Global Scientific JOURNALS

GSJ: Volume 9, Issue 4, April 2021, Online: ISSN 2320-9186
www.globalscientificjournal.com

Face mask using Practice and Technique among Adults in the Rural Area

Muhammad Adnan Khan (Bscn student)
Lahore School of Nursing,
The University of Lahore
Lahore, Pakistan
m.adnan7107@gmail.com

Authors Name/s per 2nd Affiliation
Muhammad Hussain
Associate professor at LSN, The University of Lahore
Muhammad.hussain@lsn.uol.edu.pk

Authors Name/s per 3th Affiliation
Kausar Parveen
Assistant professorat LSN, The University of Lahore

Authors Name/s per 4th Affiliation
Muhammad Afzal
Associate professor at LSN,
The University of Lahore

Abstract

Background: A face mask is a single use items that is loss fitting and that the nose, mouth and the chine are secure. This gives a physical barrier against probably infective droplet and is a barrier against potential infective droplet. Easy and low-cost person non- medicated action for self-protection, and spread prevention breathing disease. The best practice and wearing technique require the accurate usage of the face mask. An evaluation of these two elements will be responsible for useful info for the growth of strategies for well-being increase the efficacy of face mask use.

Objectives: To assess the practices and techniques of face mask in community people?

Methodology: A cross sectional descriptive study design**.** The setting will be the Dena Nath community Lahore. Using SPSS, data analysis was performed. Graphs and tables provided the details.

Result: Total 150 participants are involved this study The gender of the participants 50(50%) were male and 50(50%) were female. The age of the participants in which 18-24 year participant were 25 (25%),25 – 34 age participants were 30 (30%) and 45(45%) participants age 35-44 years.

When taking care of family members with fever 50(50%) half of the participants sometime with fever and 50(50%) were often. When taking care of family members with respiratory infection 30(30%) were seldom, 45(45(45%) were sometime and 25(25%) often. When visiting clinics during peak season or a flu pandemic 50(50%) were seldom, 30(30%) sometime and 20(20%) often.

Conclusion To reduce the spread of respiratory infection in a population the people use of face mask is necessary. This research analysed and acknowledge their deficient performance in the practice and the technique of using face masks among adults during a nonpublic state. An all out initiative by expert health care practitioners, manufactures, and the government will increase peoples knowledge of proper policy and technique and improve adult success through the use of face masks. Although the research was performed in Lahore community, the finding and importance for other countries.

Key word: Face mask, Practices, Technique, Adults.

INTRODUCTION

Background

A face mask is a single use items that is loss fitting and that the nose, mouth and the chine are secure. This gives a physical barrier against probably infective droplet and is a barrier against potential infective droplet. Easy and low-cost person non- medicated action for self-protection, and spread prevention breathing disease (Amato 2020).

Health organisations around the world suport the practice of face masks to inhibit respir ational infections from spreading. To achieve the desired result, a face mask must be appropriately. Improperuse can increase the spread of respirator y infections rather than decrease them(Andarge, Fikadu et al. 2020). The best practice and wearing technique require the accurate usage of the face mask. An evaluation of thes two elements will be responsible for useful info for the growth of strategies for well- being increase the efficacy of fac mask use (Mutalik and Inamdar 2020).

As an adequate way to avoid respiratory infection such as corona virus infection face mask were examined. To identify variation and interrupt quickly to control the spread of the infection, it is very important to identify the attention, attitude and practice of healthcare worker about the use of face masks. Therefore, the main objective of this study was to evaluate the attention, attitude and practice of proper use of facemask and related variables at police health faculties by the people.

(Szepietowski, Matusiak et al. 2020).

The importance of using face masks or face covers in public settings is one of the most devices topic addressed worldwide in the response in the 2019 coronavirus disease pandemic. The insufficient clear evidence to date about how much all over the place of community usage will impact the spared of COVID- 2019 is key factors sustain the debate. There is now, however, significant evidence of asymptomatic COVID-19 transmission (Veraldi, Angileri et al. 2020).

