system with simpler, more uplifting notions. An epidemiologist might sound the alarm on the normalization of untested drugs and unsupported home remedies dissuading people in need of professional medical care from seeking it. Psychologically, it is intriguing to think about how a group of people – a rather massive one in this case – may have used the afore mentioned methods not because they truly believed it but as a mechanism to cope.

Realistically, an individual has very limited capabilities in the context of a global health emergency. During the COVID-19 pandemic, the average person from my country was probably struggling to preserve their income, obtain food, and keep their loved ones safe. The population density, the unavailability of essential items, and worsening economic opportunities were emblematic of their plight. But even more fundamentally, the degree to which the average Indian person could solve the pandemic, for even the most modest definition of “solve”, was constrained. One could try to influence neighbors and family members to take more precautions. One could be a test subject for COVID-19 vaccines to contribute to the process of vaccine development. One could perhaps exert some electoral pressure on lawmakers to handle the health challenge more proactively. However, the uncertainty of the efficacy of these endeavors and the large amount of effort to sustain them perhaps made them feel inadequate. Humans do not

like feeling a loss of control in any situation, and dealing with that feeling is what may have gravitated India towards atypical alternatives.

People told themselves that the end was close, distracted themselves by clanging dishes in unison, and trying out seemingly innocuous home remedies. Did these coping mechanisms induce people to discount scientifically supported practices of masking, vaccinating, and social distancing? If so, in what ways? Those questions are important as coping mechanisms cannot be assumed to be harmless. But investigating the motivation for such large-scale adoption of unique behaviors in Indian society can give us a glimpse into public attitudes during an emergency, allowing us to fuel those motivations productively.