

1 **Community survey on wearing mask to prevent**
2 **COVID-19, Bangladesh, 2021**

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ABSTRACT

Aims: To understand the mask wearing behavior of people, to identify why people do not wear masks, what obstacles are present, and what suggestions people have to increase mask wearing.

Study design: It was a cross sectional study.

Place and Duration of Study: In the outpatient department of the government hospital, community clinics and expanded program for immunization centers in Sub district area Monohargonj Upazila (Sub district), Bangladesh from 21st November to 20th December 2020.

Methodology: Mask wearing was categorized as always wear mask in outside or not, reasons for not wearing mask, perception on prevention of COVID-19 and suggested punishment for not wearing mask. **The researchers** recruited people from 18 years and over from the Government Hospital, community clinics, and Expanded Immunization Program (EPI) centers in Monoharganj Upazila, Cumilla District, Bangladesh. The sample size of 384 assumed 50% mask wearing. **However, 401 persons were participated in this study.** A questionnaire was prepared in local language. Data were collected through face-to-face interview after obtaining verbal informed consent. Interviewers were doctors, nurses, health assistants and community health care providers.

Results: Of the 401 survey participants, 51% of the males always wear mask. Mask wearing was highest among in-service holders (68%), Hindus (67%) and students (61%) and increased with educational level and income. While 73% said a mask can prevent COVID-19 only 48% wore a mask. Of the people who don't wear masks, 39% said it was uncomfortable, 5% felt it did not prevent COVID-19, and 8% thought it did not look nice. Most participants agreed to fine or jail people who don't wear masks.

Conclusion: Wearing masks is a reasonable and economical intervention to prevent COVID-19 transmission. In Bangladesh, many people don't wear masks because its uncomfortable, unattractive, and not protective. The government should encourage people to wear masks and enforce the infection prevention law on wearing masks.

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Keywords: COVID-19, Disease prevention, Health practice behavior, Mask, Rural area.

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14 1. INTRODUCTION

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16 In December 2019, the severe acute respiratory syndrome corona virus 2 (SARS-CoV-2)
17 was first identified in Wuhan China [1] and began its worldwide spread [2]. The route of
18 transmission of COVID-19 is inhalation of fine droplets and aerosol particles from infected
19 people [3]. Thus, the World Health Organization (WHO) recommended wearing a mask to
20 prevent the spread of COVID-19 [4].

21 Non-pharmaceutical interventions such as mask wearing is an effective way to prevent
22 transmission of COVID-19 and has been adopted by many countries [5]. In order to reduce
23 the spread of COVID-19, Bangladesh and other countries motivated people to practice
24 protective behaviors [6]. The Government of Bangladesh implemented a mass awareness
25 program through mass media, health workers, and government services to village level [7] to
26 encourage people to wear masks and social distance [8].

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28 This cross-sectional community survey was conducted in Monohargani Upazilla which is a
29 remote upazila (subdistrict) in Bangladesh. From May 2020 to October 2020, 534 people
30 developed COVID-19 and 17 died. This was much lower than neighboring Upazilas
31 (subdistricts) and attributed to early awareness programs, mask distribution, involvement of
32 local political and religion leaders [9]. The researchers conducted this survey to identify why
33 people do not wear masks, what obstacles are present, and what suggestions people have to
34 increase mask wearing.

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36 2. MATERIAL AND METHODS

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38 This study was a community survey in Monoharganj Upazila of Cumilla District, Bangladesh.
39 The survey was conducted in Monoharganj because this rural area may reflect the behavior
40 and attitude of the people regarding wearing mask. The Upazila is surrounded by low land a
41 rural area and 45 kilometers away from the district township. The income and education
42 status are low in compare to other subdistricts. Residents are low in economic status and the
43 education status is average.

44 The Upazila has a population of 300,000 people. Majority of the residents are farmers and
45 small businessmen like shop keeper or vendor. Current per capita income of Bangladeshis
46 are 16660 take (200 USD) and in this Upazila is 10000 taka (120 USD) per month [10]
47 which places it in a low-middle income category. Most of the area is swamp. Education and
48 adaptation of modern facilities is not popular among the people.

