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The Practice of Wearing Face-Masks in Montenegro: An Insight into Cross-cultural Analysis of Covid-19 Prevention Measures and Practices

Abstract

Objectives: Although the Covid-19 transmission happens in the same way across the globe, the implementation of virus prevention measures and recommendations occurs with many variations in different national and cultural contexts. The main goal of this study is to encompass the complexity of local cultural factors that affect the practice of wearing protective face-masks in Montenegro.

Material and methods: Ethnography is a methodology which largely, though not exclusively, employs qualitative methods. Thus, the data has been obtained in a series of in-depth interviews with which I encompassed persons of varied socio-demographic characteristic. The data obtained through semi-structured in-depth ethnographic interviews sheds light on attitudes permeating the practices of wearing face-masks in Montenegro.

Results: Attitudes against wearing face-masks in Montenegro encompass typical globally widespread anti-masking arguments. The practice of wearing face masks has its political dimension as well as its regional discrepancies. Funeral ceremonies are highly risky events for Covid-19 transmission, but they still put a strong ethical pressure on people to take part in them.

Conclusions: Claiming medical issues or the issues of personal freedom and freedom of choice are the main arguments against wearing face-masks in Montenegro. A part of globally widespread arguments circulating in Montenegro are also the religious ones. The political dimension of wearing face masks was particularly noticeable during the protests against the controversial religion law adopted in late December 2019. Funeral ceremonies and particularly

the funeral lunch devoted to the soul of buried person might be a reason for increase in the number of people infected with coronavirus in Northern Montenegrin towns.

Key words: face-masks, anti-Covid-19 measures, anti-masking arguments, funeral ceremonies, Pljevlja

Introduction

Anthropology has a long tradition in the study of cultural explanations of unknown diseases during epidemics. Mark Nichter in 1987 wrote a detailed ethnographic study in which he discussed the ways in which Kyasanur forest disease was perceived, treated and interpreted by South Kanarese villagers during an epidemic outbreak. He showed that an understanding of the community's response to KFD requires familiarity with both South Kanarese cosmology and land reform in the area as well as assess social, cultural, psychological, and historical factors that also influence the production of illness knowledge (Nichter 1987). In order to integrate academic interests in the anthropology of health with applications of anthropology for international health and development, two years after this study, Nichter published a series of eleven essays on subjects relevant to the anthropology of health and international health (Nichter 1989). Furthermore, focusing attention on local explanations and responses of ongoing epidemics, anthropologists covered various aspects of AIDS (see Farmer 2006) as well as local responses to malaria, tuberculosis, SARS, or avian flu (Pfeiffer and Nichter 2008). Only in the last decade several anthropologists have engaged in health emergencies such as Ebola and Zika analyzing social, economic and political factors that have affected the ways in which such crises were handled (for instance, Abramowitz 2014, Kutalek et al.2015, Venables and Pellecchia 2017). Then, in order to show the value of using local knowledge to gain insight into COVID-19 in a social context shaped by ambiguous biomedical guidance and government inaction, *Open Anthropology journal* published an issue devoted to anthropological perspectives on outbreaks of other infectious diseases, including HIV/AIDS, cholera, Ebola virus disease (EVD), influenza, SARS, tuberculosis (TB), and Zika (see Hedges and Ennis-McMillan 2020). Furthermore, *Anthropology Now* published a special issue devoted to the anthropology of COVID-19 Pandemic in which different authors have shown that anthropologists can make uniquely valuable

contributions to illuminating the myriad intertwined biological and social complexities of COVID-19 (see the following texts Higgins et al. 2020, Oxlund 2020, Rosue 2020, Pylypa 2020). When it comes to the Balkan anthropology, Faculty of Philosophy in Belgrade is in the process of publishing a special issue in which Serbian anthropologists have analyzed different aspects of Covid-19 pandemic. The Covid-19 pandemic has led to a dramatic loss of human life worldwide. While 1,813,188 Covid-19 deaths were reported in 2020, recent WHO estimates suggest an excess mortality of at least 3,000,000 (WHO 2021).¹ Pandemic has also caused a devastating economic and social disruption. Although Covid-19 spreads in the same way across the globe, the same (or similar) prevention measures are not implemented with the same success in different social and cultural contexts. For instance, rules on hygiene and social distancing are not implemented equally in China and Italy or Spain and the Netherlands. If the same rules on hygiene and social distancing are implemented with great variations in different contexts, then it is relevant to examine their cultural conditionality.²

