Name: Cultural

<Files\\EU-1> - § 2 references coded [15.31% Coverage]

Reference 1 - 14.43% Coverage

¶85: In our country, the social and cultural aspect, there is a lack of evidence regarding the health app. Then, most of our medical professionals don't have much interest in digital the technological aspects whether they are using the so called analog systems. This is main limitation I found. Education is the only thing that help us to remove this barrier.
¶86:
¶87: I think in our in our country, users have problem in believe issue, they don't believe anything, they don't believe in technology, they don't believe in technological upgradation, they don't believe in science, especially in the rural areas and due to blind religious factor. This is another limitation I found. Education is the only thing that help us to remove this barrier.
¶88:
¶89: The blind religious people's, their inferential activity, they always try to restrain people from science, advanced technology. They always fear that their identity their inter interoperability will be stolen due to the use of such technology. For example, if they use the apps, which have been made by the your known religious leader they will use with any questions, but complete opposite reactions from other source, even Govt. got stuck some time with the general people belief and thought. Thus, involvement of leader, the religious leader during some app design, development and deployment is vey important in the third world countries.

Reference 2 - 0.88% Coverage

¶90: I think this is also very important even in our educated people, believing in this.

<Files\\EU-3> - § 5 references coded [15.27% Coverage]

Reference 1 - 4.05% Coverage

¶45: health apps offered by companies say from, Eastern Europe or Middle East, so I can't tell you whether they look different or not. But those from English speaking countries, they all kind of have stereotypical. every user that they assume have the same language command, the same preferences in interface and I think it's kind of limiting the choices that people have. It could also make people use or not use the system a day, all the images being kind of white men irritates women in particular, whether it will be the most beneficial to, for others to use, I'm not sure.
¶46:
Reference 2 - 1.08% Coverage

¶47: Do you really think that you know, parent have doesn't take the diversity of the users, I think so I think they should be a bit more culturally aware.
¶48:
Reference 3 - 1.70% Coverage

¶49: Then what I also found interesting, like in COVID, in particular, I think Australian government realized earlier last year, especially cultural minorities don't get the messages, and they tried to translate information in multiple languages.

Reference 4 - 5.99% Coverage

¶104: As I said early, I think that there is not enough diversity in the development teams. So if they development team would involve people of different cultural backgrounds and different genders, then I think they would bring those diversities into the applications just naturally, like you and I would probably find things that others suggest not appropriate for people from our culture. We can tell and can talk about it, whereas people coming from different cultures may never occur. They may never even think about it.
¶105:
¶106: Then, the engineer it's like with session, you know, we never except that they the clothes should be developed in a culturally aware way. But way far from being as kind of close to being diverse in the mobile tools or in electronic tools. Yeah, cultural diversity in app itself and among users are one of the major limitations.

Reference 5 - 2.46% Coverage

¶125: as you mentioned, it's good that the Japanese companies employ people from Bangladesh, but it should not be just Bangladesh. It should be actually diverse groups from Eastern Europe and Bangladesh and the Australia, all talking to each other. Only, then kind of respectfully accepting the diverse diversities and differences that they have in us.
¶126:
<Files\\EU-7> - § 1 reference coded [7.67% Coverage]

Reference 1 - 7.67% Coverage

¶68: Regarding the culture, I would say users are generally not comfortable using the health app overall, rather they want to use some of existing social apps for health purpose. For example, hundred of thousands of users in our country use WhatsApp for medical purpose. Their actually a couple of reasons for that: first they believe this app is more secure compare to any other existing health apps, then they can share any document, large documents and can talk over it easily.
¶69:
¶70: However, the physical laborious people of Bangladesh prefer to use Imo, due to its ease of access, i.e., using a phone no they can talk and share documents. These people are less concerned about the security of their data.
¶71:
<Files\\EU-9> - § 2 references coded [14.00% Coverage]

Reference 1 - 6.88% Coverage

¶39: I use Samsung app, I tried to use it continuously, but I have faced a lot of problems while using this app. For example, the app suggest to take some sort of food which is unavailable in our country, actually the don't take account of the information that I have different food habits. So when this apps suggests me about my foods, I have felling that it is irrational to me. So you can say that the culture is not considered when this app is designed.

Reference 2 - 7.12% Coverage

¶45: Okay, for example in Bangladesh rice is the most common food for lunch and dinner, sometime as breakfast as well. However, when we give such input the app, it can't relate that parameters. Basically, I found it has some pre-calculated data measurements and it shows

output parameters based on it. I mean, it consider user inputs, but based on pre-calculation its some results. That's why it is bit unrelative for us, It means there is problem in its working process.

¶46:

<Files\\EU-9(10)> - § 1 reference coded [3.19% Coverage]

Reference 1 - 3.19% Coverage

¶61: I think most in the culture. The app seems to be designed only for highly educated people. For example, the don't consider the food categories of south Asian users like myself when calculating some output.

¶62:

<Files\\EU-9(11)> - § 6 references coded [11.90% Coverage]

Reference 1 - 2.59% Coverage

¶56: some people believe that the E health or telemedicine service is a kind of free service or government service, or the service provided by some nonprofit organization. They believe they know somehow that this kind of services should be free, a kind of free of service. That's why they are not ready to pay for telemedicine service and they think this service is appropriate, and hence after getting telemedicine they might need to go to the doctor chamber again. That is one issue.

Reference 2 - 1.82% Coverage

¶60: issues we experienced is that some people are unprepared for the sevice, it means some people are early on their phone fields, they just want to know that what really the problem is, and just need to know a bit information, what kind of treatment they need, where they should go for better treatment, what kind of doctor they need to meet

Reference 3 - 1.95% Coverage

¶78: many user want connect to our service through WhatsApp and Viber, as they more used to these app compare to our app. At the very beginning we used to share the WahtsApp and Viber based service too, but have to stopped it as we found many user unnecessarily try to contact the doctors in some wire time, like in midnight. This wan annoying and thus we stopped it.

Reference 4 - 0.61% Coverage

¶80: making them aware of the issues and educate them was a more challenging compare to developing the Meditor platform

Reference 5 - 0.50% Coverage

¶104: we're facing is that many people in don't want to really pay payment through digital platform

Reference 6 - 4.42% Coverage

¶122: we tried to make different modules for elderly users, or try to use different model for children or the people below 18 years old. For example, some people really don't have this enough knowledge about using mobile apps and how to get the best of from it. Some people cannot really read English in terms of Bangladeshi context. So we faced issues to implement a Bengali version of our app, you

know, in other countries, they might need to implement another their countries or you know, the own our own language base app. One issue is this language barrier we're facing, and we're trying to implement a multi-lingual support system. And for elderly people, we are trying to create a different model that they can use easily. This system currently running to the doctors end as pilot project, but we are getting good response

<Files\\EU-9(12)> - § 2 references coded [11.27% Coverage]

Reference 1 - 6.85% Coverage

¶71: I mainly discuss some of the issues with my families who live overseas. Sometimes I found how they consider some issues is bit different compare to us, an engineering live in Japan. One common thing I found is that the cultural differences among different users who use health apps. For example, the users in Japan tend to be more reserved about their personal thought where as my family who live in other country seems more willing to share their problem with others to collect suggestion. So, cultural difference is type of issue that need to consider with more importance.
¶72:

Reference 2 - 4.42% Coverage

¶73: Another example about the cultural difference is that, In japan we have to take our medical checkup every six months and that's all, automatic suggestion comes in that whether I need to visit the doctor or about what to do with my current medication. But in Bangladesh, first there is no need to take the test, its upto the users whether they want to do the test or not.
¶74: