



Social Life of Masks: Experience From Bangladesh

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Table of Contents

1	Introduction	2
2	Methodology	4
2.1	Study Area Selection.....	4
2.2	Research Approach and Methods.....	5
2.3	Data Collection Tools.....	6
2.4	Data Analysis	7
3	Findings	8
3.1	The Birth of Masks.....	8
3.2	Beginning of the Social Life of Masks.....	9
3.3	Socialization of Masks	12
3.3.1	Cognitive Perspective	12
3.3.2	The Political Use of Masks	16
3.3.3	Religious Use of Masks	17
3.3.4	The Gender Dimension of Masks	18
3.3.5	Mask as Fashion	19
3.3.6	Economic Perspective	19
3.3.7	Symbolic Perspective	20
3.3.8	Normative Dimension	21
3.3.9	Professional Dimension	21
3.3.10	Institutional Stance	22
3.4	Death of Mask.....	23
4	Discussion	25
5	Recommended Actions	29
6	References	30

1 Introduction

Face masks, typically thought of as a fibre structure, were initially used in the mid-nineteenth century in Europe by surgeons in the operating room to stop germs from the wounded. Later it evolved into a means of protecting medical workers and patients from infectious diseases outside the operation room (Strasser & Schlich, 2020). Not surprisingly, the use of face masks has become a vital weapon to combat the COVID-19 pandemic around the world. The World Health Organization (WHO) advocated a range of nonpharmaceutical methods to prevent the spread of the COVID-19 virus at the onset of the ongoing pandemic, including wearing a face mask. Since then, it has become an essential feature of the pandemic across the globe (Abid et al., 2020). Despite its potential to reduce coronavirus transmission, compliance with masks has been a major issue around the world for various reasons.

Following COVID-19 safety measures of the WHO, Bangladesh recommended mask-wearing from the very beginning of the first attack of the pandemic in April 2020, which was later mandated (Mobarak, 2021). Despite multiple initiatives by local and national governments, people both in rural and urban areas of Bangladesh are reluctant to wear masks (Farheen et al., 2021). More than half of the rural people do not use masks in public spaces. A study by Tithila (2020) found that 49% of the population wears a mask in rural areas in Bangladesh.

Mask-wearing has been associated with a variety of socio-demographic characteristics, such as gender, religion, location, education, work position, monthly income, and country (Abid et al., 2020). Literature shows both positive and negative aspects of using face masks.

Discomforts with masks, among other factors, contribute to inappropriate masking since it creates many difficulties for the wearer. Rosner (2020) found that wearing masks for extended periods causes physical and psychological problems, and it can reduce work efficiency. In addition, mask-wearing causes a slew of other issues, including the inability to cover one's nose and mouth for lengthy periods of time in hot weather and the difficulty of verbal communication (MD & MD, 2021).

Masks not only protect the wearer from germs or viruses but also determine the wearer's appeal to others. A study conducted in Japan found that masked faces, regardless of gender, were perceived as less attractive than unmasked faces because they are associated with diseases of illness (Miyazaki & Kawahara, 2016). Hies and Lewis (2022) discovered an opposite scenario in an experiment to assess the effectiveness of various types of masks (e.g.,

surgical, cloth, covered by a book, and unmasked face) in changing facial attraction in the United Kingdom (UK). The study reveals that surgical masks make faces more attractive to others than any other type of masks. It is assumed that the COVID-19 helps to change people's perceptions of masked and unmasked faces because it allows people to see the medical professionals wearing surgical masks who have been playing a crucial role in the emerging catastrophe. In addition, people no longer consider a mask wearer as a doctor or having another physical illness.

A growing body of literature is concerned with the performance and proper use of face masks around the world. A mask works best when it is worn appropriately (Howard et al., 2021). Incorrect masking, on the other hand, can increase virus transformation (Javid et al., 2020). In addition, different types of masks are available worldwide, including medical, N95, and non-medical cotton masks, with varying levels of performance to serve various diverse populations (Naam et al., 2021).

Inappropriate use of the mask is another concern since a great number of people keep masks on their chin or mouth, allowing the nose exposed for breathing (Rahman, 2020). The Innovations for Poverty Action (IPA) and its local partners documented a decline in mask-wearing in Bangladesh through an observational study. It found that only 20% of the people were wearing masks that covered both their nose and mouth by June 2020. The rate of using masks inappropriately is higher in rural areas than the urban. While 37% of the urban people wear masks correctly, 26% of the villagers use them inappropriately (Farheen et al., 2021). Along with mask-wearing, mask disposal has become a great concern as a potential source of COVID-19 for Bangladesh since masks are being discarded inappropriately in the country (Rahman, 2020).

The masks have already become a community issue that demands community-level compliance to limit the spread of the deadly coronavirus. Consequently, we observed different government and non-government agencies initiating a wide range of interventions to promote the use of masks across the country, including distributing masks, delivering awareness messages, monitoring and doing research. A study reveals that the NORM model—no-cost free masks distribution, offering information on mask-wearing, reinforcement in-person and in public, and modelling and endorsement by local leaders—can bring positive change to the social norm of mask-wearing and increase mask-wearing in public places (Abaluck et al., 2021).

The current study takes a biographical approach to masks, inspired by the concept of “the social life of things” proposed by Arjun Appadurai (1986). Appadurai argues that objects, like people, have social lives and are not radically different categories. Objects and humans have a reflexive relationship, and people follow the objects themselves to discover their meanings encoded in their forms, uses, and trajectories. A similar framework was used to understand the social life of medicine (Whyte et al., 2002). The study views masks as things with a life cycle that includes every aspect of human life, including birth, social life, and death, in line with the concept of social life of things. The birth of a mask comprises its production and distribution, whereas the social life of a mask refers to the performance or role of the mask in society (how the mask interacts with humans) and the death of a mask denotes its disposal or ineligibility for use.

After being produced, a mask enters people’s lives through the market chain, acquires meaning, and affects people’s behaviour in various ways. In addition, a mask is an intimate and personal thing, and the way people value it varies from person to person and context to context. In its whole life cycle, from production to disposal, the mask performs in society in many ways that can be seen from different perspectives, such as symbolic, economic, technological, legal, and psychological.

Against this backdrop, this study aims to conduct explorative research to obtain a deeper understanding of the performance of masks as a material in the society. The study focuses on (a) how masks acquire meanings in different contexts throughout their career and (b) how masks affect people’s behaviour in society. The social life of masks provides a clearer, deeper, and more contextual understanding of masks in Bangladesh. The insights from the study could contribute to a better understanding of various socio-cultural dynamics that influence mask compliance. For government or non-government institutions, organizations, and policymakers, the study adds to the knowledge of how to initiate and implement mask-related programs in a similar circumstance in a community.

2 Methodology

2.1 Study Area Selection

The study was conducted in Shibganj Upzalia of the Chapainawabganj District and Bhaluka Upazila of the Mymensingh District in Bangladesh. The second wave of the pandemic (Delta variant) put some areas in Bangladesh, especially the border area, at great risk of serious

attacks; various preventive and curative interventions were taken by various government and non-governmental agencies to deal with the emerging situation. In June 2021, after the arrival of the Delta variant, BRAC launched the Community Fort for Resisting COVID-19 (CFRC) program in 142 upazilas in Bangladesh, including Shibganj and Bhaluka, in partnership with the government, to tackle the pandemic. Masks promotion through various activities like distribution and delivering messages was one of the major components of the CFRC program that attract researchers to dig deeper into the program. We selected these two areas to conduct two separate studies: (a) process evaluation of the CFRC program and (b) the social life of masks (this study), each with its own set of goals and methodological approaches. The process assessment research adopts the process evaluation framework of Moore et al. (2015), while the social life of masks applied the concept of the social life of things (Apudurai, 1986). Data collection for both studies continued at the same time. Although respondents from both studies were combined in some cases, many were selected solely for the mask study.

