

Young Latina college students' perspectives on mask-wearing post lifting of mask mandates

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ABSTRACT

Confusion, miscommunication, and debate regarding the benefits of wearing masks, social distancing, and stay-at-home orders ensued for much of the COVID-19 pandemic. Without a consistent message from the government, doubt regarding masks' effectiveness in preventing the spread of COVID-19 became common and led to an anti-masking effort and resistance to COVID-19 protocols. This qualitative study used thematic analysis to understand experiences of young Latina college students during the pandemic and how these experiences contributed to their decisions to continue following COVID-19 protocols after the lifting of relevant restrictions. Twenty-two Latina college students were interviewed, and interview transcripts were analyzed to identify themes. Four themes emerged: i) disinformation and mistrust, ii) economic impacts, iii) emotional impacts, and iv) maintaining health. Thematic analysis of in-depth interviews allowed for a deeper understanding of health-seeking behaviors of Latina college students. Inconsistent messaging from public health officials during the pandemic contributed to confusion and resistance to the various mandates among participants—the majority of whom, as of this writing (June 2022), have chosen to continue to wear masks and follow other protocols despite public health and university officials lifting mask mandates.

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Introduction

The COVID-19 pandemic quickly went from a “mysterious coronavirus” in Wuhan, China to an international emergency (World Health Organization [WHO], 2020). Soon after U.S. President Donald Trump issued a travel ban on March 13, 2020, California became the first state to issue stay-at-home orders (AJMC Staff, 2021). Initially, federal officials told the American people to not wear masks in what is now understood as an effort to protect the supply chain of personal protective equipment for health-care workers (Jankowicz, 2020; Jingnan et al., 2020; Yan, 2020). That official recommendation, despite public resistance from the President himself, changed for everyone to start wearing masks: surgical, cloth, or otherwise.

Confusion, miscommunication, and debate regarding the benefits of wearing masks lasted throughout the duration of the pandemic (Jankowicz, 2020; Jingnan et al., 2020; Yan, 2020). During the execution of this project, in May 2022, for example, the primary author traveled through Los Angeles International Airport. At the time, masks were no longer required in transportation facilities or aircraft at the local, state, or federal level; however, the airport had many signs, electronic displays, and other in-

structions informing travelers that masks were required. Thus, travelers who researched whether a mask was required before arriving at the airport were greeted with conflicting messaging prominently displayed throughout the facility.

Inconsistent messaging from public health officials, coupled with a lack of research validating the use of cloth masks, was indicative of the lack of appropriate pandemic planning in the U.S. (Centers for Disease Control and Prevention [CDC], 2022a; Contreras, 2020; Howard et al., 2021). Without a consistent message from the government, doubt regarding mask effectiveness in preventing the spread of COVID-19 became common; an anti-masking effort commenced and spilled over to attitudes toward other pandemic protocols (Howard et al., 2021; Romer & Jamieson, 2020; Utych, 2021).

At the beginning of the pandemic, higher education institutions sent their students home, transitioned to virtual instruction, and closed their campuses (Davidson College, 2020; National Conference of State Legislators, 2020). Most colleges and universities hosted nearly all of their classes virtually through the 2020-2021 academic year (Davidson College, 2020). When many students returned to in-person instruction on their campuses throughout the country in the Fall of 2021, most were required to comply with vaccination and mask-wearing guidelines or undergo regular COVID-19 testing (The California State University, 2021).

Among Latina college students, the pandemic brought additional concerns beyond the transmission of COVID-19 and related protocols. Latino households are more likely to have adults working in farming, an essential industry, leaving increased household and childcare responsibilities to Latinas (Covarrubias et al., 2019; Mares, 2020; "The Plight of Essential Workers," 2020; Quandt et al., 2020). Latino families also are more likely to work in restaurants and other service industries—areas that were especially impacted by stay-at-home orders during the pandemic (Allan et al., 2016; Fairlie, 2020; Kantamneni, 2020). Additionally, people of Latino descent are more likely to distrust healthcare professionals and the healthcare system as a whole (Harrington et al., 2021). These factors contributed to additional stress and challenges among Latina students' academic lives (Clobes & Alonge, 2021).