Material and methods

Having in mind that ethnography is a type of qualitative research that gathers observations, interviews and documentary data to produce detailed and comprehensive accounts of different social phenomena, the aim of this ethnographic research is to understand the complexity of local cultural factors that affect the practice of wearing protective face-masks in Montenegro. As the central activity in anthropological research method is fieldwork, it is through this method that I have obtained most of primary data (about ethnographic methodology see more in Eriksen 2004, p. 42-61). Starting from the point that verbal communication, either via interviews or questionnaires, offers a shortcut to an understanding of people's life-worlds, I investigated differences in attitudes regarding the practice of wearing face-masks. In addition to the above mentioned anthropological studies on local explanations and responses of ongoing

¹ <https://www.who.int/data/stories/the-true-death-toll-of-covid-19-estimating-global-excess-mortality>

² The initial impulse for this research appeared in the first wave of the pandemic, and it is the product of a conversation with a renowned surgeon who was among the first hospitalized patients from the town where I lived then. Although he was dealing with quite serious symptoms, after a few weeks he left the hospital cured and without major consequences. After that experience, he persistently and convincingly repeated - if everyone wore face-masks, 90% of the epidemic would have been prevented. As wearing face-masks is one of the key measures to prevent the spread of Covid 19 virus, this statement made me think about culturally conditioned attitudes that affect people to wear or not wear face-masks.

epidemics, the theoretical-methodological framework also consisted of the classical cross-cultural studies of cultural dimensions, which suppose that the ways in which people in different countries perceive and interpret their world vary along basic dimensions (Hall and Hall 1990, Hofstede et al. 2010, Trompenaars and Hampden-Turner 1997). As theories of cultural models view culture as a stable entity rather than a process placing an emphasis on the individual as a mediator of cultural models, I will use them only to present comparative material for this study and to show the ways in which inherited and deeply embedded cultural factors can partly affect the implementation of anti-Covid-19 measures. Qualitative analysis of this research bases on semi-structured in-depth ethnographic interviews that have included various questions about the reasons for wearing face-masks and perception of the success of the implemented measures. Ethnographic interviews were conducted in Podgorica, Budva, Nikšić, Kolašin and Pljevlja, which confirms my intention to encompass different regions of Montenegro, from coastal and central, to northern areas of Montenegro. Additionally, some of my interlocutors from Podgorica were born and grew up in other Montenegrin towns and they often visit parents and relatives there, thus those interviews included a strong comparative perspective.

Results

Virus Transmission in the Light of Cultural Dimensions Theories

The basic assumption of the research is that there are variations in the attitudes towards wearing face-masks as well as that they can be partly attributed to cultural factors. The depth and rootedness of the cultural conditioning of the various national responses to Covid-19 is particularly clear if we consider some of the local responses in the light of the theory of cultural dimensions. Namely, cultural dimensions theories suppose that fundamental cultural differences can be identified by examining the culturally generalized aspects of values as well as that the ways in which people in different countries perceive and interpret their world vary along basic dimensions. American anthropologist Edward T. Hall supposed that all cultures differ in three principal categories – context, time and space. When it comes to the understanding of cultural conditionality of Covid-19 transmission, space is the most relevant category. Notably, according to Hall findings, each person has around him an invisible bubble of space which expands and contracts depending on a number of things (the relationship to the people nearby, the person's

emotional state, cultural background and the activity being performed). For instance, in northern Europe, the bubbles are quite large and people keep their distance (high territoriality). In southern France, Italy, Greece, and Spain, the bubbles get smaller and smaller so that the distance that is perceived as intimate in the north overlaps normal conversational distance in the south, all of which means that Mediterranean Europeans "get too close" to the Germans, the Scandinavians, the English. In northern Europe one does not touch others (even the brushing of the overcoat sleeve used to elicit an apology) (Hall and Hall 1990: 11). Bearing in mind Hall's research, it is expected that people in northern Europe and the Mediterranean will behave differently according to the rule of distancing, and that the rate of virus transmission will be significantly higher in the Mediterranean societies. Furthermore, Dutch social psychologist Geert Hofstede originally introduced a model contained four dimensions for analyzing and understanding national cultures (Power Distance, Individualism/Collectivism, Masculinity/Femininity, Uncertainty Avoidance) and subsequently he added two more dimensions to this model (Long-term/Short-term Orientation and Restraint/Indulgence) (Hofstede et al. 2010). These six dimensions depict the impact of the culture embedded in society on the values of the people in that society as well as the relationship between these values and behavior. When it comes to collectivistic and individualistic cultures, a particularly important aspect of differences between them relates to the fact whether decisions are based on what is best for the collective or for the individual. In that respect, it is expected that people from collectivists and individualists cultures will have different values and behavior regarding who should be primarily protected with wearing protecting masks. Power Distance is also important dimension for understanding differences in obeying anti-Covid-19 measures. Namely, Power Distance is defined as the extent to which the less powerful members of institutions and organizations within a country expect and accept that power is distributed unequally. What is an important characteristic of high power distance cultures is that they typically have paternalistic and autocratic political and governmental structures, thus it is expected that that people in high power distance cultures will strictly obey national measures and recommendations to prevent transmission of Covid-19 as well as that people living in individualistic and collectivistic types of cultures will have certain differences in their attitudes towards wearing face-masks. Theories of cultural models are necessarily based on generalizations. They view culture as a stable entity rather than a process placing an emphasis on the individual as a mediator of cultural models. Therefore, their validity remains questionable.