Shibganj Upazila is located near the Indian border in Chapainawabganj District in the northwest part of Bangladesh. It is divided into one municipality (Shibganj) and 15 unions. It has a total population of 591,178 with 67,009 households. The majority of the population depends on agriculture for their living (Bangladesh Bureau of Statistics [BBS], 2011). Bhaluka, an upazila of the Mymensingh District, is located around 70 kilometres away in the north of the capital city, Dhaka. It consists of one municipality (Bhaluka) and 11 unions, with 430,320 people living in 53,222 households (BBS, 2011). Though the vast majority of the population depends on agriculture for their living, a growing number of people are employed in the garments industry. It is one of the fastest-growing industrial areas with various manufacturing factories, including garments, ceramics, spinning, and fish feed.

2.2 Research Approach and Methods

The study employs an ethnographic approach that requires researchers to participate in the setting or with the people being studied, document patterns of social interaction and participants' perspectives, and understand the findings in the local context (Hammersley, 2019).

Considering the COVID-19 situation, the study adopts a peer research approach along with the conventional ethnographic method(s) to make the research more participatory and inclusive. Peer research is a participatory research technique through which people of the

studied community participate and facilitate the research. Peer researchers contribute to the research process in many ways; they can effectively articulate their experiences, be a link between the researchers and the community, gather data from their first-hand experiences, and provide better access to the community (Salway et al., 2015). The study recruited two peer researchers, aged around 24, from the two communities following their educational background and previous relevant experience. Both of them were university students and the shutdown of the university during the COVID-19 pandemic made them available for study. The peer researchers interviewed some key people in their community as only they had the best access to them. In addition to the peer research approach, several other ethnographic methods—IDIs, observations, and group discussions—were used for data collection. Along with interviews, photographs of relevant artefacts or documents and stories as evidence have been collected that aided to triangulate and validate the data.

Along with two peer researchers, two researchers from the BRAC Institute of Governance and Development (BIGD) remained in the field to conduct fieldwork in different roles. The BIGD researchers conducted all of the IDIs and FGDs, while the peer researchers took notes. Furthermore, peer researchers conducted some KIIs in areas where they had better access as community members. BIGD researchers discussed their findings with peer researchers to better understand and reveal the hidden meaning when needed. Furthermore, peer researchers were asked to keep daily notes based on their observations. Before data collection, a three-day training was organized to orient the field research team and to set a standard for data collection. Each interview lasted for around 40–50 minutes. All FGDs and interviews were audio-recorded with brief note-taking. The brief notes were elaborated later based on the discussion and the transcription. Verbal consent was taken before the interview and data recording.

Following is the list of the methods used in the study.

2.3 Data Collection Tools

In-depth interviews (IDIs): A total of 35 in-depth case interviews were conducted, 15 in Shibganj Upazila of Chapainawabganj District and the remaining in Bhaluka Upazila of Mymensingh District, with a cross-section of people of the community, including housewives, businessmen, rickshaw pullers, drug sellers, teachers, students, garment workers, bank employees, and community leaders. A maximum variation sampling framework was considered in identifying the participants from a wide range of groups. The sample was

gender-inclusive (maintaining a good balance between male and female participants). Some demographic information, like age, occupation, and location, was also considered for selecting the participants. Participants were selected both from the rural and peri-urban areas (municipality) of the selected communities.

Key informant interviews (KIIs): A total of 24 KIIs, 14 from Bhaluka and 10 from Shibganj, were conducted with local leaders, non-governmental organization (NGO) workers, health service providers, and masks promoters to get a perspective on their roles and experience with masks-related activities during the pandemic.

Observation: Field researchers systematically observed different events or conversations and pictures regarding masks to understand the community dynamics and discussion about masks and how masks are tangled in people's everyday life. The researchers were also able to collect some images/photos of various events and objects regarding the masks.

Focus group discussions (FGDs): To understand the community's perception, ideas, beliefs, and attitudes towards masks, the study conducted 15 FGDs—six from Shibganj and nine from Bhaluka—with the different intersections of the people including male, female, and adolescents. Along with FGDs, some opportunistic informal group discussions were also carried out to have a better understanding of people's perception of the masks, which took place mostly in tea stalls or other informal and natural settings of the community.

Mask testimony: Testimony is a type of evidence derived from the self-narration of a real-life experience about a particular issue (Patel, 2012). It allows participants to express their feelings more naturally. We asked people from a diverse group of the society to write down their experiences in 500–1,000 words under the heading “Masks in your experience.” The study received 10 from each community, for a total of 20 testimonies.

Case study: A few cases of people having higher compliance with masks in public places were studied to better understand their experience regarding mask-wearing.

2.4 Data Analysis

The primary data were analyzed thematically. The unstructured and textual data were organized and categorized into different headings which are called codes and themes. After coding, we interpreted the data following the emerging codes and themes. During the

analysis, several meetings were organized with the research team. As evidence, different quotes, images, and stories were extracted from the transcript.

3 Findings

The masks are regarded as material objects with social lives in the study. Masks move to different settings in society after being produced or born, and through performance in human life, they acquire various socio-cultural and contextual meanings. The masks then perish, just like humans, for a variety of causes. The research looks at the masks' complete life cycle, focusing on their birth, dissemination, uses, implications, and death.

3.1 The Birth of Masks

Birth, the first phase of the mask's life cycle, deals with the production mechanisms of masks in the community. Masks are made in a variety of settings and methods in both communities, including garment factories, tailoring shops, and homes. Among these, home-based (personal sewing machine) and tailoring shop-based masks production are available in both areas, while factory-based production is only present in Bhaluka since it hosts a huge number of garment industries.

Factory-based production: Many locals work in the factories located at Bhalua, and continued to work during the lockdown. The authorities of these garment factories made it compulsory to wear masks throughout the working hours following the government's instructions. In the beginning, the authorities gave masks to its employees to ensure mask compliance. Later, workers produced masks themselves with the unused clothes for their own use. Making masks was easier and quicker for workers while there was an automatic-sewing machine in the factory. However, these locally produced masks are simple in terms of fabric and design since, in most cases, the worker produces a one-layer mask. One garment worker (female) said,

“The company monitors the mask compliance strictly in the factory and there is a provision of punishment in cases of non-compliance; so people focus on wearing the mask, not on the types or quality of the mask.”

Home-based production: In both communities, there are many households where females run sewing machines not only to prepare clothes for their families but also for others to

secure a regular income. During this pandemic, these home-based sewing machines became another source of mask production in the community, especially when there was a crisis of masks in the market. In the initial phase of the lockdown, there was an acute crisis of masks in the market and people had to pay a higher price to get face masks. In addition, fear of COVID-19 was prevailing at that time. Hence, women decided to prepare masks using unused clothes for their family members. Some of the women were inspired to prepare masks upon watching similar activity on the television. Family members also motivated them to make masks since it saves money and relieves the mental stress of having to purchase something. An old person said,

“My daughter-in-law has a sewing machine at home, during the large Corona [when COVID-19 caused many deaths], she made many masks with the machine and we used to come to bazaar wearing those masks.”

