

Shaping Narratives Through Selective Use of Numbers: A Covid-19 Case Study

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Abstract

In the period between March 2020 and May 2021, India's Ministry of Health and Family Welfare produced 1,324 press releases, at an average of three per day. At different times, these press releases provided different numbers relating to the COVID-19 crisis: number of cases, number of recoveries, number of deaths, quantity of medical supply, recovery rate, and case fatality rate. This paper analyses the content of the press releases and identifies patterns that correspond to specific narratives such as hope, confidence, electoral emphasis, and deflection. The paper argues that the press releases served as a mechanism for the government to drive narratives in a manner that showed it in a favourable light, irrespective of the actual performance.

Keywords: Narratives, Numbers, Crisis Management, Political Messaging, COVID-19

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I Introduction

Humans rely on stories and narratives to make sense of the world around us (Pirson 2017, Boris 2017). The narratives that a person is exposed to can shape their views. As Barbara Hardy (1968, 5) wrote, “We dream in narrative, we daydream in narrative, remember, anticipate, hope, despair, believe, doubt, plant, revise, criticize, construct, gossip, learn, hate and love by narrative.” Narratives shape not just one’s imagination, but also one’s actions, which in turn have an impact on those around us. Sometimes narratives are constructed from myths, sometimes they find their roots in history, and sometimes they are created using numbers.

Public perception of events is shaped by economic interests, biases, as well as culture (Kaspersen et al. 1998, 178). Narratives are closely tied to perception; they are directly influenced by our biases. Narratives, especially in times of crisis, can amplify the messages that are being sent from the source of information. Narratives are symbols present in messages that are designed to trigger a particular response from the recipient. Each time a message is sent from an information source, it is interpreted, assimilated, and evaluated. The merit of a narrative lies in ensuring the least amount of discrepancy between the message sent and assimilated, especially in times of crisis and uncertainty (that is, risk) –

“The information system may amplify risk events in two ways: by intensifying or weakening signals that are part of the information that individuals and social groups receive about the risk; and by filtering the multitude of signals with respect to the attributes of the risk and their importance” (Kaspersen et al. 1988, 181).

This paper presents analysis of the communications strategy of India’s Ministry of Health and Family Welfare (MoHFW) with a focus on the narrative(s) the ministry built through official press releases in the period March 2020 through May 2021, corresponding roughly to the first year of the Covid-19 pandemic in the country. During this period, the MoHFW provided about three press releases per day on average. The deployment of narratives in MoHFW communications is not new. The MoHFW has previously deployed narratives around Polio, consumption of tobacco, and menstruation.¹ The communications on COVID similarly reveal the use of narratives to influence receivers’ attitudes.

Humans amplify information when they communicate with others. The social amplification of risk has the ability to create mental perceptions and images, and to influence attitudes. Narratives are important in times of crisis as they can influence the trajectory of the behaviours by the people.

II Literature Review

What are narratives and how are they used?

Narratives are important - they are used to clarify the stance of the issuing authority and reduce ambiguity. For an authority, creating a narrative around a policy which relies on the assimilation of information by stakeholders makes it easier to implement the policy. If the people “appropriately interpret the policy measure, and the actions that they can take to support these policy measures” (Mintrom & O’Connor 2020, 208) then effective implementation of policy is more likely.

Narratives are deployed to make a point and to generate a response from the listener/ passive observer (Ganz 2016, 10). Much like stories transfer us to the land they were written in, narratives take us to the story they're trying to tell. They're not mere cold facts but are experiential in nature. They aren't mere illustrations; they create the urge to act. One can think of any narrative as having three components: logos (the proof or reason), pathos (emotions and values), and ethos (speaker's character, credibility, and trust). In the narratives used by the MoHFW, the numbers were the logic of the argument, the pathos was the feeling they were trying to evoke— hope and confidence—or the one they ended up evoking— deflection and electoral— and the ethos is the credibility of the ministry. The response to the pandemic had to be urgent, that is, the choices of the people will shape the outcome. In such a situation, conveying hope is a strategy to move towards a better position (Ibid, 15). To generate a feeling of positivity, the MoHFW could not rely merely on stating the facts, but rather needed to present a narrative that achieved this purpose.

In large communities, the fear 'reaction' is countered with an agentic 'response' (Ibid, 4), one that allows a person to take control rather than be controlled by an emotion. There is a shift from an impulsive individualistic decision to a thoughtful collective decision; this shift occurs through the use of stories. During moments of crisis, stories become a resource to change one's response from one of fear to hope (Ibid, 4). When a voice with decision-making power (the leader) creates a narrative, there is a mobilizing of purposeful action. The leader often uses urgency, solidarity, and hope as motivators against inertia, isolation, and fear.

It is possible for a crisis to be gamified— game mechanics and techniques are integrated into non-game experiences. Some of the key components of gamification are goals, feedback, and motivation (Teodorescu 2018). In the pandemic, these terms were likely defined by the Union Government as: the goal was the well-being of the people, the feedback was provided indirectly through the number of active or new cases in the city/ country and motivation was provided intrinsically (a sense of pride) as well as extrinsically (praises from those in power that the people were doing well). Motivation, in this context, comes from stories of small successes. During the pandemic, this meant a rising number of recoveries every day, a low fatality rate, and the number of recoveries exceeding the active case load. To promote solidarity, leaders leverage mass celebrations. This includes the entire citizenry coming together to partake in a single activity.

