India – “Truth Alone Triumphs”

Human settlements date back thousands of years, with the first ancient civilizations and empires found in the region around 2500 BC. One of the major first groups were the Indus Valley Civilization, which flourished between 2500-1900 BC. The following centuries saw great cultural and religious influence, form the Aryan and Dravidian groups, that would still be manifested in India today. The Maurya Empire of the 4th and 3rd centuries B.C. - which reached its zenith under ASHOKA - united much of South Asia. The Golden Age ushered in by the Gupta dynasty (4th to 6th centuries A.D.) saw a flowering of Indian science, art, and culture. Islam spread across the subcontinent over a period of 700 years. In the 10th and 11th centuries, Turks and Afghans invaded India and established the Delhi Sultanate. In the early 16th century, the Emperor BABUR established the Mughal Dynasty, which ruled India for more than three centuries. European explorers began establishing footholds in India during the 16th century.

In the 1600s, the British would arrive and establish trading posts under the well-known British East India Company. By 1850, Britain would control almost all of India. In 1858, India would come under direct British rule, and would stay there until a nationalist movement emerged in the 20th century. The most famous non-violent protest against British rule was led by Mahatma Gandhi. In 1947, the region was parted between a Hindu-majority India and Muslim-controlled Pakistan, starting the first of three wars over Kashmir. In 1950, India becomes a republic and the Indian National Congress the dominant party. The last war between India and Pakistan occurred in 1971 over East Pakistan, which would lead to the creation of Bangladesh. In the 1990s, the government undertook massive reforms and economic liberalization, opening the economy to global trade and investment.
India – Geography, People, Society, and Health

- Total Population (2015)       1,311,000,000
- Total Area (sq. km)       3,287,263
- Gross National Income per capita (PPP, Intl. $ 2015)   6,030
- Life Expectancy M/F (years, 2015)     67/70
- Maternal Mortality Rate (per 100,000 live births, 2015)   174
- Infant Mortality Rate (per 1,000 live births, 2015)  37.9
- Child Mortality Rate, under 5 (per 1,000 live births, 2015) 47.7
- Probability of dying between 15-65 years M/F (per 1,000) 216/142
- Total expenditure on health per capita (Intl. $, 2014) 267
- Total expenditure on health as percent of GDP (2014) 4.7
- Physicians (per 100,000 people, 2012) 70.2
- Nurses and midwives (per 100,000 people, 2011) 171.1
- Hospital Beds (per 100,000 people, 2011) 70

(Map retrieved from infoplease.com)
Health Care System
India has a universal health care system run by the constituent states and territories of India. The Constitution charges every state with "raising the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties". The National Health Policy was endorsed by the Parliament of India in 1983 and updated in 2002. Parallel to the public health sector, and indeed more popular than it, is the private medical sector in India. Both urban and rural Indian households tend to use the private medical sector more frequently than the public sector, as reflected in surveys. According to National Family Health Survey, the private medical sector remains the primary source of health care for 70% of households in urban areas and 63% of households in rural areas. Reliance on public and private health care sector varies significantly between states. Several reasons are cited for relying on private rather than public sector; the main reason at the national level is poor quality of care in the public sector, with more than 57% of households pointing to this as the reason for a preference for private health care. Other major reasons are distance of the public sector facility, long wait times, and inconvenient hours of operation. The study conducted by IMS Institute for Healthcare Informatics in 2013, across 12 states in over 14,000 households indicated a steady increase in the usage of private healthcare facilities over the last 25 years for both Out Patient and In Patient services, across rural and urban areas. The National Rural Health Mission (NRHM) was launched in April 2005 by the Government of India. The goal of the NRHM is to provide effective healthcare to rural people with a focus on 18 states which have poor public health indicators and/or weak infrastructure.

Health Care Issues
Malnutrition
According to a 2005 report, 60% of India’s children below the age of three were malnourished, which was greater than the statistics of sub-Saharan African region of 28%. It is considered that one in every three malnourished children in the world lives in India. The estimates vary within the country. It is estimated that Madhya Pradesh is having the highest rate of 50% and Kerala the lowest with 27%. Over 29% of children under 5 are underweight and stunting is prevalent in over 38.5% of all children under 5. Although India’s economy grew 55% from 2001–2006, its child-malnutrition rate only dropped 1%, lagging countries of similar growth rate.