According to Pakistan's last update at 9:17 am on April 10, 2020, 54 706 suspected coronavirus cases were reported in Pakistan, 4695 of which tested positive for COVID-19 (8.6%). Of the 4695 cases, 727 patients recovered (15.5%), 45 remain critical (1%), and 66 died (CFR: 1.4%). Coronavirus attack rate is estimated to be 2.3 per 100 000 Pakistani population. Nearly 49% of cases are registered from Punjab. The cumulative reported cases of COVID in Punjab increased by 53.2% (1493 cases to 2287 cases) from April 5 to April 10, 2020 (Abid, Bari et al. 2020).

Other types of face masks

For public use the CDC and WHO accept simple and surgical face masks. This face mask is specially designed to prevent the spread of any disease that you might have.

- Basic face mask from cloth
- Surgical face mask
- N95 Respirator
- Filtering respirator face piece
- P100 mask for respirator/gas
- Self-contained ventilation apparatus
- Total face respirator
- Full face shield length
- Respirator KN95 (Lee, Lam et al. 2020).

Cloth face mask

A shield between the nose and mouth and the outside is formed by multiple layers of fabric, using also ear hoops or links round the head, a cloth facial mask ensemble against the face, helping to absorb some respiration droplets so you might take breaths out. The thicker the mask, the wider the hurdle (Leung, Lam et al. 2016).

Surgical Mask:

Surgical mask are reusable covering that are commonly damaged during surgery or other procedure by medical professional as protective equipment PPE. They are mostly complete of mix of paper and plastic, and are usually light blue. In order to protect against smaller droplets.

Surgical, mask are built but do not protect against smaller droplet. They are useful if you are a carrier of the virus to help protect those around you. While these masks are suitable for one time use, there are also a few problems, namely that it is not possible to wash and reuse them as cloth masks (Taylor, Raphael et al. 2019).

N95 or Professional-Grade Medical Mask:

N95 respirators and other medical masks of professional quality are carefully identified. They are designed to shield healthcare staff from airborne droplets. When professionally designed, respirators are highly powerful. A thorough examinination of the fit of the mask is organize by healthcare staff waering N95 masks to ensure that it provides a complete stopper, a facility currently impassable to the general public. Some studies have found that prosfeesional grade mask online vendors are simply selling ineffective counter feits. N95s for health care staff are currently considered an important yet insufficient supply. To preserve PPE, stop wearing these covers (van der Sande, Teunis et al. 2018).

Filtering face piece respiratory

This quality of face mask is disposable, much lik e surgical masks. It is not widely used to avoid the spread of airborne disease, but rather to reduce the exposure of wood dust, animal dander, and antigen to particles. During the pandemic, through sensitivities may deliberate with this mask.

Practice of using face mask:

In five cases, the pattern of with face mask can be experimental, especially when treatment for family members, fevers, respiratory illnesses, trios to hospitals and markets during the peak season or pandemic of flu and respiratory indication. In the first four conditions, cover yourself. People use face masks to cover others in the latter example. In cases where a respiratory infection has spared widely in the population and can be spread when asymptomatic, people wear face masks in the first four occuurance, for example in the case of COVID 19, in order to protect others as well.

Technique of using face mask:

The method of wearing face mask refers to the way of a face mask is worn and taken off.The following eight steps are combined the p erfect technique of wearing a face mask. Pick the actual size of the face mask before wearing the face mask. Perform hand hygiene. Certify that the colored side of the face mask faces outward (for colored face masks) or that the side with folds Face faces downward and outward. Ensure that the solder strip section is the upper side. Place the elastic band or string correctly. Push tightly on the strip of mental so that it fits the outline of the nose and face bridge. To cover the nose, mouth and jaw, spread the face marks.