49 The study was conducted from 21st November to 20th December 2020. A questionnaire was
50 prepared, translated to local language including twenty-one questions and piloted in a bazar
51 and revised. The final questionnaire collected demographics, religion, family size and
52 income. Education levels were classified as illiterate, primary school certified (PSC), junior
53 school certified (JSC), secondary school certified (SSC), higher secondary school certified
54 (HSC) and above. Mask wearing was categorized as always wear mask in outside or not,
55 reasons for not wearing mask, perception on prevention of COVID-19 and suggested
56 punishment for not wearing mask. The researchers recruited people 18 years and above
57 who attended the Government Hospital, community clinics, and Expanded Immunization
58 Program (EPI) centers in Monoharganj Upazila, Cumilla District, Bangladesh. As the
59 questions were more perception based and related to the attitude and behavior, the study
60 does not include the children. Assuming the 50% people wear mask, this study use the
61 prevalence formula to calculate the sample size. Which come out with 384 numbers.
62 However, 401 people participated in this study in different areas. Data processing was done

63 accordingly. Data were entered in MS excel. Data cleaning and duplication were detected
64 and addressed.
65

66 67 **3. RESULTS**

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69 The survey had 401 respondents and no refusals. Average age of respondents was 40±13
70 (SD) years. Most participants were male (72%), 28 to 37 years of age group (35%) and
71 Muslim (93%) (Table 1). The common occupations were businessmen (22%), housewife
72 (22%) and service holders (Government worker, teacher, banker, etc.) (21%). Education
73 level varied from 11% illiterate, 20% above higher secondary. Family size averaged 5
74 members and ranged from 5-8 members.

75 Among the participants, 51% of the males and 40% of the females always wear mask. Mask
76 wearing was highest among service holders (68%) and students (61%). There was little
77 difference in always or not always wearing mask between the ages of 18-57 years and in the
78 58 years and above group, there more elderly people (60%) who did not always wear mask.
79 Only 30% of the housewives always wear mask. Among the Hindu religious followers 67%
80 wear mask always and 47% for Muslims. Mask wearing increase with increasing educational
81 level and income.

82 Of the 39 participants who did not wear mask, the reasons for not wearing a mask were that
83 the mask was uncomfortable (39%), that the mask does not look nice (8%), and the
84 perception that the mask does not prevent COVID-19 (5.1%). (Table 2)

85 All participants agreed that people who don't wear mask should be fined (83%) or jailed
86 (9%). (Table 3) There were 210 people who believed that masks can completely prevent
87 COVID-19 but only 53% always wear mask. 17 people believe that mask does not prevent
88 COVID-19. (Table 4) Among the illiterates, 44% people completely believe that mask can
89 prevent them from getting infected by COVID-19, while 11.6% never believe on it. Among
90 the higher education people (above HSC passed) 55.7% believe that mask can prevent
91 COVID-19 but 5.1% stated that it cannot (Table 5)

92 93 94 **4. DISCUSSION**

95
96 In this rural area in Bangladesh, most people wear a mask but not always. People wear
97 mask because government policy and feel masks are protective but people who do not wear
98 mask because the masks are uncomfortable, unattractive, and not protective.

99 In this study most males would always wear mask when they get outside of their home but
100 females do not practice this. In Bangladesh, the culture is that males spend more time
101 outside the house than females and have a greater exposure outside the house [11]. Major
102 activity for females outside the house is marketing and don't wear mask because have
103 perception they traditionally use neqab (Veil) which covers all the face except the eyes.
104 Females feel that this acts as a mask but does not protect as a mask.

105 In this study, majority of the most groups with lots of interactions with people like
106 businessmen, students and service holders do not wear mask always. Those who are
107 directly related with the public were more vulnerable for affected by COVID-19, but wearing

108 mask is not practice by all [12]. However, this study found a similar distribution in occupation
109 like businessmen, house wives and service holders. That may raise the issue of rapid
110 spread of disease from the public places and or social gatherings. In this study, majority of
111 the Hindu religion followers wear mask always but the number is less among the Muslims. A
112 study in Ethiopia reported that religion is one of the factors associated with practicing
113 precautionary measures for COVID-19 prevention such as mask wearing [13].

114 In this study, the percentage of wearing mask gradually increased from illiterate to above
115 higher secondary school. Other studies show that higher years of education is associated
116 with higher use of mask [14]. In addition, in our study, people who do not wear mask always,
117 has less household income than those who wear mask always. That may reflect the similar
118 findings of this study [13]. The Bangladesh Government encourages people to wear masks
119 but has a limited supply of masks to give free. The cost of surgical masks 5 Taka, cloth
120 masks – 15-20 Taka and may be too expensive for people with low income for daily use.

