MASK-WEARING AS A CULTURAL PRACTICE

AYA AHMAD, ZIHAN XU and YIBING LIU

At an early stage in the COVID-19 outbreak, various and sometimes conflicting perceptions of mask-wearing among scientists, policy-makers and the wider public in different regions raised

problems regarding whether this precautionary measure should be applied. Given that initially the scientific evidence was not strong enough to support the widespread use of facemasks against COVID-19, the World Health Organization (WHO) first suggested mask-wearing only for those with symptoms suggestive of COVID-19, rather than the general public (WHO 2020; also Greenhalgh et al. 2020). However, the Chinese government introduced the compulsory wearing of face masks in public places on 23 January 2020, long before the WHO acknowledged that masks can provide protection for oneself (Pan et al. 2020). Mask-wearing was deemed a protective practice for the majority of people in East Asia, but it raised concerns regarding personal liberty and discrimination in the West. Why did East Asian policy-makers apply mask-wearing measures despite disagreement over their protective benefits? Why would people in East Asia readily adopt this practice at an early stage? And why was this not the case in the West, say, in the United Kingdom?

The previous article, 'Data surveillance as ideological prioritization?' introduced 'ideological prioritization' as a new term for explaining the prioritization of certain values and cultural ideas among some peoples rather than others. This can help us understand why, in some cultural macro-regions, such as Mainland China, South Korea, Japan and Taiwan, people readily adopted mask-wearing, while in others, like the United Kingdom, they were late in doing so.

In East Asia, mask-wearing reflects social identities that emphasize collective solidarity and personal responsibility in combating infectious disease (Tsang and Prost 2021). When people are sick, they wear masks to prevent onward transmission and thereby protect both others and themselves. In China, the use of face masks is associated with the idea of the self showing consideration for the collective. Despite the post-Mao era witnessing a shift in Chinese culture towards individualization, the interdependent and relational notion of the self is still dominant in China today (Fei [1947] 1992; Yan 2010). For the Chinese, personal well-being is not only concerned with the individual will, it is also deeply entangled with the social body and the more than human season- and place-sensitive 'body ecologic' (Hsu 1999: 78-83; Rittersmith 2009).

In the case of COVID-19, mask-wearing was considered to benefit both individual health and collective well-being. The high frequency of wearing masks, regardless of the presence or absence of symptoms, was found to be associated with lower levels of depression and anxiety among the Chinese (Wang et al. 2020). This might have been reinforced by the collective memory of previous pandemics. For the middle-aged and young, not to mention the elderly, experiences of wearing masks during the SARS outbreak of 2003 were still vivid. Mask-wearing became a *social habit* demonstrating the collective effort involved in combating pandemics. Thus, for the general public

in China, long-ingrained *practices reinforcing* the relational self, as well as the *living* memory of the SARS epidemic, turned mask-wearing into a source of confidence, ease and collective control.

This ideological prioritization in which the self is viewed in relation to and as protective of others was also evident in Japan. Here, mask-wearing symbolized civic responsibility and moral obligations as a rule of conduct. Individuals were also motivated to wear masks due to a collective ethical commitment to care for others. In 2007 the 'cough etiquette', which entailed covering the mouth with tissue paper or a handkerchief when coughing (PIEAC 2007), became a collective practice out of respect for others. Thus, masks could be regarded as a symbolic means whereby people communicated their sense of responsibility against a common threat to the society to which they belonged. A study by Betsch et al. (2020) showed how, during COVID-19, individuals wearing masks were perceived to be 'prosocial'. These findings demonstrated how mask-wearing could *engender a sociality* in which compliant people perceived each other more positively. Solidarity in calibrating the self in relation to others could create communal respect and unity amidst uncertainty.

The relational aspects of mask-wearing and one's relationship with inhabited space embed mask-wearing in an ecological context. Local disease patterns reside in ecosystem imbalances (McElroy 2018). Correspondingly, public health responses involve dynamic negotiation between eco-biological networks and the historical, cultural, economic and political forces in human society. To protect themselves from urban pollution or combat atmospheric haze, people in contemporary East Asia have had to get used to wearing masks. It is because of concerns over pollution haze that China has seen an increase in mask-wearing in the past decade. The dust-haze seems to be an accumulated result of both 'natural' factors in an age of rapid climate change and unhealthy economic growth against the backdrop of individualization and urbanization in China (Li and Zhang 2014). Originally designed for filtering out 'yellow dust', the certified 'Korean Filter 94' mask became popular in South Korea: those who wore masks protected themselves from the residual sand of the Mongolian steppes and China's north-western deserts that blew into South Korea. During the COVID-19 pandemic, the booming mask industry of the previous decade informed and facilitated the government's and other public responses. The Korean government actively intervened in and boosted the production and distribution of masks to deal with the shortage of supplies and the high demand during the epidemic (Her 2020). Air pollution and haze have a direct impact on the individual. This is further demonstrated by Japan's nuclear disaster of 2011, with individuals still today suffering the respiratory effects of Fukushima. After this disastrous incident, masks sold out very quickly in stores as far away as in Tokyo (Nagano 2011, cited in Horii, 2014). The city is part of a dynamic and at times hazardous, even transnational,

ecological situation. Air pollution has proved to be an educator, as its sensory perception directly affects each individual.

Mask-wearing has been far less ideologically prioritized in the West, especially in the UK. Data from YouGov, a market research firm, indicated that the UK had among the lowest percentage of people wearing face-masks throughout the pandemic. In early July 2020, only 38% of Britons said they wore masks in public, as opposed to 88% in Spain and 83% in Italy ('Personal measures taken to avoid COVID-19 Yougov', 2021). Eventually, an increase in newly infected cases and deaths, the policy of compulsory mask-wearing indoors, the overwhelming of hospitals and the lockdowns had the effect of increasing the 38% to about 75% in the autumn and winter months of 2020-2021. Conversely, Taiwan's mask-wearing percentage from March 2020 to February 2021 remained steady at 80-86% (ibid.). The term 'ideological prioritizations' helps analyse the UK's response better: why was the UK so hesitant in adopting mask-wearing and delayed doing so?