However, theories of cultural models clearly show the ways in which inherited and deeply embedded cultural factors can partly affect the implementation of anti-Covid-19 measures. For instance, physical distance measures are easier to apply in low territoriality cultures. Citizens are more disciplined in societies with strong authority. Group-oriented societies pay more attention to the protection of the extended family. The above mentioned will become explicit from the comparative material in the following chapter.

Comparative Material

Governments across the world have taken strict measures to stop the virus transmission. Avoiding physical contact through physical distancing (often not accurately called ‘social distancing’) has appeared to be the best way of preventing virus transmission. In China, as a typical high power society with paternalistic and autocratic political and governmental structures, the lockdown measures have been implemented seamlessly without resistance or widespread complaints.³ Vera Lucia Raposo analyzed China’s standard of care for managing epidemics, together with its requisites and consequences, and whether it can (or should) be replicated by other countries (specifically the European Union member states). She pointed out a few particularly important factors. China’s political power is concentrated in the central government, which enables it to take immediate measures that affect the entire country (such as massive quarantines or closing border). Moreover, the Chinese legal framework includes restrictions on privacy and other human rights that are unknown in Europe. In addition, China has the technological power to easily impose such restrictions, which is a still not characteristic of many European countries. These conditions have enabled China to combat epidemics like no other country can.⁴ Raposo concluded that limitations based on the distribution of powers (as well as limitations based on lack of technological power and limitations based on human rights) explains why countries of European Union cannot carry out such a strict quarantine (Raposo 2020).

³ Similar measures have been adopted by Western countries, such as Italy, Spain, France, the UK and the US, but their citizens have not been following the social distancing rules strictly as citizens in China.

⁴ The Chinese standard of care for treating COVID-19 also raises problematic issues for human rights, and the real consequences of these actions remain to be seen. Entire cities and provinces have been locked down, with hi-tech mechanisms put into place to track people’s movements and identify the infected (or those at risk of becoming infected). Massive quarantines, the continuous monitoring of free speech and privacy intrusions have certainly reduced the number of infected people and slowed the dispersion of the virus from China to the outside world but are tremendously controversial from a human rights perspective. In Wuhan, 11 million residents (uninfected, but eventually also infected) have been totally isolated from the rest of the world (Raposo 2020: 2-3)

When it comes to wearing protecting masks as one more way of preventing virus transmission, it has already been mentioned in cross-cultural studies much before the coronavirus outbreak started. Namely, Fons Trompenars noted in the 1990s that people in Tokyo and London wore protective masks for various reasons:

“In Tokyo you see many people wearing them, especially in winter. When you inquire why, you are told that when people have colds or a virus, they wear them so they will not “pollute” or infect other people by breathing on them. In London they are worn by bikers and other athletes who do not want to be “polluted” by the environment.” (Trompenaars and Hampden-Turner 1997: 10).

In this brief example, we can see different values and behaviors regarding wearing protecting masks in Tokio, as a typical representative of collectivist cultures and London, as a typical representative of individualistic culture. The same differences can be found in contemporary examples from China and Holland presented by Monika Sie Dhian Ho:

“When the corona virus still appeared to be an exclusively Chinese problem, a Chinese colleague sent me photographs of the face masks that he was no longer able to obtain in China. Could I please order them and send them from the Netherlands? After some investigation on the internet I wrote to tell him that in my opinion the face masks in the photographs would not protect him against the virus (a simple face mask helps only not to infect others). No, he messaged back, the advice in China is that even wearing a simple face mask helps. A few months later the official Dutch advice to ordinary citizens is still that it is a myth that wearing a face mask helps against the virus (a FFP2 mask helps to avoid being infected). A billion Chinese who believe in myths? ‘Maybe it’s a matter of culture’, my Chinese colleague suggested.”

