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DEPARTMENT OF NURSING

DIPLOMA PROGRAMMES



**KNOWLEDGE, PERCEPTION AND COMPLIANCE TO THE WEARING OF FACE
MASK IN COVID-19 PANDEMIC AT HOLY FAMILY NMTC, BEREKUM**

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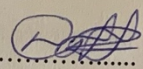

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DECLARATION

We hereby declare that this submission is our own work towards the Diploma in General Nursing and that, to the best of our knowledge, it contains no material previously published by another person nor material which has been accepted for the award of diploma of the University, except where due acknowledgement has been made in the text.

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ABSTRACT

The study focused on the knowledge, perception and compliance to the wearing of face mask in COVID-19 pandemic at Holy Family NMTC, Berekum. A descriptive study design was used to collect in-depth information for the study. The sample population was obtained using a convenience sampling technique. A total of 50 students were sampled for the study. The data for the study was collected by administering the questionnaire to the participants.

The study found that the most 72%(36) of the respondents indicated face mask should cover the nose, mouth and chin followed by nose and mouth 28%(14) and nose only 0%(0). Most 66%(38) of the respondents indicated the metal strip is meant to fit on the nose followed by fit on the chin 28%(14) and no purpose 14%(7). Most 66%(33) of the respondents indicated hand washing as a way of preventing COVID-19 transmission followed social distancing 28%(14), vaccination 6%(3), avoiding overcrowding 6%(3) and avoiding contact with infected persons.

The study recommended that government should bear the cost of providing free face masks to various educational institutions as this would increase compliance to wearing of face mask.

The study concluded that students demonstrated good knowledge regarding the wearing of face mask. A fair amount of the respondents gave positive indications regarding how they wear their mask. The leading challenge to the use of face mask was breathing difficulty. Respondents utilization of face mask in public was good.

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ABBREVIATION

CDC	Center for Disease Control
COVID-19	Coronavirus 2019
MOH	Ministry of Health
UNESCO	United Nations Educational, Scientific and Cultural Organization
WHO	World Health Organization

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CHAPTER ONE

INTRODUCTION

1.0 Background to the study

The corona virus illness is known by the abbreviation COVID-19, which stands for CO-the corona, VI-the virus, D-the disease, and 19-the year the unique virus was discovered (UNESCO, 2020). The corona virus is a disease that was originally discovered in China, specifically in Wuhan, in December of 2019. Religious activities, funerals, business, education, public healthcare institutions, and culture events have all been impacted by the pandemic. On education, the COVID-19 pandemic will pose a threat to education through two types of shocks: the immediate effects of school and university closures, and the long-term effects of the economic recession sparked by the pandemic response, which have already begun and will continue to deepen for some time, unless countries make major efforts to respond (World Bank, 2020).

COVID-19 was declared a public health emergency of international concern by the World Health Organization (WHO) on January 30, 2020. According to the data available at the time, the death rate was 3.9 percent (World Health Organization, 2020).

Covid-19 has a wide-ranging worldwide impact that can be seen in practically every field, including health, economics, and education. There have been a variety of daily reports on the virus's impact on the lives of millions around the world since it was declared a pandemic in March 2020. As a result, every country's principal concern has shifted to limiting the virus's transmission and mitigating its impacts on society in general, as well as the most susceptible groups in particular (Osman, 2020).

COVID-19 transmission patterns are poorly understood globally. Appropriate and frequent handwashing, as well as physical and social distancing and the wearing of a facemask, are all

recommended to prevent infection (Bonful, et al., 2020). COVID-19 is spread from person to person via small droplets expelled from the nose or mouth when a person with COVID-19 coughs, sneezes, or speaks, as well as contact with fomites (WHO, 2020).

Since June 2020, World Health Organization has recommended that healthy people wear nonmedical masks to control the spread of COVID-19, for example, in settings where physical distancing cannot be achieved (World Health Organization., 2020). Countries increasingly require masks in closed public spaces such as supermarkets. Evidence has accumulated that strategies targeting the susceptible population can effectively contribute to the containment of the outbreak (Maier & Brockmann, 2020). As even nonmedical masks reduce the spread of droplets and infectious aerosols (Eikenberry, 2020), mask wearing can protect others from contracting the virus (Prather, Wang, & Schooley, 2020). It is important to note that simple cloth (non-surgical grade) face masks are likely to have a greater effect on protecting other individuals (vs. the wearer) from virus infection by retaining most of the respiratory droplets released from the wearer (Cheng, et al., 2020). From this perspective, wearing a face mask is a clear prosocial act (Cheng, Lam, & Leung, 2020).

Due to the similarity of COVID-19 and previous coronaviruses, initial preventive recommendations for healthcare workers advocated the use of masks for the protection against infection. Social distancing and hand hygiene have been the core measures that were firstly adopted at the beginning to reduce the transmission of COVID-19 in the community (Nussbaumer-Streit, 2020). Universal masking was then added following the recent revision of the recommended strategies by the WHO and CDC which has become a ubiquitous practice. It is believed that community-wide face masking may contribute to the control of COVID-19 by reducing the transmission through infected saliva and respiratory droplets from individuals with subclinical or mild infections (Cheng, et al., 2020). There is also evidence that many people are asymptomatic (Day, 2020). For example, studies in China and Italy have

shown that 78% and 50–75% of people with positive molecular tests were completely asymptomatic (Day, 2020). Thus, wearing masks by asymptomatic individuals in public was earlier disputed and regarded as not being effective. However, there are great antithetical evidences that show the use of face masks reduces the risks of COVID-19 transmission to a large degree (MacIntyre & Chughtai, 2020). Mandating face mask use in public is correlated with the daily reduction in COVID-19 transmission, which helps in mitigating the spread of the disease (Cheng, Lam, & Leung, 2020).

A study in several African countries including Ethiopia, Kenya and Mozambique by Eikenberry (2020) revealed that despite the consistency in the recommendation for the use of face masks by the healthcare providers and symptomatic individuals, it is not recommended for the general public and the wider community. Medical masks are loosely fitted devices worn by the health care workers and infected individuals to reduce the transmission risk of contagious respiratory droplets between individuals during coughing or sneezing. However, depending on the type of face masks, the protection rate varies from 33 to 100% in the process of expiratory emissions (Eikenberry, 2020). For example, cloth face masks have moderate efficacy in the prevention of the disseminated respiratory infections resulting from particles of the same size or smaller than those of COVID-19 (Nussbaumer-Streit, 2020).

In Nigeria, public mask wearing is now highly advocated, particularly in areas in which there are high levels of community transmission. However, the use of face masks by healthy individuals in the community to reduce the risk of viral respiratory infections remains contentious. The current available types of masks include medical masks, N95 masks, and non-medical cloth masks (Feng et al., 2020).

