

# Beyond Biosecurity: Face Masks as Merchandise and Status Symbols in the COVID-19 Era

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## Abstract

The COVID-19 pandemic transformed the face mask from a public health necessity into a complex sociocultural artefact. This study challenges the notion of the mask solely as a public health tool, exploring its dual role as a commercial product, its unmasking of economic disparities and a symbolic expression of social class and identity. The paper illustrates how the mask became a site of entrepreneurial activity while serving as a status and belonging marker. This study adopted a qualitative research methodology. Specifically, it employed in-depth interviews as the primary data collection technique. The interviews were conducted using a semi-structured interview guide with a diverse group of participants, selected through convenient and purposive sampling to ensure a range of perspectives related to face mask consumption during the COVID-19 pandemic. Participants included individuals from various socioeconomic backgrounds. Data from the interviews were transcribed and analyzed using thematic analysis. Our findings reveal the intricate interplay between economic status, social identity formation and cultural values in shaping mask consumption and meaning. Significantly, this research contributes to a nuanced understanding of how material objects, such as face masks deployed during a pandemic, can reveal multiple unintended purposes and meanings.

## Keywords

Pandemic, Face Mask, COVID-19, Biosecurity, Commercialise, Social Class

## 1. Introduction

The COVID-19 pandemic triggered a worldwide health crisis that prompted the

widespread adoption of face masks as a primary tool for preventing the transmission of the virus from one person to another. Originally intended to be a functional, purely public health device, the face mask soon mutated into a complex sociocultural artefact with unintended consequences that transcended the biosecurity function (Martin et al., 2020; Chan & Yuen, 2022). This study is a discourse on the problem of comprehending how a device designed for public health interventions was transformed into a commercial object and a symbol of social identity and status, thereby revealing the economic disparities and psycho-social dynamics characterizing a community's response to the COVID-19 pandemic (Ahmed et al., 2020).

The principal objective of this research was to investigate the transformation of the face mask from a public health COVID-19 prevention device into a commercial and cultural object. By shifting focus from the mask's primary function as a protective device to a commercial and social tool, this study sought to portray the intricate interplay between public health, commerce, and culture during a crisis (Li et al., 2022). The pandemic created a unique environment where these domains converged as individuals and businesses adapted to the "new normal" (Zhou & Dong, 2023).

Previous studies have mainly concentrated on the psychological and behavioral impacts of wearing masks (Chu et al., 2020; Howard et al., 2021; Zhao et al., 2020). In contrast, this study introduces a fresh perspective by looking at masks as products, cultural items, and indicators of social status. Recent studies show that masks have served various purposes in different cultures, acting as signs of unity or reflecting economic differences (Li et al., 2021). This research contributes to the expanding field of studies on the social and cultural aspects of health emergencies by investigating how masks are marketed and how they influence social interactions and personal identities (Silchenko & Visconti, 2021).

Taking a cue from sociological, anthropological, marketing, and cultural studies theories, this study scrutinizes how the face mask became a canvas for expressing identity, status, and belonging (Pollock, 1995). Through the lens of consumer culture and marketing, the paper explores the mask concept as a commodity (McCracken, 1986), while its other image as a status symbol is dissected within the framework of social stratification (Bourdieu, 1984; Veblen, 1899). The multidisciplinary nature of this study provides a broader understanding of the complex and multifaceted view of the face mask during the COVID-19 pandemic.

In addition, this study contributes to ongoing discourse on the role of objects in conveying social and cultural practices. Using the face mask as a case study, the paper explores the broader implications of consumer culture and the commodification of everyday items (Belk, 1988). By examining the various viewpoints of participants, this study uncovers the hidden reasons and significance behind the use and purchase of masks. The study helps us better understand how physical items like masks can represent business, social, and economic messages, especially in difficult times.

## 2. Methodology

The study, conducted in Mashonaland West Province, Zimbabwe, employed a qualitative research design to explore the multifaceted nature of face masks beyond their “biosecurity” function. Semi-structured interview guides were developed to explore participants’ experiences with face masks, including their perceptions, attitudes, and behaviours. The interview guide included open-ended questions for randomly selected 20 individual respondents (10 from Kanyaga and 10 from Chinhoyi town) on mask usage, purchase, and socio-economic implications. A total of two focus group discussions, each with 8 discussants, were also facilitated using a discussion guide that encouraged participants from Kanyaga rural and Chinhoyi urban areas to share their experiences and perspectives on mask-wearing during the COVID-19 pandemic within their social networks and localities.