By May 2022, more than two years from the beginning of the pandemic, many universities and public health entities had lifted their mask mandates (California All, 2022). This project was inspired by the first author's observations in his undergraduate courses that nearly all non-Latina students immediately stopped wearing masks when the university no longer required it, but most Latina students continued to wear them.

Throughout the pandemic, there have been variations in mask-wearing practices among different races and ethnicities (Davis et al., 2021), but there has not been any qualitative investigation in understanding the health-seeking

behaviors of young, Latina college students and the reasons behind their choices to follow or not follow COVID protocols. This qualitative study sought to understand experiences of young, Latina college students during the pandemic and how these experiences contributed to their decisions to continue wearing masks, socially distance in public, and avoid group settings after the lifting of relevant restrictions.

Materials and Methods

Study context

This study was conducted at a western state university in May 2022. The university is an officially designated Hispanic Serving Institution with 56% of the population identifying as Hispanic and 66% as female. The university is classified as a small institution with a student population under 6,500. Of the student population, 62% are first-generation college students, and 79% receive financial aid.

Study participants

A purposive sample of twenty-two Latina students (ages 18 to 30) was interviewed for this study (Davis, et al., 2021). Students in the sample included those who were still wearing masks as well as those who had discontinued doing so. Participants were recruited from a variety of undergraduate courses, both lower and upper division, by the first author who requested colleagues to post an announcement about the opportunity in their learning management system. Participants were offered the choice of extra credit in their courses (not to exceed 2.5% of course point total) or a \$20 Starbucks gift card for taking part in 60-minute, semi-structured interviews.

Study procedures

A semi-structured interview approach was used to collect the data. Open-ended questions were designed by both authors who have professional healthcare experience (*Appendix 1*). Interviews were completed and recorded via Zoom by the first author. Open-ended questions were asked of all participants; follow-up questions were also asked, individualized per each respondent's answers to the predesigned questions. Interviews were transcribed verbatim utilizing Zoom's close captioning feature and reviewed by both authors while listening to the recorded interviews. The first author also took notes during the interview. Interviews were continued until thematic saturation was achieved (Guest et al., 2006).

Data analysis

Transcripts were analyzed using thematic analysis as described by Braun and Clarke (2012). This process consisted of reviewing the transcripts and developing initial

codes to mark any elements that were relevant to the research questions. Codes were refined in an iterative process, involving discussion between both study authors before being grouped into preliminary themes. These themes were then evaluated in light of the original dataset and initial codes, resulting in some themes being altered, amalgamated, or eliminated. Finally, salient themes were named based on relationships and patterns of the codes (Figure 1).

To verify the data, the second author conducted the data analysis, and the first author confirmed the thematic findings by reviewing the transcripts, notes, and codes (Lincoln & Guba, 1990). When discrepancy occurred in identification of themes, both authors reviewed the data again until consensus was reached.

Ethical considerations

Permission to conduct this study was received from the Institutional Review Board at California State University Channel Islands (IO5612) and appropriate administrative and operational authorities. Consent was treated as an informed, ongoing, and evolving process. Before the interviews, participants were provided a written informed consent form for the study, and any questions were answered before the consent form was electronically signed. Participants were informed that the questions were of a personal nature and could provoke an emotional response; they were notified of their right to discontinue the interview at any point if they became uncomfortable. Interviews were held virtually via Zoom at a time chosen by the participant, and permission to record the session was obtained from each participant. All interviews were de-identified and securely stored. To comply with IRB requirements and protect the confidentiality of the participants, interviews from this study are not being made publicly available.

Results

Socio-demographic information

All 22 participants identified their gender as female. Detailed descriptive accounts of interviewees' beliefs, views, and health behaviors related to COVID-19 were collected, with a focus on eliciting lay, causal explanations for the virus as well as the interviewees' behaviors in mitigating or protecting against perceived risks with regard to recommended protocols.