Howard et al. (2020) argue that, wearing a face mask reduces the transmissibility per contact by reducing transmission of infected droplets as witnessed in both laboratory and clinical

contexts. They state that the use of face masks could be most effective at stopping spread of the virus when compliance is high among larger populations. The decreased transmissibility could substantially reduce the death toll and possibly, the economic impact from COVID-19. It is argued that, although standardized masks such as the N95 (American standard) or FFP2 (its equivalent in Europe) are most effective in reducing risk of contracting COVID-19, these standardized masks can be expected to become scarce in the course of a global pandemic such as COVID-19 (Howard et al., 2020).

Ghana's first two cases of COVID-19 were confirmed nearly five months after the first identified case in Wuhan, China. Both were imported by travelers returning from countries (Pasley, 2020) that had already confirmed COVID-19 infections (Ministry of Health, 2020). Ghana at the time fell under the category of African countries that had a moderate risk of importation based on the volumes of air travel departures from China (Gilbert et al., 2020).

In an assessment of individual preparedness for the COVID-19 outbreak in Ghana, 68% of Ghanaians thought they were at high risk of contracting COVID-19, 63% thought they were knowledgeable about the disease and its spread, 90% increased the frequency and consistency with which they washed their hands, and 73% used hand sanitizers regularly. The use of face masks also registered 33% use regularly, 43% occasional use, and 24% non-use within the first week of the outbreak (Serwaa et al., 2020). Cheng et al., 2020b suggest that although some individuals may opt to wear face masks to protect themselves, a stronger public health rationale is to advocate for mass masking as a way of protecting others within one's community. They considered this particularly of importance because of the possible asymptomatic transmission of the virus. They argue that, mass masking is underpinned by the 'prevention paradox', that essentially brings moderate benefits to individuals, but has

significant benefits for larger populations. The wearing of masks in their perspective, is as important a measure as mitigation (through handwashing), and physical distancing.

According to the Ghana News Agency on July 13, 2020, there has been a sharp decline in the wearing of nose masks in the Bono Region contributing to rapid spread of the coronavirus in the region. According to the survey conducted in June 2020, about 60% of populace wear nose masks as against 78% recorded in a similar survey in May, 2020.

Students of Holy Family Nursing and Midwifery Training College, Berekum tend to wear face mask mostly during school hours and that is heavily due to the presence of tutors on campus during such hours but they do not wear face mask at night when on campus or their various hostels. This reason and many others have made the study more critical and relevant at this particular point in time. This study will seek to address issues relating to the knowledge, perception and compliance to the wearing of face mask in COVID-19 pandemic at Holy Family NMTC, Berekum

1.1 Problem Statement

The COVID-19 pandemic presents a major challenge to societies all over the globe. To curb the spread of the disease, two measures implemented in many countries are minimizing close contact between people “physical distancing” and wearing face masks (Pfattheicher, Nockur, Böhm, Sassenrath, & Petersen, 2020). There is growing evidence that face mask use may be effective against the transmission of respiratory viruses (Eikenberry, 2020). A recent meta-analysis suggests that measures such as hand hygiene and mask wearing are effective in preventing the spread of respiratory viruses (Feng et al., 2020).

Wearing face masks reduce the probability that an infected person spreads the virus SARS-CoV-2 to those not infected (Feng et al., 2020). Policy implementations regarding face masks have differed across countries and over the course of the pandemic. Whereas in mid-March

2020 only about ten countries recommended wearing masks, by late July 2020, the majority of countries around the world require wearing masks, at least in certain public places (Initiative Masks4all, 2020).

A high degree of community compliance with face masking will maximize the reduction in the rate of infections. There are several possible reasons that decrease the compliance of individuals with wearing face masks during the outbreaks. The most important of which are the lack of knowledge and barriers preventing compliance (Al Naam, et al., 2021) . Assessment of the students' compliance in wearing face masks requires information about their knowledge and perceptions that is the more reason why this study aims at assessing the knowledge, perception and compliance to the wearing of face mask in COVID-19 pandemic at Holy Family NMTC, Berekum.

1.2 General objective

To assess the knowledge, perception and compliance to the wearing of face mask in COVID-19 pandemic at Holy Family NMTC, Berekum.

1.3 Specific objective

1. To examine the level of knowledge on the wearing of face mask
2. To find out how the wearing of face mask is perceived by students regarding COVID-19
3. To assess students' compliance regarding how face mask is worn by students in the prevention of COVID-19

1.4 Operational definition

Knowledge: refers to what is known about a subject at hand

Perception: defined as the way in which something is regarded, understood, or interpreted.

Compliance: refers to the act of obeying an order, rule, or request.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter contains review of relevant literature related to the research topic. A well-structured literature review begins with broad or general information, then narrows the focus to those studies most closely related to the research problem.

2.1 Overview

To date, the COVID-19 pandemic has resulted in 1,000,000 deaths worldwide (Wood, Adeline, Talbot, & Wilburn, 2020). Because no end to the pandemic is currently in sight, public health officials have called for the widespread adoption of preventative behaviors that can curb the spread of COVID19. Among the most effective preventative behaviors is face mask wearing, which has been extensively supported to reduce airborne transmission of viruses (O'Dowd, et al., 2020); however, many people are resistant to face mask wearing despite the effectiveness of the practice, which poses extreme risks in the context of the COVID-19 pandemic (Eikenberry, 2020). These risks are exponentially heightened as more people refuse to wear face masks, because each unmasked person multiplicatively increases the likelihood of infecting each other. For these reasons, it is important to understand the antecedents of face mask wearing that can identify avenues to encourage the practice (Howard & Jacobs, 2016).

Facemask until recently was exclusively used by healthcare workers as part of infection prevention and control strategies during procedures requiring asepsis. However, following the declaration of Covid-19 infection as pandemic on March 11 2020 (World Health Organization, 2020). WHO issued guidelines on the use of facemask within communities in addition to regular hand hygiene, social and physical distancing as strategies to prevent and contain community transmission of Covid-19 (World Health Organization, 2020). Several types of

facemask have become used. These masks have varying degrees of effectiveness and protection from pathogens ranging from the N95 and surgical facemask with 95-99% protection to homemade cloth facemask with questionable effectiveness and filtration efficiency ranging from 2-38% (Furnaz, et al., 2022).

2.2 Knowledge on the Wearing of Face Mask

A face mask is a loose-fitting and single-use device that covers the nose, mouth and chin. It provides a physical barrier against potentially infectious droplets and is a simple and low-cost nonpharmaceutical individual intervention for protecting oneself and preventing the spread of respiratory infections (Centers for Disease Control and Prevention, 2019). Health organisations worldwide recommend the use of face masks to prevent the spread of respiratory infections (CDC, 2019). A face mask should be used correctly to achieve the desired effect. Incorrect usage may increase, instead of decrease, the spread of respiratory infections (World Health Organization, 2020). The WHO (2020) states that incorrect use and disposal of this mask may actually increase the rate of transmission.