The Practice of Wearing Face Masks in Montenegro

“I am the only one who is not normal, because among normal people, I am the only one who wears a face-mask while walking. We are crazy...” (Branko Radulovic, Ph.D., Deputy in the Parliament of Montenegro)

Starting from the presented theoretical framework, my intention was to detect culturally generated factors and motives that affect people to wear (or not to wear) face-masks in Montenegro. In that respect, the collected ethnographic material I have divided into several categories. The first category encompasses typical globally widespread anti-masking arguments, such as claiming medical issues. Some people believe that face-masks impair breathing, which further provoke a damage that could be even worse than corona virus itself and its overall health consequences. The issues of personal freedom and freedom of choice also fall under the global anti-masking argumentation. By breaking rules and measures some of my interlocutors wanted to express their right on personal freedom and freedom of choice. Interestingly, in many discourses I detected that people bring together corona virus and deep state conspiracy which is often connected with the world shadow government. My interlocutor Nikola who is owner of a hotel and a café and whose business is in a big crisis due to corona virus measures and rules claims:

“There is no such a thing as corona varus. Remember that! Everything about corona virus is the way for deep state to control us all. They don’t want me to have my own business, to have my own brain.... They just want to make us all perfectly controlled human creatures. I am sitting here (well decorated hotel garden) and looking at all those people wearing face-masks, avoiding shaking hands, touches... Unfortunately they are not aware how many problems wearing face-masks can trigger. They are not aware that they are breathing their own CO2”.

In the category of globally widespread arguments circulating in Montenegro I would also put the religious ones. Similarly to those anti-maskers who believe that the smoke kills corona virus, some Orthodox adherents believe that incense used in religious rituals also kills corona virus. The majority of my interlocutors think that Orthodox adherents are particularly irresponsible regarding wearing face-masks in churches and monasteries. Even those adherents who do not believe that incense used in religious rituals also kills corona virus cope with a social pressure to take off their face-masks in churches and monasteries. Those positions are fully reflected in the following story.

“Dejana, a historian in her 40s goes to the church almost every day. When a friend of hers wanted to attend the liturgy devoted to a local priest who has died and whom he loved a lot, he asked her about the policy of wearing face-masks in the church as well as about the rate of adherents wearing face-masks (he was not worried for himself, but as he has two young children and elderly parents, he wanted to decrease the risk to get infected and transmit the virus to them). She explained to him that the majority of adherents do not wear face-masks in church, but also that he should feel comfortable with a face-mask because around 20 percent of adherents wear face-masks in church“.

My middle aged interlocutor Danko, who spent two weeks hospitalized after being infected with Covid-19 told me:

“There were 14 people hospitalized in our part of hospital (4 rooms) and none of us was smoker! Doctor has told me that the majority of his patients are not smokers. I am not a religious fanatic, but it might be true that incense also kills corona virus”.

It is important to mention that the vast majority of my anti-masking interlocutors know someone who has already been infected, but who did not have any symptom or had only the minor ones. They frequently use that argument to explain their positions about why corona virus does not differ from the most ordinary seasonal viruses and why people do not have to wear face-masks.

If we analyze the arguments for wearing face-masks in the context of the theory of cultural dimensions, we will see that collectivist arguments prevail among young people who wear face-masks. They wear face-masks to protect their parents, grandparents, as well as elderly relatives. By contrast, the individualistic argumentation prevails among middle aged and elderly generations. They wear face-masks to protect themselves. While young people mostly wear simple face-masks and do that for formal reasons, elderly people wear KN95 face-masks (which help to avoid being infected with more success than simple face-masks). As an employee of the Regional Museum Pljevlja I guided a group of teenagers through an exhibition. I used that opportunity to approach their attitudes towards wearing face-masks. Emir told me:

“We all wear face-masks only if we are obliged to do that. If you allowed me to take off my mask in Museum, I would gladly do it. I, in person, also wear a face-mask when visiting my grandparents and elderly relatives. I am not afraid for myself, but I want to protect them as much as I can”. His friends have confirmed that the rest of the group also shares his attitudes.