The interview data were collected as part of the first author’s fieldwork for her DPhil thesis at Chinhoyi University of Technology titled, “The Social Construction of Pandemics and Resilience Building: An Integrative Framework for Coping with Pandemics in a Resource-constrained Environment.” The fieldwork was conducted and transcribed verbatim between January and May 2023. The data were then analyzed using thematic analysis to identify recurring patterns and themes related to mask consumption, meaning, and identity (Braun & Clarke, 2006).

Multiple data collection methods, such as individual interviews, focus group discussions and observation, were used to triangulate the findings. Individual interviews captured personal perspectives on the masking phenomenon, and observations helped enrich and cross-check the data collected through the interviews. Focus groups offered a unique opportunity to explore shared meanings, social dynamics, and group consensus around a particular theme (Flick et al., 2012; Morgan, 1997; Kitzinger, 1994). The three techniques reinforced each other to capture an in-depth picture of how masks were portrayed, marketed, and utilized in a broader exploration of the sociocultural and commercial context surrounding face masks (Haskell, 1985).

## 3. Research Findings

Persuading people in communities to embrace mask use was perceived by the authorities as a core intervention for curbing the pandemic. Worldwide, many scholars agree that mask-wearing reduces transmissibility per contact by decreasing the transmission of respiratory particles (Howard et al., 2021; Chu et al., 2020). Nevertheless, this study dwells on examining a unique angle in that while many people concur that masks prevent COVID-19 infection, the face mask itself became a canvass for perceptions of merchandising, expression of socio-cultural identity, and a bold reminder of the economic disparities prevailing within the Zimbabwean society.

### 3.1. Face Masks as Ordinary Merchandise

While there is overwhelming scientific evidence that face masks prevent the spread of viruses through person-to-person transmission (Chu et al., 2020) and that they reduce the shedding of coronaviruses in respiratory droplets (Leung et al., 2020; Howard et al., 2021), during our fieldwork, we noted a disturbing trend where some members of the public in both urban and rural areas expressed views to the contrary. They perceived masks as just ordinary merchandise produced by certain companies to make money under the guise of COVID-19 prevention measures. Some voices we captured through interviews are a testament to this perception.

In an interview held with a Village Head in the Kanyaga communal area, he spoke openly about how he felt about the wearing of face masks to prevent transmission of the coronavirus:

*We often hear that masks prevent the spread of COVID-19, but nobody has demonstrated this beyond a reasonable doubt. How can a piece of cloth worn on one's face have the magic of stopping the coronavirus? Breathing in and out while wearing a mask means air comes in from outside. If air or oxygen can come in from outside while you are wearing a mask, what stops the virus from coming in?*

The misconception about airflow and virus transmission arose from misunderstanding how viruses spread. While it is true that air can pass through a mask, the primary function of a mask is to filter out respiratory droplets containing the virus. These droplets are more significant than air particles and are more likely to be captured by the mask's fabric. On the other hand, the request for "demonstration" highlights a desire for concrete, visible proof of mask effectiveness. While direct visualization of virus particles trapped by a mask is challenging, epidemiological studies and controlled experiments have consistently shown a correlation between mask usage and reduced transmission rates (Chu et al., 2020; Howard et al., 2021; Leung et al., 2020). Noteworthy and more worrisome from a programming perspective is that it becomes challenging to sell protocols for pandemic prevention (in this case, COVID-19) in situations where community leaders have no buy-in to the promulgated protocols (Pescosolido & Martin, 2015; Navarro, 2007; Walt & Gilson, 1994).

Similarly, further perforating the myths of masks preventing the spread of COVID-19 was the Village Head's wife, who also weighed in very strongly:

*This whole thing about masks is nonsense to us. Whenever there is a funeral, we gather at the deceased's home. As women, we spend the whole night singing in the room where the deceased's body would be lying in state. None of us puts on a mask, but we have never lost any one of us to a COVID-19-related death, and none of us is said to have contracted COVID-19. We are coping with all our funerals without face masks. If you see anybody wearing a mask, you must know that he or she is from town. Maybe to them, it is the fashion of the time. Hence, they wear the masks wherever they are.*

The statement by the Village Head's wife reflects a complex interplay of factors

influencing mask acceptance and usage within a specific cultural context. The voice expresses a misconception of mask efficacy and that funeral rituals and social gatherings are deeply ingrained cultural practices that can influence health behaviours and also, implicitly, a lack of trust by some members of the public in the information about mask effectiveness circulated by health authorities. Kreuter and McClure (2016) point out how health messages are received and interpreted by different cultural groups, helping to explain the gap between scientific evidence and public perception. Kleinman (1980) posits that the misunderstanding of mask efficacy points to broader issues of health literacy and the challenges of effectively communicating public health information (Sorensen et al., 1998) and the implicit distrust of health authorities underscores the importance of building trust in public health interventions (Eyles & Smith, 1997).