Socio-demographic information of the study participants is presented in *Appendix 2*. As noted above, participants were all Latina college students. Five participants were employed full-time, 14 were employed part-time, and three were unemployed. The mean household income of respondents who knew their household income (15 out of 23) was \$40,000; the cost of living in the university

area is 34.9% higher than the national average (Bankrate, 2022). None of the respondents were married. One participant had children. Most of the participants identified as registered Democrats; two participants said that they were registered Republicans, one who was a registered independent, and one who was not registered to vote. Most participants were Catholic, with two not being religious, one leaning toward Christian, and one identifying as Christian. Each participant was fully vaccinated, which was a requirement to attend the university. At the time of the interviews, 17 of the 22 participants revealed that they continue to wear the masks when in public settings, including when attending classes on campus.

Themes

Four themes emerged from the interview results (Figure 1): i) disinformation and mistrust, ii) economic impacts, iii) emotional impacts, and iv) maintaining health.

Theme 1: Disinformation and mistrust

Factors such as government recommendations, public opinion, and inconsistent choices of others around them wearing face masks made participants uncertain about the transmission of COVID-19. This uncertainty influenced participants' decision to continue wearing face masks and practice other disease mitigating measures. One participant explained,

I don't go out. I avoid contact with other people. If I have contact with other people, I take something to wash my hands.... If I buy food, I put on rubbing alcohol.... I'm a little panicked, but I think it's the best thing I've done all this time because, thankfully, none of us have gotten it.

Another participant described the impact of conflicting government recommendations on the decision to wear face masks:

The country was requiring and educating us to wear face masks and then said we didn't need to.... I am not sure how bad the disease is because I have not experienced it before, but I am going to keep wearing the mask because I just don't know how it would be to get sick.

These quotes illustrate how decisions to wear facemasks were made based on independent choice and not government requirements.

Distrust of experts including government officials such as Dr. Anthony Fauci from the National Institute of Allergy and Infectious Diseases and other scientists was a cited reason for study participants to continue to follow pandemic protocols because motives behind their policies were met with skepticism. This skepticism reflected perceived lack

of transparency from officials in informing people and a general sense of distrust toward officials due to the downplaying the seriousness of the crisis. One participant discussed her skepticism by sharing, “They tell us we can stop wearing masks, but when I watch the news, they tell us the rates keep going up. Why would we stop wearing the masks with rates going up? Because they say we can?”

Some participants felt there was a lack of transparency in providing information about the number of deaths and infections from COVID-19 which led them to shifting their attention and trust to unofficial channels such as friends and less common news sources. As one participant said, “When I watched the news or read articles on social media or talked to friends, I felt all kinds of conflicts in the policies and what I should do.”

A general consensus was expressed pertaining to a perceived lack of consistency of published information and various media and informational sources. According to the participants, the lack of an integrated scientific reference led to uncertainty of what to do among the public, lack of consensus among experts, and, thus, information confusion. One participant said “People don’t know where to get information and which information source to trust. The information is confusing from the various experts, so it’s hard to trust anyone.”

Despite confusion about what sources to trust, participants shared stories about staying informed about the pandemic and described relying on federal, state, and local resources, as well as traditional and social media. Some participants shared how they did not know what to do or to believe because they were receiving conflicting information regarding mask wearing, social distancing, and quarantine times. Participants characterized mitigation behaviors and regular testing as their responsibility, since readily available information was conflicting:

So you really, really, really have to take this seriously. They say “Wear that mask.” If that’s all that’s going to help, then you have to do [it]. You should be concerned and wear your mask no matter what others say.

This participant indicated her level of concern about contracting the virus and adamantness against those choosing not to wear masks. After public health officials stated that masks were no longer required, she did not trust the latest recommendation.

Participants believed that invalid information and inconsistency in information-related decisions and information were indicative of authorities' lack of planning prior to the COVID-19 outbreak. As one participant said, “I feel like the leaders knew about COVID for a long time, but didn’t want to do anything until people really started to get sick.” Confusion regarding health policymakers’ decision-making process, combined with government’s different decisions to declare closures, deem which jobs were essential, and testing and quarantine requirements were seen as misinformation. From the perspectives of participants, lack of government foresight and preparedness to guide people, failure to implement preventive measures to mitigate the public’s confusion, and political motives thus continued to spread misinformation. One participant stated,

The news and information about the coronavirus unfortunately reached the people very late, the members of the community partially underestimated the pandemic, and no training was provided. I didn’t know what to do or how to proceed, so I stayed home and only went out as needed...and always wore a mask.