Shop-based production: There are many tailoring shops in the community where people come to order their dresses as they like. Given the growing demand for masks, many of these tailoring shop owners began to make masks for both commercial and personal use. They made masks with various designs and multiple colours since they had so many clothes. One respondent said,

“My mother runs a clothing shop in our local bazaar [close to home]; she produced masks with a great variety for sale. The last time when I visited my mother’s house, she gave me many masks, some of which I gave to my in-laws’ family members”

3.2 Beginning of the Social Life of Masks

In both communities, masks are obtained in a variety of methods, including through purchase, distribution of masks, as a gift, and also by self-production.

Purchasing/purchased masks: Purchasing masks is the most common way of getting a mask by people in both communities. Masks with great variety in terms of colour, design, and fabric are found for sale everywhere in the community, such as in grocery shops, tea stalls, garments, footpaths, dispensaries, and health workers’ houses (figure 1). In general, three types of masks were found in the community: surgical, cloth-made, and N95. Most community people use surgical or cloth masks, and very few people wear N95 masks. On the footpath, some vendors sell masks as an add-on item, whereas others sell them exclusively. Mask vendors do their utmost to bring attention to the masks by hanging them on the store's

front side door or any other object, overhanging with an object, or keeping them on the floor. According to the field observation, masks are more readily available in congested and crowded areas such as bus stand, CNG stoppage or local bazar since both the administrative and the social pressure exist there to comply with mask-wearing. In most cases, the community people are more likely to purchase surgical masks for their own use considering the lower price. In this regard a respondent said,

“When I need to go outside of my home, I usually purchase a surgical mask from the dispensary and use it as long as stay outside. I throw it away before entering the house. It is more convenient to me.”

On the other hand, some people were observed wearing various colored and designed cloth masks. These masks are reusable and relatively expensive. Young people appeared to be mostly wearing fashionable and colorful cloth masks.



Figure 1 shows the availability of masks for sale at various shops; from left, a food selling shop, clothing shop at open space; at the foot over the bride.

Mask as a gift: Masks are more than just a commercial product in the community; they have a variety of other applications and implications. Currently, masks are being used as a gift in the community to maintain and re-establish their relationship. This occurs to a variety of people, such as students, co-workers, business partners, neighbours, and relatives. In some cases, people, particularly the young, choose special occasions and festivals, such as birthdays and Eid, for giving masks to their loved ones. One student (female) said,

“On the occasion of Eid-ul-Fitr during the pandemic, I gifted a special mask to my boyfriend along with a Punjabi and wristwatch. I bought a mask following the colour and print of the Punjabi to match the mask with it.”

Free mask distribution: Mask has become a common part of social work in both research areas. Hence, people from different strata of the society—government and non-government agencies, business organizations, political parties, local voluntary committees, and locally influential individuals—distributed masks for the sake of their social responsibilities as well as for protecting the community from the COVID-19. In addition, mask distribution has become an essential part of organizing any program or event.

For masks distribution, different crowded spots such as tea stalls, bazaars, mosques, bus/CNG stations, and cattle markets have been chosen. There is a tendency among the distributors to distribute masks through their channel or at their premises so that people can understand who is donating the masks to them. For example, individuals give masks to their neighbours, while voluntary groups, political organizations, or business groups prefer to do it on the roadside and they even also put different logos and slogans on the mask they distribute. For the massive mask distribution, an agency or individual deploys some locals called “mask promoters/distributors” who do the job both voluntarily and in exchange for money. There are some differences between individual and government or non-governmental initiatives. While individuals distribute masks informally, the government or NGOs take a formal stance or an institutional structure in distributing masks.

NGOs or larger agencies operate masks distribution activities as programs and they train and motivate the masks promoter in different ways. BRAC, Bhaluka Model Thana (police station), Hello Bhaluka (a voluntary organization), ASPADA (Agro Forestry Seed Production and Development Association), Shibganj Powrashava, Shibganj Upazila administration, National Female Shangthya, and local scouts are a few of the many other agencies who had free masks distribution activities. People involved in masks distribution feel enthusiastic about doing the hard job, and many of them take it as their social duty. One mask promoter of an NGO said,

“Initially I felt terrible distributing masks standing on the street for hours but after a few days, the situation became better because I got to realize that I am not only working for my community but also contributing to the whole world. Now I feel proud that I have done something for fellow human beings during this crisis moment.”

Along with masks, mask-related messages have been disseminated around the community to raise awareness of the importance of mask use as part of the COVID-19 management protocol. Therefore, various hygiene and behaviour change coalition (HBCC) materials, including posters, stickers, and banners, have also been posted in different parts of the community. The study discovered a few items that were poorly positioned and provided limited information on masks. Posters and pamphlets about COVID-19 available in the community often include information on the government's COVID-19 protection guidelines, hand washing standards, need for COVID-19 vaccine, and the advantages of wearing masks. There are a few items that demonstrate how to use masks.

3.3 Socialization of Masks

Masks enter a new phase of life by assimilating into society and a new relationship develops between the mask and the people. People treat the masks differently depending on their different roles in the community, which vary based on the circumstances. The performance of masks or the socialization of masks can be viewed from a variety of perspectives, including cognitive, political, religious, economic, symbolic, institutional, professional, and technological.

3.3.1 Cognitive Perspective

Mask a protector from COVID-19: Many people consider masks as a tool to protect themselves from COVID-19. They believe that masks have been introduced since the very beginning of the pandemic to save people from the deadly virus. They believe coronavirus enters the body through the mouth and nose, and masks can protect the wearer because they cover both the face and nose. Consequently, the local compliance of masks depends on the rate of COVID-19 patients and the imposed lockdown by the government. During the lockdown, law enforcement agencies were strict about forcing people to wear masks. As a result, as the infection rate rises, so does mask compliance. In an interview, the Upazila Health and Family Planning Officer (UHFPO) said,

“Finding people without masks was so tough when Corona was rampant, but now the tendency of people to use masks has decreased.”

During the peak period of COVID-19 cases, there was social pressure to use masks. Many organizations and agencies worked to promote mask-wearing in different ways that

contributed to increasing mask use. According to the findings, mask compliance was highest when the infection rate was at its peak. A watchman at the border (Shibganj land port) said,

“At a time when the Indian virus (Delta variant of coronavirus) started to come, people were very accustomed to wearing the mask, they even made use of the masks that was laying on the ground, but now they do not wear a mask even it is given for free.”

However, people's attitudes toward mask use shifted, which was followed by a lower infection rate and a more relaxed lockdown. People argue that the mask was introduced solely to combat COVID-19, so it is wise to avoid using the mask if there are no cases of coronavirus. In response to the question about what a mask is, a local politician said,

“Are you talking about the Corona mask? The Corona is gone; you will not find 5% of people wearing a mask now, but all the people complied with the mask when there was Corona. I think, if there is no Corona, there is no reason to wear a mask.”