Narratives use numbers to lend to themselves a characteristic of being unbiased and true. However, numbers are inherently political. When numbers are used, there is the "establishment of boundaries" (Stone 1988, 164), which means some of the count gets included and some of it doesn't. Numbers create challenges and insist on the exclusion of something the measure should include (Ibid, 166), they can result in incorrect counts. This raises serious concerns, especially during a pandemic where numbers are the sole source of understanding the gravity of the situation. When numbers are used, one must question their assumed neutrality (Ekowo 2016) and try to uncover the vested interests they might be serving. As Rose highlights, there exists a "constitutive interrelationship between numbers and a democratic government. The very existence of the government is based on numbers that lend it legitimacy" (Rose 1991, 675).

A way to look at the MoHFW's use of numbers, which were the focus of their daily press releases, is that "measuring a problem creates a subtle pressure to do something about it" (Stone 1988, 168).

The MoHFW had to be proactive in its response because the rising number of new cases was creating mounting pressure, both from within the government and from the people.

Some measures are double-edged swords: “it is good to be high on the measure but also good to be low” (Ibid, 169). An instance of this during the pandemic was the number of Covid-19 cases that were being reported. It was presumed that a low number of cases was a good sign for the country. However, the low number of cases in the early stages of the pandemic were at least partially a function of the limited testing capacity in this period. Thus, this is an example of a shift from “the correctness of a tally to a struggle over the interpretation” (Ibid, 169). In the pandemic, the MoHFW employed numbers to create narratives. The evolution of the pandemic, as reflected by the reported numbers, is a function of citizen’s actions and the way these are reported by the MoHFW is an attempt to influence the citizens in a particular way - providing positive news, building confidence in the capacity to tackle the spread, etc. There is manipulation -- conscious and unconscious -- when measurement occurs; it occurs in the measurer, the measured and the interpreter (Ibid, 177).

Measurement tends to be post-facto. However, the awareness of being measured can lead to changes in behaviour that would distort the real count. This distorts the reporting and numbers reported to the public. There might be no falsification of numbers, but the response of the people has changed in response to the awareness that they are being measured, a change that wouldn’t have been observed otherwise. During the early months of the Covid-19 crisis in India, there were instances where people didn’t disclose details of their travel and health due to the social stigma attached to contracting the disease (Bhattacharya et al. 2020, 384). The reluctance of people to get tested would lead to a lower number of cases and paint a false picture. This raises a bigger question, is any number in the political arena authentic?

This paper builds on the research done on persuasion (Cialdini 2001) and applying the principles to public policy, the shaping of policy agenda (Cobb and Rochefort 1993), and alternatives with an emphasis on healthcare (Kingdon 1984). Mintrom (2020) has worked in a similar sphere, analysing the differences in narratives by government officials (Governors) in different states in the United States. Jerolleman (2021) writes about narratives and stories becoming the legacy of a crisis and a means of critiquing the policy decisions made by decision-makers. Lee and Jahng (2020) find that narratives can be used to maintain the level of trust in the establishment which reduces responsibility attribution.

A narrative framework includes a setting, characters, plot, and moral. The setting generally includes assumptions and facts that will not be disputed by the majority. According to Jones et al., a narrative will always have characters that include the hero (who will fix the problem), the villain (who has caused the problem), and the victims (who are harmed by the problem). Lastly, “a policy narrative usually offers a policy solution in the form of a moral of the story” (Jones et al. 2014, 7). In the case of the pandemic, this could include staying home or getting vaccinated at the earliest, both preaching the message that one must put collective well-being over individual wants.

In situations of crisis, like the pandemic, narratives carry the power to be a uniting force. India is an unambiguously heterogeneous society. A well-thought-out narrative has the power to form coalitions that reach out to the common denominator in the target—our humanity—and allows for the dissolution of larger differences like class and caste. Narratives become a strategic tool for leaders to understand and analyse a situation and partake in “meaning-making” (Mintrom & O’Connor

2020, 210). In India, the MoHFW played a crucial role in the meaning-making, given that they are theoretically one of the most trusted sources; trustworthiness plays a crucial role in persuasiveness (Petty et al. 2009, 137).

The more that is unknown about an event, the more likely it is to be discussed in social circles, as an attempt to gather more knowledge. Berry, Wharf-Higgins, and Naylor find that:

“Health topics were discussed in terms of risk almost three times as often as they were discussed in terms of prevention. This is important when considered in light of the work of Kasperson et al. (2000), who argued that, independent of accuracy, large volumes of information can amplify the perception of risk” (2007, 42).

This was true even for Covid-19, the early focus of communication was on testing numbers, the risk of contracting the virus if one doesn't follow social distancing and/ or wear a mask, and the number of deaths. The pandemic saw experts become an important part of determining policy response. Covid-19 was a crisis, and someone had to be blamed for it. Till now politicians could be blamed for the policies they implemented, but it is questionable if politicians can survive the political blow of mishandling a crisis of this scale given the idea of retrospective voting and democratic accountability. In an attempt to preserve their position of power, they brought in subject matter experts; any policy failure was because of the experts, not the politicians (Dimova and Flinders 2020).