A cross-sectional community-based survey was conducted at the Department of Orthopedic Surgery, Pakistan. The study was conducted by interview using a semi-structured questionnaire. A total of 392 participants were registered with a mean age of 42.37 years, out of which (86.9%) were males and (13%) were females. Around (16.8%) were consultants, (23.2%) were medical officers, (29.8%) were postgraduate trainees, (7.7%) were house officers, and (22.4%) were paramedical staffs. When the knowledge was assessed, 56.4% knew the correct way of wearing a surgical mask (white side facing in), 68.9% knew that there are three layers in a surgical mask, and 53% knew how to identify the correct filter media barrier (middle layer). Around 64.8% of participants knew the correct efficiency of masks that can actually protect against COVID-19, whereas 75.6% were aware of the maximum duration of wearing a face mask which is 8 hours. 74.7% correctly responded that

face mask should cover the nose, mouth and chin, 92% rightly responded that the metal strip on surgical nose mask is to fit on the nose (Kumar, et al., 2020).

A study in Ethiopia found that of the total of 408 respondents, (76.5%) of them had poor knowledge about face mask. Almost all (85.8%) and (89.7%) of the health professional know surgical mask can protect from COVID19 and correct use of surgical face mask (White facing in), respectively. Two hundred fifty-four (62.3%) and (56.4%) of the participants know the layers of the surgical mask (three layers) and the layer which acts as a filter media (middle layer), respectively. Concerning the type of mask, for protection against COVID-19, (67.6) of the participants were responded to the correct answer. Less than half (48%) of them know the duration of surgical mask use (8 hours) (Tadesse, Tesfaye, Alemu, & Haileselassie, 2020).

A cross-sectional study was performed among 764 students from Wachemo University, Southern Ethiopia. A multistage sampling technique was used in the study. The sample size for each department was allocated in proportion to the number of students in that department, and each respondent was chosen using a simple random sampling procedure. Data were collected using a pre-tested self-administered questionnaire and analyzed using SPSS version 26. The study showed that the overall knowledge of the students was 223 (29.2%). Almost all (98.4%) and (89.9%) of the students know surgical masks can protect from COVID- 19 and correct use of surgical face masks, respectively. (63.1%) and (46.6%) of the respondents know the layers of the surgical mask and the layer which acts as a filter media, respectively. Concerning the type of mask, for protection against COVID-19, (45.4%) of the respondents were responded to the correct answer. All most third (35.6%) of them know the duration of surgical mask use (Larebo & Abame, 2021).

A descriptive cross-sectional study was conducted in Nigeria. The study population comprised adult (≥ 18 years) male and female patients or caregivers who presented at the

clinic over four weeks. A systematic random sampling method was used to recruit 506 adult patients. Data was stored in a pass-worded computer to ensure confidentiality and analysed using Statistical Package for Social Sciences version 23 (SPSS) statistical software. The overall knowledge of the respondents had a mean score of 6.47, which is equivalent to 72% of the total score. The majority of the importance of facemask usage (87.5%) to limit the spread of COVID-19 infection. However, only 57.1% of them knew that there is no effective cure for COVID-19 infection and 39.4% of them recognized that a surgical facemask is more effective than a fabric facemask. A higher percentage of the respondents (81.9%) knew how to wear a facemask correctly, and in the absence of commercial or surgical facemask; they can use home-made fabric facemask (78.1%) (Olawuni, et al., 2022).

The technique of using face mask refers to the manner of wearing and taking off a face mask (CDC, 2019). The proper technique of wearing a face mask includes the following eight steps:

1. Perform hand hygiene before wearing the face mask.
2. Choose the appropriate size of face mask.
3. Ensure that the coloured side of the face mask is facing outward (for coloured face masks) or that the side with folds is facing downward and outward (for uncoloured face masks).
4. Ensure that the part with metal strip is on the upper side.
5. Position the elastic bands or strings properly.
6. Press firmly on the metal strip so that it follows the shape of the bridge of the nose and face.
7. Extend the face mask to cover the nose, mouth and chin.
8. Avoid touching the face mask once secured on the face or perform hand hygiene before and after touching the face mask.

The proper technique of taking off a face mask includes the following four steps:

1. Perform hand hygiene before taking off the face mask.
2. Touch only the elastic bands.
3. Dispose of the used face mask in a plastic or paper bag or a lidded rubbish bin.
4. Perform hand hygiene after disposing of the face mask (CDC, 2019).

2.3 Perception on Wearing of Face Mask

A cross-sectional community-based survey was conducted at the Department of Orthopedic Surgery, Pakistan. The study was conducted by interview using a semi-structured questionnaire. The results showed that majority (86.2%) do not remove their mask when they need to talk to someone, 79.8% do not store the used surgical mask in a bag for later use, 93.9% wore mask in public places to protect themselves against COVID-19, 88.5% felt confident enough to know the correct steps of wearing a face mask (Kumar, et al., 2020).

A study in Ethiopia found that most (81.4%) and (80.1%) of the health professionals were willing to know the correct steps of face mask wearing and believe that face mask should be carefully put-on and taken off, respectively. Regarding the effectiveness of face mask in preventing the spread of droplets, (77.5%) of them perceived it is effective while (21%) of them disagreed. Half (53.9%) of the professionals believe in changing face mask before going to another patient while (39.2%) think it is not necessary to change face mask before going to another patient. Close to one-fourth of (22.5%) disagreed it is not necessary to wear a face mask while in contact with patients and (42.6%) said it is necessary to wear a face mask as am afraid of getting COVID-19. The large majority of (62.5%) of the professionals believe that it is necessary to wear a face mask as infected with COVID-19 is the worst thing that could happen (Tadesse et al., 2020).

A cross-sectional study was performed among 764 students from Wachemo University, Southern Ethiopia. The study identified majority of (78.4%) and (86.4%) of the college students were willing to know the correct steps of face mask-wearing and believe that face masks should be carefully put on and taken off, respectively. Regarding the effectiveness of face masks in preventing the spread of droplets, (87.4%) of them believe it is effective while (11.9%) of them disagreed. Half (83.6%) of the professionals believe in changing face masks before going to another patient while (14.65%) think it is not necessary to change face masks before going to another patient. Close to one-fourth of (43.8%) disagreed it is not necessary to wear a face mask while in contact with patients and (41.8%) said it is necessary to wear a face mask as am afraid of getting COVID-19. Almost (14.79%) of the professionals believe that it is necessary to wear a face mask as being infected with COVID-19 is the worst thing that could happen to me (Larebo & Abame, 2021).

A descriptive cross-sectional study was conducted in Nigeria. Most respondents (87.5%) believed that wearing a facemask is a good way to protect oneself against COVID-19 infection but only 39.4% stated that wearing a facemask cannot fully prevent the transmission of COVID-19 infection. The majority of respondents (81.9%) indicated that they would use a facemask if no one informed them, and 73.1% would be more likely to wear one if a nurse or doctor reminded them. However, only 56.3 % opined that seeing posters would make them more likely to use a facemask. Most of respondents (86.3%) believed that they knew the proper procedure for wearing and removing (85.2%) a face mask. 58.3% of the respondents disagreed that facemask is expensive. Furthermore, 42.7% responded that wearing a facemask made it difficult to communicate, and 30.4% stated that wearing facemask caused facial rashes. A substantial number of respondents (62.7%) disagreed that they would feel ashamed or uncomfortable if they were the only one wearing a facemask, but 65.6% agreed that if

everyone else was wearing a facemask, it would be easier for them to wear one as well (Olawuni, et al., 2022).