Analysis of the government's official statements and a survey of 1,615 adults in the UK demonstrated the ideological prioritization placed on needing scientific evidence for the efficacy of proposed measures before they could be implemented. Furthermore, British people expressed the expectation that only a unified, compulsory policy and a strong government stance would force them to wear masks. The government was sceptical about mask-wearing and did not emphasize its importance early on, scepticism that was readily mirrored in the population.

On 3 April 2020, the Deputy Chief Medical Officer stated, 'there is no evidence that general wearing of face masks by the public who are well affects the spread of the disease in our society' (Peston 2020). The UK was not alone in distrusting masks: the Western world in general was resistant at the beginning of the pandemic due to a lack of evidence regarding their efficacy. Policies based on evidence-based biomedical statistics were ideologically prioritized over following a widely affordable precautionary principle. Face masks were perceived as 'technologies containing threats to individual, national, and transnational identities and health' and were considered to have a 'connotation of danger and crime' (Greenhalgh et al. 2020). Entanglements with the prioritization of 'evidence first' and 'liberty first' gave the virus ample time to infect, spread and evolve (Tsang and Prost 2021). In the UK, a novel virus was met with a government unprepared for the manufacturing of masks and unwilling to move beyond the need for scientific evidence, creating an environment of scepticism and leaving a people unsure who or what to trust.

Our ideological prioritizations can at times act as biases that endanger us. In times of uncertainty, embodied experiences and the ordinary person's perceptions of risk serve as crucial information bites. Though not necessarily scientific, these experiences are embodied, and there is

a value in this sociocultural efficacy in itself which has been consistently underestimated in modern times. By juxtaposing mask-wearing as a cultural practice in East Asian regions to potential ideological explanations of mask hesitancy in the United Kingdom, we obtain a greater understanding of how certain ideological prioritizations are manifested in different pandemic responses.

References

Betsch, C., Korn, L., Sprengholz, P., Felgendreff, L., Eitze, S., Schmid, P., and Böhm, R. 2020. Social and behavioral consequences of mask policies during the COVID-19 pandemic. *Proceedings of the National Academy of Sciences*, *117*(36), p. 21851-3. Doi: 10.1073/pnas.2011674117.

Fei, X. [1947] (1992) *From the soil: the foundations of Chinese society.* Translated by G.G. Hamilton and W. Zheng. Berkeley: University of California Press.

Greenhalgh, T. et al. 2020. Face masks for the public during the COVID-19 crisis. *British Medical Journal*, 369, p. m1435. doi:10.1136/bmj.m1435.

Her, M. 2020. How is COVID-19 affecting South Korea? what is our current strategy? *Disaster Medicine and Public Health Preparedness*, pp. 1–3. doi: 10.1017/dmp.2020.69.

Horii, M. 2014. 'Why do the Japanese wear masks?' *Electronic Journal of Contemporary Japanese Studies,* 14(2), Article 8.

Hsu, E. 1999. *The transmission of Chinese medicine.* Cambridge: Cambridge University Press.

Li, M. and Zhang, L. 2014. Haze in China: current and future challenges. *Environmental Pollution*, 189, pp. 85–86. doi: 10.1016/j.envpol.2014.02.024.

McElroy, A. 2018. *Medical anthropology in ecological perspective*. London: Routledge.

Pan, A. et al. 2020. Association of public health interventions with the epidemiology of the COVID-19 outbreak in Wuhan, China. *Journal of the American Medical Association*, 323(19), p. 1915. doi: 10.1001/jama.2020.6130.

Personal measures taken to avoid COVID-19 | Yougov. 2021. *Yougov.Co.Uk*. https://yougov.co.uk/topics/international/articles-reports/2020/03/17/personal-measures-taken-avoid-COVID-19 .

Peston, Robert. 2020. 'Why did the UK's coronavirus response go so wrong? *The Spectator*.' Available at: www.spectator.co.uk/article/why-did-the-uk-s-coronavirus-response-go-so-wrong.

PIEAC. 2007. Guideline for infection prevention for individuals, families, local communities and municipalities [online]. Available at: http://www.mhlw.go.jp/bunya/kenkou/kekkaku-kansenshou04/pdf/09-e12.pdf. [Accessed 13 Jan. 2021].

Rittersmith, A. 2009. Contextualising Chinese medicine in Singapore: microcosm and macrocosm. *Journal of the Anthropological Society of Oxford-online,* Vol. I (1), pp. 1-24. https://www.anthro.ox.ac.uk/jasoonline-2009-2010

Tsang, P.M. and Prost, A. 2021. Boundaries of solidarity: a meta-ethnography of mask use during past epidemics to inform SARS-CoV-2 suppression. *British Medical Journal Global Health*, 6(1), p. e004068. doi: 10.1136/bmjgh-2020-004068.

Wang, C. et al. 2020 Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China. *International Journal of Environmental Research and Public Health*, 17(5), p. 1729. doi: 10.3390/ijerph17051729.

World Health Organization 2020. *Advice on the use of masks in the context of COVID-19: interim guidance*. Available at: https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the- novel-coronavirus-(2019-ncov)-outbreak. (Accessed: 6 April 2020).

Yan, Y. 2010. The Chinese path to individualization, *British Journal of Sociology*, 61(3), pp. 489–512. doi: 10.1111/j.1468-4446.2010.01323.x.