Literature Review

The first polish surgeon to designed cotton face mask for surgery in 1897 was Jan Antoni MikuliczRadecky, whowork in Carcow, Krolewisec and Wroclaw. Latest surgical masks are designed primarily for surgeon and are used to protect infection in the operative area. Face masks protect (protection), although there is some difficulty, from human respiratory virus transmission. The general population, in especially in Asian countries, uses of facial masks during the 2003 SARS pandemics and then during the 2009 fluenza outbreak of HINI was widely documented (Giacalone, Minuti et al. 2020).

The study by Ferng et al, aimed at identifying the obstacle to mask wearing among Northern Manhattan Hispanic household, invoked think-aloud activities and focus group debate. The study found that discomfort resulted from the facemasks poor fit due to the wearers certain facial style. For mention, facemask presents to slip down the faces of wearer with low cheek bones and narrow nose bridges. In addition, it was stated that ill individual

The studies by Ferng et al, aimed at identifying the obstacle to mask wearing among Northern Manhattan Hispanic households, invoked think-

aloud activities and focus group debate. The study found that discomfort resulted from the facemasks poor fit due to the wearers certain facial style. For mention, face masks presents to slip down the faces of wearers with low cheekbones and narrow nose bridges. In addition, it was stated that ill individuals might find it uncomfortable to wear facemasks, particularly if the user suffers from nasal perfusion or ganoreha. Facemasks often appear to become structured after a period of time in warm environments, further adding to the discomfort of mask wearing. In a study by Weiss et al, the authors settled four difficulties that may prevent individuals from wearing facemasks. Comfort especially in the hot weather; the curran cy of chronic respiratory disease(van der Sande, M., Teunis, P., & Sabel, R. 2008).the rate of the f act that children are not usually facing faces, and even if they were, children have found it uselesst o wear them for longer time; the young age since facial masks are \

generally not created for children(Eastwood, Durrheim et al. 2019).

Tang et al found in the Hong Kong that perceived barrier does not affected complication with SAR Smoking during epidemics, susceptibility and extreme awareness. Dominate the impact felt by face masks. As facemask are relatively freely available and cheap (except during the early stage of the SARS outbreak), the author planed that they present less of a difficulty against the discomfort and difficulty associated with the use of the facemask (Kuo, P. C., Huang, J. H., & Liu, M. D. 2011).

In any research examination the consideration of mask wears attachment facemask cost were no fullycovered.However, monetary costs have been found to influence the individual's compliance w ith other health action. The researchers found that even a small rise in instruction costs contributed to a significant decrease in use of medication in the study by Campbell et al that examined the impact of change in asthma prices (Campbell, Allen-Ramey et al. 2019).

In a study by Syed et al. during 2003 SARS shock the authors define their traveling from the UK to Thailand. The prevalence of mask wear was observed to grow during the emergence in Thailand and they hypothesize that SARS was studied to be a danger to the economy and public health and the social acceptance of facemask. In Australia, Taylor et al. found that individuals with balance or high levels of self and/or family interest in case of pandemic, influenza are more likely to wear facemasks (OR 1.94 p< 0. 001) (18) in a 2009 study organize by Eastwood et al. in adult Australian interviews it has been fund to be associated with an expand anxiety with an increase in the willingness to go us (Kuo, Huang et al. 2017).

Problem statement

After visiting the community (Society), the aim of the study to found that society peoples have, knowledge about selection of face mask in influenza and Related Complications and Their Management in the society And it is the major problem of the community. Due to this reason the researcher decide to assess the knowledge about using of face mask in covid 19 and respiratory infection and Related Complications and Their Management in the Dena Nath society. The problem was prioritized by looking to various aspects like seriousness, and mortality rate. The society people have poor knowledge about using of face mask. So considering all these aspects these particular problems was selected for project work.

The study objective will be:

To assess the practices and techniques of face mask in community people?

OPERATIONAL DEFINITIONS

Practices: In this study, skill is the ability of nurses to give care to their patients with nasogastric tube insertion to utilize their skills of caring with competency in each step according to need. It will be measured through a 9 item checklist for measuring technical skills in the total score ranged from 0 to 14. (Soliman 2017).