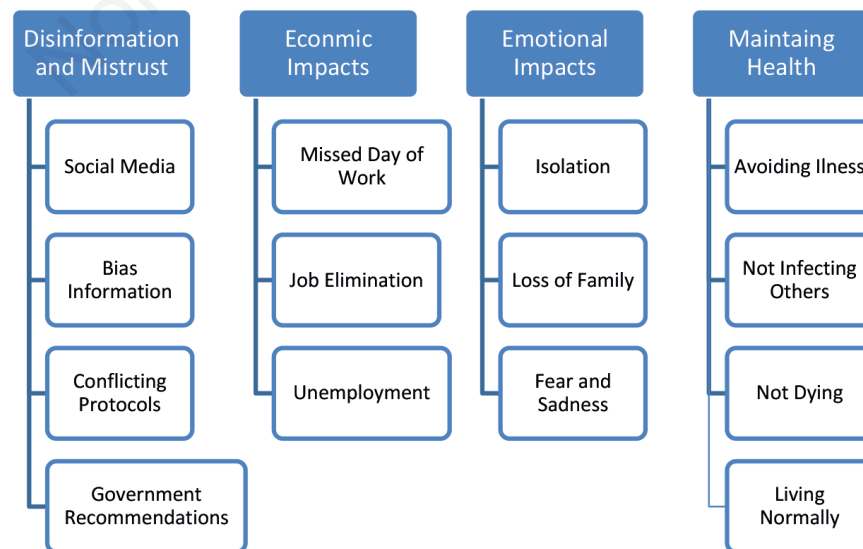


Figure 1. Thematic map of themes and codes.

This participant did not trust that information was being properly communicated, leading to anxiety and hesitancy to interact directly with others.

Many participants shared their uncertainty about how COVID variants transmit and why they did not rely solely on media sources and government agencies to guide their decisions on mask wearing, vaccinations, and social distancing. Several participants said that they sought the advice of their medical providers to give them guidance on how to avoid contracting COVID-19. One participant described her doctor's evident faith in mask efficacy by saying, "I asked my own family doctor what I should do after they lifted mask mandates. She said I should keep wearing the mask." Other participants shared how they relied on the advice of their medical provider on whether or not to receive the COVID-19 vaccination. One student, for example, said "I am vaccinated. It was a hard decision, but my doctor said I should."

Theme 2: Economic impacts

Stories about serious economic consequences of COVID-19 were common. Participants struggled to keep up with expenses and bills or were worried that their family members would be financially strained as the pandemic amplified existing difficulties. Participants shared how they or their parents were out of work for periods of time because of being COVID-19 positive or being exposed to someone who was positive, for example, "My dad got COVID and could not work for two weeks. It's just—pretty much it's just that everyday struggle just got even more harder." Another participant said, "If I get COVID, I will have to miss work. I cannot afford not to get paid, so I keep wearing my mask to eliminate my risk of getting sick."

In addition to days missed due to sickness, participants also revealed the economic impacts the pandemic had on their family members resulting from lay-offs, reduced schedules, and job eliminations. Many participants explained that their family members were employed in sectors that were not deemed essential or were temporarily suspended during the lockdown, for example: "My mom worked in housekeeping at a hotel. The hotel was really slow, so she wasn't needed. She was let go. It was really hard for us." Another participant said, "My dad is a carpenter. He wasn't getting work during the pandemic, and he couldn't get unemployment. Luckily, he went back to work eventually, but we were worried."

Concern about missing work was also an influence in getting vaccinated. Many places of employment eventually required their employees to be fully vaccinated as a term of employment, as recalled by one participant: "I am vaccinated because my job requires it. I will have to get a booster, too, even though I don't want to. But I can't lose my job." Another participant stated, "I'll do whatever it takes for us to stay open and to keep our jobs. Wear a mask. Get vaccinated. Whatever."

Theme 3: Emotional impacts

Participants shared their experiences with loss, isolation, and illness during the pandemic. "The first impact certainly has been family. I lost my uncle.... When my parents had it, I was scared they were going to die," noted one participant, while others grieved for family members and friends.