Messaging employed in the United States

Mintrom (2020) analysed the narratives of the governors of California (CA), Florida (FL), New York (NY), and Texas (TX) during the first half of 2020. He found that in CA, the governor's messaging was clear—the policies were aligned with the narrative—this consistency generates trust in the people. The CA Governor invoked the image of being a protector to enforce the shutting down of beaches; he was focused on protecting CA first. Governor Cuomo (NY) on the other hand used the creation of a broad coalition, describing the virus as an enemy that doesn't adhere to state borders, and invoking the need to protect the nation. By emphasizing unity, there was creation of mass support and a distraction from the rising cases and deaths in NY. Governor DeSantis (FL) approached the issue with a divisive lens and tried to undermine collective trust. There is a heightened focus on the *rights and liberties* of individuals, rather than their responsibility towards each other. Governor Abbott (TX) placed economic well-being over the lives of citizens, by stressing that the negative economic impact of the pandemic was greater than the virus itself. Crises are a move away from status-quo; by allowing businesses to open, Abbott wanted a return to normalcy.

What was common to all of these was the crafting of narratives and policies keeping the cultural constraints of the constituencies in mind — the governors knew what would appeal to their people and have a realistic chance of successful implementation. Mintrom also finds that the messaging changed as the situation evolved: while the overarching message (in this case, “save lives”) remains constant, the way it is conveyed changes.

III Methodology

Definitions of medical terms used in press releases

Number of tests done per day refers to the numbers of samples tested for Covid-19 across the country on a given day by permitted labs. These include tests performed using the Rapid Antigen Tests (RAT) or the Reverse Transcriptase-Polymerase Chain Reaction (RT-PCR) technique.² The type of test performed can impact the numbers, e.g., whether reported case numbers are an undercount (e.g., due to false negatives) or an overcount (due to false positives).

Secondly, testing numbers were being reported on a country-level. For instance, on August 23, 2020, the MoHFW said, “maintaining a daily testing spree of more than 8 lakhs, India tests more than 3.5 crore.” These numbers hide disparities between states and their access to health and testing infrastructure.

Test positivity rate (TPR),

“the percentage of tests conducted whose results are positive. The chances that a Covid-19 test comes back positive is linked to the status of the person being tested” (Gupta & Jain 2021).

To lower the positivity rate, one merely needs to increase the number of people being tested (Dowdy & D’Souza 2020) (especially, if the tests are from areas with lower transmission). At the same time, a very high positivity rate can be linked to carrying out too few tests. In the early days of testing, the government followed a trace and test policy, which meant those who were being tested had a higher probability of having contracted the virus due to their social interactions.

TPR will also depend on the testing strategy adopted by the MoHFW— should only symptomatic people be tested or asymptomatic people as well. India’s testing strategy relied on testing symptomatic and high-risk patients, yet the MoHFW found out that as of August 2020, 80% of Covid-19 patients in India were asymptomatic (Ghosh 2020).

Recovery rate is defined as “the number of recovered cases per total positive coronavirus cases” (Chattopadhyay & Singh 2020, 10). Recovery, in India, is when patients complete a 14-day isolation without getting admitted to the hospital or, if they’re hospitalised, once they are discharged. The MoHFW celebrated the rising recovery rate; however, this recovery rate was a measure of only those who had tested positive and ignored asymptomatic patients. The Recovery Rate is bound to rise over time, since a person once tested positive will continue to be a part of the denominator, and the cumulative recoveries will always be rising. Thus, one must measure the proportion of deaths to recoveries among those who test positive in a given period of time, rather than recovery rate alone.

Case Fatality Rate (CFR) is the proportion of Covid-19 infected people who have passed away (due to the virus). According to the National Centre for Disease Informatics and Research (NCDIR),

“Covid-19 is reported to cause pneumonia / acute respiratory distress syndrome (ARDS) / cardiac injury / disseminated intravascular coagulation and so on. These may lead to death and may be recorded in line ‘a’ or ‘b’” (2020)

of the Cause of Death section of Form 4 (institutional deaths) and Form 4A (non-institutional deaths) where ‘a’ refers to an immediate cause and ‘b’ is an antecedent cause. The immediate cause is the condition that directly led to death. BBC reports that there were two conditions that must be satisfied for a person to be counted as a Covid-19 caused death: they should have tested positive for the virus and died of ‘viral pneumonia’ (Biswas 2020). This is reinforced by the same NCDIR circular that lists respiratory acidosis as the immediate cause and Covid-19 as an antecedent cause. Additionally, India’s health infrastructure has been undercounting deaths even before (Rukmini 2021); this was only exacerbated by the pandemic.

Data

The MoHFW is the primary agency of the government responsible for communicating information about health in general and the pandemic situation in particular. News media routinely carried reports based on press releases from the MoHFW. The MoHFW press releases, with their frequency and information content, are an important primary source to understand the government’s view of the pandemic and the messages it wanted to send out and were thus chosen as a data source. The data for this paper comprised press releases from the MoHFW during the period March 1, 2020 to May 31, 2021, obtained from the Press Information Bureau (PIB) website. There were a total of 1,324 press releases by the ministry over 456 days, which is about 3 press releases per day. The consistent issuance of press releases by the MoHFW allowed for a thorough longitudinal narrative study.

The author read each press release during the entire period. The author identified key data points that appear in most of the press releases: daily recovery numbers, overall recovery numbers, recovery rate, number of new cases, and the fatality rate. While certain press releases had additional content, a majority of the press releases included one or more of the data points. The author identified 45 press releases that had substantive content beyond simple reporting of data points, or that occurred at inflection points during the pandemic. These 45 press releases are distributed over the 15-month duration and include sufficient content for cohesive narrative analysis. The author also read the news regarding Covid-19 as reported by Indian media during this period.