The previously mentioned (or similar) arguments can be found across the globe, but I am moving now to those typically “Montenegrin” arguments. As many other things in Montenegro, the practice of wearing face-masks was also politicized. Namely, in late December 2019, a wave of protests started against the controversial religion law ("Law on Freedom of Religion or Belief and the Legal Status of Religious Communities"). Demonstrations continued into January, February and March 2020 as peaceful protest walks, mostly organized by the Metropolitanate of Montenegro and the Littoral of the Serbian Orthodox Church in most of Montenegrin municipalities. As time went on a considerable percentage of Montenegro's population took to streets opposing the law. In March 2020 due to Covid-19 pandemic in Montenegro Government banned any kind of gatherings and all protests have been paused by the Serbian Orthodox Church. As protesters believed that the Government instrumentalized Covid-19 prevention measures in order to stop and prevent protests, some of citizens did not want to obey Government anti-Covid-19 rules and measures. When asked to give comments on the relationship between daily politics and wearing face-masks, some of my interlocutors held the impression that members and sympathizers of the ruling parties wear masks more often and that they are generally more responsible in obeying rules, measures and recommendations. According to those views, members and sympathizers of the ruling parties show their show loyalty to state institutions and ruling political parties.⁵ Thinking about that phenomenon Željko says:

“When you watch a TV report about political activities of DPS you will see that they all wear masks, respect distances... They look like robots. Their

⁵ Ethnographic research was conducted mostly in spring and summer 2020. Parliamentary elections were held in Montenegro on August 30, 2020. The election resulted in a victory for the opposition parties and the fall from power of the ruling DPS, which had ruled the country since the introduction of the multi-party system in 1990. Massive celebrations were held all over Montenegro the day after the elections. Although their Government had previously banned all public gatherings due to the COVID-19 pandemic in Montenegro, the Democratic Party of Socialists of President Milo Đukanović announced a counter-meeting. Thus, we can say that both sides in Montenegrin political spectrum massively violated anti-Covid-19 measures in the period after parliamentary elections.

members behave in the same manner even in private situations”. Listening to our conversation his friend Nikola added: “I don’t feel comfortable with a face-mask because I felt that everyone stares at me and thinks that I also support the ruling coalition.”

Regional Discrepancies in Wearing Face-Masks

While I was spending my holiday (July 2020) in Budva, a Montenegrin coastal town, I could see very few people wearing face-masks. No sooner did I go back to Pljevlja, a town in Northern Montenegro, and then I could see very few people not wearing face-masks. Having that in mind, I would ask all my interlocutors for their impressions of the rate of people wearing face masks in towns where they live or in the towns they have visited. After an extended discussion, one of my interlocutors from Podgorica concluded:

“I think that the rate of people wearing facemasks in the city center is maximum 30 percent, but when you move from the center it is around 10-15 percent. Sometimes I feel that no one wears a mask”.

In general, there was a widespread belief among my interlocutors that the rate of people wearing face-masks in Northern Montenegro is higher than the rate in central and coastal parts of the country. A part of explanation for this regional discrepancy lies in the fact that new residents rarely come to live in small towns in Northern Montenegro. While Podgorica, Montenegrin capital has a population of some 200,000 people with a daily inflow of new residents and visitors, and while coastal towns attract many tourists particularly during the summer season, towns in Northern Montenegro function as a kind of face-to-face communities – where an individual is related to many other individuals in different ways. In a demographic structure with almost no new residents for a long period, information about Covid-19 infected persons moves extremely fast. Thus, citizens of small towns often have instant and direct insights into harm and even fatal effects that Covid-19 can do to (supposedly) healthy people, which makes people afraid of the infection and responsible regarding wearing face-masks. In that respect, Kolašin, one of Montenegrin centers of winter ski tourism, is an instructive example. Namely, in January and February 2021 Kolašin faced an (unexpected) influx of tourists, but in the months after the winter ski season, the rate of Covid-19 infected people in the town had its peak. Locals blamed tourists

who brought viruses in the town. One of my interlocutors, who is working in the Cultural Centre of Kolašin told me:

“I am infected and to be frank I do not know what to do. I feel very sick, but as it is Sunday there is no doctor in the town. I worry for my mother and father who are elderly people and who have many risk factors. They are also infected. There is no family in Kolašin without infected members. The situation is horrible. Kolašin had an excellent season, but it seems that tourists brought all variants of Covid-19”.

Funeral ceremonies and particularly the funeral lunch (sofra) might be one of the main reasons for increase in the number of people infected with coronavirus in Northern Montenegrin towns. Namely, the funeral lunch (sofra), as a part of overall funeral ceremonies, is organized across Montenegro, but this traditional practice is especially rooted in towns and villages of Northern Montenegro. It is devoted to the soul of buried person and it is organized for family and relatives of buried person, his/her neighbors, close and family friends as well as for those who traveled from other towns and villages to attend the funeral. In order to approach this traditional practice during the time of Covid-19 pandemic, I did my fieldwork in Pljevlja, the northernmost town in Montenegro. Although the citizens of Pljevlja are considered responsible regarding wearing face-masks and although the first impression of my interlocutors who have visited Pljevlja is that the rate of people wearing face-masks is higher than in other Montenegrin towns, Pljevlja sometimes counts the highest rate of infected citizens. In May 2021, while the epidemic was declining in the rest of Montenegro, this town had the highest rate of Covid-19 infected citizens. A part of explanation lies in funeral rites and the practice of funeral contribution based on a principle of reciprocity. Notably, when a person dies, relatives, family friends and people who felt close with the deceased contribute to his/her family with money and alcoholic drink. After giving the contribution, they are obliged to attend the funeral lunch which is devoted to the soul of buried person. As families keep records of people and families who provided them with the contribution, according to the principle of reciprocity, they are obliged to pay the contribution back once when a person from the family that provided them with the contribution dies. Depending on different factors, the number of people who contribute can be even a couple of hundreds. When it comes to the money contribution itself, it typically varies between 20 and 50