2.4 Compliance Regarding How Face Mask is Worn

The use of masks is part of a comprehensive package of the prevention and control measures that can limit the spread of certain respiratory viral diseases, including COVID-19. Masks can be used either for protection of healthy persons (worn to protect oneself when in contact with an infected individual) or for source control (worn by an infected individual to prevent onward transmission) (World Health Organization., 2020).

For any type of mask, appropriate use and disposal are essential to ensure that they are as effective as possible and to avoid any increase in transmission. WHO offers the following guidance on the correct use of masks, derived from best practices in health care settings:

1. Perform hand hygiene before putting on the mask
2. Place the mask carefully, ensuring it covers the mouth and nose, adjust to the nose bridge, and tie it securely to minimize any gaps between the face and the mask
3. Avoid touching the mask while wearing it
4. Remove the mask using the appropriate technique: do not touch the front of the mask but untie it from behind.
5. After removal or whenever a used mask is inadvertently touched, clean hands with an alcohol-based handrub, or soap and water if hands are visibly dirty;
6. Replace masks as soon as they become damp with a new clean, dry mask;
7. Do not re-use single-use masks;
8. Discard single-use masks after each use and dispose of them immediately upon removal.

A cross-sectional study was conducted with 1240 residents in Shanghai. Stratified random sampling was adopted in the urban area, urban–rural fringe area and rural area. A mobile self-designed questionnaire was used. The study found that (96.67%) of the respondents replied that they always wore face masks in crowded public places (Tang, et al., 2022).

A study conducted at a clinic in Hong Kong revealed that a high percentage of outpatients and their caregivers are likely to wear face mask when visiting clinics to protect others (91.8%) and protect oneself (81.9%) (Ho, 2020).

A cross-sectional study was conducted in Karachi, Pakistan. The study showed that more than 90% of the participants were practicing face mask wearing in their day-to-day life during the COVID-19 pandemic. A mask wearing habit positively associated with the participants' education level and negatively associated with the presence of asthma or Chronic Obstructive Pulmonary Disease (COPD) as co-morbid conditions (Furnaz, et al., 2022).

Tadesse et al., (2020) reported that more than half (59.6%) of the professionals removed their face mask if there is a need to talk to the patient while (77.7%) of the store using a mask in a bag for later use if not sick. One-third of (33.3%) of the study participants do not wear face mask in public places and most (91.3%) of them wore face masks in hospital premises. A significant number of (37.0%) of health professionals do not clean their hands before wearing their face mask and more than half (57.1%) of them check the inside and outside of the mask before wearing. Close to three-fourth (71.6%) of them did not clean their hands after taking off the mask and (77.0%) re-used a single-use mask.

A descriptive cross-sectional study was conducted in Nigeria. The majority of the respondents had good general facemask usage practices which involved; performing hand hygiene before wearing facemask (67.9%), tightening the facemask against the side of the face (62.7%), covering the nose, mouth and chin with facemask (85.4%), fitting the metal strip

on the nose (65.8%), touching only the elastic band during removal (75.6%), proper disposal after use (73.3%), and washing fabric facemasks for re-use (67.1%). Respondents were more likely to report wearing a face mask to protect themselves in public places (81.9%) and at the clinic (81.3%) than at home (59.8%) when taking care of sick family members. The use of face masks at home (59.0%) was also lower than that in public places (78.5%) and at the clinic (85.4%) for protecting others (Olawuni, et al., 2022).

A cross-sectional study was performed in Southern Ethiopia. The study identified almost more than one-third (36%) of the students removed their face mask if there is a need to talk to the patient while (75.7%) of the store using a mask in a bag for later use if not sick. (97.3%) of the study respondents do wear a face mask in public places and most (97.3%) of them wore face masks on hospital premises (Larebo & Abame, 2021).

A cross-sectional descriptive study conducted among undergraduate students registered for degree programs in Rivers State University, Port Harcourt, Nigeria. Data was collected from selected participants using a pretested structured survey questionnaire. The generated data was analyzed using IBM SPSS Statistics 22 and results were presented in frequency tables. The study identified that almost all (99.0%) the respondents have very good knowledge on Covid-19. Most of them (90.5%) owned a facemask and in more than half (53.9%), the facemask is a surgical mask. Among respondents who have a facemask, (93.9%) use their facemask however, only approximately one-tenth (10.6%) of them use it at all times in the public, 27.1% of them use it most of the times, 42.6% use it some of the times and 19.7% use it occasionally. Only 81 (23.8%) of the respondents who use facemasks adhered to the protocol on removal of facemask. Ninety-seven (28.5%) respondents wash or sanitize their hands before taking off the face mask while 165 (48.5%) do so after disposing their used facemask. Only 60 (17.6%) of those who use facemask complied with the protocol of wearing and removing facemask. The most common reasons given by the respondents for either not

using a facemask or using it at every time in public were difficulties in breathing (n = 94; 25.8%) and communicating (23.1%) and discomfort (22.3%). Only 16 (4.4%) of them felt they looked ugly when wearing it.

CHAPTER THREE

MATERIALS AND METHODS

3.0 Introduction

Methodology is the systematic, theoretical analysis of the methods applied to a field of study. It comprises the theoretical analysis of the body of methods and principles associated with a branch of knowledge. Typically, it encompasses concepts such as paradigm, theoretical model, phases and quantitative or qualitative techniques (Igwenagu, 2016). This simply means a guide to research and how it is conducted. It describes and analysis methods, throws more light on their limitations and resources (Igwenagu, 2016). This sector deals with the description of the study area and population, research design, sampling and data collection techniques and data analyses techniques. Issues on ethical considerations and limitations of the study are also included in this chapter.

3.1 Study Area

The study was conducted in the Holy Family Nursing and Midwifery Training College, Berekum located at Biadan in the Bono Region of Ghana. The school shares boundary with the Holy Family Hospital, Berekum and Freeman Methodist School. The college was established in the year 1957 by Sr. Catherine (Patrick) Shean of the Medical Mission Sisters. The major inhabitants of the College are the Staffs and Nursing and Midwifery trainees. The college comprises of both males and females' trainees. The College has a student population of six hundred and ten (610), thirty-one teaching staffs and fifty non-teaching staffs. The college runs three Diploma programs: Registered General Nursing (RGN) Diploma, Registered Midwifery (RM) Diploma and a two-year post basic midwifery (NAP/NAC).

3.2 Study Population

The target population of the study were all trainees of the College.