Coding Method

Qualitative research relies on conclusions drawn from observed patterns and relationships, based on subjective judgment of a reviewer. In the present study, the MoHFW press releases served as the primary material. Categorisation was performed using ‘constant comparison’ (developed by Glaser). Per this method, a taxonomy was developed based on preliminary observations (initial review of all press releases), with refinements performed based on review of the entire dataset. One begins by coding each datapoint in as many categories as may be relevant and comparing it with previous data points that have been coded in the same category. This constant comparison:

“Starts to generate theoretical properties of the category. One starts thinking in terms of...the conditions under which it is pronounced or minimised, its major consequences, the relation of the category to other categories” (Glaser 1965, 439).

As this process carries on, one stops comparing incidents with other incidents, and starts to compare them with the category they're being classified under. Constant comparison will bring out the underlying uniformities of the data points under a category. Credibility for categorization comes from presenting data, along with the coder's explanation for the same, which is the analysis of the numbers used and the narrative they create.

A peer review of the data was conducted. This was done to ensure credibility of the categorization, and replicability. In a qualitative study, it becomes important that the qualitative data is not impacted by biases and influences even if it is a product of them. Qualitative research relies on a certain degree of replicability. For this purpose, reviewers were asked to agree or disagree with the author's ratings. The author checked for inter-rater reliability (Trochim). The raters were provided the category definitions (see Section 4.4) and an example that wasn't a part of the dataset. Lastly, the author also coded each of these press releases according to the 'numbers' they used to see if a pattern emerged. The emerging pattern confirmed the qualitative categorization.

Based on a review of the entire set of 1,324 press releases, the author generated a taxonomy of different narrative strategies that were utilized over this period. The taxonomy includes 4 categories: hope, confidence, electoral emphasis, and deflection.

Category definitions

Hope: Hope as a narrative is a tool used to signal better things are coming soon. On the other hand, Thucydides called it 'danger's comforter' and highlighted that one realises the delusion caused by hope only when they are ruined (Strassler 1996, 353). A narrative of hope can make people turn blindly towards optimism and away from the reality they must face. If you repeat something enough times, it gains a semblance of credibility. It can deceive the powerful as well. However, the very fact that hope relies on a contingency makes its narratives fragile. Hope must be followed by something more concrete that will help create the vision one imagined.

Confidence: Confidence is defined as the feeling or belief that one can have faith in or rely on someone. A narrative of confidence aims to instil in people trust towards those creating the narrative. During a pandemic, confidence narratives become a way of gaining people's trust. People's trust in the government, in times of a health crisis, will be directly linked to their performance in protecting the citizens, and the level of trust is in turn directly linked to compliance with stringent government health measures (Pak et al. 2021, 294). The confidence narrative is used to qualify any and all statements made about the health infrastructure and the MoHFW's ability to control the pandemic. Confidence adds a sense of genuineness and truth to the narrative being created.

Electoral: An electoral narrative attempts to ward off "domestic and/ or internal threats to a leader's survival" (Mesquita & Smith 2003, 21) and in an attempt to keep a reign on power, leaders will attempt to distort reality, even if marginally. A political intuition is that a rational leader will do everything to remain in power. A lot of scenarios in politics can be traced back to the quest for political survival. In a democratic country like India, this decision lies in the hands of the electorate. The government can use all tools at its disposal, especially the very machinery of the state to propagate its narratives.

Deflection: Deflection as a narrative can be applied to shift the attention away from the one creating the narrative, such as by creating a momentary distraction. Machiavelli's 'blame avoidance'

suggestion has now become a political strategy as important as electoral considerations. Deflection tries to make the main problem disappear and presents an alternate subject for the receiver's attention.

An example of Hope narrative is from the MoHFW's Press Release on July 16, 2020: "As on date, the actual caseload of COVID-19 patients in the country is only 3,31,146. These contribute to a little more than a third (34.18%) of total cases detected so far."

This is to create an atmosphere of relief and hope amongst citizens-- only 1/3 of the actual case load is active cases.

An example of Confidence narrative is from the MoHFW's Press Release on May 25, 2020:

"India has significantly ramped up its domestic production capacity of PPEs and N95 masks, and the requirements of the States/UTs are being sufficiently met. Today, the country is producing more than 3 lakh PPEs and N95 masks per day. States/UTs as well as Central Institutions have been provided with around 111.08 lakh N-95 masks and around 74.48 lakh Personal Protective Equipment (PPE)."

This claim was made because minutes of a meeting stated that the production by Indian manufacturing units couldn't keep up with the rising demand.

An example of Electoral narrative is from the MoHFW's Press Release on December 29, 2020:

"Union Ministry of Health & Family Welfare conducted a two-day dry run for activities entailed in Covid-19 vaccination in four states Assam, Andhra Pradesh, Punjab and Gujarat on 28th and 29th December 2020".

With State Assembly elections in those states upcoming in March and April 2021, this seemed to be a signal that voting the BJP into power would ensure vaccine supply.

An example of Deflection narrative is from the MoHFW's Press Release on May 21, 2020:

"Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), the flagship health assurance scheme of the Government of India today marked 1 crore treatments."

