Adapting to the new normal: the dilemma of wearing face mask

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Abstract: The sudden emergence of COVID-19 in 2020 revealed a new aspect of face masks. From a medical supply to an essential preventive measure, face mask has marked their era. Face mask usage patterns and practices are determined by the mask perception of an individual. Various research studies have highlighted the influence of age group, gender, and location on these perceptions. Mask resistance is prevalent among the general public even after the tragic waves of COVID-19. It becomes important to understand the barriers and motivating factors of face mask usage during the pandemic as it provides reliable justification for mask resistance. The present paper is an attempt to highlight various factors that affect the usage of the facemask to deal with the pandemic during the pandemic and in the post-pandemic (so-called 'New Normal' era). Even as the pandemic moves into an endemic phase, it is still important to wear masks, particularly in environments where vulnerable populations like the elderly and those with weakened immune systems are present. Face mask, the new skill of living, requires mandatory adoption to work efficiently in the post-pandemic era or new normal. New normal signifies regular adoption of all necessary preventive measures to step forward in the pandemic times. The present research has implications for the adoption of preventive strategies during the new normal phase.

Keywords: COVID-19, face mask usage, barriers, motivating factors, new normal

Introduction

The 1918 pandemic influenza that occurred almost a century ago, had similar epidemiological and clinical similarities to the COVID-19 pandemic including the viral origin, rapid transmission, and influenza mortality rate. This Spanish flu was the most devastating pandemic with more than 50 million global mortality rates where India suffered the most with approximately 20 million deaths [1]. Wearing a face mask, isolating the infected person, and restricting mass gatherings were some common preventive measures implemented in both pandemics. As N95 respirators or surgical masks were not available at that time, gauze masks, handmade cloth masks, or handkerchiefs were used as masks to prevent the transmission of the virus [2]. Some strict measures like quarantining symptomatic persons, restricting public events, and declaring a location with excess morbidity and mortality rates to be under quarantine were the non-pharmaceutical measures adopted in the 1918 flu pandemic similar to in COVID pandemic [3]. The onset of COVID-19 (SARS-CoV-2) as a public health emergency resulted in a global pandemic declaration by the World Health Organization on 31st January 2020 [4]. Health agencies mandated mask usage globally during the pandemic, requiring face mask wearing at public places, social gatherings, etc.

The sudden emergence of COVID-19 at the beginning of 2020 has changed the outlook and meaning of face masks. From being a preventive tool in the medical industry and for masking the identity of criminals, a face mask has marked its place as the most essential preventive measure in the COVID-19 era. Face mask acts as a visual reminder for all other precautionary measures essential to break the chain of virus transmission [5]. The Centre for Disease Control and Prevention suggested that face masks should be adopted by people on a community basis irrespective of their vaccination status to multiplicate the effectiveness of all other preventive behaviors such as physical distancing, hand washing frequently, and avoiding touching eyes, nose, or mouth frequently (CDC, 2021). The cost of respirators and surgical masks led to the recommendation for fabric masks as most of the population can afford a cloth mask, or can even use handkerchiefs, *bandanas* (handmade/ homemade cloth masks), or other fabric material as face coverings to prevent the transmission of this deadly virus [7].

Wearing a face mask and accepting the regulation imposed by the local authorities and medical agencies has been the best solution against this deadly infection so far. With the reduced infection/hospitalization rate of COVID-19, India is entering into the post-pandemic era [8]. The pandemic has taught us various preventive measures that need serious adoption as regular habits, to move forward in the post-pandemic era, also categorized as the 'New Normal'. Face masks are an important aspect of the 'new normal' after the pandemic as masks will be a part of our routine life. The new normal reflects the strict adoption of all preventive measures as COVID-appropriate behavior [9]. Implementation of COVID-appropriate behavior (CAB) on a community basis to control the damage created by this deadly virus is necessary to cope with the multiple waves of coronavirus. After suffering from the severe attack of COVID-19, the world is still under the threat of some related variants. In India, during the summer and fall seasons a new virus emerged that is named tomato flu or tomato fever because of the symptoms of this virus. Major symptoms of this disease were skin rashes that appear tomato red in color. Initially, this flu was confined to Kerala state for three months approaching the neighboring state of Tamil Nadu and spreading rapidly to different states in India [10]. Another global health threat globally during the COVID-19 period is monkeypox which causes fever, chills, sore throat, lethargy, rashes, or one or more acute skin lesions. These skin lesions raise slowly and fill with clear or yellowish fluid that crusts, dries, and falls off after a few days. The occurrence of these rashes is very similar to smallpox in which macules evolve into papules over 2-4 weeks. Monkeypox virus was suspected to be transmitted from animals to humans through direct contact with an infected animal's skin or body fluid or by consuming inappropriately cooked meat of infected animals [11]. Since more such viruses are predicted to be around in the world, preparation for preventive strategies may help us in future crises.