3.3. Study Design

This is the blueprint for conducting a study that maximizes control over factors that could interfere with the study's desired outcomes (Burns et al., 2015). Cross sectional design was adopted for the study. Cross sectional study design is a type of observational design (do not involve the overt manipulation or management of variables) which deals with the study of the characteristics of research participants now (Majid, 2018). Cross sectional study design is not costly to perform, does not require a lot of time, captures a specific point in time and the data can be used for various types of research (Rivers & Wilson, 2020).

3.4 Sampling technique and Size

The sample population was obtained using a convenience sampling technique. This method was chosen because is it extremely speedy, easy, reading available and cost effective sampling method. Out of the total number of students in the college, fifty students were chosen for the study.

3.5 Data Collection Methods and Instruments

Both primary and secondary data collection methods were used during the research. A well-structured questionnaire was used. The questionnaire was the instrument used for the collection of data. The questionnaire contained closed ended questions that required respondents to choose from already listed possible answers. The data for the study was collected by administering the questionnaire to the participants. This was done when the respondents had free hours in their various lecture halls. Participants used approximately 30 minutes in answering the questionnaire.

3.6 Data Analysis Techniques

Microsoft excel was used to analyze the data in this study. Descriptive statistics (frequency and proportions) were used to summarize major demographic variables.

3.7 Ethical consideration

Ethical clearance was sought from the Principal of the Holy Family Nursing and Midwifery Training College, Berekum. Informed Consent was sought from the respondents to prevent any human right violation. Respondents who fully consented were given clarity on the study objectives upon their request. Respondents were not forced into participating in the study. They were assured of confidentiality and anonymity. They were also informed that they possessed the sole right to withdraw from the study at any time of their choosing.

3.8 Limitations of the study

The study was limited by inadequate resources most especially the financial aspects. Secondly, the time allocated for the study was too small hence the study was conducted with a sample size of 50 which made it difficult to generalize findings.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

4.0 Introduction

This chapter deals with analysis of data collected from the field of study and the results obtained from the analysis. It provides a descriptive summary of the demographic data of students, causes of stress and impact of stress on academic performance. The results of the research are presented under various headings using various graphical presentations notably pie chart, bar graphs etc.

4.1 Demographic Data of Respondents

Majority 40 (80) of the respondents were females with only 28%(10) been males as seen in the pie chart below.

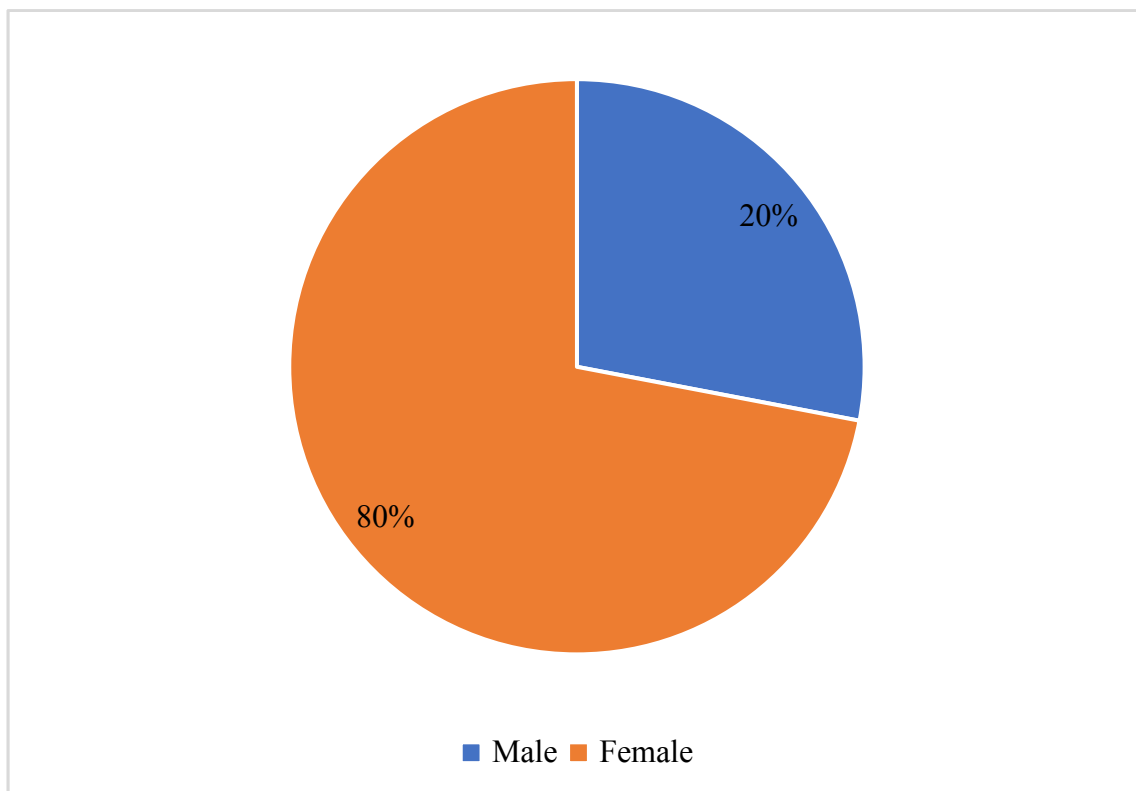


Figure 4.1. 1: Gender of respondents

Most 28 (56%) of the students were aged 18-23 years followed by 24-29 years 17 (34%) and 30-35 years 5 (10%) as seen in table 4.1.2 below

Table 4.1. 1: Age of respondents

Age	Frequency	Percentage (%)
18-23	28	56
24-29	17	34
30-35	5	10

Majority 65% (37) of respondents were Akan's, 10%(3) Dagaati, 10%(3), 10%(3) Ga, 15%(7) Others(kusasi,ewe,bulisi) as shown the table 4.1.3 below.

Table 4.1. 2: Ethnicity of respondents

Variable	Frequency	Percentage (%)
Akan	37	65
Dagaati	3	10
Ga	3	10
Others(kusasi,ewe,bulisi)	7	15

Majority 94% (56) of the students were Christians 6%(3) as shown in the table below.

Table 4.1. 3: Religious background of respondents

Religion	Frequency	Percentage (%)
Christian	47	94
Islam	3	6

Most 33 (66%) of respondents were registered midwifery students and 17 (34%) were registered nursing students as shown in pie chart 4.1.5 below.