In an expression of surprise and mistrust in the use of face masks to prevent the COVID-19 virus, one male participant at a focus group discussion held in Gadzema Market in Chinhoyi town spoke at length on the issue:

*Why is wearing masks enforced in public places like the streets, offices, and shops but not at home? Family members meet at home in the evening after spending the day in various places, meeting different people, some wearing masks and others not. On meeting at home, all family members remove face masks and mix and mingle freely. Does it mean that COVID-19 is only spread between strangers and not between family members? If it can also be spread among family members, why does nobody talk about it, warning people against removing masks when they get home?*

The participant's statement reflects a common misconception about the transmission of COVID-19 and highlights several key issues. The participant questions the rationale behind mandatory mask-wearing in public spaces but not in private settings. The participant seems to doubt that COVID-19 is transmitted through airborne particles. His questioning of the official narrative about mask-wearing suggests a broader trust issue in public health authorities. In summary, the whole contention is centered on how individuals perceive and respond to health threats, thereby helping to explain the participant's skepticism (Slovic, 2000; Kata, 2022), the underlying reasons for the participant's mistrust (Eyles & Smith, 1997) and hint to the need for improving public health communication messaging by addressing public concerns (Kreuter & McClure, 2016).

A young female participant in the Gadzema Focus Group discussion also expressed her doubts about wearing masks as being a measure for shielding people from the spread of the COVID-19 virus:

*I do not believe that face masks can protect people from the virus. Okay, here and there, I wear the mask when required to—not to protect myself from contracting the virus but just to avoid being arrested by the police. Otherwise, in the absence of the police, you never see me wearing a mask.*

The participant's statement highlights the importance of clear, consistent, and culturally sensitive communication about public health measures. Addressing

public concerns and building trust to implement preventive measures effectively is essential. The use of face masks to combat the spread of COVID-19 is questioned by some who view masks as mere merchandise. The claim that face masks prevent COVID-19 was seriously being questioned by the rural folk. It was not easy to sell the idea that it prevented the spread of COVID-19 when people went about their daily lives in rural areas without putting on masks. Seemingly, most of the rural folk viewed the authorities' claim of face masks stopping coronavirus as nothing more than a product marketing gimmick.

Fieldwork findings show a wide gap between scientific evidence and public perception concerning the efficacy of face masks during the COVID-19 pandemic. From the scientific studies, it is evident that masks effectively reduce virus transmission. However, in rural areas, public perception seemed to treat masks as just another commodity rather than a health-essential tool. The perception was sometimes fed by several misconceptions about how masks work, scepticism toward public health messaging, and deep-seated distrust of the authorities. Statements from the interview, both community leaders and ordinary villagers, prove how tough it is to sell public health measures in contexts where dominant cultural practices exist, economic constraining factors, and misinformation. The belief that masks were merely a means to an end—a profitable one—rather than public health measures reflects broader health literacy and trust in health interventions. It was exacerbated by a lack of “visible” proof of their efficacy and the perception that mask-wearing was being precipitated by external pressures rather than protection against a virus. These insights beckon to more effective culturally sensitive communication strategies that consider the public's concerns and engender trust in public health interventions. Otherwise, such vital health measures will boil down to mere advertising exercises and, as such, risk becoming a victim of cynicism, especially within communities already hard-hit by the economic and cultural parameters limiting adherence to public health guidelines. In the future, this will involve aligning scientific knowledge with public perception and ensuring everybody, regardless of background, has access to trusted and accurate information for guiding health behaviours during crises.

### **3.2. Masks and Economic Disparities**

The COVID-19 pandemic exposed significant economic disparities around mask-wearing behaviour, showing how a public health measure might become a token of socioeconomic inequality. The face mask, initially designed as a uniform piece of protection, turned into an outward display of status and identity, exposing economic disparities that existed within societies. The section discusses how individuals employed face masks as health protectors and tools for constructing, contesting, or reinforcing social hierarchies.

