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Short Communication

Current Practices and Future Perspectives for Wearing of Homemade Facemasks

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Covering mouth and nose with our hands in case of a bad smell or dust is a common practice in sub-Saharan Africa and elsewhere. Those who engage in this practice believe that it stops inhalation of airborne particles associated with bad smell or entry of dust into either mouth or nose. In the context of disease surveillance, filtering what one inhales or exhales not only stops droplets with the disease causing organism/s from causing or spreading disease/s but also stops exposure to dusts or allergens that triggers other severe disease conditions.

The most commonly well-known filter for inhalation and exhalation is a facemask, it protects one or others from airborne transmissible agents, in particular, respiratory tract infections [1]. In addition, it prevents contamination of the work space by reducing the aerosol transmission and also reduce risk of body fluids reaching the wearer's mouth or nose. The facemasks (N95 respirators) worn by health care workers are highly protective against airborne transmissible agents, but with the Covid 19 pandemic there is a widespread use of homemade facemasks by the public. The homemade facemasks are made of cotton and provides protection but not as effective as those used by the health care workers [2-4]. However, in rural or peri-urban communities they are preferred and widely used due to their availability and affordability.

Despite the widespread use of homemade facemasks, there is need for sensitization on the proper usage, in particular, perfect fit and adherence to hygiene standards. The use of facemasks needs to be regularly evaluated and monitored to address the concerns with perfect fit and hygiene standards. Also lack of data on the prevalence of mild, symptomatic and asymptomatic patients undermines the effort on the focused surveillance, in particular, enhanced use of facemasks among the high risk populations. Ideally, the persons with the symptoms are the one expected to use facemasks [5].

With the realization that Covid 19 may take longer to control due to challenges with the mass availability of vaccines to the general public in poor resource settings, there is need to review existing policy to guide the wearing of face masks especially during the seasonal outbreak of cold and flu or by those with underlying conditions such as diabetes, hypertension etc. or those in overcrowded social places such as churches, mosques, markets or political rallies etc. with possible outbreak. The compliance with correct public use of facemasks is key to prevention and control of infections. This can be achieved only if the general public is responsible and actively involved on the prevention measures. However, realization of a responsive citizenry has been difficult to achieve in many settings. It is therefore important to evaluate the strict law enforcement strategies, fines and punishments that have resulted into 100% pit latrine coverage and usage in certain resource poor settings. On the other hand, we need appreciate that law enforcement may not work for other interventions such as cutting of fingernails, seatbelt, perfect fit and adherence to hygiene standards by the wearers of facemasks. Consequently, the public should be aware of places of exemption for the use facemasks and places of enhanced compliance [6]. These can only be achieved if a non-threatening communication for non-compliance is adopted. With the emerging infections, non-compliance is a threat to collective survival of humanity

and therefore there is a need for the research priority to focus on non-compliance to public health guidelines, in particular, improving the quality of the homemade facemasks and also exploring the often neglected anthropological drivers of compliance to inform policy interventions.

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