High infant mortality rate
Despite health improvements over the last thirty years, lives continue to be lost to early childhood diseases, inadequate newborn care and childbirth-related causes. India still has a relatively high number of infant mortality rate, with nearly 38 deaths per 1,000 live births. More than two million children die every year from preventable infections. Approximately 1.72 million children die each year before turning one. The under-five mortality and infant mortality rates have been declining, from 202 and 190 deaths per thousand live births respectively in 1970 to 47 and 38 deaths per thousand live births in 2015. However, this decline is slowing. Reduced funding for immunization leaves only 43.5% of the young fully immunized. A study conducted by the Future Health Systems Consortium in Murshidabad, West Bengal indicates that barriers to immunization coverage are adverse geographic location, absent or inadequately trained health workers and low perceived need for immunization.
Infrastructure like hospitals, roads, water and sanitation are lacking in rural areas. Shortages of healthcare providers, poor intra-partum and newborn care, diarrheal diseases and acute respiratory infections also contribute to the high infant mortality rate.

Female health issues
Maternal deaths are similarly high. The reasons for this high mortality are that few women have access to skilled birth attendants and fewer still to quality emergency obstetric care. In 2008, just over 52% of births were attended by a skilled health staff. There are still 174 maternal deaths per 100,000 live births. In addition, only 15 per cent of mothers receive complete antenatal care and only 58 per cent receive iron or folate tablets or syrup.

Other Diseases
Diseases such as dengue fever, hepatitis, tuberculosis, malaria and pneumonia continue to plague India due to increased resistance to drugs. In 2011, India developed a totally drug-resistant form of tuberculosis. HIV/AIDS in India is ranked 3rd highest among countries with the number of HIV-infected patients. National AIDS Control Organization, a Government of India 'Apex Body' is making efforts for managing the HIV/AIDS epidemic in India. Diarrheal diseases are the primary causes of early childhood mortality. These diseases can be attributed to poor sanitation and inadequate safe drinking water in India. India also has the world's highest incidence of Rabies. However, in 2012 India was polio-free for the first time in its history. This was achieved because of the Pulse Polio Programme started in 1995-96 by the government of India. Indians are also at particularly high risk for atherosclerosis and coronary artery disease. This may be attributed to a genetic predisposition to metabolic syndrome and adverse changes in coronary artery vasodilation. NGOs such as the Indian Heart Association and the Medwin Foundation have been created to raise awareness of this public health issue.
Tuberculosis was responsible for nearly 270,000 deaths in India in 2014, low birth weight contributed to the death of over 380,000 people and nearly 600,000 died because of diarrheal diseases.
HIV/AIDS is also a common threat in India. While the adult prevalence rate is relatively low in comparison to other countries (0.26%), due to the huge population in India, around 2.12 million people are estimated to live with and over 67,700 are estimated to die from HIV/AIDS each year. These are the third highest numbers in the world.

Poor sanitation
As more than 122 million households have no toilets, and 33% lack access to latrines, over 50% of the population (638 million) defecate in the open (2008 estimate). This is relatively higher than Bangladesh and Brazil (7%) and China (4%). Although 211 million people gained access to improved sanitation from 1990–2008, only 31% use the facilities provided. Only 11% of Indian rural families dispose of stools safely whereas 80% of the population leave their stools in the open or throw them in the garbage. Open air defecation leads to the spread of disease and malnutrition through parasitic and bacterial infections. Even in 2015, it was estimated that over 60% of the population, or roughly 780 million people, do not have access to improved sanitation facilities.
Several million more suffer from multiple episodes of diarrhea and still others fall ill because of Hepatitis A, enteric fever, intestinal worms and eye and skin infections caused by poor hygiene and unsafe drinking water. Access to protected sources of drinking water has improved from 68% of the population in 1990 to 88% in 2008 and to 94% in 2015. However, only 26% of the slum population has access to safe drinking water, and 25% of the total population has drinking water on their premises. While notified slums in India have access to city services, including water, 59% of slum settlements are still non-notified. The water problem and lack of clean drinking water is further exacerbated by falling water levels due to irrigation, groundwater pollution, and insufficient maintenance of the environment around water sources.