This deflects from the fact that claims were down by 78% (Leo 2020) between February and May 2020, which means fewer people had been visiting the hospital since the pandemic began. The MoHFW chose to celebrate, nonetheless.

IV Results and Discussion

Categorization results

Each of the 45 press releases identified for analysis were studied and categorized under one of the categories.³ The categorization was independently performed by 3 reviewers, including the author. The two other reviewers were provided a description of each category before they categorized the press releases.

Table 1: First Blind Review Process: Overview

	Agree (Total Data Points = 45)	Agreement Rate (in %)
Reviewer 1	42	95.45
Reviewer 2	44	97.78

Table 2: First Blind Review Process: Category-wise Breakdown

	Category			
	Hope	Confidence	Electoral	Deflection
Author	13	18	8	10
Reviewer 1	12	17	8	9
Reviewer 2	13	17	8	10

Table 1 and Table 2 present the results of the categorization. As seen in Table 1, there was a high degree of inter-rater agreement between the author and each of the other 2 reviewers, who also had a high mutual agreement rate (91.11%), that is, they both classified 41 data-points under identical categories. As seen in Table 2, the number of press releases categorized in each group were similar across the reviewers; the specific press releases in each group were nearly identical.

As a validation step, and to ensure that other factors such as the data of a press release or the reviewer's prior knowledge did not create an inadvertent bias, a fourth reviewer was provided the 45 press releases after removing the source and dates, sorted randomly. As with the other reviewers, this reviewer was provided an explanation of the four categories.

Table 3: First Blind Review Process: Author vs Reviewer Categorization

	Category			
	Hope	Confidence	Electoral	Deflection
Author	13	18	8	10
Reviewer 3	12	19	7	10

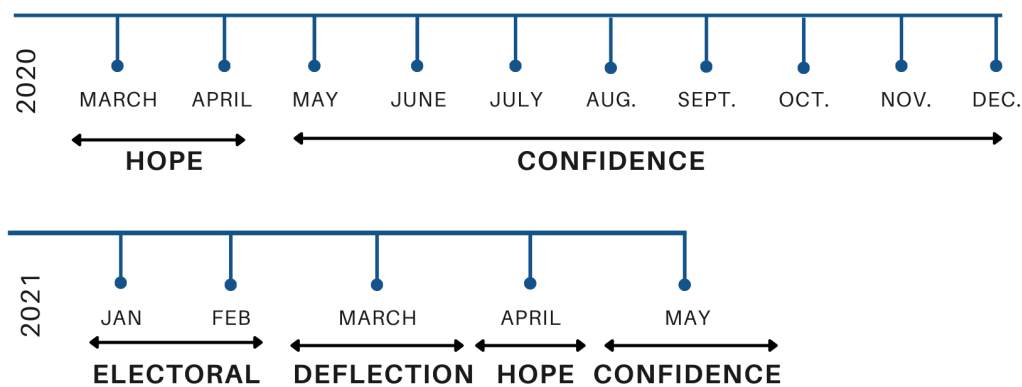
Table 3 illustrates the inter-rater agreement between the categorization by the author and reviewer 3. As seen in Table 3, there is a 93.33% agreement rate, with most press releases being categorized similarly by reviewer 3 even in the absence of date and source information.

What numbers did MoHFW use to create narratives and when?

The author also coded each press release in the dataset to find patterns. About 70% (9 out of 13) press releases coded as ‘Hope’ narratives included the number of recoveries; of these, 67% (6 out of 9) of the press releases that listed the number of recoveries also listed the active caseload. This is noteworthy because at a time that the number of recoveries is high, the active caseload is likely to be low. In the dataset, press releases during the peak of the second wave (March to May 2021) in India did not mention the number of deaths or cases. This is different from the first wave when these numbers were reported. Numbers for both measures were higher in the second wave. Further, 80% (4 out of 5) press releases that included the number of people vaccinated matched a narrative of Hope or Confidence. (See Appendix: Table 4)

Narratives by the Ministry of Health and Family Welfare and When They Were Used

March 2020 to May 2021



Source: Author's analysis

Early stage of the pandemic - Hope

The government initially relied on the number of cases, deaths, and case fatality rates to create a narrative of *hope*. As of March 29, 2020, the Indian Council of Medical Research (ICMR) was utilizing only 30% (Nandi 2020) of its network of testing facilities. Overall, only 113 government labs and 45 private labs had approval to test samples for Covid-19. The low numbers of reported cases in this period are possibly a function of low testing. Another difficulty with using the number of cases is the backlog (gap between sample being submitted and result being known) due to limited testing capacity. “On 1st March, the backlog was just around 15, which increased to more than 50 on 8th March, and on 17th March, it has grown to a worrying 650” (Kurian 2020).

In March 2020, India had one of the lowest testing rates in the world (Biswas 2020). This was linked to ICMR's policy to test all symptomatic people who had undertaken international travel, all contacts of laboratory-confirmed positive cases, and health care workers. However, the first two categories were to be tested only if they became symptomatic (ICMR 2020). Additionally, these tests came with the instructions that one had to isolate until they got their results. In April 2020, the test cost 4500 INR (Alluri and Pathi 2020) – not cheap. The hope narrative built primarily on low case counts should therefore be viewed in light of the parameters of extremely restricted testing, high costs,

and delays, all of which suggest that the numbers reported by the MoHFW were far lower than actual and served the narrative purpose of hope. For instance, the example press release provided for a narrative of Hope in the previous section, fails to recognize that even the 1/3 is a substantial number and the actual number of active cases will be much higher as there is always underreporting for various reasons and these numbers don't make accommodations for that.