A protector from disease and dust: Many people in both communities are aware of the additional benefits of mask-wearing. They think the mask is effective not only in protecting against the coronavirus but also against various airborne and infectious diseases, such as the common cold, cough, influenza, and fever. Similarly, many people also think that face masks can protect them from the dust and keep them away from allergic reactions to dust. Hence, many believe that people should always wear masks for the benefit of physics, even if there is no COVID-19 concern. One respondent (bank official) said,

“I am advised to wear a mask by a doctor since I have a cold-related problem, but I couldn't comply with it due to uncomfortable feelings. The use of a mask for the COVID-19, however, has made me comfortable with it and now I treat masks as [a part of] my regular attire.”

The study observed people describing the additional benefits of mask-wearing to encourage other people to wear masks. When the infection rate fell, many people continued wearing masks for other reasons rather than fear of the pandemic. For example, in a mask-promoting workshop, conducted by BRAC staff, a participant asked the promoter why they would wear a mask if there are no cases of Coronavirus. In reply, the promoter said,

“Mask-wearing has multiple benefits beyond the COVID-19 protection, such as it will protect you from harmful dust and various diseases that transmit through air.”

A new daily habit: Masks have become, to some extent, people's daily necessities in the community. Many people are so accustomed to wearing masks that they never forget to do so. They wear masks regardless of location, time, or occasion. They wear masks not only to protect themselves from the pandemic but also because they are habituated to it. The use of masks on a regular basis during the lockdown helped them become accustomed to mask use. People who are educated and conscious are more likely to use masks daily. One school teacher said,

“Whenever I go, I always carry a mask. I take my mask just like how I never forget to take the key of my Honda [motobike] while going out.”

A personal possession: In terms of usage and management techniques, masks are also regarded as a personal item in the community. The study discovered that, in most cases, everyone in the community has their own masks for use, and they never share their used masks with others for use. They believe that when a mask is worn, it stays on the wearer's lips and nose, which can carry harmful germs from the wearer.

Tool to express personal preference: The colour, design, logo, and text on the mask also indicate people's personal choices or preferences. There are many different sorts of masks in terms of fabrics, design, and colour are available on the market and people wear them as per their choice. People believe that the masks represent a sense of the wearer's choice to some extent. One student (male) said,

“If there is a logo of a boat or a text like ‘Joy Bangla’ on a mask, it is easy to guess that the person is involved in the politics of Awami League or a supporter of Awami League. Because no one from BNP or Jamaat will wear a mask with this particular logo.”

Moreover, many people think that masks make it difficult to interact with others because they can't see each other's faces or expressions. A school teacher said,

“On an evening last week, I was in a hurry and called a rickshaw to go to a place. Though the rickshaw puller demanded a higher fare I had to agree with that situation after sometimes the rickshaw puller asked me ‘Mama’ (local term, used in addressing a male) did you mind? since I asked for a higher fare. Usually, I claim the fare by looking at the passenger's face which is not possible due to the mask. Even I cannot see whether you are happy with me or not”

Mask management: The study observed various practices to manage masks, i.e., keeping, washing, and carrying masks in the community, which vary inside and outside the home. Most people keep their masks in different parts of the house to avoid mixing with other people's masks and to make it easier to identify their own masks. In addition, many people wash their masks themselves since they are their personal items. Masks are usually hung on a wall, in an almirah (cabinet), or window, or kept in a box or on cloth racks.

Case 01:

In a house located near Bhaluka Bazaar, we found several masks hanging on the wall in one room to keep them systematically; it has the names of all the family members written on it and everyone put their mask along with the line of their name. The head of the household is an army member who came home once during the lockdown and made this rule so that everyone can recognize their mask easily.



Figure 2 shows how people of keep masks at home. Source: fieldwork.

Outside of the home, people keep masks on their chin, pocket, or hands when they feel free to take off the mask. They do so because it allows them to keep their mask from getting dirty and put it on as soon as they need them. There is a trend among young people to use their wrists and elbows to hang their masks instead of a pocket. In a similar situation, females keep masks in their purses.

3.3.2 The Political Use of Masks

Masks became a feature of local political activities since many political leaders used masks to present their political positions and responsibilities to the communities during pandemic situation. Most of the political parties and their allied organizations distributed masks to the public following the central instructions. Being the ruling party, the Bangladesh Awami League was more active than other political parties like the Bangladesh Nationalist Party (BNP) in mask distribution in both areas. Political leaders, primarily, distributed masks in three ways: by standing along the roadside in bazaars; through local/community leaders; and by donating to local institutions such as mosques. Furthermore, few local political leaders provided masks from their initiatives to show their political loyalty to the community (Figure 3). For example,

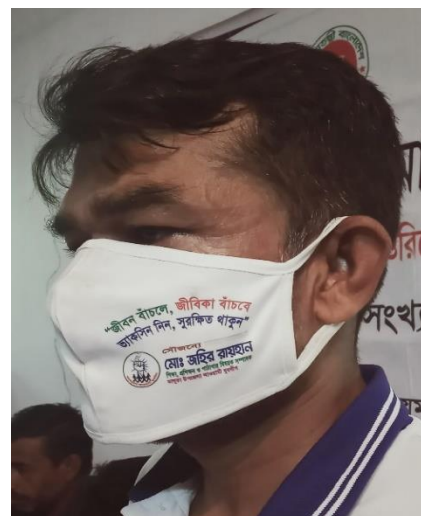


Figure 3 shows the locally produced masks with political logos

Case 02

Shihab Rahman (Pseudonym), a secondary school teacher and upazila education secretary of Bangladesh Awami League, at Bhaluka, produced a good number of masks at his own cost for free distribution. He attached the logo of his political party (Bangladesh Awami Jubo League) and his name so that people can easily recognize the donor with his political identity. He said that people would think before voting that this party helped them with mask during their crisis.”

Masks have also been observed being utilized as a tool in the local election campaign. During the fieldwork period, political leaders were mostly busy with the upcoming union election (the lowest administrative body of local government) campaign. In their election campaign, many leaders/candidates chose masks as an easy means to reach the mass people and create a positive impression among them. They carried masks for distribution wherever they went during the election campaign. Usually, they picked different crowded spots, religious institutions, and occasions, including mosques, temples, tea stalls, and bazaars, to make their mask-related activities more visible and get people’s sympathy in the coming poll.

Case 03

Ilias Ali (Pseudonym), a chairman candidate for the Bhaluka Union Parishad election 2022, donated a huge amount of masks to almost all the mosques, madrasahs, and orphanages of the union. On the occasion of the last Shab-e-Qadr (a dignified night observed by the Muslims during Ramadan), he distributed at least 500 masks after prayer among the people and asked for their prayer for the coming election.

3.3.3 Religious Use of Masks

Masks become associated with religious issues by influencing people's religious behavior in various ways. People from religious leaders to the public went through the changes in their religious activities during the pandemic. Different actions were taken by the mosques to control the COVID-19 infection rate, including setting up hand washing stations, ensuring social distance during saying prayers, mandating mask-wearing, and providing mask promotion information. The mosque authority stopped people with no mask at the entrance of the mosque and mask-wearing was monitored even inside the mosque. If someone was identified without a mask, he was treated negatively and sent back to bring a mask. In a few cases, people with no masks were given masks from the mosques. A student explained,

“During the lockdown, mask-wearing was compulsory in the mosque and everybody used to comply with it. If someone was identified without a mask, people would feel uncomfortable seeing him; nobody even would like to stand/sit beside him. Hence, he [people without masks] had to stand at a corner of the mosque for performing namaz [prayer].”