Rural Health
Rural India contains over 68% of India's total population, and half of all residents of rural areas live below the poverty line, struggling for better and easy access to health care and services. Health issues confronted by rural people are many and diverse – from severe malaria to uncontrolled diabetes, from a badly infected wound to cancer. Postpartum maternal illness is a serious problem in resource-poor settings and contributes to maternal mortality, particularly in rural India. A study conducted in 2009 found that 43.9% of mothers reported they experienced postpartum illnesses six weeks after delivery. Furthermore, because of limited government resources, much of the health care provided comes from nonprofits such as The MINDS Foundation.
India – Political Economy

The Republic of India is a federal republic led by President Pranab Mukherjee since 2012, and the next election will be held in July 2017.

India is home to two major ethnic groups: the Indo-Aryan with 72% and the Dravidian with 25%. In terms of languages, many are spoken throughout India. The most prevalent are Hindi (41%), Bengali (8.1%), Telugu (7.2%), and Marathi (7%). English is the most important language for national, political, and commercial communication. Hindu is the major religion, with nearly 80% identifying as Hindus. About 14.2% of the population are Muslim, 2.3% Christians, and 1.7% Sikh. India’s population growth has been slowing over recent years, to about 1.19% in 2016. About 27.7% of the population are younger than 15, over 45% younger than 25. Only about one third of Indians live in urban areas, but India is home to some of the biggest urban centers in the world. New Delhi counts over 25.7 million people, Mumbai a little over 21 million, Kolkata is home to some 11.7 million and Bangalore has 10 million people.

The country is developing an open-market economy and they have seen economic growth in the last decade or so. Much of the work is in either agriculture or information technology, which includes outsourcing from international businesses. While the labor force is still mainly concentrated in agriculture, the services sector is rapidly growing into India’s leading sector. In 2011, due to high interest rates, inflation, and investor pessimism in the government’s commitment for economic reforms led to lessened foreign investments resulting in a rupee depreciation and slow economic growth. 2014 and 2015 saw an economic rebound, partially due to post-election hopes for economic reform. India has the 4th largest economy and the second largest labor force. Agricultural products include rice, wheat, cotton, and industries are mainly in textiles, chemicals, steel, software, and pharmaceuticals. India, however, is also faced by a massive trade deficit of about US$130 billion.

Transnational issues with Pakistan are still strong. Dialogue is happening between the countries to form agreements and ease the tensions over water sharing of the Indus River. Especially Kashmir is still heavily militarized with the presence of China, India, and Pakistan. Some of the issues facing India include severe overpopulation, environmental degradation, poverty, and corruption. Internal violence has also created IDPs, with over 610,000 currently dispersed all over India. India is the world’s largest producer of licit opium for pharmaceutical trade, but is also a large producer of illicit opium. Although the caste system is officially gone, it is still traditionally in the culture.

India – Culture and Business Etiquette

Hierarchy

- The influences of Hinduism and the tradition of the caste system have created a culture that emphasizes established hierarchical relationships.
• Indians are always conscious of social order and their status relative to other people, be they family, friends, or strangers.
• All relationships involve hierarchies. In schools, teachers are called gurus and are viewed as the source of all knowledge. The patriarch, usually the father, is considered the leader of the family. The boss is seen as the source of ultimate responsibility in business. Every relationship has a clear-cut hierarchy that must be observed for the social order to be maintained.

Meeting Etiquette
• Religion, education and social class all influence greetings in India.
• This is a hierarchical culture, so greet the eldest or most senior person first.
• When leaving a group, each person must be bid farewell individually.
• Shaking hands is common, especially in the large cities among the more educated who are accustomed to dealing with westerners.
• Men may shake hands with other men and women may shake hands with other women; however there are seldom handshakes between men and women because of religious beliefs. If you are uncertain, wait for them to extend their hand.

Relationships & Communication
• Indians prefer to do business with those they know.
• Relationships are built upon mutual trust and respect.
• In general, Indians prefer to have long-standing personal relationships prior to doing business.
• It may be a good idea to go through a third party introduction. This gives you immediate credibility.