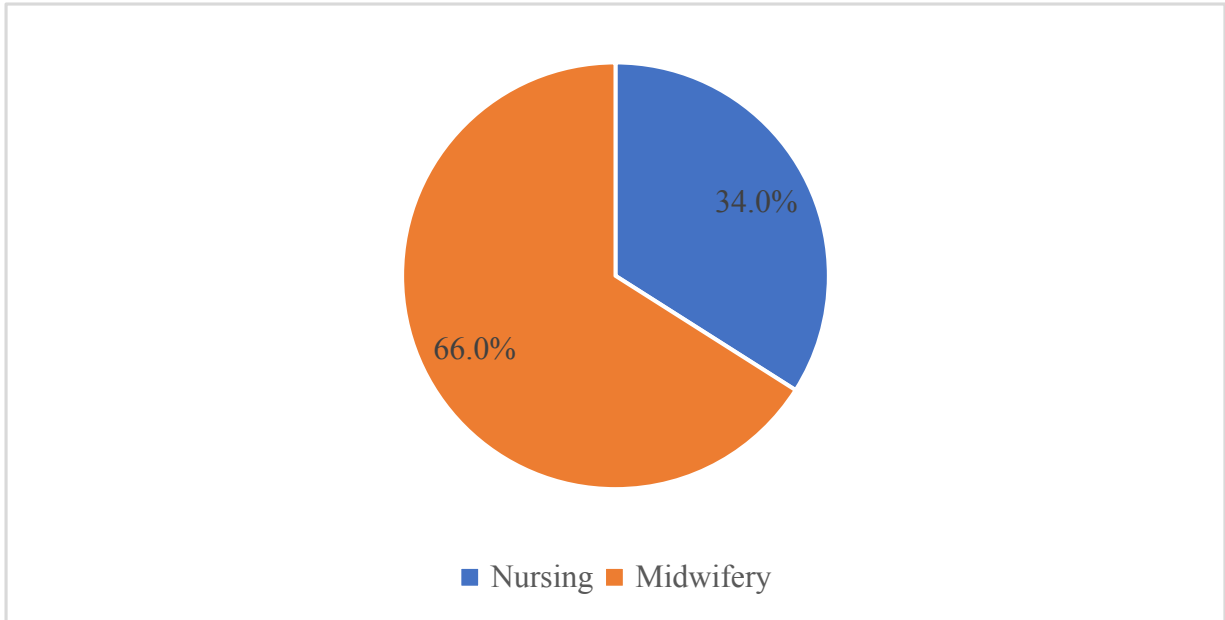


Figure 4.1. 2: Program of respondents

4.2 Knowledge on the Wearing of Face Mask

Most 72%(36) of the respondents indicated face mask should cover the nose, mouth and chin followed by nose and mouth 28%(14) and nose only 0%(0) from pie chart 4.2.1 below.

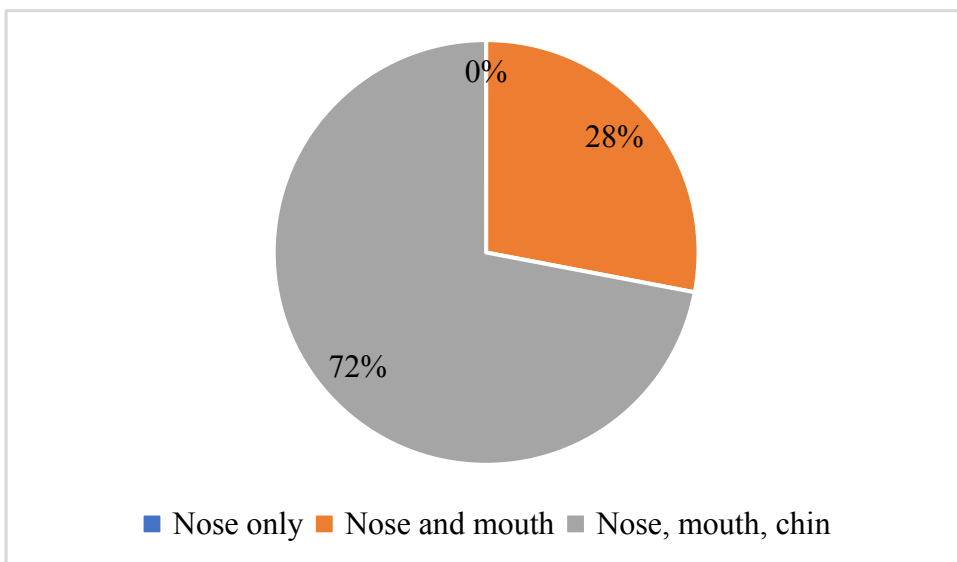


Figure 4.2. 1: Respondents on extent face mask cover

Most 66%(38) of the respondents indicated the metal strip is meant to fit on the nose followed by fit on the chin 28%(14) and no purpose 14%(7) as shown in bar chart 4.2.2 below.

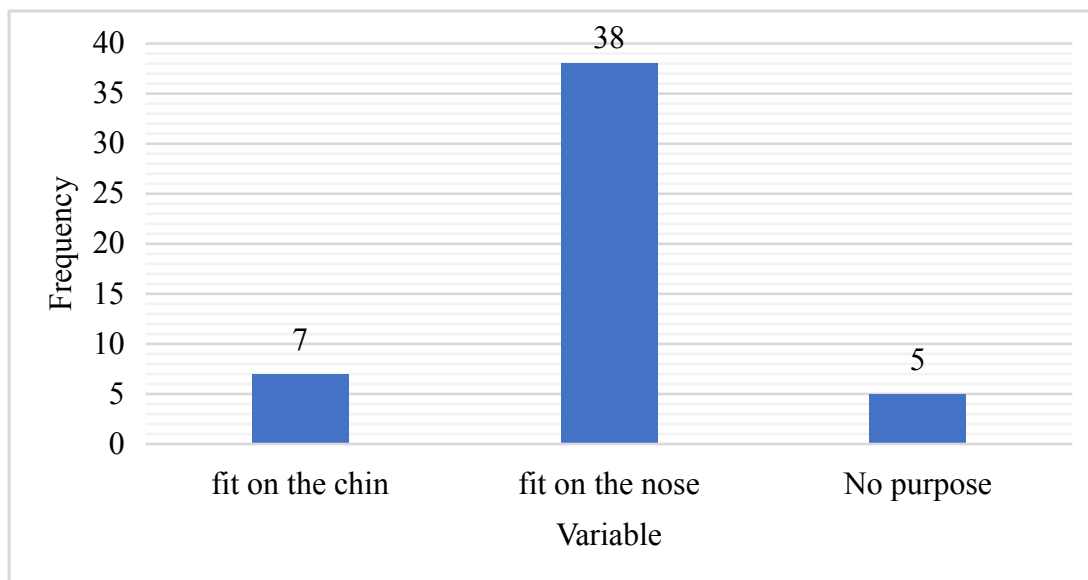


Figure 4.2. 2: Respondents on purpose of metal strip

Most 66%(33) of the respondents indicated hand washing as a way of preventing COVID-19 transmission followed social distancing 28%(14), vaccination 6%(3), avoiding overcrowding 6%(3) and avoiding contact with infected persons.