As a principal religious leader, the Imam played a key role in promoting masks use during the high infection rate in the community. During the *Jummah* (in Islam, a congregational prayer that is held on Friday at noon when many Muslims attend the mosque to perform this weekly prayer and the mosque becomes full), the Imam talked in front of the public about the importance and the correct way of wearing a mask. Apart from the practical applications of mask-wearing, he used to contextualize it by referring to various relevant hadith (a collection of narratives describing Prophet Muhammad's sayings, practices, and silent approval) and Islamic rules, because many people were unwilling to use masks under the guise of false religious beliefs. The Imam would occasionally speak about how to say prayers properly while wearing a mask. One student said,

“A few days ago, I went to a mosque away from my home to perform Jummah prayer. I noticed the Imam talking about the Islamic ways of using a mask during the prayer. He instructed the audience to drag down the mask and keep on the chin to ensure that people can touch the surface/floor with their nose and forehead while performing sijdah [the act of kneeling and bowing till one touches the ground with the forehead, nose, palms, knees, and toes during prayer]. From that day, I have always followed this rule of mask-wearing.”

3.3.4 The Gender Dimension of Masks

Masks can be seen through the lens of gender since the study finds that the use of masks differs between men and women in various ways. Mostly, Muslim women of these communities use *niqab* (a veil worn by Muslim women in public to cover all parts of their faces except their eyes) while going out, and many of them consider the *niqab* an alternative to masks. As a result, they think it is unnecessary to use a mask over the *niqab*. A female worker at an agent bank expressed,

“My niqab is already covering my face, so what is the need of wearing the mask?”

In addition, there is a practical difficulty that women face while wearing a mask over their *hijab* because the *hijab* covers the whole part of the head, including the ears. Consequently, females find no way to tie or hang the mask over the *hijab*. Many young females, however, are dealing with the crisis by tying their masks over their *niqab* or *hijab* with a clip on the back of their heads. In terms of design, females prefer printed masks, whereas males prefer masks with logos of various national and international brands, (Lotto, Kito, Apex, etc.) flags, football clubs, and natural scenes.

Findings suggest that unequal access to the sources of masks causes the variation in mask use between males and females. In most cases, females must rely on male family members (husband, father, brother) for masks because they do not go to the market regularly. As a result, females have fewer options for selecting a mask based on their personal preferences compared to men. One respondent explains,

“Last time I bought five pieces of mask for my wife. Though my wife’s favourite colour is navy blue, I purchased a white mask because I like white.”

3.3.5 Mask as Fashion

Masks have become a part of fashion for both males and females in the community. Young males and females treat masks in a way that allows them to express themselves better. When they attend any social event/program (marriage, birthday, picnic, etc.), they prefer to wear fashionable masks to make them more presentable as well as beautiful to others. Females are increasingly wearing masks that match their clothes, such as *sharee*, *shalwar*, *dupatta*, and purse, while males use them with their shirts. Figure 4 presents a matching case of mask-wearing, where a girl wore a mask matching her dupatta. Many people share their photos with others, displaying the masks to elicit more positive responses. One college student said,

“If we go somewhere on a special occasion, I take more fashionable masks because pictures are taken, and those beautiful pictures are often uploaded on Facebook. If it looks beautiful or someone says it is beautiful, then I feel better.”



Figure 4 shows a matching case of mask with dupatta

3.3.6 Economic Perspective

Masks contribute to the community's economy in a variety of ways. Since the first wave of the pandemic in the local community, the demand for masks has skyrocketed. To meet the demand, local merchants imported the masks from Dhaka and the nearby market. Aside as an add-on product, many people began to sell masks exclusively. Since it has become a profitable business, masks are now available for sale in every corner of the community. During the first wave of the pandemic, there was a shortage of masks in the local market and the price went high. At that time, a mask was sold at 3/4 times higher than the actual price. Now, a



Figure 5 demonstrates a small shop selling masks at the roadside

surgical mask typically costs BDT 5–10, whereas a cloth mask costs BDT 10–50. Many hawkers sell masks around the bus stops and crowded spots. The figure 5 depicts a street hawker selling miscellaneous items, including masks.

Case 04

Samir Mondol (pseudonym), around 55, runs a small business on the street close to the CNG station at Uthura Union bazaar, Shibganj (Figure 5). He sells brushes, herbal ointment, combs, tooth sticks, herbal medicine, nail cutters, and a variety of other items. Though COVID-19 initially impacted his daily sales, he was able to recover once he began selling masks in response to the increasing demand in the market. Both the surgical and cloth masks are sold here. During the second wave when the infection rate reached its peak, he sold around 100 masks at BDT 5–10 each daily, and he made a good profit out of it. He stocked a lot of masks at home to make the masks available at the shop daily. Students and people who travel a long distance purchase masks here. His sales witnessed a significant decrease with the fall of COVID-19 cases.

In both communities, masks have been used as an identifier of people's economic class. People can recognize a wearer's economic position based on the mask. In these cases, people observe different aspects of a mask, such as fabrics, quality of the mask, design, logo, and size. According to them, poor people wear plain masks, whether surgical or cloth, whereas rich people prefer masks with a logo of a company, institution, or agency. In addition, the tendency to wear reused masks is higher among the poor than among the rich. The size of the mask is another way to recognize the economic status of the wearer because poor people are more prone to wearing small-sized cloth masks that do not cover both face and nose appropriately.

3.3.7 Symbolic Perspective

From a symbolic perspective, mask-wearing exposes some inner connotations to the locals. People recognize masked and unmasked people in different ways. Mask-wearing symbolizes the wearer's education, awareness level about the COVID-19, and adherence to safety norms.

Awareness and education: In the community, there is a common perception among the people that educated and more conscious people are likely to wear masks than any other people. This is why when people find someone unknown wearing a mask, they assume that the wearer might be an educated person aware of the COVID-19 safety rules. Thus, masks give a sense of the socio-economic class of people. One respondent said,

“Today I participated in a marriage party at my neighbouring village with my cousin. I found around 200 people there but very few of them had masks. Suddenly, we found a man roaming in the party along with one kid, and both of them had masks. We did

not recognize the man, but we thought ourselves that whoever the man was, he certainly had a well understanding of the COVID-19 safety guidelines and a good educational background.”

Fear of COVID-19: Masks also reveal people’s emotional feelings about the coronavirus.

The community believes that mask compliance is higher among those who fear the pandemic more. The study observed many wearing double masks in public spaces. People believe that the main reason behind this is that people who use double masks are afraid of the coronavirus several times more than those who wear only one mask or no masks at all.

3.3.8 Normative Dimension

The use of masks outside the home was influenced by local norms. When the infection rate was high, people from all walks of life began to wear masks in public places for a variety of reasons, including fear of the coronavirus and local law enforcement agencies. Despite the reality, many people wore masks simply because others did so. One respondent said,

“The mask has also become a style now, many wear masks. It looks a little different if I don’t wear masks. It seems to me that they are human, but I am not! They are aware, but that I am unconscious. So, I wear masks to avoid the discomfort.”

An opposite scenario is also observed, wherein societal norms discourage people from wearing masks. Many people have grown accustomed to wearing masks, but they are unable to do so owing to their local norms. When someone in the community is observed doing something unusual that the rest of the community deems ridiculous, they are seen poorly and they find themselves in an awkward situation. As a result, people do not wear masks to keep themselves safe from community pressure and to align with the community. One respondent said,

“Because of wearing the mask, I still listen to different insulting words from my friends. They say, what are you doing with the mask, Corona is gone, and will Corona attack you only? So, I am not wearing a mask anymore because people treat me as foolish.”