euros and it also includes a bottle of alcoholic drink (mostly rakija).⁶ The practice of funeral contribution is prevalent among the Orthodox families (particularly those of rural origin), which is the majority of total population in Pljevlja. This funeral practice put a strong ethical pressure on people to take part in funeral ceremonies. The funeral lunch is organized mostly indoor, thus it is a highly risky event for Covid-19 transmission. As all social gatherings are officially banned, local communal police control the implementation of official measures, but they face a strong ethical pressure regarding funeral rites. Namely, if a communal police officer fined family for breaking anti-Covid-19 measures during funeral rites, he/she would lose his/her face in front of others (a combination of social standing, reputation, prestige, respect, influence, dignity and honor).⁷ After determining this problem, I had an interview with a communal officer from Pljevlja. He pointed out a strong ethical pressure in controlling the implementation of anti-Covid-19 measures at funeral ceremonies:

“We daily control the implementation of anti-Covid-19 measures. Generally speaking, people here are very responsible regarding wearing masks. Yes, we have problems with funerals, but even a bigger problem is the mandatory funeral lunch. It happens that some people attend only the funeral lunch without attending the funeral itself. Funerals are not problematic that much as they are outdoor, but the vast majority of infected people catch a virus indoor, during the funeral lunch. We are doing our best to explain to them how dangerous this practice is, but we cannot enter their homes, ban the funeral lunch and punish people sitting around the table. The family would consider it an act of humiliation. Furthermore, I would lose face in front of the deceased’s extended family, my extended family, friends and acquaintances... In the end, I would feel ashamed”.

Discussions

As anthropology has a long tradition in the study of cultural explanations of unknown diseases during epidemics, with this study I wanted to encompass the complexity of local cultural factors that affect the practice of wearing protective face-masks in Montenegro. In addition to anthropological studies on local explanations and responses of ongoing epidemics, the

⁶ In some cases alcoholic drink (rakija) contribute only with alcoholic drink.

⁷ About the concept of face, see more in (Yau-fai Ho 1976)

theoretical-methodological framework consisted of cross-cultural studies of cultural dimensions, which suppose that the ways in which people in different countries perceive and interpret their world vary along basic dimensions. Theories of cultural models view culture as a stable entity rather than a process placing an emphasis on the individual as a mediator of cultural models, thus I used these theories only to present comparative material for this study and to show the ways in which inherited and deeply embedded cultural factors can partly affect the implementation of anti-Covid-19 measures. Additionally, this research has clearly shown that basic cultural dimensions can be found in the same society as well. Notably, while young people in Montenegro wear face-masks starting from typically collectivistic arguments (to protect elderly people close to them), elderly generations wear masks to protect themselves (which is typical for individualistic cultures). Although they live in the same society, there is a sharp distinction in the reasons that motivate them to wear face-masks.

All the collected ethnographic data about the practice of wearing face-masks in Montenegro I have divided into the following categories. The first category encompasses typical globally widespread anti-masking arguments, such as claiming medical issues (with the pivotal argument that the mask impairs breathing) or the issues of personal freedom and freedom of choice. A part of globally widespread arguments circulating in Montenegro are also the religious ones and they are particularly prevalent among Orthodox adherents. As those anti-maskers who believe that the smoke kills Covid-19, a part of Orthodox adherents believe that incense used in religious rituals also kills corona virus. That situation affects the vast majority of my interlocutors to believe that Orthodox adherents are less responsible regarding wearing face-masks and respecting anti-Covid-19 measures in religious objects than Islam or Catholic adherents in Montenegro. The practice of wearing face masks has its political dimension which was particularly noticeable in Spring/Summer 2020. Namely, in late December 2019, a wave of protests started against the newly adopted controversial religion law and demonstrations continued into January, February and March 2020 as peaceful protest walks. As in March 2020 due to Covid-19 pandemic in Montenegro Government banned any kind of gatherings, protesters believed that the Government instrumentalized Covid-19 prevention measures in order to stop and prevent protests. It is why some of citizens didn't want to obey Government anti-Covid-19 rules and measures. Many protesters had belief that, by wearing face-masks, members and sympathizers of the ruling parties wanted to show their loyalty to state institutions and ruling