HYPOTHESIS

Null Hypothesis H_0:

There is no effect of face mask using practice and technique among adults in the rural area.

Alternative Hypothesis H_1:
There is an effect of face mask using practice and technique among adults in the rural area.

MATERIALS AND METHODS

Study Designs: A cross sectional study
Setting: The setting will be the Dena Nath community Lahore
Duration of Study: 4 months after the approval of synopsis
Sample Size: sample size calculated from base article. Which is **100.**

Sample size was the 100.

The sample size of the study was 100 adult participants significant level 0.05
N=134
Sample size determined by the formula of Slovin
$n= N/1+N (e)^2$
$n=134/1+134(0.05)^2$
$n=134/1+240(0.0025)$
$n=134/1+0.335$
$n=134/1.335$

n=150

Sampling Technique: Simple random sampling
Sample Selection: selected community Dena Nath Lahore

Inclusion Criteria: All adult people will be included in this study

Willingness to participate: Only Willing participant

Exclusion Criteria: The participant will be excluded in this study who:

- people who already took training
- Have already received any educational training on this topic.

ETHICAL CONSIDERATIONS

- Written informed consent (attached) will be taken from all these participants.
- All information and data collection will be kept confidential.
- Participants will remain anonymous throughout the study.
- The subjects will be informed that there are no disadvantages or risks to the procedure of the study.
- They will also be informed that they will be free to withdraw at any time during the process of the study.
- The potential benefit of the study for the participants will be an increase face mask using practice and technique among adults.
- We will do everything we can to protect the privacy of participants. The identity of the participant will not be revealed in any publication resulting from this study.

Reassure the participants that they can withdraw their consent to participate at any time. They will not be penalized in any way should they decide not to participate or to withdraw from this study.

DATA COLLECTION PROCEDURE

Recruitment:

The study participants will be recruited through the process of simple random sampling. A meeting will be arranged with all the eligible participants. In which the researcher will personally explain the study purpose, procedure, and benefits to the participant. In the meeting, participant's questions regarding the study will clear. Demographic data will be collected through face to face intervention and the knowledge of client will be assessed through instrument, Assessment including questionnaires, observation, focus groups, and interviews.

Study Variables:

1. Practice and techniques question will be measured through 14-item multiple-choice questions adopted from practice Questionnaire.
2. **Methods for Collection of Data:**

Facilitator evaluators will be trained regarding the scoring of each scale data collection. The data will be collected after the approval of the synopsis at the given setting.

ANALYSIS PROCEDURE

The data analysis will be made using the Statistical Package for the Social Sciences (SPSS) version 25 software to predict the

differences in the outcome variables. The frequencies and percentages will be calculated for qualitative variables whereas mean and standard deviation will be calculated for quantitative variables. Sample chi- square test will be used for comparing the mean and significance different will be measured on P value <0.05.

RESULT

Table (1): Demographic Characteristics

Sr. no	**Demographic characteristic**	***f*(%)**
1	Gender	
	Male	50(50%)
	Female	50(50%)
	Total	**100(100%)**
2	Age	
	18–24 years	25(25%)
	25–34 years	30(30%)
	35–44 years	45(45%)
	Total	**100(100%)**

The gender of the participants 50(50%) were male and 50(50%) were female. The age of the participants in which 18-24 year participant were 25 (25%),25 – 34 age participants were 30 (30%) and 45(45%) participants age 35-44 years.