3.3.9 Professional Dimension

Many people in the community find it difficult to wear masks because they are uncomfortable. People who do an informal job and rely on physical labour, such as farmers and rickshaw drivers, have been seen putting masks on their chins or pockets rather than their

faces, as it is difficult to perform heavy labour while wearing masks. In addition, there is a common belief among them that the coronavirus will not attack them since they do heavy physical labour, which demotivates them from using masks. However, they keep up masks with them since they are afraid of the police. A college student said in her testimony,

“One day while getting on the rickshaw, I noticed a dirty and oily mask on the rickshaw [driver’s] chin instead of the face. In reply to reasons for keeping the mask on his chin, he said, ‘I cannot keep it on my face while driving a rickshaw; it feels hard to breathe, and so I have kept it with me due to the fear of police.’”

On the contrary, people who work in official jobs (both government and non-government) are more likely to wear masks than others since mask compliance is strictly enforced here.

3.3.10 Institutional Stance

The strict stance on the use of masks for service delivery contributed significantly to the increase in the number of mask wearers on the premises of some service providing agencies. During the pandemic, residents gathered several times to take services such as the COVID-19 vaccine, smart card, and government assistance.



Figure 6: Compliance of masks at the Upazila Health Complex, Bhaluka

The study finds a variety of behaviours in complying with masks while taking these services. In the community, vaccines for COVID-19 are being administered in two ways— one at the health complex and the other outside the hospital (at various open spaces such as the Union Parishad ground and school fields). The two vaccination programs experienced different levels of mask compliance. A hundred percent mask compliance has been observed among the people who gathered at the Upazila Health Complex for vaccines (Figure 6) because people know that the hospital administration is very strict over the policy of “no mask, no service.” They even waited for hours with masks in the queue. In addition, using a hand mic, an individual on behalf of the hospital administration kept saying repeatedly that

no one would be allowed to enter the vaccination room unless they wore masks. Hence, everybody came to the hospital for a vaccine with masks. The desire for the vaccine, combined with the strict stance on wearing masks, resulted in complete compliance.

In contrast, a different scenario was observed in vaccine program that held outside the hospital. In the waiting lines for the vaccine, a large number of people were observed without masks or wearing masks inappropriately. Many people did not bring masks; some of those who did kept the masks in their pockets or chins. However, masks were required before entering the vaccination room. A few BRAC staff were found distributing masks to the unmasked people to ensure hundred per cent mask compliance in the vaccination room.

3.4 Death of Mask

Masks, like humans, have a limited lifespan in society. The duration of the life of a mask depends on many socio-economic and psychological factors, as well as physical factors. The study discusses two aspects of mask disposal—the reasons for disposal and where the masks are buried or thrown out. Following are the reasons people dispose of masks:

After several washes: The community people wash their masks to secure further use. This is a common scenario across the community, regardless of socio-economic class. People wash cloth masks more than surgical masks as cloth masks are more durable. Usually, a surgical mask is washed once or twice, whereas a cloth mask is cleaned several times based on its durability. As the masks gradually become thin through washing and lose their effectiveness, people throw them away based on their judgment.

When a mask is damaged: People change a mask when they find it torn or damaged. Cloth masks are physically stronger than surgical masks; the ribbon of the surgical mask is likely to tear off.

After visiting risky/gathering place: Some places or situations are considered risky by the community in terms of COVID-19 transmissions, such as bus stands, hospitals or clinics, restaurants, and examination rooms. Many people, especially the educated and health-conscious, prefer to change masks rather than wash their masks when they visit these spots. A service holder said,

“Last month [August] I went to Dhaka by bus to participate in a job exam. The first thing I did after getting down from the bus was take off the mask from my face and throw it away, because there were many people on the bus and all of them were unknown to me.”

When mask smells bad: Getting a bad smell from a mask is another reason that people throw away masks. Usually, it matters only to those who use masks consistently, especially when the quality of the mask is bad. The low-quality surgical masks that are available in the community and sold at a low price of BDT 2/3 each produce a bad smell. A school teacher said,

“A few days ago when I got onto a bus for Dhaka, I bought a packet of masks from the bus stand that cost me BDT 10. I wore one of the masks but after a few minutes, I threw it out the window because I couldn’t bear the smell of the mask.”

When it becomes dirty: In the community, many people wear dirty masks. However, many others throw out masks when they find them dirty. In many cases, a mask gets dirty due to falling on a dirty surface. Furthermore, many masks become dirty due to a lack of proper maintenance, such as cleaning and storing. Usually, working-class people, rickshaw pullers, and day labourers in peri-urban areas have been observed wearing dirty masks.

In terms of places, there are no particular areas or rules for mask disposal in both communities. When people decide not to use a mask anymore, they consider it a worthless object and treat it accordingly by throwing it here and there. People are aware of the usefulness of masks as well as the ways to wear them but not of the disposal of masks. Mostly, the potential risk of random masks throwing is not considered while treating it as rubbish. Nevertheless, some difference was observed between the throwing of masks at and outside the home. People are more likely to follow rules to some extent when they stay inside the home, whereas when they are outside, an opposite scenario is observed.

At home: When a mask is considered a useless thing, it is kept in the basket or dustbin. Those who do not have any specific site, just through it with other useless things. Educated and conscious people do this exercise because they think dead masks may be useless but dangerous in terms of spreading COVID-19 instead of limiting. In a few cases, people burn masks with other garbage, while some others put these in a hole. Many people discard their masks just outside the main gate of the house while returning from outside.

Outside the home: There are no designated sites for mask throwing. As a result, several rotting or dead masks have been discovered on the ground around the study community. Some areas of the community, such as the roadside, hospital or health centre fronts, factory fronts, and along the river, have a higher prevalence of spoiled masks than others. This is more common in peri-urban locations since urban areas have a larger proportion of mask compliance than rural areas. There is a tendency among some people to throw masks in places where garbage is already accumulating. One respondent said,

“I went to the hospital and discovered a huge number of masks on the ground around the hospital gate. I observed more masks lying on the ground than the mask on the people’s face because people are conscious about the wearing of the mask but not of disposing of masks.”

4 Discussion

In this study, we have used the conceptual framework of the social lives of things which Arjun Appadurai coined in 1986. In the societal structure, commodities have a powerful symbolic value that can express and define social relations, influence the development of technology, determine the legitimacy of political systems, and provide ways for people to understand their world. A socio-cultural perspective of a commodity or product opens new avenues to perceive a mere commodity (Luria, 1989). To understand the lively presence of masks in the community and their different levels of socialization through the socio-cultural and economic interaction with human beings, we intended to capture the whole life of the mask in our investigation. We took the biographical approach that allows us to have an understanding of different phases of the life of the mask, including birth, socialization, and death, in the COVID-19 pandemic. The biography of masks has been seen from different socio-political and cultural perspectives, such as cognitive, religious, political, economic, symbolic, institutional, gender, occupational, and technological.

The framework of “social life of things” was useful in many ways to deeply understand different local dynamics and contexts related to mask use in Bangladesh. The three phases of masks—birth, socialization, and death—describe the life of masks from various socio-cultural perspectives.