Table 4.2. 1: Respondents on ways to prevent COVID-19

Variable	Frequency	Percentage (%)
Vaccination	3	6
Social distancing	14	28
Hand washing	33	66
Avoid over-crowding	3	6
Avoid contact with infected person	1	2
Others	4	8

Respondents wore nose mask, most 42%(21) of the respondents indicated they wear their mask for 24 hours followed by 12 hours 20%(10), 8 hours 10%(5), 6 hours 8%(4) and 48 hours 2%(1). Few 14%(7) respondents wrote a different duration of wearing face mask as shown in Table 4.2.4 below.

Table 4.2. 2: Respondents on long they use face mask

Variable	Frequency	Percentage (%)
6 hours	4	8
8 hours	5	10
10 hours	2	4
12 hours	10	20
24 hours	21	42
2days (48) hours	1	2
Others	7	14

4.3 Challenges of Students on Wearing of Face Mask

Table 4.3.1 shows respondents challenges on wearing of face mask, over half 29 (58%) of the respondents indicated that they experience difficulty breathing followed by mask makes them uncomfortable 44%(22), mask is expensive 38%(19), rashes on skin or face 36%(18), difficulty in communication 32%(16), heat 26%(13), sweating 10%(5). Only few of the respondents cited issues with stigmatization 6%(3), bad breath 6%(3) and sneezing/coughing 6%(3).

Table 4.3. 1: Respondents challenges on wearing of face mask

Variable	Frequency	Percentage (%)
Difficulty breathing	29	58
Rashes (skin or face)	18	36
Expensive/Cost	19	38
Difficult communication	16	32
Sweating	5	10

Heat	13	26
Stigmatization	3	6
Uncomfortable	22	44
Sneezing/Coughing	3	6
Bad breath	3	6
Others	19	38

4.4 Compliance Regarding How Face Mask is Worn

Majority 82%(41) of respondents indicated they use surgical face mask, only 18%(9) of them cited they use homemade mask as shown in the pie chart 4.4 below

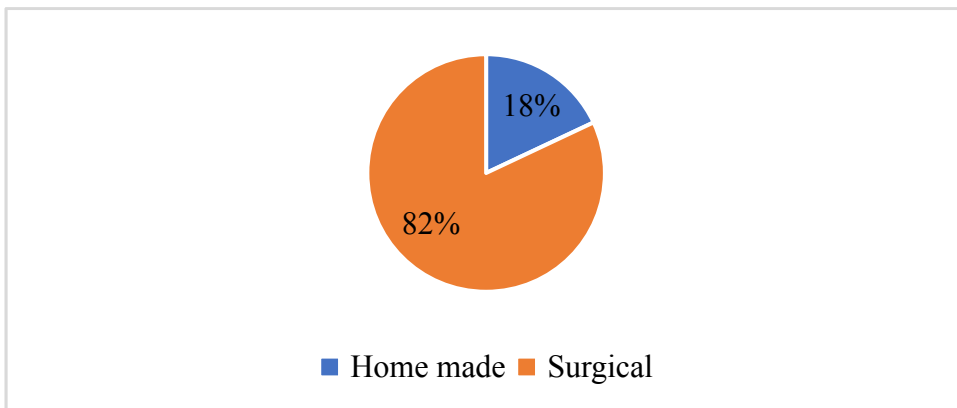


Figure 4.4. 1: Respondents on type of face mask they use

Most of the respondents indicated they wear face mask in public at all times 40%(20) and most of the times 40%(20). Only 14%(7) indicated they wear it sometimes and few 6%(3) cited they wear face mask occasionally as shown in pie chart 4.4.1 below.

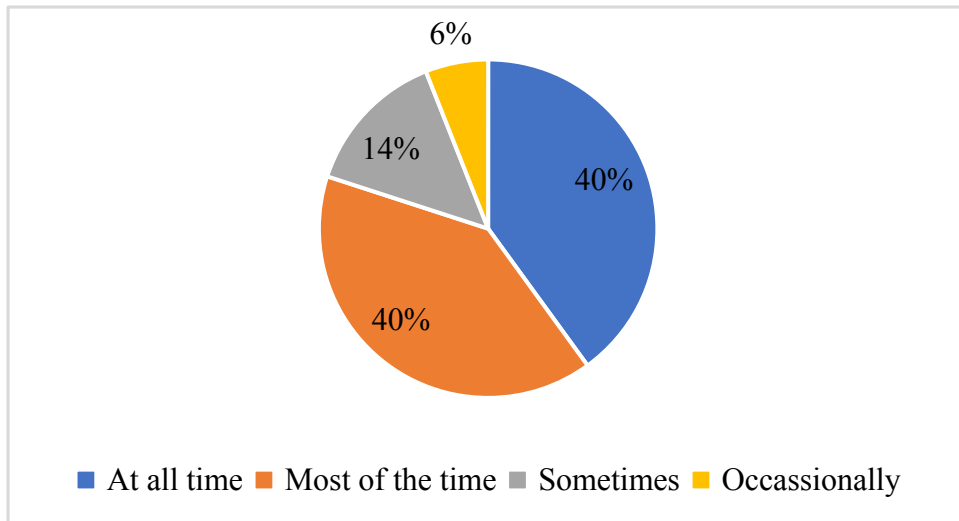


Figure 4.4. 2: Respondents on how often they use facemask in public

Most 48%(24) of the respondents remove their face mask by the handle/stripes followed by inside out 8 (16%), from ears 5 (10%), from left to right 10%(5), by the chin 6%(3) and back to front 4%(2) as seen in figure in 4.4.2 below

Table 4.4. 1: Respondents on how they remove their face mask

Variable	Frequency	Percentage (%)
By handle/stripes	24	48
By the chin	3	6
Inside out	8	16
From left to right	5	10
Back to front	2	4
From ears	5	10
Others	3	6

Figure 4.4.3 shows that majority of the respondents dispose off their mask in the dustbin.