The switch from Hope to Confidence

Early in the pandemic, a narrative of hope was pursued, with frequent reference to India's low caseload prior to May 2020. As the caseload rose, by May 2020, the ministry switched to a narrative of confidence, frequently citing the high recovery rate.

Using Recovery Rates

The hope narrative was likely seen as appropriate because Covid-19 was initially believed to be a short-term crisis. This is seen in the MoHFW declaring on March 13, 2021 that Covid-19 was not a health emergency (PTI 2021). As the months progressed with multiple lockdown extensions, a different strategy was adopted. This was important as rallying around the flag in an emergency doesn't persist forever; as the sense of obscurity reduced, the MoHFW needed to regain the trust of the people.

Even as the pandemic raged on, the MoHFW shifted from releasing the number of new cases to using the number of recoveries. This corresponds to a change in the narrative from hope to confidence. India's recovery rate has been steadily rising, from 26.59% in May 2020 to 96.56% (MoHFW) by January 2021. Recovery rate, which considers the patients who are discharged (as a proportion of those who were hospitalised) is a flawed measure. It accounts only for those hospitalised and there are only two outcomes in this case: the patient passes away or they recover.

Former Union Health Secretary, Sujatha Rao, pointed out that the binary classification was insufficient and urged that recovery rates be broken down into serious, medium, and mild cases, and those with comorbidities (Devulapalli 2020). Additionally, while recovery rate was low in the beginning as Covid-19 was a new phenomenon, it was likely to rise as treatments were developed, leading to a higher proportion of recoveries.

The MoHFW reassured the people that it was working to exit the toughest part of the crisis in 2020, as preparations for vaccination began in January 2021. On December 2, 2020, the MoHFW released a statement that stated India was successful in reducing its malaria burden and was the only highly endemic country to report a decline. This seemed to send a message that if it could defeat malaria, it could defeat coronavirus too. This came in light of allegations that India's healthcare system was not equipped to handle the situation, the narrative was to recreate trust in the institutions.

Emphasizing Adequacy of Medical Supply

The MoHFW, in March 2020, released a statement where it assured the people that "manufacturers have been identified domestically and procurement has been initiated to ensure that there is no shortage of PPEs, N95 masks and other protective equipment needed by doctors to carry out their duties." In May 2020, the MoHFW said, "India has significantly ramped up its domestic production capacity of PPEs and N95 masks, and the requirements of the States/UTs are being

sufficiently met. Today, the country is producing more than 3 lakh PPEs and N95 masks per day.” This promoted trust in the ministry and its ability to deliver on its promises, while no mention was made of the estimated quantities of such items that were needed. If one examines the sample press release for the narrative of confidence provided in the preceding section: the suppliers had not met the orders: the order was for a supply of 1 million units, and only 200,000 or approximately 20% has been delivered (Thacker 2020). This is despite the World Health Organization (WHO) recommending the ramping up of production with the predicted rise in the number of cases. The government failed at making accurate forecasts. The news that India was producing those numbers is a way of reinstating faith in the healthcare infrastructure and overshadowing the fact that production alone doesn’t imply delivery to those in need.

Claiming Success of the Vaccination Program

After the launch of the vaccination program in January 2021, the vaccination numbers were used to promote hope. The correct measure of success for a vaccination drive is the proportion of the population that has been vaccinated, which remained low given India’s high population and low daily rate of vaccination at that time. Instead of percentage covered, the MoHFW provided absolute numbers.

Shift to electoral and deflection narratives

The narrative themes of hope and confidence continued through the rest of 2020, as the reported caseload remained relatively low and recovery rates remained steady. From January 2021 till the start of the second wave, corresponding to a period when several state elections were held, the press releases carried content favourable to the ruling coalition, such as the rollout of the vaccination program, availability of medical supplies, and low active caseload, all indicative of India’s apparent success in tackling the pandemic. The MoHFW stressed the fact that the health budget for 2021 had increased by 137% (MoHFW 2021) and that there were more than 20 domestic manufacturers (MoHFW 2020) for ventilators. The production had increased by so much that India was now in a position to export them, after the initial export ban that had been placed. This is again used to drum up support for the prowess of

“The leadership of Prime Minister Shri Narendra Modi ji [which] fulfilled the commitment of not only providing relief in the times of COVID-19 but has also turned the crisis into an opportunity for further growth and development” (MoHFW 2021).

Blame avoidance behaviour stems from politicians’ interest in ‘avoiding blame for (perceived or real) losses that they either imposed or acquiesced in’ (Weaver 1986, 392). With several state elections (Assam, Puducherry, Kerala, Tamil Nadu, and Bengal) scheduled for March-April 2021, the MoHFW attempted to hold *someone else* accountable for the shortcomings. If they didn’t avoid the blame, they “are likely to find themselves unemployed” (Ibid 378).

Rising numbers of cases in August and September 2020 were written off as the inability of state governments to manage their citizens. The press releases by the MoHFW particularly call out

governments that are failing to control the pandemic; and they happen to be non-BJP states. This includes Maharashtra, Delhi, and Kerala.

On December 29, 2020, the MoHFW announced that

“Union Ministry of Health & Family Welfare conducted a two-day dry run for activities entailed in Covid-19 vaccination in four states Assam, Andhra Pradesh, Punjab and Gujarat on 28th and 29th December 2020.”