121 There is much information on why people don't wear masks. In Canada and the USA, if
122 anyone wears a mask, people think they are sick [15]. In the middle east countries, their
123 culture emphasized showing their face to recognize the person and avoid wearing a mask
124 because it hinders their freedom [16]. People complain that mask wearing causes difficulty in
125 breathing and hearing [17]. Wearing mask is common practice in Asian countries before the
126 COVID-19 [18] but in South Asian countries wearing mask will be a behavioral change and
127 may need time for adaptation. In Bangladesh, people did not wear a mask before COVID-19
128 pandemic. However, people with asthma that live in large cities with air pollution may wear
129 masks. Currently, most people wear mask because of fear of illness and death and
130 government requirement of "no mask no service" (sic) where service includes government or
131 private service health care, administrative, or banking [19]. This study and many other
132 studies showed that older people were less likely wear mask than younger people, [20] that
133 mask wearing differed with age, income, occupation, and that men were less likely to wear
134 mask. [21].

135 This study verified that mask wearing is not a common practice and that's why people don't
136 wear masks in a rural area in Bangladesh. More importantly, this study documented that all
137 the participants agreed upon giving punishment to those who don't wear masks. The fine
138 should be appropriate for those who do not wear mask. A newspaper article in Bangladesh
139 reported that people who don't wear a mask should be fined 5000 taka [22].

140 This and other studies demonstrate that wearing a mask can prevent COVID-19
141 transmission. This primary intervention is cheap and easily achieved, and involves
142 individuals' actions rather than avoiding social gathering, community and business
143 lockdowns, and vaccination.

145 Mass masking for source control, social distancing and hand hygiene during the COVID-19
146 pandemic shifts the focus from self-protection to altruism, actively involves every citizen, and
147 is a symbol of social solidarity in the global response to the pandemic[23].

148 The basic public health practice in response to prevention of SARS-CoV-2 infection is
149 essential to be followed [24]. Every country gives the priority of this behavioral practice
150 regarding this. Wearing mask is one of the major public health interventions among them.
151 Therefore, to prevent the rapid spread, Bangladesh government advised every citizen to
152 follow the public health instructions and to wear mask.

153

154 **4. CONCLUSION**

155

156 This study found that, people wear mask to keep themselves protected from COVID-19.
157 However, the major factors that hinders this basic public health practice (wearing masks) are
158 uncomfortable, unattractive, and not protective. Males are predominant who always wear
159 mask. Religion and education have good impact on practicing wearing mask. Majority of the
160 most groups with lots of interactions with people like businessmen, students and service
161 holders do not wear mask always. Participants of this study agreed upon giving punishment
162 to those who don't wear masks. There was no conflict of interest.

163

164 **Consent**

165 Informed written consent was obtained from the participants after the study objectives and
166 procedures were clearly explained to them.

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168 **LIMITATIONS:**

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170 The study had limitations. The Questionnaire was not validated by the experts. People under
171 the age of 18 was not included in this survey. In this survey was conducted in a very limited
172 scale due to budget constrain.

173 Comorbidity was not included and could affect mask wearing behavior. The researchers did
174 not collect information on maintenance of mask which would affect the ability of the mask to
175 prevent transmission. The researchers relied on self-report of mask wearing and not
176 observing mask wearing.

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179 **ACKNOWLEDGEMENTS**

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181 It acknowledges the people of Monohargonj, Cumilla who participate in this survey.

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184 **COMPETING INTERESTS**

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186 Authors have declared that no competing interests exist.

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188 **AUTHORS' CONTRIBUTIONS**

189

190 Authors may use the following wordings for this section:

191

192 Author NISHARGA MERAJ CHOWDHURY designed the study, wrote the protocol, and
193 wrote the first draft of the manuscript. Author MIRZA MOHAMMAD OMER FARRQUE
194 performed the statistical analysis. Author CHOWDHURY NOURIN HASSIN MANAGED the
195 primary data management and managed the literature searches and Author ALDEN
196 HENDERSON review the protocol and drafting manuscript. All authors read and approved
197 the final manuscript."