Seeing friends and family members not only endure sickness, but also economic hardships, emotionally impacted the students and evoked a sense of worry for their loved ones' health and economic stability. The pandemic also separated family and friends, reducing supportive social groups and communities during a time of crisis, illness, and death. As participants were losing loved ones, restrictions on funeral services and visiting family members at care facilities were implemented. One participant recalled, "My grandma was sick, but we could not be with her because no visitors were allowed."

Some participants felt unsafe leaving their homes and described uncertainty about who among them had the virus. Leaving home also resulted in high-risk exposures. Moreover, participants described risks associated with mask mandates being lifted: "How do I know if someone who isn't wearing a mask is really vaccinated or not positive with COVID? So, I just wear my mask to be safe." Many participants revealed they did not leave their home for over one year, and if they did, they only left for essential visits for groceries or to go for exercise outside and alone.

Theme 4: Maintaining health

Participants stated that they abided by public health and government safety protocols, even after mandates were lifted, to avoid contracting the virus and infecting their family members. Participants typically emphasized their hesitation toward lockdown, owing to the serious economic hardships they would suffer, while also stressing the importance of keeping their family members and others around them safe and healthy as the motivating reason for wearing a mask. Even after being fully vaccinated, participants did not reject the use of masks, maintaining social distance, and confining at home. As one person suggested: "I think people should be willing to live more restrictive lifestyles, to include wearing masks, until there are less COVID cases, to keep everyone safe and healthy." Another stated, "You do not know who is asymptomatic. You don't know who is infected and who isn't. If the person next to you is asymptomatic, and you don't wear a mask, you may get infected."

Due to concerns for the health of themselves and their family members, most participants supported the idea that individuals should keep wearing masks when out in public for the foreseeable future. When asked when they would stop wearing the masks, 18 of the participants revealed they will continue to wear the mask in the immediate future, while only five revealed they have stopped wearing

masks. Of the 18, when asked at what point they would stop wearing the masks, the answers varied from a few months to a couple of years. Follow-up questions regarding how they determined the time frame for discontinuing wearing masks suggested that participants had no consistent rationale. One participant, for example, explained, “I am not sure why I will stop wearing the mask in six months, but it seems like it would be okay by then.”

Discussion

This study is the first known qualitative exploration of reasons for whether young college Latinas chose to follow COVID-19 mask-wearing protocols after the lifting of mask mandates. Given the growing Latino population and the slower vaccination rates among this population, having a greater understanding of their pandemic-related health-seeking behaviors can aid public health and college officials in providing better guidance during other similar infectious events (CDC, 2022a, 2022b; Kriss et al., 2022; Passel et al., 2022). Thematic analysis, using in-depth interviews, allowed for a phenomenological understanding of the health-seeking behaviors of young Latina college students, whereas previous scholarship focused on quantitative aspects of mask-wearing behavior (Davis et al., 2021; Howard et al., 2021).

Findings of this research reflect grounded effects due to a lack of clarity from public health and other government officials during the pandemic (Jankowicz, 2020; Jingnan et al., 2020; Yan, 2020). Participants expressed uncertainty about their safety and the safety of their loved ones, with the sudden lifting of mandates motivating them to wear masks even after being told for nearly two years to wear one (Jankowicz, 2020; Jingnan et al., 2020; Yan, 2020). Despite the decision to lift the mask mandates and other protocols, the participants still did not feel safe (California All, 2022).

Latinos, in general, lack trust in the healthcare system and often have an expectation of being discriminated against in the course of seeking treatment (Jacobs et al., 2011). This lack of trust has led to health disparities in the Latino population. Many Latinos delay treatment or avoid preventive care, contributing to disparities in ailments such as breast cancer, colorectal cancer, and vaccinations (Harrington et al., 2021; Hong et al., 2018; Mouslim et al., 2020). In fact, though Latinos now have comparable rates of COVID-19 vaccination to their non-Latino white counterparts, they were much slower to receive their first vaccination and to be fully vaccinated (Kriss et al., 2022). Nevertheless, respondents in this research indicated a proclivity to wearing masks as a way of avoiding reliance on the healthcare system, suggesting that while Latinas might have been late in receiving vaccines, on one hand, suspicions of government and healthcare systems also caused them to wear masks long after mandates were lifted, on the other.