political parties. When it comes to the regional discrepancies regarding wearing face-masks, the majority of my interlocutors who have visited various towns in Montenegro had impression that the rate of people wearing face-masks in Northern Montenegrin towns is higher than the rate in central and coastal Montenegro. That is also my own impression after visiting almost every town in Montenegro. A part of explanation lies in the fact that new residents rarely come to live in small towns in Northern Montenegro. In a demographic structure situation with almost no new residents for a long period, these towns function as a kind of face-to-face communities – where an individual is related to many other individuals in different ways. Thus, people in small towns often have instant and direct insights into harm and even fatal effects that Covid-19 can do to (supposedly) healthy people, which makes people afraid of the infection and responsible regarding wearing face-masks. Funeral ceremonies and particularly the funeral lunch devoted to the soul of buried person might be one of the main reasons for increase in the number of people infected with coronavirus in Northern Montenegrin towns. The funeral lunch (sofra) is organized across Montenegro, but this traditional practice is especially rooted in towns and villages of Northern Montenegro. It is why I did my fieldwork in Pljevlja, the northernmost town in Montenegro. Although the citizens of Pljevlja are considered responsible regarding wearing face-masks and although the first impression of my interlocutors who have visited Pljevlja is that the rate of people wearing face-masks is higher than in other Montenegrin towns, Pljevlja sometimes counts the highest rate of infected citizens. A part of explanation lies in funeral rites and the practice of funeral contribution based on a principle of reciprocity. Notably, when a person dies, relatives, family friends and people who felt close with the deceased contribute to his/her family (mostly) with money. After giving the contribution, they are obliged to attend the funeral lunch which is devoted to the soul of buried person. As families keep records of people and families who provided them with the contribution, according to the principle of reciprocity, they are obliged to pay the contribution back once when a person from the family that provided them with contribution dies. The practice of funeral contribution is prevalent among the Orthodox families (particularly among those of rural origin), which is the majority of total population in Pljevlja. This modern (but traditionally generated) funeral practice put a strong ethical pressure on people to take part in funeral ceremonies. As the funeral lunch is organized mostly indoor, it is a highly risky event for Covid-19 transmission. When facing with this widely accepted funeral practice,

local communal police officers also feel a strong pressure and they give up from the strict control of implementation of official anti-Covid-19 measures during the funeral rites.

Conclusion

Although the Covid-19 transmission happens in the same way across the globe, the implementation of virus prevention measures and recommendations occurs with many variations in different national and cultural contexts. Thus, the main goal of this analysis was to encompass the complexity of local cultural factors influencing the implementation of prevention measures and recommendations during the ongoing Covid-19 pandemic in Montenegro. Notably, if the same rules on hygiene and social distancing are implemented with great variations in different contexts, then it was relevant to examine their cultural conditionality. In addition to anthropological studies that analyze local explanations and responses of ongoing epidemics, the theoretical-methodological framework of this research consisted of cross-cultural studies of cultural dimensions. This material offered an interesting comparative insight into the depth of cultural conditioning of responses to Covid-19. The data obtained through semi-structured in-depth ethnographic interviews sheds light on attitudes permeating the practices of wearing face-masks in Montenegro. Part of anti-masking argumentation encompasses typical globally widespread anti-masking arguments, such as claiming medical issues or the issues of personal freedom and freedom of choice. Religious anti-masking arguments relate to belief that incense used in Orthodox religious rituals kills corona virus. The political dimension of wearing face-masks was mostly connected with a wave of protests started against the controversial religion law adopted in late December 2019. Demonstrations continued as peaceful protest walks, but the Government banned any kind of gatherings (March 2021) making protesters believed that the Covid-19 prevention measures were instrumentalized to stop and prevent protests. It is why some of citizens didn't want to obey Government anti-Covid-19 rules and measures and why some protesters had belief that members and sympathizers of the ruling parties wanted to show their loyalty to ruling political parties by wearing face-masks. The majority of my interlocutors have impression that the rate of people wearing face-masks in Northern Montenegrin towns is higher than the rate in central and coastal Montenegro. This can be connected with a face-to-face character of small towns in Northern Montenegro where people often have instant and direct insights into harm and even fatal effects that Covid-19 can do to (supposedly) healthy people.