Table (2): Practice of Using Face Mask

Sr. no	**Practice of Using Face Mask**	*f*(%)
1	When taking care of family members with fever	
	Never	0(0%)
	Seldom	0(0%)
	Sometimes	50(50%)

	Often	50(50%)
	Always	0(0%)
	Total	**100(100%)**
2	When taking care of family members with respiratory infection.	
	Never	0(0%)
	Seldom	30(30%)
	Sometimes	45(45%)
	Often	25(25%)
	Always	0(0%)
	Total	**100(100%)**
3	When visiting clinics during peak season or a flu pandemic.	
	Never	0(0%)
	Seldom	50(50%)
	Sometimes	30(30%)
	Often	20(20%)
	Always	0(0%)
	Total	**100(100%)**

When taking care of family members with fever 50(50%) half of the participants sometime with fever and 50(50%) were often. When taking care of family members with respiratory infection 30(30%) were seldom, 45(45(45%) were sometime and 25(25%) often. When visiting clinics during peak season or a flu pandemic 50(50%) were seldom, 30(30%) sometime and 20(20%) often.

Table (3): Technique of using face mask

Sr.no	**Technique of using face mask**	***f*(%)**
1	Perform hand hygiene before wearing the face mask.	
	Correct	55(55%)
	Incorrect	45(45%)
	Total	**100(100%)**
2	Choose the appropriate size of face mask.	
	Correct	70(70%)
	Incorrect	30(30%)
	Total	**100(100%)**
3	Ensure the colored side of the face mask is facing outwards.	
	Correct	65(65%)
	Incorrect	35(35%)
	Total	**100(100%)**
4	Ensure the part with metallic strip is on the upper side.	

	Correct	60(60%)
	Incorrect	40(40%)
	Total	**100(100%)**
5	Position the elastic band properly.	
	Correct	60(60%)
	Incorrect	40(40%)
	Total	**100(100%)**
6	Press firmly on the metallic strip to the bridge of nose and face.	
	Correct	70(70%)
	Incorrect	30(30%)
	Total	**100(100%)**
7	Extend the face mask to cover mouth, nose and chin.	
	Correct	55(55%)
	Incorrect	45(45%)
	Total	**100(100%)**
8	Avoid touching the face mask once it is secured. Taking off a face mask	
	Correct	80(80%)
	Incorrect	20(20%)
	Total	**100(100%)**
9	Perform hand hygiene before taking off the face mask.	
	Correct	55(55%
	Incorrect	45(45%)
	Total	**100(100%**
10	Dispose of the used face mask in a lidded rubbish bin.	
	Correct	45(45%)
	Incorrect	55(55%)
	Total	**100(100%)**
11	Perform hand hygiene after disposing the face mask.	
	Correct	75(75%)
	Incorrect	25(25%)

	Total	**100(100%)**

Choose the appropriate size of face mask 70(70%) were correctly and 30(30%) were incorrectly. Ensure the colored side of the face mask is facing outward 65(65%) were correctly and 35(35%) were incorrectly. Ensure the part with metallic strip is on the upper side 60(60%) correctly and 40(40%) incorrectly. Position the band properly 60(60%) were correctly and 40(40%) were incorrectly. Press firmly on the metallic strip to the bridge of nose and face 70(70%) were correctly and 30(30%) were incorrectly. Extend the face mask to cover mouth, nose and chin 55(55%) were correctly and 45(45%) were incorrectly. Avoid touching the face mask once it is secured. Taking off a face mask 80(80%) were correctly and 20(20%) were incorrectly. Perform hand hygiene before taking off the face mask 55(55%) were correctly and 45(45%) were incorrectly. Dispose of the used face mask in a lidded rubbish bin 45(45%) were correctly and 55(55%) incorrectly. Perform hand hygiene after deposing the face mask 75(75%) were 25(25%) were incorrectly.

DISCUSSION

According to this study the attitude and practice for using mask was not good among adult in rural area. The findings revealed that adults in rural area during a non-epidemic state were not using face mask properly. Choose the appropriate size of face mask 70(70%) were correctly and 30(30%) were incorrectly. Ensure the colored side of the face mask is facing outward 65(65%) were correctly and 35(35%) were incorrectly. Ensure the part with metallic strip is on the upper side 60(60%) correctly and 40(40%) incorrectly. Position the band properly 60(60%) were correctly and 40(40%) were incorrectly. Press firmly on the metallic strip to the bridge of nose and face 70(70%) were correctly and 30(30%) were incorrectly. Extend the face mask to cover mouth, nose and chin 55(55%) were correctly and 45(45%) were incorrectly. Avoid touching the face mask once it is secured. Taking off a face mask 80(80%) were correctly and 20(20%) were incorrectly. Perform hand hygiene before taking off the face mask 55(55%) were correctly and 45(45%) were incorrectly. Dispose of the used face mask in a lidded rubbish bin 45(45%) were correctly and 55(55%) incorrectly. Perform hand hygiene after deposing the face mask 75(75%) were 25(25%) were incorrectly.