Association of demographic factors and mask-wearing

Presented below is the data obtained from various research studies conducted during the pandemic period on the relationship between various factors with mask-wearing:

Factor	Findings
Age	Mask-wearing behaviors among the United States population was analyzed It was concluded that face masks were more easily adopted by older individual than young individuals. Irrespective of mask mandates, young male adult groups resist face masks in public. A higher risk of infection and severe cases during the COVID-19 pandemic might be a reason for mask adherence among older sections [12].
Sex	The results from a web-based survey in India indicated that female participants were more active in following preventive practices such as wearing a mask and washing hands regularly, but were unable to follow physical distancing because of less space and crowded places [13]. In Haryana (India) face mask and personal protective equipment adherence was more prevalent among females as compared to males. Negative perceptions regarding PPE mostly influence the decision of mask wearers [14]. Participants from different countries in an online survey explained their perceptions about mask wearing and results reflect that face mask resistance was more prevalent in males as they view face masks as a barrier to their independence [15]. Men living in the USA hesitate more about face mask usage in public as they view it as a sign of fragility or weakness. Such negative beliefs associated with mask-wearing mostly lead to mask resistance [16]. Results from an online survey including participants from different countries stated that females in comparison to males were more active in adopting preventive behaviors such as wearing a mask, hand washing frequently, maintaining physical distancing, and prefer staying at home [17].
Location	The results from a web-based survey in India indicated that people residing in metropolitan and small cities of India were practicing preventive practices against COVID-19 more than the population from small towns and villages [13]. Mask-wearing practices among the United States population were also found to differ by locality as rural area residents perceive themselves at low risk of infection and they tend to skip mask usage in public. Urban and suburban shoppers were using face masks four times more than rural area shoppers whenever they stepped out for shopping [12]. In Hong Kong, males between 55–64 years reported a low frequency of using face masks during

	required situations. In terms of technique, none of the participants performed all the required steps in using face masks correctly [18].
Education	Results from an online survey conducted in India reflect that educated participants were more aware of symptoms and modes of transmission of COVID-19 and they followed effective measures along with a face mask in their routine life [19]. Self-adherence to preventive measures was influenced by knowledge, attitude, and practices adopted during the COVID-19 pandemic. Most well-educated Chinese participants specifically female residents of relatively high socio-economic status had better knowledge, attitude, and practices towards COVID-19, hence mask adherence was good among this group [20].

Research studies evaluating gender influence on behavior towards COVID-19 measures consistently reported that females were more cooperative towards preventive measures as compared to males. Mask-wearing time among adolescents in Taiwan ranged between 4-5.5 hours and excessive donning and doffing of the mask, storing it in shirt, pants, or bag pockets, and keeping it in desk drawers were identified as major sources of contamination. Breathing difficulty, excessive warmth, odor, and fogged glasses were some major issues these adolescents had experienced with mask-wearing [21]. Mask usage patterns and practices are mainly affected by knowledge and awareness of correct techniques. The general population was found unaware of the maximum consistent mask usage time and was not practicing hand hygiene as an essential preventive practice along with mask-wearing [22].

Psychological reactance towards face mask/protective behavior

Men usually perceive a face mask as an obstruction to their independence and the greater aspiration for independence can slowly develop mask resistance during the pandemic [23]. Continuous usage of face masks and personal protective equipment kits among healthcare professionals has resulted in a variety of discomforts. Headache has been the major issue accounting for non-compliance with N95 face masks among healthcare professionals as well as patients [24]. Individuals who are actively engaged in physical exercising or any sort of physical training experience respiration problems during prolonged periods of mask usage. Discomforts associated with face masks seriously affect the decision of mask usage. Mask mandates during COVID-19 had affected the perception of autonomy; an individual might develop a negative attitude when not given the choice over whether to wear it or not [25]. Prolonged face mask usage has been reported to cause acne on the face, itchy nose, difficulty in breathing on exertion, and excess sweating around the area covered by the mask and these were common reasons for mask resistance that increases the risk of infection [26]. The detailed guide on face mask usage in the context of COVID-19 by the World Health Organization also highlights some major issues with mask-wearing such as discomfort, breathing difficulties, skin problems, and communication issues, especially for hearing-impaired people who use lip reading, etc. [27].