Birth, the first phase of a mask’s life, illustrates the methods of mask production and the sources of masks available in a community context. These are useful to deeply understand the

entire supply chain of masks in the community. There are various underlying socio-economic dynamics of mask production. Although the lion's share of the masks available in the community is imported from outside the community, the community got some local methods of masks production: home-, tailoring shop-, and factory-based.

When there was a scarcity of masks in the local market and the price was higher, the community started producing masks for mainly non-commercial businesses on a limited scale. For example, females, the pioneers in local mask production, made masks for themselves as well as for their family members, which also provided them with a sense of satisfaction of doing something for the household during the pandemic. Thus, females with personal sewing machines dominate home-based mask production.

Following the increasing demand for masks, many tailoring shops located in the community started selling masks made in their shops. Whereas, the factories, i.e., garments that continued their operation during the lockdown, prepared masks by and for their own staff. As an ingredient in masks, leftover or unused clothes are used to make masks, whether in a factory, at home, or in a tailoring shop, allowing people to wear masks while saving money.

The community people had several options for getting masks: purchasing, free distribution, and gifts. Purchasing is the most common way of getting masks followed by free masks distribution and gifts. Though masks are mainly provided in the community from a social welfare perspective, there are some socio-political interests associated with them. The community has accepted masks as a gift to exchange brotherhood and goodwill over time, which also contributed to the increase in the use of masks. Similarly, masks have been used among the local political parties to gain political interest.

Entering society, the masks get a phase of life which is called "socialization." The socialization allows us to understand the interactions that develop between masks and the community, as well as to learn about the performance of masks in the community.

Moreover, it unfolds the local contexts that influence mask use in the community. Though the mask is an inanimate object, it has been performing in society in many ways, encompassing various aspects of people's lives, including political, religious, gender, symbolic, professional, cognitive, institutional, and normative. The local understanding of these dimensions is crucial in the use of masks in various contexts. For instance, the involvement of local religious leaders and the words of the Imam in the mosque played an important role in mask use because many people accept their words more readily.

There is a clear link between strong governance and mask-wearing that resulted in the increasing use of masks in public spaces. Mask compliance was higher in office settings with strict regulations, such as hospitals and NGO/government offices, than in public spaces with relaxed regulations. Consequently, people in need of service were forced to comply with mask-wearing just before entering the office due to the fear of the organization's stringent position on mask-wearing.

There are some motivating and forcible actions that promoted mask-wearing in public spaces. Providing free masks delivering messages on wearing masks through various ways, both verbally and using HBCC materials; and engaging local elites (political, religious, and local elected representatives) in mask promoting activities are some of the many motivating factors. On the other hand, denying to provide services without masks, fees for not wearing masks, fear of losing jobs, and fear of hassles by the police are the compelling actions.

The community recognizes some of the additional contributions of masks that are not directly related to COVID-19 protection but helped to stimulate mask use in a different context. Serving as a fashion accessory, a tool to protect against dust and other virus diseases, a means to present good citizenship to others, and a means to express socioeconomic status are among some of the roles masks play in the community. Alternatively, there are a few negative aspects of mask use in both communities. Masks work as a barrier to communication since they cover the face of the wearers, making it difficult for people to recognize them easily. Masks hide people's expressions, which is an important channel through which non-verbal communication and emotional states are expressed. Moreover, mask-wearing makes it harder to understand the spoken words clearly, causing people to drag down their masks during their conversations.

The interaction between the community people and the masks is useful to know the people's level of understanding regarding the masks and the use of masks. Expertise has developed among the residents regarding the use of masks, the quality of masks, and the contexts of wearing masks. People apply these experiences and perception-based expertise in identifying, purchasing, and using masks. Initially, people struggled to properly comply with it due to a lack of understanding about the masks. But with time, the community people have learned. Currently, masks are no more an unfamiliar object as they once were before the pandemic. During the fieldwork, researchers saw more people wearing appropriate masks than people behaving inappropriately in public places. Generally, the logo on the masks, brand name, and

physical conditions are the main criteria for quality checking of the masks. Furthermore, people are also aware of the art of mask-making, and many people in the community prepare masks primarily for non-commercial purposes. Moreover, people have good control over the situation they live in and know better when and where they need to wear the mask, and where to carry masks, just in case, rather than wearing them.

The disposal of masks allows us in exploring various contextual factors associated with the death of masks, which help us understand how and what causes masks to die in the community. Masks, like humans, have lives that come to an end for a variety of reasons in various contexts. There is no set time for masks to die; it is determined by a variety of factors, both on the wearer's and the mask's side. There are some local contexts that lead to the death of masks in the community, such as when they become dirty, smell bad, become physically weak, or are worn to gathering places. In addition, it is useful to understand people's knowledge, perception, and behavioural patterns concerning the disposal of masks from a community perspective. There is a clear gap in understanding between the use of masks and their disposal in the community.

At present, people are not merely concerned with the compliance or non-compliance with masks but also with many other attributes of masks, like fabric, colour, design, fashion, and the quality of masks, since masks are associated with people's social lives in various ways. These are also closely linked to the successful uptake of mask-wearing outside the home. Thus, the entire scenario has created a mixed bag of perceptions, which is then reflected in people's everyday lives. Arguably, masks perform in a way that goes beyond their original and medical roles in society and encompasses various aspects of people's everyday lives, which demands understanding the performance of masks from a holistic standpoint.

The changing nature of people's behaviour, which is influenced by a range of biological, psychological, economic, cultural, environmental, and technological factors, is one of the most pressing challenges for public health. From a public health policy standpoint, the framework of masks' social life is instrumental in numerous ways to understanding people's behaviour concerning public health issues. It provides a nuanced understanding of the use of masks in the community from a multi-dimensional socio-cultural perspective, which looks at people's attitudes towards public health measures (mask use), current community practices, and the barriers to following them. The insight of the study would be helpful for the policymakers and the implementing agencies to initiate and effectively implement programs

about the mask at the community level since it identifies what makes people more compliant with masking and vice-versa, and in what contexts.

5 Recommended Actions

The study finds some activities or components that worked well in promoting mask compliance in both communities, which can be continued further:

- ❖ **Providing quality masks:** Different types of masks, in terms of colour and fabric, have been distributed from diverse sources. The community people like most washable masks with organizational logos. The masks that are being provided by BRAC's CFRC project have gained the most positive attention from the people for their quality. People believe that BRAC is a good brand in the world that cannot provide low-quality masks. It could be continued to promote mask compliance.
- ❖ **Free mask distribution with messages:** Free masks distribution with key messages, including how to use, wash, and reuse masks, was an important way to promote masks use that allows large numbers of the population to get masks at no cost and use them appropriately.
- ❖ **The policy of "no mask, no service":** From a governance point of view, "no mask, no service" was the motto for many service-providing agencies, both government and non-government, such as schools, colleges, hospitals, and so on, that actively promoted the use of masks across the community. It enforced many people to follow the guidelines on masks before receiving services from these agencies.
- ❖ **Washable masks:** Washable or reusable masks were more convenient and cost-effective for the community members because they allowed them to use a single mask for a longer period without having to worry about collecting new masks.
- ❖ **Educating women regarding masks:** It is urgent to educate women that the niqab cannot meet the purpose of wearing a mask.