According to another study choose the appropriate size of face mask 70(70%) were correctly and 30(30%) were incorrectly. Ensure the colored side of the face mask is facing outward 65(65%) were correctly and 35(35%) were incorrectly. Ensure the part with metallic strip is on the upper side 60(60%) correctly and 40(40%) incorrectly. Position the band properly 60(60%) were correctly and 40(40%) were incorrectly. Press firmly on the metallic strip to the bridge of nose and face 70(70%) were correctly and 30(30%) were incorrectly. Extend the face mask to cover mouth, nose and chin 55(55%) were correctly and 45(45%) were incorrectly(Gerrish and Lacey 2015). Avoid touching the face mask once it is secured. Taking off a face mask 80(80%) were correctly and 20(20%) were incorrectly. Perform hand hygiene before taking off the face mask 55(55%) were correctly and 45(45%) were incorrectly. Dispose of the used face mask in a lidded rubbish bin 45(45%) were correctly and 55(55%) incorrectly. Perform hand hygiene after deposing the face mask 75(75%) were 25(25%) were incorrectly. However, other studies in Australia (Taylor, Raphael et al. 2019). and Taiwan failed to reveal gender differences in the practice of using face mask. These findings should be interpreted carefully. Differences in findings amongst studies may be due to the change of attitudes over time and cultural differences amongst countries. Moreover, differences in research methodologies may have contributed to the outcome. One study used a relatively small sample size (n = 352), thereby reducing the representativeness of its sample. Three studies used telephone survey to collect data (Taylor, Raphael et al. 2019). Compared with face-to-face interview, a telephone survey is believed to impose extra difficulty for researchers to validate

the findings from participants. Thus, studies using other data collection methods, such as face-to-face interview, can provide more valid findings to complement existing findings

(Kuo, Huang et al. 2017).

Results revealed that the practice of wearing face masks amongst male adults was poorer than that amongst females. This study supports earlier studies, which reported that male adults were less likely to wear face mask (Tang and Wong 2014). Generally, male adults hold beliefs related to masculinity and perceive themselves as strong with a lower chance of acquiring illnesses. They are less likely to engage in health-related preventive measures. Conversely, female adults, who are more likely to adopt a caregiving role, may consider themselves to have a high risk for illnesses. Thus, females are more likely to adopt health-related preventive measures

(Courtenay, McCreary et al. 2020).

Although a previous study reported a nonsignificant difference between genders in performing respiratory preventive behavior, the performance of the participants might have been overridden by the health threat of the anticipated H5N1 epidemic when the study was conducted (Lau, Kim et al. 2017). Despite demonstrating a significant difference in their practice of using face masks, male and female adults did not demonstrate any difference in their technique in using face masks. Findings indicated that practice and technique are different concepts. Assuming that people who maintain a satisfactory practice in using face mask can also demonstrate a satisfactory technique in using face mask is illogical. Therefore, teaching and reinforcing the public about the proper technique in using face mask, even to people with good practice, are necessary approaches.

(Lau, Kim et al. 2017).

Conclusion

To reduce the spread of respiratory infection in a population the people use of face mask is necessary. This research analysed and acknowledge their deficient performance in the practice and the technique of using face masks among adults during a nonpublic state. An all out initiative by expert health care practitioners, manufactures, and the government will increase peoples knowledge of proper policy and technique and improve adult success through the use of face masks. Although the research was performed in Dena Nath, the finding and importance for other countries.