Each of these states, except Punjab, had a State government run by the BJP or its NDA allies. States where the BJP was campaigning made promises such as free distribution of Covid-19 vaccine in Bihar (Hebbar) and West Bengal (Scroll Staff). The lauding of the PM in the MoHFW’s press releases aided this mission.

Post elections switch back to Confidence and Hope, mixed with Deflection

As the election cycle drew to a close towards the end of April 2021, the narrative went back to being a mix of confidence and hope. The BJP lost the elections in WB, one of India’s most populous states. It also lost the TN and Kerala elections and won Assam. The second wave of the pandemic began in late March 2021, a year from the initial claim that there was nothing to worry about.

As the focus shifted from the elections to government mishandling of the pandemic, a shift in narrative is observed towards hope and confidence again. The MoHFW announced on May 14, 2021 that “the inflow of foreign aid to combat Covid continues to be cleared.” This came as a narrative of confidence, amid criticism of India exporting ventilators and vaccines, that the help India extended was being reciprocated. As further reassurance, the MoHFW announced that as of May 28, 2021, 200 million people had been vaccinated, again using absolute numbers rather than proportion of population to create an illusion of vaccinating a large enough number to effectively combat the virus. This is a substantial number, but not in comparison to India’s total population.

Deflection is most clearly highlighted on the day cases peaked during India’s First Wave. On September 16, 2020, India had 97,894 new cases (Dong et al. 2020) yet the press releases by the MoHFW used a majority of its release on September 16 and 17, 2020 to talk about the “highest single day recoveries” and how “recovered cases exceed active cases by more than 30 lakhs.” What makes this deflection, rather than the hope narrative already in use at that time, is that the number of new cases is absent from the latter press release altogether. A similar trend was seen on May 8, 2021, when India registered 4,03,405 new cases (the highest in a single day during the second wave). The press releases for May 8 and 9, 2021, by the MoHFW only talk about India’s cumulative vaccination coverage.

In the first few months of the pandemic, the MoHFW had shared the details of the low fatality rate. In August 2020, India’s case fatality rate was 2.15% (MoHFW 2020) which fell to 1.1% by April 2021 (Express Web Desk 2021). However, this number was seen as unrepresentative, given widespread claims that the government was undercounting Covid-19 deaths. Near the peak of the second wave in April and May 2021, MoHFW barely reported death numbers in their press releases.

Subsequently, reports of undercounting emerged from states⁴ that make up around 80% of India’s population (Banaji 2021). This was a direct result of the way deaths are being counted in India. If Covid-19 is not listed as the immediate cause (see NCDIR quoted above), the deaths weren’t counted

as a part of the Covid-19 related death count. Additionally, a person must have tested positive to be included in this death count. This excluded those who did not have the means to get tested or had comorbidities.

While the MoHFW press releases reported fatalities till March 2021, it shifted its focus to primarily reporting vaccination data. This coincided with the government's decision to open up vaccination to individuals above the age of 45.

Many researchers have pointed out that India's officially reported number of Covid-19 deaths is a substantial understatement. Banaji (2021) estimates that even according to the most conservative estimate, 80% of Covid-19 deaths are 'missing.' This number is bound to be higher for the second wave, which saw the health infrastructure of the country crumble, with hospitals refusing patients as they were running full, and an acute shortage of medical oxygen that left people gasping for air.

The recording of deaths is important not only for record-keeping purposes, but also because death numbers are a lagging indicator of the true intensity of the pandemic. The New York Times estimated that in the best case, the number of deaths in India is twice the official death count, but in the worst-case scenario it is over 13 times (Gamio and Glanz 2021). Mukherjee et al. corroborate these numbers and calculate an underreporting factor of four to five, conservatively (Balakrishnan 2021). Similarly, Deshmukh et al. (2021) believe that India's death rate could be seven to eight times higher than the official numbers. The undercounting of deaths is not a recent phenomenon, as the low count hides the "abysmal health infrastructure and poorly developed health surveillance and monitoring system" (Rauny 2021).

India's crematoriums made front page news in prominent global publications. Yet the MoHFW failed to address the issue of the death count. The reason being simple: accepting or denying would mean countering its confidence narrative at the time, which was that states were to be held accountable and not the Centre. The absence of these numbers from the narratives should raise eyebrows. By May 2021, it had become clear that India had suffered greatly in the second wave of the pandemic. However, as the pace of vaccinations had picked up, the government resorted to expressing confidence by including daily vaccination numbers in the press releases.

Exceptions to the narrative pattern

While the foregoing classification is reflective of particular narratives adopted at different times, there were divergences at specific times. An important pattern relates to religious festivals and other celebrations. Festivals strengthen the idea of community and have a narrative associated with them. For instance, Diwali is the narrative of the defeat of good over evil (light over darkness) and Independence Day is a celebration of India's unity against the tyranny and oppression of the British. Festivals recount a story that has been passed on for generations.

The MoHFW press releases on or near festival days included content that reflected hope and positivity. On August 15, 2020, MoHFW reported the highest recoveries of COVID-19 in a single day. In the days leading up to Diwali (November 14, 2020), the MoHFW routinely reported that the number of recoveries outnumbered the new cases. On Christmas day in 2020, the MoHFW announced the number of healthcare professionals who had been trained for the upcoming vaccination drive.