Business Meeting Etiquette
• If you will be travelling to India from abroad, it is advisable to make appointments by letter, at least one month and preferably two months in advance.
• It is a good idea to confirm your appointment as they do get cancelled at short notice.
• The best time for a meeting is late morning or early afternoon. Reconfirm your meeting the week before and call again that morning, since it is common for meetings to be cancelled at the last minute.
• Keep your schedule flexible so that it can be adjusted for last minute rescheduling of meetings.
• You should arrive at meetings on time since Indians are impressed with punctuality.
• Meetings will start with a great deal of getting-to-know-you talk. In fact, it is quite possible that no business will be discussed at the first meeting.
• Always send a detailed agenda in advance. Send back-up materials and charts and other data as well. This allows everyone to review and become comfortable with the material prior to the meeting.
• Follow up a meeting with an overview of what was discussed and the next steps.
• Dress is quite conservative. For men, a dark colored suit and dress shoes are required. For women, a conservative business suit or dresses and blouses are appropriate.
• A first meeting does not require a gift, but it is graciously accepted. Wrapping gifts in green, yellow, and/or red is a good decision.
• Gifts are not opened in front of the giver. Wait until later.
• Safe gifts include flowers and chocolates. Try to avoid alcohol, leather, or others due to religious beliefs

India – Geert Hofstede Cultural Dimensions

Power Distance
India scores high on this dimension, 77, indicating an appreciation for hierarchy and a top-down structure in society and organizations. If one were to encapsulate the Indian attitude, one could use the following words and phrases: dependent on the boss or the power holder for direction, acceptance of un-equal rights between the power-privileged and those who are lesser down in the pecking order, immediate superiors accessible, but one layer above less so, paternalistic leader, management directs, gives reason / meaning to ones’ work life and rewards in exchange for loyalty from employees. Real Power is centralized even though it may not appear to be and managers count on the obedience of their team members. Employees expect to be directed clearly as to their functions and what is expected of them. Control is familiar, even a psychological security, and attitude towards managers are formal even if one is on first name basis. Communication is top down and directive in its style and often feedback which is negative is never offered up the ladder.

Individualism
India, with a rather intermediate score of 48, is a society with both collectivist and Individualist traits. The collectivist side means that there is a high preference for belonging to a
larger social framework in which individuals are expected to act in accordance to the greater good of one’s defined in-group(s). In such situations, the actions of the individual are influenced by various concepts such as the opinion of one’s family, extended family, neighbors, work group and other such wider social networks that one has some affiliation toward. For a collectivist, to be rejected by one’s peers or to be thought lowly of by one’s extended and immediate in-groups, leaves him or her rudderless and with a sense of intense emptiness. The employer/employee relationship is one of expectations based on expectations – Loyalty by the employee and almost familial protection by the Employer. Hiring and promotion decisions are often made based on relationships which are the key to everything in a Collectivist society. The Individualist aspect of Indian society is a result of its dominant religion/philosophy - Hinduism. The Hindus believe in a cycle of death and rebirth, with the manner of each rebirth being dependent upon how the individual lived the preceding life. People are, therefore, individually responsible for the way they lead their lives and the impact it will have upon their rebirth. This focus on individualism interacts with the otherwise collectivist tendencies of the Indian society which leads to its intermediate score on this dimension.

**Masculinity**
India scores 56 on this dimension and is thus considered a Masculine society. India is very Masculine in terms of visual display of success and power. The designer brand label, the flash and ostentation that goes with advertising one’s success, is widely practiced. However, India is also a spiritual country with millions of deities and various religious philosophies. It is also an ancient country with one of the longest surviving cultures which gives it ample lessons in the value of humility and abstinence. This often reigns in people from indulging in Masculine displays to the extent that they might be naturally inclined to. In more Masculine countries the focus is on success and achievements, validated by material gains. Work is the center of one’s life and visible symbols of success in the work place are very important.