Despite some degree of reticence among Latinos generally, participants in this study shared a tendency to consult with the individual medical providers on COVID-19 related decisions. This simultaneously occurred while they were experiencing distrust in local, state, and federal public health officials. This inconsistency might have been increased due to participants being college students. Armstrong et al. (2007) determined that being Hispanic was associated with a higher level of distrust in physicians, but this distrust lessened with higher levels of education, thus partially explaining the contradiction reported by the participants. It is worth noting that the university from which this sample was recruited primarily serves first-generation students. As such, participants were active in attaining higher education while primarily residing in a home environment that fosters medical distrust.

Consequences of confusing and inconsistent messaging from public health officials throughout the pandemic were revealed in this qualitative exploration (Jankowicz, 2020; Jingnan et al., 2020; Yan, 2020). Considering the cultural, historical, and economic factors contributing to the existing general mistrust of healthcare professionals among the Latino population in the U.S., distrust and uncertainty exhibited by participants were likely exacerbated by the misinformation and inconsistent messaging (Harrington et al., 2021; Hong et al., 2018; Mouslim et al., 2020).

The economic impacts of COVID-19 on young Latina college students were formidable because of the nature of the structure of Latino families and the industries many of their family members work in (Allan et al., 2016; Covarrubias et al., 2019; Fairlie, 2020; Kantamneni, 2020; Mares, 2020; “The plight of essential workers during the COVID-19 pandemic,” 2020; Quandt et al., 2020). Having felt these consequences earlier in the pandemic, participants in this research were hesitant to stop wearing masks. Furthermore, their motivations included a desire to prevent another round of stay-at-home orders and worksite shutdowns, potentially exacerbating their already tenuous financial situation.

Latino families are often more tightly connected than other ethnic groups (Gamoran et al., 2012). This likely contributed to the emotional impacts of the pandemic and, thus, decisions to continue wearing masks. Respondents consistently expressed worry or concern for parents and grandparents, among other family members who had comorbidities, making them at a particularly high risk of contracting the virus. Continuing mask-wearing seemed to help mitigate the emotional consequences of the pandemic, acting as both a literal and figurative barrier to COVID-19 and its impacts.

The final theme of maintaining health is indicative of the focus on public health, social distancing, mask-wearing, and hand hygiene prevalent throughout the pandemic (CDC, 2022a). While participants were unclear about the best way to proceed, given the conflicting information, they perceived their health and the health of their family

members to be a priority (Jankowicz, 2020; Jingnan et al., 2020; Yan, 2020). Wearing masks, even after the lifting of the mandates, was a way for them to help ensure individual health and a healthy family.

The handling of the pandemic and related policies was highly politicized in the United States (Oberlander, 2020). Thus, the protocols recommended to limit viral transmission were perceived through political lenses (Alberti et al., 2020; Bailey & Moon, 2020). This resulted in confusion and distrust among the U.S. public, consistent with the experiences shared by the participants in this study. The need is clear for a less politicized and more systematic plan for addressing future communicable disease outbreaks (Alberti et al., 2020). Understanding how the handling of the COVID-19 pandemic impacted Latinas and other underrepresented groups can help provide the foundation for establishing this plan.

There are some limitations in this research. All of the respondents were recruited from a single university in one western state. As such, the results of this qualitative study may have limited generalizability to Latinas in other regions of the country. While all participants were college students, this sample was drawn from a university with a large proportion of first-generation students who are receiving financial aid. These students may have a different perspective than Latinas in general. Additional research on Latinas from more conservative states, for example, may have different findings.

Conclusions

Inconsistent messaging from public health officials during the pandemic contributed to confusion and resistance of the various mandates. The majority of the Latina college students interviewed for this research chose to continue to wear masks and follow other COVID-19 protocols, despite public health and university officials lifting the mask mandates. These participants expressed disinformation and mistrust, concern about economic and emotional impacts, and maintaining health as themes leading them to continue this health-seeking behavior.

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Online supplementary material:

Appendix 1. Interview questions.

Appendix 2. Participant demographic data. Total participants, N=23.