Contrast between MoHFW and PM

There is a stark difference between how the Prime Minister and MoHFW crafted their narratives. The PM deployed the narratives of hope and confidence but also included an emotional undertone, he appealed to the shared humanity of all Indians and asked citizens to unite in the fight against the virus. This is seen in Basu (2020), which shows the PM employed the word “people” 15 times and “family” 11 times in the speech that announced the lockdown on March 23, 2021. He rarely employed numbers in his speeches. The communications harnessed the elaboration likelihood model (Petty and Cacioppo 1986) that relies on a message being repeated which leads to the receiver considering the implications of the information they are exposed to, and this can cause changes in attitude.

In the early stages of the pandemic, the PM asked people to participate in symbolic gestures from the comfort of their homes. This was an attempt to make people feel like they were an active part of the concerted efforts against the virus like the frontline workers. He deployed what Ganz (2016, 11) calls the ‘story of us and now’, which evokes shared experiences and action respectively.

On the other hand, the MoHFW mostly used numbers in their press releases, relying on people reading these numbers and interpreting them in a manner the ministry intended. As was noticed by the author, they were largely successful as news channels used press releases by the MoHFW as a credible and unbiased source of information on the state of the pandemic and echoed similar sentiments or narratives.

V Conclusion

Generally, numbers are viewed as the singular version of the truth; they’re rarely contested unless prompted. Numbers play a crucial role in public policy -- when a problem is measured, people are more likely to address it because now it matters. Numbers become a way to shape behaviour and responses through the narratives they’re used to create. These narratives, that strategically employ numbers, do so because numbers signify reality.

This paper reports several important findings regarding narrative management by the Government of India, based on analysis of press releases issued by the MoHFW during the first year of the Covid-19 pandemic. First, the MoHFW made abundant use of various numbers related to the pandemic. Second, the use of such numbers was inconsistent - different numbers were used at different times. Third, categorization of the press releases, performed by the author, reveals that the use of different numbers at different times corresponded to particular narratives.

The narratives are classified into four types — hope, confidence, electoral and deflection. Prior to May 2020 a narrative of hope was pursued, with frequent reference to India’s low caseload. After this period, the ministry switched to a narrative of confidence citing frequently the high recovery rate. The narrative theme of confidence continued through the rest of 2020. From January 2021 till the start of the second wave, corresponding to a period when several state elections were held, the press releases carried content favourable to the ruling coalition, such as the rollout of the vaccination program, availability of medical supplies, and low active caseload, all indicative of India’s apparent success in tackling the pandemic. As the caseload rose rapidly starting March 2021, the content of the

press releases shifted blame to individual states that had high caseload and deflected responsibility for it towards state governments. By May 2021, it had become clear that India had suffered greatly in the second wave of the pandemic. However, as the pace of vaccinations had picked up, the government resorted to expressing confidence by including daily vaccination numbers in the press releases.

Hope and confidence, associated with positive emotions, are the most common narratives in the MoHFW press releases. These convey a sense of composure and aim to ensure that the government is not depicted as failing to implement correct and adequate measures to deal with the pandemic. Narratives created during the pandemic make one thing clear: the numbers can lie, and even if they're not lying, they can be easily misrepresented.

While the Ministry was consistent in releasing information to the public, selective use of various numbers meant that the picture represented by them was often at odds with on-ground reality. As an example, in early 2020, the low reported active caseload, which was likely a function of low testing volume, misrepresented the severity of the pandemic. It was also incongruous with the lockdown that started in late March 2020 and stretched more than two months. Another example is the persistent use of daily vaccination numbers rather than the percentage of population that had received the vaccine - while the former conveys hope through large values, the latter is a better representation of the % of population protected through vaccination, and also of progress towards herd immunity.

Given the high natural recovery rate associated with Covid-19, frequent release of such numbers possibly hid the absolute count of deaths, a true measure of the impact of the pandemic. The Ministry never seriously engaged with field reports and studies that indicated a much higher true number of deaths across the country than was officially reported.

In summary, the press releases served as a mechanism for the government to drive narratives in a manner that showed it in a favourable light, independent of the actual performance. By selecting different numbers to report at different times, the ministry made tactical use of its communications, rather than a value-neutral approach.

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Notes

¹ The MoHFW has deployed a narrative of Hope with its Polio Campaign wherein the inoculation was a drop of life. It also combined the problems of smoking and lack of menstrual hygiene through its advertisements with the actor Akshay Kumar to create a narrative with which the layman could identify.

² These tests themselves differ in their accuracy. RAT is an indirect method of testing, it checks only if the immune system has come across the virus; antibodies are present between the 9–28-day window after encountering the virus. RT-PCR extracts the ribonucleic acid, which is a part of the genetic make-up of the virus. It has been claimed that RAT produced more unreliable results, around 10% of Covid-19 infected people would test negative for the antibodies (false-negative) due to low specificity and sensitivity when compared to RT-PCR. However, the RAT is scalable and doesn't require extensive infrastructure.

³ Five of these data-points were categorized as belonging to more than one category; combinations include deflection and electoral, deflection and confidence, or confidence and electoral.

⁴ This includes West Bengal, Delhi, Tamil Nadu, Maharashtra, Madhya Pradesh, Gujarat, Telangana, Uttar Pradesh, Assam, Odisha, Kerala, Karnataka, Bihar, Haryana, and Chhattisgarh.