**Uncertainty Avoidance**
India scores 40 on this dimension and thus has a medium low preference for avoiding uncertainty. In India, there is acceptance of imperfection; nothing has to be perfect nor has to go exactly as planned. India is traditionally a patient country where tolerance for the unexpected is high; even welcomed as a break from monotony. People generally do not feel driven and compelled to take action_Initiatives and comfortably settle into established rolls and routines without questioning. Rules are often in place just to be circumvented and one relies on innovative methods to “bypass the system”. A word used often is “adjust” and means a wide range of things, from turning a blind eye to rules being flouted to finding a unique and inventive solution to a seemingly insurmountable problem. It is this attitude that is both the cause of misery as well as the most empowering aspect of the country. There is a saying that “nothing is impossible” in India, so long as one knows how to “adjust”.

**Long Term Orientation**
With an intermediate score of 51 in this dimension, a dominant preference in Indian culture cannot be determined. In India, the concept of “karma” dominates religious and philosophical thought. Time is not linear, and thus is not as important as to western societies which typically
score low on this dimension. Countries like India have a great tolerance for religious views from all over the world. Hinduism is often considered a philosophy more than even a religion; an amalgamation of ideas, views, practices and esoteric beliefs. In India, there is an acceptance that there are many truths and often depends on the seeker. Societies that have a high score on pragmatism typically forgive a lack of punctuality, a changing game-plan based on changing reality and a general comfort with discovering the fated path as one goes along rather than playing to an exact plan.

**Indulgence**
India receives a low score of 26 in this dimension, meaning that it is a culture of Restraint. Societies with a low score in this dimension tend to cynicism and pessimism. Also, in contrast to Indulgent societies, Restrained societies do not put much emphasis on leisure time and control the gratification of their desires. People with this orientation have the perception that their actions are Restrained by social norms and feel that indulging themselves is somewhat wrong.

### India - Travel Information for U.S. citizens

**U.S. Embassy and Representation**
- Ambassador Richard Rahul Verma
- Embassy Address: Shantipath, Chanakyapuri, New Delhi 110021
- Mailing Address: Shantipath, Chanakyapuri, New Delhi 110021
- Phone #: + (91) (11) 2419-8000
- Emergency After Hours #: + (91) (11) 2419-8000
- Email: acsnd@state.gov

**U.S. State Department Travel Information**
There are currently no travel warnings out for India. Besides the embassy in New Delhi, the United States has consulates in Mumbai (Bombay), Kolkata (Calcutta), Chennai (Madras), and Hyderabad.

For all U.S. citizens traveling to India, the following apply:
- Passport valid for six months beyond date of visa application to obtain a visa
- Two blank pages are required
- A visa is required and has to be obtained in advance (Visa requirements and regulations can change quickly and with little advertisement or notice)
  - Please check the [Indian Embassy in Washington D.C. website](https://travel.state.gov/content/travel/en/travel formulario/india.html)
  - Latest visa fees have been changed on April 1, 2017

In terms of safety and security, the U.S. State Department advises U.S. citizens to be vigilant and to check their surroundings. Terrorist groups are active in India and past attacks have targeted places, sites, hotels, bars, etc. frequented by Westerners. During religious festivals,
overcrowding could be an issue and trains are often packed. Fire hazards are high. In addition, India saw a surge in sexual violence, also against U.S. citizens. Always exercise caution, be aware of your surroundings, and dress in respect to local customs. Good personal security and situational awareness are urged by the U.S. State Department.

For more travel information, please visit
https://travel.state.gov/content/passports/en/country/india.html

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<th>India – In the News</th>
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| **Population**: India is already the second most populace country in the world with about 1.3 billion people. By 2022, India is expected to catch up to China at around 1.4 billion people. While China’s population is supposed to stagnate and even drop in the 2030s, India’s population could rise to 1.5 billion in 2030 and 1.7 billion in 2050.  
**General Motors**: The US car manufacturer announced on May 18, 2017 to stop selling vehicles in India due to the lack of interest and low numbers of sales. Chevrolets will no long be sold by the end of 2017. It is yet another step-back for GM from a once promising market, which allows the company to focus on more profitable regions.  
**Nuclear Power**: In order to extent the power grid, India announced to build ten new nuclear power plants. The country already runs 22 nuclear plants with a capacity of 6,780 megawatts. The new plants are supposed to double the energy output. |