Drawing on interview data from a rural part of Kanyaga, the paper highlights economic inequalities that shaped mask-wearing behaviours in intriguing ways. This was primarily determined by the economic constraints, especially in rural

areas like Kanyaga, considering the cost of the face masks. Most focus group discussion respondents could not afford to buy the masks, opting for pieces of cloth from old clothes. The issue of face masks being beyond the reach of most rural people due to lack of money is well documented in the literature (Sharma et al., 2021; Li et al., 2021; Zhang et al., 2022). Not being able to afford masks meant these individuals were in increased danger of contracting the coronavirus. However, it also indicated the emerging social and economic fault lines opening up at the very base of communities.

People's decision to stop wearing masks after initially buying them clearly shows the impact of social norms and peer pressure on health behaviours. Fear of being perceived as "showing off" by wearing a mask when others could not afford to buy one prompts a complex interaction between economic status and social identity. This can be explained using social identity theory, which states that individual behaviour is primarily driven by a need to find a positive identity within group memberships (Tajfel & Turner, 1979).

The social stigma due to mask-wearing in economically disadvantaged communities made the matter more complicated. For instance, one of the people who attended a political party meeting wore a mask. Members of this political party began judging him, thinking he was trying to show that he was better or more prosperous than everybody else by wearing this mask. This personal experience explains how economic differences influence social interactions and lead to stigmatization and labeling of certain irresponsible behaviors. In contrast, if practiced by others, it would have been responsible or protective (Phelan et al., 2010). What comes out here is the participant's decision to remove the mask simply for fear of social rejection, which exhibits the power of social norms in health-related decisions, especially in contexts with pronounced economic disparities (DellaVigna & Kaplan, 2007).

The case of the widow in Kanyaga protesting the expectations that rural people should wear masks vividly illustrates the economic challenges that low-income populations had to contend with during this pandemic. Her priorities, that is, basic needs being more important than health measures, resonate with research findings on what people in poverty trade off when public health recommendations are financially burdensome. The "life goes on" feeling, explicitly expressed despite there being no masks, speaks to the grim reality of rural residents who have to negotiate dual threats of poverty and diseases amidst scarce resources.

This is not a case peculiar to rural Zimbabwe; similar cases were recorded worldwide, particularly in poor regions. A study of low-income households in South Asia by Al Jazeera (2020) found that many low-income households had to choose between purchasing food and masks (OECD, 2020; Islam et al., 2021; Singh et al., 2021), reiterating the cost factor as an obstacle to responding to pandemics effectively. The high cost of masks and other economic pressures meant that, for many, wearing a mask was not exclusively a health decision but an economic one.



### 3.3. Market Dynamics and Price Inflation

The pandemic widened the existing economic disparities by inflating the prices of masks. With this great demand, the price of masks proved unaffordable among rural and low-income urban populations. Feng et al. (2020) observed this trend and reported that it had reached a point where the cost of masks became unbearable to so many people, particularly in developing countries. Their observation that, in rural areas, the cost of face masks was high, therefore, concurs with the study findings, pointing more towards broader issues with the market dynamics during times of crisis, especially where essential goods are in short supply and their prices are demand driven (Islam et al., 2021).

Another respondent pointed out the issues of skin reaction and discomfort with the masks, further complicating their use. Although minor-sounding, such issues reflect the complexity of public health interventions where even minor barriers might substantially impact compliance, especially in an economically disadvantaged setting.

In summary, the findings from Kanyaga focus group discussions identified that economic inequalities were a major determining factor of COVID-19 mask-wearing behaviour. Masks represented health and wealth and thus emphasized economic divides within communities, which motivated variations in social interactions and health outcomes. The reluctance to wear masks, driven by economic constraints and social norms, reflects broader challenges in implementing public health measures in economically disadvantaged settings. These insights deepen our understanding of how economic inequalities can shape responses to public health crises and further underscore why access to protective measures for all must be paramount in future health emergencies.

### 3.4. Masks and Social Identity

Initially intended as a utilitarian item for mitigating the spread of the COVID-19 virus, the face mask evolved into a multifaceted symbol of identity during the pandemic. This section examines how some community members used masks to construct, strengthen, or amplify their social identity, revealing an interplay between personal identity and collective norms during a global health crisis.

Contemporary research findings demonstrated the capacity of everyday objects to assume new social meanings, especially during periods of crisis. Notably, items intended for public health can change use-value to serve as symbols of social identity and group affiliation (Elias & Gill, 2018; Bavel et al., 2020). The face mask, for some people, not merely served as a protection against the COVID-19 virus but also a vehicle for self-expression, aligning with Goffman's theory (Goffman, 1959) of presentation of the self, where individuals manage their public image in order to radiate a particular image with which they want to be associated or identified with.