Funeral ceremonies and particularly the funeral lunch devoted to the soul of buried person might be one of the main reasons for increase in the number of people infected with coronavirus in Northern Montenegrin towns. The funeral lunch (sofra), as a part of overall funeral ceremonies, is organized across Montenegro, but this traditional practice is especially rooted in towns and villages of Northern Montenegro. In order to approach this traditional practice during the time of Covid-19 pandemic, I did my fieldwork in Pljevlja, the northernmost town in Montenegro. Although the citizens of this town are considered responsible regarding wearing face-masks (comparing to other Montenegrin towns and its capital), Pljevlja sometimes counts the highest rate of infected citizens (in May 2021, while the epidemic was declining in the rest of Montenegro, this town had the highest rate of Covid-19 infected citizens). A part of explanation lies in funeral rites and the practice of funeral contribution based on a principle of reciprocity. As the funeral lunch is mandatory for those providing contribution to the family of buried person and as it happens mostly indoor, the funeral lunch becomes a highly risky event for Covid-19 transmission. When facing with this widely accepted funeral practice, local communal police officers also feel a strong pressure and they give up from the strict control of implementation of official anti-Covid-19 measures during the funeral rites.

Literature:

Abramowitz, S. (2014). Ten things that anthropologists can do to fight the West African Ebola epidemic. Somatosphere. <http://somatosphere.net/2014/ten-things-that-anthropologists-can-do-to-fight-the-west-african-ebola-epidemic.html/>, accessed September 26 [Google Scholar]

Bjarke, O. (2020) An Anthropology of the Handshake, *Anthropology Now*, 12:1, 39-44, DOI: 10.1080/19428200.2020.1761216

Eriksen, T. (2004). *What is Anthropology?* London: Pluto Press

Farmer, P. (2006). *AIDS and Accusation: Haiti and the Geography of Blame*. Oakland: University of California Press

Hall E.T and Hall M.R. (1990). *Understanding cultural differences*. Yarmouth: Intercultural Press

Hedges, K and Ennis-McMillan, M. (2020). Pandemic Perspectives: Responding to COVID-19. *The Open Anthropology Journal* 8 (1): <https://www.americananthro.org/StayInformed/OAIssueTOC.aspx?ItemNumber=25609>

Higgins R., Martin E. and Vesperi M. D. (2020) An Anthropology of the COVID-19 Pandemic, *Anthropology Now*, 12 (1), 2-6, DOI: 10.1080/19428200.2020.1760627

Kutalek, R., Wang S., Fallah, M., Sanford Wesseh C., and Gilbert J. (2015). Ebola interventions: Listen to communities. *The Lancet Global Health* 3(3):e131. doi:10.1016/S2214-109X(15)70010-0. [Crossref], [PubMed], [Web of Science ®], [Google Scholar]

Hofstede G., Hofstede J., and Minkov M. (2010). *Cultures and Organizations: Software of the Mind*. New York: McGraw Hill

Nichter, M. (1987). Kyasanur Forest Disease: An Ethnography of a Disease of Development. *Medical Anthropology Quarterly* 1 (4), 406-423

Nichter, M. (1989). *Anthropology and International Health: Asian Case Studies*. Boston: Kluwer Academic Publishers

Pfeiffer J., Nichter M. (2008). What Can Critical Medical Anthropology Contribute to Global Health? A Health Systems Perspective. *Medical Anthropology Quarterly* 22 (4), 410-415

Pylypa, J. (2020) A Week in the Life of COVID-19 in Ottawa, Canada, *Anthropology Now*, 12:1, 33-38, DOI: 10.1080/19428200.2020.1761208

Raposo Vera, L. (2020). Can China's 'standard of care' for COVID-19 be replicated in Europe? *Journal of Medical Ethics* 46, 1-4

Rouse, C. M. (2020) It's All Free Speech Until Someone Dies in a Pandemic, *Anthropology Now*, 12:1, 66-72, DOI: 10.1080/19428200.2020.1761212

Trompenaars F., and Hampden-Turner C. (1997). *Riding the Waves of Culture*. London: Nicholas Brealey Publishing

Venables, E., and U. Pellecchia. (2017). Engaging anthropology in an Ebola outbreak. *Anthropology in Action* 24(2):1-8. doi:10.3167/aia.2017.240201. [Crossref], [Google Scholar]

WHO 2021. The true death toll of COVID-19. <https://www.who.int/data/stories/the-true-death-toll-of-covid-19-estimating-global-excess-mortality>. Accessed on June 15, 2021.

Yau-fai Ho, D. (1976). On the Concept of Face. *American Journal of Sociology* 81 (4), 867-884