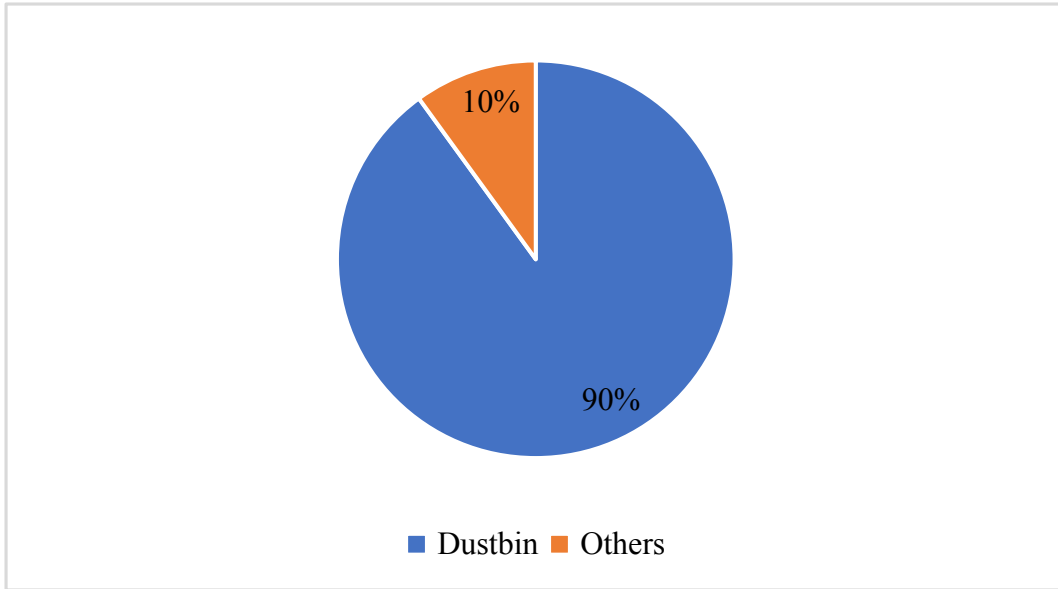


Figure 4.4. 3: Respondents on how they dispose their mask

CHAPTER FIVE

DISCUSSION, CONCLUSIONS, RECOMMENDATIONS

5.0 Introduction

In this chapter, the data analysed in chapter four were interpreted based on scientific evidence. The findings are briefly discussed with references to support the study.

5.1 Discussions

5.1.1 Knowledge on the Wearing of Face Mask

The current study found that most 36 (72%) of the respondents indicated face mask should cover the nose, mouth and chin. Similarly, Tadesse et al. (2020) found that almost all (85.8%) of the health professional know surgical mask can protect from COVID19 and should be worn to cover the nose, mouth and chin.

The current study found that most 38 (66%) of the respondents indicated the metal strip is meant to fit on the nose. Correspondingly, Kumar et al. (2020) found that 74.7% correctly responded that face mask should cover the nose, mouth and chin, 92% rightly responded that the metal strip on surgical nose mask is to fit on the nose.

In the current study most 33 (66%) of the respondents indicated hand washing as a way of preventing COVID-19 transmission followed social distancing 14 (28%), vaccination 3 (6%), avoiding overcrowding 3 (6%) and avoiding contact with infected persons. These findings are in line with a study conducted by Tadesse et al. (2020). They reported that (62.3%) and (56.4%) of the participants knew that hand washing and social distancing can limit the spread of the COVID-19 virus.

Most 21 (42%) of the respondents indicated they wear their mask for 24 hours followed by 12 hours 10 (20%), 8 hours 5 (10), 6 hours 4 (8%) and 48 hours 1 (2%). This shows that only 5

(10%) of the respondents wear nose mask for the approved duration by World Health Organization. Contrary, Tadesse et al. (2020) found that less than half (48%) of the respondents know the duration of surgical mask use (8 hours).

5.1.2 Challenges of Students on Wearing of Face Mask

In the current study over half 29 (58%) of the respondents indicated that they experience difficulty breathing followed by mask makes them uncomfortable 22 (44%), mask is expensive 19 (38%). Similarly, Tadesse et al. (2020) found that regarding the challenges of wearing face mask in preventing the spread of droplets, (77.5%) of the respondents cited it mask breathing difficult. Kumar et al. (2020) reported on the high cost of mask affecting the utilization of surgical face mask.

5.1.3 Compliance Regarding How Face Mask is Worn

Most of the respondents indicated they wear face mask in public at all times 20 (40%) and most of the times 20 (40%). Contrary to the current finding, Tadesse et al. (2020) reported that more than half (59.6%) of the professionals removed their face mask if there is a need to talk to in public.

In the current study most 24 (48%) of the respondents correctly remove their face mask by the handle/stripes. Similarly, WHO (2020) asserts that a face mask should be used correctly to achieve the desired effect. Incorrect usage may increase, instead of decrease, the spread of respiratory infections.

5.2 Conclusions

Students demonstrated good knowledge regarding the wearing of face mask. A fair amount of the respondents gave positive indications regarding how they wear their mask. The leading challenge to the use of face mask was breathing difficulty. Respondents utilization of face mask in public was good.

5.3 Recommendations

Based on the findings of the study, the following recommendations have been made.

1. Government should bear the cost of providing free face masks to various educational institutions as this would increase compliance to wearing of face mask.
2. Government should as well create awareness on the various media platforms to educate individuals to desist from re-usage of single-use mask.
3. Future research can look into factors influencing the re-usage of single-use mask.

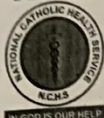
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Date February 27, 2023

Ms. Martha Kyeremaa
Holy Family NMTC
Post Office Box 21
Berekum

Dear Ms. Kyeremaa

PERMISSION TO CONDUCT RESEARCH

With reference to your Memorandum dated November, 2022, I write to notify you that the students listed below have been granted permission to conduct their research in the College on the topic 'Knowledge, perception and compliance to the wearing of facemask in Covid-19 Pandemic at Holy Family Nursing and Midwifery Training College, Berekum'.

1. Hamidu Fa-Izatu
2. Mustapha Jibril Mariam
3. Lukeman Nadira

Thank you.

Yours sincerely

.....
Monica Nkrumah (FGCNM)
Principal

PRINCIPAL
HOLY FAMILY NURSING AND
MIDWIFERY TRAINING COLLEGE
BEREKUM

APPENDICES

QUESTIONNAIRE

Dear respondent, this questionnaire is part of an ongoing research conducted by students of HF-NMTC, Berekum on the **knowledge, perception and compliance to the wearing of face mask in COVID-19 pandemic at Holy Family NMTC, Berekum.** This study is purposely for academic work, and be rest assured that all the information you will provide remains confidential. You can choose to opt out if there are any personal concerns. I am counting on your cooperation. Thank you.

SECTION A: STUDENTS DEMOGRAPHIC VARIABLES

1. Gender: (a) Male (b) Female
2. Age: (a) 18 – 23 years (b) 24 – 29 years (c) 30 – 35 years

- 3. Ethnicity:
- 4. Religious background: (a) Christian (b) Islam (c) Traditionalist
- 5. Program: (a) Nursing (b) Midwifery

SECTION B: KNOWLEDGE ON THE WEARING OF FACE MASK

- 6. For proper wearing, to which extent the face mask should cover?
(a) Nose only (b) Nose and mouth (c) Nose, mouth and chin
- 7. What is the purpose of the metal strip on a face mask?
(a) To fit on the chin (b) To fit on the nose (c) No purpose
- 8. How other ways can you prevent yourself from Covid-19?

.....

- 9. How long do you use a face mask?

.....

SECTION C: CHALLENGES OF STUDENTS ON WEARING OF NOSE MASK

Indicate as many as you can on challenges on wearing face mask

10.....

11.....

12.....

13.....

14.

SECTION D: COMPLIANCE REGARDING HOW FACE MASK IS WORN

15. Which type of face mask do you use?

- (a) Homemade cloth (b) Surgical face mask

16. How often do you use the facemask in public?

- (a) At all times (b) Most of the times (c) Some of the times (d) Occasionally

17. How do you remove your face mask?

.....

18. How do you dispose the face mask?

.....