Based on the study findings, the researchers of the study also recommend some additional measures for increasing effective mask use and disposal:

- ❖ **Better collaboration with community health clinic:** Community health clinic that has a great impact on local health services could be used more strategically to initiate any

program for the community in order to get the best utilization of this local resource since it has been used on a very limited scale.

- ❖ **Strengthening HBCC materials:** Authorities should focus on increasing the number of HBCC materials, such as posters, stickers, and brochures, and strategically placing them in order to attract the attention of the local people, as the current number of HBCC materials is inadequate and poorly placed.
- ❖ **Engaging women in mask promotion activities:** Female-centric programs should be initiated to engage females in masks promotion activities; most masks promotional activities are performed in male-dominated areas, such as bazaars, tea stalls, and bus stops, limiting women's access to those programs.
- ❖ **Disseminating information about the disposal of masks:** Information on mask disposal should be made available in the community to protect people from a variety of hazards, including COVID-19. Due to a lack of knowledge, people discard masks at random, increasing the risk of virus spread and causing environmental hazards.
- ❖ **Providing information on quality masks:** Special attention should be paid to providing information about the quality of masks in the community since many locals wear single-layer and small size masks, which have not been produced following the science of mask production.

6 References

Abaluck, J., Kwong, L. H., Styczynski, A., Haque, A., Kabir, M. A., Bates-Jefferys, E., Crawford, E., Benjamin-Chung, J., Benhachmi, S., Raihan, S., Rahman, S., Zaman, N., Winch, P. J., Hossain, M. M., Reza, H. M., Luby, S. P., & Mobarak, A. M. (2021). Normalizing community mask-wearing: A cluster randomized trial in Bangladesh (Working Paper No. 28734; Working Paper Series). National Bureau of Economic Research.

<https://doi.org/10.3386/w28734>

Abid, K., Imran, A., Bari, Y., Ziadi, T., Khambati, Z., Younus, M., Billah, A. H. B., Khura, B., & Jabbar, A. (2020). Adherence of facemask during COVID pandemic among South Asian countries-An observational study. Research Square. <https://doi.org/10.21203/rs.3.rs-113617/v1>

Appadurai, A. (1986). *The social life of things: Commodities in cultural perspective*. New York, Cambridge University Press.

Elisheva, R. (2020). Adverse effects of prolonged mask use among healthcare professionals during COVID-19. *Journal of Infectious Disease and Epidemiology*.

<https://doi.org/10.23937/2474-3658/1510130>

Farheen, C., Khan, M. M., Towhid, M., Mousum, S., Tasnim, A., Anjum, A., Islam, M. T., & Haque, A. (2021). Mask using practice among Bangladeshi population during COVID-19 pandemic: A video-based observational study. *Journal of Medical Sciences and Health*, 4, 52–59. <https://doi.org/10.31014/aior.1994.04.04.193>

Haast, B., & O'Brien, P. (2019). Population trends and issues: Bangladesh. Association for Asian Studies. <https://www.asianstudies.org/publications/ea/archives/population-trends-and-issues-bangladesh/>

Hammersley, M., & Atkinson, P. (2019). *Ethnography: Principles in practice* (4th ed.). Routledge. <https://www.routledge.com/Ethnography-Principles-in-Practice/Hammersley-Atkinson/p/book/9781138504462>

Hies, O., & Lewis, M. B. (2022). Beyond the beauty of occlusion: Medical masks increase facial attractiveness more than other face coverings. *Cognitive Research: Principles and Implications*, 7(1), 1. <https://doi.org/10.1186/s41235-021-00351-9>

Howard, J., Huang, A., Li, Z., Tufekci, Z., Zdimal, V., Westhuizen, H.-M. van der, Delft, A. von, Price, A., Fridman, L., Tang, L.-H., Tang, V., Watson, G. L., Bax, C. E., Shaikh, R., Questier, F., Hernandez, D., Chu, L. F., Ramirez, C. M., & Rimoin, A. W. (2021). An evidence review of face masks against COVID-19. *Proceedings of the National Academy of Sciences*, 118(4). <https://doi.org/10.1073/pnas.2014564118>

Javid, B., Weekes, M. P., & Matheson, N. J. (2020). Covid-19: Should the public wear face masks? *BMJ*, 369, m1442. <https://doi.org/10.1136/bmj.m1442>

Luria, K. P. (1989). The social life of things: Commodities in cultural perspective. Edited by Arjun Appadurai (Cambridge University Press, 1986. xiv plus 329 pp. \$37.50.). *Journal of Social History*, 23(1), 187–190. <https://doi.org/10.1353/jsh/23.1.187>

Moore, G. F., Audrey, S., Barker, M., Bond, L., Bonell, C., Hardeman, W., Moore, L., O'Cathain, A., Tinati, T., Wight, D., & Baird, J. (2015). Process evaluation of complex interventions: Medical Research Council guidance. *BMJ*, 350, h1258.

<https://doi.org/10.1136/bmj.h1258>

- May, C. R., Cummings, A., Girling, M., Bracher, M., Mair, F. S., May, C. M., Murray, E., Myall, M., Rapley, T., & Finch, T. (2018). Using Normalization Process Theory in feasibility studies and process evaluations of complex healthcare interventions: A systematic review. *Implementation Science*, *13*(1), 80. <https://doi.org/10.1186/s13012-018-0758-1>
- Brooks, J. T., & Butler, J. C. (2021). Effectiveness of mask wearing to control community spread of SARS-CoV-2. *JAMA Network*. <https://doi.org/10.1001/jama.2021.1505>
- Mobarak, A. M. (2021, July 5). Study in Bangladesh identifies keys to encouraging mask-wearing. *Yale Insights*. <https://insights.som.yale.edu/insights/study-in-bangladesh-identifies-keys-to-encouraging-mask-wearing>
- Naam, Y. A. A., Elsafi, S. H., Alkharraz, Z. S., Alfahad, O. A., Al-Jubran, K. M., & Zahrani, E. M. A. (2021). Community practice of using face masks for the prevention of COVID-19 in Saudi Arabia. *PLOS ONE*, *16*(2), e0247313. <https://doi.org/10.1371/journal.pone.0247313>
- Patel, I. (2012). The role of testimony and testimonial analysis in human rights advocacy and research. *State Crime Journal*, *1*(2), 235–265. <https://www.jstor.org/stable/41937909>
- Rahman, M. H. (2020). Inappropriate use and disposal of face masks may promote the spread of COVID-19 in Bangladesh. *Population Medicine*, *2*(November), 1–2. <https://doi.org/10.18332/popmed/128325>
- Salway, S., Chowbey, P., Such, E., & Ferguson, B. (2015). Researching health inequalities with community researchers: Practical, methodological and ethical challenges of an “inclusive” research approach. *Research Involvement and Engagement*, *1*(9), 1–21.
- Strasser, B. J., & Schlich, T. (2020). A history of the medical mask and the rise of throwaway culture. *The Lancet*, *396*(10243), 19–20. [https://doi.org/10.1016/S0140-6736\(20\)31207-1](https://doi.org/10.1016/S0140-6736(20)31207-1)
- Tithila, K. K. (2020, July 28). Covid-19: Dhaka division worst at wearing face masks. *Dhaka Tribune*. <https://www.dhakatribune.com/health/coronavirus/2020/07/28/dhaka-division-worst-in-bangladesh-for-wearing-masks>
- Whyte, S. R., van der Geest, S., & Hardon, A. (2002). *Social lives of medicines*. Cambridge University Press.

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