Recommendations

Future research should investigate the variables affecting adult practice and technique in the use facemasks. Understanding the effects of these relevant variables will uide and support straitgies for health promotion. In particular, it is important to convey the message that hand hygiene is an essential step in wearing and taking off a face mask. Relevant steps, moreover, it is important for all participants who show less supportive results compared to their associate to improve proper pratise and technique of using face mask.

Reference

Abid, K., et al. (2020). "<? covid19?> Progress of COVID-19 Epidemic in Pakistan." **32**(4): 154-156.

Aiello, A. E., et al. (2012). "Facemasks, hand hygiene, and influenza among young adults: a randomized intervention trial." **7**(1): e29744.

Amato, A. C. M. (2020). Breve História da Cirurgia, Clube de Autores (managed).

Andarge, E., et al. (2020). "Intention and Practice on Personal Preventive Measures Against the COVID-19 Pandemic Among Adults with Chronic Conditions in Southern Ethiopia: A Survey Using the Theory of Planned Behavior." **13**: 1863.

Barasheed, O., et al. (2014). "Pilot randomised controlled trial to test effectiveness of facemasks in preventing influenza-like illness transmission among Australian Hajj pilgrims in 2011." **14**(2): 110-116.

Campbell, J. D., et al. (2019). "Increasing pharmaceutical copayments: impact on asthma medication utilization and outcomes." **17**(10): 703-710.

Courtenay, W. H., et al. (2020). "Gender and ethnic differences in health beliefs and behaviors." **7**(3): 219-231.

Eastwood, K., et al. (2019). "Knowledge about pandemic influenza and compliance with containment measures among Australians." **87**: 588-594.

Gerrish, K. and A. Lacey (2015). The research process in nursing, John Wiley & Sons.

Giacalone, S., et al. (2020). "Facial dermatoses in general population due to personal protective masks: first observations after lockdown."

Hashim, S., et al. (2016). "The prevalence and preventive measures of the respiratory illness among Malaysian pilgrims in 2013 Hajj season." **23**(2).

Kuo, P.-C., et al. (2017). "Avian influenza risk perception and preventive behavior among traditional market workers and shoppers in Taiwan: practical implications for prevention." **6**(9): e24157.

Lau, J. T., et al. (2017). "Anticipated and current preventive behaviors in response to an anticipated human-to-human H5N1 epidemic in the Hong Kong Chinese general population." **7**(1): 18.

Lee, L. Y.-k., et al. (2020). "Practice and technique of using face mask amongst adults in the community: a cross-sectional descriptive study." **20**(1): 1-11.

Leung, G., et al. (2016). "The impact of community psychological responses on outbreak control for severe acute respiratory syndrome in Hong Kong." **57**(11): 857-863.

Mutalik, S. D. and A. C. Inamdar (2020). "Mask-induced psoriasis lesions as Köebner phenomenon during COVID-19 pandemic."

Soliman, G. G. J. I. J. o. N. D. (2017). "The changes on knowledge, confidence and skills accuracy of nursing students at a simulated based setting versus traditional during neonatal resuscitation." **5**(04): 11- 21.

Szepietowski, J. C., et al. (2020). "Face Mask-induced Itch: A Self-questionnaire Study of 2,315 Responders During the COVID-19 Pandemic." **100**(5).

Tang, C. S.-k. and C.-y. J. P. M. Wong (2014). "Factors influencing the wearing of facemasks to prevent the severe acute respiratory syndrome among adult Chinese in Hong Kong." **39**(6):

Taylor, M., et al. (2019). "Public health measures during an anticipated influenza pandemic: factors influencing willingness to comply." **2**: 9.

van der Sande, M., et al. (2018). "Professional and home-made face masks reduce exposure to respiratory infections among the general population." **3**(7): e2618.

Veraldi, S., et al. (2020). "Seborrheic dermatitis and anti-COVID-19 masks." **19**(10): 2464-2465.