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Tables

302 **Table 1: Demographic comparison in between respondents who wear mask always**
 303 **and who do not in the community survey on wearing mask in Monoharganj Sub-**
 304 **district in Bangladesh, November- December 2020.**

Demographic characteristics	Mask (always) N (%) N=192	Mask (not always) N (%) N= 209	Total N (%) N= 401
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Gender				
	Male	147 (51.2)	140 (48.8)	287 (71.6)
	Female	45 (39.5)	69 (60.5)	114 (28.4)
Age Groups				
	18-27 years	32 (45.1)	39 (54.9)	71 (17.7)
	28-37 years	66 (47.5)	73 (52.5)	139 (34.7)
	38-47 years	47 (52.8)	42 (47.2)	89 (22.2)
	48-57 years	28 (51.9)	26 (48.1)	54 (13.5)
	≥58 years	19 (39.6)	29 (60.4)	48 (11.9)
Occupation				
	Businessmen	46 (52.3)	42 (47.7)	88 (21.9)
	Housewife	25 (29.1)	61 (70.9)	86 (21.5)
	Service holder	58 (69.1)	26 (30.9)	84 (21.2)
	Student	14 (60.9)	9 (39.1)	23 (5.7)
	Others	68 (46.3)	79 (53.7)	119 (29.7)
Religion				
	Islam	182 (47.2)	204 (52.9)	386 (96.3)
	Hindu	10 (66.7)	5 (33.3)	15 (3.7)
Education				
	Illiterate	12 (26.7)	33 (73.3)	45 (11.2)
	PSC	23 (23.8)	66 (74.2)	89 (22.2)
	JSC	25 (35.7)	45 (64.3)	70 (17.5)
	SSC	37 (58.7)	26 (41.9)	63 (15.7)
	HSC	38 (69.1)	17 (30.9)	55 (13.7)
	Above HSC	57 (72.2)	22 (27.9)	79 (19.7)
Family Member				
	≤4	55 (43.7)	71 (56.4)	126 (31.4)
	5-8	117 (49.6)	119 (50.4)	236 (58.9)
	>8	20 (51.3)	19 (48.7)	39 (9.7)
Mean Expenditure (Taka)		22890 (± 10940)	17885 (± 9204)	

306 **Table 2: Reasons for not wearing mask among those who do not wear mask in the**
 307 **community survey on wearing mask in Monoharganj Sub-district in Bangladesh,**
 308 **November- December 2020.**

Reasons	Number	Percentage (%)
Not comfortable	15	38.5
It does not work	2	5.1
Not looking nice	3	8.0
Others	19	4.9
Wear alternate method	7	
Limited outside movement	4	
Breathing problem	4	
Others	4	
Total	39	100

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310 **Table 3: Perception of punishment for those who don't wear mask in the community**
 311 **survey on wearing mask in Monoharganj Sub-district in Bangladesh, November-**
 312 **December 2020.**

Type	Frequency	Percentage (%)
Jail	11	3.6
Fine	257	83.2
Jail and Fine	28	9.1
Others	13	3.2
Total	309	100

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315 **Table 4: Perception on wearing mask to prevent COVID-19 in compare to those who**
 316 **wear mask always and those who do not always wear a mask in the community**
 317 **survey on wearing mask in Monoharganj Sub-district in Bangladesh, November-**
 318 **December 2020.**

Perception on N wearing mask to prevent COVID-19		Mask (always) (N=192)	Mask (not always) (N=209)
Completely	210	112 (53.3)	98 (46.7)

Sometimes	81	47 (58.0)	34 (46.7)
Rare	63	22 (34.9)	41 (65.1)
Not sure	27	4 (14.8)	23 (85.2)
Never	17	7 (41.2)	10 (58.8)

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320 **Table 5: Perception on wearing mask to prevent COVID-19 in compare to educational**
321 **levels in the community survey on wearing mask in Monoharganj Sub-district in**
322 **Bangladesh, November-December 2020.**

Perception on wearing mask to prevent COVID	Education						Total
	Illiterate	PSC	JSC	SSC	HSC	Above HSC	
Completely	19 (44.2)	55 (62.5)	27 (38.6)	40 (63.5)	25 (45.5)	44 (55.7)	210 (52.8)
Sometimes	7 (16.3)	11 (12.5)	14 (20.0)	16 (25.4)	15 (27.3)	18 (22.8)	81 (20.4)
Rarely	6 (14.0)	11 (12.5)	19 (27.1)	5 (7.9)	10 (18.2)	12 (15.2)	63 (15.8)
Not sure	6 (14.0)	7 (8.0)	8 (11.4)	2 (3.2)	3 (5.5)	1 (1.3)	27 (6.8)
Never	5 (11.6)	4 (4.6)	2 (2.9)	0 (0.0)	2 (3.6)	4 (5.1)	17 (4.3)
Total	43 (100)	88 (100)	70 (100)	63 (100)	55 (100)	79 (100)	398 (100)

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