Our research findings from the Chinhoyi (Gadzema) area were a testament to this phenomenon. Several female interviewees wore masks adorned with totem inscriptions such as *Chihera* (eland), *Masibanda* (lion), *Nyathi* (buffalo), *Mukanya*



(monkey/baboon), and *Manjenjenje* (zebra). These inscriptions are part of the Zimbabwean totemic system—a centuries-long cultural practice in which individuals belong to specific totemic groups, usually named after wild animals (Muwati et al., 2018; Bourdillon, 1991). In addition, this patrilineal system contributes immensely toward constructing social identity since it is passed from generation to generation and is associated with different taboos and cultural norms (Mawere, 2020; Beach, 1980).

One of the interviewees, a lady wearing a mask with a *mhofu* (eland) inscription, explained that it was a deliberate expression of pride in her totemic identity. “Ladies of the mhofu totem are a special breed; a superior breed, I must say, compared to ladies of other totems.”

Again, there is a chime of this cultural narrative about totemic pride and belief in the uniqueness inherent in, and superiority of, some totems to others. This has been the general characteristic of the Zimbabwean society from time immemorial (Muwati et al., 2018; Bourdillon, 1991). Another lady wearing a mask with a Sibanda totem label, with a picture of a lion, stressed the symbolic power of her totem by noting that *masibandas* are “a well sought-after breed” and that those men who marry them “get the best companionship in life.” This highlights the role of totems as identity markers that convey prestige or some element of desirability in society (Mawere, 2020).

Beyond the totemic symbols, the study also found people who used brand emblems on their masks to express social identity. For example, a male in his late twenties was spotted wearing a mask with a BMW emblem (Figure 1) and a BMW sedan nearby. “I am a proud owner of a BMW, and this mask is just meant to drive home the fact that I belong to the privileged group of BMW car owners,” he explained. The expression thus concurs with the theory of conspicuous consumption, which views material goods to indicate wealth and social status (Trigg, 2001; Veblen, 1899).



**Figure 1.** A mask with a BMW emblem.

The study findings suggest that mask-wearing during the pandemic assumed a performative dimension wherein people crafted presentations of self with resonant symbols of their social identity and cultural affiliation. The totemic inscriptions and brand emblems offer exemplary cases of how masks moved beyond the primary function of protective gear to potent identity symbols, reverberating with broader dynamics and power structures within society. The analysis contributes to the growing literature on material culture and identity, particularly in moments

of crisis. It highlights that an understanding of how objects (in this case, face masks) are encoded and revered with cultural meaning must be placed at centre stage in any attempt at reflecting and reproducing social identities in intricate ways,

In summary, the face masks used during COVID-19 have portrayed a lot of symbolic meanings, reflecting this intricate relationship among social identity, class, and cultural expression. The current paper has shown how the face mask shifted from a protective gear device to a means through which people would express cultural pride, social status, and group affiliation. The insights from Chinhoyi (Gadzema) testify to how the old symbols, like totems, and the new ones, comprising luxury brands, coexist to reinforce social identity and class distinction in a fast-changing world.

#### **4. Conclusion**

This study challenged the single focus on the face mask as a purely biomedical device and, in so doing, revealed its complex role as a sociocultural artefact with profound implications for people and communities. The paper has tried to elaborate on this convergence of public health, commerce, and culture by explaining how the face mask became a contested terrain during the COVID-19 pandemic. The study findings show that the face mask was not only a passive object of compliance but also an active agent in shaping social relations and identities. It became a commercial product that propelled entrepreneurial activity and exposed economic disparity. Meanwhile, the mask symbolized status and belonging and reinforced social hierarchies. The interplay between these dimensions created a dynamic and, at times, contradictory landscape for people negotiating the pandemic.

The study further underlines the importance of understanding the cultural context of public health interventions. In this vein, our findings on resistance to mask-wearing behaviour underscore the relevance of a culturally sensitive approach that addresses local beliefs, practices, and values. While the paper makes a valuable contribution to the insight into the complexity of the face mask in this pandemic, further research is needed to examine long-term effects on consumer behaviour, social relations, and public health policies. How such experiences throughout the COVID-19 era have shaped social attitudes and practices will be the key to addressing future public health crises. This research deepens an understanding of public health's social and cultural dimensions by pointing out complicated links among the self, things, and society. In particular, it underlines that a multifaceted approach to health interventions must be included, and solutions for complex challenges must be interdisciplinary.

#### **Conflicts of Interest**

The authors declare no conflicts of interest regarding the publication of this paper.

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