Face mask becomes a challenge for people who wear glass as masks may cause glasses to fog up and increases the chances of discomfort that can even lead to accidents [28]. Masculine norms of toughness hurt the intention of the wearer to wear a mask in public places. This toxic masculinity and the desire to appear tough digs a deep effect on the perception and behavior of the individual resulting in mask resistance [29]. Face masks are as shameful and a sign of weakness that affects their usage among males [16]. Behavioral responses to COVID-19 differ by age, as older individuals engage more quickly in preventive behaviors (such as wearing a mask, avoiding public places, and eating at restaurants) than young individuals. Some risky behaviors cannot be avoided for months such as visiting or being visited by non-household friends and relatives. Lower education level is associated with more risky behaviors and the number of COVID-19 cases in the state of residence significantly affects the face mask adoption rate in that area [30].

The emergence of a pandemic sometimes needs strict enforcement of regulations (such as lockdowns) to control the transmission rate. In such circumstances, the general public has to compromise a lot on personal freedom which stimulates a negative attitude towards precautionary measures as they might perceive the enforcement as an attack on their freedom [31]. Negative perception towards face masks leads to strong anti-mask attitudes. These attitudes lead people to disregard physical distancing and have negative beliefs about the effectiveness and aesthetic appeal of facemasks. Negative beliefs slowly develop psychological reactance toward masks and an individual might react

violently or counter-arguments when feel forced to follow the mandates [32]. Masked appearance is often associated with the perception of looking like a criminal, a suspect, a robber, or appearing sick, specifically with the homemade mask or *bandanas* to cover the face. This creates a social identity threat among the public as there is a risk of being targeted or surveilled which significantly affects the mask usage decision of the wearer [33]. The face mask is worn over the mouth and nose which conceals the visual identification of an individual as half of the face is hidden. The face is the signature of one's identity and a window to the emotional expressions or state of an individual. The identity hidden under the mask alters the observer's perception of emotions and trustworthiness [34].

Community-wide mask usage against COVID-19

World Health Organization, Centre for Disease Control and Prevention, Indian Council of Medical Research, and various other public health agencies have highlighted the importance of hygiene measures to be followed on a community basis to effectively prevent the transmission of COVID-19. Face mask usage along with hand hygiene and physical distancing enhances the efficacy of face masks. Community-wide face mask usage prevents the transmission of the virus by reducing the emission of respiratory droplets from infected persons to others [35]. Cloth mask provides less protection as compared to surgical masks or respirators; still, layered fabric mask helps reduce the community spread if worn by large groups where physical distancing is not possible. Three basic steps to fight against COVID-19 are proper face mask usage, washing hands frequently, and physical distancing even after vaccination [36].

As the government has eased out lockdown restrictions imposed on school, college, and non-essential business closures, it becomes important to adopt face masks whenever we step out of our safe zone. Masks are useful in preventing illness in a healthy person and mask usage complemented with other public health measures increase the benefits multiplicatively [37]. Lockdown is an effective strategy to reduce the transmission but it also comes along with financial losses to the nation, it has even worse effects in resource-limited settings specifically among the population who are working as daily wagers. In most low- and middle-income countries face mask usage should be prioritized to prevent the condition of complete lockdown [38]. People without masks are not alone at risk they can spread the virus before realizing that they are infected [39]. Since new waves or new strains of COVID-19 may keep on surging in the future, all the preventive measures should be strictly adopted by the whole population. People should take it as their social responsibility towards the nation. Using a face mask along with all other preventive practices is the only way to overcome the risk of any such pandemic.

Any single preventive measure cannot work against COVID-19 infection but universal mask usage can benefit the whole community to get out of the further risks, as using a face mask will always remind the wearer that the airborne infections can never be over and make them conscious to follow all the preventive measures necessary in the post-COVID-19 era. Psychological need of relatedness i.e., the need to belong or relate with other people in the community, would work as a strong motivational force to adopt a face mask along with other preventive behavior during the pandemic to connect with the outer world [25]. Face mask usage has potential benefits among individuals with chronic allergic rhinitis symptoms. The mask works as a preventive measure in minimizing the exposure of the respiratory system to the proactive allergens present in the air [40]. The number of patients with allergic rhinitis had decreased in the COVID-19 era. Increased mask usage, increase in indoor activities, and less pollution due to lockdown in the nation might be the reason behind the rapidly falling number of patients and a change in the trend of allergic rhinitis incidence post-COVID-19 [41].

Providing factual information about the benefits of mask usage to the whole community instead of benefit only to the wearer would encourage a large population to engage in COVID-19 preventive behavior. Communication strategies could be framed with an emphasis on community benefits rather than the personal benefits of using a face mask in public settings. Voluntary adoption of preventive behaviors increases the intention of mask usage and motivates others to do so, to easily fit in the group [42]. Mask adherence among the general population depends on the level of awareness and knowledge regarding the pandemic. Incomplete information and false beliefs might amend an individual's perception which led to an anti-mask attitude. World Health Organization suggests that people should wear a face mask consecutively for 4 hours only and avoid wearing a face mask while exercising as a face mask affects an individual's breathing ability. Fabric masks should be washed daily, surgical masks should not be reused, and damp or dirty masks should be replaced immediately. Indian Council of Medical Research [43] in its *e-samvaad* report mentioned that diligent face mask usage is the most valuable preventive strategy against COVID-

19, where physical distancing could not be implemented but face masks cannot work as an alternative to other preventive behavior. People should be made aware of the proper technique of using a face mask i.e., washing hands before wearing a mask, avoiding touching the outer surface of the mask, and practicing hand hygiene regularly. Any type of false information related to COVID-19 infection can lead to a negative perception of preventive practices necessary to fight against the virus [44].

Conclusion: Face mask perception varies across age groups, gender, and demographic profile subsequently affecting the mask-wearing practice and usage [15, 23, 12, 19]. Till now, studies conducted in various regions have pointed out that males consider face mask wearing as a sign of weakness, a barrier to their independence, and females perceive it as uncomfortable. These negative emotions gradually develop mask resistance and anti-mask attitudes. The prevalence of mask resistance despite the tragic waves of COVID-19 and repeated cycle of flu and other deadly viruses of needs serious attention because this is ruining the efforts behind public appeals, public health interventions, and awareness programs during the pandemic. Understanding anti-mask attitudes would be useful in planning awareness programs to better target the public. A detailed explanation of barriers and motivating factors of mask usage during COVID-19 would provide reliable justification for mask resistance among the public. Health agencies and the local government should plan effective communication strategies that encourage voluntary adoption of face mask usage and all other preventive measures. Since the infectious disease can pose many serious public health threats, attitudes towards preventive behavior need to be discussed in detail, perception toward these behaviors specifically face masks should be assessed among different sex groups, age groups, and demographic profiles. Negative emotions and perceptions related to mask usage should be analyzed to find a logical explanation of the effects of face masks on the wearer.

Wearing a face mask and following COVID-appropriate behavior has been the best practical health intervention against coronavirus. Even if the pandemic transitions to an endemic phase, masks remain essential, especially in settings where high-risk individuals (such as the elderly and immunocompromised) are present. Mask-wearing can serve as a public signal of continued vigilance and collective responsibility, helping to manage social perceptions and behaviours around risk in the post-pandemic environment. The emergence of new variants and future mutations of COVID-19 have continued to challenge the effectiveness of vaccines alone. While vaccines have reduced the severity of the disease, breakthrough infections are still possible. Mask-wearing continues to be an effective mitigation strategy, particularly in areas with high transmission rates or when interacting with immunocompromised individuals. The continued risk of new viral strains in future underscores the need for ongoing surveillance, timely vaccine updates, and effective public health responses. As research continues to evolve, strategies such as vaccination campaigns, mask-wearing, and monitoring of viral mutations will be crucial in mitigating the spread and impact of these viruses in 2025 and beyond. Mask-wearing, the new skill of living that emerged out of the pandemic should become the most essential part of our daily routine to move ahead with this new normal.

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